

The Office of MaineCare Services

Michelle Probert, Director

January 2021



What is Medicaid/MaineCare?

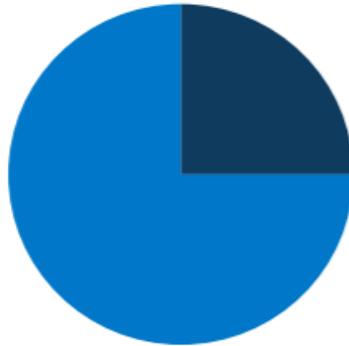
MaineCare, Maine's Medicaid program, provides health care coverage for Maine's children and adults who are elderly, disabled, and with low incomes.

*Example: A family of four would need to \$36,570 or less annually for the parents and children to be eligible MaineCare coverage.**

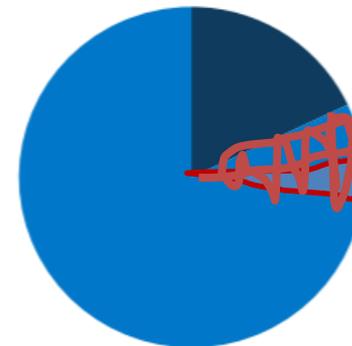
MaineCare is jointly funded by the federal government's Centers for Medicare and Medicaid Services (CMS) and the state, and is governed by:

- Federal and state law and regulations.
- The Medicaid State Plan, which serves as Maine's agreement with CMS regarding benefits, services, and responsibilities.
- MaineCare rules, which are documented in the [MaineCare Benefits Manual](#).

1.3
million
total ME population



25%
of ME
population is
low-income
($<200\%$ FPL)



~~18%~~ **26%**
of ME
population is
covered by
Medicaid/CHIP

In ME, Medicaid Covers:



1 in 7 adults,
ages 19-64



1 in 3 children



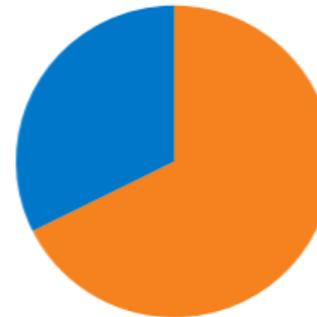
**2 in 3 nursing
home residents**



**2 in 5 individuals
with disabilities**

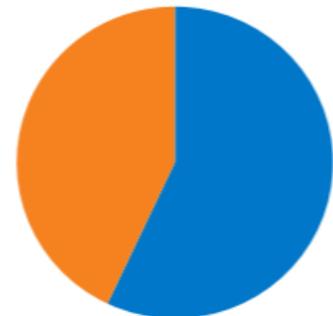


**1 in 4 Medicare
beneficiaries**



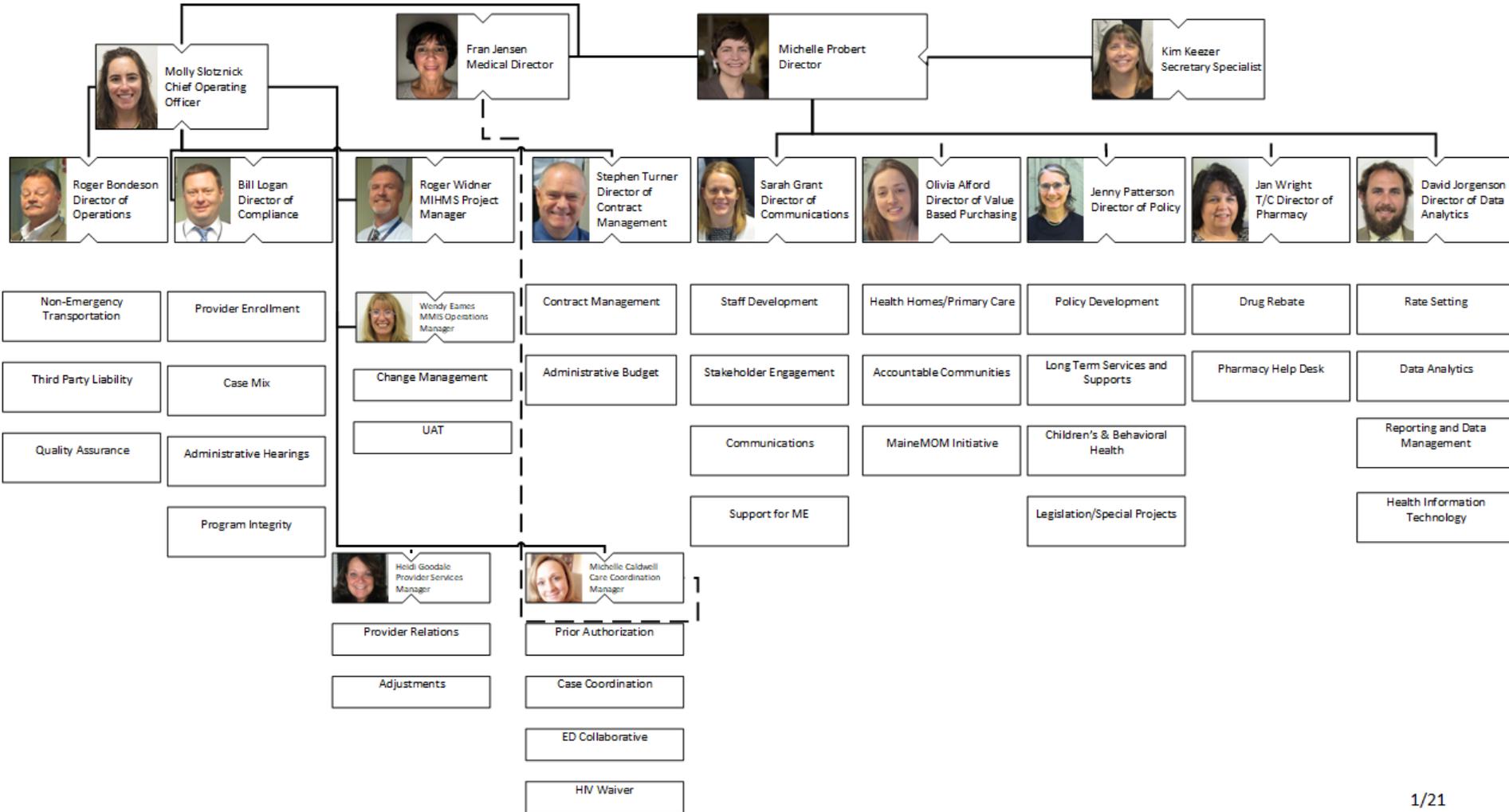
68%
of adult Medicaid
enrollees are working
in ME

