

## **Table of Contents**

**State/Territory Name: MD**

**State Plan Amendment (SPA) #: 22-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



---

**Financial Management Group**

May 11, 2022

Steven Schuh  
Medicaid Director  
201 W. Preston St., 5<sup>th</sup> Floor  
Baltimore, MD 21201

RE: TN 22-0011

Dear Steven Schuh:

We have reviewed the proposed Maryland State Plan Amendment (SPA) to Attachment 4.19-B MD 22-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April, 22, 2022. This plan amendment updates the 12-month cap period, beginning on October 1 of each year and ending on September 30 of the following year for hospice care reimbursement.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Kristina Mack-Webb at 617-565-1225 or [Kristina.Mack-Webb@cms.hhs.gov](mailto:Kristina.Mack-Webb@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 1

2. STATE

MD3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(13)(b) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in ~~WHOLE~~ dollars)a. FFY 2022 \$ 0b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B, p. 41A (22-0010)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.1B, p. 41A (16-0007) 18-0002

9. SUBJECT OF AMENDMENT

Maryland Medicaid proposes updates to State Plan language to reflect the current 12-month cap period regarding hospice care reimbursement, which begins October 1 of each year and ends on September 30 of the following year.

10. 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



OTHER, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Tricia Roddy

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

4.20.22

15. RETURN TO

Steven Schuh

Medicaid Director

Maryland Department of Health

201 W. Preston St., 5th Floor

Baltimore, MD 21201

**FOR CMS USE ONLY**

16. DATE RECEIVED

April 22, 2022

17. DATE APPROVED

May 11, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillon

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

05/03/02 - State authorized pen and ink change to box 8.

## Reimbursement Methodology: Hospice Care

1. The Program will pay a hospice care provider at one of six rates for each day that a participant is under the provider's care. The daily payment rates for a provider for routine home care- first 60 days, routine home care-day 61 forward, service intensity add-on-last seven days of life, continuous home care, general inpatient care, and inpatient respite care will be in accordance with the Medicaid payment rates and the Medicare Wage Index established by the Centers Medicare and Medicaid Services (CMS) of the U.S Department of Health and Human Services for hospice care under a Medical Assistance Program. The rates and wage index are effective for services provided on or after the CMS publication date. Except as otherwise noted in the plan, state developed feeschedules and rates are the same for both governmental and private providers. A link to the published fee schedule can be found by going to the "Billing Guidance, Fee Schedules, and Preauthorization Information" section of the Maryland Medicaid Provider Information page at [health.maryland.gov/providerinfo](https://health.maryland.gov/providerinfo), and selecting the Professional Services Fee Schedule for the most recent year.

2. The six daily rates are prospective rates, and there will be no retroactive adjustment other than a limitation on payments for inpatient care.

- a. During the 12-month cap period beginning October 1 of each year and ending September 30 of the following year, the aggregate number of inpatient days (both for general inpatient care and inpatient respite care) may not exceed 20 percent of the aggregate total number of days of hospice care the provider furnished to Medical Assistance hospice participants during the same period.
- b. If the aggregate number of inpatient care days exceeds the maximum allowable number, the limitation on reimbursement for inpatient care will be determined in accordance with the methodology established by CMS, and any excess reimbursement will be refunded to the Program by the provider.
- c. Any days of care furnished to participants diagnosed with Acquired Immune Deficiency Syndrome (AIDS) will be excluded in calculating the limitation on payment for inpatient care.

3. In addition to the daily rates for hospice care, the Program will make separate payment to the hospice care provider for physician services subject to the following requirements:

- a. The services must be direct patient care services furnished to a participant under the care of the provider;