

Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 19-0010

This file contains the following documents in the order listed:

- 1) Package Information
- 2) Approval Letter
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
801 Market Street, Suite 9400
Philadelphia, Pennsylvania 19107



Division of Medicaid Field Operations East

SWIFT #112020194028

December 6, 2019

Dennis Schrader, Medicaid Director
Maryland Department of Health
201 West Preston Street
Baltimore, Maryland 21201

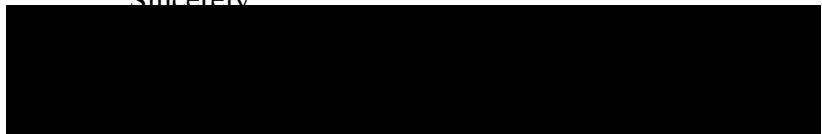
Dear Mr. Schrader:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 19-0010. The purpose of this amendment is to update Maryland State Plan to remove the transmission fee for telehealth services to align reimbursement delivered via telehealth to in-person reimbursement.

The effective date for this amendment is October 7, 2019. 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,



Deputy Director
Financial Management Group

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>19-0010</u>	2. STATE MD
	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 10/07/2019
---	--

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 <u>2018</u> \$ <u>0</u> b. FFY <u>2019</u> \$ <u>0</u>
---	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 4.19b pg. 3A (19-0010)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 4.19b pg. 3A (15-0016)
---	--

10. SUBJECT OF AMENDMENT
To remove the transmission fee for telehealth services to align reimbursement delivered via telehealth to in-person reimbursement.

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Dennis Schrader Medicaid Director Maryland Department of Health 20 W. Preston St, 5th Floor Baltimore, MD 21201
13. TYPED NAME Dennis Schrader	
14. TITLE Medicaid Director Maryland Department of health	
15. DATE SUBMITTED November 18, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED November 18, 2019	18. DATE APPROVED December 4, 2019
--	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL October 7, 2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Francis T. McCullough	22. TITLE Director, Division of Medicaid Field Operations East Regional Operations Group

23. REMARKS

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

[DELETE]