



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services  
MaineCare Services  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-2674; Fax: (207) 287-2675  
TTY: 1-800-423-4331

**TO:** Interested Parties

**FROM:** Anthony Marple, Director, Office of MaineCare Services

**SUBJECT:** Proposed Rule: MaineCare Benefits Manual, Chapter VI, Primary Care Case Management (PCCM)

**DATE:** August 1, 2009

This letter gives notice of a proposed rule: The Department of Health and Human Services is proposing changes to Chapter VI, Primary Care Case Management (PCCM) to add a new level of services, Patient Center Medical Home. Patient Centered Medical Home services will assure effective, efficient and accessible health care services for eligible MaineCare members. Provider requirements are included in the proposed rule.

Providers who are approved to deliver this service will receive \$3.50 per member per month to deliver patient centered medical home services. This management fee is in addition to the \$3.50 they have received for providing PCCM services for a total of \$7.00 per member per month. Providers will be required to deliver additional integration of patient services, and participate in on-going educational and evaluation activities.

The Department also added language to clarify what groups may not be required to participate in PCCM or PCMH services to be in compliance with federal guidelines and updated Sections that have been revised or consolidated in the MaineCare Benefits Manual.

Rules and related rulemaking documents may be reviewed at and printed from the Office of MaineCare Services website at or, [http://www.maine.gov/dhhs/bms/rules/provider\\_rules\\_policies.htm](http://www.maine.gov/dhhs/bms/rules/provider_rules_policies.htm) or for a fee, interested parties may request a paper copy of rules by calling 207-287-9368. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 1-800-423-4331.

A concise summary of the proposed rule is provided in the Notice of Agency Rule-making Proposal. This notice also provides information regarding the rule-making process. Please address all comments to the agency contact person identified in the Notice of Agency Rule-making Proposal.

## Notice of Agency Rule-making Proposal

**AGENCY:** Department of Health and Human Services, Office of MaineCare Services

**RULE TITLE OR SUBJECT:** MaineCare Benefits Manual, Chapter VI, Primary Care Case Management

**PROPOSED RULE NUMBER:**

**CONCISE SUMMARY:** The Department of Health and Human Services is proposing changes to Chapter VI, Primary Care Case Management (PCCM) to add a new level of services, Patient Center Medical Home. Patient Centered Medical Home services will assure effective, efficient and accessible health care services for eligible MaineCare members. Provider requirements are included in the proposed rule. Providers who are approved to deliver this service will receive \$3.50 per member per month to deliver patient centered medical home services. This management fee is in addition to the \$3.50 they have received for providing PCCM services for a total of \$7.00 per member per month. Providers will be required to deliver additional integration of patient services, and participate in on-going educational and evaluation activities. The Department also added language to clarify what groups may not be required to participate in PCCM or PCMH services to be in compliance with federal guidelines and updated sections that have been revised or consolidated in the MaineCare Benefits Manual. The rulemaking will not yield any new administrative burdens or compliance-related costs that could fiscally impact municipal or county governments. The rulemaking has no adverse impact on small business.

SEE [http://www.maine.gov/bms/rules/provider\\_rules\\_policies.htm](http://www.maine.gov/bms/rules/provider_rules_policies.htm) for rules and related rulemaking documents.

THIS RULE WILL  WILL NOT  HAVE A FISCAL IMPACT ON MUNICIPALITIES.

**STATUTORY AUTHORITY:** 22 M.R.S.A., § 42, § 3173, PL 2009, ch. 213, Part A

**PUBLIC HEARING:**

Date: September 1, 2009 1:00 PM  
Location: Conference Room 1B  
Department of Health and Human Services, MaineCare Services  
442 Civic Center Drive, Augusta, Maine

Any interested party requiring special arrangements to attend the hearing must contact the agency person listed below before August 27, 2009.

**DEADLINE FOR COMMENTS:** Comments must be received by midnight September 13, 2009  
**AGENCY CONTACT PERSON:** Patricia Dushuttle, Manager, Division of Policy and Performance  
**AGENCY NAME:** Office of MaineCare Services  
**ADDRESS:** 442 Civic Center Drive  
11 State House Station  
Augusta, Maine 04333-0011  
**TELEPHONE:** 207-287-9362 FAX: (207) 287-9369 TTY: 1-800-423-4331 or 207-287-1828 (Deaf or Hard of Hearing)

10-144 Chapter 101  
MAINECARE BENEFITS MANUAL  
Chapter VI

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Section 1	PRIMARY CARE CASE MANAGEMENT	Established July 1, 2003 Last Updated: August 20, 2008
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Section 1                                      PRIMARY CARE CASE MANAGEMENT                                      Established July 1, 2003  
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## 1.01 INTRODUCTION

MaineCare members enrolled in Primary Care Case Management must select a Primary Care Provider (PCP) who will be responsible for providing or authorizing certain services. These members will receive the full range of services to which they are entitled by distinction of their MaineCare category of eligibility.

## 1.02 STATEMENT OF PURPOSE

The purpose of Primary Care Case Management (PCCM) is to provide services (a medical home) to improve access to needed care and to reduce unnecessary and inappropriate utilization and costs by locating, coordinating, and monitoring health care services.

## 1.03 DEFINITIONS

- 1.03-1 **Children with Adoption Assistance** are children for whom there is a written Adoption Assistance Agreement between the Department of Health and Human Services (DHHS) and the child's adoptive parent(s).
- 1.03-2 **Chronic and Debilitating Condition** is a disease or impairment that is expected to require on-going care.
- 1.03-3 **Complaint** is a written or verbal statement by a member or provider to the Office of MaineCare Services (OMS) expressing dissatisfaction with some aspect of Primary Care Case Management and requesting resolution of the situation.
- 1.03-4 **Early and Periodic Screening, Diagnosis, and Treatment Services**, or EPSDT, (or its successor, Chapter II, Section 94, Prevention, Health Promotion and Optional Treatment Services) is the benefit where MaineCare members under age twenty-one (21) receive certain services under 42 U.S.C. Sections 1396d(a) and (r).
- 1.03-5 **Emergency Medical Condition** means a medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent lay person, who possesses an average knowledge of health and medicine could reasonably expect that the absence of immediate medical attention could reasonably be expected to result in the following: (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; or (ii) serious impairment of bodily functions, or serious dysfunction of any bodily organ or part.
- 1.03-6 **Emergency Medical Condition for a Non Citizen** means a medical condition (including emergency labor and delivery) characterized by sudden onset, and manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in the following: (i) placing the member's health in serious jeopardy, (ii) serious impairment to bodily functions; or (iii) serious dysfunction of any bodily organ or part.

