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State/Territory Name: Maine

State Plan Amendment (SPA) #: 21-0016

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 Page

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

December 20, 2021

VIA E-MAIL

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

Dear Ms. Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0016. This amendment requests approval to waive Maine's Recovery Audit Contractor (RAC) program requirement through June 1, 2023. This letter is to inform you that Maine's Medicaid SPA Transmittal Number 21-0016 was approved on December 9, 2021 with an effective date of June 1, 2021.

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

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 21-0016	2. STATE Maine
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 06/01/2021
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)


6. FEDERAL STATUTE/REGULATION CITATION SECTION 1902(A)(42)(B) OF THE SOCIAL SECURITY ACT	7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> \$ <u>0</u> b. FFY <u>2021</u> \$ <u>0</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT ATTACHMENT 4.5 OF PAGE 36(B)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) ATTACHMENT 4.5 OF PAGE 36(B)
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10. SUBJECT OF AMENDMENT
MEDICAID EXCEPTION TO RECOVERY AUDIT CONTRACTOR (RAC) PROGRAM

11. GOVERNOR'S REVIEW (*Check One*)


GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Michelle Probert,**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL **Director, MaineCare Services**

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO: Michelle Probert Director, MaineCare Services #11 State House Station 242 State Street Augusta, Maine 04333-0011
13. TYPED NAME Michelle Probert	
14. TITLE Director, MaineCare Services	
15. DATE SUBMITTED November 10, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 11/10/2021	18. DATE APPROVED 12/09/2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 06/01/2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

Revision:

State: Maine

4.5 Medicaid Recovery Audit Contractor Program

Citation

Section 1902(a)(42)(B)(i)
Of the Social Security Act

The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.

The State is seeking an exception to establishing such a program for the following reasons: Maine previously was granted an exception through June 1, 2021 and now seeks an exception through June 1, 2023. Maine believes that the objectives of the RAC program are efficiently achieved through current program integrity efforts.

Section 1902(a)(42)(B)(ii)(I)
of the Act

The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the act. All contracts meet the requirements of the State. RACs are consistent with the statute.

Section 1902
(a)(42)(8)(ii)(ii)(aa) of the Act

Place a check to provide assurance of the following:

The State will make payments to the RAC(s) only from amounts recovered.

The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.

The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):

The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs as published in the Federal Register.

Section 1902 (a)(42)(B)(ii)(II)(bb)
of the Act

The contingency fee rate paid to that Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.