



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

**Maryland Medical Assistance Program  
General Provider Transmittal No. 100  
October 29, 2024**

TO: All Providers

FROM: Tricia Roddy, Deputy Medicaid Director  
Maryland Medicaid

RE: Post-Public Health Emergency and COVID-19 Guidance

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

The following are updates to previously released guidance issued on May 30, 2023, in [PT 56-23](#).

**End of the PHE**

The national Public Health Emergency (PHE) ended on [May 11, 2023](#). Most of the flexibilities permitted by the Maryland Department of Health (the Department) during the PHE have ended.

The following addresses the status of flexibilities and policies since the sunset of the PHE.

**1) COVID-19 Vaccines, Tests, and Treatments**

**a) COVID-19 vaccines**

The Department will continue to cover COVID-19 vaccinations without cost sharing for participants.

[Advisory #252](#) provides guidance on reimbursement for vaccinations.

**b) COVID-19 tests**

The Department will continue to cover both over-the-counter (OTC) and laboratory testing ordered by a provider. The OTC test will have a \$1.00 copayment effective November 1,

2024. Additional information and future guidance on the OTC tests can be found on the Medicaid Pharmacy Program [Provider Advisory](#) page.

**c) COVID-19 treatments**

The Department will continue to cover COVID-19 treatments with a \$1.00 copayment effective November 1, 2024. Additional information on COVID-19 treatments can be found on the Medicaid Pharmacy Program [Provider Advisory](#) page.

**2) Long Term Services and Supports (LTSS)**

The following guidance continues to be in effect and will continue to be so on a permanent basis.

**a) Home-Delivered Meals**

The Department reminds providers that they have a responsibility to abide by and follow the Medicaid provider agreement, State and federal regulations, and laws. The approved plan of service authorizes providers to render and be reimbursed for services in accordance with the outlined quantities and frequencies of services.

Per COMAR 10.09.84 and 10.09.36, as well as the Maryland Medicaid Provider Agreement, only services which have been pre authorized by the Department in the participant's plan of service should be provided and billed. It is the provider's responsibility to ensure that requests for reimbursements are appropriate and accurate.

Please be advised that providers who bill inappropriately for unauthorized services are subject to disciplinary actions including but not limited to sanctions, recovery, suspension, or termination per 10.09.84, 10.09.36, and the Maryland Medicaid Provider Agreement.

**3) Non-Emergency Medical Transportation (NEMT)**

Coverage for NEMT services for purposes of transport to COVID-19 vaccinations as described in [previous guidance](#) will continue to be permitted.

Medicaid NEMT can be used to transport participants to vaccination appointments. This is subject to the same screening procedures employed for regular appointments. The transport must be to the closest appropriate provider that can administer the vaccinations, as the administrative fee is being considered as Fee-for-Service.

**4) Premium Payments for Employed Individuals with Disabilities (EID) Program and Maryland Children's Health Program Premium (MCHP Premium)**

As of January 1, 2024, monthly premiums for the [EID program](#) have been reinstated along with the following programmatic changes:

- No more maximum income eligibility
- No longer counting assets that belong only to a spouse
- Now allowing Independence Accounts
- New premium payment amounts based on income
- New applicants can now be as young as 16 years old

Pursuant to Maryland House Bill 1521 (Chapter 47 of the Acts of 2024), *Maryland Children's Health Program - Eligibility and Administration*, the Department permanently eliminated the premium payment requirement for children enrolled in [MCHP](#) Premium effective May 1, 2024. As a result, eligibility for children enrolled in the MCHP Premium plan is no longer contingent on timely payment of a monthly premium.

#### 5) **Four Walls Requirement Clarification**

On July 15, 2024, the Department released clarifying [guidance](#) about services rendered via telehealth at freestanding clinics since the end of the COVID-19 public health emergency. The federal four walls rule does not allow Medicaid to reimburse a freestanding clinic if neither the practitioner nor patient is physically onsite at the clinic. This includes provider types:

- Clinic, Local Health Department - PT 35
- Clinic, General, PT 38 Clinic, Family Planning - PT 33
- Outpatient Mental Health Clinic - PT MC

*The four walls rule does **not** apply to FQHCs or FQHC-sponsored School-Based Health Centers (SBHCs).*

The Department submitted an §1115 waiver amendment for an exemption to the four walls requirement. Pending approval, it would allow clinics to bill telehealth services regardless of whether practitioner or patient is physically onsite at the clinic.

For more information, please see Maryland Medicaid's [Telehealth](#) page.

#### 6) **Telehealth**

In accordance with *SB 534, Preserve Telehealth Access Act of 2023 (Ch. 382 of the Acts of 2023)*, telehealth flexibilities, including coverage of audio-only phone conversations, will continue through at least June 30, 2025.

The use of non-HIPAA compliant technology products previously authorized through the end of the federal PHE at the discretion of the federal Office of Civil Rights (OCR) and subsequent 90-calendar day transition period for covered health care providers to come into compliance with the HIPAA Rules expired as of August 9, 2023. Regular policies are in effect at this time. For more information, visit HHS's HIPAA and Telehealth [webpage](#).

Guidance previously issued in [PT 56-23](#) as it relates to telehealth including dental services delivered via telehealth (teledentistry), SBHC services, and well-child visits delivered via telehealth is still in effect. Please refer to [PT 56-23](#) for this guidance.