

Maine Managed Care Program Features, as of 2019

| <b>Features</b>  | <b>NET</b>                           | <b>MaineCare</b>                    |
|--|--------------------------------------|-------------------------------------|
| Program type   | Non-Emergency Medical Transportation | Primary Care Case Management (PCCM) |
| Statewide or region-specific?  | Statewide                            | Statewide                           |
| Federal operating authority  | 1915(b)                              | 1932(a)                             |
| Program start date   | 08/01/2011                           | 05/01/1999                          |
| Waiver expiration date (if applicable)   | 03/31/2022                           |                                     |
| If the program ended in 2019, indicate the end date  |                                      |                                     |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) |                                      |                                     |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     |                                      |                                     |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                            | Mandatory                           |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                            | Mandatory                           |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  |                                      |                                     |
| Populations enrolled: Full Duals   | Mandatory                            |                                     |
| Populations enrolled: Partial Duals  |                                      |                                     |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory                            |                                     |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory                            | Voluntary                           |

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|---|--------------|------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children      | Mandatory    | Voluntary        |
| Populations enrolled: Enrollment choice period                          | Pre-assigned | N/A              |
| Populations enrolled: Enrollment broker name (if applicable)            |              |                  |
| Populations enrolled: Notes on enrollment choice period                 |              | 28 Days          |
| Benefits covered: Inpatient hospital physical health                    |              |                  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  |              |                  |
| Benefits covered: Outpatient hospital physical health                   |              |                  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) |              |                  |
| Benefits covered: Partial hospitalization                               |              |                  |
| Benefits covered: Physician   |              |                  |
| Benefits covered: Nurse practitioner                                    |              |                  |
| Benefits covered: Rural health clinics and FQHCs                        |              |                  |
| Benefits covered: Clinic services                                       |              |                  |
| Benefits covered: Lab and x-ray   |              |                  |
| Benefits covered: Prescription drugs                                    |              |                  |
| Benefits covered: Prosthetic devices                                    |              |                  |
| Benefits covered: EPSDT   |              |                  |
| Benefits covered: Case management                                       |              | X                |
| Benefits covered: SSA Section 1945-authorized health home               |              |                  |

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|---|------------|------------------|
| Benefits covered: Health home care (services in home)   |            |                  |
| Benefits covered: Family planning   |            |                  |
| Benefits covered: Dental services (medical/surgical)  |            |                  |
| Benefits covered: Dental (preventative or corrective)   |            |                  |
| Benefits covered: Personal care (state plan option)   |            |                  |
| Benefits covered: HCBS waiver services  |            |                  |
| Benefits covered: Private duty nursing  |            |                  |
| Benefits covered: ICF-IDD   |            |                  |
| Benefits covered: Nursing facility services   |            |                  |
| Benefits covered: Hospice care  |            |                  |
| Benefits covered: Non-Emergency Medical Transportation  | X          |                  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit |            |                  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  |            |                  |
| Quality assurance and improvement: HEDIS data required?   | No         | Yes              |
| Quality assurance and improvement: CAHPS data required?   | No         | No               |
| Quality assurance and improvement: Accreditation required?  | No         | No               |

| Features   | NET   | MaineCare                       |
|--|---|---------------------------------|
| Quality assurance and improvement:<br>Accrediting organization   |   |                                 |
| Quality assurance and improvement:<br>EQRO contractor name (if applicable)                                 |   |                                 |
| Performance incentives: Payment<br>bonuses/differentials to reward plans                                   |   | X                               |
| Performance incentives: Preferential<br>auto-enrollment to reward plans                                    |   |                                 |
| Performance incentives: Public reports<br>comparing plan performance on key<br>metrics                     |   | X                               |
| Performance incentives: Withholds tied<br>to performance metrics   |   |                                 |
| Performance incentives: MCOs/PHPs<br>required or encouraged to pay providers<br>for value/quality outcomes |   |                                 |
| Participating plans: Plans in Program  | Logisticare; MidCoast Connector; Penquis<br>CAP | Multiple Primary Care Providers |
| Notes: Program notes   |   |                                 |