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State/Territory Name: Maine

State Plan Amendment (SPA) #:18-0011B

This file contains the following documents in the order listed:

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

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



Regional Operations Group / Center for Medicaid & CHIP Services

May 7, 2019

Jeanne Lambrew, Commissioner
Department of Health and Human Services
221 State Street
Augusta, Maine 04333-0011

Dear Commissioner Lambrew:

We are now ready to approve State Plan Amendment (SPA) No. ME 18-0011B. The purpose of this SPA is to amend the State's approved Title XIX State Plan to modify supplemental payments for outpatient hospital reimbursement for outpatient hospital services in the state plan. Attached you will find an approved copy of the SPA.

This SPA is estimated to have no Federal budget impact. This SPA is effective May 30, 2018.

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,

Francis T.

Mccullough -S

Francis T. McCullough

Director

Division of Medicaid Field Operations East (Boston)

Digitally signed by Francis
T. Mccullough -S
Date: 2019.05.07 12:03:19
-04'00'

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0011B	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 July 1, 2017 5/30/2018	
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 447		7. FEDERAL BUDGET IMPACT: a. FFY 2017 increase: \$0 b. FFY 2018 decrease: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1k		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Page 1k	
10. SUBJECT OF AMENDMENT: Changing outpatient hospital supplemental pool dollar amount			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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	
SIGNATURE: _____ /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: June 13, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 6/13/2018		18. DATE APPROVED: 5/2/2019	
PLAN APPROVED -- ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 5/30/2018		/s/ _____	
21. TYPED NAME: Francis T. McCullough		22. TITLE: Director, Division of Medicaid Field Operations, East	
23. REMARKS: Box 4— State provided pen and ink authorization to update proposed effective date with 2/25/2019 RAI response.			

**SUPPLEMENTAL POOL FOR NON CRITICAL ACCESS HOSPITALS, HOSPITALS
RECLASSIFIED TO A WAGE AREA OUTSIDE MAINE AND REHABILITATION HOSPITALS**

The Department will allocate a supplemental pool for each state fiscal year among the privately owned and operated Acute Care Non-Critical Access hospitals, hospitals reclassified to a wage area outside Maine by the Medicare Geographic Classification Review Board and rehabilitation hospitals. Effective May 30, 2018 the total pool (inpatient and outpatient) shall equal \$71,380,072. Subject to compliance with all applicable federal rules and payment limits, including 42 CFR 447.321, up to \$43,780,072 will be allocated to outpatient services, not to exceed the allowable aggregate upper payment limit. The allocated outpatient pool amount will be distributed based on each hospital's relative share of outpatient MaineCare payments, defined as the hospital's outpatient MaineCare payment in state fiscal year 2014 divided by outpatient MaineCare payments made to all privately owned and operated Acute Care Non-Critical Access hospitals, hospitals reclassified to a wage area outside Maine by the Medicare Geographic Classification Review Board, and rehabilitation hospitals; multiplied by the supplemental pool.

Each hospital in the pool will receive its relative share of this supplemental payment. Supplemental payments will be distributed semiannually, in even distributions in November and May. This pool will be decreased by the amount a hospital would have received if that hospital was in the pool when the total pool amount was set and subsequently becomes an approved critical access hospital. This supplemental pool payment is not subject to cost settlement.