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State/Territory Name: ME

State Plan Amendment (SPA) #: 21-0021

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

February 24, 2022

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

RE: TN 21-0021

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-21-0021 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30, 2021. This plan amendment establishes a payment methodology for Current Procedure Terminology (CPT) code 41899 provided by Ambulatory Surgical Centers.

Based upon the information provided by the State, we have approved the amendment with an effective date November 1, 2021. 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 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 21 0021	2. STATE Maine (ME)						
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT							
5. FEDERAL STATUTE/REGULATION CITATION § 42 CFR Part 416		4. PROPOSED EFFECTIVE DATE November 1, 2021							
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 4.19-B Page 2d, 2d(1) and 2d(2)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>352,153</u> b. FFY <u>2023</u> \$ <u>384,166</u>							
9. SUBJECT OF AMENDMENT Adding 41899 to Ambulatory Surgical Centers									
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</td> <td style="width: 50%;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED:</td> </tr> <tr> <td><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</td> <td></td> </tr> </table>				<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		<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
<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									
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL									
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011							
12. TYPED NAME Michelle Probert		15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011							
13. TITLE Director, MaineCare Services									
14. DATE SUBMITTED December 30, 2021									
FOR CMS USE ONLY									
16. DATE RECEIVED December 30, 2021		17. DATE APPROVED February 24, 2022							
PLAN APPROVED - ONE COPY ATTACHED									
18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2021		19. SIGNATURE OF APPROVING OFFICIAL 							
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review							
22. REMARKS 1/14/22: State concurs with pen and ink change to Box 5, from "42 CFR 416" to "42 CFR 447."									

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplement 1 to Attachment 4.19-B

Page 2d

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

9. Clinic Services - Payment is made on the basis of a fixed fee schedule. State-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of December 21, 2009 and is effective for services provided on or after that date. All rates are published <http://www.maine.gov/dhhs/audit/rate-setting/documents/S3R09012010.pdf>.

TN No.21-0021
Supersedes
TN No. 14-014

Approval Date 02/24/2022

Effective Date 11/1/2021

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplement 1 to Attachment 4.19-B

Page 2d(1)

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

Ambulatory Surgical Center Services - The State agency will apply a fee schedule. The Fee Schedule reimburses at lower of: a) a 100% percent of the Medicare rate or b) the provider's usual and customary facility charge. When multiple procedures are performed in the same operative session, MaineCare will pay the highest payment amount as final payment for all procedures performed. Effective November 1, 2021 reimbursement for procedure code 41899 will not exceed the lesser of the providers billed amount or \$ 1,250 per unit.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplement 1 to Attachment 4.19-B

Page 2d(2)

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

Indian Health Center (IHC) - Payment is also made to Sec.638 tribal facilities in accordance with the periodic Federal Register notice addressing the IHS encounter rate. The following services were included in the all inclusive rate paid to Indian Health Centers:

- Laboratory And X· Rays
- EPSDT
- Family Planning Services
- Physician Services
- Medical And Surgical Services Provided By A Dentist
- Podiatrist's Services
- Chiropractor's Services
- Psychological Examiner's Services
- Licensed Clinical Social Workers And LCPCs
- intermittent Or Part Time Nursing Services
- Home Health Aide Services
- Physical, Occupational and Speech/Language Therapy and Audiology Services provided by a Home Health Agency
- Private Duty Nursing Services
- Clinic Services
- Dental Services
- Physical Therapy
- Occupational Therapy
- Services for Speech, Hearing and Language Disorder
- Mental Health Diagnostic Services
- STD Screening
- Mental Health Preventive Services
- Nurse Midwife Services
- Pregnancy Related and Postpartum Services
- Extended Services to Pregnant Women
- Ambulatory Prenatal Care for Pregnant Women·
- Certified Pediatric or Family Nurse Practitioner's Services
- Advanced Practice Nurses