Maryland DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

Maryland Medical Assistance Program
General Provider Transmittal No. 91
May 16, 2023

TO: All Providers

FROM: Tricia Roddy, Deputy Medicaid Director
            Maryland Medicaid

RE: Spring General Provider Updates

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

End of the PHE

The national Public Health Emergency (PHE) ended on May 11, 2023. Most of the flexibilities permitted by MDH during the PHE have already ended, see COVID-19 Provider Updates for more information. Information addressing those flexibilities and policies that remained in place after August 15, 2021 will be communicated in PT 56-23 to be communicated at a later date.

Healthy Babies Equity Act

Effective July 1, 2023, the Maryland Department of Health's Medical Assistance Program (the Department) will provide comprehensive coverage to non-citizen pregnant Marylanders with income up to 250% of the federal poverty level (FPL) who would otherwise be eligible for Medicaid or Maryland Children's Health Program (MCHP) but for their immigration status, as well as their children up to the age of one year, as required by *HB 1080–Healthy Babies Equity Act (Ch. 28 of the Acts of 2022)*.

The Department estimates approximately 6,000 non-citizen pregnant Marylanders will be eligible for this benefit in the first year. Applicants will apply for coverage through the consumer portal on Maryland Health Connection. The benefit will provide coverage during the pregnancy and four months of comprehensive coverage during the postpartum period. This postpartum

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period is defined as the date a pregnancy ends to the last day of the month in which the four-month period ends. Retroactive Fee-for-Service (FFS) coverage will be available for up to three months, subject to the limitations outlined below.

The non-citizen pregnant individual (birthing parent) will be eligible for the same benefits package available to other pregnant individuals, including physical and behavioral health services, as well as dental and prescription drug coverage without copays. Participants will be enrolled in a managed care organization (MCO) during the prenatal and postpartum periods. Carved out benefits will be covered on a fee-for-service basis.

Individuals who currently qualify for emergency medical services due to pregnancy (X03 L) will be contacted by MDH to alert them to this new coverage opportunity. These individuals can apply for comprehensive benefits using Maryland Health Connection's consumer portal beginning July 1, 2023.

Participant Eligibility Criteria

An individual may qualify for this coverage if they meet the following criteria:

- Non-citizen (e.g., undocumented, non-qualified alien) who does not qualify for Medicaid solely due to immigration status;
- Maryland resident;
- Currently pregnant and apply prior to the final day of their pregnancy;
    - Any individual who applies on the pregnancy end date (i.e., at labor and delivery) will NOT be eligible for this benefit.
- Income up to 250% FPL.

Up to three months of retroactive coverage before the individual's coverage start date is available but will not extend prior to the start of the pregnancy or before July 1, 2023.

Individuals who do not qualify for this benefit may be eligible for emergency medical services covered through a limited Medical Assistance benefit for non-qualified or undocumented non-citizens.

Legal Business Name Requirement for Provider Enrollment

Beginning in January 2023 when submitting a Provider Enrollment application through ePREP, Providers are required to upload a copy of their W9. Effective early May 2023 the Provider Name field on all applications must match the name that is listed on the W9 and IRS Tax ID Letter. If a Provider wishes to be enrolled using another additional name, this should be entered in the DBA Name field on the ePREP Enrollment Application. If providers need assistance or

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have questions about this, they should contact the Provider Enrollment Call Center at 1-844-463-7768.

Website Updates:

The Maryland Medicaid provider information website has been updated.

   • Content has been reorganized and now appears in categories that better reflect the way users find what they need.
   • URLs have changed. Bookmarks, as well as any links to MDH webpages or other materials will need to be updated, e.g. health.maryland.gov/providerinfo will now be health.maryland.gov/mmcp/provider.
   • The site will reindex immediately. Please use the search function on our site to find site information. Using a search engine like Google, will take longer to reindex and is therefore not as useful initially.

   Information categories on the new landing page include:
   • Enrollment
   • Provider Transmittals
   • Fee-for-service Billing
   • Provider Verification System (PVS)
   • Electronic Visit System (EVS)
   • Provider Compliance
   • Ordering, Referring, and Prescribing (ORP) Providers
   • Telehealth
   • Provider Type Specific Information
   • Presumptive Eligibility

Additional Provider Types to the License Board Interface Auto Update

Maryland Medicaid has established interfaces between MMIS and the following Professional Licensing Boards: Psychologist, Physical Therapist, Speech/Language Pathologist, and Audiology. This is in addition to the current Professional Licensing Boards: Physicians and Physicians Assistants, Social Workers, Certified Counselors, Pharmacy and Pharmacists, Podiatrists, Dental, and Nursing Providers.

For our provider population, this means any Maryland provider licensed by one of these licensing boards is only required to update their professional licenses with the respective Maryland licensing board. They no longer need to upload an updated license and submit a supplemental application via ePREP. This includes physicians, physicians assistants, social workers, certified counselors, pharmacies, pharmacists, podiatrists, dentists, nurse anesthetists,

nurse midwives, nurse practitioners, nurse psychotherapists, psychologists, physical therapists, speech/language pathologists, and audiologists.

