

MaineCare Services: An Overview

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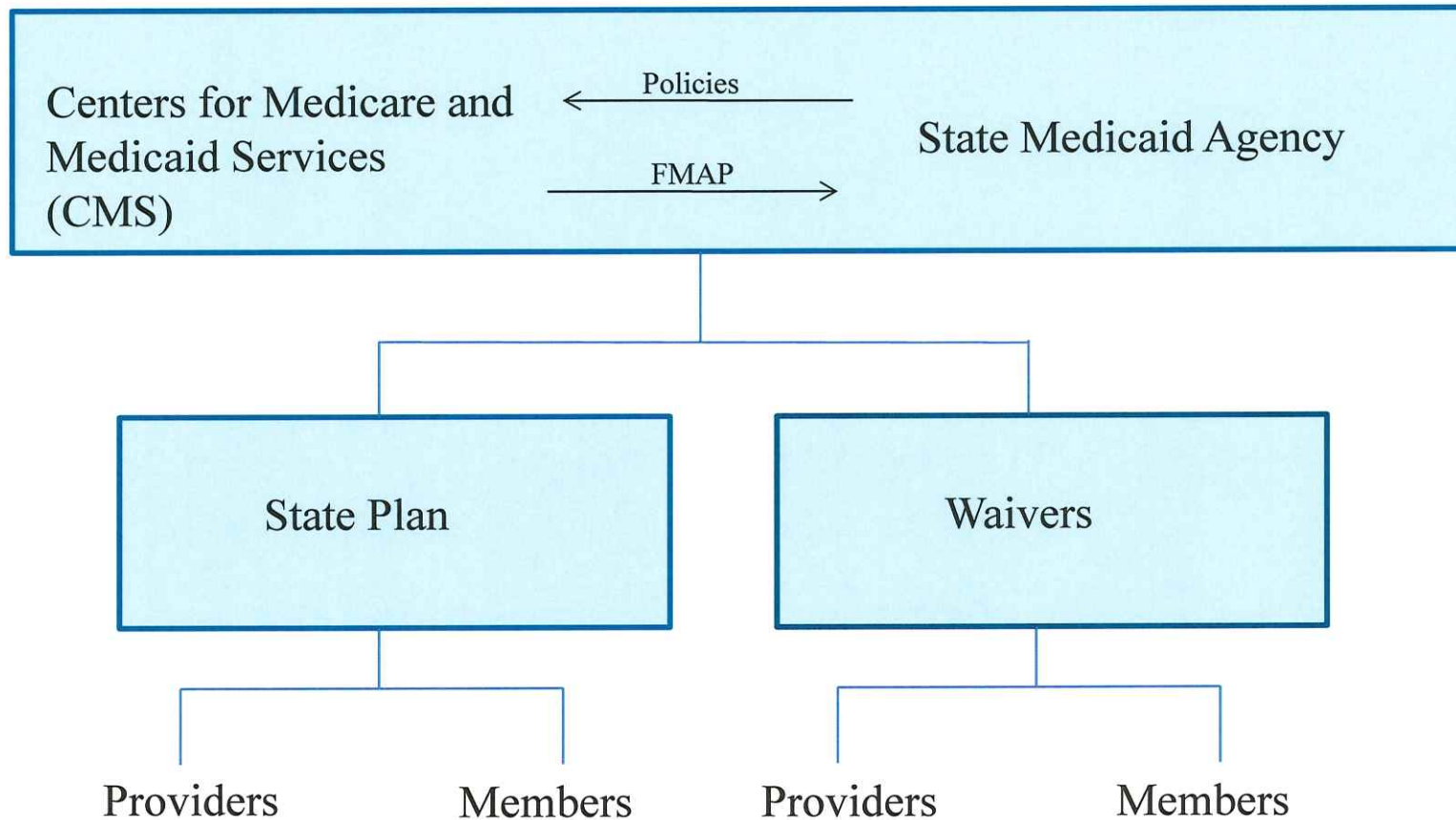


MaineCare: An Introduction

MaineCare, Maine's Medicaid program, is jointly funded by the federal government's Centers for Medicare and Medicaid Services (CMS) and the state. MaineCare provides health care coverage for Maine's children and adults who are elderly, disabled, or with low incomes. MaineCare is governed by:

- Federal and state law and regulations.
- Medicaid State Plan, which is approved by CMS. The State Plan:
 - Serves as Maine's agreement with CMS.
 - Sets out benefits, Maine's responsibilities, provider responsibilities, and terms by which Maine provides benefits and services.
- MaineCare rules, which can be accessed at the Secretary of State's website.

MaineCare/CMS: Contractual Relationship



MaineCare: Federal Medical Assistance Percentages (FMAP)

<u>Federal Fiscal Year</u>	<u>Medicaid Title XIX</u>		<u>CHIP Title XXI</u>	
	<u>Federal</u>	<u>State</u>	<u>Federal</u>	<u>State</u>
2012	63.27%	36.73%	74.29%	25.71%
2013	62.57%	37.43%	73.80%	26.20%
2014	61.55%	38.45%	73.09%	26.91%
2015	61.88%	38.12%	73.32%	26.68%
2016	62.67%	37.33%	96.87%	3.13%
2017	64.38%	35.62%	98.07%	1.93%
2018	64.34%	35.66%	98.04%	1.965

Notes:

1. The higher FMAP Rate for CHIP began on 10/1/2015 and will end on 9/30/2019.
2. Other FFP Rates are: Indian Health Services at 100% FFP and Family Planning at 90% FFP
3. Anticipated FFP Rates for the new adult group, eligible under expansion, are 93% in 2019 and 90% in 2020 and subsequent years

MaineCare 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: People Served, Services Provided

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: People Served, Services Provided

MaineCare Optional Services Include:

- Prescription Drugs
- Chiropractic
- Podiatry
- Diagnostic Services and Screening
- Preventative 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
- ICF/IID
- Private Duty Nursing
- Personal Care Services
- Hospice
- Home and Community-based Services (habilitation)
- Case Management
- Respiratory Care (for ventilator-dependent)
- Optometry Services
- Other practitioner services

MaineCare: People Served, Services Provided

MaineCare's Covered Non-Waiver Populations:

- Children age 0-18: For kids with family income up to 163% of the Federal Poverty Level (FPL), there is no premium; however, under CHIP (which has the same benefit plan as standard MaineCare), kids with family income up to 213% FPL can receive MaineCare with a premium.
- 19- and 20-year-olds: Eligible with income up to 161% FPL.
- Former foster kids up to age 26: Eligible with no income limit.
- “Katie Beckett” benefit (for children 0-18 with a severe disability): Parents’ income does not count. There is a premium.
- Parents of minor children: Eligible with income up to 138% FPL.
- Pregnant women: Eligible with income up to 214% FPL.
- Adults with disabilities or over age 64: Eligible with income up to 100% FPL.
- Childless Adults: Eligible with income up to 138%.

