

## **Table of Contents**

**State/Territory Name: ME**

**State Plan Amendment (SPA): ME-22-0017**

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



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**Financial Management Group**

May 4, 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 22-0017

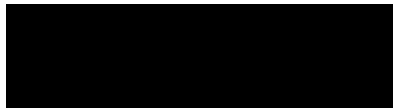
Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-22-0017, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2022. This plan amendment establishes the rate for ostomy supplies at the lower of provider charges or 88.2% of the current Maine Medicare rate.

Based upon the information provided by the State, we have approved the amendment with an effective date March 1, 2022. 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](mailto:blake.holt@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

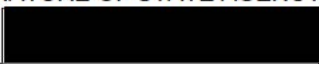
Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>22 0017</b>	2. STATE <b>Maine (ME)</b>
	3. PROGRAM IDENTIFICATION: TITLE <b>XIX</b> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>March 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>§ 42 CFR 440.70</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <b>2022</b> \$ <b>105,752</b> b. FFY <b>2023</b> \$ <b>171,609</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement 1 to Attachment 4.19-B Page 2b(1)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) <b>Supplement 1 to Attachment 4.19-B Page 2b(1)</b>	

9. SUBJECT OF AMENDMENT  
**Amends reimbursement for Medicaid covered ostomy supplies to 88.2% of the current Maine Medicare rate.**

10. 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	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO <b>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</b>
12. TYPED NAME <b>Michelle Probert</b>	
13. TITLE <b>Director, MaineCare Services</b>	
14. DATE SUBMITTED <b>March 31, 2022</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>March 31, 2022</b>	17. DATE APPROVED <b>5/4/2022</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>March 1, 2022</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

22. REMARKS

**OFFICIAL**

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State: MAINE**

**Supplement 1 to Attachment 4.19-B**

**Page 2b(1)**

**OMB No: 0938**

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

- b. Medical Supplies, Equipment and appliances for use of patients in the home, except as otherwise noted in the plan, payments are the lowest of:
1. The reimbursement for “non-miscellaneous” Medical Supplies, Durable Medical Equipment and services, unless provided pursuant to a contract between the Department and the provider (this contract would be in addition to a MaineCare Provider Agreement), shall be as follows:
    - a. Medicare covered Durable Medical Equipment impacted by the 21<sup>st</sup> Century Cures Act shall be reimbursed at the lowest of:
      - i. 100% of the current Medicare Rural rate; or
      - ii. The provider’s usual and customary charge.
    - b. Medicare covered Durable Medical Equipment not impacted by the 21<sup>st</sup> Century Cures Act; and Medicare covered prosthetics, orthotics, supplies and services shall be reimbursed at the lowest of:
      - i. 85% of the Medicare fee schedule rate from the earliest year a rate for the procedure or service is available or 2011, whichever is later; or
      - ii. For ostomy supplies, 88.2% of the current Maine Medicare rate, or
      - iii. The provider's usual and customary charge.
    - c. Non-Medicare covered items, excluding incontinence supplies are paid the lowest of:
      - i. the average cost of the relevant services/codes from all other state Medicaid agencies that have a rate for those services, effective the date reimbursement is added; or
      - ii. The provider's usual and customary charge.
  2. Effective May 30, 2018 incontinence supplies are reimbursed based on invoice cost (excluding shipping) plus 40% (forty percent), not to exceed the maximum amount allowed on the MaineCare 2018 fee schedule published on the Department’s website at:  
<https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FRate%20Setting%2FSection%20060%20%2D%20Medical%20Supplies%20and%20Durable%20Medical%20Equipment&FolderCTID=0x012000264D1FB A0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>