Please note that this initiative only applies to Maryland licensed providers that are on file as part of an active Maryland Medicaid Provider Account. The interface does not include out of state licensed providers. Providers enrolled with an out of state license will need to continue to update their licenses via supplemental applications submitted in ePREP.

Coverage of Routine Costs Associated with a Qualifying Clinical Trial

In accordance with Centers for Medicare and Medicaid Services (CMS) State Medicaid Director (SMD) letter #21-005, Mandatory Medicaid Coverage of Routine Patient Costs Furnished in Connection with Participation in Qualifying Clinical Trials, effective January 1, 2022, Maryland Medicaid will cover routine costs associated with a qualifying clinical trial. Medicaid will cover routine costs to the extent that the provision of such items or services to a Medicaid participant would otherwise be covered outside the course of participation in a qualified clinical trial. Medicaid will not cover costs for any investigational item or service that is part of a qualified clinical trial that is not otherwise covered outside of the qualified clinical trial. For more information please refer to PT 52-23.

Medicaid Check in Campaign 2023

Changes are coming to Maryland Medicaid

The Department asks for provider partnership during this time to spread the word about our Medicaid Check-In campaign. During the COVID-19 public health emergency, Marylanders who were enrolled in Medicaid (also called Medical Assistance) continued to be covered, even if they were no longer eligible.

Medicaid renewals will not be automatic this year. Starting in April 2023, Maryland will begin making Medicaid eligibility reviews again. Not everyone will be up for renewal at the same time. These renewals will take place over 12 months.

Medicaid participants must make sure their contact information is up to date. This way, participants are able to be contacted when it is their time to renew.

The Maryland Department of Health (MDH), along with our partners, including HealthChoice Managed Care Organizations (MCOs), the Maryland Department of Human Services (DHS), and the Maryland Health Connection (MHC), recently launched a statewide communications campaign to alert participants of the upcoming changes.

Provider Partnership

To reduce the number of qualified members that could lose their coverage, MDH created an outreach toolkit to support providers, advocates, and partners with key messaging and resources to make sure participants know how to renew their coverage and are aware of other affordable health coverage options if needed. MDH will update this throughout the unwinding period, April 2023 through April 2024.

MDH encourages partners to use the messages, templates, and other informational resources available in this toolkit in their own outreach and ask that you help us in sharing consistent messages to ensure participants get the information they need while minimizing potential confusion.

Watch this short, informational video to learn more about Medicaid Check-In and how to help our participants here. MDH will upload this video to the provider toolkit as well.

Participant Redetermination Dates

Providers can find out when a participant is due for redetermination by checking the Eligibility Verification System (EVS). Please call 1-866-710-1447 or visit www.emdhealthchoice.org. This functionality will go-live in early April 2023.

Please note, MDH is also working with the Chesapeake Regional Information System for our Patients (CRISP) Health Information Exchange (HIE) to provide healthcare delivery organizations with a secure report of all their participants who will face redetermination within the next 90 days. While currently in a testing phase, CRISP aims to have this information available to all interested providers by the end of June 2023. Interested providers will receive a monthly managed file transfer (MFT) via CRISP. The file will include information for the current month and ninety (90) days into the future at a given time.

The Medicaid Check-In Provider Page includes additional information and instructions on checking EVS or working with CRISP to find redetermination dates.

Additional Resources

Please find more provider information and provider toolkit at this link: https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx.

Please find participant specific information at this link: https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Participants.aspx.

For questions or to suggest FAQs, please reach out to: mdh.medicaidcheckin@maryland.gov.

Benefits of Prescribing Preferred Medications

Prescribing drugs from the Maryland Medicaid Fee-for-Service (FFS) Preferred Drug List (PDL) has benefits for both prescribers and patients. Unlike non-preferred drugs, most PDL drugs do not require prior authorization. PDL drugs are the most clinically effective, safe, and least expensive drugs within the class of drugs being prescribed. Prescribing PDL drugs can also save patients money. Drugs on the PDL have a lower copayment ($1) than non-preferred drugs ($3).

The Maryland Medicaid Office of Pharmacy Services publishes the PDL twice each year in the months of January and July. The PDL is created based on the recommendations from the Maryland Medicaid Pharmacy and Therapeutics (P&T) Committee, which is comprised of external physicians, pharmacists, and consumer representatives. The Committee considers new medical literature and national treatment guidelines when recommending preferred or non-preferred status for drugs on the PDL. The Committee's recommendations are based on the clinical effectiveness, safety, outcomes, and FDA-approved indications of all drugs included in each PDL class. When drugs within a class are clinically equivalent, the Committee considers the comparative cost-effectiveness of the drugs in the class. The clinical data always take precedence over cost considerations in the decision-making process of the P&T Committee.

To review the Maryland Medicaid FFS current PDL, visit:
https://health.maryland.gov/mmcp/pap/docs/PDL%201.1.2023%20-Updated_3.06.2023.pdf