## 1.03 DEFINITIONS (cont.)

- 1.03-7 **Emergency Services** means those covered inpatient and outpatient health care services that are furnished by a provider that is qualified to furnish such services and are needed to evaluate or stabilize an emergency medical condition.

- 1.03-8 **Exempt Services** set forth in Section 1.05 are services that do not require a PCP's referral in order to be payable by MaineCare. Reimbursement for provision of these services will be made in accordance with the policies set forth in Chapters II and III of this Manual.
- 1.03-9 **Foster Care Children** are children who are in the voluntary care or legal custody of the DHHS and for whom the Department is responsible for custodial and parental decisions.
- 1.03-10 **Grievance** is a formal, written request to the DHHS for resolution of a complaint by a member enrolled in Primary Care Case Management.
- 1.03-11 **Homeless** person means a person who lacks a fixed, regular place of residence or has a residence that is one of the following: 1) a supervised shelter providing temporary accommodations; 2) a halfway house or similar institution providing temporary residence for individuals intended to be institutionalized; 3) a temporary accommodation in another person's residence; or 4) a place not designed or ordinarily used for regular sleeping accommodations for human beings.
- 1.03-12 **Maine Enrollment and Capitation System (MECAPS)**, is the OMS' automated system for tracking managed care enrollment.
- 1.03-13 **MaineCare Member Services** is, for the purposes of Primary Care Case Management, responsible for functions including, but not limited to: educating and enrolling members in Primary Care Case Management; and performing transfer, complaint resolution and PCP selection/change functions for members, as appropriate.
- 1.03-14 **Managed Services**, set forth in Section 1.04, are the services defined in Chapter II of the MaineCare Benefits Manual (MBM). These services are payable by MaineCare only when provided by the member's PCP or his/her designee or by other MaineCare providers with a referral by the PCP or his/her designee. Reimbursement for provision of these services will be made in accordance with the policies set forth in Chapters I, II, and III of this Manual and will only be made to providers enrolled with MaineCare, in accordance with Chapter I of this Manual.
- 1.03-15 **Migrant** means a farm worker whose principal employment is in agriculture on a seasonal basis who has been so employed within the last twenty-four (24) months and who establishes, for the purposes of such employment, a temporary abode.

1.03 **DEFINITIONS** (cont.)

- 1.03-16 **Post-Stabilization Services** means covered services, related to an emergency medical condition, that are provided after a member is stabilized in order to maintain the stabilized condition or to improve or resolve the member's condition.
- 1.03-17 **Patient Centered Medical Home (PCMH)** is a model of care that is used by primary care providers also enrolled in PCCM to deliver enhanced patient centered services. PCMH providers must be approved by the Department, enrolled as PCMH providers, and have an executed signed agreement

outlining the additional services that must be delivered in addition to PCCM to all of the members in their practice receiving PCCM services.

1.03-187 **Primary Care Provider (PCP)** is a provider who has contracted with the Department to provide primary care case management services.

1.03-198 **Primary Care Provider (PCP) Panel** is the number of members (caseload) for which the PCP provides PCCM services (a medical home).

1.03-2019 **Primary Care Provider Sites** (PCP sites) means each medical facility that offers PCCM services.

1.03-210 **Terminal Illness** is a condition in which the individual's prognosis is for a life expectancy of six (6) months or less if the individual's illness runs its normal course.

#### 1.04 **MANAGED SERVICES**

Managed services are the services defined in the categories listed below, and are described in Chapter II of this Manual. Any future policy revisions to the service categories described in this Section will automatically be included as part of Section 1.04 unless specifically exempted by rule. These services are payable by MaineCare only when provided by the member's PCP or his or her designee, or by other MaineCare providers with a referral by the member's PCP or his or her designee. Reimbursement for the provision of managed services is made in accordance with the policies set forth in Chapters I, II, and III, of this Manual. Unless otherwise exempt, MaineCare members enrolled in Primary Care Case Management are subject to co-payments for all MaineCare services that require co-payments.

Certain services that fall within the service categories described in Section 1.04, may be accessed directly by members and do not require a referral by the member's PCP. Please see Section 1.05-4 for a description of these services.

All claims for managed services must have the PCP's referral number in the appropriate block on the claim form regardless of whether the services were delivered by the member's PCP or his or her designee, or another provider to whom an authorized referral was made.

The following services, described in Chapters II or V of the MaineCare Benefits Manual, are managed:

#### 1.04 **MANAGED SERVICES (cont.)**

1.04-1 **Ambulatory Surgical Center Services**, Section 4.

1.04-2 **Advanced Practice Registered Nursing Services**, Section 14, with the exception of those services which do not require referral by the PCP, as described in Section 1.05-1 and those services provided by an Advanced Practice Registered Nurse serving as the member's PCP.

1.04-3 **Chiropractic Services**, Section 15.

1.04-4 **Clinic Services**: Section 3, Ambulatory Care Clinics (with the exception of school-based health centers); Section 31, Federally Qualified Health Centers; and Section 103, Rural Health Clinics.

~~1.04-5 **Developmental and Behavioral Clinic Services**, Section 23.~~

- 1.04-~~65~~ **Prevention, Health Promotion and Optional Treatment Services**, Section 94.
- 1.04-~~76~~ **Hearing Aids and Services**, Section 35.
- 1.04-~~78~~ **Home Health Services**, Section 40.
- 1.04-~~98~~ **Hospital Services**, Section 45, with the exception of those services that do not require referral by the PCP, as described in Section 1.05-4.
- 1.04-~~94~~ **Medical Supplies and Durable Medical Equipment**, Section 60.
- 1.04-~~104~~ **Occupational Therapy Services**, Section 68.
- 1.04-~~112~~ **Vision Services**, Sections 75 and 90. Members may, however, self-refer for routine annual eye examinations. See Section 1.05-1.
- 1.04-~~123~~ **Physical Therapy Services**, Section 85.
- 1.04-~~134~~ **Physician Services**, Section 90.
- 1.04-~~145~~ **Podiatric Services**, Section 95.
- 1.04-~~156~~ **Speech and Hearing Services**, Section 109.