43%
of children with special
health care needs are
covered by Medicaid in ME



MaineCare Organizational Chart - Leadership

OMS Overview



Office of MaineCare Services' Priorities

- 1. Improve the health of Mainers by expanding access to needed services.**
- 2. Ensure MaineCare benefits, rates, and payment methods incent high value care.**
- 3. Strengthen our technology, systems and skills to maximize our efficiency, effectiveness, and ability to be data driven.**
- 4. Establish a culture of compliance and maximize federal opportunities to promote long-term financial sustainability.**
- 5. Foster a positive, supportive workplace environment, where employees are engaged.**

MaineCare's Role with Sister DHHS Offices

MaineCare is responsible for obtaining state and federal authority to provide coverage of and reimbursement for Medicaid-covered services coordinated/overseen through the following DHHS offices:

- **Office of Child and Family Services:** providing services to Maine's children
- **Office of Aging and Disability Services:** providing services to Maine's older adults and adults with disabilities
- **Office of Behavioral Health:** providing services to Mainers of all ages who need mental health and/or substance use disorder services.

The DHHS Office for Family Independence is responsible for determining MaineCare eligibility, including obtaining federal and state authority on eligibility requirements. OFI also handles enrolling individuals in the appropriate MaineCare categories and oversees the annual recertification process for maintaining MaineCare eligibility.

MaineCare Benefits Manual (MBM)

The *MaineCare Benefits Manual* is Chapter 101 of [10-144](#), which outlines *Rule Chapters for the Department of Health and Human Services*.

- Chapter I of the MBM covers general administrative policies and procedures that MaineCare-enrolled providers must follow.
- Chapter II outlines covered services and the criteria associated with each covered service.
- Chapter III covers reimbursement rates for each covered service.

Chapters II and III are broken into policy sections that are defined by a group of services.

Medicaid Requirements: Basic Coverage

- Must provide mandatory services to mandatory populations
- All services must be available statewide
- Members must be able to choose their providers
- Services must be “sufficient in amount, duration, and scope to reasonably achieve their purpose”
- Services must be “medically necessary”
- Services may be limited by utilization control procedures



MaineCare – Mandatory Covered Services

Federal Medicaid law requires states to cover the following services:

- Inpatient hospital care
- Outpatient hospital care
- Physician Services
- Nurse mid-wife and Nurse Practitioner Services
- Federally Qualified Health Centers/Rural Health Centers
- Laboratories and X-ray Services
- Nursing Facility Services (age 21 and older)
- Home Health Services (including related supplies and equipment)
- Transportation to medically necessary services
- Early Periodic Screening Diagnosis and Treatment (<21)
- Family Planning
- Tobacco cessation counseling for pregnant women
- Certified Pediatric and Family Nurse Practitioner Services
- Freestanding Birth Center Services (when licensed or otherwise recognized by the state)

MaineCare – Optional Covered Services

MaineCare also covers the following optional services:

- Prescription Drugs
- Chiropractic Services
- Podiatry
- Diagnostic Services and Screening
- Preventive Services
- Rehabilitative Services
- Clinic Services
- Dental Services (limited for adults)
- Dentures
- Physical and Occupational Therapy
- Speech, Language and Hearing Services
- Prosthetic devices, including eyeglasses
- Health Homes for members with chronic conditions
- Inpatient Psychiatric Care
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD)
- Private Duty Nursing
- Personal Care Services
- Hospice
- Home and Community-Based Services (habilitation)
- Case Management
- Respiratory Care
- Optometry Services
- Other practitioner services

MaineCare – Full Benefit Coverage

Coverage Group	Eligibility Criteria
Infants (< age 1)	<ul style="list-style-type: none"> • Newborns on date of birth • Family income up to 196% Federal Poverty Level (FPL)
Children 1-18 (including CHIP**)	<ul style="list-style-type: none"> • Family income up to 162% FPL: no premium • Family income up to 213% FPL: with premium • Over income: can buy coverage for up to 18 months
Katie Beckett**: children < age 19 w/ serious health condition	<ul style="list-style-type: none"> • Monthly income less than 300% of the Supplemental Security Income (SSI) and resources less than \$2,000 • Services at home that cost less than the cost of care in a facility where a child would otherwise be served
19-20 year olds (including expansion**)	<ul style="list-style-type: none"> • Household income up to 161% FPL
Former Maine foster children < age 26**	<ul style="list-style-type: none"> • Not otherwise eligible for, or enrolled in, other MaineCare coverage
Pregnant Women	<ul style="list-style-type: none"> • Household income up to 214% FPL

** includes optional population for coverage.

MaineCare – Full Benefit Coverage

Coverage Group	Eligibility Criteria	
Expansion Adults (21-64)**	<ul style="list-style-type: none"> Household income up to 138% FPL Not eligible for Medicare 	
Aged, Blind & Disabled*	<ul style="list-style-type: none"> Household income up to 100% FPL, over age 65 OR disability condition, per Social Security Administration 	
Working with a Disabling Condition	<ul style="list-style-type: none"> Household income up to 250% FPL Asset limit and/or income test 	
Benefit	Description	Eligibility Criteria
Medicare Savings Program*	<p>SLMB+: Pays Part B monthly premiums and covers additional Medicaid benefits.</p> <p>QMB+: same as SLMB, plus pays Medicare coinsurance and deductibles.</p>	<ul style="list-style-type: none"> SLMB+: 170% FPL QMB+: 150% FPL
Long-Term Care Coverage*	<p>Nursing Facility (NF) Residents: Covers room, food, nursing, routine supplies, and equipment.</p> <p>Residential Care: Covers assisted living services for individuals who live in apartment or small adult family care home.</p>	

* Has asset limit and/or income test

** Optional population for coverage, per CMS.

MaineCare – Limited Benefit Coverage

Benefit	Description	Eligibility Criteria
HIV/ AIDS Waiver**	For people living with HIV/AIDS who are not eligible in another coverage group. Must comply with treatment plan.	Household income up to 250% FPL; monthly premium may be required
Limited Family Planning**	Limited family planning services for individuals not otherwise eligible for MaineCare.	Household income up to 214% FPL
Emergency MaineCare	Emergency services only. Labor and delivery are also covered.	Non-citizens without documents from Homeland Security
Justice-involved Individuals	Inpatient services in hospitals, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Nursing Facilities, juvenile psychiatric facilities	Involuntarily confined in a public institution, state or federal prison, jail, detention facility, or penal facility