MaineCare: People Served, Services Provided

MaineCare's Covered Non-Waiver Populations:

- Medicare beneficiaries: Eligible with income up to 175% FPL.
- Adults with autism, intellectual disability, brain injury, disability or other related conditions (Home and Community Based Waivers): \$2,250 or 300% of the federal SSI benefit amount.
- Adults eligible for nursing facility care: \$2,250 or 300% of the federal SSI benefit amount.
- Adults in long-term care (other than nursing facilities): Income is below private pay rate for residential care facility.
- Women with breast or cervical cancer or pre cancer: Eligible with income up to 250% FPL.
- Family planning (limited benefit for reproductive health services): All are eligible with income up to 214% FPL.

MaineCare: Waivers

Waivers are not in the State Plan, but are allowed by CMS. The primary requirement is that the federal government pays no more than it would if no waiver existed.

MaineCare currently has seven waivers.

1. Section 18 (Home and Community-Based Services for Adults with Brain Injury)

Eligibility: Adults with acquired brain injury with moderate to severe cognitive, behavioral, or functional disabilities.

Services: Assistive technology, care coordination, career planning, employment specialist services, home support services, and work supports.

MaineCare: Waivers

2. Section 19 (Home and Community Benefits for the Elderly and Adults with Disabilities)

Eligibility: Adults with physical disabilities who meet level of care as determined by a medical eligibility assessment.

Services: Care coordination, assistive technology, attendant services, home delivered meals, home health services, Living Well for Better Health, Matter of Balance, personal care services, personal emergency response systems, respite services, environmental modifications, skills training, and the use of a Financial Management Service (FMS).

MaineCare: Waivers

3. Section 20 (Home and Community Based Services for Adults with Other Related Conditions)

Eligibility: Adults with cerebral palsy, epilepsy, and other related conditions.

Services: Assistive technology, care coordination, career planning, communication aids, community support services, consultation and assessment, employment specialist services, home accessibility adaptations, home support services, maintenance occupational therapy, personal care services, maintenance physical therapy, specialized medical equipment, maintenance speech therapy, and work supports.

MaineCare: Waivers

4. Section 21 (Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder)

Eligibility: Adults with Intellectual Disabilities (ID) or Autism Spectrum Disorder (ASD) who qualify to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Services: Assistive technology, career planning, communication aids, community support, counseling, consultation, crisis assessment and intervention, employment specialist services, home accessibility adaptation, home support, agency group homes, shared living, quarter hour home supports and family-centered, occupational therapy, maintenance physical therapy, specialized medical equipment, maintenance speech therapy, and work supports.

MaineCare: Waivers

5. Section 29 (Support Services for Adults with Intellectual Disabilities or Autistic Spectrum Disorder)

Eligibility: Adults with Intellectual Disabilities (ID) or Autism Spectrum Disorder (ASD) who qualify to live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Services: Assistive technology, career planning, community support, employment specialist services, home accessibility adaptation, home supports (quarter hour, shared living), and work supports.

MaineCare: Waivers

6. Section 113, Non-Emergency Transportation

Eligibility: All MaineCare enrollees.

Services: A statewide brokerage system of transportation services provides eligible members with transportation to and from their MaineCare-covered programs and services.

MaineCare: Waivers

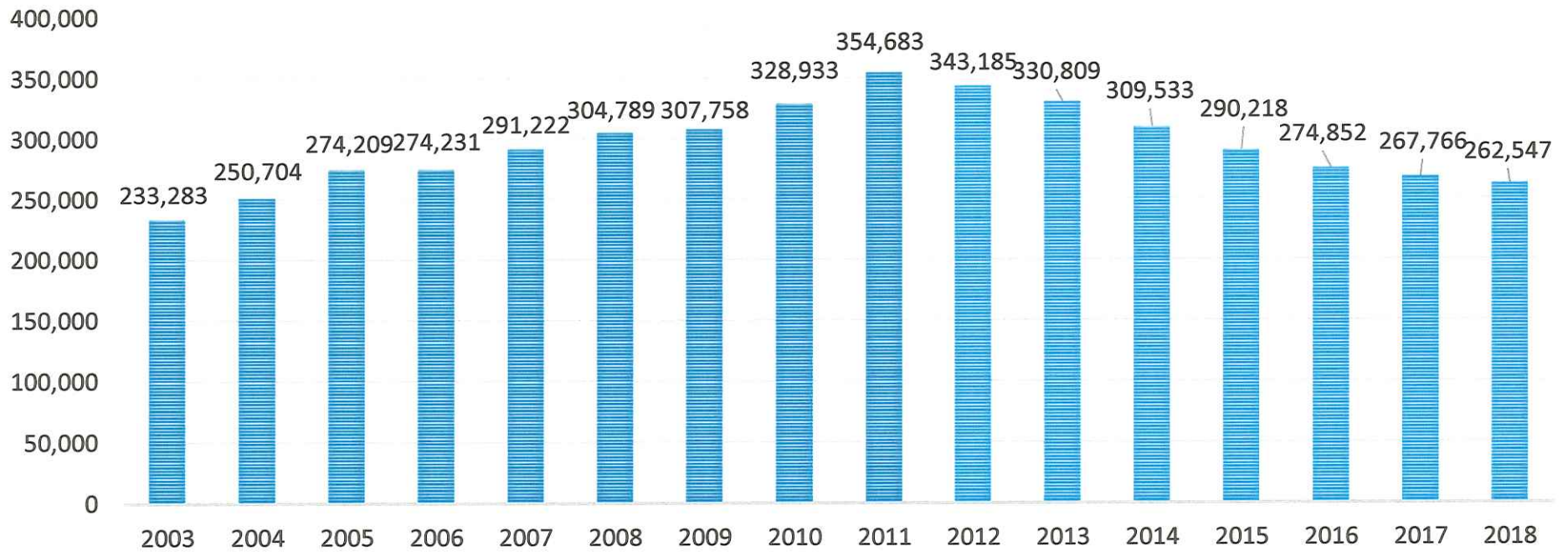
7. HIV waiver

Eligibility: HIV diagnosis and income up to 250% FPL.

Services: Physician services, hospital (inpatient and outpatient), medications, community support services, lab, imaging, ambulatory care clinics, targeted case management, family planning services, behavioral health services, clinic services, and substance abuse treatment.

