

## **Table of Contents**

**State/Territory Name: ME**

**State Plan Amendment (SPA): ME-22-0031**

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**

March 24, 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 22-0031

Dear Director Probert:

We are issuing this technical correction for ME-22-0031. Due to administrative error, the original package contained an earlier version of a submitted page. This plan amendment authorizes a 4.9% rate increase for Home Health Care services and Medical Social services.

Based upon the information provided by the State, we have enclosed the approved CMS-179 and a copy of the new state plan page. The technical correction maintains the original effective date and approval date.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review


Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>22 0031</b>	2. STATE <b>Maine (ME)</b>
	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 <b>July 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>1905(a)(7)</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>38,032</u> b. FFY <u>2023</u> \$ <u>152,128</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement 1 to Attachment 4.19-B Page 2b</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supplement 1 to Attachment 4.19-B Page 2b</b>	


9. SUBJECT OF AMENDMENT  
Amends reimbursement, effective July 1, 2022, of certain services through a cost-of-living adjustment (COLA). The COLA will be equal to an increase of 4.94% above the currently established rate(s).

10. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO <b>Michelle Probert</b> Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011
12. TYPED NAME <b>Michelle Probert</b>	
13. TITLE <b>Director, MaineCare Services</b>	
14. DATE SUBMITTED <b>6/30/2022</b>	

FOR CMS USE ONLY	
16. DATE RECEIVED June 30, 2022	17. DATE APPROVED January 9, 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  
12/13/22: State concurs with pen and ink change to Boxes 7 and 8, adding "Attachment 4.19-B, Page 9."

State Plan Title XIX of the Social Security Act  
Methods and Standards for Establishing Payments rates

**30. Telemedicine and Telemonitoring**

For telehealth visits in which a patient is with a provider at the originating site and a provider at the distant site is delivering the actual service, the GT modifier will be used and the payment to the distant site provider will be the same as if the service is provided face to face. The originating site provider is not paid at all for the underlying service but will receive an originating site fee (Q3014) for providing the support necessary to allow for the telehealth visit to take place (ie room, equipment, staff).

Qualifying distant site providers are reimbursed in accordance with the standard Medicaid reimbursement methodology.

With the application of the GT modifier, the distant site provider uses telemedicine to provide a service to the patient at the originating site.

Effective July 1, 2022, reimbursement for telehealth and telemonitoring will be as follows:

- Q3014 — Telehealth Originating Site Facility Fee \$15.86/visit
- 99446 (99212) — Interprofessional Telephone/ internet assessment and management services provided by a consultative physician including a verbal and written report; 5-10 minutes of medical consultative discussion and review \$24.14
- 99447 (99213) — Interprofessional Telephone/ internet assessment and management services provided by a consultative physician including a verbal and written report; 11-20 minutes of medical consultative discussion and review \$40.51
- 99448 (99214) — Interprofessional Telephone/ internet assessment and management services provided by a consultative physician including a verbal and written report; 21-30 minutes of medical consultative discussion and review \$61.05
- 99449 (99215) — Interprofessional Telephone/ internet assessment and management services provided by a consultative physician including a verbal and written report; 31 or more minutes of medical consultative discussion and review \$82.60

Telemonitoring is a service in which a home health agency sets up equipment that allows for a members vital stats to be monitored daily. This can include things like blood pressure, pulse, weight etc. The data is monitored remotely by a licensed healthcare provider. This is the sole payment for this service. The fee is for professional services, as opposed to equipment. Any necessary in person visits would be billed separately.

- S9110 — Telemonitoring of Patient in their Home \$88.73/month

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

- 
- 6. d. Other Licensed Practitioner services(42 CFR 440.60)
    - 5. Medical social services provided in conjunction with home health services - Payment is made on the basis of the lowest of:
      - i. state developed fee schedule; or
      - ii. the provider's usual and customary charge. State-developed fee schedule rates are the same for both governmental and private providers.

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 at:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20040%20%2D%20Home%20Health%20Services&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

- 7. a. Home Health Care Services- Intermittent or part time nursing home health aide services, physical therapy, speech-language pathology, occupational therapy, furnished by a licensed and Medicare certified home health agency. Payment is made on the basis of the lowest of:
  - iii. state developed fee schedule; or
  - iv. the provider's usual and customary charge. State-developed fee schedule rates are the same for both governmental and private providers.

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 at:

<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20040%20%2D%20Home%20Health%20Services&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>