

Table of Contents State/Territory Name: ME

State Plan Amendment (SPA): ME-24-0009

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

November 3, 2024

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: TN 24-0009

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maine state plan amendment (SPA) to Attachment 4.19-B ME-24-0009, which was submitted to CMS on September 30, 2024. This plan amendment updates the payment methodology for dental services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 via email at 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
24 0009

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
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(10)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2024** \$ **0**
b. FFY **2025** \$ **0**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 1 to Attachment 4.19-B Page 2e

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Supplement 1 to Attachment 4.19-B Page 2e

9. SUBJECT OF AMENDMENT
Adjusts reimbursement for dental services to ensure there is not a decrease in reimbursement.

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

12. TYPED NAME

Michelle Probert

13. TITLE

Director, MaineCare Services

14. DATE SUBMITTED

September 30, 2024

15. RETURN TO

**Michelle Probert
Director, MaineCare Services
#11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011**

FOR CMS USE ONLY

16. DATE RECEIVED

September 30, 2024

17. DATE APPROVED

December 3, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

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

10. Dental services –

Reimbursement for diagnostic, endodontic, periodontic, preventive, and limited orthodontic treatment 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 (except for limited orthodontic treatment services), 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, 2026. 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. For limited and comprehensive orthodontic treatment, the Department sets the MaineCare rates for each code in the same series (limited or comprehensive) at the rate for the code in the series that represents orthodontic treatment of the adolescent dentition.

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.

Effective July 1, 2024, and thereafter final rates can be found on the Department's [website](#) under Section 25 - Dental Services.

Commercial Median and Medicaid State Average Benchmarks are assessed 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.