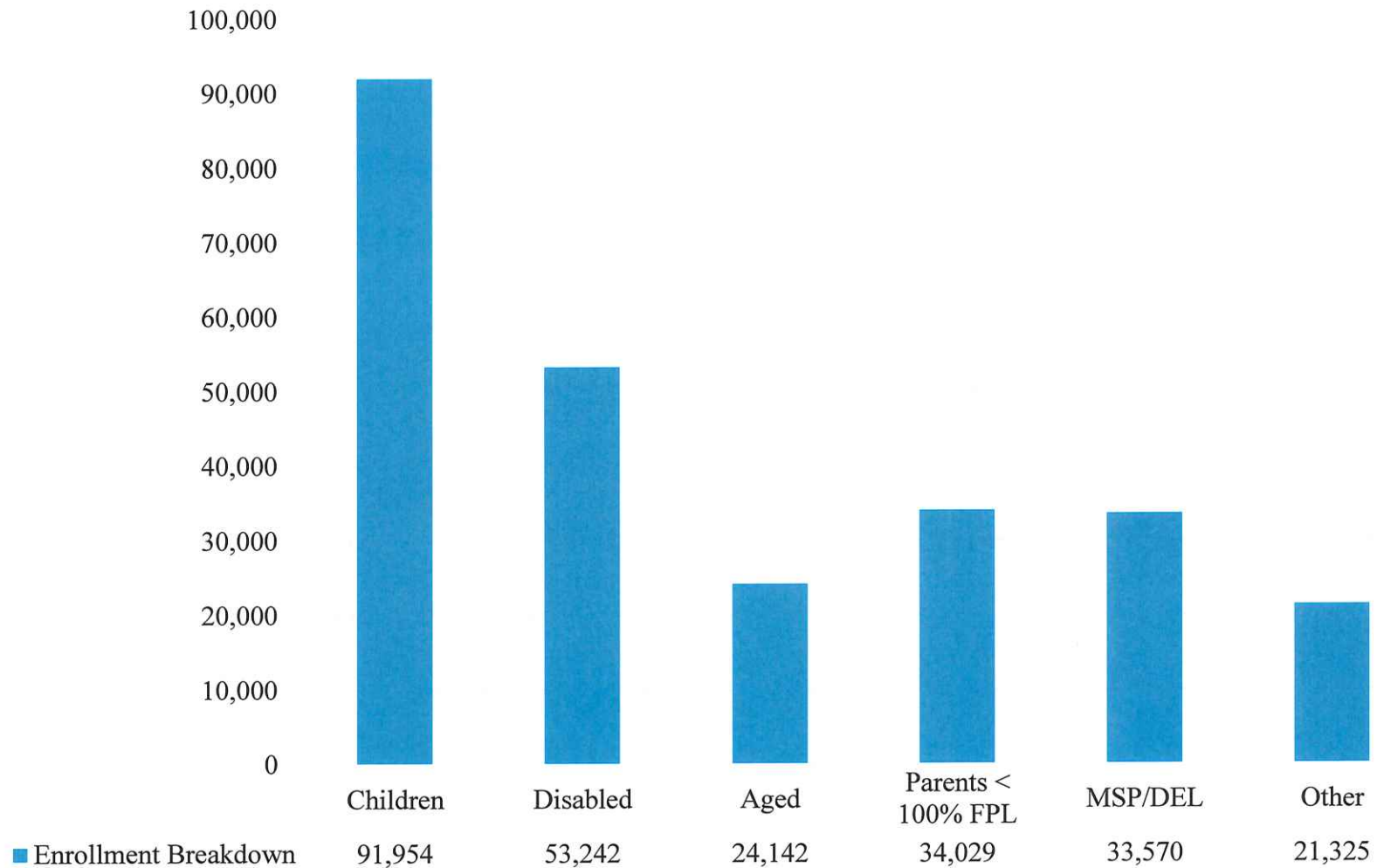
MaineCare: Enrollment

MaineCare Enrollment: 2003-2018

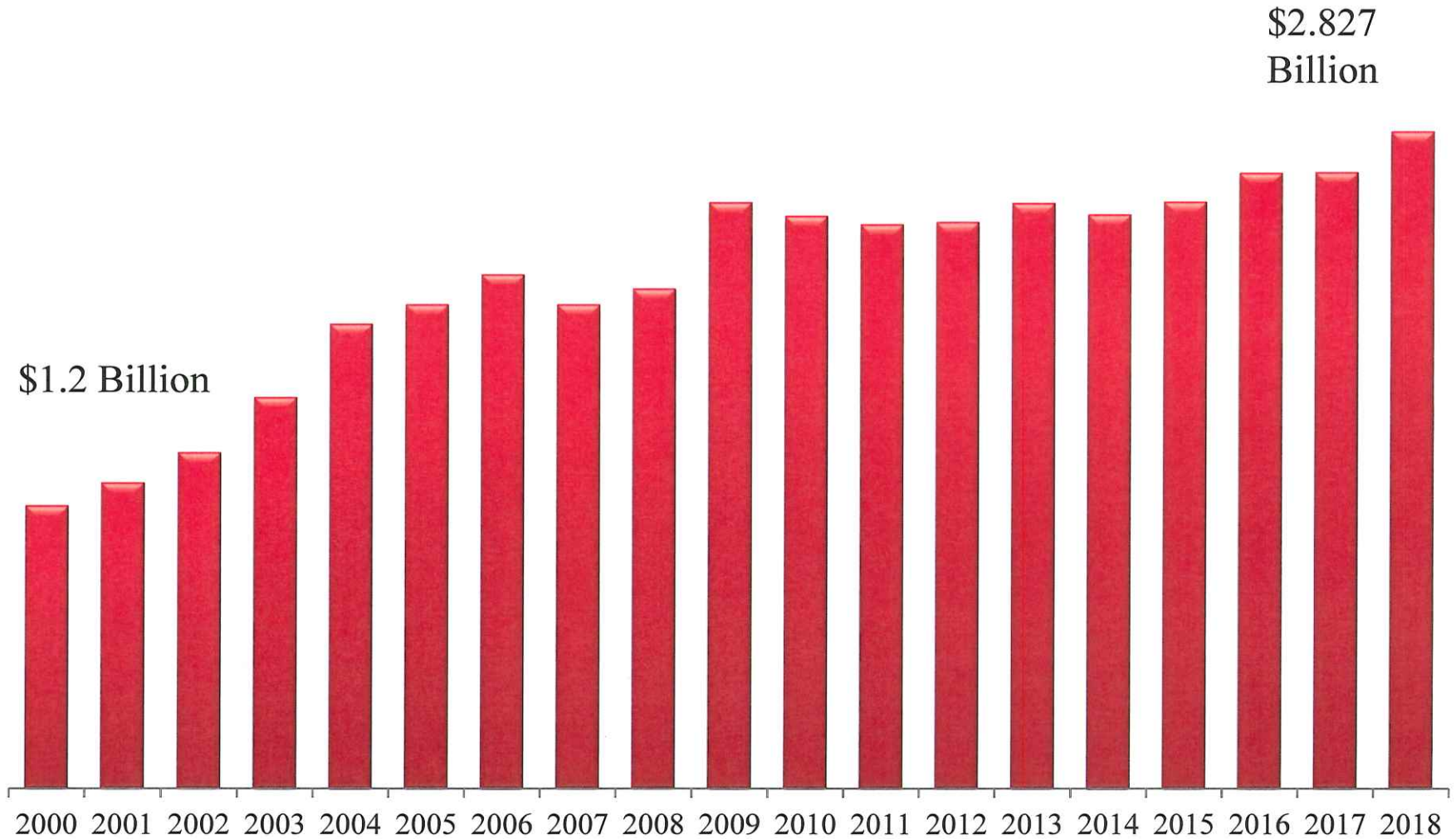


MaineCare: Demographic Breakdown

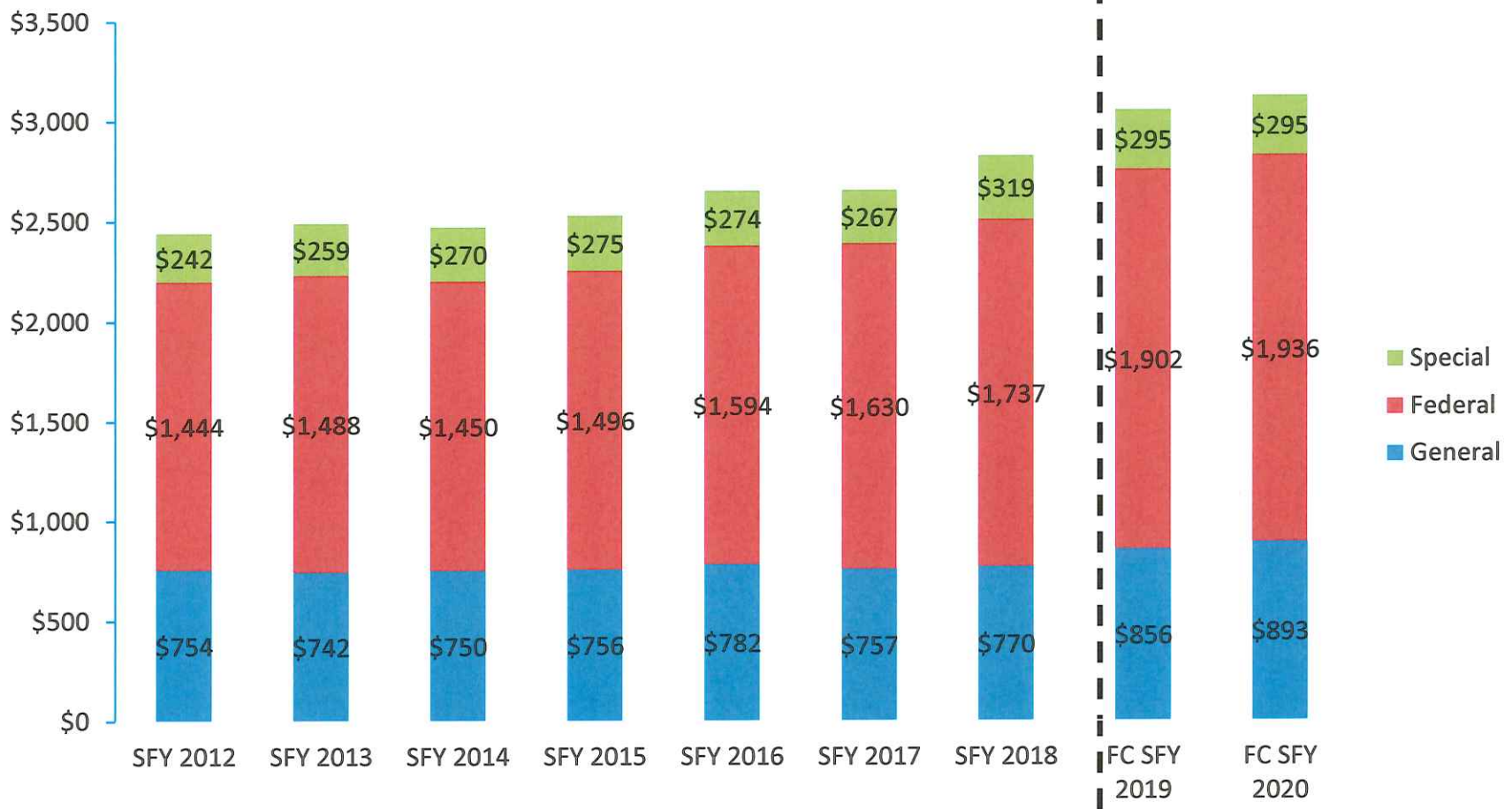
MaineCare Enrollment – November 2018



MaineCare: Historic Snapshot



MaineCare Spending: SFY 2012-2020



Maine Department of Health and Human Services

MaineCare: Operations & Organization

The Office of MaineCare Services is comprised of approximately 150 staff.

Administration

The **Business Analytics and Data Management** unit provides stakeholders with reliable, timely and accurate program and financial information, delivering operational support and strategic insight. The group focuses on data reporting by producing ad hoc data requests and conducting analysis as requested by the Legislature, management, other agencies and external sources.

Communications and training is responsible for all of the office's internal and external communications, and providing training opportunities for new staff as well as ongoing professional development for all staff. On at least a weekly basis, this unit sends a listerv message to approximately 8,000 professionals, informing them of policy changes, system updates and issues, and important information about MaineCare's many initiatives. The communications team is also responsible for developing and distributing easy to understand information for MaineCare members about the services they receive and any changes that may be happening.

MaineCare: Operations & Organization

Program Integrity (PI) is responsible for surveillance and referral activities which include post-payment reviews of MaineCare providers, surveillance of claims data, and referrals to the Healthcare Crimes Unit for credible allegations of fraud. PI is also responsible for excluding individuals from participation in MaineCare based on convictions, licensing board actions, or federal exclusions. PI recovers overpayments to MaineCare providers, and may suspend payments to a provider based upon a credible allegation of fraud.

The **Medical Director** is responsible for ensuring efficient administration of the MaineCare program, including making decisions regarding MaineCare coverage, determination of medical necessity, eligibility, and reimbursement policy.

