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State/Territory Name: Maryland

State Plan Amendment (SPA)#: 24-0016

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved SPA Pages

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



Medicaid and CHIP Operations Group

March 4, 2025

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

Re: Maryland State Plan Amendment (SPA) 24-0016

Dear Mr. Moran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0016. This amendment proposes to request an extension of the exception from participation in the Recovery Audit Contractor's (RAC) Program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Maryland's Medicaid SPA TN 24-0016 was approved on March 4, 2025, effective November 1, 2024.

If you have any questions, please contact Talbatha Myatt at (215) 861-4259, or via email at Talbatha.Myatt@cms.hhs.gov.

James G. Scott, Director Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.201 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4 pg. 79y - 79y-1 (24-0016)	1. TRANSMITTAL NUMBER 2 4 — 0 0 1 6 MD 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE November 1, 2024 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2025 \$ 0 b. FFY 2026 \$ 0 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 4 pg. 79y - 79y-1 (17-0010)			
9. SUBJECT OF AMENDMENT This SPA allows the State to seek an exception that allows the State to waive require identifying underpayments and overpayments of Medicaid claims under the State plant. 10. GOVERNOR'S REVIEW (Check One)	n and under any waiver of the State plan.			
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:			
12. TYPED NAME Tricia Roddy 13. TITLE Deputy Medicaid Director 14. DATE SUBMITTED	RETURN TO an Moran dicaid Director ryland Department of Health W. Preston St., 5th Floor timore, MD 21201			
12/10/2024 FOR CMS USE	ONI V			
16. DATE RECEIVED 17	DATE APPROVED			
December 10, 2024	March 4, 2025			
PLAN APPROVED - ONE 18. EFFECTIVE DATE OF APPROVED MATERIAL 19	SIG			
November 1, 2024				
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott 21	TITLE OF APPROVING OFFICIAL Director, Division of Program Operations			
22. REMARKS				

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State/Territory: Mary land

SECTION 4 - GENERAL PROGRAM ADMINISTRATION 4.5 Medicaid Recovery Audit Contractor Program

The State has established a program under which it will contract with one Citation Section I902(a)(42)(B)(i) or more recovery audit contractors (RACs) for the purpose of identifying Of the Social Security Act underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan. X The State is seeking an exception to establishing such program for the following reasons: Under the state's predominantly managed care delivery system. there is not sufficient fee-for-service claims volume to attract a RAC contractor. The State mitigates the need for the RAC contractor through the following agreements and processes: Managed care audits; Maryland's Utilization Control Agent for hospital &. long term care services' claims: Maryland's Office of Inspector General's outlier claims analysis: Maryland's Administrative Services Organization's audit requirements for mental and substance use disorder services; The Independent Review Organization responsible for reviewing claims where medical necessity at issue; and The Medical Integrity Program for dual-eligible beneficiaries. This exemption will be effective from November 1, 2024 through October 31, 2026. The State/Medicaid agency has contracts of the type(s) listed in section I902(a)(42)(B)(ii)(I) of the Act. /\II contracts meet the requirements of the statute. RACs are consistent with the statute. Place a check mark to provide assurance of the following: Section I902(a)(42)(B)(ii)(I) of The State will make payments to the RAC(s) only from amounts the Act recovered. The State will make payments to the RAC(s) on a contingent basis for collecting overpayments. The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee): The State attests that the contingency fee rate paid to the Medicaid Section I 902(a)(42)(8)(ii)(II)(aa) RAC will not exceed the highest rate paid to Medicare RACs. as of the Act published in the Federal Register. The State attests that the contingency lee rate paid to the Medicaid R/\C will exceed the highest rate paid to Medicare RACs. as published in the Federal Register. The State will only submit for ITP up to the amount

equivalent to that published rate.

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SECTION_4 - GENERAL PROGRAM ADMINISTRATION 4.5 Medicaid Recovery Audit Contractor Program

The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee. Section I 902 The following payment methodology shall be used to determine (a)(42)(B)(ii)(II)(bb) of the Act State payments to Medicaid RACs for the identification of underpayments (e.g, amount of flat fee, the percentage of the contingency fee): Section 1902 (a)(42)(B)(ii)(III) of ___ The State has an adequate appeal process in place for entities to the Act appeal any adverse determination made by the Medicaid RAC(s). Section I 902 The State assures that the amounts expended by the State to carry (a)(42)(I3)(ii)(IV)(aa) of the Act out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or waiver of the plan. Section I 902 The State assures that the recovered amounts will be subject to a (a)(42)(I3)(ii)(IV)(bb) of the Act State's quarterly expenditure estimates and funding of the State's share. Section I 902 Efforts of the Medicaid RAC(s) will be coordinated with other (a)(42)(B)(ii)(IV)(cc) of the Act contractors or entities performing audits of entities receiving payments

under the State plan or waiver in the State. and/or State and Federal law

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enforcement entities and the CMS Medicaid Integrity Program.