

MARYLAND MEDICAID SCHOOL-BASED HEALTH CENTER (SBHC) PROVIDER MANUAL



Revised May 2025

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POLICY CHANGE HIGHLIGHTS

Updated: September 2023

The following items represent the recent changes made from the previous School-Based Health Center (SBHC) billing instructions dated August 2021:

This version of the manual includes the following updates:

- All references to MSDE approval of new SBHC sites have been updated to MDH;
- Updated Medicaid enrollment instructions for all SBHC sponsoring organization provider types;
- MCO contact information;
- Addition of a new appendix to assist with SBHC provider enrollment: *Guidance for Approved School-Based Health Centers to Apply To Become a Maryland Medicaid Provider*
- Policy and billing manual links have been updated as of September 2023;
- Addition of a new covered benefit for SBHCs: [Sports Physicals](#).

INTRODUCTION

School Based Health Centers (SBHCs) must bill for services rendered to Maryland Medicaid Fee For-Service (FFS) and HealthChoice Managed Care Organization (MCO) participants through a Medicaid-enrolled sponsoring organization that serves as the billing provider. SBHC administrators and clinicians should use this manual when seeking to render and bill for services to individuals with Medical Assistance eligibility (Maryland Medicaid/Maryland Children’s Health Program participants).

This manual consists of three sections: (I) General Information, (II) SBHC Services, and (III) Appendices. The General Information section includes a SBHC resource guide, Maryland Medicaid policy reminders, and the SBHC Medicaid enrollment process. The SBHC Services section discusses Maryland Medicaid-covered SBHC services and requirements for providers rendering them. Finally, the Appendix section is comprised of four Appendices which offer supplemental information, including but not limited to: MDH and MCO contact information, public health billing guidance for local health departments operating SBHCs, immunization codes, as well as new supplemental guidance to support new SBHC provider Medicaid enrollment.

While this manual includes examples of commonly billed SBHC services and codes, it is not intended to provide comprehensive billing instructions. For Maryland Medicaid FFS billing instructions, please review the [Maryland Medicaid CMS-1500 Paper Billing Instructions](#) and its SBHC-specific addendum. MCO-specific billing instructions are available on each MCO’s website or in its manual. SBHCs must follow the billing and reporting instructions established in COMAR 10.09.76 School-Based Health Centers (all Maryland state COMAR can be accessed online at <https://dsd.maryland.gov/Pages/COMARHome.aspx>).

CODE OF MARYLAND ANNOTATED REGULATIONS (COMAR)

Regulations governing SBHC, sponsoring agency organization provider types, and related topics are established in:

COMAR	Title
10.09.01.00—.08	Advance Practice Nurse Services
10.09.02.00—.11	Physicians’ Services
10.09.08.00—.14	Freestanding Clinics
10.09.36.00—.11	General Medical Assistance Provider Participation Criteria

10.09.49.00—.10	Telehealth Services
10.67.06.28	MMMCP: Benefits — Self-Referral Services
10.09.76.00—.11	School-Based Health Centers

I. GENERAL INFORMATION

A. SBHC RESOURCES

Maryland Department of Health (MDH) SBHC Standards

For general MDH SBHC information, please visit <https://health.maryland.gov/phpa/mch/MD-SBHC-Program/Pages/default.aspx>. The most up-to-date Maryland School-Based Health Center Program Standards and application instructions are available [on this site](#).

ePREP

The electronic Provider Revalidation and Enrollment Portal (ePREP) is the one-stop shop for Maryland Medicaid provider enrollment, re-enrollment, revalidation, information updates and demographic changes.

To enroll as a Maryland Medicaid SBHC, log into [ePREP.health.maryland.gov](https://health.maryland.gov). For ePREP resources, including call center information, please visit <https://health.maryland.gov/mmcp/provider/Pages/epreresources.aspx>

General and SBHC-Specific Billing Instructions

Most Medicaid participants are enrolled in an MCO. SBHCs should bill the MCO directly for services rendered to an MCO enrollee. If the participant is not enrolled in an MCO, the SBHC should bill Maryland Medicaid FFS directly. For MCO billing instructions, please visit the appropriate MCO’s website or refer to the MCO Billing Contacts, which can be found in the Appendix of this manual.

For FFS billing instructions, including the topics listed below, please refer to the CMS-1500 Billing Instructions at https://health.maryland.gov/mmcp/provider/Documents/ffs_billing/cms-1500-billing-instructions-updated-08.2024.docx.pdf “Fee- For-Service Billing: header:

- Billing time limitations
- Electronic and paper claims instructions
- Properly completing the CMS-1500 form
- Claims troubleshooting
- How to file an adjustment request

For SBHC-specific billing guidance on the following topics, please review the SBHC addendum to the [MARYLAND MEDICAID CMS-1500 PAPER BILLING INSTRUCTIONS](#)

- SBHC-specific CMS-1500 claims form blocks
- FQHC billing requirements*

*With only two exceptions, SBHC billing instructions **do not affect** the billing procedures for Federally Qualified Health Centers (FQHCs). FQHCs should continue to use their existing billing codes rather than those included in this manual. The only two billing requirements that apply to FQHCs are related to filling in the CMS-1500 form:

Change #1: Block 24B – All SBHCs must enter “03” as the “Place of Service Code”

Change #2: Block 32 – All SBHCs must enter the Name and Address of the SBHC

Dental and behavioral health services should be billed for through the current Dental ASO, SKYGEN, or the current Behavioral Health ASO, OPTUM Maryland. MCOs are not responsible for payment of these claims.

Professional Services Provider Manual and Fee Schedule

For FFS program policy guidance, including service limitations and how to bill for specific covered services, please refer to the following:

Professional Services Provider Manual on the Provider Information page at <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>.