MaineCare: Operations & Organization

Operations

The **Operations Division** is primarily responsible for oversight of claims payment activity and outreach and support to the provider community, privacy and security, and quality assurance activities. The individual units include:

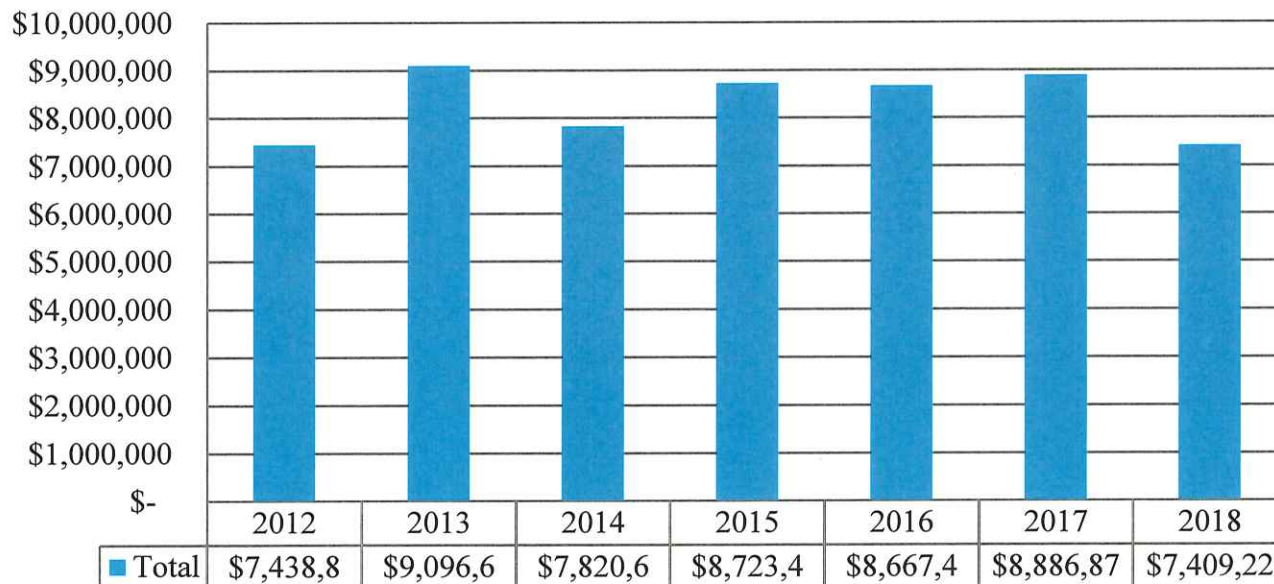
The **Claims and Adjustment Units** work with providers and MaineCare's fiscal agent to resolve claims payment issues and questions.

The **Provider Relations Unit** works closely with MaineCare providers on escalated claims adjudication issues, billing questions, policy clarification, and various training opportunities. There are over 6,200 providers enrolled with MaineCare.

MaineCare: Operations & Organization

Third Party Liability, including Estate Recovery, Casualty Recovery and Pay and Chase activities, secures reimbursement from liable third party payers or MaineCare recipients when MaineCare enrollees or their family members have other insurance coverage, are injured in an accident, or have assets that should be used to pay down expenses reimbursed by MaineCare.

TPL Recovery Totals, State Funds, SFYs 2012-2018



MaineCare: Operations & Organization

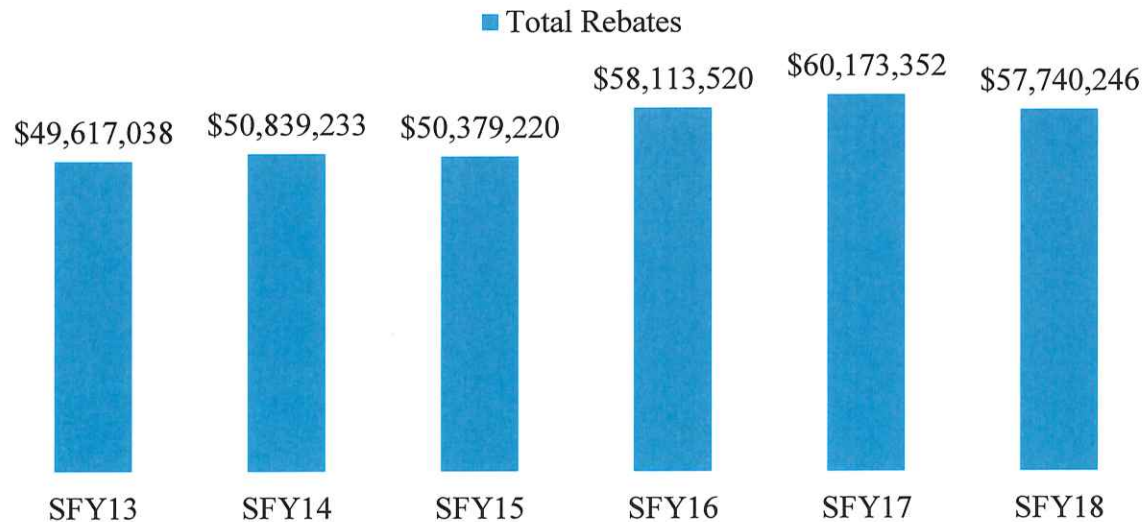
Policy

The **Policy Unit** develops rules and regulations, defines the scope of coverage, maintains the Medicaid State Plan to incorporate administrative and legislative changes into the Medicaid program, and submits waiver requests to the federal government that support the State's desire to adopt innovative solutions to coverage issues. This division works with the federal Centers for Medicare and Medicaid Services (CMS).

MaineCare: Pharmacy

The **Pharmacy Unit** manages the Pharmacy Help Desk, assisting members with Medicare Part D enrollment. The unit maintains the Preferred Drug List (PDL), and oversees MaineCare's Drug Rebate Program, which helps offset the federal and state costs of most outpatient prescription drugs dispensed to Medicaid members. Approximately 600 drug manufacturers currently participate in this program. Drug manufacturers enter into a national rebate agreement with CMS and each calendar quarter, rebate invoices are created and mailed to each manufacturer whose product was paid for with Medicaid funds. The invoices are based upon the quantities of drugs dispensed by pharmacies and providers to eligible Medicaid recipients and paid for by Medicaid. These rebates are paid by drug manufacturers and are shared between the states and the federal government.

Rebates – State Funds, SFYs 2013-2018



MaineCare: Pharmacy

There are approximately 181,000 MaineCare members who receive pharmacy services. MaineCare's Pharmacy Unit aims to provide accurate and up-to-date information for members, pharmacies, and healthcare providers by using innovative programs such as Medication Therapy Management (MTM) and Pharmacy Care Management.

Pharmacy Overview (SFYs2013-2018)		
State Fiscal Year	Average # Rxs Filled Per Year	Annual Spend
2013	6,653,725	\$225,925,078
2014	5,035,593	\$230,517,990
2015	4,486,476	\$248,512,412
2016	4,292,613	\$277,519,228
2017	4,002,265	\$267,325,211
2018	3,714,145	\$271,192,159

MaineCare: Pharmacy Care Management

Background

- Two important trends that affect patient health outcomes and cost of treatment are **medication adherence** and **the rising cost of brand name and generic drugs**.
- Pharmacy Care Management (PCM) was implemented in 2013. It is a program that includes concentrated review of high-cost drugs and drug classes. These are new “blockbuster” drugs that create the potential for increases in pharmacy costs. Review includes contacting members and providers to ensure the full value of the therapy is attained and that medications are used as prescribed and in accordance with best practices. Pharmacy Care Management oversees patients in real-time by identifying those who are not following through with prescription use. It ensures prescribed therapies are understood before a first dose is administered.
- Change Healthcare, MaineCare’s Pharmacy Benefits Manager, has designated a pharmacist and support staff to review pharmacy claims and to intervene in certain circumstances. Interventions include calling patients and providers in situations where there is a lack of patient adherence to refills, there are inappropriate dosages, and when patients are starting new medications.

