An Overview of the MaineCare Program
August 28, 2012
Medicaid/CMS Contractual Relationship

Centers for Medicare and Medicaid (CMS)  Policies  State Medicaid Agency

State Plan

Providers

Members

Waivers

Providers

Members
Must provide required services to mandatory populations
- 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”
- Rates must be adequate to assure reasonable access/quality
- Services may be limited by utilization control procedures
Basic Requirements Of Medicaid Coverage

Services: Mandatory and Optional
Medicaid law requires states to cover:

- Inpatient hospital care
- Outpatient hospital care
- Physician's services
- Nurse mid-wife and nurse practitioner services
- Federally qualified health center ("FQHC") and 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 (EPSDT- under 21)
MaineCare Optional Services Include:

Prescription Drugs
Chiropractors
Psychologists
Podiatrists
Diagnostic and Screening
Preventative services
Rehabilitative services
Clinic services
Dental services (limited for adults)
Physical and occupational therapy
Speech, language and hearing services
Prosthetic devices, including eyeglasses

Inpatient psychiatric care for people under 21 and over 65 (adults 21-64 not covered by Medicaid)
ICF/MR
Case management services
Personal care services
Hospice care
Home and community based services
Personal care services
Primary care case management services
Respiratory care (for ventilator-dependent)
Day Habilitation
Eye care
MaineCare Waiver Populations
MaineCare Waiver Populations

Waivers:
- Allow greater state flexibility under federal law

Primary requirement:
- Federal government pays no more than it would if no waiver existed.

Currently, Maine Has Six Waivers
MaineCare Waiver Populations

1. Disabled and Elderly Waiver
   - Must be medically in need of Nursing Facility (NF) level of care
   - An alternative to NF
   - Elderly and disabled >= age 18
   - Case management, personal care, respite, skilled nursing, transportation, home health care, and therapy
MaineCare Waiver Populations

Waivers for persons with Intellectual Disabilities or Autistic Disorder: Home and Community based services and support services

- An alternative to ICF/MR
- Services not part of MaineCare basic benefits
  - Funds to live in a residential setting
  - Personal support services
Home and Community Based Waiver for persons with physical disabilities

- Age >= 18 physical disabilities
- Personal care attendant and case management/consumer direction services
HIV Waiver

- HIV positive
  - <= 250% FPL
  - Pay co-payments and some pay monthly premiums
  - Full MaineCare benefits
Non-Categorical Waiver

- Childless adults ages 21-64
- \( \leq 100\% \) FPL
- Targeted set of services
- Must participate in a care management program
MaineCare Enrollment
Medicaid Payments by Enrollment Group, FY2009

- **Children**: 21% (MA: 9%, US: 14%)
- **Adults**: 48% (MA: 43%, US: 23%)
- **Disabled**: 21% (MA: 9%, US: 14%)
- **Aged**: 23% (MA: 23%, US: 23%)

**Maine**
- $2,468,432,808

**United States**
- $346,488,974,182

Distribution of Medicaid Enrollees by Enrollment Group, FY2009

- **Maine**
  - 37% Aged (10%)
  - 49% Children (28%)
  - 19% Disabled (15%)

- **United States**
  - 17% Aged (10%)
  - 28% Adults (26%)
  - 37% Children (49%)
  - 19% Disabled (15%)
Coverage of Major Categories in Maine, 2012

<table>
<thead>
<tr>
<th>Category</th>
<th>Poverty Level %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-18</td>
<td>200%</td>
</tr>
<tr>
<td>Parents</td>
<td>200%</td>
</tr>
<tr>
<td>Youth (19-20)</td>
<td>150%</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>200%</td>
</tr>
<tr>
<td>Elderly / disabled*</td>
<td>100%</td>
</tr>
<tr>
<td>Childless adults**</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Elderly or disabled who are medically in need of nursing facility level care have higher income guidelines.

**Enrollment of childless adults (“noncategoricals”) is capped by waiver at $40M per passage of LD 1816.
## 2012 Federal Poverty Guidelines (Monthly Income)

<table>
<thead>
<tr>
<th>Household size</th>
<th>100%</th>
<th>133%</th>
<th>150%</th>
<th>200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$931</td>
<td>$1239</td>
<td>$1397</td>
<td>$1862</td>
</tr>
<tr>
<td>2</td>
<td>$1261</td>
<td>$1677</td>
<td>$1892</td>
<td>$2522</td>
</tr>
<tr>
<td>3</td>
<td>$1591</td>
<td>$2116</td>
<td>$2387</td>
<td>$3182</td>
</tr>
<tr>
<td>4</td>
<td>$1921</td>
<td>$2555</td>
<td>$2882</td>
<td>$3842</td>
</tr>
<tr>
<td>5</td>
<td>$2251</td>
<td>$2994</td>
<td>$3377</td>
<td>$4502</td>
</tr>
<tr>
<td>6</td>
<td>$2581</td>
<td>$3433</td>
<td>$3872</td>
<td>$5162</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$330</td>
<td>$439</td>
<td>$495</td>
<td>$660</td>
</tr>
</tbody>
</table>
MaineCare Expenditures
Age Groups – High 5%

