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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 22-0014

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- 3) Approved SPA Pages

# MD - Submission Package - MD2022MS0001O - (MD-22-0014) - Eligibility

Summary



DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Medicaid & CHIP Operations Group 601 E. 12th St., Room 355 Kansas City, MO 64106



### **Center for Medicaid & CHIP Services**

August 16, 2022

Tricia Roddy Deputy Medicaid Director Maryland Department of Health 201 West Preston Street Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-22-0014

Dear Tricia Roddy,

On June 14, 2022, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-22-0014 to extend postpartum coverage for individuals who were eligible and enrolled in Medicaid while pregnant from sixty days to twelve months.

We approve Maryland State Plan Amendment (SPA) MD-22-0014 with an effective date(s) of April 01, 2022.

If you have any questions regarding this amendment, please contact Talbatha Myatt at talbatha.myatt@cms.hhs.gov

Sincerely,

James G. Scott

Director

Center for Medicaid & CHIP Services

# MD - Submission Package - MD2022MS0001O - (MD-22-0014) - Eligibility

Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

# **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | MD2022MS00010 | MD-22-0014

CMS-10434 OMB 0938-1188

## **Package Header**

Package ID MD2022MS0001O

Submission Type Official Approval Date 8/16/2022

Superseded SPA ID N/A

**SPA ID** MD-22-0014

Initial Submission Date 6/14/2022

Effective Date N/A

## **State Information**

State/Territory Name: Maryland

Medicaid Agency Name: Maryland Department of Health, Office

of Health Care Financing

## **Submission Component**

State Plan Amendment

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2022MS00010 | MD-22-0014

## **Package Header**

Package ID MD2022MS0001O

Submission Type Official

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Superseded SPA ID N/A

**SPA ID** MD-22-0014

**Initial Submission Date** 6/14/2022

Effective Date N/A

## **SPA ID and Effective Date**

**SPA ID** MD-22-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	4/1/2022	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

## **Submission - Summary**

MEDICAID | Medicaid State Plan | Eligibility | MD2022MS00010 | MD-22-0014

### **Package Header**

Package ID MD2022MS0001O

Submission Type Official Initial Submission Date 6/14/2022

Approval Date 8/16/2022

Superseded SPA ID N/A

## **Executive Summary**

Summary Description Including Effective April 1, 2022, Medicaid-eligible pregnant individuals will be able to access full Medicaid benefits for the duration of Goals and Objectives their pregnancy and the 12-month postpartum period, regardless of any changes in income or household size. The 12month postpartum coverage period will begin on the last day of the pregnancy and end on the last day of the 12th month.

**SPA ID** MD-22-0014

Effective Date N/A

Eligibility for the postpartum expansion will vary based on whether they are newly applying for Medicaid or already enrolled and the end date of the pregnancy.

Pregnant people who are applying for postpartum coverage but are not enrolled in Medicaid at the time of application ("new applicants") will be covered through the twelfth month following their pregnancy end date. New applicants who are not currently pregnant and who have not had a pregnancy within the last three months will not be eligible for postpartum coverage. If a new applicant is not pregnant at the time of the application but had a pregnancy within the last three months and accessed a Medicaid-covered service during that time, they are covered through the 12th month following the pregnancy end date if they apply for the retroactive coverage.

People who are already enrolled in Medicaid ("existing enrollees"), who are currently pregnant will be covered through the twelfth month following their pregnancy end date. Existing enrollees who are not currently pregnant and have not had a pregnancy within the last twelve months are not eligible for extended Medicaid coverage. An existing enrollee is not currently pregnant but had a pregnancy within the last twelve months is eligible for Medicaid coverage through the twelfth month following their pregnancy end date.

## Federal Budget Impact and Statute/Regulation Citation

#### **Federal Budget Impact**

	Federal Fiscal Year	Amount
First	2022	\$4788272
Second	2023	\$4788272

#### Federal Statute / Regulation Citation

1902(e)(16) of the Social Security Act (the Act)

Supporting documentation of budget impact is uploaded (optional).

Date Created					
No items available					

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2022MS00010 | MD-22-0014

## **Package Header**

Package ID MD2022MS0001O

Submission Type Official

Approval Date 8/16/2022

Superseded SPA ID N/A

**SPA ID** MD-22-0014

Initial Submission Date 6/14/2022

Effective Date N/A

### **Governor's Office Review**

No comment

Comments received

No response within 45 days

Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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# MD - Submission Package - MD2022MS00010 - (MD-22-0014) - Eligibility

Summary

Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News

Related Actions

# Medicaid State Plan Eligibility

## **Eligibility and Enrollment Processes**

## Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | MD2022MS00010 | MD-22-0014

CMS-10434 OMB 0938-1188

## **Package Header**

Package ID MD2022MS0001O

**SPA ID** MD-22-0014

Submission Type Official

Initial Submission Date 6/14/2022

Approval Date 8/16/2022

Effective Date 4/1/2022

Superseded SPA ID NEW

User-Entered

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

## A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

## B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

- 1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
- 2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
- 3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - a. The individual requests voluntary termination of eligibility;
  - b. The individual ceases to be a resident of the state;
  - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - d. The individual dies.

## C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.