Please note that while MDH updates this SBHC manual annually, the Professional Services Provider manual is updated in real-time and is the best resource for up-to-date CPT codes.

For a list of Maryland Medicaid-covered professional CPT and national HCPCS codes, including for Evaluation and Management (E&M) office visits, and corresponding reimbursement rates, please refer to the current Professional Services Fee Schedule.

These documents are located under “Billing Guidance, Fee Schedules, and Preauthorization Information” at <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>

Healthy Kids/EPSDT

For complete information regarding the Maryland Healthy Kids/Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program, including the current recommended childhood immunization schedule, program standards, age-specific encounter forms, and current recommended childhood preventive health and immunization schedule, please visit: <https://health.maryland.gov/mmcp/epsdt/pages/home.aspx>

Eligibility Verification System (EVS)

It is the SBHC’s responsibility to check EVS before rendering services to ensure the participant’s

eligibility on the date of service. For information on the EVS process and application options, please visit <https://health.maryland.gov/mmcp/provider/Pages/evs.aspx>

Health Insurance Portability and Accountability Act (HIPAA)

The Administrative Simplification provisions of HIPAA require that health plans, including private, commercial, Medicaid, Medicare, healthcare clearinghouses, and healthcare providers use standard electronic health transactions. Additional information on HIPAA can be obtained from the following websites:

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAAACA/PrivacyandSecurityInformation.html>

<https://health.maryland.gov/iac/HIPAA/Pages/About-HIPAA.aspx>

Telehealth

For Maryland Medicaid telehealth information, including general updates, program manual, and frequently asked questions, please visit the Maryland Medicaid Telehealth Program page at <https://health.maryland.gov/mmcp/provider/Pages/telehealth.aspx> .

B. MARYLAND MEDICAID POLICY REMINDERS

Billing for No Cost Services

SBHCs may bill Medicaid for covered services provided to eligible Medicaid participants, regardless of whether the SBHC charges other members of the community for such services. This is true for all SBHCs, including those that are sponsored by an FQHC.

Healthy Kids/EPSTD Exceptions for Third Party Billing

By law, Medicaid is the “payer of last resort”. When participants have both Medicaid and other insurance coverage, the SBHC must bill the other insurance first. However, certain Healthy Kids/EPSTD services are exempt from this rule. For these services, the SBHC may bill Medicaid without first billing the third-party insurer.

For preventive services, SBHCs may submit the following codes directly to Medicaid FFS or the child’s MCO, even if the child is covered by other third-party insurance*:

- Preventive Medical Services (99381-99385, 99391-99395)
- Immunizations (specific immunization codes can be found in the Professional Services fee schedule at <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>)
- Developmental Tests (96110, 96111)
- Objective Hearing Tests (92551)
- Objective Vision Tests (99173)

* Medicaid FFS or the MCO will handle recoveries from the other insurances for these services. When the participant has Medical Assistance and other third-party insurance, do not bill the Medical Assistance participant for any copay or deductible associated with other insurance policies.

Only the services listed above are exempt. Other EPSDT components, such as laboratory tests and other primary care services, must first be submitted to the other insurer prior to billing FFS or the MCO.

Self-Referral

SBHCs are “self-referred” providers. This means Medicaid-enrolled SBHC sponsoring organizations do not need a contract with the MCO to bill the MCO for SBHC services, including pharmacy items and laboratory services, when the service is provided onsite in connection with a self-referral service. Approved SBHC sponsoring organizations and all individual SBHC locations must have active enrollment in Maryland Medicaid prior to billing an MCO.

C. PROVIDER ENROLLMENT FOR SBHCs

Step 1: Apply for approval to join the Maryland SBHC Program through the Maryland State Department of Health (MDH)

Prior to enrolling with Maryland Medicaid, a SBHC must receive a letter of approval from the Maryland SBHC Program within the Maternal and Child Health Bureau (MCHB). All sponsoring organizations and individual SBHC locations may submit an application for approval through the Maryland SBHC Program website. After receiving approval to join the Maryland SBHC Program, a sponsoring organization may enroll a SBHC site in Maryland Medicaid by logging into ePREP.health.maryland.gov. SBHCs will need to provide the documentation listed in “Step 3” of this section. For ePREP resources, including call center information, please visit

<https://health.maryland.gov/mmcp/provider/Pages/eprepresources.aspx>

Step 2: Obtain a National Provider Identifier (NPI)

The National Provider Identifier (NPI) is a Health Information Portability and Accountability Act (HIPAA) mandate requiring a standard unique identifier for all health care providers. SBHCs and their sponsoring organizations must obtain a unique, Type 2, 10-digit NPI for use on all electronic claim transactions. When billing on paper, this unique 10-digit NPI number and the provider’s 9-digit Medicaid provider number will be required for reimbursement.

To apply for an NPI, visit the Centers for Medicare and Medicaid Services (CMS) website at <https://nppes.cms.hhs.gov/>.

Please note that if the SBHC is also equipped to perform dental services, a separate NPI will be required, and a separate application would need to be submitted with PT 14 with the exception of LHDs which currently enroll as PT 35.

Step 3: Submit a Maryland Medicaid Provider Application

To participate as a Maryland Medicaid SBHC, a sponsoring organization must submit an application including the SBHC enrollment addendum and Maryland SBHC Program approval letter through the Department’s electronic Provider Revalidation and Enrollment Portal (ePREP) for each service location. At this time, provider types 34 (FQHC), 35 (LHD Clinic), 38 (general clinic), 20 (Physician’s group), and 23 (Nurse Practitioner’s group) are eligible SBHC sponsors.

All Maryland Medicaid SBHC sponsoring organizations and individual site locations must complete the steps below in their ePREP applications. These steps apply to providers who are submitting new enrollment applications as well as enrolled providers submitting supplemental applications.

