

**Testimony of
Department of Health and Human Services
Mary C. Mayhew, Commissioner**

Before the Joint Standing Committee on Appropriations and Financial Affairs

Department of Health and Human Services Finances

February 12, 2014

Good Afternoon Senator Hill, Representative Rotundo, and members of the Joint Standing Committees on Appropriations and Financial Affairs, I am Mary Mayhew, Commissioner of the Maine Department of Health and Human Services and I am here today to present information regarding the status of the Department of Health and Human Services' budget.

I want to first address issues pertaining to Riverview Psychiatric Center. I addressed several of these issues when I last presented to this Committee in late January and similar information has been shared with the Health and Human Services Committee.

Since September, when CMS decertified Riverview Psychiatric Center, the Department has been focused on corrective action to bring RPC back into full certification standing. One of the issues related to certification is whether or not the Department can utilize federal Disproportionate Share Hospital (DSH) and Institution for Mental Disease (IMD) Payments to fund RPC as it did prior to RPC being decertified.

The Department believes that since Riverview is defined under federal statute as an Institution for Mental Disease (IMD) which pertains to any entity that has 16 or more beds and is primarily providing treatment for individuals with mental illness, that the hospital Medicare and Medicaid certification with Medicare should not affect our ability to continue to claim federal DSH dollars. In the Congressional Research Service Report that was provided to this Committee, I'm sure you noted that in the table pertaining to current DSH funding for the states, Maine's DSH funding is listed entirely under the IMD category. Again, IMDs are not necessarily hospitals nor do they need to be certified as a hospital as participating in the Medicare program. Riverview and Dorothea Dix are both IMDs. The DSH allocation funding for the states is divided between the overall cap DSH allocation and then further limits the amount within this cap that can be expended on IMDs. Maine does not claim any of the hospital DSH funding, those funds were committed in early 2001 to cover the costs associated with the childless adult waiver. Maine has drawn the DSH IMD funds subject to the IMD cap. As such we firmly believe that CMS is incorrect in their initial communication to the Department regarding the DSH funding request we recently submitted. The Department is consulting with the Attorney General's office and outside legal counsel to further verify this opinion. If CMS ultimately disagrees with this opinion, there is the potential for a future finding that requires the Department to reimburse CMS for the use of DSH dollars. This would be based on CMS retroactively disallowing the use of DSH while Riverview is decertified as a hospital. This is a formal process involving the disallowance of claims that would then be appealed by the state.

The Department projects to use a total of \$17.32 million in DSH funds in SFY '14.

- RPC used \$2.3 million between the beginning of the fiscal year, July 1, and decertification in September
- From September 2, through December 31 of 2013, RPC drew and utilized \$6.35 million in federal DSH funds
- From January 1, 2014 through the end of the fiscal year, the Department projects RPC will utilize an additional \$8.69 million in DSH funds

The \$2.3 million was used while RPC was certified, and those funds are not at question. The \$6.35 million was utilized during the period of decertification. If CMS chose to disallow this amount, the Department would contest that decision, based on the opinion expressed above. However, if this amount was ultimately disallowed, general funds would be needed to replace that amount. The timing of this potential formal disallowance is unknown. Previous precedence would indicate that it could be multiple years before this impact would be verified and quantified and the appeal resolved.

Finally, the \$8.69 million needed for January 1 through June 30, 2014, will follow a similar path. The Department believes we can utilize DSH for RPC despite the decertification period. However, if CMS ultimately disallows the draw and expenditures, general fund would be needed for this amount.

If you agree with the Department's position related to DSH, we will further reduce the general fund request for Riverview by approximately \$400,000 and submit the revised initiatives to you.

DSH Funding Related to Census Mix

AFA REFERENCE #: F-A-7240 FY15 DSH \$(2,296,811) GF \$2,296,811

Disproportionate Share (DSH) funding is available up to the level of uncompensated care at a DSH eligible IMD subject to the overall state IMD cap. Riverview and Dorothea Dix calculate their level of uncompensated care based on the bed days of uncompensated classifications.

Uncompensated classifications include those determined to meet charity care definitions, those eligible for Medicaid and those eligible for Medicare when their stay is not covered by Medicare. Effective July 1, 2012, the uncompensated care does not include bed days for jail transfers, those committed for competency evaluations (In-patient evaluations) and those committed for competency restorations (IST).

