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State/Territory Name: Maine

State Plan Amendment (SPA) #: 20-0001-B

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

June 24, 2020

Michelle Probert, Director
Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011

RE: Maine State Plan Amendment (SPA) Transmittal Number 20-0001-B

Dear Director Probert:

We have reviewed the proposed Washington State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 27, 2020. This plan amendment adds the Rural Hospital and Non-Rural Hospital definitions and updates hospital-based physician reimbursement.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or James.Moreth@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures Lora Marchand, Policy Director, MaineCare Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX	2. STATE Maine K OF THE SOCIAL	
	SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2020		
5. TYPE OF PLAN MATERIAL (Check One)			
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☑ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.205		,535),526	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSED	DED PLAN SECTION	
Attachment 4.19-B Page 1 (i)(a) Attachment 4.19-B Page 1 (i)(c)	OR ATTACHMENT (If Applicable) Attachment 4.19-B Page 1 (i)(a	Attachment 4.19-B Page 1 (i)(a)	
Attachment 4.19-B Page 1e		Attachment 4.19-B Page 1 (i)(c)	
Attachment 4.19-B Page 1(f)	Attachment 4.19-B Page 1e		
10. SUBJECT OF AMENDMENT Adding the Rural Hospital and Non-Rural Hospital definitions. Updating Hospital-based physician reimbursement			
11. GOVERNOR'S REVIEW (Check One)			
☐GOVERNOR'S OFFICE REPORTED NO COMMENT	⊠OTHER, AS SPECIFIED		
□ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
□NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO		
	Michelle Probert	chelle Probert	
13. TYPED NAME	Director, MaineCare Services		
4.4 7171 5	#11 State House Station		
	109 Capitol Street Augusta, Maine 04333-0011		
15. DATE SUBMITTED	ragacta, mamo o roco-oo i i		
March 27, 2020			
17. DATE RECEIVED (2)27/2020	18. DATE APPROVED		
17. DATE RECEIVED 03/27/2020	6/24/2020		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/2020	20 SIGNATURE OF REGIONAL OFFICIAL		
21. TYPED NAME	22. TITLE		
Todd McMillion	Director, Division of Reimburseme	ent Review	
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19B

Page 1e

Outpatient Hospital Services Detailed Description of Reimbursement

DEFINITIONS

Acute Care Critical Access Hospitals

A hospital licensed by the Department as a critical access hospital that is being reimbursed as a critical access hospital by Medicare.

Acute Care Non-Critical Access Hospitals

A hospital licensed by the Department as an acute care hospital that is not being reimbursed as a critical access hospital by Medicare.

MaineCare Paid Claim History

A summary of all claims billed by the hospital to MaineCare for MaineCare eligible members that have been processed and accepted for payment by MaineCare.

Non-rural Hospital

is a private acute care non-critical access hospital that does not meet the definition of a "Rural Hospital" as defined in Maine regulation.

Private Psychiatric Hospital

A hospital that is primarily engaged in providing psychiatric services for the diagnosis, treatment and care of persons with mental illness and is privately owned. The facility must be licensed as a psychiatric hospital by the Department of Health and Human Services (DHHS). A psychiatric hospital may also be known as an institution for mental disease.

Prospective Interim Payment (PIP)

The weekly payment made to a private hospital based on the estimated total annual Department obligation as calculated below. This payment may represent only a portion of the amount due the hospital; other lump sum payments may be made throughout the year. Such circumstances would include, but not be limited to, error correction and interim volume adjustments. For purposes of the PIP calculation, a MaineCare discharge for the most recently completed state fiscal year is one with a discharge date occurring within the state fiscal year and submitted prior to the time of calculation.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19B

Page 1(f)

Outpatient Hospital Services Detailed Description of Reimbursement

Rural Hospital

is a private acute care non-critical access hospital that meets one of the following criteria:

- Is a "Sole Community Hospital" as designated by Medicare, and as reported on the hospital's Medicare cost report; OR
- 2) <u>Is a "Medicare-Dependent Hospital" as designated by Medicare, and as reported on the hospital's Medicare cost report; OR</u>
- 3) <u>Is a participating hospital on the Medicare "Rural Community Hospital Demonstration", as reported on the hospital's Medicare cost report.</u>

State Owned Psychiatric Hospital

A hospital that is primarily engaged in providing psychiatric services for the diagnosis, treatment and care of persons with mental illness and is owned and operated by the State of Maine. The facility must be licensed as a psychiatric hospital by the Department of Health and Human Services (DHHS). A psychiatric hospital may also be known as an institution for mental disease (IMD).

GENERAL PROVISIONS

Inflation

For purposes of determining inflation, unless otherwise specified, the economic trend factor from the most recent edition of the "Health Care Cost Review" from Global Insight shall be used.

TN No. 20-0001B Supersedes TN No. 04-013