*** Optional population/ benefit for coverage, per CMS.*

MaineCare – Limited Benefit Coverage

Benefit	Description	Eligibility Criteria
Medicare Savings Program*	QI: Pays Part B monthly premiums SLMB: Pays Part B monthly premiums QMB: Pays Part B monthly premiums, plus Medicare coinsurance and deductibles.	<ul style="list-style-type: none"> • QI: 185% FPL • SLMB: 170% FPL • QMB: 150% FPL
Private Health Insurance Premium (PHIP)	Helps pay the MaineCare member's share of the cost for private health insurance.	<ul style="list-style-type: none"> • Enrolled in MaineCare as well as private coverage

**Has asset limit, must be entitled to Medicare Part A*

*** Optional population for coverage.*

MaineCare-Administered Non-Medicaid Benefits

Benefit	Description	Eligibility Criteria
Maine Rx Plus	State-funded discount drug program	<ul style="list-style-type: none">• 350% FPL• Over-income for MaineCare
Drugs for the Elderly (DEL)	State-funded discount drug program	<ul style="list-style-type: none">• Household income up to 350% FPL• Age 62 or older or disability, over-income for MaineCare
Breast & Cervical Cancer Screening	State-funded coverage of breast and cervical cancer screenings.	<ul style="list-style-type: none">• Household income up to 250% FPL• Women <age 65 with breast or cervical cancer/ pre-cancer
State-Funded Abortion Services	Coverage of abortion services not covered under federal Medicaid benefit	<ul style="list-style-type: none">• Enrolled in MaineCare
COVID-19 Testing for Uninsured	Federally funded coverage of COVID-19 testing and related services. Also receive Maine Rx Plus benefit.	<ul style="list-style-type: none">• Must be uninsured, not eligible for MaineCare

MaineCare State General Fund Spending



General Fund Spending – SFY20 With Highest Spend Section of Policy

	Mandatory Services	Optional Services
Mandatory Populations	\$285M (31%) <ul style="list-style-type: none"> Nursing Facilities \$122M 	\$491M (52%) <ul style="list-style-type: none"> Sec. 21 \$122M
Optional Populations	\$49M (5%) <ul style="list-style-type: none"> Hospital \$27M 	\$114M (12%) <ul style="list-style-type: none"> Sec. 21 \$18M

MaineCare Waivers

What is a Waiver?

- Outside the State Plan
- State submits special application to CMS to waive certain federal requirements, in exchange for demonstration that program is cost neutral
- More burdensome application process, subject to additional scrutiny, reporting, monitoring and evaluation requirements. Authorization expires and requires renewal.

Waiver Type	Waiver of:
1915(c) Home and Community Based Waiver (HCBS): prevents need for care in an institutional setting.	<ul style="list-style-type: none">• Comparability of services• Eligibility requirements
1915(b) Managed Care Waiver: Enables states to provide services through managed care delivery systems.	<ul style="list-style-type: none">• Member choice of provider
1115 Research and Demonstration Project: Provides states flexibility to test new services models to promote Medicaid's objectives. Must be budget neutral.	<ul style="list-style-type: none">• Certain provisions of Medicaid law

Other MaineCare Waiver Programs

1915(b) Waiver:

- Section 113, **Non-Emergency Transportation**, available to all MaineCare members.

1115 Waivers:

- **HIV/ AIDS Waiver**: MaineCare coverage for individuals with an HIV diagnosis and income up to 250% FPL.
- **Substance Use Disorder Institute for Mental Disease (IMD) Exclusion Waiver** (*approved December 2020!*): Enables residential SUD treatment facilities to expand capacity beyond 16 beds.

MaineCare's HCBS Waivers

1915(c) HCBS Waiver

Section 18, HCBS for Adults with Brain Injury

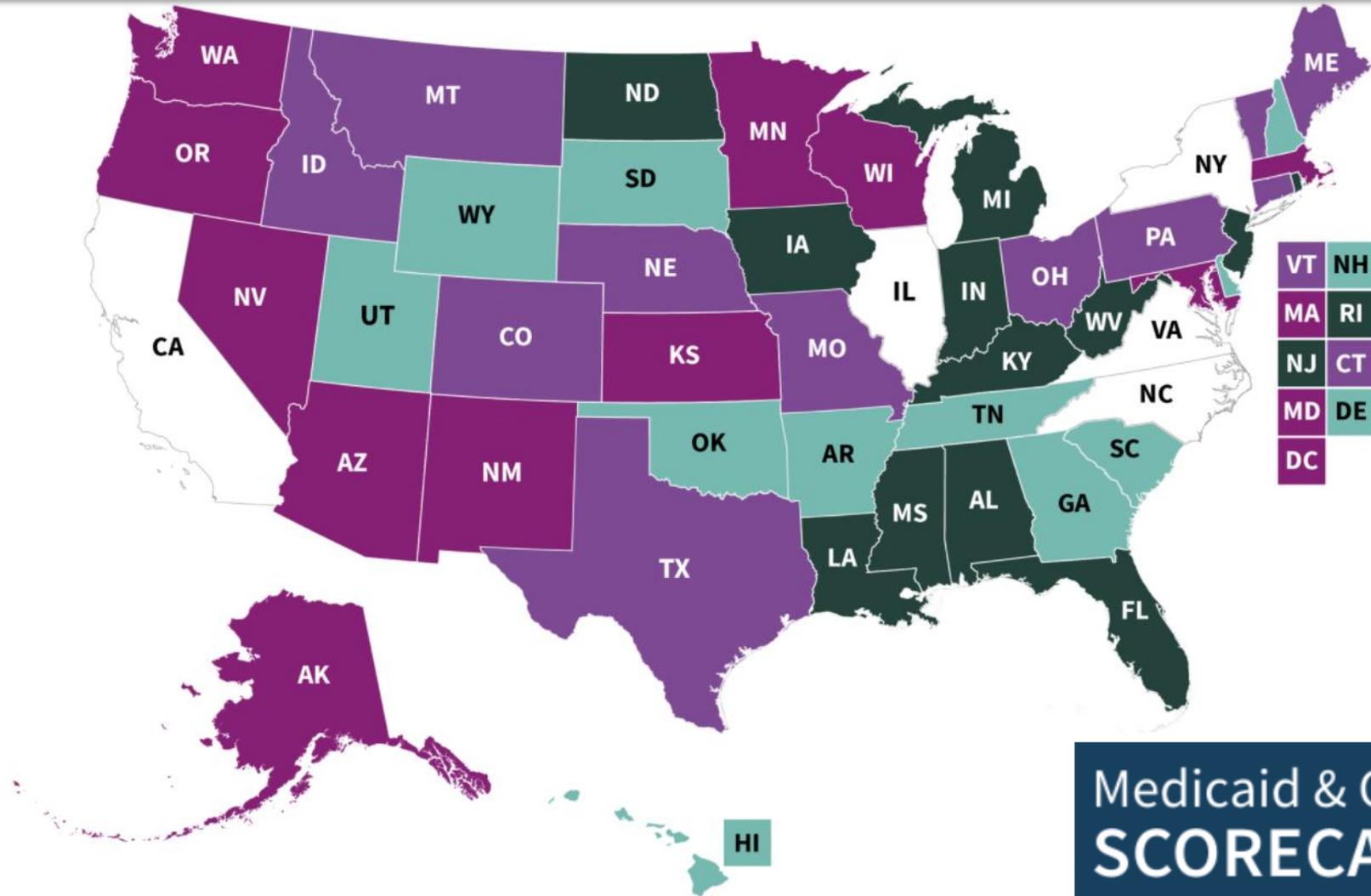
Section 19, Home and Community Benefits for the Elderly and Adults with Disabilities

