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7.01 **INTRODUCTION**

This rule implements state-funded Abortion services for MaineCare members. The Department of Health and Human Services (the “Department”) establishes this policy pursuant to P.L. 2019, ch. 274, as codified in 22 M.R.S. §3196 (Coverage for non-Medicaid services to MaineCare members). The Abortion services covered under this rule are not federally approved Medicaid services and must be funded solely by state funds. The Commissioner of the Department has delegated the responsibility for administration of these services to the Office of MaineCare Services. All applicable federal and state laws governing Abortions, including, but not limited to, *Maine Revised Statutes* Title 22 Chapter 263-B (Abortions), are incorporated herein.

7.02 **DEFINITIONS**

 7.02-1 **Abortion:** The intentional interruption of a pregnancy by the allocation of external agents, whether chemical or physical, or the ingestion of chemical agents with an intention other than to produce a live birth or to remove a dead fetus, regardless of the length of gestation.

 7.02-2 **Health Care Professional:** A physician or physician assistant licensed under 32 M.R.S. §§ 2561-2600, or 32 M.R.S. §§ 3263-3300-F or a person licensed under 32 M.R.S. §§ 2101-2261 to practice as an advanced practice registered nurse.

7.03 **MEMBER ELIGIBILITY**

The individual must be eligible for MaineCare services as determined by the Office for Family Independence (OFI) using the established policies and procedures in the *MaineCare Eligibility Manual*.

 Some members may have restrictions on the type and amount of services they are eligible to receive.

7.04 **PROVIDER REQUIREMENTS**

1. Health Care Professionals must be enrolled as MaineCare providers to be reimbursed for Abortion services under this policy.
2. Professionals providing Abortion services must be Health Care Professionals as defined in 22 M.R.S. §1596.

7.05 **COVERED SERVICES**

The Department shall provide coverage to MaineCare members for Abortion services that are not covered or reimbursed by Medicaid, including medical services and supplies incidental or preliminary to an Abortion, when performed by a Health Care Professional in a licensed general hospital or outpatient setting.

1. Health Care Professional/surgical charges for performing the Abortion. These charges include the usual, uncomplicated pre- and post-operative care and visits related to performing the Abortion.
2. Hospital or clinic charges associated with the Abortion. This includes the facility fee for use of the operating room; supplies and drugs necessary to perform the Abortion; and charges associated with routine, uncomplicated pre- and post-operative visits by the patient.
3. Medication Abortions.
4. Health Care Professional charges for administering the anesthesia necessary to induce or perform an Abortion.
5. Drug charges for medication usually provided to or prescribed for the patient who undergoes an uncomplicated Abortion. This includes routinely provided oral analgesics and antibiotics to prevent septic complication of Abortion, and Rho-GAM.
6. Charges for histo-pathological laboratory tests performed routinely.
7. Charges for other laboratory tests performed prior to performing the Abortion to determine the anesthetic/surgical risk of the patient (e.g., CBC, electrolytes, blood typing).
8. Ultrasounds related to the Abortion.
9. One follow-up visit/exam occurring within 30 days from the date of the Abortion.

7.06 **PROVIDER REIMBURSEMENT**

Reimbursement using solely state funding will be available for Abortion services as described in this benefit based on the provider’s current applicable MaineCare rate for abortion services that are covered by MaineCare. Providers agree to accept this rate as payment in full and will not hold members responsible for any payment over the rate.

The Department shall be the payor of last resort. The Department will not reimburse for any services which otherwise would be reimbursed by Medicaid, Medicare, private insurance, or other payor(s).

7.07 **BILLING INSTRUCTIONS**

Health Care Professionals must bill in accordance with the Department’s billing instructions. <https://mainecare.maine.gov/Default.aspx> .

 These are not MaineCare claims and shall not be reimbursed through MaineCare funding. Providers must retain documentation in support of the separate reimbursements received for state-funded abortions and state-funded abortion-related services.

 The Department will review claims and may perform audits or post payments review of claims to determine whether providers have properly submitted claims and properly received state-funded reimbursement for services.

 Sanctions may be imposed by the Department against a provider as set forth in the *Maine State Services Manual*, Section 1.

7.08 **TIME LIMITS FOR SUBMISSION OF CLAIMS**

The following time limits apply unless waived under special circumstances by the Department. Providers have one (1) year from the date services are provided to file a claim correctly with the Department, regardless of when eligibility is verified.

Since it is the responsibility of providers to verify eligibility, members may not be billed for covered services that have been denied by the Department for exceeding this time limit for claims submission because the provider did not verify eligibility.

 7.09 **APPEALS**

Providers’ and participants’ appeal rights are set forth in the *Maine State Services Manual*, Section 1.

STATUTORY AUTHORITY:

 PL 2019 c.274; 22 MRS §§ 42, 3173

EFFECTIVE DATE:

 September 19, 2019 – filing 2019-169 (EMERGENCY)

 December 17, 2019 – filing 2019-228