

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #:13-006

This file contains the following documents in the order listed:

- 1) Cover Letter
- 2) Approval Letter
- 3) CMS 179 Form
- 3) Approved SPA Pages

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



Division of Medicaid and Children's Health Operations / Boston Regional Office

November 8, 2016

Mary C. Mayhew, Commissioner
Department of Health and Human Services
11 State House Station
211 State Street
Augusta, Maine 04333-001

Dear Commissioner Mayhew:

We are pleased to enclose a copy of approved Maine State Plan Amendment (SPA) No. 13-006, which was submitted to my office on March 29, 2013. This SPA transmitted a proposed amendment to Maine's approved Title XIX State Plan to amend the pharmacy coverage section of the state plan. As requested by the State, the SPA has been approved effective January 1, 2013.

Changes are reflected in the following sections of your approved State Plan:

- Attachment 3.1A, pages 5.2 a, b and c were added.


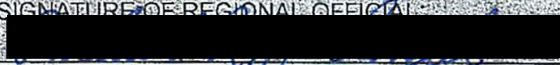
If you have any questions you may contact Aimee Campbell-O'Connor at (617) 565-1642 or by email at Aimee.Campbell-Oconnor@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of MaineCare Services
John M. Coster, Director, CMS, Division of Pharmacy

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-006	2. STATE: Maine
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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 (<i>Separate Transmittal for each amendment</i>)		4. PROPOSED EFFECTIVE DATE(S) JANUARY 1, 2013	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.120(a); 441.25 CFR (a)	7. FEDERAL BUDGET IMPACT: \$234,457.50 FFY 13 - \$2,268,882.39 FFY 14 - \$2,974,628.67		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A PAGES 5-5c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 3.1-A PAGES 5-5c N/A- new pages		
SUBJECT OF AMENDMENT: PHARMACY AND PAIN MANAGEMENT			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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 COMMISSIONER, DEPT. OF HUMAN SERVICES <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: STEFANIE NADEAU Director, MaineCare Services #11 State House Station 242 State Street AUGUSTA, MAINE 04333-0011		
13. TYPED NAME: MARY C. MAYHEW	14. TITLE: Commissioner, Maine Department of Health and Human Services		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/29/13	18. DATE APPROVED: 11/8/16		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/13	20. SIGNATURE OF REGIONAL OFFICIAL: 		
21. TYPED NAME: Richard McGreal	22. TITLE: Associate Regional Administrator		
23. REMARKS: 10/21/16- State provided pen and ink authorization to update 179 within the RAI response 11/8/16- Emailed state to confirm pen and ink due to updated pagination since submission of RAI			

State/Territory: Maine**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY****Opioid Drugs for the Treatment of Pain****a. Treatment of acute pain - non surgical**

Acute Pain is any pain expected to be resolved within fifty-seven (57) days.

A member may receive up to fifteen (15) days of prescribed opioid drugs for the treatment of a new onset of acute pain without prior authorization (PA) from the Department. A face-to-face visit between the MaineCare member and the rendering provider is required; the face-to-face visit must occur within four (4) days before or after the date of a prescription of opioid drug for acute pain.

Prior Authorization is required after a total of fifteen (15) days of opioids have been prescribed for the treatment of acute pain within a twelve (12)-month period. Three (3) subsequent PA prescriptions of up to fourteen (14) days are allowed within a twelve (12)-month period; each individual fourteen (14) day prescription requires PA for a cumulative maximum of fifty-seven (57) days. Prior Authorization may only be granted after a face-to-face visit has occurred in reference to the prescription for opioids.

If the pain is not expected to end in fifty-seven (57) days and in order to maintain continuity of care for transition to longer-term treatment, a pain management care plan consisting of a therapeutic treatment option must be developed and a PA must be obtained before exhausting the third PA refill.

The fifty-seven (57) day allowance for acute non-surgical pain is allowable for each new onset of acute non-surgical pain of a different etiology.

Opioid drugs prescribed in conjunction with post-surgical care are exempt from the requirements stated above.

b. Treatment of acute pain - post-surgical

The Department will reimburse for up to the first fifteen (15) days of opioid medication following a surgical procedure for which the medical standards of care includes the use of opioids, if they are prescribed and there is a face-to-face visit between the provider and the MaineCare member, within four (4) days before or after the date of the prescription of opioid drugs.