Initiatives to Address Certification

Contracted Psychiatrist

AFA REFERENCE #: F-A-7235 FY14

This initiative adds a psychiatrist at the Riverview Psychiatric Center through the existing Dartmouth Healthcare contract to assist with the increased forensic population and the higher acuity levels of those forensic clients. This Doctor would be assigned to a specific unit and would be needed to testify in court. The additional clinical capacity is required to ensure the health and safety of the patients.

Increasing regulatory requirements related to the roles and responsibilities of the Clinical Director diminish the capacity to take on the increased caseload, as well as fulfilling the responsibilities of the Clinical Director. The increase in forensics requires a high level of clinical expertise and leadership to provide consistent multi-disciplinary care to facilitate thorough and safe patient evaluation, treatment and discharge planning. The psychiatrists' role as the primary provider has resulted in patient health and safety as quality care needs to be provided according to evidence-based practice. Stability of the highly acute patients is achieved more quickly because the psychiatrists are unifying members of the treatment team ensuring that treatment plans are followed.

Contracted Nurses

AFA REFERENCE #: F-A-7236

Riverview has experienced a shortage of nursing staff to cover all shifts. This initiative will fund contracted nurses to provide needed coverage for patient health and safety until the hospital can fill vacant positions.

Dartmouth Consulting Contract

AFA REFERENCE #: F-A-7222

This funding will support Riverview by consultant services of Dartmouth Medical School (DMS) for quality improvement, evidenced base practice and case consultation. DMS is the leader in the field of psychiatric management. Services include:

1. Access to internal medicine and psychiatry grand rounds;
2. Access to DMS expertise in
 - a) Quality Improvement,
 - b) Evidenced- base practice and research in serious and persistent mental illness,
 - c) Shared Decision-making (Recovery-oriented care);
3. Access to Dartmouth specialists for telephone consultation;
4. Visits 6 times per year from a different Dartmouth expert for case consultation;
5. Serve as the Internal Review Board (IRB) for research related to human subjects; and,
6. Access to the Dartmouth medical library

Dartmouth Consulting Contract

AFA REFERENCE #: F-A-7216

This request provides funding to contract for a Director of Psychology. The previous two directors had very short tenures (the most recent barely 6 months). Exit interviews with the hospital Medical Director indicate that the salary of the state position was not competitive within the community. A management review confirmed that the salary structure for the Director was not commensurate with the level of complexity and responsibility. Additionally when we advertised the most recent vacancy we received only one applicant found to be unsuitable for the state line Psychologist IV. To continue to provide quality services, we need the position filled. The most viable solution is to identify and recruit suitable candidates through a contract.

MOU with the Department of Public Safety
AFA REFERENCE #: F-A-7221

The state Department of Public Safety will provide 24/7 law enforcement on the RPC campus through the Capitol Police. The MOU allows for 4 officers and one sergeant supervisor and is in place of the Correction Officers currently on the Lower Saco Unit. The duties of the officer is to ensure that the laws regarding hospital contraband are enforced; to assist with campus issues regarding hospital property and grounds ensuring that it is a safe environment for staff, clients, and visitors; to investigate any criminal activity that occurs in the hospital or on the campus; to assist staff in any event that typically requires a call to 911; and, to participate in Joint Commission-required hospital disaster drills and staff training regarding potential disaster or emergency situations. The presence on the campus allows for a quicker response time in emergencies and provides for consistency to follow up in criminal investigations.

Retrofit facility to accommodate forensic population
AFA REFERENCE #: F-A-7218

The number of forensic clients continues to rise and the overflow has gone beyond the 44 beds previously designated for the forensic population. The special management/care unit (SCU) has some extreme acuity level clients, which require the additional staffing and resources for safety and security reasons. Retro fitting of the Lower Saco Unit would require a study, the design, and then construction. Maintaining clients in an acute care psychiatric hospital bed is costly, but the consequences of no action in this regard have far higher costs.

Interpreter Services
AFA REFERENCE #: F-A-7239

The State of Maine Department of Health and Human Services entitles clients to free interpreters. Joint Commission and CMS require that hospitals provide interpretive services to all clients while hospitalized. This would include American Sign Language as well as language interpretation. The average length of stay for civil clients is around 60 days and for forensic clients much longer. As a result, one client requiring these services is extremely costly as interpreters have to be present during any significant treatment event, treatment team meetings, discussion with treatment team members, during group and individual therapy, as well as to allow the client time to interact with peers.