## 1.05 EXEMPT SERVICES

### 1.05-1 Services Not Managed by PCPs

Certain services contained within the service categories listed in Section 1.04 may be accessed directly by members, i.e., without a PCP's referral. The particular services for which a member may self-refer are:

### 1.05 EXEMPT SERVICES (cont.)

- a. Family planning services. The following services may be obtained by a member without a PCP referral: (i) health education and counseling necessary to make informed choices and understand contraceptive methods; (ii) distribution of information on family planning; (iii) consultation, examination and medical treatment including, but not limited to, treatment of urinary tract infection or "UTI". (iv) diagnosis and treatment of sexually transmitted diseases (STDs), including lab tests; (v) screening, testing and counseling for human immunodeficiency virus (HIV); (vi) provision of contraceptive pills, devices, and supplies; and (vii) diagnosis of infertility;
- b. Obstetrical services. Members may self-refer for obstetrical services for the duration of pregnancy, and up to sixty (60) calendar days postpartum. At sixty (60) calendar days postpartum, the member's PCP must resume treatment/management of member's care. During pregnancy, non-obstetrical services and treatment must also be managed and coordinated by the member's PCP;
- c. Annual gynecological examinations, that may include, but are not limited to: a pelvic examination, a PAP smear, clinical breast examination, mammogram, CBC and routine urinalysis;
- d. Mental health and substance abuse services;

- e. Annual routine eye examinations, however, services must be provided by an optometrist or ophthalmologist; and
- f. Medical care provided in school-based centers or well child clinics.

1.05-2 **Sections of MaineCare Benefits Manual Not Managed By PCPs**

The member's PCP will not manage the following services defined in Chapter II of this Manual. These services do not require a PCP referral in order to be payable by MaineCare, although they may require prior authorization by providers of that service and are subject to the requirements of the respective section of the MBM. Reimbursement for provision of these services will be made in accordance with the policies set forth in Chapters II and III of this Manual and will only be made to providers enrolled with MaineCare, in accordance with Chapter I of this Manual.

- a. **Ambulance Services**, Section 5.
- b. **Community Support Services**, Section 17.
- c. **Consumer Directed Attendant Services**, Section 12.
- d. **Day Habilitation Services for Persons with Mental Retardation**, Section 24.
- e. **Day Health Services**, Section 26.

1.05 **EXEMPT SERVICES (cont.)**

- f. **Day Treatment Services**, Section 41.
- g. **Dental Services**, Section 25.
- h. **Early Intervention Services**, Section 27.
- i. **Family Planning Agency Services**, Section 30.
- j. **Home and Community Benefits for the Elderly and for Adults with Disabilities**, Section 19.
- k. **Home and Community Based Waiver Services for Persons with Mental Retardation or Autistic Disorder**, Section 21.
- l. **Home and Community Benefits for the Physically Disabled**, Section 22.
- m. **Hospice Services**, Section 43.
- n. **ICF-MR Services**, Section 50.
- o. **Laboratory Services**, Section 55.
- p. **Licensed Clinical Social Worker, Licensed Clinical Professional Counselor and Licensed**

**Marriage and Family Therapist Services, Section 58.**

q. **Medical Imaging Services, Section 101.**

r. **Mental Behavioral Health Services, Section 65.**

~~s. **Genetic Testing and Clinical Genetic Services, Section 62.**~~

t. **Nursing Facility Services, Section 67.**

tt. **Vision Services, Section 75.**

uv. **Organ Transplant Services, Sections 45 and 90.**

yw. **Pharmacy Services, Section 80.**

wx. **Private Duty Nursing and Personal Care Services, Section 96.**

xy. **Private Non-Medical Institution Services, Section 97.**

yz. **Psychiatric Facility Services, Section 46.**

z. **Psychological Services, Section 100.**

## 1.05 EXEMPT SERVICES (cont.)

~~aa~~**bb**. **Rehabilitative Services**, Section 102.

~~cc~~. ~~**Substance Abuse Treatment Services**~~, Section 111.

~~bb~~**dd**. **Targeted Case Management Services**, Section 13.

~~cc~~**ee**. **Transportation Services**, Section 113.

~~dd~~**ff**. **V.D. Screening Clinic Services**, Section 150.

~~ee~~**gg**. **School-Based Rehabilitation Services**, Section 104.

~~ff~~**hh**. **New MaineCare Benefits Manual, Chapter II Sections**. Any new sections added to Chapter II of the MaineCare Benefits Manual will automatically be incorporated as part of Section 1.05-2 on the date the MaineCare policy becomes effective unless these rules are revised to include the service(s) as a Managed Service in Section 1.04.

## 1.06 EMERGENCY SERVICES

Members who experience an emergency medical condition may access emergency services without first contacting their PCP for a referral.

Post-stabilization services will be provided to members and will be payable by MaineCare if (i) the services are pre-approved by the PCP (or his/her covering provider) or (ii) the services are not pre-approved because the PCP has not responded within one (1) hour after receiving the provider's request, or cannot be contacted for approval. In this case, the treating physician decides whether or not to provide post-stabilization services. If post-stabilization services are not pre-approved, MaineCare's financial responsibility for post-stabilization services ends when the enrollee is discharged. (Post-stabilization services do not include those exempt services, as described in Section 1.05.)

The PCP must ensure that his/her covering provider(s) is authorized to provide necessary referrals in order to comply with post-stabilization provisions described above.

As detailed in MBM Chapter 1, MaineCare will not cover any services after stabilization of the emergency condition for non citizens. Examples of services that are not considered an emergency medical condition include, but are not limited to: dialysis, organ transplants, school based services, personal care services, waiver services, nursing facility services and hospice services.

## 1.07 MEMBER PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT

Member participation requirements are the same for members who receive Primary Care Case Management or Patient Centered Medical Home (PCMH) services. Members who receive services from a provider approved to deliver PCMH services will receive PCMH services in addition to the PCCM services already provided by their PCP.