Section 20, HCBS for Adults with Other Related Conditions

Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder

Section 29, Support Services for Adults with Intellectual Disabilities or Autistic Spectrum Disorder

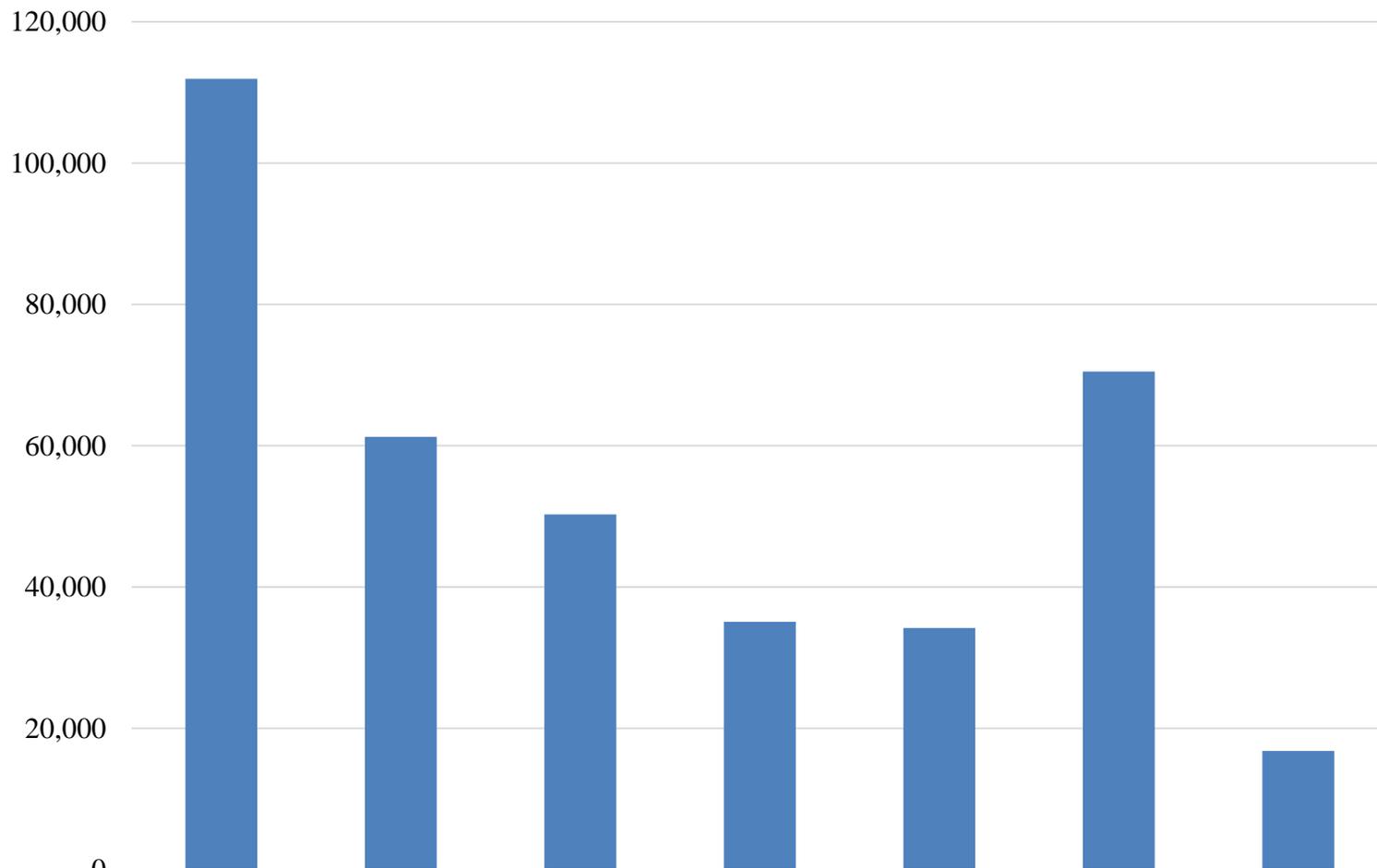
Expenditures on HCBS as a Percent of Total LTSS Expenditures