Legal Contract
AFA REFERENCE #: F-A-7238

There is no current statute that allows hospitals to medicate clients who are not criminally responsible (NCR) against their will, unless they pose a danger to themselves or others and then the timeframe is limited to seventy-two hours. This restriction contributes to a protracted length of hospitalization. There is a provision in the rights of recipients that allows for an administrative mediation hearing. Clients have the right to legal representation as part of this hearing process. After consultation with the State of Maine's Attorney General's Office,

Riverview was advised to negotiate a contract with Pine Tree Legal to provide Riverview clients assistance in medication hearings. This request is for 100% General Funds on an ongoing basis.

(1) FTE Psychologist III

AFA REFERENCE #: F-A-7219

This initiative establishes one Psychologist III position related to professional service work in psychological assessment and psychotherapy. Responsibilities include conducting psychological assessments and psychotherapy program to analyze and change the functioning and behavior of institutional and clinical patients; providing in-service training to staff and interns; and conducting psychological research. This class is differentiated from the lower levels of the psychologist series in that it is licensed to perform psychotherapy on patients. Work is performed under limited supervision.

Repairs to comply with JC and CMS safety

AFA REFERENCE #: F-A-7237

Riverview Psychiatric Center is certified by the Joint Commission that provides scheduled reviews of the hospital facility. During the last visit in Fall 2013, the Joint Commission noted several facility citations for safety and security. Environment of Care standards for hospitals are constantly changing based on sentinel events that occur. The hospital design ten years ago was best practice at the time, but it is not in some areas now. As a result of changing standards, funds are needed to ensure that the hospital maintains a safe environment for staff, clients, and visitors that is in compliance with regulatory standards. These funds will allow for changes, updates, and upgrades to address the survey results. One example is a sink fixture which--compliant when installed--is now considered a safety risk to clients who can wrap items around the fixture with the intent of causing bodily harm.

The costs associated with providing services to the increasing forensic population are not allowable for reimbursement by the OSR sources while at the same time the cost of providing services to a forensic patient is higher than the costs of services for a civil patient.

Nurse Parity stipends

AFA REFERENCE #: F-A-7244

DDPC and RPC continue to struggle with recruitment and retention of its nursing staff. This has resulted in shortages of staff, mandated overtime and the ongoing need for contracted nursing services. This stipend will assist in recruitment and retention of nursing staff. A nursing salary review was prepared by Dix consulting issued August 8, 2013 showing a need for this stipend to increase competitiveness with other entities recruiting the same staff.

Specialized Training

AFA REFERENCE #: F-A-7223

This initiative would provide the necessary funds to provide staff of Riverview Psychiatric Center with the opportunity to gain, develop, and renew skills, knowledge and abilities to provide state of the art consumer-centered inpatient psychiatric care to patients/clients with

serious mental illness for compliance with constitutional, statutory, and regulatory standards. In addition this initiative will allow for Riverview Psychiatric Center to conduct staff training and education that includes existing clinical staff and expert trainers which focuses on issues and topics of special needs and interest such as: working with clients who have especially challenging or complex needs, reducing seclusion and restraint practices, understanding the nature of mental illness, the impact of trauma and evidence-based practices.

As we reported previously, we are reducing the projected MaineCare shortfall by \$30 million over the two-year biennial budget for SFYs '14 and '15. We have re-run the forecast based on the 6 months of actuals for SFY '14. DHHS has produced a forecasting tool that is grounded in the State's accounting system. This tool utilizes the functional classes of MaineCare program costs. The cost history used includes SFY 2006 – SFY 2014 and was analyzed for outliers. The resulting dataset was then processed through the Holt Winters forecasting algorithm to produce future data points that minimize the total variance present across the entire dataset. This helps reduce human subjectivity while producing objective data driven estimates. This most recent forecast that is the basis for this revision is now updated to reflect 6 months of actuals in SFY 14.