MaineCare: Pharmacy Care Management

Pharmacy Care Management Outcomes		
	SFY2017	SFY2018
Members Enrolled	2,076	2,699
Medications Covered	164	139

Disease states covered include Hepatitis C, cancer, HIV, MS, neuro, and cystic fibrosis

Reasons for interventions include: poor adherence, inappropriate dosages, duplicative therapy, gaps in therapy, drug interactions, duration, new starts on medications, waste, billing errors, and eligibility changes. New starts and adherence to prescription instructions represent the two most significant reasons for interventions.

MaineCare: Operations & Organization

HealthCare Management & Value-Based Purchasing (VBP)

HealthCare Management ensures services and benefits meet established standards of medical necessity and are beneficial to the member. The division is responsible for Maine's **Case Mix** system and for the determination of medical eligibility of certain MaineCare members. HealthCare Management handles **Prior Authorization** for certain medical services and items of durable equipment, as well as services provided out of state.

The **VBP** unit focuses on MaineCare's Value-Based Purchasing (VBP) strategy, which consists of a set of inter-related reform efforts designed to drive better care and increased accountability. This includes the Emergency Department (ED) Care Collaborative, the Case Coordination Unit (CCU), Health Homes, Behavioral Health Homes, Opioid Health Homes, and Accountable Communities.

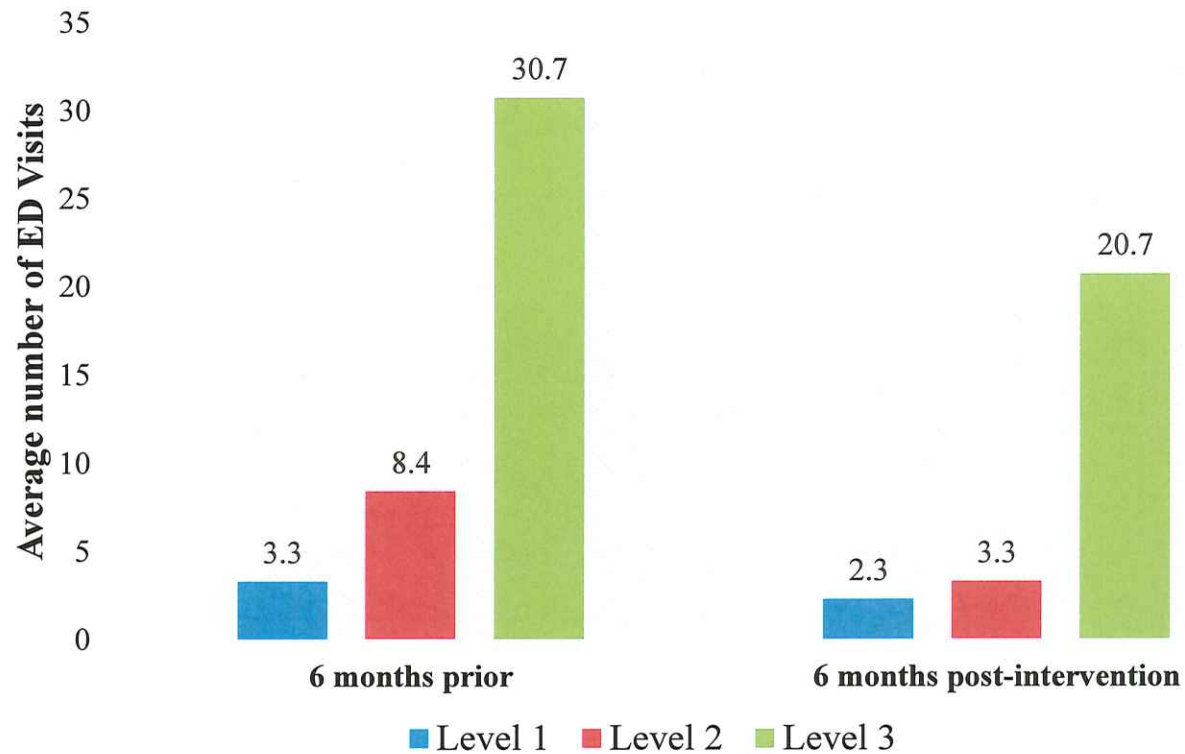
MaineCare: ED Care Collaborative

The ED Care Collaborative works with all hospital EDs in the state to help MaineCare members who consistently overutilize the ED or use it inappropriately. It aims to reduce avoidable and costly trips to the ED. Interventions vary based on members' needs, diagnoses, and utilization patterns; therefore, there are three different levels of intervention:

Level	Common Profile	Interventions Provided	Members Served, 2015-2017
Level I (less than 5 ED visits before intervention)	Diagnoses treatable at PCP office: cough/cold, sore throat, earaches, fever	Connect to PCP, education on appropriate use of PCP, follow-up with PCP after each visit	1,557
Level II (6-20 ED visits before intervention)	Chronic condition(s) and/or conditions requiring specialty care: pain, headaches or migraines, dental issues	Same as above and expanded to offering referrals and follow-up with specialists	620
Level III (21+ ED visits before intervention)	Medically complex and/or a behavioral health component and psychosocial barriers (e.g. homelessness)	Same as above, plus collaboration with community resources and behavioral health providers	18

MaineCare: ED Care Collaborative

Program Results, CYs 2015-2017



MaineCare: Case Coordination Unit (CCU)

