

Table of Contents

State Name: Maryland

State Plan Amendment (SPA)#: 18-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) One (1) SPA Page



Financial Management Group

Mr. Dennis Schrader, Medicaid Director
Maryland Department of Health
201 W. Preston Street, 1st Floor
Baltimore, MD 21201

September 18, 2018

RE: State Plan Amendment 18-0007

Dear Mr. Schrader:

We have completed our review of State Plan Amendment (SPA) 18-0007. This SPA modifies Attachment 4.19-A of Maryland's Title XIX State Plan. Specifically, the amendment clarifies reimbursement for out-of-state hospitals to be the lesser of charges or the home state's reimbursement, with the exception of District hospitals.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving Maryland State plan amendment 18-0007 with an effective date of October 1, 2018. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Sincerely,

/S/

Kristin Fan
Director

Enclosures

cc: Susan J. Tucker, Executive Director, Office of Health Services

bcc: Francis McCullough, ARA, RO3
Teia Miller, Manager, FMB RO3
Sabrina Tillman-Boyd, Manager, POB RO3
Talbatha Myatt, MD State Lead
Lisa Carroll, CO NIRT
Official NIRT File

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
18-0007

2. STATE
Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 1st, 2018

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 2018: \$ 0
b. FFY 2019: \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Attachment 4.19A page 11 (AMEND)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19A page 11 (11-14)

10. SUBJECT OF AMENDMENT: To clean-up web links and update Department name

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 OFFICIAL:


13. TYPED NAME: Dennis Schrader

14. TITLE: Medicaid Director,
Maryland Department of Health

15. DATE SUBMITTED: July 17 2018

16. RETURN TO:

Susan J. Tucker, Executive Director
OHS - MDH
201 W. Preston St., 1st floor
Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

SEP 18 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 01 2018

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristin Fan

22. TITLE:

Director, FMCO

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

D. Out of State Psychiatric Hospitals

A hospital located outside of Maryland, but not in D.C., shall be reimbursed the lesser of its charges or the amount reimbursable by the host state's Title XIX agency.

TN: 18-0007

Approval Date: September 18, 2018

Effective Date: October 01, 2018

Supersedes TN: 11-14