### 1.07-1 Members Who Are Required to Participate

A MaineCare member must participate in Primary Care Case Management if he/she is in one of the following categories:

- a. Receiving Temporary Assistance for Needy Families (TANF) - Adults and Children;
- b. Children under the age of twenty-one (21); parents of children under age eighteen (18) who receive MaineCare; pregnant women; and those members eligible for transitional MaineCare; except as referenced in 1.07-4.
- c. Women who have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Title XV Program and are found to need treatment for breast or cervical cancer, including pre-cancerous conditions, as defined in Section 2150.03 of the MaineCare Eligibility Manual.
- d. Adults, ages twenty-one (21) through sixty-four (64), who do not have children or do not have children under age eighteen (18) living with them and are at or below one-hundred percent (100%) of the federal poverty level. Those receiving benefits under the Non-Categorical Waiver will receive benefits limited to those listed under Chapter X, Section 2, Benefit for Childless Adults in the MaineCare Benefits Manual;
- ~~e. Individuals who fall within the eligibility categories noted in a., b., c., and d. above that are:
  - ~~i. Alaskan Natives or Native Americans who are members of federally recognized tribes and who have not asked to be excluded from program participation;~~
  - ~~ii. Children with Adoption Assistance and who have not asked to be exempted from program participation; and~~
  - ~~iii. Individuals under the age of nineteen (19) with special health care needs who meet eligibility criteria.~~~~

### 1.07-2 Exclusions from Participation

The following MaineCare members are excluded from participation in Primary Care Case Management:

## 1.07 MEMBER PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

- a. Members who are eligible for both MaineCare and Medicare;
- b. Members with other forms of comprehensive health insurance;

- ~~e. Members with an eligibility period of less than three (3) months, or one that is only retroactive;~~
- ~~dc.~~ Members under age nineteen (19) with special health care needs who meet the eligibility criteria for the MaineCare Katie Beckett eligibility option, as described in Section 1902(e)(3) of the Social Security Act;
- ~~de.~~ Members residing in a nursing facility or intermediate care facility for the mentally retarded (ICF-MR); ~~and~~
- e. Alaskan Natives or Native Americans who are members of federally recognized tribes and who have requested to be excluded from program participation; and
- f. Members receiving Home and Community Benefits.

### 1.07-3 Exemptions from Participation

Certain MaineCare members may request an exemption from participation in Primary Care Case Management on the basis of individual conditions. Exemptions may also occur when the Office of MaineCare Services determines enrollment is not in the best interest of the State. The Office of MaineCare Services will retain final responsibility for all exemption decisions. Conditions supporting an exemption are listed below. A member is eligible to request an exemption if she/he:

#### a. Administrative Exemptions

- ~~i. is in DHHS foster care;~~
- ~~ii. is under nineteen (19) years of age and eligible for SSI who do not otherwise meet exclusion criteria under Section 1.07-2.~~
- iii. has to travel more than thirty (30) minutes to a participating PCP (if not in an established relationship with a participating PCP);
- ~~iv. lives in an area where Primary Care Case Management is not operational (this will be determined based on the number of potential MaineCare members eligible to enroll in Primary Care Case Management and the total number of panel slots available in a given area);~~
- vii. is homeless;
- viii. is a migrant or a family member accompanying a migrant;

## 1.07 MEMBER PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

~~vii.iv.~~ has specific language barriers or cultural needs that may not be addressed by an available PCP. Culturally appropriate care is care that is provided with sensitivity, understanding and respect for the member's culture. Each of these cases will be reviewed by the OMS for cultural sensitivity/medical necessity for exemption;

~~viii.~~ is required to follow member restriction provisions;

~~ix.vi.~~ is residing out of state;

~~viiix.~~ does not have an updated address;

~~viii.~~ is residing in a jail or State or private mental institution; or

~~xix.~~ is an inpatient of a hospital on the date of enrollment. Such individuals will have an automatic enrollment after the hospital discharge; ~~or~~

~~xiii.~~ may qualify for a temporary exemption including:

- ~~(1.) Non English speaking members. Members who are identified by the OMS as using English as a second language will be granted a temporary exemption from participation in Primary Care Case Management. A temporary exemption will be granted if MaineCare Member Services is unsuccessful in contacting these individuals during the first twenty eight (28) calendar days of eligibility. The exemption will be granted until such time as contact can be made with the member to elicit a voluntary choice of PCPs. Duration of the exemption may not exceed sixty (60) calendar days.~~
- ~~(2.) A member who has a PCP pending. Temporary exemption from participation in Primary Care Case Management will be granted to a member whose provider is not currently enrolled in Primary Care Case Management, but the provider is eligible and has expressed a willingness to enroll. Duration of the exemption may not exceed forty five (45) calendar days. Additionally, the exemption will expire and the member will be required to select another PCP if, for any reason, the members provider does not enroll in Primary Care Case Management.~~
- ~~(3.) Members who are Alaskan Native or Native Americans who are members of a federally recognized tribe who have asked to be excluded from program participation.~~

### b. Clinical Exemptions

- i. has a terminal illness and has an established relationship with a qualified health care provider who is not a qualified MaineCare Primary Care Case Management PCP. Each of these cases will be reviewed by the MaineCare Medical Director for medical necessity

## 1.07 MEMBER PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

for exemption;

- ii. has a chronic and debilitating condition which requires managed services from a qualified

primary care health provider who is not a MaineCare Primary Care Case Management PCP. Each of these cases will be reviewed by the MaineCare Medical Director for medical necessity for exemption; or

- iii. is receiving hospice care.

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.

#### 1.07-4 **Voluntary Participation**

The following members may not be required to participate in PCCM, but may voluntarily choose to participate in Primary Care Case Management:

- a. Children under age nineteen (19):
  - i. with Adoption Assistance; or
  - ii. under the age of nineteen (19) with special health care needs who meet all other eligibility criteria; or
  - iii. in DHHS foster care; or other out-of home placement;
  - iv. under age nineteen (19) years of age and eligible for SSI who do not otherwise meet exclusion criteria under Section 1.07-2;
- b. Members who are Alaskan native or Native American or part of a federally recognized tribe;
- c. Non-English speaking members who had been granted exemptions; or
- d. Eligible for Supplemental Security Income (SSI) who do not meet exclusion criteria under Section 1.07-2.

#### 1.07-45 **Enrollment**

MaineCare members who must participate in Primary Care Case Management will be notified by mail within three (3) business days of the date they appear in MECAPS.

Opportunities for face-to-face sessions to enroll in the benefit will be provided on the basis of, among other things, the following: (1) a specific request by a member; (2) a determination by MaineCare Member Services that there is a significant probability that the member will not complete and return the enrollment application and make an informed choice without face-to-face intervention; or (3) a meeting arranged by MaineCare Member Services, in conjunction with, and at the request of a member, advocacy group or community service agency. Upon request, MaineCare Member Services will provide interpreter services for face-to-face sessions for members who are non-English and limited English speaking and/or deaf/hard of hearing, provided the

## 1.07 MEMBER PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

request is received by MaineCare Member Services in advance of the session.

The member will have twenty-eight (28) calendar days to complete the enrollment process. Prior to the end of the twenty-eight (28) calendar days, the member must complete and return the provider choice form by mail or call MaineCare Member Services to enroll by phone. The member must also, as a part of the enrollment process, provide the names of three providers (in order of preference) as choices for a PCP. In the event a member does not elect a provider, a Primary Care Case Management PCP will be selected for the member.