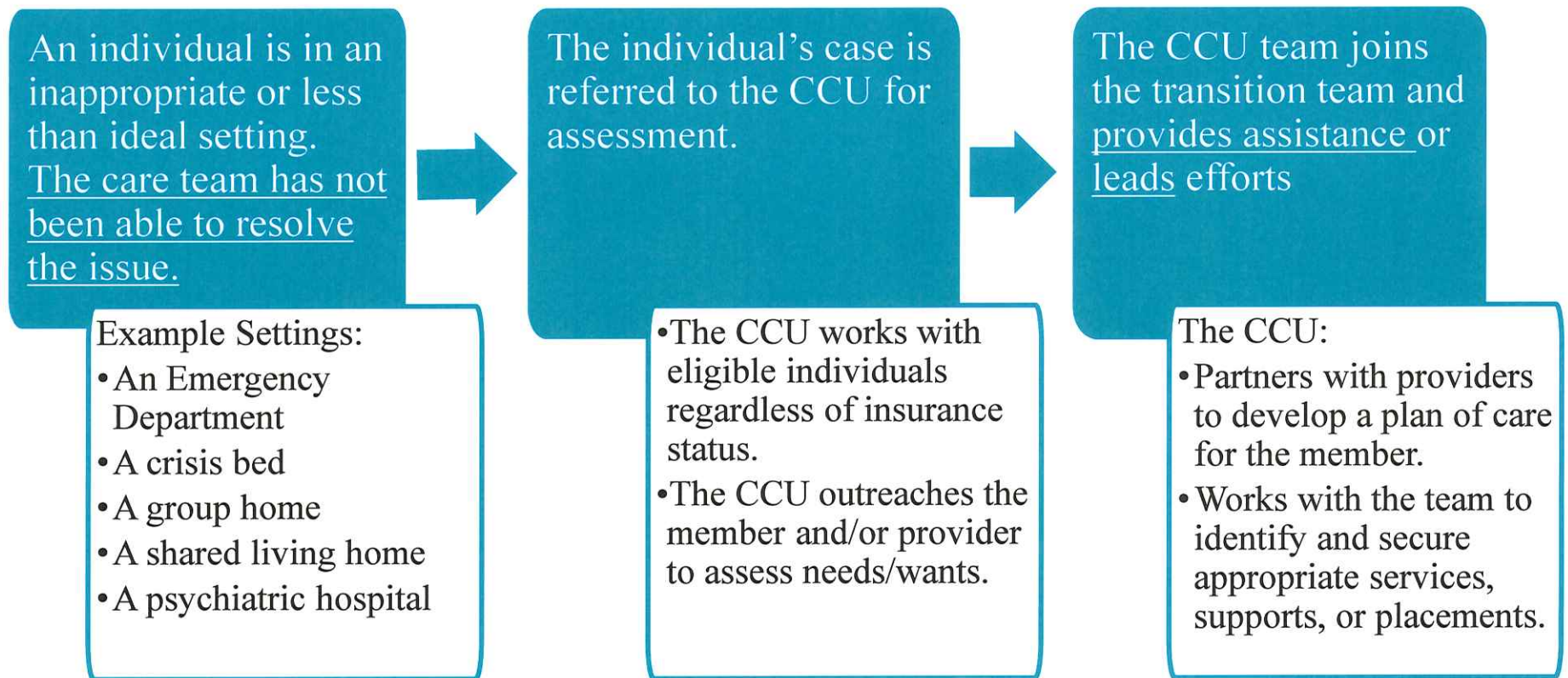
The Case Coordination Unit (CCU) started in 2016 as a specialized team-based case management resource. The CCU provides Maine residents with solutions to complex healthcare, financial, and placement issues through integrated provider and community involvement.

The CCU accepts cases based on referrals and prioritizes:

- Individuals at risk to themselves or others,
- Adults who have been in the Emergency Department more than five days,
- Children awaiting discharge without an appropriate placement identified, and
- Other complex cases sent by the Governor's and/or DHHS Commissioner's Office.

MaineCare: Case Coordination Unit (CCU)

The CCU works to support existing resources by convening teams and providing a structured path forward for vulnerable individuals.



MaineCare: Accountable Communities

Background

The AC initiative was implemented on August 1, 2014. Through this initiative, the Department is engaged in shared savings arrangements with provider organizations that commit to coordinating the care of all patients who rely on those organizations as their point of access to healthcare services. ACs that demonstrate cost savings and meet quality performance benchmarks share in the savings generated under the model.

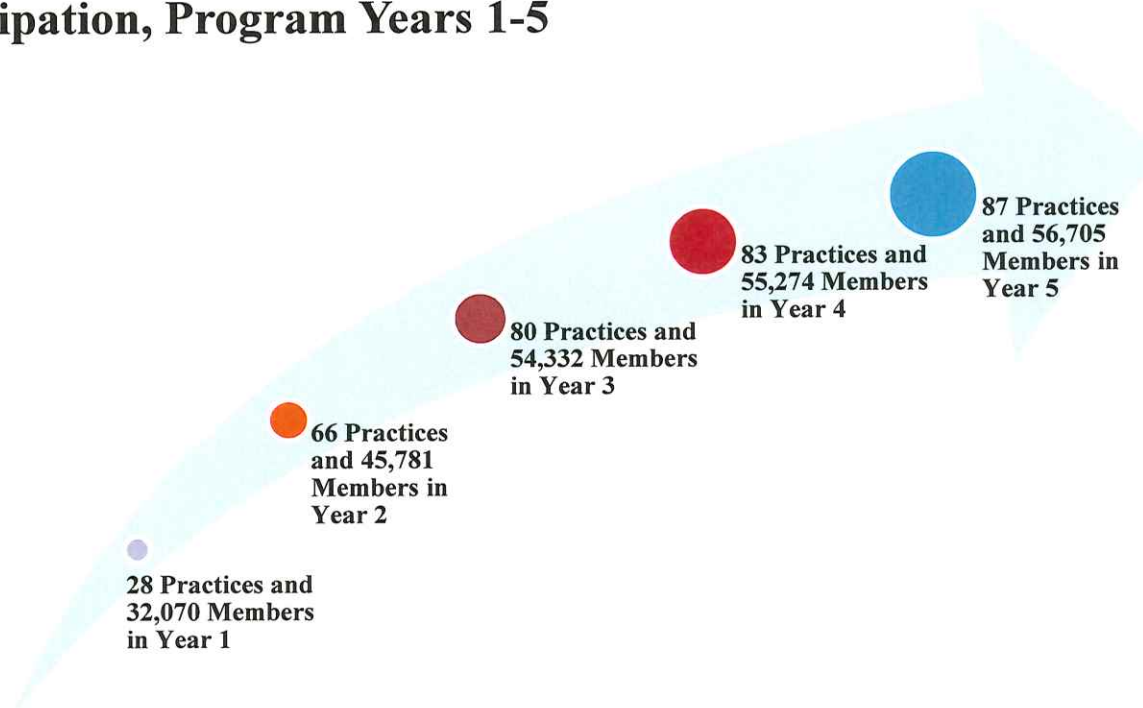
There are four (4) lead entities of this initiative:

1. Community Care Partnership of Maine, LLC,
2. Beacon Health, LLC,
3. MaineHealth Accountable Care Organization, and
4. Kennebec Region Health Alliance.

Currently, 56,705 members are attributed through these ACs.