We are reducing the GF shortfall projected for the remainder of SFY '14 by \$7.2 million from \$52.4 million to \$45.2 million. The GF budget for SFY '14 is \$726 million and we are projecting a need of \$772 million. This reflects an increase in total spending of .8% as compared to a national average healthcare growth of 4% projected average growth national in the next 10 years of 5.8% and a projected average national Medicaid growth in the next 10 years of 8.1%

We are reducing the projected general fund shortfall for SFY '15 by \$22.8 million from \$55.5 million to \$32.7 million. We are projecting a GF need of \$773 million; the current legislatively authorized budget for SFY '15 is \$740.2 million. This reflects a 1% increase in total spending for the state's Medicaid program as compared to national average healthcare growth of 4% and projected Medicaid growth in the next 10 years of 8.1%

These GF requests are based on projected total expenditures of \$2.54 billion in SFY '14 and \$2.57 billion in SFY '15 a total spending increase in all funds of less than \$22 million from SFY '13 to '14 and approximately \$27 million from '14 to '15. This reflects a projected .8% increase in spending over '13 and 1.07% increase from '14 to '15. National health care spending is projected to increase on average of 5.7% and Medicaid is projected to increase on average of 7%. Had Maine experienced a similar growth trend we would be requesting significantly more to support the budget.

The Medicaid program is an entitlement program and outside of our waivers there are no caps on overall program spending or on individual spending making predicting and controlling spending growth a challenge. Estimates and forecasts are just that. This is a healthcare entitlement program. There are limited levers to control spending.

Even with those challenges in managing a healthcare entitlement program, we have seen significant success. The Department projects that we will realize more than \$22 million in state general fund savings in SFY '14 and more than \$38 million in projected savings (reduced spending against the projected increase) in SFY '15. Many of these initiatives reflect that

incredible work and commitment of staff throughout the Department to advance of our efforts to improve the health status of MaineCare members through improved coordination of care delivery, reduction of inappropriate utilization of health care services and increased focus on high cost utilizers. We have seen significant results from the work that occurred through our care management efforts in the Office of MaineCare services in working with high utilizers of emergency department services in collaboration with hospitals and other community providers – again focused on a patient-centered approach to evaluating opportunities to reduce personal barriers to primary care and improved care coordination. Since the inception of the program we have managed more than 1700 members. We had one member with 141 ED visits in 12 months. We are now turning our attentions to high utilizers of inpatient services again with the focus on a patient-centered approach to better understand what is driving avoidable hospital admissions and the opportunity to build on the establishment of our health homes and community care teams.

Today we have over 150 primary care practices and 10 Community Care Teams in Health Homes Initiative. 75 of these practices receive support from other payers as part of Maine’s multi-payer Patient Centered Medical Home (PCMH) Pilot.

The PCMH and Health Home models provide support to practices for activities such as care coordination, intensive care management and patient and family support that a fee for service system does not otherwise support. All patients enjoy enhanced access to their practice through after-hours care, flexibility in scheduling appointments and improved coordination through the use of Electronic Health Records. Patients with chronic conditions and other high needs receive intensive supports from the practice and Community Care Team to manage their illness and address other social factors that have a large negative impact on their health.

In April, the Department will be implementing its Behavioral Health Homes initiative, which partners the Health Home practices with community mental health organizations in order to serve members with Serious Mental Illness.

Through the MaineCare Accountable Communities Initiative, the Department will engage in shared savings arrangements with provider organizations that commit to coordinating the care of all patients who rely on those organizations as their point of access to healthcare services. Accountable Communities that demonstrate cost savings and meet quality performance benchmarks will share in savings generated under the model.

Six Accountable Communities have applied to participate in the first round of the initiative. The Department is working on rulemaking with the Attorney General’s Office with the target implementation date of May 1, 2014. An estimated 50,000 members will be attributed through these Accountable Communities in 2014. An additional 25,000 members, while not directly attributed, receive some of their care through these Accountable Communities and will also benefit from improved systems of care coordination. In whole, almost 30% of the MaineCare population will benefit from the Accountable Communities Initiative in this first round.

Accountable Communities will result in such improvements as:

- reductions in inpatient readmissions
- less non-emergent Emergency Department use

- more effective use of Electronic Medical Records and real-time data through Maine's Health Information Exchange,
- increased investment in care management for members with chronic conditions, and
- more emphasis on preventive care.

