

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 19-015

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 30, 2020

VIA E-Mail

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

Dear Commissioner Lambrew:

We are pleased to enclose an approved copy of the Maine State Plan Amendment (SPA) 19-015, received on December 27, 2019. The SPA transmitted a proposal to amend Attachment 4.22-B, page 1 of the Title XIX State plan to comply with changes to the TPL pay and chase timeline requirements of Section 53102(b)(2) of the Bipartisan Budget Act of 2018, P.L. 115-123.

The State indicated there is no fiscal impact since the SPA simply brings its State plan into compliance with federal requirements. This SPA was approved on January 28, 2020, effective on October 1, 2019, as requested by your agency.

If you have questions concerning this letter, please Nancy Grano at 617-565-1695 or at Nancy.Grano@cms.hhs.gov.

Sincerely,

/s/

James G. Scott, Division Director
Division of Program Operations

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

1. TRANSMITTAL NUMBER 19 - 0015	2. STATE Maine
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/1/2019

5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
Bipartisan Budget Act of 2018 (Pub. L. 115-123)

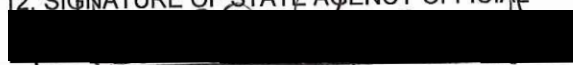
7. FEDERAL BUDGET IMPACT
a. FFY **2019** \$ **0**
b. FFY **2020** \$ **0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.22-B page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.22-B page 1

10. SUBJECT OF AMENDMENT
Changes to comply with TPL pay and chase timeline requirements of section 53102(b)(2) of the Bipartisan Budget Act of 2018

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Michelle Probert, Director,**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL **MaineCare Services**

12. SIGNATURE OF STATE AGENCY OFFICIAL


16. RETURN TO:
**Michelle Probert
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011**

13. TYPED NAME
Michelle Probert

14. TITLE
Director, MaineCare Services

15. DATE SUBMITTED
12/27/2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED **12/27/19**

18. DATE APPROVED **1/28/20**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL **10/01/19**

20. SIGNATURE OF REGIONAL OFFICIAL **/s/**

21. TYPED NAME **James G. Scott**

22. TITLE **Division Director, Division of Program Operations**

23. 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.

(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.