### 1.07-~~56~~ Selection of a Primary Care Provider (PCP) and/or a PCP Site

In order to assist members in selecting a PCP, MaineCare Member Services will have available a list of participating PCPs within thirty (30) minutes travel time of the member's town of residence. The member may choose to enroll with a PCP

who is further than a travel distance of thirty (30) minutes. Members may request a PCP not on the list or not currently enrolled as a PCP. If the member has requested a PCP who does not want to enroll in Primary Care Case

Management, the member must select another Primary Care Case Management PCP.

In cases where a PCP has more than one PCP site, the member must choose one PCP site where the member will get PCCM services. If the member does not choose, the Department will choose for the member. A member can receive PCCM services at only one PCP site.

### 1.07-~~76~~ Assignment

When a member is unable or unwilling to select a MaineCare Primary Care Case Management PCP within twenty-eight (28) calendar days of the date in which the enrollment packet was mailed, the member will be assigned to a PCP who has an opening on his/her PCP panel. Members will be assigned to a PCP based on age and gender-appropriateness and in accordance with the travel time standard established in Section 1.07-3. To the extent possible, members will be assigned in consideration of the following: (a) members (including members within family units) will be assigned to their existing participating PCPs; (b) family units will be assigned to the same participating PCP or to a PCP the enrolled member has selected, if that PCP is appropriate based on age and gender parameters.

### 1.07-~~87~~ Effective Date of Primary Care Case Management Enrollment and PCP Selection

Enrollment in Primary Care Case Management will be prospective only. The PCP selection or assignment is effective on the 1<sup>st</sup> or 15<sup>th</sup> of the month following the date the assignment is entered into MECAPS.

## 1.07 MEMBER PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

### 1.07-98 **Member Initiated PCP Change or PCP Site Change Emergency Change**

Members enrolled in Primary Care Case Management **may change their PCP or PCP site** within ninety (90) calendar days of a PCP selection without cause and at any time for good cause. Good cause means a documented situation where there is an inability, after making a reasonable effort, to establish or maintain a satisfactory member/PCP relationship.

- a. **Member Initiated PCP Change:** Members enrolled in Primary Care Case Management must contact MaineCare Member Services if they want to change from their current PCP to a different PCP or a different PCP site.

If approved, selection of a different PCP will take place on the first day of the following month or five (5) calendar days from the date of the request for the PCP change, whichever comes later or as determined by the OMS. The OMS notifies PCP sites of changes with Enroll/Disenroll patient panel reports. These reports are sent to the PCP sites on a monthly basis.

Members are notified through a letter by MaineCare Member Services with the PCP site change information.

- b. Emergency reassignments will be made within five (5) business days. Emergency means a situation where an expedited change in the PCP is necessary to prevent serious and irreparable harm to the member, PCP and/or staff. If the emergency reassignment cannot be implemented within the five (5) day time frame, MaineCare Member Services must provide the member with written notification that s/he may see any participating MaineCare provider for the provision of all Managed Primary Care Case Management Services until the reassignment process is completed.

### 1.07-910 **Department Initiated PCP Reassignment**

In addition to member or PCP requests, the OMS will dis-enroll a member from a PCP or a PCP site for the following reasons:

- a. the contract with the PCP is terminated;
- b. a PCP dies, retires, closes his/her practice or leaves the area;
- c. the member loses MaineCare eligibility;
- d. the member moves to an area where Primary Care Case Management is not operational;
- e. the member's eligibility changes to a category of assistance that is excluded from participation;
- f. the member's status changes such that he or she meets the criteria for exclusion in Section 1.07-2;  
or

## 1.07 MEMBER PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

- g. other situations as determined appropriate by the OMS.
- h. Emergency reassignments will be made within five (5) business days. Emergency means a situation where an expedited reassignment in the PCP is necessary to prevent serious and irreparable harm to the member, PCP and/or staff. If the emergency reassignments cannot be implemented within the five (5) day time frame, MaineCare Member Services must provide the member with written notification that s/he may see any participating MaineCare provider for the provision of all Managed Primary Care Case Management Services until the reassignment process is completed.

### 1.07-11~~0~~ Re-Enrollment Provisions

A member enrolled in Primary Care Case Management whose MaineCare eligibility ends and who is again determined eligible for MaineCare within sixty (60) calendar days of the termination date will be assigned to his/her last

PCP. Members who have been ineligible for MaineCare for more than sixty (60) calendar days and are subsequently determined to be eligible for MaineCare will be contacted, as set forth in Section 1.07-4, to select a PCP.

When a PCP or a PCP site has been, or will be, closed (because of termination of contract or if a PCP dies, retires, closes his/her practice or leaves the area, or is otherwise unable or unwilling to continue the PCP practice), the Department will immediately notify the PCP's members, in writing, of the closing. OMS must complete the reassignment process within sixty (60) calendar days from the date of the written notice.

### 1.07-12~~+~~ Member Restriction Provisions

A member enrolled in Primary Care Case Management may be required to follow member restriction provisions in order to receive care (as defined in the MaineCare Benefits Manual, Chapter IV) if a pattern of abuse or non-compliance is identified. Members who are required to follow restriction provisions will be disenrolled from Primary Care Case Management.

## 1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT

### 1.08-1 Requirements for Participation

In order to be a Primary Care Case Management PCP, providers must:

- a. be a MaineCare provider, i.e. must sign or be a party to a MaineCare Provider/Supplier Agreement if appropriate to that MaineCare practice or managed care PCP practice;
- b. sign or be a party to a MaineCare Primary Care Case Management Rider to the MaineCare Provider/Supplier Agreement; and

## 1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

- c. be a pediatrician, general practitioner, family practitioner, internist, obstetrician/gynecologist or other physician/group specialty as approved by the OMS in either a solo or group practice; a rural health clinic, federally qualified health center, ambulatory care clinic or hospital based/affiliated outpatient clinic that employs at least one full time equivalent Primary Care Provider engaged in delivering primary care; a nurse practitioner; physician assistant; or a resident in a pediatric, family practice, internal medicine or obstetric/gynecological training program.
- d. Nurse midwives and locum tenens (physicians who temporarily take the place of another) are not eligible to enroll as PCPs.
- e. PCPs may practice only within the scope of their license.