1. Upload a completed SBHC addendum, available for download on the [ePREP Provider Agreement and Application Addenda at https://health.maryland.gov/mmcp/provider/Pages/eprepforms.aspx](https://health.maryland.gov/mmcp/provider/Pages/eprepforms.aspx) page. Sponsoring organizations must provide required information about the SBHC location associated with your billing NPI.
2. Upload the SBHC’s Maryland SBHC Program approval letter.
3. For FQHCs only: Supplemental applications for a new SBHC must include additional documentation:
 - A complete FQHC addendum, available for download on the Provider Application Addenda and Agreement Forms page
 - HRSA Grant Award Letter

Note: SBHCs sponsored by an FQHC should NOT submit a “NEW” application for the FQHC (PT 34); only SUPPLEMENTAL applications will be accepted.

Note: In Fall 2023, Maryland Medicaid plans to issue updated guidance concerning an FQHC uncollapsing initiative; until that time, FQHCs should follow the guidance above.

Provider Revalidation

All Maryland Medicaid providers must revalidate their enrollment, at least every five years. A notice will be sent in the mail and via ePREP to prompt the provider to submit a revalidation application in ePREP.

For ePREP resources, please visit

<https://health.maryland.gov/mmcp/provider/Pages/eprepresources.aspx>

Step 4: EPSDT Certification

Each SBHC location must be EPSDT-certified. As a condition of participation as a Medicaid enrolled SBHC, certification by the Healthy Kids/EPSDT program is required per COMAR 10.09.23.

EPSDT/Healthy Kids Program information, including the provider application and MDH EPSDT staff contact information is available at health.maryland.gov/providerinfo under the EPSDT/Healthy Kids Resources section.

II. MEDICAID-COVERED SBHC SERVICES

This section provides an overview of Medicaid-covered SBHC services. It does not contain an exhaustive list of covered services; rather it highlights the most commonly used Medicaid covered services within SBHCs.

SBHC sponsoring organizations must bill in accordance with their provider type.

Providers must bill the appropriate code for the service performed. For a list of Maryland Medicaid-covered professional CPT and HCPCS codes, including for Evaluation and Management (E&M) office visits, and corresponding reimbursement rates, please refer to the current Professional Services Fee Schedule on the Medicaid Provider Information page at <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>. For instructions on billing for covered SBHC services using the CMS-1500 form, please review the [MARYLAND MEDICAID CMS-1500 PAPER BILLING INSTRUCTIONS](#) and its SBHC specific addendum.

A. PRIMARY CARE SERVICES

SBHCs may diagnose and treat all illnesses and injuries that can be effectively managed in a primary care setting. For Maryland Fee-For-Service Program policy guidance, covered services, service limitations, and rates please review the Maryland Medicaid Professional Services Provider Manual on the Provider Information page at <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>.

B. HEALTHY KIDS/EPSDT

For complete information regarding Maryland Healthy Kids/EPSDT, please visit: <https://health.maryland.gov/mmcp/epsdt/pages/home.aspx>

The Maryland Healthy Kids/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services is a comprehensive pediatric program to be billed only by physicians, nurse practitioners, and free-standing clinics that are certified by the Program as Healthy

Kids/EPSDT providers. These services are covered for Medicaid participants from birth through 20 years of age.

To document Healthy Kids/EPSDT preventive health care screens, SBHCs should use the Age Specific Encounter Forms located on the Maryland Healthy Kids Provider Forms page at <https://health.maryland.gov/mmcp/epsdt/healthykids/Pages/providerforms.aspx>.

To bill for EPSDT services, SBHCs must:

- Be certified to provide Healthy Kids/EPSDT services; (access the EPSDT Provider Application for Certification & Participation <https://health.maryland.gov/mmcp/epsdt/Pages/Home.aspx>);
- Render preventive care services according to Healthy Kids/EPSDT standards as described in the Healthy Kids Manual at <https://health.maryland.gov/mmcp/epsdt/healthykids/Pages/ProviderManual.aspx>;
- Provide follow-up of positive or suspect EPSDT screening components, without prior approval of the participant’s Primary Care Provider, except where referral for specialty care is indicated; and
- Use the age-appropriate CPT preventive medicine codes for billing Healthy Kids services.

1. Preventive Medicine Services

Procedure	CPT Code
New patient 1 – 4 years	99382
New patient 5 – 11 years	99383
New patient 12 – 17 years	99384
New patient 18 – 39 years	99385
Established patient 1 – 4 years	99392
Established patient 5 – 11 years	99393
Established patient 12 – 17 years	99394
Established patient 18 – 39 years	99395

If a participant presents for a problem-oriented visit and if it can be determined that the child is also due for a preventive visit, the SBHC may complete the Healthy Kids screen and render care for the presenting problem, using the appropriate CPT preventive code. However, providers typically cannot bill for a problem-oriented and preventive visit for the same participant, on the same day. If only “problem-oriented” care is rendered, use the appropriate E&M CPT code(s) for time and level of complexity.

Office Visit CPT Codes for Evaluation and Management (E&M) Services

CPT Code for New Patient	Medical Decision-making	Typical Duration (minutes)
99202	Straightforward	15-29
99203	Low	30-44
99204	Moderate	45-59
99205	High	60-74

CPT Code for Established Patient	Medical Decision-making	Typical Duration (minutes)
99211*	Not required	5
99212	Straightforward	10-19
99213	Low	20-29
99214	Moderate	30-39
99215	High	40-54

*- may not require the presence of a physician or other qualified healthcare professional

Association, American M. *CPT Professional 2022 Edition*. Available from: AAPC, American Medical Association (AMA), 2018.

Payment for oral health assessments completed by Healthy Kids certified providers are included in reimbursement of the preventive care examination codes.

