



STATE OF MARYLAND

DHMH

PT 08-17

Office of Health Services  
Medical Care Programs

Maryland Department of Health and Mental Hygiene

*Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary*

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**General Provider Transmittal No. 83**

**October 5, 2016**

TO: Dental Providers  
Federally Qualified Health Centers  
General Clinics  
Hospitals  
Local Health Departments  
Managed Care Organizations  
Nurse Midwives  
Nurse Practitioners  
Physicians  
Physician Assistants

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

RE: Medicaid Program Updates for Fall 2016

**NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal**

\*\*\*\*\*

**E&M Rate Increases**

Effective October 1, 2016, the Department of Health and Mental Hygiene (the Department) and HealthChoice managed care organizations (MCOs) will increase reimbursement for evaluation and management (E&M) services from 92 to 94 percent of the 2016 Medicare rates.

**Reminder: Providers May Not Charge Participants**

Medicaid providers may not charge Medical Assistant participants co-payment amounts or for cost of services exceeding the Department's payment. As stated in the Provider Agreement and COMAR 10.09.36.03A(9), a Medicaid provider must accept the Department's payment as payment in full for covered services rendered and make no additional charge to any person for covered services. The provider may not bill, retain or accept any additional payment from an MA participant. Additionally, the provider may not charge the participant for denied covered services.

Failure to comply with COMAR 10.09.36 and the Provider Agreement for Participation may result in sanctions or exclusions from the Medicaid Program.

## Ordering, Referring and Prescribing (ORP) Provider Enrollment

The Affordable Care Act (ACA) requires State Medicaid agencies to enroll all ordering, referring and prescribing (ORP) professionals who provide services or medications to Medicaid participants. Medicaid contacted un-enrolled prescribers, including MCO network providers who write scripts for mental health, substance use, and HIV drugs, not enrolled in the Maryland Medicaid program who are prescribing to Medicaid participants to request their enrollment.

To ensure claims payments, if you or a member of your practice is not enrolled with Maryland Medicaid, please enroll as soon as possible using the eMedicaid portal for new enrollments: <https://encrypt.emdhealthchoice.org/emedicaid/> . Hit “go!” next to Step 1.

If you have any questions, please email [dhmmh.rxenroll@maryland.gov](mailto:dhmmh.rxenroll@maryland.gov).

## CMS’ Final Rule Implementing Section 1557 Provider Requirements

The Department of Health and Human Services (HHS) recently issued the Final Rule implementing the prohibition of discrimination under Section 1557 of the Affordable Care Act (ACA) of 2010. The Final Rule, Nondiscrimination in Health Programs and Activities, will help to advance equity and reduce health disparities by protecting some of the populations that have been most vulnerable to discrimination in the health care context. Section 1557 prohibits discrimination based on race, color, national origin, sex, age, or disability in certain health programs and activities.

In addition, the rule requires Medicaid providers to post nondiscrimination notices and language accessibility posters. Providers with more than 15 employees must designate a compliance coordinator and establish a grievance procedure by October 17, 2016.

For a full understanding of requirements under 1557, visit <http://www.hhs.gov/civil-rights/for-individuals/section-1557/>.

## Remove Out-of-State Outpatient Approval for Services

Effective immediately, the Department of Health and Mental Hygiene (the Department) no longer requires out-of-State providers to obtain approval for outpatient services under the fee-for-service program. Outpatient services are services performed in the outpatient department of an acute hospital or in a physician’s office.

Please note: This does not include non-emergency outpatient service that results in an inpatient hospitalization for Maryland Medicaid participants that occurs outside of the State of Maryland and the District of Columbia. These continue to require the Department’s approval. The provider must submit clinical records and documentation to the Department to obtain approval for the inpatient out-of-State hospital service. If the Department approves the inpatient service, the out-of-State provider must then contact the Department’s Utilization Control Agent, Telligen, through the Provider Portal at <http://telligenmd.qualitrac.com/document-library>. Telligen will determine if the inpatient stay was medically necessary.

If you have any questions regarding this policy change, please contact William “Vince” McKee at 410-767-1481 or by email at [william.mckee@maryland.gov](mailto:william.mckee@maryland.gov).

## Continuous Glucose Monitoring (CGM) System

Effective October 1, 2016, Maryland Medicaid will begin covering continuous glucose monitoring (CGM) systems when medically necessary for Medical Assistance participants.

CGM is a continuous glucose monitoring system indicated for detecting trends and tracking patterns in individuals with diabetes. CGM is indicated as an adjunct to complement, not replace, information obtained from standard home blood glucose monitoring devices. The system aids in the detection of episodes of hyperglycemia and hypoglycemia and can help inform short-term and long-term therapy adjustments.

CGM systems will be covered for Medical Assistance participants when prescribed by an endocrinologist and all of the following medical necessity criteria are met:

- The participant has Type 1 diabetes;
- The participant requires insulin injections at least 3 times per day or an insulin pump to maintain blood sugar control;
- The participant (or caregiver if a child) has demonstrated compliance with a physician ordered diabetic treatment plan including regular self-monitoring of blood glucose at least 4 times per day and multiple alterations in insulin administration regimens;
- The participant (or caregiver if a child) is capable of using a long-term CGM system on a near daily basis; AND
- The participant has ONE of the following:
  - Frequent documented severe hypoglycemia (less than 50 mg/dl);
  - Hypoglycemic unawareness that requires assistance from another person to administer oral carbohydrate, glucagon, or other resuscitative actions; or
  - HbA1c levels  $\geq 7.0\%$ .

To request the CGM system for an MA participant, the prescribing endocrinologist must complete a CGM certificate of medical necessity form and forward it to the Durable Medical Equipment provider. The CGM certificate of medical necessity form can be downloaded at <https://mmcp.dhmdh.maryland.gov/communitysupport/Pages/Home.aspx>.

Any questions regarding the coverage for a continuous glucose monitoring (CGM) system should be directed to a DME Staff Specialist at 410-767-7238 or [dhmdh.dcss@maryland.gov](mailto:dhmdh.dcss@maryland.gov).