Medicaid & CHIP
SCORECARD



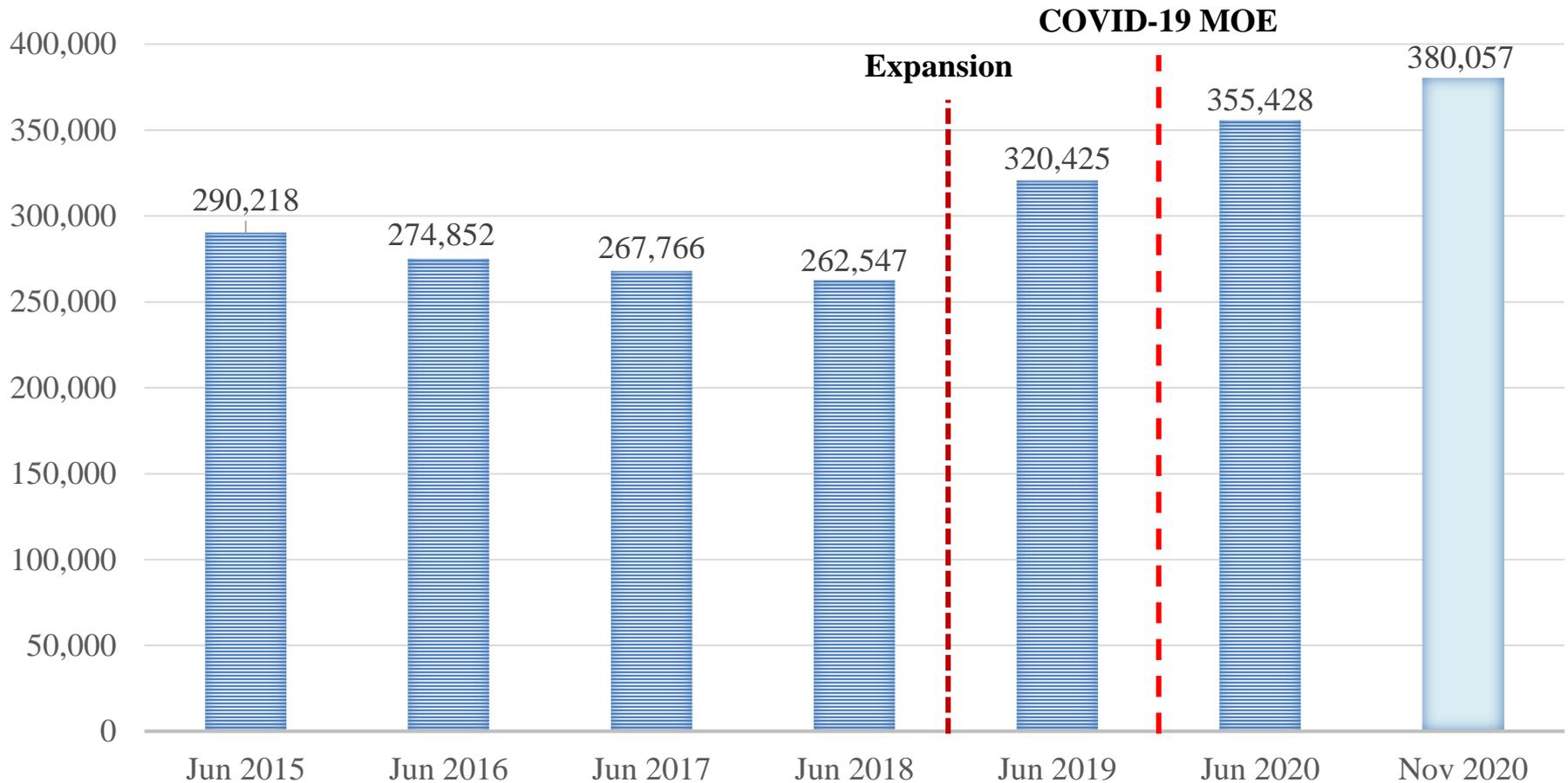
Enrollment by Eligibility Group: Nov. 2020



■ Enrollment Breakdown

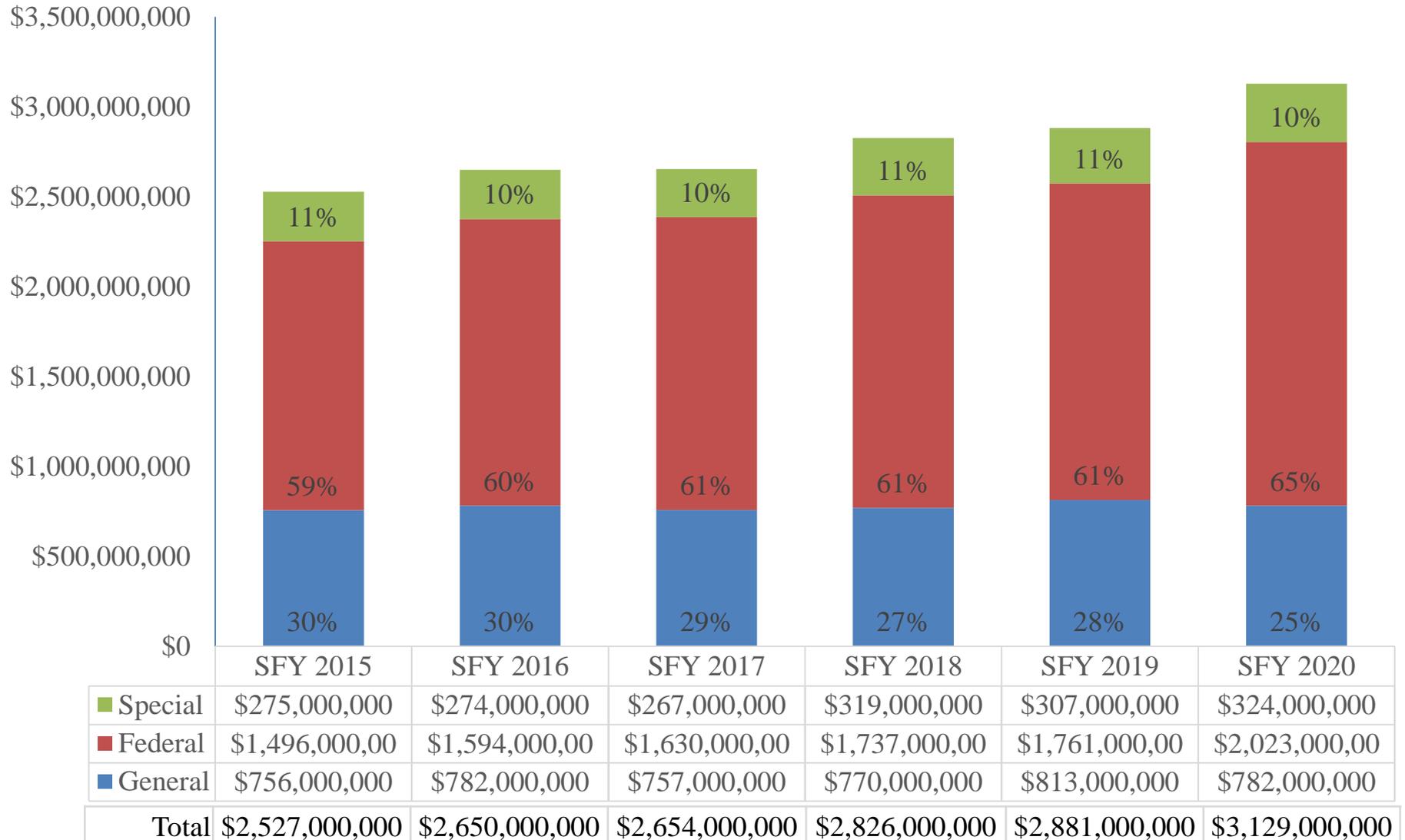
Children	Blind and Disabled	Aged	Parents < 100% FPL	DEL/Main eRx	Medicaid Expansion	Other
111,938	61,259	50,271	35,085	34,192	70,504	16,808