2. Objective Hearing and Vision Tests and Development Screening

SBHCs may bill for objective hearing and vision tests in addition to the preventive screen. Additionally, SBHCs may bill separately for developmental screening with an approved or recommended standardized, validated general developmental screening tool during either a preventive or episodic visit using CPT code 96110 (see below).

Procedure	CPT Code
Objective hearing screening test, Pure tone, air only	92551
Objective vision screening test	99173

<p>Developmental screening¹: Limited (e.g., Ages and Stages Questionnaire-3, Pediatric Evaluation of Developmental Status-Revised) with interpretation and report. Documentation for developmental screening should include:</p> <ul style="list-style-type: none"> ● Any parental concerns about the child’s development; ● The name of screening tool used; ● The screening tool results, reviewing all major areas of development; ● An overall result of the development assessment for age (e.g., normal, abnormal, needs further evaluation); and ● A plan for referral or further evaluation when indicated. 	<p>96110^{2,3}</p>
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¹ Current, acceptable developmental screening tools include the Ages and Stages Questionnaire-3 (ASQ-3); *Parents’ Evaluation of Developmental Status-Revised (PEDS-R®)*; the Battelle Developmental Inventory Screening Tool, 3rd ed.; the Brigance Screens--III; the Early Screening Inventory - Revised; and the DIAL-4 ² For FFS patients: Providers may bill a maximum of two units of CPT 96110 on the same date of service when a screening tool for autism or a social-emotional screening tool is administered in addition to a general developmental screening tool. A standardized, validated tool must be used.

³ For MCO-specific billing information, contact the patient’s MCO for billing instructions. MCO Contact information can be found on page 17.

3. Vaccine Administration/Vaccines for Children (VFC) Program

In order to provide Healthy Kids/EPSTD preventive services, SBHCs must register with the VFC Program and provide the recommended childhood vaccines when performing EPSTD preventive screens. Maryland Medicaid will not reimburse providers for a well-child visit if the provider cannot meet the requirements of the schedule. For vaccine administration resources, including the current recommended childhood immunization schedule, please visit “About the Vaccines for Children Program” at <https://health.maryland.gov/phpa/OIDEOR/IMMUN/Pages/about-vaccine-for-children.aspx>

For information regarding VFC enrollment, ordering vaccines, and vaccine administration, please contact the VFC Contact Center by email at MDH.IZinfo@maryland.gov or visit the VFC Contact Center website at <https://health.maryland.gov/phpa/OIDEOR/IMMUN/Pages/VFC-contact-center.aspx> for location-specific contact information. The Maryland SBHC Program also has a toolkit to assist sponsoring organizations with VFC enrollment on their Program’s [Resource Center](#).

For VFC billing information, including a complete list of VFC immunization administration codes, please review the relevant sections of the current Professional Services Provider Manual.

C. LABORATORY AND PATHOLOGY SERVICES

All providers billing for any laboratory service(s) must be CLIA certified and have Maryland State laboratory certification. When billing for these services, SBHCs should include their CLIA number on all CMS-1500 submissions in accordance with the relevant MCO billing instructions. For more information on laboratory billing requirements, please see the [MARYLAND MEDICAID CMS-1500 PAPER BILLING INSTRUCTIONS](#).

Self-referral provisions do not apply to all laboratory and pathology services. For MCO enrollees, any lab tests not performed “in house” must go through a lab contracted with the enrollee’s MCO and enrolled with Maryland Medicaid. All MCOs currently have contracts with LabCorp with the exception of Kaiser Permanente, which contracts with Quest Diagnostics. The following lab codes are frequently used in SBHC/primary care settings and can also be billed in addition to the Healthy Kids preventive codes:

Procedure	CPT Code
Venipuncture under 3 yrs., physician skill (e.g., blood lead)	36406
Venipuncture, physician skill, child 3 yrs. and over (e.g., blood lead)	36410
Venipuncture, non-physician skill, all ages	36415
Urinalysis/microscopy	81000
Urine Dipstick	81005
Urine Microscopy	81015
Hematocrit (spun)	85013
Hemoglobin	85018
PPD – Mantoux	86580
Urine Culture (Female Only)	87086

D. FAMILY PLANNING

SBHCs may provide self-referred family planning services required for contraceptive management. Family planning services provide individuals with the information and means to prevent an unwanted pregnancy and maintain reproductive health, including medically necessary office visits and the prescription of contraceptive devices. Services are limited to those required for contraceptive management. HealthChoice members may self-refer for family planning services without prior authorization or approval from their PCP.

MCOs must pay providers for pharmacy items and laboratory services when the service is provided onsite in connection with a self-referral service. For example, MCOs must reimburse medical providers directly for the administration of Depo-Provera from a stock supply of the drug. This eliminates unnecessary barriers to care which are created when members are asked to go to an outside pharmacy to get a prescription for Depo-Provera filled and then are required to return to the provider’s office for the injection. Contact the staff specialist for Family Planning. For instructions on how to bill for SBHC family planning services, please see Professional Services Provider Manual.

For family planning services billing instructions and reproductive health resources, please review the relevant sections of the Professional Services Provider Manual and the Reproductive Health Provider Resources section on the Medicaid Provider Information page at <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>

E. SPORTS PHYSICALS - NEW

[SBHCs may provide sports physicals](#) provided by certain licensed providers. Sports physicals are a valuable tool to identify potentially life-threatening conditions as well as other issues that could pose a threat to a student's health. This type of physical exam focuses on cardiovascular and musculoskeletal issues that affect participation in sports and does not substitute for a comprehensive well-child exam. Because sports physicals and well-child exams are two separate exams, they may be performed independently or together during the same visit.

