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**State/Territory Name:** Maine

**State Plan Amendment (SPA) #:**14-014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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**

February 3, 2015

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

RE: Maine ME 14-014

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 14-014; 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 amend the State's approved Title XIX State Plan to add Ambulatory Surgical Centers under the clinic services section of the state plan. This SPA is estimated to be cost neutral in Federal Fiscal year 2014 and Federal Fiscal year 2015.

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>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  14-014	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)  7/1/2014	
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 COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 413; 42 CFR 416; 42 CFR 440.90; 42 CFR 447.200		7. FEDERAL BUDGET IMPACT: a. FFY '14 Cost Neutral b. FFY '15 Cost Neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  SUPPLEMENT I TO ATTACHMENT 4.19-B PAGE 2D		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  SUPPLEMENT I TO ATTACHMENT 4.19-B PAGE 2D	
SUBJECT OF AMENDMENT:      AMBULATORY SURGICAL CENTERS – CLINIC SERVICES			
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 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, ME 04333-0011	
13. TYPED NAME: MARY C. MAYHEW			
14. TITLE: Commissioner, Maine Department of Health and Human Services			
5. DATE SUBMITTED: 8/27/14			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 8/27/14		18. DATE APPROVED: 2/3/2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Richard McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS			



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

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9. Clinic Services - Payment is made on the basis of a fixed 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 December 21, 2009 and is effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S3R09012010.pdf>.

Ambulatory Surgical Center Services – The State agency will apply a fee schedule. The Fee Schedule reimburses at lower of: a) a 100% percent of the Medicare rate or b) the provider's usual and customary facility charge. When multiple procedures are performed in the same operative session, MaineCare will pay the highest payment amount as final payment for all procedures performed.

Indian Health Center (IHC) - Payment is also made to Sec.638 tribal facilities in accordance with the periodic Federal Register notice addressing the HIS encounter rate. The following services were included in the all inclusive rate paid to Indian Health Centers:

- Laboratory And X· Rays
- EPSDT
- Family Planning Services
- Physician Services
- Medical And Surgical Services Provided By A Dentist
- Podiatrist's Services
- Chiropractor's Services
- Psychological Examiner's Services
- Licensed Clinical Social Workers And LCPCs
- intermittent Or Part Time Nursing Services
- Home Health Aide Services
- Physical, Occupational and Speech/Language Therapy and Audiology Services provided by a
- Home Health Agency
- Private Duty Nursing Services
- Clinic Services
- Dental Services
- Physical Therapy
- Occupational Therapy
- Services for Speech, Hearing and Language Disorder
- Mental Health Diagnostic Services
- STD Screening
- Mental Health Preventive Services
- Nurse Midwife Services
- Pregnancy Related and Postpartum Services
- Extended Services to Pregnant Women
- Ambulatory Prenatal Care for Pregnant Women
- Certified Pediatric or Family Nurse Practitioner's Services
- Advanced Practice Nurses