MaineCare Programs* Enrollment Trend: 2015-2020

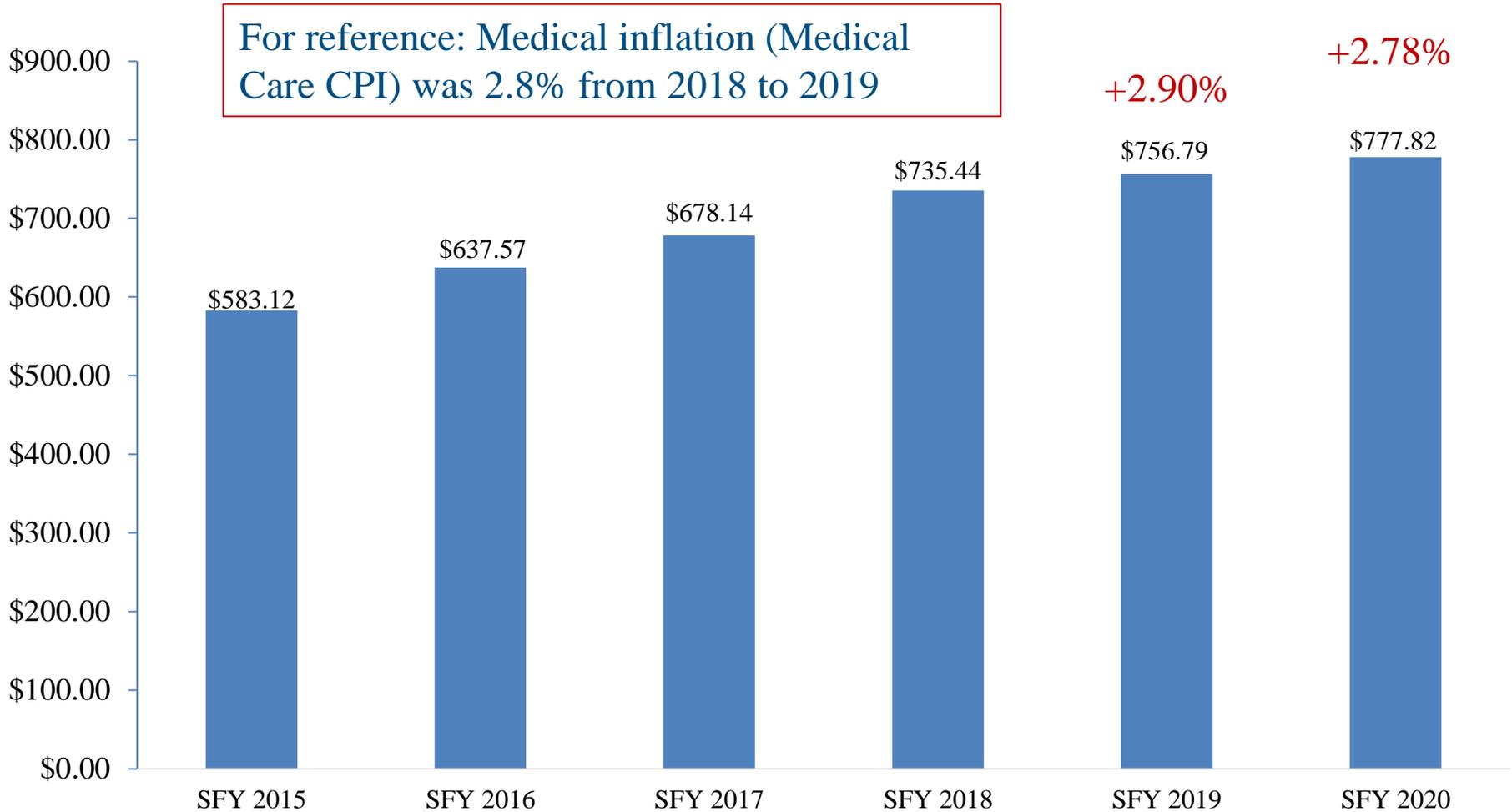


*Includes members receiving coverage for all full and limited benefits, including state-funded services.

Total MaineCare Spending: 2015-2020



Per Member Per Month Spending: FY15-2020



Accomplishments – MaineCare Expansion

Since MaineCare Expansion was implemented in January 2019, **94,848** Mainers have benefited from coverage at some point.

As of January 2021, over **71,000** people are currently enrolled through Expansion.

Highlights:

- Expansion members' utilization of inpatient hospital services decreased by 21% between FY19 and FY20.
- Utilization of Emergency Departments decreased by 26% between FY19 and FY20.