SBHCs may bill for sports physicals for any Medicaid-enrolled student. Medicaid will pay for one sports physical per benefit year for members between the ages of 6 and 18. Approved providers include physicians, nurse practitioners, and physician assistants. When billing, SBHCs must list the school as the Place of Service (Code 3), and the primary diagnosis as "Medical Encounter for Examination for Participation in Sports" (Code Z02.5).

III. Appendix: SBHC CONTACTS

For questions about enrollment as a Maryland Medicaid SBHC and Maryland Medicaid-specific policy questions, contact mdh.medicaidsbhc@maryland.gov

For billing concerns when the participant is an MCO enrollee, please contact the participant’s MCO.

MCO CONTACTS FOR SCHOOL-BASED HEALTH CENTERS

MCO Contact for SBHC Health Visit Reports	PCP Information	Coordination of Care	Billing	Claims
<p>Aetna Better Health of Maryland</p> <p>Pamela C. Kane Director, Quality Management Fax #: (959) 282-8225 Email: KaneP@aetna.com</p>	<p>Member Services Phone#: 866-827-2710</p>	<p>Anna Conway, Manager Clinical Health Services Email: anne.conway2@aetna.com</p>	<p>Provider Relations Phone #: 866-827-2710, press * (star) key</p> <p>Aetna Better Health of Maryland P.O. Box 982968 El Paso, TX 79998-2968</p>	<p>Claim Inquiry & Claim Research Department 866-827-2710, press * (star) key</p> <p>Aetna Better Health of Maryland P.O. Box 982968 El Paso, TX 79998-2968</p>
<p>CareFirst CHPMD</p> <p>Charline Marcelle</p> <p>Phone: (410) 998-5493</p> <p>Email: Charline.Marcelle@carefirst.com Qualitymd@carefirst.com</p>	<p>Member Services 800-730-8543 410-779-9359</p>	<p>Mary Chvostal, Manager, Care Management Phone: (410)998-5419 Email: Mary.Chvostal@carefirst.com</p> <p>Megan Bradley, Supervisor, Clinical Support Phone: (410)998-5370 Email: Megan.Bradley@carefirst.com</p>	<p>Provider Services 800-730-8543 410-779-9359</p>	<p>CareFirst Community Health Plan Maryland Mail Administrator P.O. Box 9121 Canton, MA 02021</p>

<p>Jai Medical Systems, Inc</p> <p>Katherine Miller, RN, BSN Special Needs Coordinator</p> <p>Phone: 410-433-5600, Option 2</p> <p>Fax: 410-433-8500</p> <p>E-mail: Katherine.miller@jaimedical.com</p>	<p>Customer Service Department</p> <p>Phone: 1-888-524-1999</p> <p>Fax: 410-433-4615</p> <p>E-mail: CustomerService@jaimedical.com</p>	<p>Katherine Miller, RN, BSN Special Needs Coordinator</p> <p>Phone: 410-433-5600, Option 2</p> <p>Fax: 410-433-8500</p> <p>E-mail: Katherine.miller@jaimedical.com</p>	<p>Provider Relations Department</p> <p>Phone: 1.888.524.1999</p> <p>Fax: 410.433.4615</p> <p>E-mail: ProviderRelations@jaimedical.com</p>	<p>Provider Relations Department</p> <p>Phone: 1.888.524.1999</p> <p>Fax: 410.433.4615</p> <p>E-mail: ProviderRelations@jaimedical.com</p>
<p>Kaiser Permanente</p> <p>Aileen Zimmerman Program Manager 802-399-5831 Email:Aileen.C.Zimmerman@kp.org</p> <p>Eva Washington Chief Operating Officer, Maryland Medicaid 443-890-8287 Email:Eva.M.Washington@kp.org</p>	<p>Member Services Call Center</p> <p>Mario Rodriguez Senior Manager, Health Plan Member Services</p> <p>Phone: 301-931-4374 or 8-132-4374 (Office) or 301-481-3696 (Mobile)</p> <p>Email: Mario.Rodriguez@kp.org</p>	<p>Tracye Brewer Manager, Medicaid</p> <p>Phone: 240-584-0931</p> <p>Email: Tracye.L.Brewer@kp.org</p>	<p>Provider Relations</p> <p>Iris Jay, Manager, Provider Contracting</p> <p>Phone: 410-829-6127</p> <p>Email: iris.k.jay@kp.org</p>	<p>Dave Fontaine, Director</p> <p>Phone: 301-456-5356</p> <p>Email: David.L.Fontaine@kp.org</p>
<p>MedStar Family Choice Case Management</p> <p>Email: MFC-MDCaseManagement@mestar.net</p> <p>Special Needs Coordinator: Pamela.L.Shaw@medstar.net 443-692-1173</p>	<p>Case Management: 1-800-905-1722 (Option 1) (Option 3)</p>	<p>Case Management: 1-800-905-1722 (Option 1)(Option 3)</p>	<p>Provider Services: 1-800-261-3371</p>	<p>MedStar Family Choice Claims Processing Center P.O. Box 211702 Eagan, MN 55121 Phone: 1-800-261-3371</p>

