

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

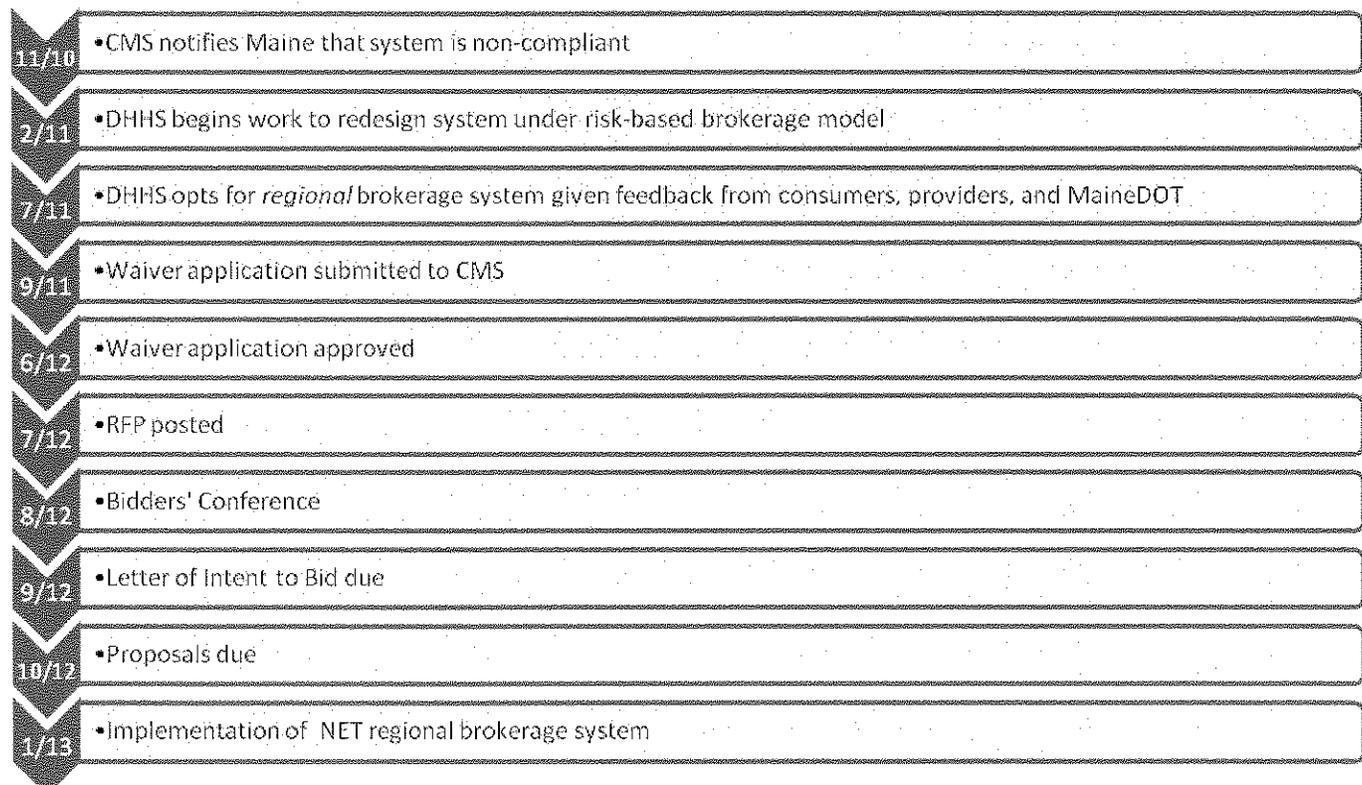
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## MaineCare Non-Emergency Transportation

CMS notified MaineCare in November, 2010 that a redesign of MaineCare's NET system is necessary to achieve compliance with CMS regulations and maintain the current federal match. Feedback from consumers, providers and the Maine Department of Transportation led DHHS to opt for a regional brokerage structure. Under this structure, regional brokers selected through a competitive RFP process will receive monthly capitated rates to support the full range of transportation options to eligible members under the State Plan, including participants in Maine's Home and Community Based Services waivers.

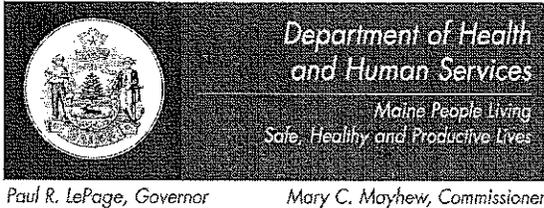
On June 5, 2012, Centers for Medicare and Medicaid Services (CMS) approved Maine's waiver application to establish a risk-based regional brokerage system for MaineCare Non-Emergency Transportation. On July 18, 2012, DHHS released its Non-Emergency Transportation (NET) Request for Proposals (RFP). The legal notice and RFP can be found on the [DHHS RFP website](#).

The approved redesign of MaineCare's NET system will result in greater accountability for the provision of accessible, cost effective, reliable, quality transportation to eligible MaineCare members without alternate means of accessing their MaineCare-covered services.



