



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

MARYLAND MEDICAL ASSISTANCE PROGRAM

General Provider No. 94

January 2, 2024

TO: Providers

FROM: Tricia Roddy *Tricia Roddy*
Deputy Medicaid Director

SUBJECT: Winter General Provider Updates

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

1. Carr v. Becerra Reimbursement

A recent court order issued in the case Carr v. Becerra, No. 22-cv-0098 (D.Conn) certified the following class as being impacted by an earlier interpretation of the Families First Coronavirus Response Act:

All individuals who were enrolled in Medicaid in any state on March 18, 2020 or later and.... had their Medicaid eligibility reduced to a lower level of benefits and were determined to be eligible for a Medicare Savings Program or will have their Medicaid eligibility reduced to a lower level of benefits and be determined to be eligible for a Medicare Savings Program prior to a redetermination conducted after March 31, 2023.

Due to the above court decision, select Medicaid beneficiaries should not have been charged out-of-pocket costs as dual beneficiaries of Medicare and Medicaid during the Public Health Emergency. The Maryland Medical Assistance Program identified the beneficiaries impacted by this court order and established a process for reimbursing out-

of-pocket costs paid and/or clearing the outstanding medical bills of impacted beneficiaries. Providers who rendered services to impacted participants should receive a Carr v. Becerra Provider Information Notice and a Carr v. Becerra Provider Attestation Form from the impacted participant. In order to be reimbursed by Maryland Medicaid, providers who serviced entitled participants must:

- a) Reimburse participants for out-of-pocket costs paid and/or clear outstanding balances;
- b) Complete and submit the Carr v. Becerra Provider Attestation Form along with paper claims; and
- c) Submit paper claims for any services received between the dates listed on the Carr v. Becerra Provider Attestation Form to Medicaid Claims Processing.

Participant specific information and the Medicaid Claims Processing address can be found on the Carr v. Becerra Provider Attestation Form. For questions regarding this process, please contact Tyra Hill by email at tyra.hill@maryland.gov.

2. Prescriber Updates

Federal regulations require Medicaid to enroll all Ordering, Referring and Prescribing (ORP) practitioners as participating providers in order for Medicaid to reimburse for their ordered, referred, and prescribed services (42 CFR § 455.410). To comply with this federal requirement, Maryland Medicaid must deny any pharmacy claim where the prescriber is not actively enrolled in Maryland Medicaid. This policy applies to Fee-For-Service (FFS) claims only. Maryland Medicaid is taking a multi-phased approach to implement this requirement.

- A “soft edit” phase will continue through January 2, 2024 in which pharmacy claims containing an unenrolled practitioner receive a pay-and-report exception code and message warning that these claims will be denied in the future.
- Phase 1: Effective January 3, 2024, Maryland Medicaid will deny pharmacy claims for non-behavioral health drug classes if the prescriber is not enrolled.
- Phase 2: Effective July 1, 2024, Maryland Medicaid will deny **all** pharmacy claims regardless of drug class if the prescriber is not enrolled.

All practitioners—including medical trainees, interns, and unlicensed residents—who prescribe to Maryland Medicaid participants must be actively enrolled Medicaid providers in order for their prescriptions to be covered at the point-of-sale. A licensed practitioner may enroll as either a fully participating (billing or rendering) provider, or an ORP-only Provider (does not bill for services or sign a full Provider Agreement). Unlicensed medical trainees must enroll as ORP-only providers. It is critical that practitioners who prescribe to Medicaid participants enroll as soon as possible to ensure that patients can receive their Medicaid covered medications. Prescriber enrollment status can be checked via the [Provider Verification System](#). Updates and

resources are available on MDH's Ordering, Referring, and Prescribing (ORP) Providers [webpage](#).

3. Provider Enrollment - License Updates

Maryland Medicaid has established interfaces between MMIS and the following Professional Licensing Boards: Psychologist, Physical Therapist, Speech/Language Pathologist, Audiology, Optometry, and Chiropractor. 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, audiologists, chiropractors, and optometrists.

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.

4. Billing Instructions

MS 1500 Billing Instructions: An updated version of the CMS-1500 billing manual reflecting modified abortion billing procedures has been posted to the [claims guidance page](#).

UB04 Hospital Billing Instructions: An updated UB04 billing manual has been uploaded to the [claims guidance page](#).

One correction to the current published UB04 manual is related to the revenue code 061X. The June update incorrectly identified the 061X series as not payable. This is incorrect. The 061X revenue code series remains payable at this time.

