

# **Table of Contents**

**State/Territory Name: Maine**

**State Plan Amendment (SPA) #:13-032**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 4) Approved SPA Pages

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



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

July 8, 2015

Mary Mayhew, Commissioner  
Department of Health and Human Services  
11 State House Station  
Augusta, Maine 04333-0011

RE: Maine ME 13-032

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 13-032; attached you will find an approved copy of the SPA. As requested, this SPA is effective January 1, 2014.

The purpose of this SPA is to update the State's approved Title XIX State Plan to clarify that the state provides smoking cessation services to pregnant women as required by the Section 4107 of the Affordable Care Act. To clarify reimbursement for these services provided in Federally Qualified and Rural Health Centers, the state plan reimbursement section was also updated. This SPA has no estimated Federal budget impact as the state was already providing these services.

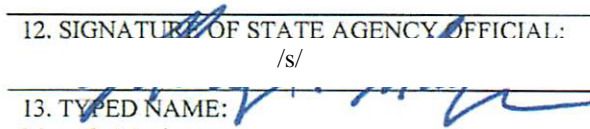
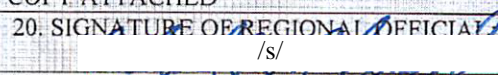
If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617/565-1642, or at [Aimee.Campbell-O'Connor@cms.hhs.gov](mailto:Aimee.Campbell-O'Connor@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 13-032	2. STATE Maine
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 <del>To Be Determined</del> January 1, 2014	
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: SECTIONS 4107 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, P.L. 111-148 ; SECTION 1905(BB)(1) OF THE SOCIAL SECURITY ACT		7. FEDERAL BUDGET IMPACT: a. FFY <del>2013</del> 2014 cost neutral b. FFY <del>2014</del> 2015 cost neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A Page <del>3(a)(1)</del> 2a Supplement 1 to Attachment 4.19-B, page 1 Supplement 1 to Attachment 4.19-B, page 1.1 Supplement 1 to Attachment 4.19-B, page 1.2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  new and Supplement 1 to Attachment 4.19-B, page 1	
10. SUBJECT OF AMENDMENT: Smoking Cessation Counseling for Pregnant Women			
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      Commissioner, Dept. of Health and Human Services <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  /s/		16. RETURN TO:  Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
13. TYPED NAME: Mary C. Mayhew		17. DATE RECEIVED: 10/21/2013	
14. TITLE: Commissioner, Department of Health and Human Services		18. DATE APPROVED: 7/8/2015	
15. DATE SUBMITTED: 10-15-13		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2014		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME: Richard McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS: On July 1, 2015, the state authorized pen and ink changes to the 179. Pen and Ink changes made to Boxes 4, 7 & 8			

State: Maine

Attachment 3.1-A

Page 2a

OMB No: 0938

AMOUNT, DURATIONS, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES  
PROVIDED TO THE CATEGORICALLY NEEDY

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**Attachment 3.1A/B: Tobacco Cessation Counseling Services for Pregnant Women**

**4. d 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):**

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or\*
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

\*describe if there are any limits on who can provide these counseling services

**2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women**

Provided:     No limitations\*     With limitations\*\*

\*The State is providing at least four (4) counseling sessions per quit attempt.

\*\* Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt should be explained below.

Please describe any limitations:

MaineCare limits smoking cessation counseling for pregnant women to three (3) sessions per member, per calendar year, per provider. Members covered under EPSDT may exceed limitations based on medical necessity.

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

1. Inpatient hospital services see Attachment 4.19-A
2. a. Outpatient hospital services Same as Attachment 4.19-A.
- b. Certified Rural Health Clinics.

**Prospective Payment System:**

The payment methodology for Certified Rural Health Clinics will conform to all of the requirements of section 702 of the BIPA 2000 legislation, including the BIPA 2000 requirements for Prospective Payment System (PPS). Certified Rural Health Clinics will be reimbursed on the basis of 100% of the average of their reasonable costs of providing Medicaid-covered services during FY 1999 and FY 2000; adjusted to take into account any increase or decrease in the scope of services furnished during FY 2001 (calculating the amount of payment on a per visit basis). Beginning in FY 2002, and for each fiscal year thereafter, each Certified Rural Health Clinic is entitled to the payment amount (on a per visit basis) to which the clinic was entitled under the Act in the previous fiscal year, increased by the percentage increase in the Medicare Economic Index (MEI) for primary care services, and adjusted to take into account any increase or decrease in the scope of services furnished during that fiscal year. Until the new payment rate is calculated according to this methodology, Certified Rural Health Clinics will be paid at their current plan rate, which will be retroactively adjusted once the new payment rate is calculated. Newly qualified Certified Rural Health Clinics after fiscal year 2000 will have initial payments established either by reference to payments to other clinics in the same or adjacent area, or in the absence of such other clinics, through cost reporting methods. After the Initial year, payment shall be set using the MEI methods used for other clinics.

**Alternate Payment Methodology (APM):**

The State reimburses for asthma education provided by non-physician providers, diabetes outpatient self-management, tobacco cessation classes, contraception (injectable), and the administration of influenza and pneumococcal vaccines through an alternate payment methodology as reflected on a fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of 11/5/2014 and is effective for services provided on or after that date. All rates are published at: [http://www.maine.gov/dhhs/audit/rate-setting/documents/S103RHC\\_000.pdf](http://www.maine.gov/dhhs/audit/rate-setting/documents/S103RHC_000.pdf).