<p>Maryland Physicians Care</p> <p>Latrece Acree, RN, BSN Special Needs Coord.</p> <p>Special Needs line: 443-300-7325</p> <p>Fax: 1-844-284-7698</p> <p>Email: MPCSNC@mpcmidcaid.com</p>	<p>Member Services Phone: 800-953-8854</p>	<p>Kerry O'Malley Special Needs Coordinator</p> <p>Phone:1-443-713-4650 Fax: 1-844-284-7698</p> <p>Email: MPCSNC@mpcmidcaid.com</p>	<p>Adrienne Bennett Sr. Director, Provider Management</p> <p>Phone: 410-412-7859 Email: abennett@mpcmidcaid.com</p> <p>Linda Dietsch Chief Compliance Officer Phone: 443-962-0077 Email: ldietsch@mpcmidcaid.com</p>	<p>Adrienne Bennett Sr. Director, Provider Management</p> <p>Phone: 410-412-7859 Email: abennett@mpcmidcaid.com</p> <p>Linda Dietsch Chief Compliance Officer Phone: 443-962-0077 Email: ldietsch@mpcmidcaid.com</p>
<p>Priority Partners</p> <p>James Tisdale, Special Needs Coordinator</p> <p>Phone: 410-424-4965</p> <p>Email: Jtisdale@jhhc.com</p>	<p>Provider Relations</p> <p>Toll Free 888-895-4998</p>	<p>Tara Schoenauer</p> <p>UM Program Manager, Utilization Management</p> <p>Phone: 443-764-2137</p> <p>Email: Tschoenauer@jhhc.com</p>	<p>Ivy Sims, Reporting and Compliance Analyst, Priority Partners Administration</p> <p>P/F: 410-762-1601</p> <p>E-mail: isims@jhhc.com</p>	<p>Erin Burnside Director, Claims and Configuration, Information Technology</p> <p>Phone: 410-582-2077</p> <p>Email: EBurnside@jhhp.org</p>
<p>UnitedHealthcare Community Plan</p> <p>Camille Morris, Manager of Operations 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-0490 Fax: 844-881-6010</p>	<p>Camille Morris, Manager of Operations 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-0490 Fax: 844-881-6010</p>	<p>Leronda Johnson, LBSW Special Needs Coordinator 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-0490 Fax: 844-840-9310</p>	<p>Camille Morris, Manager of Operations 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-0490 Fax: 844-881-6010</p>	<p>Camille Morris, Manager of Operations 10175 Little Patuxent Pkwy Columbia, MD 21044 Phone: 443-896-0490 Fax: 844-881-6010</p>

<p>Wellpoint Maryland</p>	<p>Member Services 833-707-0867</p>	<p>Crystal Swem, RN Special Needs Coordinator crystal.swem@wellpoint.com 410-981-4060</p>	<p>Provider Servicesline: 1-833-707-0868</p>	<p>Claims Wellpoint P.O. Box 61010 Virginia Beach, VA 23466-1010</p> <p>Electronically (with payer ID) Availity: 26375 Availity</p> <p>Claims questions can be posed to Operations Director Timothy Sullivan as well, when in need of escalation. Contact info below:</p> <p>Tim Sullivan</p> <p>Maryland Operations Director</p> <p>7550 Teague Rd. Ste 500 Hanover, MD 21076</p> <p>Cell: 443-202-9541</p> <p>Timothy.Sullivan@wellpoint.com</p>
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IV. Appendix: PUBLIC HEALTH GUIDANCE ON BILLING REQUIREMENTS FOR LOCAL HEALTH DEPARTMENT-SPONSORED SCHOOL BASED HEALTH CENTERS

Health-Gen. § 16-201(b)(1) requires the local health departments (LHD) to set charges for the services that they provide subject to approval by the Secretary.¹ Additionally, state regulations require LHDs to assess a patient's ability to pay and, if necessary, collect payment using a sliding fee scale developed by the Department.² However, Health-Gen § 16-201(b) (2) allows Local Health Officers (LHOs) the authority to waive charges entirely when doing so is in the best interest of public health.³ This guidance document provides clarification on LHD billing requirements, specifically related to MSDE- or MDH-approved, LHD-sponsored School Based Health Centers (SBHCs).

SBHCs are safety net providers operating within or near schools to improve access of children and families to needed clinical services. Coordinating billing and payment collection within a school setting is challenging, and even minimal charges to families may deter use of an important safety net service. Participants obtaining services within a SBHC may have varying insurance status including public or private insurance or be uninsured. SBHCs may bill and be reimbursed for services by the Maryland Medicaid fee-for-service (FFS) program, the Medicaid HealthChoice managed care organizations (MCOs), private insurance or other insurers.

Several LHD sponsored SBHCs have asked for clarification regarding whether the SBHC may waive charges for some participants, specifically uninsured participants, or if the SBHC is still bound by the Maryland requirement to charge according to a LHD sliding fee scale.

SBHCs should charge participants who are uninsured using the Department approved sliding fee scale, or SBHCs may seek a waiver from their LHO from this requirement.

¹Health-Gen. § 16-201(b)(1): "The Secretary shall require political subdivisions and grantees to set, subject to approval and modifications of the Secretary, charges for services that are provided by the political subdivisions or grantees and that are supported wholly or partly by State or federal funds administered by the Department."

²COMAR 10.02.01.08B (4): "All local health departments and other providers shall use the uniform method of determining ability to pay as set forth by the Secretary."

³Health-Gen § 16-201(b)(2): "If a health officer for a political subdivision considers it to be in the best interest of public health, the health officer may waive a charge set under this subsection."

V. Appendix: IMMUNIZATION CODES

CPT Code	Description
90702	Diphtheria and TT (DT), absorbed when administered to younger than seven years, for IM use
90700	Diphtheria, TT, and acellular pertussis vaccine (DtaP), when administered to <7 years, for IM use
90696	Diphtheria, TT, and acellular pertussis vaccine and inactivated poliovirus vaccine (DtaP-IPV), when administered to children 4-6 years of age, for IM use
90697	Diphtheria, TT, acellular pertussis vaccine, inactivated poliovirus vaccine, haemophilus influenza type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DtaP-IPV-Hib HepB), for IM use
90723	Diphtheria, TT, acellular pertussis vaccine, Hepatitis B, and inactivated poliovirus vaccine (DtaP-HepB-IPV), for IM use
90698	Diphtheria, TT, acellular pertussis vaccine, haemophilus influenza Type B, and inactivated poliovirus vaccine (DtaP-IPV/Hib), for IM use
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage, 2 dose, for IM use
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose, for IM use
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose, for IM use
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose, for IM use
90746	Hepatitis B vaccine (HepB), adult dosage, for IM use
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose, for IM use
90647	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate, 3 dose, for IM use
90648	Hemophilus influenza B vaccine (Hib), PRP-T conjugate, 4 dose, for IM use
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9v HPV), 2 or 3 dose schedule, for IM use
90707	Measles, mumps, and rubella virus vaccine (MMR), live, for SQ use
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for SQ use

