

Table of Contents-ME SPA 19-019

1. Table of Contents
2. Approval Letter
3. CMS-179
4. Approved Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
John F. Kennedy Federal Building
Boston, MA 02203



Boston Regional Operations Group

August 8, 2019

Jeanne Lambrew, Commissioner
Department of Health and Human Services
221 State Street
Augusta, Maine 04333-0011

Dear Commissioner Lambrew:

We are now ready to approve State Plan Amendment (SPA) No. ME 19-0019. The purpose of this SPA is to amend the State's approved Title XIX State Plan to extend the exception to the Recovery Audit Contractor requirement in the state plan for an additional 2 years. Attached you will find an approved copy of the SPA.

This SPA is estimated to have no Federal budget impact. This SPA is effective June 1, 2019 and expires on June 1, 2021.

If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617-565-1642, or at Aimee.Campbell-O'Connor@cms.hhs.gov.

Sincerely, /S/

Francis T. McCullough
Director, Regional Operations Group (Boston)

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER
19 - 00192. STATE
Maine3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
06/01/20195. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE 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 **2019** \$ **0**b. FFY **2020** \$ **0**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
ATTACHMENT 4.5 OF PAGE 36(B) AND 36(C)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)
ATTACHMENT 4.5 OF PAGE 36(B) AND 36(C)10. SUBJECT OF AMENDMENT
MEDICAID RECOVERY AUDIT CONTRACTOR (RAC) PROGRAM11. 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:**Michelle Probert,
Director, MaineCare Services**

12. SIGNATURE OF STATE AGENCY OFFICIAL

/s/

13. TYPED NAME

Michelle Probert

14. TITLE

Director, MaineCare Services

15. DATE SUBMITTED

6/28/2019

16. RETURN TO:

**Michelle Probert
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011****FOR REGIONAL OFFICE USE ONLY**17. DATE RECEIVED
6/28/201918. DATE APPROVED
8/7/2019**PLAN APPROVED - ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL
6/1/201920. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME

Francis T. McCullough

22. TITLE

Director, Division of Medicaid Operations, East

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 extension to establishing such a program for the following reasons: Maine previously was granted an exception through June 1, 2019 and now seeks an exception through June 1, 2021. 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):

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

☐ 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.

☐ 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.

☐ The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):

A percentage of the contingency fee

☐ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).

☐ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.

☐ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.

☐ Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under that State plan or waiver in the State, and/or State and federal law enforcement entities and the CMS Medicaid Integrity Program.

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

Section 1902 (a)(42)(B)(ii)(IV)(aa)
of the Act

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

Section 1902 (a)(42)(B)(ii)(IV)(cc)
of the Act