



Policy Name:	Administrative Days	Page 1 of 4
Department:	Medical Management	Policy Number: UM 02
Subsection:	Concurrent Review	Effective Date: 04/01/2015
Applies to:	Medicaid Health Plans Internal Policy	

PURPOSE:

The purpose of this policy is to define Maryland Care, Inc., dba Maryland Physicians Care (MPC's) business standards for the use of administrative days.

OBJECTIVE:

The objective of this policy is to determine the use of administrative days during an inpatient admission if applicable.

To be paid for administrative days, the provider shall document in the Medical Record:

The member no longer needs acute care, and the following conditions are met:

- The provider has implemented a pre-discharge plan and initiated placement activities for the member.
- A plan for discharge during the period of administrative days, the provider is actively pursuing placement at an appropriate level of care for the member and has documented the activity in the member's record.
- The provider has received the determination from MPC that the member no longer needs the level of care for which the hospital is licensed to provide.
- The provider has received a determination from MPC that the member requires the level of care provided by a pediatric specialty hospital, nursing facility, or a chronic level of care facility.
- The provider has notified MPC's Utilization Management (UM) department of the pre-discharge planning before the termination of the need for inpatient hospitalization at the level the facility is licensed and certified to provide.
- The hospital has submitted documentation to MPC's UM department that placement activity is conducted, at least 2-3 referrals, on each workday for which payment is requested for administrative days.

The use of administrative days applies to discharge planning for medically necessary care at a lower level, i.e.: skilled nursing facility and a bed is not available. This excludes social causes for a delay in discharge planning including but not limited to Child Protective Services (CPS) holds and guardianship.



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**OPERATING PROTOCOL:
Systems**

The business UM application system is used to document the admission and level of care information which includes administrative days.

INTER-/INTRADEPENDENCIES:

Internal

- Chief Medical Officer
- Claims
- Compliance
- Finance
- Medical Management
- Customer Services
- Provider Management
- Quality Management

External

- Members
- Practitioners/providers
- Regulatory bodies

LEGAL/CONTRACT REFERENCES:

- MPC's contract agreements
- COMAR 10.09.92.07
- COMAR 10.09.95.01
- COMAR 10.09.92.01

ATTACHMENTS:

None



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DEFINITIONS:

Acute Hospital: Provides short-term care for patients with urgent or severe health conditions and is equipped to treat a variety of illnesses, injuries, and trauma.

Administrative Day: A day of medical services delivered to a participant who no longer requires an acute level of care.

Affiliate: An entity that conducts Medicaid business as a direct or indirect subsidiary of the management company.

Board of Directors (BOD): MPC’s governing body that has ultimate accountability for the health plan processes, activities, and systems. The BOD has responsibility for implementing systems and processes for monitoring and evaluating the care and services members receive through the health delivery network.

Code of Federal Regulations (CFR): The codification of rules and regulations published in the Federal Register by the Federal Government of the United States.

COMAR: Code of Maryland Regulations.

Contractor and Agent: Any entity or person, including a subcontractor, that, on behalf of MPC or its affiliates, furnishes administrative and/or operational services.

Member: A Person enrolled by the Maryland Department of Health to MPC, a Medicaid managed care organization.

Personnel: Employees of MPC management company, its affiliates, consultants, temporary or seasonal employees, student interns, volunteers, and any other class or type of full or part time employee who participate in MPC administrative operations.



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REVISION LOG:

REVISION	DATE
Annual review, no revisions necessary	02/12/2026
Reviewed and revised: updated the definitions section.	02/13/2025
Annual Review, no revisions necessary	02/08/2024
Annual Review, no revisions necessary	02/02/2023
Reviewed and revised: Deleted section about provider documenting physical or emotional reasons not to move member; removed QMUM and QMOC from interdependencies.	03/11/2022
Review and revised: Updated department names member services to customer service and provider relations to provider management; updated COMAR reference	03/24/2021
Annual Review, no revisions necessary	03/26/2020
Annual Review, no revisions necessary	10/09/2019
Updated levels of care allowed for administrative days to reflect 2018 MDH transmittal, updated COMAR reference	9/10/2018
Changed title from chief medical officer to chief medical director	03/2018
Overview of changes made (substantive) Copied policy to new MPC policy template. Removed Aetna specific verbiage/processes.	01/10/2017
Annual Review, no revisions necessary	04/2015
Annual Review, no revisions necessary	10/2016
No substantive changes made to existing policy; copied with the new MPC policy template.	11/22/2016

POLICY AND PROCEDURE APPROVAL:

The electronic approval retained in P&P management software is considered equivalent to a signature.