

Table of Contents

State/Territory Name: MARYLAND

State Plan Amendment (SPA) #: MD-24-0015

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

May 20, 2025

Ryan Moran
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

RE: TN 24-0015

Dear Medicaid Director Moran,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maryland State Plan Amendment (SPA) to Attachment 4.19-B 24-0015, which was submitted to CMS on September 27, 2024. This plan amendment updates the Evaluation and Management (E&M) reimbursement.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of September 1, 2024. 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 Ysabel Gavino via email at maria.gavino@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

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 4 — 0 0 1 5

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

September 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ (1,336,894) - 333,333
b. FFY 2025 \$ (14,705,833) - 3,666,667

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B pg. 5 (24-0015)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19B pg. 5 (22-0023)

9. SUBJECT OF AMENDMENT

MDH is amending the State Plan to reflect the current Evaluation and Management (E&M) reimbursement methodology. Rates for covered E&M procedure codes within the range of 99202-99499 have been set between 93 to 100 percent of Medicare rates which are established January of each year. E&M rates across all program areas will be 97.6% of the Medicare Rate. Additionally, MDH is removing language regarding federal coverage of the vaccine costs and payments for the administration of COVID-19 vaccines as they are no longer covered by the federal government.

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, AS SPECIFIED:

FICIAL

12. TYPED NAME

Tricia Roddy

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

15. RETURN TO

Ryan Moran
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201**FOR CMS USE ONLY**

16. DATE RECEIVED

September 27, 2024

17. DATE APPROVED

May 20, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, FMG Division of Reimbursement Review

22. REMARKS

Pen and Ink change on block 6 authorized by the State - MYLG 12/19/24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Physician and Osteopath Rates

5.a All providers described in 5.b, both government and non-government, are reimbursed pursuant to the same fee schedule. Providers are paid by CPT codes which are based on a percentage of Medicare reimbursement. Effective September 1, 2024, provider rates for covered Evaluation and Management (E&M) procedure codes within range of 99202-99499 were set between 93 to 100 percent of Medicare rates established January of each year. The rates are evaluated annually and adjusted as needed.

5.b The Department's original reimbursement methodology for professional services rendered by a physician or osteopath was set July 1st, 2015 and is effective for services rendered on or after that date. All providers must be licensed in the jurisdiction in which they provide services. Services are limited to those outlined in 3.1A of the Maryland State Plan. Providers will be paid the lower of either the provider's customary fee schedule to the general public or the published Medicaid fee schedule. The average Maryland Medicaid payment rate is approximately 79.5 percent of 2017 Medicare fees. In addition, the State will pay the federally calculated VFC administration charge. The current fee schedule is published on the Department's website at:

health.maryland.gov/providerinfo

5.c Effective August 1, 2022, when the federal government covers 100% of a vaccine's ingredient cost and where the Program has not established separate administration rate(s) for specific vaccines (e.g. monkeypox), the Program will provide reimbursement for vaccine administration for federally purchased vaccines to adults at the higher of:

- (1) The VFC administration rate; or
- (2) If applicable, 100% of the Medicare rate for the CMS-designated vaccine administration code for that vaccine.

5.d Professional services rendered by physicians to a trauma patient on the State Trauma Registry, who is receiving emergency room or inpatient services in a state designated trauma center, reimbursement will be 100 percent of the Baltimore City and surrounding area Title XVIII Medicare physician fee schedule facility fee rate. All providers must be licensed in the jurisdiction in which they provide services and must be providing services within a state designated trauma center. Services are limited to those outlined in 3.1A of the Maryland State Plan. The provider will be paid the lower of either the provider's customary fee schedule to the general public or the fee methodology described above.