DATE: October 1, 2019

TO: Interested Parties

FROM: Michelle Probert, Director, MaineCare Services

SUBJECT: Proposed Rule: Chapter 104, Maine State Services Manual, Section 7, Abortion Services for MaineCare Members

PUBLIC HEARING: Monday, October 21, 2019 at 9:00 a.m.
State Office Bldg., Maine A Conf. Rm.
109 Capitol St., Augusta, ME

COMMENT DEADLINE: Thursday, October 31, 2019 at 11:59 p.m.

This letter gives notice of proposed rule: Chapter 104, Maine State Services Manual, Section 7, Abortion Services for MaineCare Members.

This proposed rule will implement P.L. 2019, c. 274, An Act to Prevent Discrimination in Public and Private Insurance Coverage for Pregnant Women in Maine (the “Act”), which requires state-funded coverage for abortion services to MaineCare members when those services are not covered by Medicaid. Federal law limits Medicaid reimbursement to those abortions necessary to protect the life of the mother, or when the pregnancy results from rape or incest (the “Hyde Exceptions.”). See, e.g., 42 C.F.R. §§ 441.200-441.208; 10-144 C.M.R. Ch. 101 (the “MaineCare Benefits Manual”), Ch. II, Sec. 90.05-2 (MaineCare rule implementing Hyde Exceptions). The Act requires that, for MaineCare eligible women, abortion services that are outside the Hyde Exceptions (i.e., not covered Medicaid services) must be funded separately by using state funds within existing resources. The Legislature appropriated from the General Fund approximately $227,546 and $375,843, respectively, for the next two fiscal years to provide these new state-funded abortion services. See the Act, Sec. 10 (Appropriations and allocations). The Department requires providers to identify state-funded abortion services when submitting claims for reimbursement of state-funded abortion services. This allows the Department to distinguish the state-funded abortion claims from those that are covered under the Hyde Exceptions, in order to maintain compliance with federal Medicaid restrictions and requirements for reimbursement.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare website at http://www.maine.gov/dhhs/oms/rules/index.shtml or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050 or Maine Relay number 711.

A concise summary of the proposed rule is provided in the Notice of Agency Rulemaking Proposal, which can be found at http://www.maine.gov/sos/cec/rules/notices.html. This notice also provides information regarding the rulemaking process. Please address all comments to the agency contact person identified in the Notice of Agency Rulemaking Proposal.
Notice of Agency Rule-making Proposal

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

CHAPTER NUMBER AND TITLE: 10-144 C.M.R., Chapter 104, Maine State Services, Manual Section 7, Abortion Services for MaineCare Members

PROPOSED RULE NUMBER:

CONCISE SUMMARY:

This proposed rulemaking will implement P.L. 2019, c. 274, An Act to Prevent Discrimination in Public and Private Insurance Coverage for Pregnant Women in Maine (the “Act”), which requires state-funded coverage for abortion services to MaineCare members when those services are not covered by Medicaid.

Federal law limits Medicaid reimbursement to those abortions necessary to protect the life of the mother, or when the pregnancy results from rape or incest (the “Hyde Exceptions”). See, e.g., 42 C.F.R. §§ 441.200-441.208; 10-144 C.M.R. Ch. 101 (the “MaineCare Benefits Manual”), Ch. II, Sec. 90.05-2 (MaineCare rule implementing Hyde Exceptions). The Act requires that, for MaineCare eligible women, abortion services that are outside the Hyde Exceptions (i.e., not covered Medicaid services) must be funded separately by using state funds within existing resources. The Legislature appropriated from the General Fund approximately $227,546 and $375,843, respectively, for the next two fiscal years to provide these new state-funded abortion services. See the Act, Sec. 10 (Appropriations and allocations). The Department requires providers to identify state-funded abortion services when submitting claims for reimbursement of state-funded abortion services. This allows the Department to distinguish the state-funded abortion claims from those that are covered under the Hyde Exceptions, in order to maintain compliance with federal Medicaid restrictions and requirements for reimbursement.


STATUTORY AUTHORITY: 22 M.R.S. §§ 42, 3173

PUBLIC HEARING:

Date and Time: Monday, October 21, 2019 at 9:00 a.m.
Location: State Office Bldg., Maine A Conf. Rm., 109 Capitol St., Augusta, ME

The Department requests that any interested party requiring special arrangements to attend the hearing contact the agency person listed below before October 14, 2019.

DEADLINE FOR COMMENTS: Comments must be received by 11:59 p.m. on October 31, 2019.

AGENCY CONTACT PERSON: Anne E. Labonte, Comprehensive Health Planner II
AGENCY NAME: Division of Policy
ADDRESS: 109 Capitol Street, 11 State House Station Augusta, Maine 04333-0011
EMAIL: Anne.Labonte@Maine.gov
TELEPHONE: (207)-624-4082 FAX: (207) 287-1606
TTY users call Maine relay 711
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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.A. § 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 Abortion, including, but not limited to, Maine Revised Statutes Title 22 Chapter 263-B (Abortions), as well as 10-144 C.M.R. Ch. 104 (the Maine State Services Manual), Section I (Administrative Policies and Procedures), 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 Title 32, ch. 36 or 48 or a person licensed under Title 32, ch. 31 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

A. Health Care Professionals must be enrolled as MaineCare providers to be reimbursed for Abortion services under this policy.

B. Professionals providing Abortion services must be Health Care Professionals as defined in 22 M.R.S.A. §1596.
SECTION 7 ABORTION SERVICES FOR MAINECARE MEMBERS ESTABLISHED 9/19/19
EMERGENCY RULE EFFECTIVE 9/19/19

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.

A. Physician/surgical charges for performing the Abortion. These charges include the usual, uncomplicated pre- and post-operative care and visits related to performing the Abortion.

B. 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.

C. Medication Abortions.

D. Physician charges for administering the anesthesia necessary to induce or perform an Abortion.

E. 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.

F. Charges for histo-pathological laboratory tests performed routinely.

G. 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).

H. Ultrasounds related to the Abortion.

I. 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.

7.07 BILLING INSTRUCTIONS (cont.)

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.