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State/Territory Name: Maine

State Plan Amendment (SPA) #: 23-0018

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

July 13, 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) 23-0018

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0018. This amendment proposes to extend Maine's previously granted Recovery Audit Contractor (RAC) program exception from June 1, 2023, to June 1, 2025.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Section 1902(a)(42)(B)(i). This letter is to inform you that Maine Medicaid SPA 23-0018 was approved on July 12, 2023, with an effective of June 1, 2023.

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

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

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

<p style="text-align: center;">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p style="text-align: center;">FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 23 0018</p>	<p>2. STATE Maine (ME)</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION § 1902(a)(42)(B)(i) Section 1902(a)(42)(B)(i) of the Social Security Act</p>	<p>4. PROPOSED EFFECTIVE DATE June 1, 2023</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 36(b) Attachment 4.5 of Page 36(B)</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY 2023 \$ 0</p> <p>b. FFY 2024 \$ 0</p>	
<p>9. SUBJECT OF AMENDMENT Extending Maines previously granted RAC program exception from June 1, 2023 to June 1, 2025</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 36(b) Attachment 4.5 of Page 36(B)</p>	

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:

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

<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	<p>15. RETURN TO</p> <p>Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011</p>
<p>12. TYPED NAME Michelle Probert</p>	<p>16. DATE RECEIVED 06/30/2023</p>
<p>13. TITLE Director, MaineCare Services</p>	
<p>14. DATE SUBMITTED June 30, 2023</p>	

FOR CMS USE ONLY

<p>16. DATE RECEIVED 06/30/2023</p>	<p>17. DATE APPROVED 07/12/2023</p>
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PLAN APPROVED - ONE COPY ATTACHED

<p>18. EFFECTIVE DATE OF APPROVED MATERIAL 06/01/2023</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div>
<p>20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes</p>	<p>21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations</p>

22. REMARKS

07/11/2023 - ME agreed to the P&I revisions as shown in boxes 5, 7 and 8.

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.

IXI The State is seeking an exception to establishing such a program for the following reasons: Maine previously was granted an exception through June 1, 2023 and now seeks an exception through June 1, 2025. 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.