The services located on this fee schedule may be billed in conjunction with the PPS or as a stand-alone visit based on the provider type that delivers these services

**Provider Reimbursement by Payment Methodology:**

All services must be provided by individuals appropriately licensed or certified, practicing within their scope of licensure or certification, and in accordance with State rules.

Prospective Payment System Rate Billing

To be eligible to receive the PPS rate for RHC services, there must be a face-to-face service with one of the following PPS-eligible staff members of the RHC: physician, podiatrist, physician assistant, advanced practice registered nurse, psychologist, licensed clinical social worker, licensed clinical professional counselor, and/or dentist and dental hygienist. Visiting nurse services provided by a registered nurse or licensed practical nurse to a homebound member may also receive the PPS rate.

If an encounter does not involve a covered service by one of the above practitioners, the PPS rate should not be billed.

Alternate Payment Methodology FFS Rate Billing

PPS-eligible providers may also bill FFS for APM services in addition to the PPS rate when APM services are delivered on the same day.

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

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When any other provider (i.e. a non-PPS eligible provider) delivers an APM service, only the FFS reimbursement will be made. This payment will be made regardless of whether a PPS-eligible visit was made on that day.

c. Federally Qualified Rural Health Centers

**Prospective Payment System:**

The payment methodology for Federally Qualified Rural Health Centers will conform to all of the requirements of section 702 of the BIPA 2000 legislation, including the BIPA 2000 requirements for Prospective Payment System (PPS). Federally Qualified Health Centers will be reimbursed on the basis of 100% of the average of their reasonable costs of providing Medicaid-covered services during FY 1999 and FY 2000, adjusted to take into account any increase or decrease in the scope of services furnished during FY 2001 (calculating the amount of payment on per visit basis). Beginning In FY 2002; and for each fiscal year thereafter, each Federally Qualified Health Center is entitled to the payment amount (on a per visit basis) to which the center was entitled under the Act in the previous fiscal year, increased by the percentage increase in the Medicare Economic Index (MEI) for primary care services, and adjusted to take into account any increase or decrease in the scope of services furnished during that fiscal year. Until the new payment rate is calculated according to this methodology, Federally Qualified Health Centers will be paid at their current plan rate, which will be retroactively adjusted once the new payment rate is calculated. Newly qualified Federally Qualified Health Centers after fiscal year 2000 will have initial payments established either by reference to payments to other centers in the same or adjacent areas, or in the absence of such other centers, through cost reporting methods. After the initial year, payment shall be set using the MEI methods used for other centers.

**Alternate Payment Methodology (APM):**

The State reimburses for asthma education provided by non-physician providers, diabetes outpatient self-management, tobacco cessation classes, contraception (injectable, implantable capsules, intrauterine devices), and the administration of influenza and pneumococcal vaccines through an alternate payment methodology as reflected on a fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of 11/05/14 and is effective for services provided on or after that date. All rates are published at <http://www.maine.gov/dhhs/audit/rate-setting/documents/S31FQHC.pdf>.

The services located on this fee schedule may be billed in conjunction with the PPS or as a stand-alone visit based on the provider type that delivers these services.

**Provider Reimbursement by Payment Methodology:**

All services must be provided by individuals appropriately licensed or certified, practicing within their scope of licensure or certification, and in accordance with State rules.

Prospective Payment System Rate

To be eligible to receive the PPS rate for FQHC services, there must be a face-to-face service with one of the following PPS-eligible staff members of the FQHC: physician, podiatrist, physician assistant, advanced practice registered nurse, psychologist, licensed clinical social worker, licensed clinical professional counselor, dentist, dental hygienist, dental extern, dental resident, and/or physical therapist or any other provider that has been incorporated into the FQHCs PPS through a Department-approved change of scope of services request. Visiting nurse services provided by a registered nurse or licensed practical nurse to a homebound member may also receive the PPS rate.

If an encounter does not involve a covered service by one of the above practitioners, the PPS rate should not be billed.

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

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Alternate Payment Methodology FFS Rates

PPS-eligible providers may also bill FFS for APM services in addition to the PPS when the APM services are delivered on the same day.

When any other provider (i.e. a non-PPS eligible provider) delivers an APM service, only the FFS reimbursement will be made. This payment will be made regardless of whether a PPS-eligible visit was made on that day.

3. Other laboratory and X-ray services 'the same as under Physicians' services, Item 5.
4.
  - a. Skilled Nursing Facility services (other than services in an institution for tuberculosis or mental diseases) for individuals 21 years of age or older. See Attachment 4.19 D.
  - b. Early and Periodic Screening, Diagnosis and Treatment Services -- The State-agency will apply the rates currently in effect for the item of service provided, except the rates of payment for agencies participating in the EPSDT program under special agreements Is made on the basis of a negotiated fee schedule.
  - c. Family Planning Services and Supplies -- The State agency will apply the payment rate as described in Attachment 4.19 A when provided by a hospital, and as described in Item 5 below when provided as physician's services. Family Planning Agencies are reimbursed on the basis of a fixed fee schedule.