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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**

November 18, 2014

Mary C. Mayhew, Commissioner  
Department of Health and Human Services  
221 State Street  
11 State House Station  
Augusta, ME 04333-0011

RE: Maine 14-012 Approval

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. 14-012; attached you will find an approved copy of the SPA. As requested, this SPA is effective July 1, 2014.

The purpose of this SPA is to update the reimbursement methodology for Certified Nurse Anesthetists as part of the Advance Practice Registered Nurse section of the State Plan. An updated link to the fee schedule, reflecting these changes, is included in this SPA.

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-oconnor@cms.hhs.gov](mailto:aimee.campbell-oconnor@cms.hhs.gov).

Sincerely,  
/s/

Richard R. McGreal  
Associate Regional Administrator

cc: Stefanie Nadeau

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 14-012	2. STATE Maine
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of Health and Human Services	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT	4. PROPOSED EFFECTIVE DATE July 1, 2014	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.166(D); 42 CFR 441.22(C)	7. FEDERAL BUDGET IMPACT: a. FFY '14 <u>Cost Neutral</u> b. FFY '15 <u>Cost Neutral</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 1 to Attachment 4.19-B Page 5d	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Supplement 1 to Attachment 4.19-B Pages 5d	
10. SUBJECT OF AMENDMENT: Reimbursement changes to Advance Practice Registered Nurses		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <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		
14. TITLE: Commissioner, Department of Health and Human Services		
15. DATE SUBMITTED: 8/13/2014		
<b>FOR REGIONAL OFFICE USE ONLY</b>		
17. DATE RECEIVED: 8/14/2014	18. DATE APPROVED: 10/21/2014	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2014	20. SIGNATURE OF REGIONAL OFFICIAL: /S/	
21. TYPED NAME: RICHARD R. MCGREAL	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR	
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Maine Supplement 1 to Attachment 4.19-B  
Page 5d  
OMB No: 0938

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

21. Advanced Practice Nurses other than Nurse Midwives and Certified family and pediatric nurse practitioners - Payment is based on the established fee schedule for Physicians' Services as described in Supplemental 1 to Attachment 4.19-B page 1a Item 5, except that these nurses are not eligible for the physician incentive plan. See Attachment 4.19-B, Physician (and other prescribers) Directed Drug Initiative (PDDI), Pages 1-b-1-d. Advanced Practice Registered Nurses who are Certified Registered Nurse Anesthetist, providing anesthesia, shall be reimbursed at 75% of the established rates for Physician Services as described in Supplement 1 to Attachment 4.19-B, page 1a. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of July 1, 2014 and is effective for services provided on or after that date. All rates are published [http://www.maine.gov/dhhs/audit/rate-setting/documents/S90Anesthesiology\\_002.pdf](http://www.maine.gov/dhhs/audit/rate-setting/documents/S90Anesthesiology_002.pdf)

Where no other options are applicable rates are developed based on other State Medicaid agencies that cover the relevant services/code. The Department then bases its rates on the average cost of the relevant services/codes from those other agencies.