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**MARYLAND MEDICAL ASSISTANCE PROGRAM**  
**General Provider Transmittal No. 119**  
**April 20, 2026**

**TO:** All Providers

**FROM:** Charles Crisp, Director   
Office of Medicaid Provider Services

**RE:** Spring 2026 General Provider Updates

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

1. Reminder Regarding MPRIME Transition

As previously communicated in PT 59-26 and PT 65-26, Maryland Medicaid is transitioning to a new provider enrollment system called the Maryland Provider Registration and Information Management Enterprise (MPRIME). This system will replace the current enrollment system, ePREP, and is scheduled to go live in October 2026.

Providers should continue to monitor [Maryland Medicaid's Provider Enrollment website](#) for additional updates and information. For any questions regarding the MPRIME transition, please contact [mdh.mprimegolive@maryland.gov](mailto:mdh.mprimegolive@maryland.gov).

2. Benefits of Prescribing Preferred Medications

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

copayment (\$1) than non-preferred medications (\$3).

The Maryland Medicaid Office of Pharmacy Services (OPS) 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 medications on the PDL. The Committee's recommendations are based on the clinical effectiveness, safety, outcomes, and FDA-approved indications of all medications included in each PDL class. When medications within a class are clinically equivalent, the Committee considers the comparative cost-effectiveness of the medications 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: [Maryland Medicaid Pharmacy Preferred Drug List](#).

### 3. CGM & Biomarker Testing

#### **Update on Continuous Glucose Monitoring (CGM) Benefit**

Effective January 1, 2026, Maryland Medicaid expanded its coverage of medically necessary Continuous Glucose Monitoring (CGM) systems. This expansion now includes participants with Type 1 and Type 2 diabetes who are using insulin, participants with gestational diabetes mellitus, and diabetic participants who have problematic hypoglycemic events. Preauthorization is required and is managed by the state's Utilization Control Agent (UCA).

#### **Update on the expansion of Biomarker Testing Coverage**

As of January 1, 2026, Maryland Medicaid expanded its coverage of Biomarker testing. A large number of laboratory tests that meet the biomarker definition are already included on the Maryland Medicaid Fee Schedule. Previous expansions included Biomarkers for Companion Diagnostic Testing & Targeted Drug Therapy. This most recent expansion will broaden the testing options for Medicaid recipients and will include biomarkers to help diagnose and treat a number of different disease states. Expanded Carrier Screening (ECS) will also be a part of this coverage expansion. This coverage expansion is limited to biomarker tests that are utilized in alignment with Medicaid fee-for-service (FFS) clinical criteria.

#### **Update on Maryland Medicaid FFS Benefit Determination Submission & Review Process**

Maryland Medicaid has recently updated its Benefit Determination Review Process through which Medicaid recipients, advocates, and providers may submit requests for Maryland Medicaid to provide coverage of new medical benefits, including, labs, procedures and physician administered drugs. Further details are available at [Maryland Medicaid Benefit Determination Review Process](#).

#### 4. Licensing Updates for Out-of-State Providers

As previously communicated in Item 3: Provider Enrollment - License Updates, of PT 51-24, Maryland Medicaid has established interfaces between MMIS and certain in-State Professional Licensing Boards. This is a reminder that these board interfaces only apply to in-State providers and does not include out-of-State licensed providers. Providers with an out-of-State license are required to update their licenses via supplemental applications in Maryland Medicaid's provider enrollment system, currently ePREP.

To facilitate the transition to the new MPRIME enrollment system in October 2026, Maryland Medicaid is deferring the suspension of all out-of-State licensed providers with a license expiration date between July 1, 2026 and November 14, 2026. Out-of-State providers who would otherwise be suspended due to an expired license will have their suspension deferred until November 15, 2026. This will ensure these providers remain active during the application hold period and have time after the October MPRIME go-live to submit their updated license information. Providers who fail to submit updated license information in MPRIME before November 15, 2026 will have their accounts suspended automatically.

#### 5. Reminder Regarding SDAT Requirements

Effective July 21, 2025, Maryland Medicaid passed regulations to implement certain requirements regarding providers' State Department of Assessments and Taxation (SDAT) identification numbers. Providers are required to obtain, and maintain in good standing with, an SDAT identification number that appropriately identifies their organizational structure.

Effective October 2026, with the transition to the new provider enrollment system, MPRIME, providers without an SDAT identification number in good standing will be unable to submit applications. To avoid delays, providers should check their SDAT standing before submitting any applications via the new MPRIME system to ensure they are in good standing. In addition, individual billing providers should ensure they are properly registered with an SDAT identification number beginning with "L".

#### 6. Promoting Awareness and Highlighting for Providers Updates Maryland Medicaid Put Into Place 2025, to Enhance and Expand the Remote Patient Monitoring (RPM) Benefit.

Per [Transmittal PT78-25: Update to Reimbursement for RPM Services SMBP Codes](#), providers are encouraged to order Remote Patient Monitoring (RPM) when medically necessary to improve chronic disease control and monitor at-risk pregnancies. RPM has the potential to help reduce potentially preventable hospitalizations and improve patient outcomes. Medicaid has expanded

RPM access to all participants who qualify based on conditions capable of being monitored and has eliminated all fee-for-service prior authorization requirements.