



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**MCO Transmittal No. 244**

**Physician Transmittal No. 176**

**Physician Assistant Transmittal No. 19**

**Nurse Practitioner Transmittal No. 40**

**June 27, 2025**

**TO:** Managed Care Organizations (MCOs)  
 Administrative Services Organization (Carelon)  
 Physicians  
 Physician Assistants  
 Nurse Practitioners

**FROM:** Djing Lindsay, Chief Medical Officer  
 Maryland Department of Health

**RE:** Primary Care Investment: E&M Increases

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

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This transmittal outlines Maryland Medicaid enhanced rates for eligible primary care providers, effective August 1, 2025. The enhanced rates will be for eligible providers rendering evaluation and management (E&M) codes 99202-99499, and G2211 on or after August 1, 2025. The enhanced rates can be found in the Medicaid Provider Fee Schedule. Managed Care Organizations (MCOs) must pay in-network primary care providers (PCPs) these rates, at a minimum. This increase is part of Maryland Medicaid's strategic investment in primary care, in alignment with the CMS' AHEAD Model.

There are three categories of providers who are eligible for the increased rate: MCO-designated PCPs, FFS primary care providers, and certain behavioral health providers.

### **MCO-Designated PCPs**

MCOs will be required to pay the increased E&M rate only to rendering providers designated by their organization as a primary care provider, as stipulated by COMAR 10.67.05.05. MCOs must ensure they pay at least the minimum of the rate in the enhanced PCP fee schedule.

### **FFS Somatic Providers**

Eligible FFS somatic providers include the following:

- (1) Physician assistants (PT 80);
- (2) Nurse practitioners (PT 23); and
- (3) Physicians (Provider Type 20), with the following specialties:
  - (a) General Practitioners (speciality code 028);
  - (b) Family practice (SC 029);
  - (c) Internists/Internal Medicine (SC 030); and
  - (d) Pediatricians (SC 016).

FFS providers must have their appropriate American Board of Medical Specialities (ABMS) board certifications uploaded in ePREP in order to be approved for the rate increase. In addition, eligible FFS providers must self-attest their PCP status in ePREP by submitting a supplemental application. A recorded webinar on how to self-attest, “Instruction for adding PCP Supplemental” can be found at [Medicaid’s ePREP Resources webpage](#), under ‘Updating Your Provider Record.’ Please see the screenshots at the end of this transmittal, as well.

Maryland Medicaid will implement an auditing system for PCPs to ensure that self-attesting FFS providers are providing primary care services. Any provider determined to be ineligible will be notified that their PCP status in MMIS will be changed, and they will be allowed to appeal the decision.

### **Certain Behavioral Health Providers**

Eligible rendering behavioral health providers that provide mental health E&M services, including:

- (1) Psychiatrists (PT 20, SC 52 or 53); and
- (2) Psychiatric Nurse Practitioners, CRNP-PMHs (PT 23).

The Administrative Services Organization (ASO) will pay the increased rate to psychiatrists, and psychiatric nurse practitioners with the Psychiatric Mental Health Certification (PMH) who render E&M services, regardless of setting.

For questions related to this transmittal, please contact Sharon Neely at [sharon.neely@maryland.gov](mailto:sharon.neely@maryland.gov).

## PCP indicator Selection Process / Certification Attachment - Rendering provider

Content Expand All

- Getting Started
- Profile Information
- Individual Profile**
- Business Information
- Practice Information
- Disclosure Information
- Rendering Signature
- Submit Application

**Personal Information** | Correspondence Address | Identification | Summary

Please take a few minutes to fill out some personal information to continue with your application.

Prefix: <Select a Prefix>

First name:

Middle name:

Last name:

Suffix: <Select a Suffix>

Professional title: <Select a Professional Title>

Gender:

Date of birth:

Date of birth:

Age:

Email address:

Has the individual completed cultural competence training?  Yes  No

Are you a Primary Care Provider (PCP)?  Yes  No

[← Previous](#) [Continue →](#)

## PCP indicator- Individual Biller

**Business Information**

**Business Profile**

**Logistics**

**Signature**

[Go to Update Menu](#)

[Cancel Application](#)

Now for some more information about your business. Please answer these questions so I can learn more about your operations.

What are the business hours for this service location?

Open 24/7

Open on specific business days/hours

Has [redacted] completed a cultural competence training?

Yes  No

Is [redacted] accepting new patients?

Yes  No

What is the age range of the patients that will be treated at this service location?

Enter age range  All ages

Does [redacted] see fee-for-service (FFS) Medicaid participants?

Yes

No, I only accept HealthChoice managed care patients

Does [redacted] provide language services to their patients, other than English, at this location?

Yes  No

Do you ONLY provide Telehealth services at this location?  
If you offer both Telehealth and in person services, please select "No".

Yes  No

Are you a Primary Care Provider (PCP)?

Yes  No

Required value

[← Previous](#)

I've changed my mind and no longer want to update this section

[Go to next section →](#)

## Certification Attachment via the Paper Clip Icon

Provider Type  
Application ID  
Creation Date 04/17/2025  
Package Type Rendering/No Affiliation

New Message Submit

Content Expand All

Getting Started

Profile Information

Individual Profile

Business Information

Practice Information

Disclosure Information

Rendering/Signature

Submit Application

Personal Information Correspondence Address Identification Summary

Please take a few minutes to fill out some personal information to continue with your application.

Prefix <Select a Prefix>

First name

Middle name

Last name

Suffix <Select a Suffix>

Professional title <Select a Professional Title>



Application Section - Document Library

Document	File size (KB)	Action
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Add a document

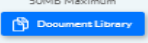
Drag and drop here or [browse](#)

Application Section - Document Library

Document	File size (KB)	Action
	151 KB	

Add a document

Drag and drop here or [browse](#)  
50MB Maximum

 Document Library

Submit

Primary

