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State/Territory Name: ME

State Plan Amendment (SPA): ME-23-0001

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

June 12, 2023

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

RE: TN 23-0001

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-23-0001 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30, 2023. This SPA updates the reimbursement methodology for durable medical equipment (DME) and medical supplies.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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,

A solid black rectangular box used to redact the signature of Todd McMillion.

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

23 0001

2. STATE

Maine (ME)

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.70

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY **2023** \$ **730,060**

b. FFY **2024** \$ **965,637**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 1 to Attachment 4.19-B Page 2b(1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

**Supplement 1 to Attachment 4.19-B Page
2b(1)**

9. SUBJECT OF AMENDMENT

Amends reimbursement for Medical Supplies and Durable Medical Equipment.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

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

13. TITLE

Director, MaineCare Services

14. DATE SUBMITTED

March 30, 2023

FOR CMS USE ONLY

16. DATE RECEIVED

March 30, 2023

17. DATE APPROVED

June 12, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2023

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

**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, prosthetics, orthotics, supplies and services shall be reimbursed at the lowest of:
 - i. 100% of the current Medicare rate; or
 - ii. The provider’s usual and customary charge.
 - b. 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 to the MaineCare fee schedule referenced at Paragraph 2 below; or
 - ii. The provider's usual and customary charge.
 2. For services on or after January 1, 2023, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers, incontinence supplies* are reimbursed based on invoice cost (excluding shipping) plus 40% (forty percent), not to exceed the maximum amount allowed on the MaineCare 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%20Medica1%20Supplies%20and%20Durable%20Medical%20Equipment&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4%2DA5CC%2D4DAE%2D93B6%2D72A66DE366E0%7D>

*These equipment, supplies, and services will receive an annual inflation adjustment based on the Consumer Price Index for All Urban Consumers for medical equipment and supplies (CUUR0000SEMG) each January for services that have not received an adjustment within the last 12 months.