### 1.08-2 PCP Responsibilities

Unless there is an exception set forth elsewhere in the rules, PCPs must:

- a. verify a member's eligibility and managed care enrollment prior to providing services, as described in Chapter I of this Manual;
- b. provide or arrange for the delivery of primary care for members enrolled in Primary Care Case Management;
- c. provide or arrange twenty-four (24) hour a day, seven (7) day a week coverage as approved by the OMS. If the coverage arrangements change from that which was initially approved, the provider must request a new approval. The Office of MaineCare Services reserves the right to disapprove a new coverage arrangement;
- d. not refuse an assignment or disenroll a member or otherwise discriminate against a member solely on the basis of age, gender, race, physical or mental handicap, national origin, type of illness or condition, health status, or requirements for health care services, except when an illness or condition can be better treated by another provider or the medical service is not within the scope of the provider's practice;
- e. accept appropriate members who are enrolled in Primary Care Case Management who select the PCP or who are assigned to the PCP;
- f. offer all appropriate immunizations to each child on his/her panel in accordance with the OMS' immunization schedule;
- g. be a Prevention, Health Promotion and Optional Treatment Services' provider if treating children age twenty (20) and under;

## 1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

- h. assist the OMS in educating members enrolled in Primary Care Case Management;
- i. keep a member who is enrolled in Primary Care Case Management on his/her panel until another PCP is selected if it is necessary for a member to change his/her PCP;
- j. submit all material about Primary Care Case Management (developed by the PCP for use with MaineCare members enrolled in Primary Care Case Management) to the OMS for review and approval prior to using such materials;
- k. review member utilization reports and advise the OMS of any errors, omissions or discrepancies of which the PCP is aware;
- l. forward the member's medical record or a legible, complete copy to the new PCP, if a member transfers to another Primary Care Case Management PCP. The medical record(s) must be requested in writing by the member/caretaker and/or the OMS. The medical record must be provided by the PCP at no cost to the new PCP or to the member in accordance with Chapter I of this Manual and must be provided within ten (10) business days of the request being made;
- m. furnish, upon request, to the OMS, at no cost to the OMS or MaineCare members, medical records pertaining to: requests for exemptions by MaineCare members, managed care enrollment, and claims;
- n. complete referral forms and other necessary paperwork in accordance with the OMS' instructions, and according to Chapter I of this Manual;
- o. oversee and manage a care plan for patients who have chronic conditions including but not limited to: chronic obstructive pulmonary disease (COPD), asthma, cardiovascular disease (CVD), depression and/or diabetes.

### 1.08-3 PCP Panel

Each full time equivalent PCP may have up to two thousand (2,000) managed care members who are enrolled in Primary Care Case Management on his or her panel. Each individual or site may serve a maximum number of MaineCare members who are enrolled in Primary Care Case Management equal to two thousand (2,000) times the number of full time equivalent Primary Care Providers in the practice or on staff. Upon mutual agreement, the OMS may waive the two thousand (2,000) member limit.

## 1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

Under certain circumstances, the OMS may request that a PCP accept additional members beyond the number specified as a desired panel size. If the PCP agrees, the panel size will not be permanently altered; attrition of enrollees from the panel will be allowed until the PCP's specified panel limit has been re-established.

The PCP provider must notify the Office of MaineCare Services in writing of changes to the patient acceptance status within thirty (30) calendar days.

### 1.08-4 PCP Request to Disenroll a Member from His/Her Panel

The OMS must approve any PCP request to disenroll a member from his/her panel to ensure that the member's best interests are being served. PCPs may request the disenrollment of a member from their panel for the following reasons:

- a. the member is in the process of being formally discharged or was previously formally discharged;
- b. there is a pending lawsuit between the member and the PCP or there was a past lawsuit;
- c. there is good cause, as approved by the Office of MaineCare Services. Good cause means a documented situation where there is an inability, after making a reasonable effort, to establish or maintain a satisfactory PCP/member relationship; or
- d. other reasons, as approved by the OMS.

A PCP who wishes to disenroll a member from his/her panel must submit a request to MaineCare's Primary Care Provider Network Services. The request must be submitted in writing or by telephone, followed up in writing.

If the request is approved, MaineCare Member Services will inform the member of the decision and assist the member in selecting a new PCP in accordance with the policies set forth in Section 1.07-4. The PCP must formally discharge the member from the practice in writing, by certified mail to the member. However, the PCP must state in the formal discharge letter that emergency medical care and appropriate prescription services will continue to be provided to the member for thirty (30) calendar days from the date of the letter or until the selection of a new PCP is completed. The PCP must forward a copy of the letter to MaineCare's Primary Care Provider Network Services. The change will be made within thirty (30) calendar days of the provider's notification to MaineCare's Primary Care Provider Network Services.

## 1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

Emergency changes will be made within five (5) business days. Emergency means a situation where an expedited change in PCP is necessary to prevent serious and irreparable harm to the member, provider and/or staff. If the change cannot be implemented within the five (5) business day time frame, the member will be allowed to see any participating MaineCare provider for the provision and/or referral of all managed services until the disenrollment process is completed.

### 1.08-5 **Twenty-Four Hour Coverage**

The PCP must provide or arrange for the provision of medical coverage to members enrolled in Primary Care Case Management twenty-four (24) hours each day, seven (7) days each week.

The PCP must maintain a twenty-four (24) hour access telephone number that must provide members with access to the PCP or his/her covering provider. Because Members must have verbal contact with the PCP or his/her covering provider; a twenty-four (24) hour telephone number answered only by an answering machine without provision for interaction with the PCP or his/her covering provider is not acceptable. Hospital emergency rooms that do not offer phone triage or assistance in reaching the PCP cannot be utilized by PCPs for twenty-four (24) hour back-up coverage. Additionally, emergency medical technicians (EMTs) who do not offer phone triage or assistance in reaching the PCP cannot be utilized by PCPs for twenty-four (24) hour back-up coverage.

Each PCP must inform members of his/her normal office hours and explain to members the procedures that should be followed when seeking care outside of office hours. A PCP may make arrangements with another provider for coverage when he/she is unavailable.

The PCP must give the back-up provider approval to use the PCP's referral number for services rendered while providing coverage. The PCP must ensure that his/her covering provider(s) is authorized to provide all necessary referrals for services for members while providing coverage, and specifically to comply with the post-stabilization provisions described in Section 1.06.

Back-up coverage must be provided by a participating MaineCare provider.

