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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 17-0005

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 #062220174005

August 4, 2017

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

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 17-0005. The purpose of this SPA is to add remote patient monitoring as a covered service to reduce hospital readmissions and emergency department visits.

The effective date for this amendment is January 1, 2018. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Ms. Talbatha Myatt of my staff at 215-861-4259.

Sincerely,

/s/

Francis T. McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 17-0005	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 January 1, 2018	

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 2017: \$ 0 b. FFY 2018: \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1A pg 9C-I (previously deleted) Att. 4.19B page 3B (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Alt. 3.1 A pg 9C-I (previously deleted) All. 4.198 page 38 (NEW)
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10. SUBJECT OF AMENDMENT: To add remote patient monitoring as a covered service to reduce hospital readmissions and emergency department visits.

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 st floor Baltimore, MD 21201
13. TYPED NAME: Shannon McMahan	
14. TITLE: Deputy Secretary, Office of Health Care Financing	
15. DATE SUBMITTED: 6/8/2017	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: June 15, 2017	18. DATE APPROVED: August 4, 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2018	/s/ [Redacted]
21. TYPED NAME: Francis I. McCullough;	22. TITLE: Associate Regional Administrator

23. REMARKS:

[Large empty box for remarks]

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY
State of Maryland

Remote Patient Monitoring

The purpose of providing remote patient monitoring services is to assist in the effective monitoring and management of patients whose medical needs can be appropriately and cost-effectively met at home through the application of remote patient monitoring intervention.

Remote Patient monitoring services use a synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient in the home; this information is then transmitted to a provider for use in treatment and management of unstable/uncontrolled medical conditions that require frequent monitoring.

Eligible conditions are congestive heart failure, diabetes and chronic obstructive pulmonary disease. Remote patient monitoring services are based on medical necessity and should be discontinued when the patient's condition is determined to be stable/controlled.

Eligible participants must have a eligible condition and one of the following qualifying medical events: (1) Two hospital admissions within the prior 12 months with the same qualifying medical condition as the primary diagnosis for both episodes; (2) Two emergency department visits within the prior 12 months with the same qualifying medical condition as the primary diagnosis for both episodes; or (3) 1 hospital admission and 1 separate emergency department visit within the prior 12 months with the same qualifying medical condition as the primary diagnosis for both episodes.

Remote patient monitoring services may be provided by a physician, nurse practitioner, physician assistant or a home health agency when prescribed by a physician who has examined the patient and with whom the patient has an established, ongoing relationship.

All remote patient monitoring services must be performed on a dedicated secure transmission linkages that meet the minimum federal and state requirements, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by remote patient monitoring, including the actual transmission of health care data and any other electronic information/records.

Limitations

The Department will only cover:

1. Participants meeting the eligibility requirements stated above;
2. RPM services that receive prior-authorization from the Department;
3. Two months per episode of treatment; and
4. Two episodes per year per participant.

Home health agencies will only be reimbursed for remote patient monitoring when the service is ordered by a physician.

TN #: 17-0005

Approval Date: August 4, 2017

Effective Date: January 1, 2018

Supersedes TN #: 15-0016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Maryland

Remote Patient Monitoring

Effective for dates of service on or after January 1, 2018, reimbursement for Remote Patient Monitoring in accordance with services described in Attachment 3.1A page 9C-1 shall be paid at a monthly rate of \$125.00/month. Providers may bill up to 2 consecutive months of RPM per authorized participant.

Reimbursement for RPM is limited to:

1. Physicians;
2. Physician Assistants;
3. Nurse Practitioners; or
4. Home Health Agencies when a physician prescribes RPM.

Providers must receive prior authorization from the Department in order to bill for RPM services.

Limitations:

1. Provider may not bill for purchase, repair or removal of equipment necessary to facilitate RPM.
2. Home health agencies will only be reimbursed for remote patient monitoring when the service is ordered by a physician.
3. The Department will not pay for the remote patient monitoring equipment or the internet connections necessary to transmit the results to the provider's offices