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**State/Territory Name: Maine**

**State Plan Amendment (SPA) #: 24-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 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

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April 30, 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: Maine State Plan Amendment (SPA) 24-0001

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment was submitted to confirm compliance with third party liability requirements under federal law.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act in Section 1902(a)(25)(I). This letter informs you that Maine's Medicaid SPA TN 24-0001 was approved on April 30, 2024, with an effective of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA page to be incorporated into the Maine State Plan.

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

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Kristin Merrill, Acting Policy Director, Office of MaineCare Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**24 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  
**January 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**1902(a)(25)(I)**

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  
**Attachment 4.22-B Page 2**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

9. SUBJECT OF AMENDMENT  
An amendment to confirm compliance with Third Party Liability requirements under federal law

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, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

**Michelle Probert**

13. TITLE

**Director, MaineCare Services**

14. DATE SUBMITTED

**March 29, 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

03/29/2024

17. DATE APPROVED

04/30/2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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STATE: Maine

Attachment 4.22-B

Page 2

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Requirements Used In Determining Whether To Seek Reimbursement From Liable Third Parties

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**1902(a)(25)(I) - Barring responsible third parties from refusing to pay for items or services based solely on the absence of prior authorization**

The State has passed laws that bar responsible third-party payers from refusing payment for an item or service solely on the basis that the third-party payer did not grant prior approval for said item or service, according to the responsible third-party payer's rules. If the responsible third-party requires prior authorization, the responsible third-party must accept the authorization provided by the State that the item or service is covered under the State Plan. This complies with section 202 of the Consolidated Appropriations Act (CAA); P.L. 117-103.

**Modification to the required timeframe for a third-party payer to respond to a state inquiry regarding a health care claim**

A responsible third party must respond to any inquiry regarding a health care claim that is submitted not later than three years after the provision of such item or service. Third-party payers are required to respond to a state inquiry regarding a health care claim within sixty (60) days of receiving the inquiry.