### 1.08-6 **Provision of Managed Services by Providers Other Than the Member's PCP**

#### A. Referrals by PCPs

PCPs agree to provide appropriate referrals for medically necessary managed services that they cannot provide. A referral must be made if the member requests a second opinion. (NOTE: PCPs are not required to provide referrals for services provided to their own Primary Care Case Management patients.) Services requiring Prior Authorization must follow policies as outlined in Chapter I Section 1.14 Prior Authorization

## 1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

of the MBM.

The Office of MaineCare Services' referral form or an OMS's approved referral form must be used for all referrals for managed services. The referral form must be completed in its entirety before forwarding to the OMS.

Unless otherwise specified, four legible and complete copies of the referral form must be distributed by the PCP's office as follows:

1. in the PCP's patient file;
2. to the referral provider;
3. to MaineCare's Primary Care Provider Network Services or its designee; and
4. to the member.

Referrals may be made for a specified time or for the duration of an illness but not to exceed one (1) year in either case. The PCP is responsible for managing the member's care and must maintain appropriate contact with the referred provider.

When making a referral, the PCP must provide the referral provider with his/her referral number. At the time of referral, the PCP must communicate to the referred provider all expectations, limitations and restrictions that he or she is placing on the use of the referral number.

Referred providers may not refer members for other managed services, except for services that have been authorized by the member's PCP.

### B. Retroactive Referrals

Retroactive referrals are inappropriate except in extraordinary circumstances, when a provider is unable to obtain a referral from the member's PCP before providing the service. PCPs agree to provide twenty-four (24) hour access, therefore, retroactive referrals should be very unusual.

### C. Referrals from One Primary Care Case Management PCP to another Primary Care Case Management PCP

Referrals from one Primary Care Case Management PCP to another for managed services are considered inappropriate under ordinary circumstances. However, under certain circumstances, such referrals may be appropriate. Some examples are: the member is out of the area and is unable to return to his/her town of residence within a reasonable time or the referral is to a Primary Care Case Management PCP who is also a specialist for specialized treatment.

1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

D. Requests by Providers Other than the Member's PCP for a Referral to Provide Managed Services

All providers must receive a referral from the Primary Care Case Management PCP before providing managed services to a member. The PCP may choose to provide his/her referral number allowing the provider to deliver the service and bill MaineCare, or the PCP may choose to provide the necessary services themselves.

PCPs must document that they have authorized services to another provider by using the OMS' referral process. See Section 1.08-6(A).

E. Processing of Claims

To ensure that payment is made for properly authorized services, providers must enter the PCP's referral number on the claim form. PCPs must authorize their own services. Providers may not use a PCP's number without specific authorization. Unauthorized use of a PCP's referral number by any other provider will be interpreted as fraud and will result in the recoupment of the unauthorized reimbursement from the billing provider and the imposition of appropriate sanctions as set forth in Chapter I of this Manual.

1.08-7 **MaineCare Primary Care Case Management Rider**

A. Execution of the Rider

The MaineCare Primary Care Case Management Rider is a supplement to the MaineCare Provider/Supplier Agreement. In the case of a partnership, all partners must sign the Rider. In the case of a corporation, the Rider must be signed by an officer of the corporation authorized to bind the corporation in such agreements.

If a practice that is a party to the MaineCare Provider/Supplier Agreement contains providers who are not eligible to provide managed services because of their specific practice areas, the practice may execute the Rider, but only those members eligible to act as a Primary Care Case Management PCP may sign.

Providers participating in the Patient Center Medical Home project  
detailed in Section 1.09 must execute an additional Memorandum of Agreement for  
Participation in Maine Patient Centered Medical Home Pilot along with the Provider/Supplier  
Agreement.

## 1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

### B. Termination of the MaineCare Primary Care Case Management and Patient Centered Medical Home Riders

Either party may terminate the MaineCare Primary Care Case Management Rider or Patient Centered Medical Home Rider without cause upon sixty (60) calendar days written notice to the other party. However, if a PCP voluntarily terminates his/her Rider, such termination may not be effective until all members have been transferred to another PCP or after ninety (90) calendar days, whichever occurs first.

The OMS may terminate the Rider immediately by giving written notice to the PCP if the OMS reasonably believes that conditions exist that place the health and safety of members in jeopardy.

The PCP will be provided the opportunity for an appeal (as set forth in Chapter I of this Manual) prior to the effective date of termination. The OMS reserves the right to complete the transfer of MaineCare members enrolled in Primary Care Case Management to new Primary Care Case Management PCPs prior to determination of the appeal.

The Rider automatically terminates upon the death of a PCP; termination of the MaineCare Provider/Supplier Agreement; or if a PCP has suddenly left the practice site.

In the event of the sale or closing of a practice or clinic or of a change in ownership or control of a practice or clinic, the PCP must provide the OMS with a sixty (60) calendar day written notice of intent to terminate the Rider.

### C. MaineCare Primary Care Case Management Rider or Patient Centered Medical Home Amendment

Within thirty (30) calendar days written notice from either party, the OMS and the PCP may negotiate a revision of the Rider, to the extent allowable by law. A letter stating the revision, executed in accordance with Section 1.08-7(A), and attached to the Rider, will validate a revision of the Rider. Refusal on the part of either party to agree on the proposed amendment within thirty (30) calendar days of notice will give either party grounds to terminate the Rider.

#### 1.08-8 **Division of Program Integrity**

The OMS will perform the surveillance and utilization review activities set forth in Chapter I of the MaineCare Benefits Manual.

In addition, the OMS will monitor access to care and quality of services under primary care case management. The monitoring activities will include, but are not limited to:

## 1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

- A. ensuring maintenance of a toll free telephone number to receive member/PCP inquiries and/or complaints;
- B. monitoring PCPs' twenty-four (24) hour access telephone numbers through random calls to PCPs during regular and after office hours;
- C. tracking PCP disenrollment patterns and the reasons for those disenrollments;
- D. reviewing medical records in response to complaints or significant changes in utilization patterns; and
- E. generating periodic utilization reports for each PCP. These reports will include, at a minimum, aggregate data on the utilization and cost experience for each PCP panel for both managed services and for those MaineCare services that are exempt. Reports will also facilitate the comparison of cost and utilization experience between panels.

### 1.08-9 Management Fee

The OMS will pay PCPs in private practice or those practicing in an ambulatory care clinic a monthly management fee of three dollars and fifty cents (\$3.50) for each managed care member assigned to their panel as of the twenty-first (<sup>21</sup>st) day of the month. OMS also pays a PCCM management fee to rural health clinics and federally qualified health centers. No management fee is paid to hospital based/~~owned~~ physician practices that are reimbursed as part of the hospital and based upon information from the Medicare cost report. The OMS will pay the management fee in addition to any fee-for-service payment made and will pay regardless of whether the member used services in that month.

