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**State/Territory Name:** Maine

**State Plan Amendment (SPA) #:**18-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 4) Approved SPA Page

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**

August 15, 2018

Bethany Hamm, Acting Commissioner  
Department of Health and Human Services  
221 State Street  
Augusta, Maine 04333-0011

Dear Commissioner Hamm:

We are now ready to approve State Plan Amendment (SPA) No. ME 18-0005. Attached you will find an approved copy of the SPA. This SPA is effective April 9, 2018.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to update telehealth and telemonitoring in the Medicaid State Plan. This SPA is estimated to have no Federal budget impact.

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](mailto:Aimee.Campbell-O'Connor@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

|  |   |  |
|--|---|--|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL</b>   | 1. TRANSMITTAL NUMBER:<br>18- 0005  | 2. STATE<br>Maine                                  |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>   | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE<br>SOCIAL SECURITY ACT (MEDICAID)   |  |
| TO: REGIONAL ADMINISTRATOR<br>Centers for Medicare and Medicaid Services<br>Department of Health and Human Services  | 4. PROPOSED EFFECTIVE DATE<br>April 9, 2018   |  |
| 5. TYPE OF PLAN MATERIAL (Check One):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |   |  |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>42 CF §410.78, 22 M.R.S.A. §§ 42, 3173  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2018 increase: \$0<br>b. FFY 2019 decrease: \$0   |  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR<br>ATTACHMENT:<br>Attachment 4.19-B, Page 9  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN<br>SECTION OR ATTACHMENT (If Applicable):<br>Attachment 4.19-B, Page 9                                      |  |
| 10. SUBJECT OF AMENDMENT:<br>Telemedicine and Telemonitoring   |   |  |
| 11. GOVERNOR'S REVIEW (Check One):<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Stefanie Nadeau, Director,<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      MaineCare Services |   |  |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><br>/s/   | 16. RETURN TO:<br><br>Stefanie Nadeau<br>Director, MaineCare Services<br>#11 State House Station<br>242 State Street<br>Augusta, Maine 04333-0011 |  |
| 13. TYPED NAME:<br>Stefanie Nadeau   | 14. TITLE:<br>Director, MaineCare Services  |  |
| 15. DATE SUBMITTED:<br>June 29, 2018   | 17. DATE RECEIVED:                      6/29/18   |  |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |   |  |
| 18. DATE APPROVED:                      8 /1 5/1 8   |   | 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>4/9/18 |
| <b>PLAN APPROVED – ONE COPY ATTACHED</b>   |   |  |
| 20. SIGNATURE OF REGIONAL OFFICIAL:<br><br>/s/   | 21. TYPED NAME:<br>Richard McGreal  |  |
| 22. TITLE:<br>Associate Regional Administrator   |   | 23. REMARKS:                                       |

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 November 1, 2015, 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 \$84.55/month