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State Plan Amendment (SPA): ME-24-0030-B

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

March 21, 2025

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: TN 24-0030-B

Dear Director Probert:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maine state plan amendment (SPA) to Attachment 4.19-B ME-24-0030-B, which was submitted to CMS on December 31, 2024. This plan amendment updates the pool amount for outpatient supplemental payments made to non-critical access hospitals.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of November 15, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or via email at blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER 24 0030B</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 <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION §1902(a)(2) 1905(a)(2)</p>	<p>4. PROPOSED EFFECTIVE DATE 11/15/24</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B Page 1k</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2025</u> \$ <u>3,084,234</u></p> <p>b. FFY <u>2026</u> \$ <u>0</u></p>	
<p>9. SUBJECT OF AMENDMENT Adjustments to the outpatient supplemental pool payment amount.</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B Page 1k</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> <p></p>	<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>13. TITLE Director, MaineCare Services</p>	
<p>14. DATE SUBMITTED December 31, 2024</p>	

FOR CMS USE ONLY	
<p>16. DATE RECEIVED Decemeber 31, 2024</p>	<p>17. DATE APPROVED March 21, 2025</p>

PLAN APPROVED - ONE COPY ATTACHED	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL November 15, 2024</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <p></p>
<p>20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review</p>

22. REMARKS

3/3/25: State concurs with pen and ink changes to Boxes 5 and 6b.

SUPPLEMENTAL POOL FOR NON CRITICAL ACCESS HOSPITALS

The Department will allocate a supplemental pool for each state fiscal year among the privately owned and operated Acute Care Non-Critical Access hospitals, hospitals reclassified to a wage area outside Maine by the Medicare Geographic Classification Review Board and rehabilitation hospitals. Effective November 14, 2019 the total pool (inpatient and outpatient) shall equal \$80,575,379, up to \$38,094,220 will be allocated to outpatient services. Effective November 14, 2020 the total pool (inpatient and outpatient) shall equal \$80,914,112, up to \$38,094,220 will be allocated to outpatient services. Effective November 10, 2021 the total pool (inpatient and outpatient) shall equal \$90,701,615, up to \$38,094,220 will be allocated to outpatient services. Effective November 15, 2024 the outpatient pool shall equal \$38,176,952. Subject to compliance with all applicable federal rules and payment limits, including 42 CFR 447.321 the amount allocated to outpatient services, will not exceed the allowable aggregate upper payment limit. The allocated outpatient pool amount will be distributed based on each hospital's relative share of outpatient MaineCare payments, defined as the hospital's outpatient MaineCare payment in the applicable state fiscal year, divided by outpatient MaineCare payments made to all privately owned and operated Acute Care Non-Critical Access hospitals, hospitals reclassified to a wage area outside Maine by the Medicare Geographic Classification Review Board, and rehabilitation hospitals; multiplied by the supplemental pool. For state fiscal years beginning on or after July 1, 2024, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2020.

Each hospital in the pool will receive its relative share of this supplemental payment. Supplemental payments will be distributed semiannually in November and May. This pool will be decreased by the amount a hospital would have received if that hospital was in the pool when the total pool amount was set and subsequently becomes an approved critical access hospital. This supplemental pool payment is not subject to cost settlement.

Effective July 1, 2024, hospitals reclassified to a wage area outside Maine by the Medicare Geographic Classification Review Board are no longer eligible for this payment.