MaineCare: Accountable Communities

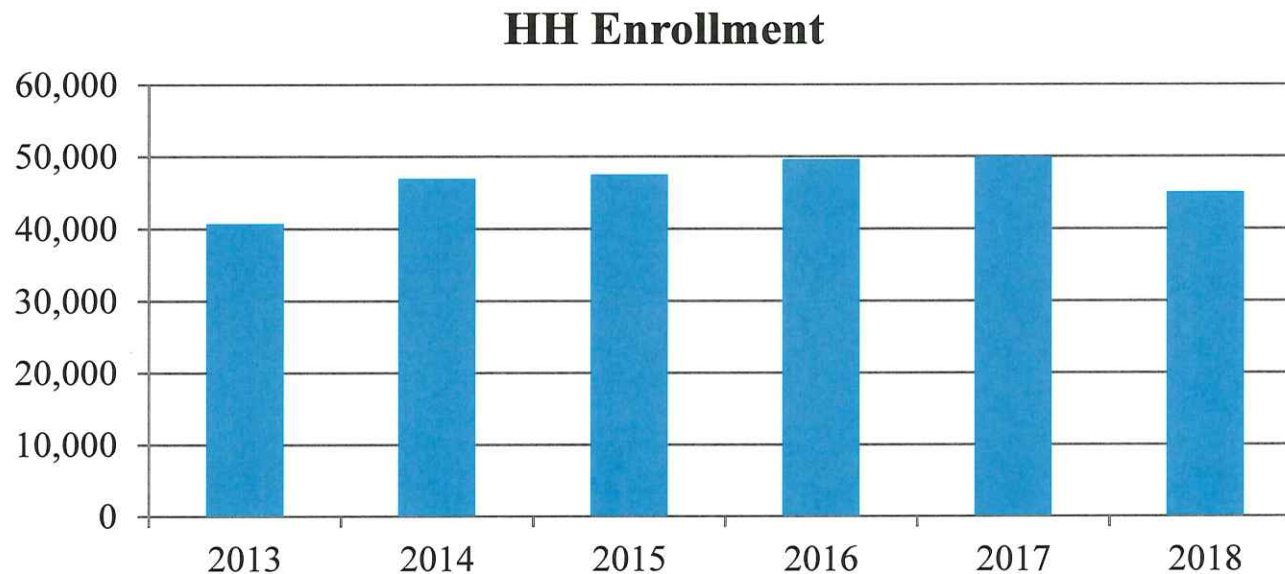
AC Participation, Program Years 1-5



MaineCare: Health Homes

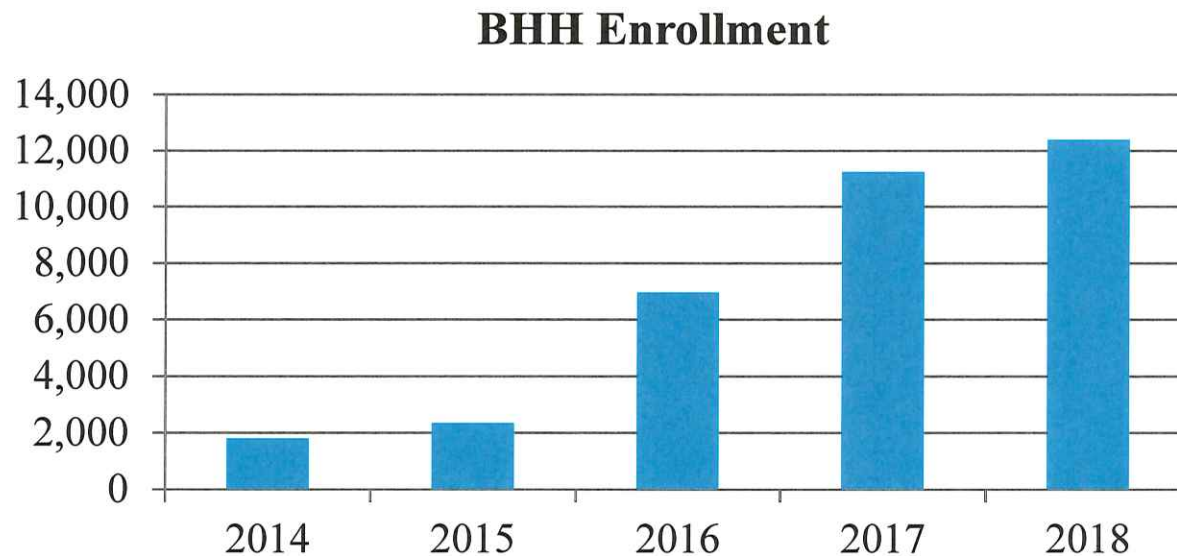
Health Homes began in 2013, targeting individuals who have two or more chronic conditions or are diagnosed with one and are at risk of another.

It includes 173 primary care practices and 10 Community Care Teams, covering over 45,000 MaineCare members.



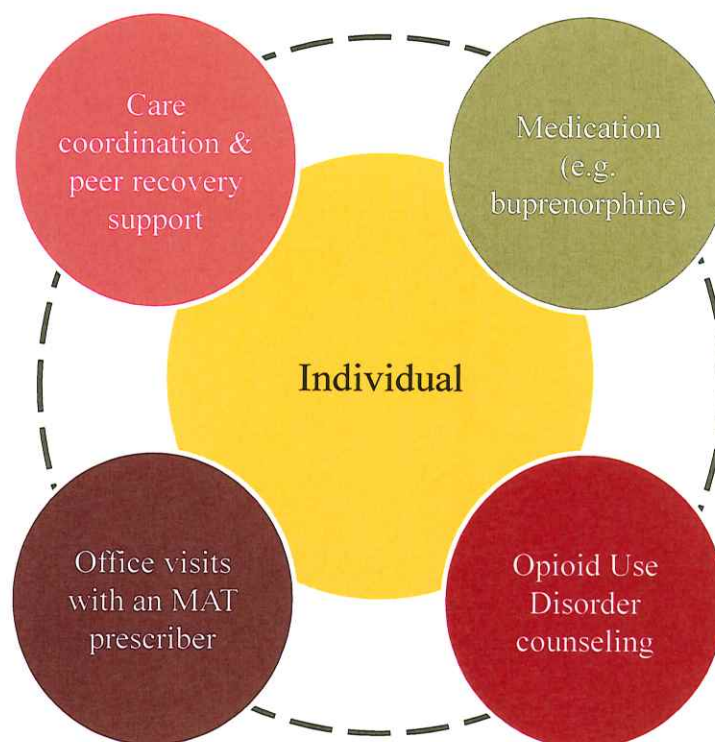
MaineCare: Behavioral Health Homes

The BHH program began in April 2014, targeting individuals with Serious and Persistent Mental Illness (SPMI) and children with Serious Emotional Disturbance (SED). There are currently 36 organizations involved, with over 112 locations around the state, covering over 12,000 members.



MaineCare: Opioid Health Homes

Opioid Health Homes (OHH) began in 2017 and are comprised of a group of providers who furnish services to individuals diagnosed with opioid dependency. As of November 2018, OHHs have served over 700 MaineCare members and nearly 200 uninsured individuals.



MaineCare: Opioid Health Homes

OHH services include:

- Office visit(s) with Medication-Assisted Treatment (MAT) prescriber
- Counseling to address opioid dependency
- Medication
- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support service
- Referral to community and social support services

Staff requirements:

- Clinical team lead
- Medication-Assisted Treatment (MAT) prescriber
- Nurse care manager
- Opioid dependency clinical counselor
- Peer recovery coach
- Patient navigator

Questions?

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