The OMS will pay PCPs the three dollar and fifty cent (\$3.50) management fee ~~which will be paid~~ the month after the service is delivered~~payment is generated~~. The OMS will provide the PCP with a list of members enrolled in Primary Care Case Management for whom payment is being made.

If a member is transferred on an emergency basis from one PCP to another during the month, the PCCM management fee will be paid only to the PCP with whom the member was enrolled on the twenty-first (<sup>21</sup>st) day of the month in order to preclude the payment of two (2) PCCM management fees for the same month.

## 1.08 PCP PARTICIPATION IN PRIMARY CARE CASE MANAGEMENT (cont.)

Providers approved to provide Patient Centered Medical Home services will receive three dollars and fifty cents (\$3.50) per member per month for PCMH enhanced services, which will be paid the month after the service is delivered. This is in addition to the \$3.50 they have received for providing PCCM services, for a total of \$7.00 per member per month. No PCMH management fee is paid to hospital based physician practices that are reimbursed as part of the hospital and based upon information from the Medicare cost report. The OMS will provide the PCMH provider with a list of members enrolled in Patient Centered Medical Home services for whom payment is being made.

### 1.08-10 Interpreter Services

Providers must ensure that those members who are non-English and limited English speaking and/or deaf/hard of hearing are provided interpreter services in accordance with provisions described in Chapter I of this Manual.

## 1.09 PATIENT CENTERED MEDICAL HOME

The Patient Centered Medical Home (PCMH) model utilizes a patient centered delivery system intended to provide effective, efficient, and accessible health care to members within a PCMH practice. The PCMH provides services to members in addition to the PCCM model detailed in this Section, and requires providers to fully participate in additional on-going activities including but not limited to collection of benchmark, clinical and evaluation data. All members who are eligible to receive PCCM services from their provider will receive the enhanced PCMH service if their provider is approved to deliver PCMH.

### 1.09-1 Guiding Principles of the PCMH

Providers are approved to provide PCMH services by the Maine Patient Centered Medical Home Project (a collaborative effort with the Maine Dirigo Health Agency's Maine Quality Forum and herein after referred to as the Project). Providers must implement the core expectations detailed in the Maine Patient Centered Medical Home Pilot Memorandum of Agreement in accordance with the terms of that agreement within twelve (12) months of participation. Those core expectations of PCMH providers include, but are not limited to, demonstrated leadership within the practice regarding the implementation of PCMH requirements; a team-based approach to care; appropriate practice management; practice-integrated care management; enhanced access to care; behavioral-physical health integration; inclusion of patients and family member input on how well the practice meets their needs; partnership with Healthy Maine Partnership; and commitment to reducing unnecessary healthcare spending, reducing waste, and improving cost-effective use of health care services.

## **1.09 PATIENT CENTERED MEDICAL HOME**

### **1.09-2 Requirements of PCMH Providers**

PCMH providers must be enrolled as MaineCare PCCM providers and must be approved to provide PCMH services by the Project. To be reimbursed by MaineCare as a PCMH provider in accordance with Section 1.08-9, PCMH Providers must follow all requirements of the Memorandum of Agreement executed between the PCMH providers and the Project, which will be attached to the MaineCare Provider Agreement; the MaineCare Provider Agreement and Rider related to PCMH services; this Section; Chapter I of the MaineCare Benefits Manual; and requirements of all other Sections of the MBM for the covered services being provided. Except as noted in Rider executed between the PCMH Provider and the Department, PCMH providers must submit to the Department all data requested by the Project pursuant to its Memorandum of Agreement with the PCMH provider. –

## **1.1009 COMPLAINTS**

### **1.1009-1 Members With a Complaint**

Members with a complaint may make a request to MaineCare Member Services to have it resolved. MaineCare Member Services will:

- A. Keep a record of each complaint;
- B. Investigate the complaint and issue a verbal/written decision to the member within fifteen (15) calendar days of the request. The decision must contain a clear, concise statement of the decision, reasons for the decision, right of the member to access all records pertaining to resolution of the complaint and help available from MaineCare Member Services to obtain these records;
- C. Assist, upon request, the member in obtaining all records pertaining to the resolution of the complaint. Members will have access to all records pertaining to the complaint. Members will also be notified of their right to grieve a decision. Instructions on how to file a grievance are described in Section 1.110.

### **1.0910-2 PCPs With a Complaint**

MaineCare's Primary Care Provider Network Services will accept either verbal or written requests for complaint resolution from PCPs and will maintain a record of each such request.

MaineCare's Primary Care Provider Network Services will investigate and provide the PCP with verbal/written notice of its findings within fifteen (15) calendar days of the request. The notice will include an explanation of the

PCP's right to request an informal conference if the complaint is not resolved to the PCP's satisfaction.

## **1.110 INFORMAL CONFERENCES/ADMINISTRATIVE HEARINGS**

### **1.110-1 Members**

- A. General

Members who have a grievance may request either an informal conference and/or an administrative hearing. A member does not have to file a complaint before filing a grievance.

**B. Informal Conferences**

Members may request an informal conference with the OMS. Requests may be made verbally or in writing by contacting MaineCare Member Services. The request must be made within ten (10) calendar days of the date of the notice of adverse findings.

The OMS will schedule an informal conference within ten (10) calendar days of receipt of the request and will give written notice prior to the informal conference to the following parties:

- The member requesting the conference;
- The staff responsible for the decision affecting the member, if appropriate; and
- The member's designated representative, if known.

The Director of OMS or a designee who was not involved in the decision under review will conduct the conference and allow all participants to offer relevant information. A record of the conference will be made, including the identity of the participants, a summary of the information presented, and copies of all written material presented or submitted.

The Director of OMS or his/her designee will issue a written decision of the matter within ten (10) calendar days of the date of the conference. The decision will include a brief statement of the reasons for the decision and an explanation of the member's right to request an administrative hearing if s/he is dissatisfied with the decision. The OMS will mail a copy of the decision to each party entitled to receive notice.

**C. Administrative Hearings**

All members may request an administrative hearing in accordance with provisions of Chapter I of this Manual.

**1.110-2 Providers**

Informal conferences and hearings will be held in accordance with rules set forth in Chapter I of this Manual and the Department of Health and Human Services' Office of Administrative Hearing Regulations.

