

State: Maine

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Citation	Condition or Requirement
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1932(a)(1)(A)

A. Section 1932(a)(1)(A) of the Social Security Act.

The State of Maine enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and/or primary care case managers (PCCMs)) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230). This authority may *not* be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries who are Medicare eligible, who are Indians (unless they would be enrolled in certain plans-see D.2.ii below), or who meet certain categories of "special needs" beneficiaries (see D.2.iii.- vii. below).

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Members will have all of the enrollment and disenrollment criteria as described in this State plan and will receive the benefit of integrated services, and on-going education and evaluation activities designed to address health care needs of the member.

**B. General Description of the Program and Public Process**

For B.I and 8.2, place a check mark on any or all

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|---------------------|--|
| 1932(a)(1)(B)(i)    | 1. The State will contract with a  |
| 1932(a)(1)(B)(ii)   | <input type="checkbox"/> i. MCO  |
| 42CFR438.50(b)(1)   | <input checked="" type="checkbox"/> ii. PCCM (including capitated PCCMs that qualify as PAHPs) |
|                     | <input type="checkbox"/> iii. Both   |
| 42 CFR438.50 (b)(2) | 2. The payment method to the contracting entity will be:                                       |
| 42 CFR438.50 (b)(3) | <input type="checkbox"/> i. fee for service;   |
|                     | <input type="checkbox"/> ii. capitation;   |
|                     | <input checked="" type="checkbox"/> iii. a case management fee;                                |
|                     | <input checked="" type="checkbox"/> iv. a bonus/incentive payment;                             |
|                     | <input type="checkbox"/> v. a supplemental payment, or   |
|                     | <input checked="" type="checkbox"/> vi other. (Please provide a description below).            |

The activities supported through PCCM also constitute the baseline foundational activities required of the Health Home practice for all Health Homes-eligible members. The Health Home practice will receive a set PMPM payment for Health Home services delivered to all members enrolled in the Health Home, regardless of whether the member is enrolled in PCCM. There will be no duplication of services and payments for similar services provided under other Medicaid authorities.

- |                       |   |
|-----------------------|---|
| 1905(t)               | 3. For states that pay a PCCM on a fee-for service basis, incentive payments are 42 CFR |
| 440.168               | permitted as an enhancement to the PCCM's case management fee, if certain 42 CFR        |
| 438.6(c) (5)(iii)(iv) | conditions are met.   |

If applicable to this state plan, place a check mark to affirm the state has met *all* of the following conditions (which are identical to the risk incentive rules for managed care contracts published in 42 CFR 438.6(c)(5)(iv))

- i. Incentive payments to the PCCM will not exceed 5% of the total FFS payments for those services provided or authorized by the PCCM for the period covered

# OFFICIAL

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## Citation

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42 CFR 438.50  
42 CFR 438.10

438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)

1932(a)(5)(D)  
1905(t)

L. List all services that are excluded for each model (MCO & PCCM)

Most MaineCare covered services are included in this service as being coordinated by the PCCM. Exclusions are detailed in provider contracts and in the MaineCare Benefits Manual

1932 (a)(1)(A)(ii)

M. Selective contracting under a 1932 state plan option

To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

1. The state will \_\_\_/will not \_\_\_ intentionally limit the number of entities it contracts under a 1932 state plan option.
2. The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (Example: a limited number of providers and/or enrollees.)
4.  The selective contracting provision in not applicable to this state plan.

Certain MaineCare members may request an exemption from participation in primary care case management on the basis of individual conditions. Conditions supporting an exemption are listed below. Those MaineCare members identified as exempt, but otherwise eligible for participation in primary care case management, may voluntarily choose to participate in primary care case management

An individual is eligible to request an exemption if she/he:

a. Administrative Exemptions

1. has to travel more than thirty (30) minutes to a participating PCP (if not in an established relationship with a participating PCP);