Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #:16-009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



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

July 28, 2016

Mary Mayhew, Commissioner Department of Health and Human Services 11 State House Station 221 State Street Augusta, Maine 04333-0011

RE: Maine ME 16-009

Dear Commissioner Mayhew:

We are now ready to approve State Plan Amendment (SPA) No. ME 16-009; attached you will find an approved copy of the SPA. As requested, this SPA is effective June 1, 2016.

The purpose of this SPA is to amend the State's approved Title XIX State Plan to provide additional time for the state to contract with a Recovery Audit Contractor. This SPA is estimated to be cost neutral.

If you have any questions regarding this SPA, please contact Aimee Campbell-O'Connor, Maine State Lead, at 617/565-1642, or at <u>Aimee.Campbell-O'Connor@cms.hhs.gov</u>.

Sincerely,

/s/

Richard R. McGreal Associate Regional Administrator

cc: Stefanie Nadeau, Director, Office of Maine Care Services Sam Senft, Director, Policy, Children's and Waiver Services

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:			
STATE PLAN MATERIAL					
	16-009	MAINE			
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: T SECURITY ACT (MEDICAID)	TITLE XIX OF THE SOCIAL			
TO, DECIONAL ADMINISTRATION	1				
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE(S): 6/1/2016				
DEPARTMENT OF HEALTH AND HUMAN SERVICES	0/1/2016				
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:	7. FEDERAL BUDGET IMPACT: SAVINGS IN				
	FFY 15 OF \$0				
SECTION 1902(A)(42)(B) OF THE SOCIAL SECURITY ACT	FFY 16 OF <u>\$0</u>				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION				
	OR ATTACHMENT (If Applicable	2):			
ATTACHMENT 4.5 OF PAGE 36(B) AND 36(C)	ATTACHMENT 4.5 OF PAGE 36(B) AND 36(C)				
SUBJECT OF AMENDMENT: MEDICAID RECOVERY AUDIT CONTI	RACTOR PROGRAM				
11. GOVERNOR'S REVIEW (Check One):					
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED				
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	COMMISSIONER, DEPT. OF I	HEALTH AND HUMAN			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	SERVICES				
12. SIGNATURE OF STATE AGENCY OF CIAL: /s/	16. RETURN TO:				
13. TYPED NAME:	Stefanie Nadeau				
MARY C. MAYHEW					
14. TITLE:	Director, MaineCare Services				
COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN	#11 State House Station				
SERVICES	242 STATE STREET				
5. DATE SUBMITTED: 6/3/16	Augusta, ME 04333-0011	ı			
FOR REGIONAL OF	FICE USE ONLY				
17 DATE DECEIVED:	18. DATE APPROVED:				
17. DATE RECEIVED: 6/3/16	7-28	5-16			
PLAN APPROVED - ONE	COPY ATTACHED	0			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 6/1/16	20. SIGNATURE OF REGIONAL OFFICIALS /S/				
21. TYPED NAME: Richard McGreal	22. TITLE Associate Regiona	I Administrator			
23. REMARKS					

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State: Maine

4.5 Medicaid Recovery Audit Contractor Program

Citation

Section 1902(a)(42)(B)(i) Of the Social Security Act

- □ The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.
- ∑ The State is seeking an exception to establishing such a program for the following reasons: no later than June 1, 2017, Maine will have a RAC contract in place that will adhere to the attestations in this SPA.

In spring 2015, the State published an RFP seeking a RAC contractor. Only one bid was received, but the vendor did not meet the minimum qualifications. As such, Maine was left without a suitable RAC contactor.

The State of Maine is requesting an exemption to the 3 (three) year look back period defined in 42 CFR 455.508(f) – Eligibility Requirement for Medicaid RACs. The State seeks a 5 (five) year look back period for its retrospective reviews in order to be consistent with Maine policy.

The State Recovery Audit Contractors (RACs) have been encountering problems when looking at more recent claims that providers have not had a chance to adjust or void.

Section 1902(a)(42)(B)(ii)(l) of the Act

∑ The State/Medicaid agency has contracts of the type(s)
 listed in section 1902(a)(42)(B)(ii)(l) of the act. All contracts
 meet the requirements of the State. RACs are consistent with
 the statute.

Section 1902 (a)(42)(B)(ii)(ii)(aa) of the Act Place a check to provide assurance of the following:

- □ The State will make payments to the RAC(s) only from amounts recovered.

TN No. 16-009 Superseded TN No. 15-024

Approval Date: 7/28/16

Effective Date: 6/1/2016

OFFICIAL

36(c)

The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):

□ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs as published in the Federal Register.

Section 1902 (a)(42)(B)(ii)(ll)(bb) of the Act

☐ The contingency fee rate paid to that Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.

Section 1902 (a)(42)(B)(ii)(lll) of the Act

 ☑ The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):

A percentage of the contingency fee

Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act

 □ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).

Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act

☐ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.

Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act

- ☑ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.
- ⊠ Efforts of the Medicaid RAC(s) will be coordinated with
 other contractors or entities performing audits of entities
 receiving payments under that State plan or waiver in the
 State, and/or State and federal law enforcement entities and
 the CMS Medicaid Integrity Program.

TN No. 16-009 Superseded TN No. 15-024

Approval Date: 7/28/16 Effective Date: 6/1/2016