

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 15-0001

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

September 4, 2020

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

RE: TN 15-0001

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-15-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 20, 2015. This plan amendment updates the reimbursement for ambulance services to be no less than 65% of the average allowable reimbursement under Medicare for such services, with non-Medicare covered services reimbursed on a fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2015. 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 Blake Holt at 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 15-001	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) 03/01/2015	
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: SOCIAL SECURITY ACT §1905(A)(29) 42 CFR 447.201(2) 22 MSRA §3174-JJ		7. FEDERAL BUDGET IMPACT: ADDITIONAL COST IN FFY 15 OF <u>\$150,688.23</u> FFY 16 OF <u>\$258,319.26</u> FFY 17 OF <u>\$258,319.26</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-B PAGE 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENTAL 1 TO ATTACHMENT 4.19-B PAGE 5	
10. SUBJECT OF AMENDMENT: AMBULANCE SERVICES			
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 COMMISSIONER, DEPT. OF HUMAN SERVICES	
12. SIGNATURE	16. RETURN TO:		
13. TYPED NAME MARY C. MAYHEW	STEFANIE NADEAU		
14. TITLE: Commissioner, Maine Department of Health and Human Services	Director, MaineCare Services #11 State House Station 242 STATE STREET Augusta, ME 04333-0011		
15. DATE SUBMITTED: 01/20/2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 9/4/2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 3/1/15		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS Pen and ink concurrences 07/10/2020 (RAL response): Box 8--From "Attachment 4.19-B Page 9" to "Supplement 1 to Attachment 4.19-B Page 5" 09/2/2020: Box 7--state confirmed that impact above is in whole dollars, with an impact in thousands -units of FY2015: \$151. FY 2016: \$258 Also, CMS notes that the FY 2017 impact is not necessary for approval.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5

OMB No: 0938

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

17. Any other medical care and any other type of remedial care recognized under State law:

a. Ambulance Services – State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of March 1, 2015 and were effective for services provided on or after that date. All rates are published

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20005%20%2D%20Ambulance%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>