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State/Territory Name: ME

State Plan Amendment (SPA): ME-22-0029

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

January 26, 2023

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

RE: TN 22-0029

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-22-0029 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 24, 2022. This plan amendment updates the reimbursement methodology for physician services, family planning and supplies, nurse-midwife services, and nurse practitioner services to the lower of provider charges or 72.4% of the current corresponding Medicare rate, updates the fee schedule for those services not covered by Medicare, and removes outdated provisions related to the Primary Care Case Management (PCCM) program.

Based upon the information provided by the State, we have approved the amendment with an effective date July 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 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: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 22 0029	2. STATE Maine (ME)
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT		

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2022
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5. FEDERAL STATUTE/REGULATION CITATION § 1905(a)(5)(a), 1905(a)(5)(c), 1905(a)(17), 1905(a)(21), 1932(a)(1)(A)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>7,320,517</u> b. FFY <u>2023</u> \$ <u>28,957,219</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B page 1.7, 1.7(a), 1-a, 2.2, 4e, 5c, and 8	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 4.19-B page 1.7, 1-a, 2.2, 4e, 5c, 8, and Attachment 3.1-F
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9. SUBJECT OF AMENDMENT
To implement reimbursement recommendations from the Department's comprehensive rate system evaluation completed by the independent firm Myers and Stauffer in 2021, remove PCCM requirements consistent with recently approved PCPlus program.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011
12. TYPED NAME Michelle Probert	
13. TITLE Director, MaineCare Services	
14. DATE SUBMITTED June 24, 2022	

FOR CMS USE ONLY	
16. DATE RECEIVED June 24, 2022	17. DATE APPROVED January 26, 2023

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS
 01/18/2023: State concurs with pen and ink change to box 5: striking "1905(a)(5)(c)" and adding "1905(a)(4)(c)".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 1-a

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

5. Physicians' Services -The State agency reimburses at the lowest of 1) Seventy-two point four percent (72.4%) of the current Maine Medicare 'area 99' rate per code, including appropriate Medicare fee adjustments for place-of-service modifiers in effect at the time of service; or 2) The provider's usual or customary charge, and 3) Where no other options are applicable, the Department researches all 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 at the time Maine adds coverage and can be found on the Department's fee schedule. The agency's fee schedule rate was set as of July 1, 2022 and is effective for services provided on or after that date. All rates are published [here](#). 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.

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

3. Other laboratory services are reimbursed as follows: 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 currently allowed by Medicare Part B for Maine area "99" fee including the appropriate Medicare fee adjustments for place of service and modifiers, or 2) for newly covered services/codes, the rate will be based on 70% of the 2009 CMS Medicare rate or, for those codes not covered by Medicare in 2009, 70% of the rate in the year CMS initially assigned a Medicare rate for that code, and 3) Where no other options are applicable, the Department researches all 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 at the time Maine adds coverage. The agency's fee schedule rates were set as of July 1, 2022 and were effective for services provided on or after that date. All rates are published [here](#) under Laboratory Services. 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.; and

X-ray services are reimbursed as follows:

(1) Where Medicare provides a reimbursement rate the Department will reimburse the lowest of the following:

- a. Seventy-two point four percent (72.4%) of the current Medicare rate per code, including appropriate Medicare fee adjustments for place-of-service modifiers in effect at the time of service; or
- b. The provider's usual or customary charge.

2. For services where Medicare does not provide a reimbursement rate, the Department will reimburse according to an agency fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of July 1, 2022 and were effective for services provided on or after that date. All rates are published at:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20101%20%2D%20Medical%20Imaging%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D&InitialTabId=Ribbon%2ERead&VisibilityContext=WSSTabPersistence>.

4. a. Skilled Nursing Facility services (other than services in an institution for tuberculosis or mental diseases) for individuals 21 years of age or older. See Attachment 4.19 D.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B
Page 1.7(a)

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

b. Early and Periodic Screening, Diagnosis and Treatment Services -- The State-agency will apply the rates currently in effect for the item of service provided, except the rates of payment for agencies participating in the EPSDT program under special agreements Is made on the basis of a negotiated fee schedule, if no other approved methodology is available, not to exceed the amount allowed by Medicare.

1. c. Family Planning Services and Supplies: The State agency will apply the payment rate as described below: Where Medicare provides a reimbursement rate the Department will reimburse the lowest of the following:

- a. Seventy-two point four percent (72.4%) of the current Medicare rate per code, including appropriate Medicare fee adjustments for place-of-service modifiers in effect at the time of service; or
- b. The provider's usual or customary charge.

2. For services where Medicare does not provide a reimbursement rate, the Department will reimburse according to an agency fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of July 1, 2022 and were effective for services provided on or after that date. All rates are published at: <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20030%20%2D%20Family%20Planning%20Agency%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MAINE **Supplement 1 to Attachment 4.19-B**
Page 2.2
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

c. Physician Provided Optometric Procedures - Reimburses the same as Supplement 1 to Attachment 4.19-B, item 5. Physicians' Services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplement 1 to Attachment 4.19-B

Page 4e

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

16. Nurse-midwives - Reimburses the same as Supplement 1 to Attachment 4.19-B, item 5.
Physicians' Services.

TN No. 22-0029
Supersedes
TN No. 09-011

Approval Date
January 26, 2023

Effective Date 7/1/22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MAINE

Supplement 1 to Attachment 4.19-B

Page 5c

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

20. Certified family and pediatric nurse practitioners: Reimburses the same as Supplement 1 to Attachment 4.19-B, item 5. Physicians' Services.

TN No. 22-0029
Supersedes
TN No. 09-011

Approval Date:
January 26, 2023

Effective Date: 7/1/22

**Reimbursement -Physician Services Continuation of Medicaid Payments Increased
Primary Care Service Payment**

Attachment 4.19-B: Physician Services

The state will continue to reimburse for services provided by physicians, or advanced practice clinicians under the direct supervision of physicians who self-attests to practicing with a specialty designation of family medicine, pediatric medicine or internal medicine.

The rates reflect all Medicare site of service adjustments.

The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The State is reimbursing at 100% of the current year's Medicare rate per code.

Method of Payment

The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

Primary Care Services Affected by this Payment Methodology

This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499 except for the following codes 99241,99242,99243,99244,99245,99251,99252,99253, 99254,99255,99339,99340,99358,99359,99363,99364,99366,99368,99374,99375,99377,99378, 99379,99380,99450,99455,99456,90460,90461,99408,99409,99420,99441,99442,99443,99444, 99487,99488,99489,99495,99496

Physician Services - Vaccine Administration

For services provided on or after January 1, 2015, the state reimburses vaccine administration services furnished by physicians. or under the personal supervision of a physician who self- attests to practicing with a specialty designation of family medicine, pediatric medicine or internal medicine.at the state regional maximum administration fee set by the Vaccines for Children (VFC) program

Note: The state does not cover 90460 and instead uses 90471 and 90472.