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**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 14-08**

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 #082020144037

**SEP 19 2014**

Charles E. Lehman  
Acting 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 14-08. The purpose of this SPA is to update freestanding birth centers' fee schedule rates and their effective date.

The effective date for this amendment is September 1, 2014. The signed 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/

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Francis McCullough  
Associate Regional Administrator

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 14-08	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 September 1, 2014	

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: N/A	7. FEDERAL BUDGET IMPACT: a. FFY 2014: \$ 3,333.33 b. FFY 2015: \$ 40,000.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19B, pg 34	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 4.19B, pg 34
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10. SUBJECT OF AMENDMENT: To update the Freestanding Birth Center rate's effective date and its fee schedule.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT     OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED    Susan J. Tucker, Executive Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL    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 <sup>st</sup> floor Baltimore, MD 21201
13. TYPED NAME: <del>Charles J. Milligan, Jr.</del> Charles E. Lehman	
14. TITLE: Deputy Secretary, Office of Health Care Financing	
15. DATE SUBMITTED: August 8, 2014	

FOR REGIONAL OFFICE USE ONLY  
17. DATE RECEIVED: 08/08/2014    18. DATE APPROVED: SEP 19 2014

19. EFFECTIVE DATE OF APPROVED MATERIAL: SEPTEMBER 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
21. TYPED NAME: FRANCIS T. McCULLOUGH	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS:	

**28. Freestanding Birth Centers: Reimbursement**

Licensed or Otherwise State-Approved Freestanding Birthing Centers

Freestanding birthing centers are reimbursed a facility fee. The birthing center facility fee is consistent across birthing centers. The rates are effective on 9/1/2014. Physicians and Certified Nurse Midwives providing services in the freestanding birthing centers are reimbursed as previously referenced in Attachment 4.19B in the State plan under Physician Services section and Certified Nurse Midwives Services section; according to the Birthing Facility fee schedule:

[dhhm.maryland.gov/providerinfo](http://dhhm.maryland.gov/providerinfo)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of birthing center services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website using the link provided above.

TN #: 14-08  
Supersedes TN #: 11-17

SEP 19 2014  
Approval Date \_\_\_\_\_

SEP 01 2014  
Effective Date \_\_\_\_\_