

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations/Boston Regional Office

June 20, 2011

Mary Mayhew, Commissioner
Department of Health and Human Services
11 State House Station
Augusta, Maine 04333-0011

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. 11-007; attached you will find an approved copy of the SPA. This SPA is effective May 19, 2011 as requested.

This SPA transmitted an amendment to your approved Title XIX State Plan regarding the methodology used to determine the cost effectiveness for all members enrolled in a group health plan. The State Plan now implements the following language: "the methodology as outlined in State Medicaid Manual (SMM) Section 3910.11 (Secretary's method) will be used to determine the cost effectiveness in aggregate for all members enrolled in a group health plan through the program." We determined that the proposed methodology is consistent with Federal Medicaid requirements.

If there are any questions, please contact Kathryn Holt at 617/565-1246 or via email at kathryn.holt@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosures

cc: Stefanie Nadeau, Director, Office of Maine Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-007	2. STATE: MAINE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) MAY 19, 2011	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: SEC. 4741, BALANCED BUDGET ACT OF 1997 AMENDING SEC. 1902(A)(25) AND 1906(A)(1) OF SOCIAL SECURITY ACT	7. FEDERAL BUDGET IMPACT: a. FFY ___ 10 ___ \$ 0 b. FFY ___ 11 ___ \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: PAGE 70	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A	
SUBJECT OF AMENDMENT:		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMISSIONER, DEPT. OF HUMAN SERVICES <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: MARY C. MAYHEW	PATRICIA DUSHUTTLE	
14. TITLE: Commissioner, Maine Department of Health and Human Services	Director, Policy Division, Office of MaineCare Services #11 State House Station 442 CIVIC CENTER DRIVE Augusta, ME 04333-0011	
15. DATE SUBMITTED: MAY 27, 2011		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 5/24/2011	18. DATE APPROVED: 6/20/2011	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 5/19/2011	20. SIGNATURE OF REGIONAL ADMINISTRATOR:	
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator	
23. REMARKS: Although the state populated the "Date Submitted" (Field 15) as May 27, 2011, CMS received the SPA on May 24, 2011. This does not affect the approval of this SPA.		

State/Territory: Maine

Citation 4.22 (continued)

42 CFR 433.151(a) (f) The Medicaid agency has writer cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate agency (s) – _____

Other appropriate agency (s) of another State— _____

Courts and law enforcement officials.

1902 (a) (60) of the Act (g) The Medicaid agency assures that the State has in effect the laws relating to medical child support under section 1908 of the Act.

Sec. 4741 BBA of 1997 amending 1902(a)(25) and 1906(a) of the Act

(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following

The Secretary’s method as provided in the State Medicaid Manual, Section 3910.

The State provides methods for determining cost effectiveness on ATTACHMENT 4.22-C.

TN. No. 11-007
Supersedes
TN No. 94-004

Approval Date: 06/20/11 Effective Date: 05/19/11