

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



*CENTERS for MEDICARE & MEDICAID SERVICES*

**Division of Medicaid and Children's Health Operations / Boston Regional Office**

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June 23, 2010

Brenda M. Harvey, Commissioner  
Department of Health and Human Services  
11 State House Station  
Commissioner's Office  
Augusta, Maine 04333-0011

Dear Ms. Harvey:

We are pleased to enclose a copy of approved State plan amendment (SPA) No. 10-004. This SPA is effective March 4, 2010.

SPA 10-004 transmitted a proposed amendment to your Department's approved Title XIX State plan to detail the reimbursement for non-hospital based physician services. Your Department will reimburse all non-hospital based physicians 70 percent of the Medicare Maine Area "99" fee schedule. Payment for non-hospital physician services will increase from 53 percent to 70 percent of the Medicare rate. Payment will not exceed the highest of the 75<sup>th</sup> percentile range of the Medicare Maine Area "99" fee schedule.

We note that we could not approve this SPA with an effective date of March 1, 2010 as requested. 42 CFR 447.205(a) requires that you provide public notice of any significant proposed changes in the methods and standards for setting payment rates for services covered under your Title XIX State plan. Our policy requires that public notice be published at least one day prior to the effective date of the proposed SPA. Since public notice was not published until March 3, 2010, the earliest effective date we can approve is March 4, 2010.

We reviewed this SPA for compliance with §1902(a)(73) of the Social Security Act as added by §5006(e) of the American Recovery and Reinvestment Act of 2009, Public Law 111-5. We determined that this SPA would benefit all Medicaid beneficiaries and providers including members of federally recognized tribes and Indian Health Services (IHS) contract health services providers. We ask that your Department inform the IHS contract health services providers in your state of the changes brought forth by this SPA.

Page 2 - Brenda M. Harvey, Commissioner

Please note that we approved this SPA as revised. Your staff added the effective date language to the description of the reimbursement methodology for physician services. Your staff also changed the page number from page 3 of Supplement 1 to Attachment 4.19-B to Attachment 4.19-B, page 1-a. We also added the correct statutory and regulatory citations in box 6 of the Transmittal and Notice of Approval of State Plan Material and revised box 15 to reflect the correct date that the SPA was submitted.

If there are questions, please contact Chong Tieng. He can be reached at (617) 565-9157.

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Tony Marple

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 10-004	2. STATE: MAINE
	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(S)  3/4/10 <i>3/1/2010</i>
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5. TYPE OF PLAN MATERIAL (CHECK ONE):

NEW STATE PLAN                     
 AMENDMENT TO BE CONSIDERED AS NEW PLAN                     
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(30)(A) of the Social Security Act 42 CFR 440.50	7. FEDERAL BUDGET IMPACT: a. FFY <u>  10  </u> \$3,725,557 b. FFY <u>  11  </u> \$8,506,447
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19 B, PAGE 1A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): ATTACHMENT 4.19 B, PAGE 1A
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SUBJECT OF AMENDMENT: PHYSICIAN SERVICES REIMBURSEMENT

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT                     
 OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                     
COMMISSIONER, DEPT. OF HUMAN SERVICES  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*/s/*

13. TYPED NAME:  
BRENDA HARVEY

14. TITLE:  
Commissioner, Maine Department of Health and Human Services

15. DATE SUBMITTED: *MARCH 31/2010*  
March 29, 2010

16. RETURN TO:

ANTHONY MARPLE  
Director, Office of MaineCare Services  
#11 State House Station

442 CIVIC CENTER DRIVE  
Augusta, ME 04333-0011

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
March 29, 2010

18. DATE APPROVED:  
June 23, 2010

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
March 4, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:

*/s/*

21. TYPED NAME:  
Richard R. McGreal

22. TITLE: ~~ASSOCIATE REGIONAL ADMINISTRATOR~~  
Division of Medicaid and Children's Health

23. REMARKS

Operations

As agreed to State official, the proposed effective date was changed to March 4, 2010. The statutory and regulatory citations were added to box 6. The dated submitted in box 15 was changed to March 29, 2010.

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

5. Physicians' Services – The State agency will apply a fee schedule, which will reflect “the intent of the (Maine) Legislature that the Department of Human Services establish a fee schedule governing reimbursement for physician’s services that will result in a payments at 70% of the Maine Area “99” Medicare fee schedule.

The Fee Schedule – Insure that payment will not exceed the highest of the 75<sup>th</sup> percentile range of the Medicare Maine Area “99” fee schedule”. The Department’s rates were set as of March 4, 2010 and are effective for services on or after that date. All rates are published on the Department’s website at [http://portalxw.bisoex.state.me.us/oms/proc/pub\\_proc.asp?cf=mm](http://portalxw.bisoex.state.me.us/oms/proc/pub_proc.asp?cf=mm). Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private.

PHYSICIAN FEEDBACK REPORT AND INCENTIVE AWARDS

ELEMENTS OF PHYSICIAN FEEDBACK REPORT

1. ACCESS (40 percent)

- a. Total number of unduplicated Medicaid recipients served per quarter year.
- b. Total number of health care providers accepting new Medicaid recipients.

2. UTILIZATION (30 percent)

Emergency visit rate per quarter for physicians unduplicated Medicaid recipients per quarter.

3. QUALITY (30 percent)

- a. Preventive measures score higher.
- b. Comparison of Quality Indicators (QI) amongst specialty groups.

Examples:

Childhood immunizations – percentage of children in the practice immunized by age 2 against DPT, polio, measles/mumps/rubella, type B influenza, and hepatitis B.

Adolescent immunization – percentage of practice’s children recipients who have had following immunizations by age 13: second dose of measles/mumps/rubella, hepatitis B, tetanus/diphtheria booster, and chicken pox.

Prenatal Care – percentage of women in practice who delivered a baby in previous year and received prenatal care in the first trimester.

Post-delivery checkup – percentage of mothers in practice who had a checkup within six weeks after delivery.

Mammography – percentage of women in practice ages 52 to 69 who had a mammogram in previous year.

Pap test – percentage of women in plan ages 21 to 64 who had a Pap test for cervical cancer in previous year.

Board certification – percentage of practice board certified in appropriate discipline. The specific indicators utilized will be selected quarterly as necessary to obtain targeted quality of care evaluations. The same criteria shall be used amongst similar groups of physicians, i.e., Family Practitioners/General Practitioners, Internal Medicine, Pediatrics, etc.