## How will MaineCare's new transportation system differ from the current system?

	Current System	Planned
<b>Brokers</b>	<ul style="list-style-type: none"> <li>• 10 Full Service Regional Transportation Providers (FSRTP) across 8 transit districts.</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 8 brokers aligned with transit districts. Open to for-profit, non-profit or governmental entities.</li> </ul>
<b>Competition</b>	<ul style="list-style-type: none"> <li>• OMS designates the FSRTPs, which hold standard, non-competitive provider agreements.</li> </ul>	<ul style="list-style-type: none"> <li>• Bidders must compete for the brokerages</li> </ul>
<b>Risk</b>	<ul style="list-style-type: none"> <li>• Brokers paid fee for service. State at risk.</li> </ul>	<ul style="list-style-type: none"> <li>• Brokers must manage within a per member per month capitated rate.</li> </ul>
<b>Federal Match</b>	<ul style="list-style-type: none"> <li>• Cannot continue to receive FMAP for many services.</li> </ul>	<ul style="list-style-type: none"> <li>• May receive full FMAP.</li> </ul>
<b>Fraud and Abuse</b>	<ul style="list-style-type: none"> <li>• FSRTPs have little financial incentive to prevent and detect fraud and abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• Brokers bear any costs related to fraud and abuse. Brokers must verify 10% of all appointments, on top of any rides being investigated due to allegations of fraud or abuse.</li> </ul>
<b>Member Access</b>	<ul style="list-style-type: none"> <li>• Problems with consistent member access to after-hours and weekend appointments and urgent care.</li> </ul>	<ul style="list-style-type: none"> <li>• Bidders must demonstrate the ability to provide 24/7 access in order to qualify as a risk-based brokerage.</li> </ul>
<b>Accountability</b>	<ul style="list-style-type: none"> <li>• The State has no authority to restrict payment or terminate the relationship if an FSRTP fails to meet quality standards.</li> </ul>	<ul style="list-style-type: none"> <li>• The State will tie payment to specified quality benchmarks and may terminate the contract with a broker for non-compliance.</li> </ul>
<b>Transportation Options</b>	<ul style="list-style-type: none"> <li>• The State may only reimburse bus passes in Portland and Bangor.</li> </ul>	<ul style="list-style-type: none"> <li>• Brokers will be encouraged to utilize all fixed route transit options statewide, such as ZOOM, the Kennebec Explorer, City Link, and the Bath Shuttle Bus.</li> </ul>
<b>Reimbursement</b>	<ul style="list-style-type: none"> <li>• Providers, volunteers, family, friends and members all receive fixed reimbursement rates for providing transportation.</li> </ul>	<ul style="list-style-type: none"> <li>• Rates will be negotiable with the Broker.</li> </ul>



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## Value-Based Purchasing

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For background and more information on the Department's Value-Based Purchasing Strategy, please visit <http://www.maine.gov/dhhs/oms/vbp>.

### Emergency Department Collaborative Care Management Initiative

The Emergency Department Collaborative Care Management Project component of the Department's Value-Based Purchasing Strategy began as a pilot project with MaineGeneral Medical Center in 2010. As a result of the pilot's demonstrated success with decreased ED utilization, decreased costs, and improved utilization of appropriate outpatient services, in the summer of 2011, MaineCare expanded to all hospital emergency departments in the state. Whenever possible, community-based practice and hospital resources provide care management for members, with MaineCare staff facilitating information-sharing and providing direct care management as needed.

This initiative has served over 1000 total members to date, with about 650 members being served at this point in time—members "graduate" from the program as they stabilize, or are dropped if they lose MaineCare eligibility. We are currently estimating approximately \$5.4M in total savings, state and federal, compared to FY11, for the first year of the initiative. These cost savings will not be realized until hospital cost reports are filed and settled. Savings are even higher, over \$7M, when actual costs are compared to *projections* of what FY12 costs *would* have been in the absence of the initiative.

MaineCare has begun sharing reports with the hospitals at their monthly meetings that show prior and current year ED visits, percent change, and performance related to goal, for each patient. In addition, MaineCare is automating quarterly reports which will show change in per member per month ED visits, ED costs, overall costs, and outpatient visits for each hospital in the state.

#### Next Steps:

- MaineCare is collaborating with some of the state's health systems to better leverage existing community-based care management efforts to assist the ED initiative and to problem solve around other process improvements
- MaineCare will be partnering with MaineGeneral and HealthInfoNet on a pilot to test real-time notification of care managers when high utilizing members visit the ED or have an inpatient admission or discharge. MaineCare hopes to roll out this functionality to the ED initiative as a whole based on the success of the initial pilot.

## Health Homes

The federal Health Homes Initiative provides enhanced 90/10 federal funding to enable states to build off the foundation of the medical home concept to provide care coordination and intensive care management to Medicaid members with multiple chronic conditions and high needs.

