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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 15-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 150 S. Independence Mall West Suite 216, The Public Ledger Building Philadelphia, Pennsylvania 19106-3499



#### Region III/Division of Medicaid and Children's Health Operations

SWIFT # 120220154010

**April 18, 2016** 

Shannon McMahon, Deputy Secretary Health Care Financing Maryland Department of Health and Mental Hygiene 201 West Preston Street, Room 525 Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 15-0016. This SPA updates Maryland's State Plan to merge the telemedicine program and telemental health program into one Telehealth Program.

The effective date for this amendment is October 1, 2015. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at 215-861-4325.

Sincerely,

/S/

Francis McCullough Associate Regional Administrator

**Enclosures** 

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-0016	2. STATE Maryland
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDIC.	
TO DECIONAL ADMINISTRATION	4 PROPOSED EFFECTIVE DATE	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2015	*
5. TYPE OF PLAN MATERIAL (Check One):		
100 m 200 to 100		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDE	ERED AS NEW PLAN 🔲 AMEN	IDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI	ENDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	:
N/A	a. FFY 2015: \$ 0	
1 8	b. FFY 2016: \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEI	DED BLAN SECTION
ATTACHMENT:	OR ATTACHMENT (If Applicable):	DED PLAN SECTION
Att. 3.1A pages 9C-1, and 9C-2, (AMEND)(DELETE)	Att. 3.1A pages 9C-1, and 9C-2,	
Att. 3.1A pages 17C, 17D (AMEND) (BEBETE)  Att. 3.1A pages 17C, 17D (AMEND – remove telemental health) &	Att. 3.1A pages 9C-1, and 9C-2, Att. 3.1A pages 17C, 17D & 17E	
17E (DELETE)	Att. 4.19B page 6A	
Att. 4.19B page 6A (DELETE)	Att. 4.19B page 3A	
Att. 4.19B pg 3A (AMEND)	Thu Tryb page 371	
10. SUBJECT OF AMENDMENT: To merge telemedicine	and telemental health services into	one telehealth
program, as it is within our regulations.	and telemental neural services into	
11. GOVERNOR'S REVIEW (Check One):  ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		ctor
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Susan J. Tucker, Executive I	Director
13. TYPED NAME: Shannon McMahon	OHS – DHMH 201 W. Preston St., 1 <sup>st</sup> floor	
14. TITLE: Deputy Secretary, Office of Health Care Financing	Baltimore, MD 21201	
15 DATE SUBMITTED:	- 427	
11/19/2015		
FOR REGIONAL O		
17. DATE RECEIVED: 11/19/2015	18. DATE APPROVED: April 18, 2016	
PLAN APPROVED – O		DIGITAL .
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2015	20. SIGNATURE OF REGIONAL OF /S/	FICIAL:
21. TYPED NAME: FRANCIS T. MCCULLOUGH	22. TITLE: ASSOCIATE REGIONAL ADMINISTR	ATOR, DMCHO
23. REMARKS: Per the request of State Medicaid officials, pen and in 3.1A pg 9C-1 & 9C-2.	k changes were made to box 8 to indicate t	he deletion of Attachment

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY State of Maryland

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TN#\_15-0016\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY St	ate of
Maryland	

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# STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### STATE OF MARYLAND

PROGRAM	LIMITATIONS	
5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	2. Cosmetic surgery - Preauthorization will determine whether there is medical documentation that the physical anomaly being addressed by the surgery represents a significant deviation from the normal state and affects the patient's health to a degree that it impairs his or her ability to function in society;	
	<ol> <li>Consultations provided by physicians specializing in radiology or pathology;</li> </ol>	
	4. Lipectomy and panniculectomy - Preauthorization will determine whether there is an abnormal amount of redundant skin and subcutaneous tissue which is causing significant health problems for the patient;	
	5. Transplantation of vital organs;	
	6. Surgical procedures for the treatment of morbid obesity; and	
	7. Elective services from a non-contiguous state.	

TN No. <u>15-0016</u> TN No. <u>14-013</u>

# STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### STATE OF MARYLAND

PROGRAM LIMITATIONS		
5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	<ul> <li>E. Certain surgical procedures identified under "Inpatient Services" (Attachment 3.1A page 12B number 11) must be preauthorized when performed on a hospital inpatient basis unless:</li> <li>1. The patient is already a hospital inpatient for a medically necessary condition unrelated to the surgical procedure requiring preauthorization,</li> <li>or</li> <li>2. An unrelated procedure which requires hospitalization is being performed simultaneously.</li> </ul>	

TN No. <u>15-0016</u> Supercedes TN No. <u>14-013</u> Approval Date: April 18, 2016

Effective Date: October 1, 2015

#### STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### STATE OF MARYLAND

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TN No. <u>15-0016</u> Supercedes TN No. 14-013 Approval Date: April 18, 2016
Effective Date: October 1, 2015

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State of Maryland

#### Methods and Standards for Establishing Payment Rates – Telehealth Services

Effective for services provided on or after October 1, 2013, payments for the telehealth originating site transmission fee are:

- 1) 100 percent of Medicare when provided in community out-patient settings or nursing facility; or
- 2) 94 percent of the Health Services Cost Review Commission rate when provided in a hospital setting. HSCRC rates located at: http://www.hscrc.maryland.gov/hsp\_Rates2.cfm

All services provided via telehealth distant site are reimbursed at the same rate as in-person services.

TN # 15-0016

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland\_

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