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State/Territory Name: Maine

State Plan Amendment (SPA) #: 22-0030

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

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 3, 2023

Michelle Probert, Director
Office of MaineCare Services
Department of Health and Human Services
109 Capitol Street, 11 State House Station
Augusta, Maine 04333-0011

Re: Maine State Plan Amendment (SPA) 22-0030

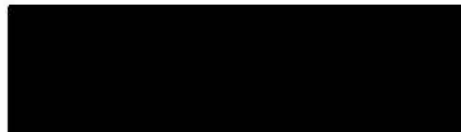
Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0030. This amendment proposes to amend dental reimbursement, while expanding and enhancing covered dental services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing 1905(a)(6), 1905(a)(10) and 1905(a)(12) regulations. This letter is to inform you that Maine Medicaid SPA 22-0030 was approved on February 3, 2023, with an effective date of July 1, 2022.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at gilson.dasilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kristin Merrill, State Plan Manager, Office of MaineCare Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div style="text-align: center;">22 0030</div>	2. STATE <div style="text-align: center;">Maine (ME)</div>
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 <div style="text-align: center;">1905(a)(6), 1905(a)(10) and 1905(a)(12)</div>		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">July 1, 2022</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 4(a), Attachment to Attachment 3.1-A Pages 5a, 5b and 5c, Supplement 1 to Attachment 4.19-B Page 2(a)(2), and Supplement 1 to Attachment 4.19-B Page 2e Attachment to Attachment 3.1-A, Pages 5.1, 5.3a, 5.3b, and 5.3c.		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>7,272,253</u> b. FFY <u>2023</u> \$ <u>29,089,011</u>	
9. SUBJECT OF AMENDMENT Amends dental reimbursement consistent with Department recommendations from previous rate system reform analysis and expands and enhances covered dental services for Members.		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 4(a), Attachment to Attachment 3.1-A Page 5a, Supplement 1 to Attachment 4.19-B Page 2(a)(2), and Supplement 1 to Attachment 4.19-B Page 2e Attachment to Attachment 3.1-A, Page 5.1	
10. GOVERNOR'S REVIEW (Check One) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: </div> </div>			
11. SIGNATURE OF STATE AGENCY OFFICIAL <div style="background-color: black; height: 30px; width: 100%;"></div>		15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011	
12. TYPED NAME <div style="text-align: center;">Michelle Probert</div>			
13. TITLE <div style="text-align: center;">Director, MaineCare Services</div>			
14. DATE SUBMITTED <div style="text-align: center;">6/30/2022</div>			
FOR CMS USE ONLY			
16. DATE RECEIVED 06/30/2022		17. DATE APPROVED 02/03/2023	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2022		19. SIGNATURE OF APPROVING OFFICIAL <div style="background-color: black; height: 30px; width: 100%;"></div>	
20. TYPED NAME OF APPROVING OFFICIAL <div style="text-align: center;">James G. Scott</div>		21. TITLE OF APPROVING OFFICIAL <div style="text-align: center;">Director, Division of Program Operations</div>	
22. REMARKS 12/20/2022 - State provided pen-and-ink authority for the following changes: 1) Box 7: Add Attachment to Attachment 3.1-A, Pages 5.1, 5.3a, 5.3b, and 5.3c. Remove pages 5a, 5b and 5c. 2) Box 8: Add Attachment to Attachment 3.1-A, Page 5.1			

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Revision: HCFA-PM-87-4 (BERC)
March 1987

ATTACHMENT 3.1-A
Page 4(a)
OMB No. 0939-0193

State/Territory: _____ Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Item 10. Dental Services

A. Covered services include:

- Diagnostic services, including but not limited to oral evaluations and x-rays
- Preventive services, including but not limited to cleanings, fluoride, and tobacco and substance use counseling
- Restorative services, including but not limited to fillings and crowns
- Endodontic services, including but not limited to root canals
- Periodontic services, including but not limited to various gum surgeries and cleanings that occur below the gums
- Oral surgeries, including but not limited to tooth extractions and removal of tumors and lesions
- Orthodontic treatment and services, limited to children under 21 years of age only except when treatment began prior to and extends beyond the individuals 21st birthday
- Adjunctive services, including but not limited to sedation and night guards.

Dental Services may require prior authorization and are approved when medical necessary.

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STAT EPLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT TO ATTACHMENT 3.1-

A PAGE 5.3a

State/Territory: _____ Maine

CMS has authorized the State of Maine to enter into "The Sovereign States Drug Consortium (SSDC)." The SSDC serves as a vehicle that allows the state to pool its data, lives, and resources with other state Medicaid programs desiring supplemental rebates, but the Consortium does not itself contract with any manufacturers.

Participation in the SSDC multi-state rebate agreement will not limit the state's ability to negotiate state-specific supplemental agreements. Maine will continue to contract directly with each manufacturer.