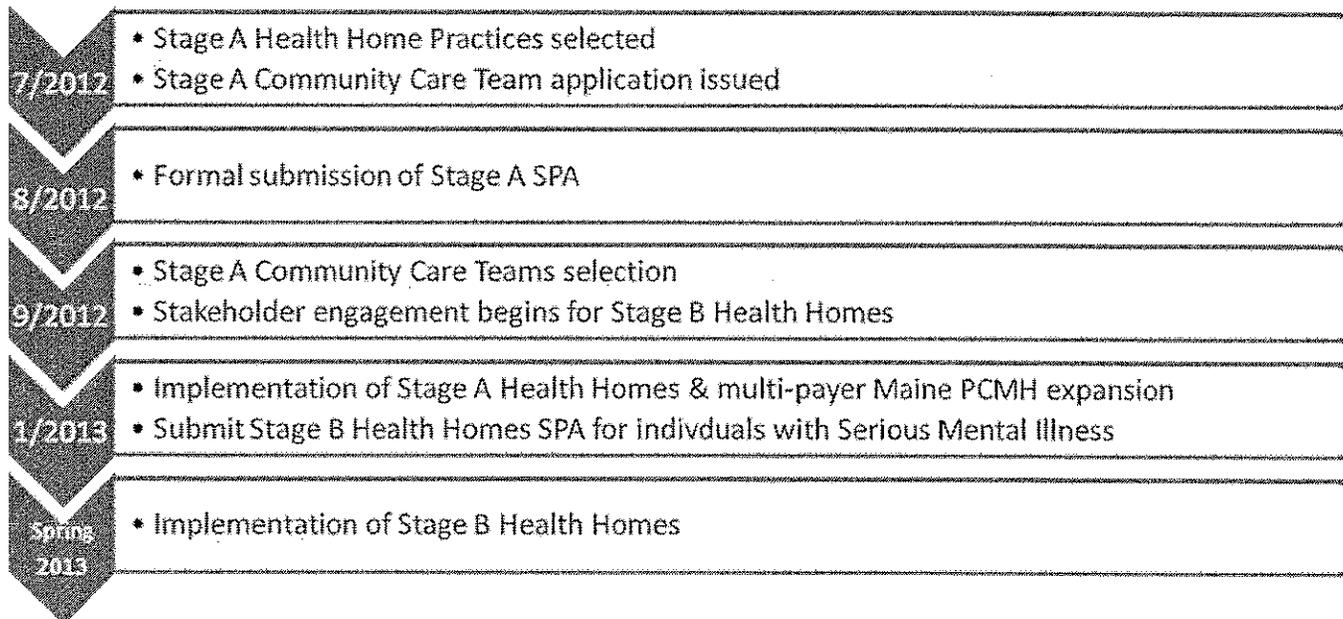
MaineCare has been working closely with the health care quality improvement organization Maine Quality Counts in order to align its work on the federal Health Homes Initiative with the multi-payer Maine Patient Centered Medical Home (PCMH) Pilot. In April, MaineCare and Maine Quality Counts issued a joint application to which 108 practices statewide responded. MaineCare is anticipating that all 108 of the applicants plus the 26 existing PCMH practices will join the Health Homes Initiative, for a total of 134 practices, representing almost one third of MaineCare's primary care practices.

The Department is planning to implement two Health Homes models:

1. Stage A: medical home practices will serve members with multiple chronic conditions in partnership with Community Care Teams, which provide wrap-around support to the practice to deliver intensive care management to the highest need members.
2. Stage B: Community Care Teams with expertise in behavioral health will partner with practices to serve as Health Homes for members with serious mental illness.

**Stage A:** MaineCare has met its obligation to consult with and receive approval from the Substance Abuse and Mental Health Services Administration (SAMHSA) for its Stage A model, and has been engaged in conversation with CMS around its draft State Plan Amendment (SPA). MaineCare just received its last round of questions from CMS and will be formally submitting its Stage A Health Homes SPA later in August.

**Stage B:** In September, MaineCare will begin working with the Maine Health Access Foundation to engage a group of behavioral health leaders to conduct an environmental scan of current readiness of Maine behavioral health organizations to make the transformation to Health Homes in partnership with primary care practices to serve members with serious mental illness. This scan will inform MeHAF and the Department's plans to offer transformational support to Stage B Health Homes.



## Accountable Communities

The Department's Accountable Communities initiative is based on a shared savings Accountable Care Organization (ACO) model for the Medicaid population. Under the initiative, providers will be able to come together to engage in an alternative contract with the Department to share in any savings achieved for an assigned population. The amount of shared savings will depend on the attainment of quality benchmarks. The initiative will be open to any willing and qualified providers statewide, and will require that providers partner with community based organizations and collaborate with all area hospitals.

This summer, the Department has been working to address and incorporate feedback from these forums into the proposal that will submit to CMS. In addition, MaineCare is working on the actuarial analysis necessary to develop the baseline per member per month costs against which Accountable Communities will be measured in concert with their performance on quality metrics.

The Department continues to conference with CMS, national organizations and other states for guidance with the Accountable Communities Initiative. MaineCare has agreed to help CMS test out the Integrated Care Model "toolkit" CMS has developed to guide states through the SPA process to implement shared savings models. MaineCare is scheduled to begin consultation around the "toolkit" the third week of August.

