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State/Territory Name: Maine

State Plan Amendment (SPA) #: 17-0004

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 16, 2021

Michelle Probert, Director
Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011

RE: TN 17-0004

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-17-0004, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2017. This plan amendment updates the payment methodology for ambulance services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2017. We are enclosing the approved CMS-179 and a copy of the new state plan pages.



If you have any additional questions or need further assistance, please contact Blake Holt at 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,

[Redacted Signature]

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0004	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 January 1, 2017	
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 §447.201		7. FEDERAL BUDGET IMPACT: a. FFY 2017 increase: \$0 b. FFY 2018 increase: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B Page 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 4.19-B Page 5	
10. SUBJECT OF AMENDMENT: Ambulance Reimbursement			
11. 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 Stefanie Nadeau, Director, <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL MaineCare 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: Stefanie Nadeau			
14. TITLE: Director, MaineCare Services			
15. DATE SUBMITTED: March 31, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 3/31/2017		18. DATE APPROVED: 3/16/2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, FMG Division of Reimbursement Review	
23. REMARKS: 02/05/2021: State provides concurrence for a pen and ink change to Box 6, adding "42 CFR 447 Subpart F."			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Supplement 1 to Attachment 4.19-B

Page 5

OMB No: 0938

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

17. Any other medical care and any other type of remedial care recognized under State law:

- a. Ambulance Services – State-developed fee schedule rates are the same for both governmental and private providers. Medicare-reimbursable ambulance services are reimbursed at 65% of the current Maine Medicare area 99 rate except for the following Medicare-reimbursed services which are paid at the rates listed below.

CODE	CODE DESCRIPTION	RATE
A0430	Ambulance service, conventional air services, transport, one-way (fixed wing)	\$1,885.05
A0431	Ambulance service, conventional air services, transport, one-way (rotary wing)	\$2,811.00
A0434	Specialty care transport (SCT)	\$559.98
A0436	Rotary wing air mileage, per statute mile	\$25.45

Non-Medicare covered services will be reimbursed based on State-developed fee schedule. The agency's fee schedule rates were set as of January 1, 2017 and were effective for services provided on or after that date. All rates are published <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20005%20%2D%20Ambulance%20Services&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>