Highlights – COVID-19 Response

MaineCare Members	
Testing	<p>Coverage for MaineCare members, Emergency MaineCare, and special benefit for uninsured individuals.</p> <ul style="list-style-type: none">• Over 150,000 MaineCare members have been tested to date• Testing rate at 75,292 tests per 100K members- likely lower than actual.
Ensuring Ongoing Access to Health Care	<ul style="list-style-type: none">• Waiving copays and extending Prior Authorizations (PAs)• Ensuring safe utilization of Non-Emergency Transportation (NET)• Allowing early and 90-day Rx refill, as appropriate.
Vaccination	<p>Coverage benefit for all MaineCare members that have existing coverage of preventive services. Available to members at no cost to them.</p>

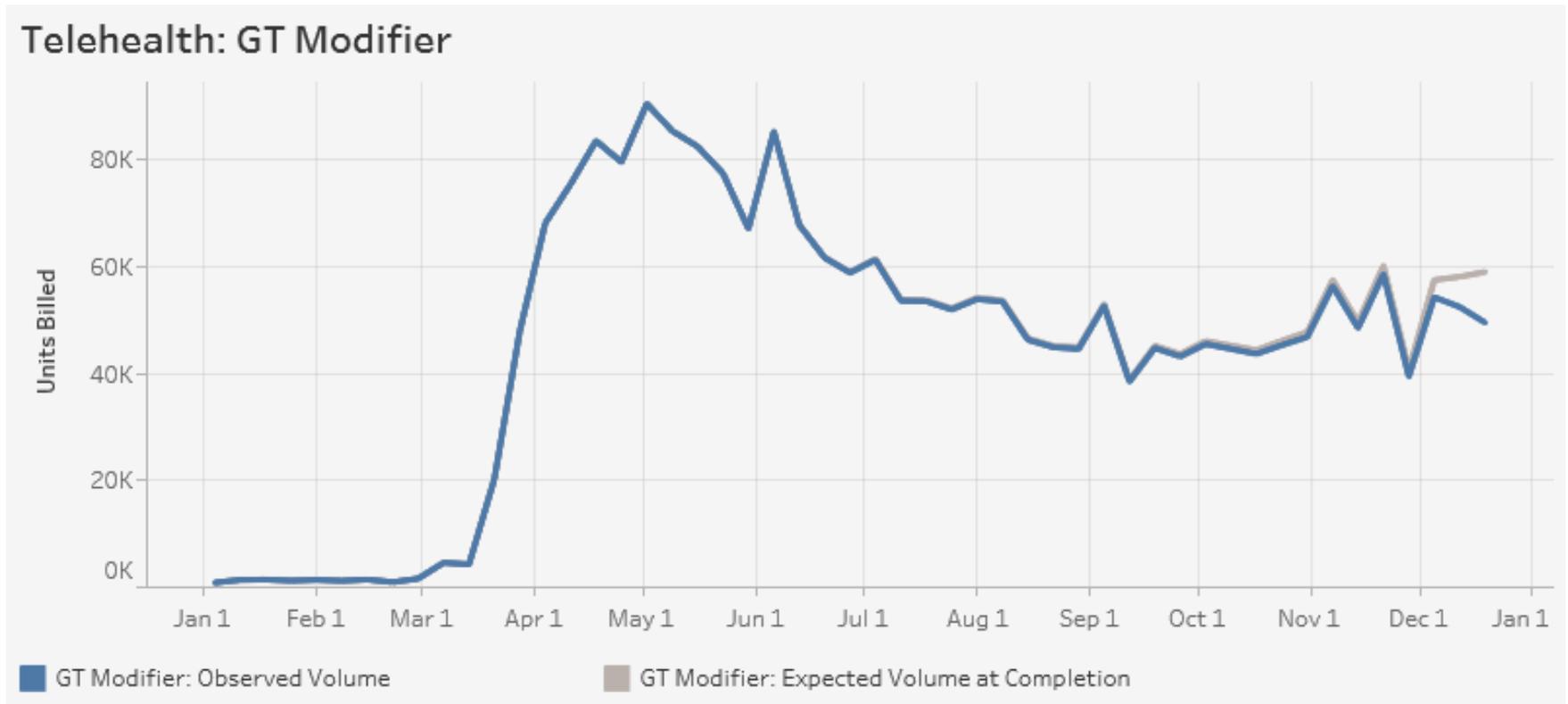
Highlights – COVID-19 Response

Payment Supports	
Initiative	Payment Amount
Temporary rate increases to congregate care facilities and HCBS providers	\$33M, all funds
One-time hospital supplemental payment	\$10M, all funds
Early implementation of rate increases for personal support services, medication management, and certain children’s community-based behavioral health services	\$7M, all funds
Behavioral health incentive per member per month payments – July & August – for community-based services	\$4.3M, all funds
Children’s health incentive per member per month payments – September – December (dental and preventive primary care)	To date: \$1M dental + \$350k wellness visits, all funds (Dec. not included)
Special rate increases for facilities experiencing outbreaks	\$1M, all funds (Nov. & Dec. not included)

Highlights – COVID-19 Response

Increased Access Through Telehealth:

- Telephone-Only Evaluation and Management services, including for dental care
- Well-Child visits
- Prescriptions, including MAT



Telehealth Use During COVID-19

Preliminary data suggest that, among children, services delivered via telehealth per 1,000 beneficiary months from March through June 2020 varied across states

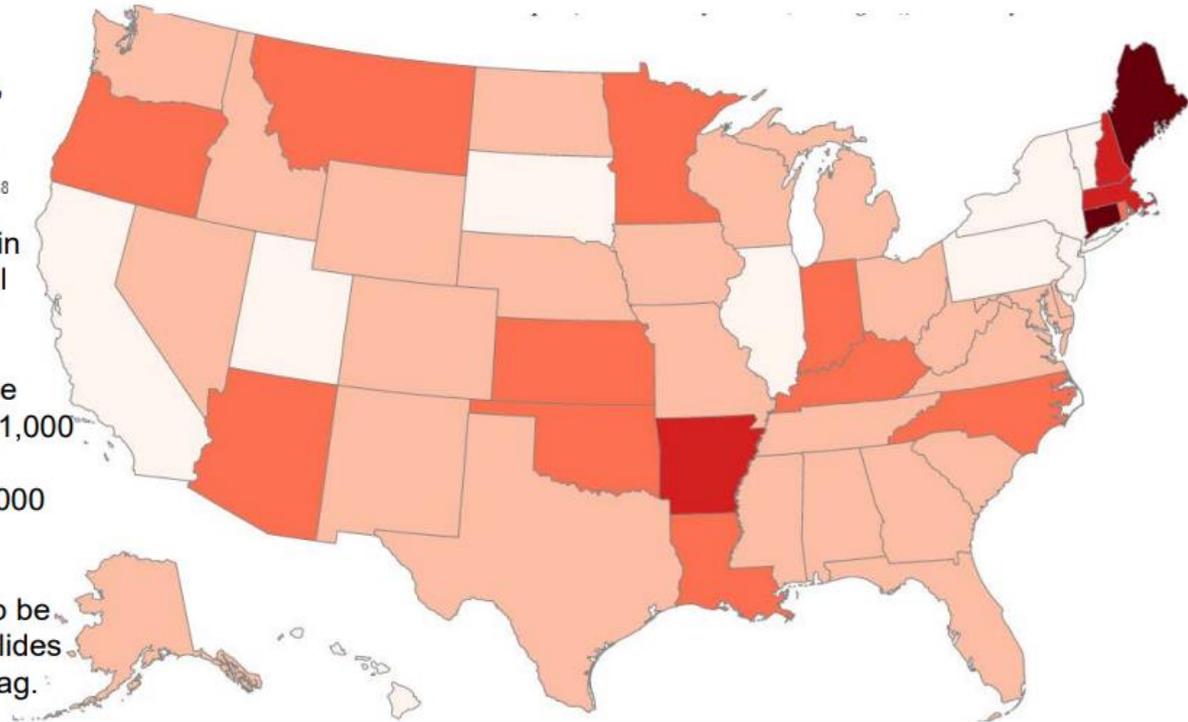
of services delivered via telehealth per 1,000 beneficiary months (age 18 and under), March – June 2020