90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, TT carrier (MenACWY-TT), for IM use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for IM use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B, 2 or 3 dose schedule, for IM use
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier, (MenACWY-D) or CRM197 carrier(MenACWY-CRM), for IM use
90670	Pneumococcal conjugate vaccine, 13 valent(PCV13), for IM use
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to 2 years or older, for subcutaneous or IM use
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
90713	Poliovirus vaccine (IPV), inactivated, for SQ or IM use
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to seven years or older, for IM use
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to 7 years or older, for IM use
90716	Varicella virus vaccine (VAR), live, for subcutaneous use
90749	Unlisted vaccine or toxoid
90672	Influenza virus vaccine, quad (LAIV), live, intranasal use
90674	Influenza virus vaccine, quad (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, IM
90685	Influenza virus vaccine, quad (IIV4), split virus, preservative free, 0.25ml dose, for IM use
90686	Influenza virus vaccine, quad (IIV4), split virus, preservative free, 0.5ml dosage, for IM use
90687	Influenza virus vaccine, quad (IIV4), split virus, 0.25ml dosage, for IM use
90688	Influenza virus vaccine, quad (IIV4), split virus, 0.5ml dosage, for IM use
90756	Influenza virus vaccine, quad(ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for IM use

90460	IA through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid component administered (Do not report with 90471 or 90473)
90461	IA through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered
90471	IA, one injected vaccine (Do not report with 90460 or 90473)
90472	IA, each additional injected vaccine
90473	IA by intranasal/oral route; one vaccine (Do not report with 90460 or 90471)
90474	IA by intranasal/oral route; each additional vaccine

Source: American Academy of Pediatrics Vaccine Coding Table:
https://downloads.aap.org/AAP/PDF/coding_vaccine_coding_table.pdf

VI. Appendix: GUIDANCE FOR APPROVED SCHOOL-BASED HEALTH CENTERS TO ENROLL IN MARYLAND MEDICAID AS A PROVIDER

Purpose: This Appendix is intended to provide additional enrollment support to School-Based Health Centers (SBHCs) who are approved to join the Maryland SBHC Program by the Maryland Department of Health’s Maternal and Child Health Bureau (Bureau) and interested in participating with Maryland Medicaid as a billable provider of children’s services.

Overview: To participate in Medicaid and provide reimbursable services to eligible Medicaid enrollees, Maryland SBHC Program-approved SBHCs should take the following steps:



To implement Medicaid billing for SBHCs, Medicaid added a “SBHC” specialty designation for three existing provider types that may choose to be designated as a SBHC. These provider types (PTs) are: 38: General Clinic; 35: Local Health Department (LHD); and 34: Federally Qualified Health Center (FQHC).

This was done rather than establishing a unique new provider type for SBHCs. Historically, all Maryland State Department of Education (MSDE)-approved SBHCs were required to obtain a unique NPI before enrolling in ePREP; however, for LHDs and FQHCs, they were still allowed to enroll under their existing type 2 organizational NPI with only an addendum to specify that the location was to be added and allowed to bill. This has made it very difficult, if not impossible, to verify service utilization by practice location, and has resulted in increased enrollment complexity, and confusion around claiming and billing through this collapsed provider type structure.

In July 2022, legislation mandated that SBHC approval shift from MSDE to the Maternal Child Health Bureau at the Maryland Department of Health (the Department). As a result, SBHCs are expected to expand in number and capacity across Maryland, and result in an increase of SBHCs participating in Medicaid and billing for services. In preparation for this expansion, Medicaid is clarifying its requirements for any new or existing SBHC. As of February 1, 2023, each new SBHC will need to obtain a separate Type 2 NPI for each practice location. For those currently collapsed LHD and FQHC sponsored SBHCs, this means they will have to obtain a separate NPI number and re-apply in ePREP for each SBHC practice location. The Department is planning a phased implementation approach that will be communicated separately to all affected SBHC providers. In order to facilitate this change for existing SBHCs, and streamline practices for newly applying SBHCs, Medicaid has outlined below a description of actions to take and tips for each step of enrollment.

Other changes to the enrollment process for newly applying SBHCs include aligning the timing of obtaining the facility EPSDT certification with the Bureau certification. Both may occur concurrently, prior to applying to ePREP.

To mitigate potential errors, and prepare for an efficient enrollment process, MDH recommends that SBHCs review this entire document, and prepare as indicated, prior to submitting their application in ePREP.

Additional resources are located on the [Maryland SBHC Program website](#), and are also recommended for review prior to beginning the application process.

SBHC Provider Enrollment Process/Participation

1. Prepare to Apply to ePREP

ACTION STEPS: Maryland SBHC Program-approved SBHC obtains a Type 2 National Provider Identifier (NPI), a Taxpayer Identification Number (TIN), and gathers Medicaid SBHC required documentation prior to submitting ePREP application

Obtain Type 2 NPI (if applicable):

- ✓ Apply through the National Plan and Provider Enumeration System (NPPES) for the organization that intends to enroll as a SBHC provider. The NPPES website is <https://nppes.cms.hhs.gov>.
- ✓ SBHCs must [obtain a Type 2 \(Facility\) NPI](#)⁴ and ensure that the NPI is not currently associated with another provider type offering other Maryland Medicaid services.
- ✓ There may be multiple practice locations⁵ operating under a single Bureau-approved SBHC approval number. Each practice location will bill separately and therefore need to each obtain a unique Type 2 NPI and submit separate ePREP application(s).

