

# Managed Care in Maine

This profile reflects state managed care program information as of August 2014. This profile only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

## Overview of Current Managed Care Programs

Presently, about half of Maine's Medicaid beneficiaries were enrolled in the **MaineCare Primary Care Case Management (PCCM)** program, which began in 1999. The program requires that low-income adults, children, and families, and children and adults with disabilities around the state choose a PCCM provider for primary care, case management, and referrals to specialists.

In recent years, Maine has introduced a variety of initiatives focusing on value-based purchasing. In 2010, Maine launched a multi-payer Patient Centered Medical Home (PCMH) Pilot program that increases payment to primary care providers for care coordination and rewards quality outcomes. Maine enhanced the PCMH program in 2012 by adding provider-based **Community Care Teams (CCTs)**, which coordinate care for high-risk members at one or more practices. Building on the foundation of PCMHs and CCTs, Maine began a Medicaid health homes program in early 2013 to provide enhanced care management for people with two chronic conditions, or one chronic condition and at risk for another. The state plans to expand the health homes program to serve individuals with behavioral health needs in late 2013. In 2014, Maine will also launch an **Accountable Communities** initiative, which – similar to Medicare Accountable Care Organizations – will allow qualified networks of providers statewide to share in savings if they meet quality benchmarks.

Maine has recently been approved via a 1915(b)(4) waiver, to provide non-emergency medical transportation (NEMT) through contracted managed care brokers. The program operates as an at-risk PAHP via the 1915(b) waiver authority. The original waiver was approved in 2012 but the State did not implement the program until August 2013. This is a state-wide program.

## Participating Plans, Plan Selection, and Rate Setting

Maine contracts directly with primary care providers and CCTs to manage care for Medicaid enrollees in the PCCM, PCMH, and health homes programs. Primary care providers are paid a monthly per-member case management fee in addition to the regular Medicaid fee-for service reimbursement. PCMHs, health homes, and CCTs receive per member per month case management fees from Medicaid and other payers participating in the multi-payer collaborative efforts.

For NEMT services, Maine contracts with three brokers; Logisticare, MidCoast Connector (Waldo CAP), and Penquis CAP.

## Quality and Performance Incentives

Maine uses HEDIS and CAHPS measures, and publicly reports quality data. The state also reports quality and utilization measures to all PCCM providers and distributes incentive payments to primary care providers who score above the 20<sup>th</sup> percentile for particular measures (for example, measures related to access, unnecessary emergency room utilization, and preventive care). In Maine's Accountable Communities initiative, contracted networks of providers will be eligible to share in savings, partially based on their performance on quality measures.

**Table: Managed Care Program Features, as of August 2014**

Program Name	MaineCare Primary Care Case Management
<b>Program Type</b>	PCCM
<b>Program Start Date</b>	May 1999
<b>Statutory Authorities</b>	1932(a)
<b>Geographic Reach of Program</b>	Statewide
<b>Populations Enrolled</b> ( <i>Exceptions may apply for certain individuals in each group</i> )	
<i>Aged</i>	
<i>Disabled Children &amp; Adults</i>	X
<i>Children</i>	X
<i>Low-Income Adults</i>	X
<i>Medicare-Medicaid Eligibles (“duals”)</i>	
<i>Foster Care Children</i>	
<i>American Indians/Alaska Natives</i>	X
<b>Mandatory or Voluntary enrollment?</b>	Mandatory (except for American Indians/Alaska Natives)
<b>Medicaid Services Covered in Capitation</b> ( <i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or “carved out” of the benefit package.</i> )	
<i>Inpatient hospital</i>	
<i>Primary Care and Outpatient services</i>	X (case management only)
<i>Pharmacy</i>	
<i>Institutional LTC</i>	
<i>Personal Care/HCBS</i>	
<i>Inpatient Behavioral Health Services</i>	
<i>Outpatient Behavioral Health Services</i>	
<i>Dental</i>	
<i>Transportation</i>	
<b>Participating Plans or Organizations</b>	1. MaineCare Primary Care Case Management – participating providers
<b>Uses HEDIS Measures or Similar</b>	X
<b>Uses CAHPS Measures or Similar</b>	X
<b>State requires HMOs to submit HEDIS or CAHPS data to NCQA</b>	NA
<b>State Requires HMO Accreditation</b>	NA

<b>Program Name</b>	<b>MaineCare Primary Care Case Management</b>
<b>External Quality Review Organization</b>	NA
<b>State Publicly Releases Quality Reports</b>	Yes

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.  
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.  
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).  
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).  
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.