

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:
13-003

2. STATE
Maine

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR

4. PROPOSED EFFECTIVE DATE

Centers for Medicare and Medicaid Services
Department of Health and Human Services

January 1, 2013

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN 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:

42 C.F.R. 455.508(f)

42 C.F.R. 455.508(g)

7. FEDERAL BUDGET IMPACT: BUDGET NEUTRAL

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

4.5 Medicaid Recovery Audit Contractor Program 36a

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10. SUBJECT OF AMENDMENT:

To request exception to Medicaid Recovery Audit Contractor Program - 3 year look back period set forth in 42 C.F.R. § 455.508

11. 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, AS SPECIFIED:

Commissioner, Dept. of Health and Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Mary C. Mayhew

14. TITLE:

Commissioner, Department of Health and Human Services

15. DATE SUBMITTED:

3/29/2013

16. RETURN TO:

Stefanie Nadeau
Director, MaineCare Services
#11 State House Station
242 State Street
Augusta, Maine 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3 / 29 / 2013

18. DATE APPROVED:

05 / 31 / 2013

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

03 / 29 / 2013

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: Richard McGreal

22. TITLE:

Associate Regional Administrator

23. REMARKS: