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State/Territory Name: Maine

State Plan Amendment (SPA) #:16-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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

May 10, 2016

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

RE: Maine ME 16-007

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 16-007; attached you will find an approved copy of the SPA. As requested, this SPA is effective March 19, 2016.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to clarify the state's payment methodology for physician's services. This SPA is estimated to have no Federal Fiscal impact.

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.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services
Sam Senft, Director, Policy, Children's and Waiver Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 16-007	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 March 19, 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 increase: no impact b. FFY increase: no impact	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B Page 3	
10. SUBJECT OF AMENDMENT: Physician Service Reimbursement Methodology			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Stefanie Nadeau, Director, MaineCare Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO:	
13. TYPED NAME: Stefanie Nadeau		Stefanie Nadeau Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011	
14. TITLE: Director, MaineCare Services			
15. DATE SUBMITTED: 03-31-2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/31/16		18. DATE APPROVED: 5/10/16	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/19/16		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

5. Physicians' Services -The State agency will apply a fee schedule, The Fee Schedule reimburses at the lowest of the following for covered services: 1) The lowest amount allowed by Medicare Part B for Maine area "99" fee including the appropriate Medicare fee adjustments for place of service and modifiers, 2) for newly covered services/codes, the rate will be based on 70% of the 2009 CMS rate or 70% of the rate in the year CMS assigned a rate for that code, or 3) Where no other options are applicable, the Department researches other State Medicaid agencies that cover the relevant service/code. The Department then bases 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. MaineCare considers a claim paid in full if the third party payment exceeds the MaineCare rate of reimbursement.

PHYSICIAN FEEDBACK REPORT AND INCENTIVE AWARDS

ELEMENTS OF PHYSICIAN FEEDBACK REPORT

Payment Calculation for provider incentive payment

A) Eligible Providers

- Office Based Primary Care Case Management (PCCM) Sites (Excludes RHC, FQHC, IHS, Hospital Employed)
- Currently enrolled in the PCCM Program
- Have a paid claim in the last quarter of the reporting period
- Have 20 or more members in their panel
- Servicing Providers practicing in more than one site are prorated across sites

B) Eligible Members

- Members must be enrolled In PCCM for at least 6 months

C) Calculation of Payment

- Total PCCM PIP Payment Per Year: \$2.6 million (\$1.3 Per Each Reporting Period)
- Each of these disbursements is further split between Child sites and Adult sites. based on the number of members served In each of the two site types
 - Adult/Child distribution split - prorate pool based on proportion of adults (age 21+) and children (age <21): age calculated at the beginning of the referent period. Calculations are run separately for adult and children.
- Within each site type, payment to individual sites is determined by performance measurements in three areas: **Access, ER Utilization, and Quality**

40% for performance in the Access Measure
30% for performance In the ER Utilization Measure
30% for performance in the quality Measure

- Definitions of performance areas are:

Access (40 percent): The performance calculation for the Access measure is based on the number of MaineCare members per servicing provider at the site.

UTILIZATION (30 percent): The performance calculation for the ER Utilization measure is based on the average number of ER visits for MaineCare members at the site.