High 5% - All members

- Adults age 21 - 64: 51%
- Children under age 21: 21%
- Age 65+: 28%

High 5% - Under 24 months eligibility

- Adults age 21 - 64: 48%
- Children under age 21: 18%
- Ages 65+: 34%

77% of group had 24 months of continuous eligibility
High 5% Service Types – by Net Payments

- Hospital inpt: 14%
- Hospital outpt: 5%
- ER: 1%
- Mental health: 14%
- Physician/RHC/FQHC: 1%
- Pharmacy: 4%
- Primary Care: 1%
- All other: 7%

Long term care: 53%
## High 5% members – Net Payments

<table>
<thead>
<tr>
<th>Service Type</th>
<th>$s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long term care</td>
<td>$676,157,290</td>
</tr>
<tr>
<td>Hospital inpatient</td>
<td>$174,543,146</td>
</tr>
<tr>
<td>Hospital outpatient</td>
<td>$68,994,905</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$11,000,000</td>
</tr>
<tr>
<td>Mental health (incl. IP/OP psychiatric)</td>
<td>$175,857,947</td>
</tr>
<tr>
<td>Physician/RHC/ FQHC</td>
<td>$17,889,652</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$9,324,370</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$47,049,362</td>
</tr>
<tr>
<td>All other</td>
<td></td>
</tr>
<tr>
<td>• Dental</td>
<td>$1,410,589</td>
</tr>
<tr>
<td>• Transportation</td>
<td>$19,661,839</td>
</tr>
<tr>
<td>• Rx – Service Claims</td>
<td>$1,423,922</td>
</tr>
<tr>
<td>• Other</td>
<td>$71,847,831</td>
</tr>
<tr>
<td>Total</td>
<td>$94,344,182</td>
</tr>
</tbody>
</table>

Total: $1,275,160,854
High 5% - Major Diagnostic Categories

- Mental Disorders: $680,387,339
- Circulatory Sys: $78,587,118
- Injury/Poisoning: $61,097,887
- Health Status/ V codes: $54,537,302
- Nervous Sys & Sense Organs: $55,991,364
- All other: $297,510,482

SFY 2010
## Federal Medical Assistance Percentages (FMAP)

<table>
<thead>
<tr>
<th>State Fiscal Year</th>
<th>Federal Fiscal Year FMAP</th>
<th>ARRA Rate</th>
<th>State Share</th>
<th>Enhanced FMAP Rate</th>
<th>Enhanced State Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>63.31%</td>
<td></td>
<td>36.69%</td>
<td>74.32%</td>
<td>25.68%</td>
</tr>
<tr>
<td>2009 Q1 &amp; Q2</td>
<td>64.41%</td>
<td>7.99%</td>
<td>27.60%</td>
<td>75.09%</td>
<td>24.91%</td>
</tr>
<tr>
<td>2009 Q3 &amp; Q4</td>
<td>64.41%</td>
<td>9.94%</td>
<td>25.65%</td>
<td>75.09%</td>
<td>24.91%</td>
</tr>
<tr>
<td>2010</td>
<td>64.99%</td>
<td>9.87%</td>
<td>25.14%</td>
<td>75.49%</td>
<td>24.51%</td>
</tr>
<tr>
<td>2011 Q1</td>
<td>63.80%</td>
<td>11.06%</td>
<td>25.14%</td>
<td>74.66%</td>
<td>25.34%</td>
</tr>
<tr>
<td>2011 Q2</td>
<td>63.80%</td>
<td>8.23%</td>
<td>27.97%</td>
<td>74.66%</td>
<td>25.34%</td>
</tr>
<tr>
<td>2011 Q3</td>
<td>63.80%</td>
<td>6.35%</td>
<td>29.85%</td>
<td>74.66%</td>
<td>25.34%</td>
</tr>
<tr>
<td>2011 Q4</td>
<td>63.80%</td>
<td></td>
<td>36.20%</td>
<td>74.66%</td>
<td>25.34%</td>
</tr>
<tr>
<td>2012</td>
<td>63.27%</td>
<td></td>
<td>36.73%</td>
<td>74.29%</td>
<td>25.71%</td>
</tr>
<tr>
<td>2013</td>
<td>62.57%</td>
<td></td>
<td>37.43%</td>
<td>73.80%</td>
<td>26.20%</td>
</tr>
</tbody>
</table>