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State/Territory Name: MARYLAND

State Plan Amendment (SPA) #: MD-24-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

July 30, 2024

Ryan Moran
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

RE: TN 24-0010

Dear Medicaid Director Moran,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maryland State Plan Amendment (SPA) to Section 4 MD-24-0010, which was submitted to CMS on June 10, 2024. This plan amendment updates Interim Fee-for-Service.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of May 2, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at Maria.Gavino@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 0

2. STATE

MD

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

May 2, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4 pg. 81 (24-0010)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 4 pg. 81 (NEW)

9. SUBJECT OF AMENDMENT

To allow for interim fee-for-service payments to providers in the event of extenuating circumstances that preclude providers from submitting claims to the Medicaid agency or from receiving payments from the Medicaid agency for more than 5 business days.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Tricia Roddy

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED

15. RETURN TO

Ryan Moran
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

FOR CMS USE ONLY

16. DATE RECEIVED
June 10, 2024

17. DATE APPROVED
July 30, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 2, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

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

Fee-for-Service (FFS) Interim Payments due to Extenuating Circumstances

Effective May 2, 2024, providers impacted by extenuating circumstances are eligible to receive FFS interim payments in lieu of reimbursements not otherwise paid as a result of extenuating circumstances. Extenuating circumstances include cybersecurity incidents, natural disasters, federal or state emergencies, or similar incidents that preclude providers from submitting claims to the Medicaid agency or from receiving payments from the Medicaid agency for more than 5 business days. Payments will be made in amounts representative of up to thirty days (30) of claims payments. Eligibility for these interim payments will be limited to providers that are directly impacted by the extenuating circumstances, and regularly bill at least \$2,000 in fee-for-service services per month. An exception to this monthly limit and eligible providers will be granted to providers who can demonstrate that Medicaid pays a substantial majority of their revenue, and that they were directly impacted by the extenuating circumstances.

The average 30-day payment is based on the total claims for impacted services paid to the individual impacted provider, inclusive of all Medicaid base payments for impacted services made under the Medicaid state plan, during the most recently completed quarter at least 6 months prior to the start of the extenuating circumstances, divided by three (3). This is not an advanced payment or prepayment prior to services furnished by providers.

These payments will be reconciled to the final payment amount the provider was eligible to receive under the Medicaid state plan for impacted services during the timeframe for which the provider received interim payments under this provision. The reconciliation will be completed within 12 months following the last day of the quarter in which the state is able to again process payments for claims following the resolution of the extenuating circumstances. If the reconciliation results in discovery of an overpayment to the provider, the state will attempt to recoup the overpayment amounts within 12 months and will return the federal share within the timeframe specified in 42 CFR 433.316 and 433.320 regardless of whether the state actually recoups the overpayment amount from the provider, unless an exception applies under 42 CFR part 433, subpart F. If the reconciliation results in an underpayment to the provider, the state will make an additional payment to the provider in the amount of the underpayment within 12 months.

The state will follow all applicable program integrity requirements relating to interim payments to providers and the associated reconciliation process. The state will ensure that impacted providers receiving payments under this interim methodology for impacted services will continue to furnish services to Medicaid beneficiaries during the interim payment period and that access to impacted services is not limited.