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State/Territory Name: Maine

State Plan Amendment (SPA) #: 15-0010

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

SEP 17 2015

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

RE: Maine 15-0010

Dear Ms. Mayhew:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 15-0010. This amendment revises the state's readmission policy for inpatient hospital services. Specifically, it provides for a less restrictive policy that exempts readmissions for individuals who are diagnosed with both mental health and substance abuse diagnoses. The amendment also clarifies and adjust the Plan language for the 14 Day readmissions restricted provision, approved under SPA TN 14-003, that same condition means within the same DRG not primary diagnosis.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447. We are pleased to inform you that Medicaid State plan amendment 15-0010 is approved effective July 7, 2015. We are enclosing the CMS-179 and the amended plan pages.



If you have any questions, please call Novena James-Hailey at (617) 565-1291.

Sincerely,



Timothy Hill
Director

A handwritten signature in black ink, appearing to be "T. Hill", written over the printed name and title.

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-010	2. STATE Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 7/7/2015	
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: 42 CFR 447,252, and 1905 (a)(1) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY '15 Saving of \$86,241 b. FFY '16 Saving of \$344,961	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-a Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-a Page 1	
10. SUBJECT OF AMENDMENT: Reimbursement change to Inpatient Hospital Readmission			
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 Health and Human Services	
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, Department of Health and Human Services			
15. DATE SUBMITTED: June 26, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 17 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 07 2015		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Fan		22. TITLE: Deputy Director, FMG	
23. REMARKS:			

Inpatient Hospital Services Detailed Description of Reimbursement

A DEFINITIONS**A-1 Acute Care Critical Access Hospitals**

A hospital licensed by the Department as a critical access hospital that is being reimbursed as a critical access hospital by Medicare.

A-2 Acute Care Non-Critical Access Hospitals

A hospital licensed by the Department as an acute care hospital that is not being reimbursed as a critical access hospital by Medicare.

A-3 Diagnosis Related Group (DRG)

The classification of medical diagnoses for use in determining reimbursement as defined in the Medicare DRG system or as otherwise specified by the Department.

A-4 Discharge

A member is considered discharged when the member is formally released from the hospital, transferred from one hospital to another, or dies in the hospital. For purposes of this Section, excluding Critical Access Hospitals, a member is not considered discharged if moved from one location within a hospital to another, or readmitted to the same hospital on the same day, or stays less than 24 hours; or is readmitted to the same hospital within fourteen (14) days of an inpatient discharge within the same DRG, excluding complications or co-morbidity and excluding readmissions for individuals who are diagnosed with a mental health diagnosis described in the most current version of the American Psychiatric Associations' Diagnostic and Statistical Manual (DSM), and/or the individual's symptoms meet the American Society of Addiction Medicine (ASAM) Level IV Criteria, as defined in the most recent edition of the ASAM Patient Placement Criteria, Second Edition – Revised (ASAM PPC-2R). Effective July 1, 2011, for hospitals billing under DRG based methodology, transferring a member to a distinct rehabilitation unit within the same hospital for the same diagnosis will be considered a discharge.

A-5 Distinct Psychiatric Unit

A unit within an acute care non-critical access hospital that specializes in the delivery of inpatient psychiatric services. The unit must be reimbursed as a distinct psychiatric unit as a sub-provider on the Medicare cost report or must be comprised of beds reserved for use for involuntary commitments under the terms of a contract with the Department of Health and Human Services. The claim must also be distinguishable as representing a discharge from a distinct psychiatric unit on the MaineCare claims processing system.

A-6 Distinct Rehabilitation Unit

A unit within an acute care non-critical access hospital that specializes in the delivery of inpatient rehabilitation services. The unit must be reimbursed as a distinct rehabilitation unit as a sub-provider on the Medicare cost report. The claim must also be distinguishable as representing a discharge from a distinct rehabilitation unit on the MaineCare claims processing system.