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State/Territory Name: Maine

State Plan Amendment (SPA) #: 19-0022B

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
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group/ Division of Reimbursement Review

March 11, 2020

VIA E-MAIL

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

RE: TN ME 19-0022-B

Dear Commissioner Lambrew:

We have reviewed the proposed amendment to Page 1k to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) ME 19-0022-B. The proposed amendment updates the outpatient hospital supplemental pool reimbursement description.

Based upon the information provided by the State, we have approved the amendment for incorporation into the official Maine State Plan with an effective date of November 14, 2019. A copy of the CMS-179 and the approved plan page 1k to Attachment 4.19-B, are enclosed with this letter.

If you have any questions, please call Nancy Grano at (617) 565-1695, or by email at nancy.grano@cms.hhs.gov.

Sincerely,

/s/

Todd McMillion
Acting Director

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

1. TRANSMITTAL NUMBER
19-0022 B

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
11/14/2019

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
42 CFR 447.205

7. FEDERAL BUDGET IMPACT

a. FFY **2020** \$ **-3,942,790**

b. FFY **2021** \$ **-3,984,693**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19B, page 1k

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19B, page 1k

10. SUBJECT OF AMENDMENT

Adjustment to outpatient supplemental pool

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:

**Michelle Probert, Director,
MaineCare Services**

12. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

16. RETURN TO:

**Michelle Probert
Director, MaineCare Services
11 State House Station
109 Capitol 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 12/27/2019

18. DATE APPROVED March 11, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
November 14, 2019

20. SIGNATURE OF REGIONAL OFFICIAL
Isi

21. TYPED NAME

Todd McMillion

22. TITLE

Financial Management Group,
Division of Reimbursement Review

23. REMARKS

**SUPPLEMENTAL POOL FOR NON CRITICAL ACCESS HOSPITALS, HOSPITALS
RECLASSIFIED TO A WAGE AREA OUTSIDE MAINE AND REHABILITATION 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. 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, 2019 but before July 1, 2021, the hospital's taxable year is the hospital's fiscal year that ended during calendar year 2016.

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.