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STAT EPLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
ATTACHMENT TO ATTACHMENT 3.1-
A PAGE 5.3b

State/Territory: _____ Maine

Item 12b Dentures

Coverage includes complete, partial, and immediate dentures. Maxillary and mandibular dentures are each covered once per member per five years when clinically appropriate. Maxillary and mandibular immediate complete dentures each have an additional limit of once per member per lifetime and are covered when delivered within six (6) months of teeth extraction. These limits can be exceeded when medically necessary.

Dentures and replacement dentures require PA and are covered when medically necessary.

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STAT EPLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT TO ATTACHMENT 3.1-

A PAGE 5.3c

State/Territory: _____ Maine

Item 12c Orthotics and Prosthetics

Only one pair of orthotic shoes and one pair of inserts will be allowed per year for adults age 21 and over. These limits can be exceeded when medically necessary.

Item 12d Eyeglasses

Limited to first pair of eyeglasses for individuals not covered under EPSDT when the power is equal to or greater than +10 diopters. These limits can be exceeded when medically necessary. The volume purchase of eyeglasses limits the selection of frames and lenses to a basic assortment from one supplier.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT TO ATTACHMENT
3.1-A PAGE 5.1

State/Territory: Maine

Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit -Part D:

☒ The following excluded drugs are covered:

☐ Drugs when used for anorexia, weight loss, weight gain

(None)

☐ Drugs when used to promote fertility

(None)

☒ Drugs when used for the symptomatic relief of cough and colds

Systemic decongestants, topical decongestants, antitussive-expectorants

☒ Prescription vitamins and mineral products

☒ Non-prescription drugs (Over-the-Counter)

Select non-prescription drugs are covered in accordance with the State website.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplement 1 to Attachment 4.19-B

Page 2(a)(2)

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

c. Other Practitioners' Services -

1. Registered Dental Hygienist Practicing Under Public Health Supervision-Reimbursement detailed on Supplement 1 to Attachment 4.19-B item 10- Dental services.
2. Independent Practice Dental Hygienist Practicing Under Public Health Supervision-Reimbursement detailed on Supplement 1 to Attachment 4.19-B item 10- Dental services.
3. Independent Practice Dental Hygienist Reimbursement detailed on Supplement 1 to Attachment 4.19-B item 10- Dental services.
4. Denturist- Reimbursement detailed on Supplement 1 to Attachment 4.19-B item 10- Dental services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

Supplement I to Attachment 4.19-B

Page 2e

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

10. Dental services –

Reimbursement for diagnostic, endodontic, periodontic, and preventive services will be based on 67% of the Maine Commercial Median Benchmark, or 133% of the Medicaid State Average Benchmark, if the Maine Commercial Median Benchmark rate is unavailable or unreliable. Medicament will be reimbursed at 133% of the Medicaid State Average Benchmark.

Reimbursement for adjunctive, oral and maxillofacial surgery, orthodontics, prosthodontics, and restorative services will be based on 50% of the Maine Commercial Median Benchmark or 100% of the Medicaid State Average Benchmark if the Maine Commercial Median Benchmark rate is unavailable or unreliable. This methodology will also apply to codes for extraction of an erupted or exposed root only through June 30, 2024. Notwithstanding this methodology for these services generally reimbursement for deep and intravenous moderate sedation service is equal to 50% of the Commercial Median Benchmark for the CDT code that represents the first fifteen (15) minutes of deep sedation.

For orthodontics - Any provider delivering services through a bundle will be paid through that bundle's payment rate and cannot bill separately; and, that Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the state's Medicaid billing procedures. At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate.

The Commercial Median Benchmark for each CDT code is the median of Maine commercial payer dental claim allowed amounts when the claim is paid as primary with an allowed amount greater than zero (0) based on data from the Maine Health Data Organization's All Payer Claims Database. The Commercial Median Benchmark rate for a CDT code must have equal to or greater than one-hundred (100) claims billed in the source data used to set the benchmarks in order for the Department to consider it reliable.

The Medicaid State Average Benchmark (Medicaid Benchmark) is the average of all other states' Medicaid rates for a CDT code, where rates are available and reliable. The Department excludes any rates as unreliable in the determination of the Medicaid Benchmark when they represent outliers in comparison to the other state rates, or when there is excessive variation across all state rates available. If a Medicaid agency uses different child and adult rates, the Department uses the average of the rates.

Final rates can be found on the Department's [website](#) under Section 25 - Dental Services.

The Department applies an inflation adjustment to all rates based on the Consumer Price Index (CPI) for dental services in U.S. city average, all urban consumers, seasonally adjusted (CUSR0000SEMC02) to adjust rates to the current year on an annual basis. Commercial Median and Medicaid State Average Benchmarks are updated every two (2) years. Commercial Median Benchmarks utilize claims from the most recent Maine state fiscal year, and data can be requested from the Maine Health Data Organization (MHDO). Medicaid State Average Benchmarks utilize current rates available at the time of the update and data can be requested from the Maine Medicaid Agency.