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State/Territory Name: Maine

State Plan Amendment (SPA) #:15-003

This file contains the following documents in the order listed:

- 1) Cover Letter
- 2) Approval Letter
- 3) Companion Letter
- 4) 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

May 14, 2015

Mary C. Mayhew, Commissioner
Department of Health and Human Services
11 State House Station
221 State Street
Augusta, Maine 04333-0011

RE: Maine ME 15-003

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 15-003; attached you will find an approved copy of the SPA. As requested, this SPA is effective January 1, 2015.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to continue the increased support for primary care services at the 2012 and 2013 reimbursement rates originally implemented to comply with Section 1202 of the Affordable Care Act. This SPA has an estimated Federal budget impact of \$3,729,795 in Federal Fiscal Year 2015 and \$5,036,060 in Federal Fiscal Year 2016.

Please note that a companion letter is also forthcoming with the complete formal SPA approval package requiring a corrective action plan within a specified time frame.

If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617/565-1642, or at Aimee.Campbell-O'Connor@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services

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May 14, 2015

Mary C. Mayhew, Commissioner
Department of Health and Human Services
11 State House Station
221 State Street
Augusta, Maine 04333-0011

Dear Commissioner Mayhew:

This letter is being sent as a companion to our approval of Maine State Plan Amendment (SPA) 15-003, which continues the increased support for primary care services at the 2012 and 2013 reimbursement rates that would otherwise sunset as of 12/31/2014. These increased rates were originally implemented to comply with Section 1202 of the Affordable Care Act. This SPA was received in the Boston Regional Office under the Centers for Medicare & Medicaid Services (CMS) on February 20, 2015, with an effective date of January 1, 2015. We are noting one area within the SPA that requires additional follow-up from the state.

Section 1902(a) of the Social Security Act (the Act) requires that states have a state plan for medical assistance that meets certain federal requirements that set out a framework for the state program. Implementing regulations at 42 CFR 430.10 require that the state plan be a comprehensive written statement describing the nature and scope of the state's Medicaid Program and that it contain all information necessary for CMS to determine whether the plan can be approved to serve as the basis for Federal financial participation (FFP) in the state program. While the SPA is approvable, CMS' analysis determined that additional updates are needed to the Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program (page 66(c)) in the Maine Medicaid state plan to make this coverage page consistent with the 4.19 reimbursement pages submitted with ME SPA 15-003.

The state will have 90 days from the date of this letter to address this issue. Within that period, the state may submit a SPA to reflect this change in policy or the state may submit a corrective action plan describing in detail how the state will resolve this issue in a timely manner. Failure to respond will result in the initiation of a formal compliance process. During the 90-day period, CMS will provide you with any required technical assistance to assist you in resolving this issue.

Page 2 – Mary C. Mayhew, Commissioner

If there are any questions, please contact Aimee Campbell-O'Connor at 617/565-1642 or Aimee.Campbell-Oconnor@cms.hhs.gov. We look forward to working with you on this issue.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of MaineCare Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR
Centers for Medicare and Medicaid Services
Department of Health and Human Services1. TRANSMITTAL NUMBER:
15-0032. STATE
Maine3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)4. PROPOSED EFFECTIVE DATE
January 1, 20155. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.405, 447.410, 447.415
Section 1202 of the ACA7. FEDERAL BUDGET IMPACT: Additional cost
a. FFY 2015: \$3,729,795
b. FFY 2016: \$5,036,060

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Pages ~~XXXXXX~~ 7a and 7b9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B Pages 7a, 7b, & 7c

10. SUBJECT OF AMENDMENT:

Continuation of the Primary Care Service Payment

11. GOVERNOR'S REVIEW (*Check One*):☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Commissioner, Dept. of Health and Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME:

Mary C. Mayhew

14. TITLE:

Commissioner, Department of Health and Human Services

15. DATE SUBMITTED:

2/17/2015

16. RETURN TO:

Stefanie Nadeau
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

2/20/2015

18. DATE APPROVED:

5/14/2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/2015

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Richard McGreal

22. TITLE:

Associate Regional Administrator

23. REMARKS:

With changes to the pages based on removing language that was no longer relevant, the resulting SPA has only pages Attachment 4.19B, pages 7(a) and 7(b). Thus, Page 7(c) will no longer be included in the state plan. The state authorized pen and ink changes to Box 8 on 5/14/15 to reflect the removal of page 7(c) from the final pages.

Reimbursement Template -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 state will pay for these services using the enhanced rates in effect for these providers on January 1, 2014.

- ☒ 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 using the March, revised version of the Deloitte fee schedule. The state does not plan to modify the fee schedule to reflect Medicare changes.

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.

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2015. All rates are published at:

<http://www.maine.gov/dhhs/audit/rate-setting/index.shtml>

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2015. All rates are published at:

<http://www.maine.gov/dhhs/audit/rate-setting/index.shtml>