Telehealth rates among children peaked in April for nearly all states and began to fall in May.

Across states in April 2020, Maine had the highest monthly rate at 402 services per 1,000 child beneficiaries, and Vermont had the lowest monthly rate at 23 services per 1,000 child beneficiaries.

Note: Data for recent months are likely to be adjusted upward due to claims lag; see slides 5 and 11 for additional details on claims lag.



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on August T-MSIS submissions with services through the end of July. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for July are mostly incomplete, results are only presented through June. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states.

8

Highlights – Comprehensive Rate System Evaluation

Stakeholder Engagement

- 22 provider sessions
- 3 member sessions + member survey



Participation by
more than **525** individuals
and **270** organizations

Benchmark Report

- 31 comparison workbooks across 63 categories of service, comparing reimbursement rates for MaineCare services with rates from select Medicaid comparison states, Medicare, and commercial payers.

Is NOT:

- A study of underlying rate assumptions and economic factors
- For services with cross-state variations in service and payment models and cost drivers, a judgment on appropriateness of existing rate levels

IS:

- A cross-payer snapshot of how MaineCare's rates compare for similar services
- An indication of where further analysis is recommended to determine whether rate adjustments are warranted

Highlights – Comprehensive Rate System Evaluation – Benchmark Report

Section of Policy	Service Category	Avg % of Comparison Rate	Total Current Spend as % of Spend if Codes Paid at Comparison Rates
25	Dental Endodontics Services	46.1%	52.2%
85	Physical Therapy	52.4%	49.8%
25	Dental Prosthodontics (Fixed) Services	53.1%	58.3%
68	Occupational Therapy	54.6%	46.8%
14	CRNA	55.4%	55.4%
65	BHS - Children's Outpatient Behavioral Health	120.0%	126.2%
18,20,21,29,102	HCBS Supported Employment	135.4%	107.4%
18,20,21,29,102	HCBS Residential Habilitation	135.7%	111.2%
18,20,21,29,102	HCBS Day Habilitation	149.5%	113.2%
5	Ambulance	183.4%	160.0%

5 service categories with lowest relative rates

5 service categories with highest relative rates

Highlights – Comprehensive Rate System Evaluation – Interim Report

Myers & Stauffer's System Recommendations:

- Use consistent and rational bases for developing and updating rates
- Use consistent Medicare benchmarks across services, where available
- Move away from cost settlement
- Move more payments toward Alternative Payment Models (APMs) to provide incentives for higher value care.
- Review and update methodologies and rates on a regular schedule
 - Rate studies: every 5 years
 - Inflation every 2-3 years



MYERS AND
STAUFFER LC

Highlights – Comprehensive Rate System Evaluation – Interim Report

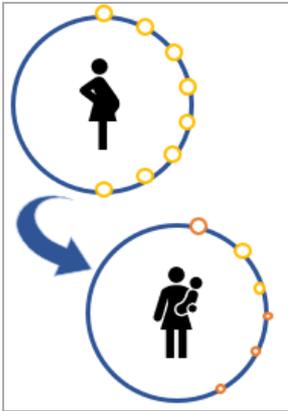
Myers & Stauffer's Recommended Priority Services for Year 1:

- Set rates for a range of services (Physical, Occupational, and Speech Therapies; and Chiropractic, Vision, Podiatric, Certified Registered Nurse Anesthetist Services and most Physician Services) at a consistent percentage of 2020 Medicare rates
- Update dental rates to more closely align with median commercial rates.
- Prioritize community-based behavioral health services for further rate study
- Rebalance and decrease rates for Durable Medical Equipment and Hospice services, where MaineCare payments currently exceed Medicare rates.

The Department will determine which recommendations to adopt and develop an implementation plan that aligns with broader priorities, initiatives in the biennial budget, and budget resources.

Highlights – Addressing SUD

SUPPORT for ME: Increasing access to SUD treatment and recovery services through assessment of gaps in care, telehealth support, service delivery locator tool.



MaineMOM: Designing a MaineCare care delivery system for pregnant and post-partum members with OUD with the aim to increase care integration, improve outcomes, and reduce costs. Statewide Care Delivery Partners collaborate to develop a system of care that MaineCare will sustain.

Opioid Health Homes enhancements: Amending program to:

- Enable access to medication first model
- Encourage better integration with primary care
- Implement performance-based payments

OHH currently serves nearly 3,000 MaineCare members and uninsured individuals monthly – over a 280% increase since January 2019.

Looking Ahead – Value-Based Purchasing Goals

Goal: 40% of MaineCare payments are tied to value by the end of 2022



HCPLAN
Health Care Payment Learning & Action Network

Example Initiatives:

- Primary Care 2.0 (new)
 - ✓ Multi-payer Alternative Payment Model (APM)
 - ✓ Payment flexibility
 - ✓ Performance-based
 - ✓ Data-driven
- Accountable Communities
 - ✓ Population accountability
 - ✓ Shared risk and reward
 - ✓ Data-driven
- Opioid Health Homes
 - ✓ Performance-based
 - ✓ Data-driven
 - ✓ Team-based care

Questions?

Michelle Probert, Director
Office of MaineCare Services