Obtain New or Gather Existing Taxpayer Identification Number (TIN)

- ✓ In addition to the TIN, obtain a “Department ID” by registering with the State Department of Assessments and Taxation (SDAT) & a business license.

Gather/Complete Required Documents:

- ✓ Articles of incorporation/organization
- ✓ Tax identification letter
- ✓ NPO Non-Profit Organization 501(c) Tax letter (If applicable)
- ✓ SBHC [provider addendum](#)
- ✓ Proof of MDH Bureau approval status
 - Acceptable forms of proof of Bureau approval include: an email from the Bureau indicating approved status with an effective date and an expiration date
- ✓ HRSA letter (PT 34’s: FQHCs only).

⁴ Type 2 NPIs are for Health care providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.

⁵ A practice location is a primary “brick and mortar” building location where billing occurs, and an organization directs and/or coordinates SBHC services. A practice location may also be a location where SBHC services are provided. FQHCs will be in process of uncollapsing throughout Fall-Winter 2023-2024. Until this uncollapsing is completed, FQHCs should bill as currently set up in ePREP.

2. Submit Application in ePREP

ACTION STEP: SBHC submits an [ePREP application](#) for each practice location

ePREP Application Content:

Business Information

- **Business Profile: NPI/TIN/SDAT & Business License**

Documents to include:

- ✓ Tax identification letter
- ✓ NPO Non-Profit Organization 501(c) Tax letter (If applicable)

Tips:

- SBHC facilities are required to enter rendering provider affiliations to proceed with their application.
- Always link a rendering provider's NPI to the same Business profile as the facility.
- After verifying the facility's NPI number, be sure to select the appropriate Provider Type, from the options below:
 - PT38: General Clinic
 - PT35: Local Health Department
 - PT34: FQHC

- **Contact Person Information**

- **Addresses: Service Address - Pay to Address - Mailing Address**

- **Logistics: Practice Operations**

Practice Information

- **Licenses & Certifications**

- **NPI/Taxonomy/Specialty**

- **Additional Information: Addenda/Supporting Documents**

Documents to include:

- ✓ SBHC provider addendum
- ✓ Proof of the MCH-Bureau's SBHC approval

Tips:

- Before uploading the addendum, check to ensure that:
 - 1) it is completely filled out with all boxes checked off
 - 2) an effective or expiration date is included.

Disclosure Information

- **Adverse Actions: Contract/Program Actions**

- **Fines and Debts**

- **Subcontractors**

- **Ownership/Control Interest**

Tips:

- Choose the correct ownership designation:
- Sole owners of an organization must disclose this and manually type in 100% ownership.
- Be sure to disclose all owners with 5% or more interest.
- All owners, including out of country owners, must provide a TIN number when completing the ePREP application.

- **Significant Transactions**

- **Delegated Officials**

Rendering Provider Affiliations

- **Rendering Provider Affiliations**

Tips:

- 7 The SBHC provider type does require rendering providers, who will obtain their EPSDT certification following approval at the organizational level of the SBHC through ePREP.

Signature

- **E-Signature / Declarations E-Signature**

3. Participate in ePREP Review Process

ACTION STEP: SBHC responds to questions or requests for further information during the review process

- ePREP team and program staff review ePREP application.

Tips:

- 7 If there are any errors with the application, the ePREP team will return the application to the SBHC with a delinquency notice outlining the errors in the application and necessary steps to fix them.
- 7 Read the letter thoroughly and address any errors and/or missing parts of the application, as the applicant will only have 2 opportunities to make corrections before they will have to start over.

4. Receive ePREP Provider Enrollment Notification

ACTION STEP: SBHC checks ePREP account for SBHC provider enrollment confirmation.

- SBHC is enrolled as a Medicaid SBHC provider. Each approved practice location will receive a notification within ePREP as well as an email notification (sent to the address that is linked to the account) within 21 business days.

- SBHC should click the link in the ePREP notification to access the welcome letter and click the “accounts tab” to view their enrollment date and provider number (Medicaid ID number).

5. Get added to the Medicaid Self-Referral List

ACTION STEP: SBHCs fully enrolled with Medicaid will be added to the self-referral list. Their information, including applicable rate files (FQHCs), will be added to MMIS.

- Getting added to the Self-referral list happens once the SBHC is enrolled with Medicaid as a SBHC provider.
- SBHCs are then considered “in-network” meaning they may provide services to any eligible Medicaid enrollee without being under contract with an MCO.

6. Submit claim to an MCO

ACTION STEP: SBHCs enrolled with Medicaid, once on the self-referral list, will be able to submit claims to any of the nine (9) MCOs for services rendered to eligible members and be reimbursed for services according to EPSDT regulations.

- SBHC providers may provide services to MCOs referred members.

ePREP Supplemental Application Process

Instructions for SBHC providers to upload updated addendums and documentation:

Department of Health’s ePREP Portal:

- 1) Visit the following URL: <https://eprep.health.maryland.gov/sso/login.do?>
- 2) For first time users, follow the Sign Up process that is outlined for the ePREP portal
- 3) Once the Sign Up process is complete, or for users who have already completed this process, log into the ePREP portal.
- 4) On the homepage of ePREP, click on the Accounts tab and then select the Update Account Icon on the right-hand side of the account that needs to be updated. Please update the account information and upload the document(s).

Updating the account and clicking the license and addendum option will generate a Supplemental application where both of these documents can be submitted.

For any questions relating to Medicaid and School-Based Health Centers in Maryland, please email: mdh.medicaiidsbhc@maryland.gov.