5. Expanded Medicaid Coverage of Gender-Affirming Treatments

- A. Effective January 1, 2024, Maryland Medicaid will reimburse additional gender-affirming treatments in accordance with *House Bill 283–Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)–(Chapter 253 of the Acts of 2023)*.
- B. Please refer to PT 36-24 for additional information. This transmittal provides updated preauthorization requirements, an overview of covered benefits, and a comprehensive list of CPT codes for covered gender-affirming treatments.

6. Eligibility Updates

- A. Continuous Eligibility: As of September 1, 2023, Maryland Medicaid began providing 12 month continuous eligibility to children under the age of 19 enrolled in Medicaid and the Children’s Health Insurance Program (CHIP), in compliance with Section 5512 of the Consolidated Appropriations Act, 2023. Children will not be disenrolled during their 12-month period except in specific, limited circumstances.
- B. Healthy Babies: Effective July 1, 2023, Maryland Medicaid provides 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 authorized by *House Bill 1080–Healthy Babies Equity Act (Ch. 28 of the Acts of 2022)*.
 - a) Please refer to PT 62-23 and PT 63-23 for additional information about the coverage and eligibility requirements.
- C. Unwinding Period Flexibilities – (e)(14) waivers: During the unwinding of the Public Health Emergency (PHE), Maryland requested and received approval from the Centers for Medicare and Medicare Services (CMS) for various time-limited waivers to protect beneficiaries and ensure eligible individuals stay covered by Medicaid or transition to other appropriate health coverage. For more information on these flexibilities, please visit the Medicaid Check-In Waivers and Flexibilities page:
https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-CMS_Waivers_Flexibilites.aspx.

7. Provider NPI specific per location requirement

Effective February 1, 2024 Maryland Medicaid will no longer allow limited risk groups and facilities to share an National Provider Identifier (NPI) across multiple enrollments and each group or facility must enroll with a unique NPI. Groups and facilities already enrolled with a shared Type 2 Organizational NPI will be required to obtain a unique NPI specific to each enrollment account. The only exceptions to this requirement are Provider type (PT) 28 Therapy

Group Providers-EPSDT affiliated with a Provider Type (PT) 57 Nursing Facility and Provider Type (PT) RX Pharmacy also enrolled as Provider Type 62 DMS/DME Provider. This requirement does not apply to providers with a Type 1 Individual NPI.

Maryland Medicaid is implementing this policy change to update the billing system to mirror the enrollment system. Enrolling with a unique NPI will reduce the number of claims errors, eliminate ZIP+4 code issues, and improve the management of enrollment information. According to the Department of Health and Human Services (HHS), Centers of Medicare and Medicaid (CMS), the code of Federal regulation 45 CFR § 162.412(b) allows a health plan to require health care providers that have been assigned an NPI to obtain a unique NPI. Please refer to the link below for more information on CMS issued guidance on site specific National Provider Identifier Enumeration.

<https://www.cms.gov/files/document/guidance-national-provider-identifier-npi-enumeration-pdf.pdf>

Already enrolled providers impacted by this policy change will be notified when they need to update their current Maryland Medicaid Provider accounts. Please do not attempt to update your existing accounts until you receive the notification.

Apply for and obtain additional NPI numbers from the National Plan and Provider Enumeration System (NPPES) available at <https://nppes.cms.hhs.gov/#/> or by phone at 1-800-465-3203 or 1-800-692-2326 (NPI TTY).

Once the existing Maryland Medicaid enrollment accounts are updated with a new NPI, please be sure to update your billing system with the new NPI.

Providers that bill for crossover claims will also need to update their PECOS account with the new NPI with CMS at <https://pecos.cms.hhs.gov>.

- a) Sign into the PECOS system using your CMS Identity and Access login credentials.
- b) Select “My Associates” to update existing Medicare information.
- c) Select “More Options” under the Existing Enrollment page next to the application that needs to be updated.
- d) Select “Perform a Change of Information to Current Enrollment Information” and then click the “Next Page” button.
- e) There will be two options listed, select Option 2 and then select “Next Page” button.
- f) Select “Yes, I need to make other updates to my enrollment” and then click the “Next Page” button.
- g) Select “Start Application” under the “Confirm Reason for Application” to begin your application.

For further assistance with updating your PECOS account please contact

E-mail: <mailto:EUSSupport@cgi.com>

Phone: 1-866-484-8049 (Toll-Free)

1-866-523-4759 (TTY/TDD)

Failure to comply with the requirements outlined in this transmittal may affect your payments from the Maryland Medical Assistance Program. If you have additional questions regarding this transmittal, please contact MDH at mdh.npiuncollapsing@maryland.gov