

PART T

Sec. T-1. MaineCare Redesign Task Force established. The Commissioner of Health and Human Services shall establish the MaineCare Redesign Task Force, referred to in this Part as "the task force," to provide detailed information that will enable the Legislature to redesign the MaineCare program in a manner that will maintain high-quality, cost-effective services to populations in need of health coverage, comply with the requirements of the federal Patient Protection and Affordable Care Act of 2010 for state Medicaid programs and realize General Fund savings in fiscal year 2012-13 of \$5,250,000.

Sec. T-2. Task force membership. Notwithstanding Joint Rule 353, the task force consists of the Commissioner of Health and Human Services or the commissioner's designee, who serves as chair of the task force, and the following 8 members who are appointed by the commissioner:

1. Two members of the MaineCare Advisory Committee, established pursuant to rule of the Department of Health and Human Services, who represent MaineCare members;
2. Two members of the MaineCare Advisory Committee, established pursuant to rule of the Department of Health and Human Services, who represent providers of MaineCare services;
3. One member of the public who has expertise in public health care policy;
4. One member of the public who has expertise in public health care financing;
5. One member of the public who has expertise in state fiscal policy; and
6. One member of the public who has expertise in economic policy.

Sec. T-3. Convening of task force. The task force shall convene no later than September 1, 2012.

Sec. T-4. Duties. The task force shall undertake a comprehensive review of the MaineCare program established pursuant to the Maine Revised Statutes, Title 22, chapter 855. The task force shall report on the following issues with regard to the MaineCare program:

1. Current eligibility levels, options for eligibility levels and changes to eligibility levels, including any changes that will be required pursuant to the federal Patient Protection and Affordable Care Act of 2010;
2. Current benefits, options for benefits and any changes to benefits, including any changes that will be required pursuant to the federal Patient Protection and Affordable Care Act of 2010;
3. Current premiums, cost-sharing and participation requirements, options for premiums, cost-sharing and participation requirements and any changes to premiums, cost-sharing and participation requirements, including any changes that will be required pursuant to the federal Patient Protection and Affordable Care Act of 2010;
4. The current fiscal status of the MaineCare program, including an analysis of MaineCare spending for the most recent 4 fiscal years and for the current biennium, with spending analysis detail provided by provider type, by eligibility level and by funding source;

5. Current management and administrative strategies and options for management and administrative strategies, including managed care, management of high-cost care and high-cost utilization, prior authorization, accountable care organizations, value-based purchasing and contracted and in-house administrative services;

6. A review of initiatives being used in other states' Medicaid programs to deliver high-quality services in a manner that is fiscally sustainable and cost-effective; and

7. Recommendations for redesign of the MaineCare program to achieve General Fund savings of \$5,250,000 during fiscal year 2012-13 and annually thereafter, including detailed information on any required state plan amendments, applications and amendments to Medicaid waivers and amendments to state law and rule that would be required to implement the redesign and achieve the savings. The recommendations must include draft amendments to state law and rule to implement the redesign of MaineCare.

Sec. T-5. Staffing; consultant services. The Department of Health and Human Services shall provide necessary staffing services to the task force from its personnel. The department may contract for staffing services to supplement the work of departmental personnel. The department shall contract for professional services to research and prepare all necessary Medicaid state plan amendments and waiver applications and amendments that will be required to implement the redesign of MaineCare under section 4 once the redesign is approved by the Legislature under section 7. The contract for professional services must include, after action on the recommendations by the Legislature, final preparation, submission and services necessary to the approval process of all Medicaid state plan amendments and waiver application and amendments.

Sec. T-6. Report. The task force shall report to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters as follows.

1. By November 15, 2012, the task force shall report on issues detailed in section 4.

2. By January 1, 2013 and by the first of each month thereafter until final federal action has been completed, the task force shall file information regarding progress in the preparation of the Medicaid state plan amendments and waiver applications and amendments.

Sec. T-7. Implementation; achievement of savings. If, after receipt of the recommendations presented by the task force pursuant to section 6, subsection 1, the Legislature fails to enact legislation in the First Regular Session of the 126th Legislature that achieves \$5,250,000 in General Fund savings in fiscal year 2012-13, the Commissioner of Health and Human Services shall make recommendations to the Governor regarding the achievement of the balance of these savings through the use of the temporary curtailment of allotment power specified in the Maine Revised Statutes, Title 5, section 1668, and the Governor is authorized to achieve those savings using that power.