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State/Territory Name: Maine

State Plan Amendment (SPA) #: 16-0018

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

November 24, 2020

Michelle Probert, Director
Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011

RE: TN 16-0018

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-16-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30, 2016. This plan amendment clarifies the existing payment methodology for podiatry services.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2016. We are enclosing the approved CMS-179 and a copy of the new state plan pages.



If you have any additional questions or need further assistance, please contact Blake Holt at 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-018	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services		4. PROPOSED EFFECTIVE DATE October 1, 2016	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §447.201		7. FEDERAL BUDGET IMPACT: a. FFY 2016: no impact b. FFY 2017: no impact	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B Page 2	
10. SUBJECT OF AMENDMENT: Speech and Hearing Reimbursement Methodology			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Stefanie Nadeau, Director, <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL MaineCare Services			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
13. TYPED NAME: Stefanie Nadeau			
14. TITLE: Director, MaineCare Services			
15. DATE SUBMITTED: December 30, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/30/2016		18. DATE APPROVED: 11/24/2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2016		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillon		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS: 11/06/20: State provides concurrence for pen and ink change to Box 6 from "42 CFR 447.201" to "42 CFR 447 Subpart F." 11/19/20: State provides concurrence for pen and ink change to Box 10 from "Speech and Hearing Reimbursement Methodology" to "Podiatric Services Reimbursement Methodology"			

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

5.

a. Podiatrists' -Payment is made on the basis of a fixed fee schedule. The State reimburses at the lowest of the following for covered services:

- 1) 47.70% of the 2005 Medicare Part B for Maine area "99" fee or 47.70% of the rate in the first year that Medicare assigned a rate for the code, or
- 2) The lowest amount allowed by Medicare Part B for Maine area "99" fee, or
- 3) Where no other options are applicable, the Department will research other State Medicaid agencies that cover the relevant service/code and base its rates on the average cost of the relevant services/codes from those other agencies.

*If the provider's usual and customary charge for a service is lower than the fee schedule rate, the provider's usual and customary charge will be reimbursed.

State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of October 1, 2016 and is effective for services provided on or after that date. All rates are published

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20095%20%2D%20Podiatric%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>