If the provider determines that further treatment with opioid drugs is medically necessary based on standard of care, further reimbursement for opioid drugs for the treatment of pain will be allowed if: (i) there is a face-to-face visit between the provider and the MaineCare member within four (4) days before or after the date of the prescription; and (ii) the provider has first obtained PA from the Department for days sixteen to sixty (16-60).

Reimbursement for opioid drug treatment for post-operative care for which the medical standard of care includes the use of opioids is limited to sixty (60) days.

State/Territory: Maine**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY****c. Long-acting, extended release Opioids**

Prior Authorization is required for long-acting, extended-release opioid drugs prescribed for acute pain. Standards for PA include the provider's determination of medical necessity based on standard of care.

d. Treatment of (Long-term) Non-acute Pain

(Long-term) non-acute pain is any pain that has lasted, or is expected to last, more than eight (8) weeks and impacts, or is expected to impact, a member's level of function for more than eight (8) weeks.

Reimbursement of opioid drugs for (long-term) non-acute pain is allowed by PA if the following conditions are met:

- (1) The provider must meet with the MaineCare member and establish a written Pain Management Care Plan, which must include the use of at least one therapeutic treatment option.

Therapeutic Treatment Options for purposes of this section shall mean: Osteopathic Manipulative Treatment, Physical Therapy Services, Chiropractic Therapy, Interventional Procedures, Cognitive Behavioral Therapy and Acceptance Commitment Therapy; provided that, and only to the extent that, these services are covered services through a section of the MaineCare Benefits Manual.

In order to qualify for reimbursement under this subsection, the member must:

- (a) Have failed to have an adequate response to the therapeutic treatment option(s); or,
- (b) Have completed the therapeutic treatment option(s) in accordance with the Pain Management Care Plan and show signs of regression; or,
- (c) Have completed at least fifty percent (50%) of the prescribed therapeutic treatment option, as set forth in the Pain Management Care Plan, after which the provider recommends that adequate control of pain will not be obtained under the therapeutic treatment option(s).

The Department may waive the requirement of therapeutic treatment options through PA when participation is not feasible and opioid treatment is medically necessary.

- (2) Prior Authorizations for treatment of (long-term) non-acute pain will not exceed twelve (12) months. Standards for PA include the provider's determination of medical necessity.
- (3) At the end of twelve (12) months, opioid drugs for the treatment of (long-term) non-acute pain will be reimbursed only if the provider obtains an additional PA for a period not to exceed twelve (12) months that demonstrates:
 - (a) the provider demonstrates that the member qualifies for an exception, listed in subsection (f); or

State/Territory: Maine**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

- (b) the provider has indicated that the member has chronic pain and is still engaged in a pain management care plan, in which instance, the provider must request PA for another period, not to exceed twelve (12) months.

If the above conditions are not demonstrated, opioid drugs for the treatment of pain will be reimbursed only within the restrictions as listed in the acute pain section, unless the member qualified for an exceptions listed in subsection (f).

e. Second Opinion for Long-term Non-Acute Pain Treatment

In order for reimbursement of an opioid prescription to be allowed when the diagnosis is known to typically have a poor response to opioid medications, the provider must provide verification that an appointment has been scheduled by or for the beneficiary to obtain an evaluation from a second provider outside of his or her practice.

If a prescriber has not obtained an evaluation from a prescriber outside of the practice, PA will not be granted for an opioid drug prescribed for a medical diagnosis known typically to have a poor response to opioid drugs, as referenced on the PA form (including headache, back pain, neck pain, or fibromyalgia). All referrals must be maintained in the member's records.

f. Other terms and conditions**(1) Exceptions**

The following shall be exempt from the PA requirements stated above:

- (a) A MaineCare member who is receiving opioid drugs for symptoms related to HIV, AIDS and cancer and other qualifying diseases and conditions, as set forth on the Department's Preferred Drug List; or
- (b) A MaineCare member who is receiving opioid drugs during inpatient treatment in a hospital, in a nursing facility or during hospice care; or
- (c) A MaineCare member who is receiving 30 thirty milligrams (30 mg) or less of morphine sulfate equivalents on a daily basis; or

g. Suboxone for Addiction to Opioid

Reimbursement for Suboxone for addiction to opioids is limited to twenty-four (24) months, except as permitted through PA. Only treatment after January 1, 2013 will count toward the limit.

When a member nears the twenty-four (24) month limit, the provider may request PA for an extension of the twenty-four (24) month limit. Each extension shall be effective for twelve (12) months unless a shorter duration is clinically appropriate. If PA does not meet medical necessity criteria, the Department will automatically approve a PA for medically supervised withdrawal.