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State/Territory Name: Maine

State Plan Amendment (SPA)#: 24-0027

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

November 27, 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) 24-0027

Dear Director Probert:

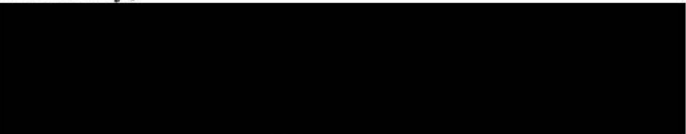
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0027. This amendment was submitted to comply with the requirements described in Section 1902(a)(25)(E) of the Social Security Act.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act in Section 1902(a)(25)(E). This letter informs you that Maine's Medicaid SPA TN 24-0027 was approved on November 27, 2024, effective October 1, 2024.

Enclosed are copies of Form CMS-179 and the 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.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER

24 0027

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

10/1/24

5. FEDERAL STATUTE/REGULATION CITATION

§1902(a)(25)(E)

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 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.22-B Page 1

9. SUBJECT OF AMENDMENT

To reflect compliance language with requirements in Section 1902(a)(25)(E).

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

11. SIGNATURE OF STATE AGENCY OFFICIAL



15. RETURN TO

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

12. TYPED NAME

Michelle Probert

13. TITLE

Director, MaineCare Services

14. DATE SUBMITTED

October 4, 2024

FOR CMS USE ONLY

16. DATE RECEIVED

10/04/2024

17. DATE APPROVED

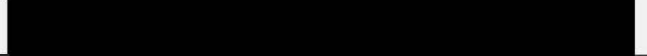
11/27/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2024

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

State/Territory: MAINE

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

433.139 (f) (2)

Action is taken to recover payments in excess of \$200.00 for claims associated with accident/ casualty situations.

Action is also taken to recover on accident/ casualty claims below \$200.00 that accumulate to \$500.00 within any consecutive six (6) month period. Recovery activity is initiated within 60 days of the end of the month in which claims accumulate to \$500.00 within the above-mentioned period.

433.139 (f) (3)

Action is taken to recover payments in excess of \$50.00 with any particular third party in all cases when health insurance is discovered subsequent to payment, and in all cases in which the State has regulatory authority to pay and chase.

Action is taken to recover on claims below \$50.00 with any particular third party that accumulates to \$50.00 within any twelve (12) month calendar period. Recovery activity is initiated within 60 days of the end of the month in which claims accumulate to \$50.00 within the above-mentioned period.

1902(a)(25)(E)

The state complies with requirement to apply cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services; and

to make payments without regard to potential TPL for pediatric preventive services, unless the state has made a determination related to costeffectiveness and access to care that warrants cost avoidance for up to 90 days.

(d) (1) Method to Determine Provider Compliance

433.139 (b) (3) (ii) (B)

Providers who have billed a third party prior to billing Medicaid must certify on the Medicaid claim that a third party has been billed, that payment has not been received from the third party, and that 100 days have elapsed from the date of service.