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State/Territory Name: ME

State Plan Amendment (SPA) #: 21-0004-B

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

January 18, 2022

Michelle Probert, Director
Maine Department of Health and Human Services
MaineCare Services
Policy Division
11 State House Station
Augusta, Maine 04333-0011

RE: TN 21-0004-B

Dear Director Probert:

We have reviewed the proposed Maine State Plan Amendment (SPA) to Attachment 4.19-B ME-21-0004-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 10, 2021. This plan amendment updates the total hospital supplemental payment pool amount on the outpatient hospital pages.

Based upon the information provided by the State, we have approved the amendment with an effective date October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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|--|--|--------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 21 – 0004B | 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 October 1, 2021 | |

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 CFR 447.205 | 7. FEDERAL BUDGET IMPACT a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u> |
|---|--|

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|--|--|
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 1k | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B Page 1k |
|--|--|

10. SUBJECT OF AMENDMENT
Amends total supplemental payment amount on OP pages.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|--|-------------------------------------|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL | 16. RETURN TO |
| 13. TYPED NAME Michelle Probert | Michelle Probert |
| 14. TITLE Director, MaineCare Services | Director, MaineCare Services |
| 15. DATE SUBMITTED November 10, 2021 | #11 State House Station |
| | 109 Capitol Street |
| | Augusta, Maine 04333-0011 |

FOR REGIONAL OFFICE USE ONLY

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|---|--|
| 17. DATE RECEIVED November 10, 2021 | 18. DATE APPROVED January 18, 2021 |
|---|--|

PLAN APPROVED - ONE COPY ATTACHED

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|---|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2021 | 20. SIGNATURE OF REGIONAL OFFICIAL |
| 21. TYPED NAME Todd McMillion | 22. TITLE Director, 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. Effective November 10, 2021 the total pool (inpatient and outpatient) shall equal \$90,701,615, 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.