

Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #:13-04

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 #: 052220134023

JUL 02 2014

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

Dear Mr. Lehman:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 13-04. This SPA adds language to the State Plan to include service and reimbursement for Urgent Care Centers.

The effective date for this amendment is April 1, 2013. The CMS-179 form and the approved State Plan pages are enclosed.

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

Sincerely,
/S/

A handwritten signature in black ink, appearing to be "A1".

~~Francis McCullough~~
Associate Regional Administrator

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-04	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2013	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 201 ⁴ \$ 15,000.00 b. FFY 201 ⁶ \$ 20,000.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, Page 22-E Attachment 4.19B, Page 32-B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A (new)

10. SUBJECT OF AMENDMENT:

To add language to the State plan to include service and reimbursement for Urgent Care Centers.

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

OTHER, AS SPECIFIED:
Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/	16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201
13. TYPED NAME: Charles J. Milligan, Jr.	
14. TITLE: Deputy Secretary, Office of Health Care Financing	
15. DATE SUBMITTED: 05/14/2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 5/17/13	18. DATE APPROVED: JUL 02 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /S/

21. TYPED NAME: FRANCIS T. McCULLOUGH	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
--	--

23. REMARKS: Per the request from Maryland Medicaid, pen and ink changes were made to box # 7 - update of FFY.

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

Free-standing Urgent Care Centers

- A. The Program covers medically necessary services rendered to recipients in a Free-standing urgent care center, defined as diagnostic, curative, palliative, or rehabilitative services, when clearly related to the recipient's individual needs; and includes:
- (1) Treatment for acute illnesses with a sudden onset;
 - (2) Minor trauma;
 - (3) Physician services when rendered in accordance with Maryland regulations
- B. Specific requirements for participation in the Program as a free-standing urgent care center include the following:
- (1) Have clearly defined, written, patient care policies;
 - (2) Define the center's hours of operation and clearly communicate those hours of operation to the public and other relevant organizations;
 - (3) Ensure that patients seeking urgent care are seen without prior appointments;
 - (4) During the hours of operation, have at least one qualified physician present;
 - (5) Maintain adequate documentation of each recipient visit as part of the plan of care which at a minimum, shall include:
 - a) Date of service;
 - b) A description of the service provided; and
 - c) A legible signature and printed or typed name of the professional providing care, with the appropriate title;
 - (6) Have written, effective procedures for infection control which are known to all levels of staff; and
 - (7) Have laboratory testing and radiology services available to meet the needs of the patients receiving urgent care.
- C. Limitations
The following services are not covered:
- (1) Any service or treatment identified by the Department that is not medically necessary;
 - (2) Experimental or investigational services;
 - (3) Services which do not involve direct patient contact (face-to-face);
 - (4) Laboratory or x-ray services performed by another facility;
 - (5) Immunizations required for travel outside the Continental U.S.;
 - (6) Well child visits;
 - (7) Sports physicals; and
 - (8) Professional fees provided by physicians billed separately from the facility's charges.

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

Specific Payment Procedures for Urgent Care Centers

- A. Urgent care centers are reimbursed a \$ 50 facility fee, which is determined by the Program. The rate is set as of January 1, 2014 and is effective for services provided on or after that date. The rate is the same for both governmental and private individual providers.
- B. In addition to the facility fee, the Program shall reimburse for services rendered by the physician during the visit at the free-standing urgent care center when performed by a physician, or by other authorized personnel under that physician's supervision. The physician fee schedule and any annual/periodic adjustments to the fee schedule, are published on the DHMH website using the link provided:

<http://mmcp.dhmh.maryland.gov/SitePages/Provider%20Information.aspx>
- C. The provider may not bill the program or the recipient for:
1. Completion of forms or reports;
 2. Broken or missed appointment;
 3. Services which are provided at no charge to the general public; or
 4. Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of the recipient.
- D. The Program makes no direct payments to recipients.
- E. The billing time limitations are set forth in Preface to Attachment 4.19B