We have developed and implemented the supports intensity scale in the Office of Aging and Disability Services to more appropriately align resources based on the needs of the consumer to ensure the greatest level of independence. Additionally we are implementing a single assessing agency regarding the development of person-centered plans. We are continuing to evaluate the development of a PACE model and evaluate other initiatives to support access to lower cost community-based services to reduce or delay the need for 24/7 residential or nursing facility services.

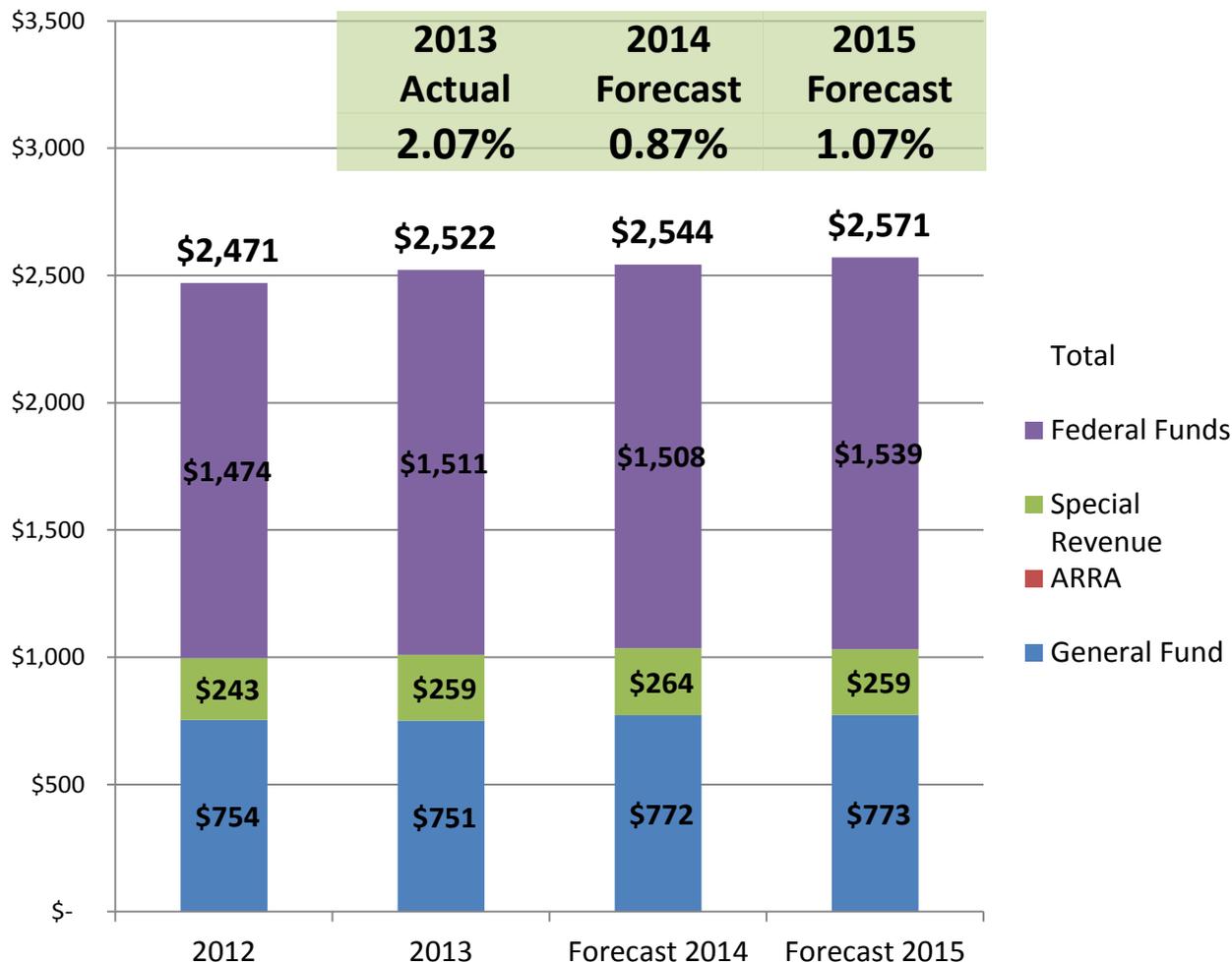
Through an Administrative Services Organization to utilize appropriate clinical oversight and prior-authorization for clinical services for children and adults related to behavioral and developmental services.

We are committed to continuing our efforts to reforming the healthcare delivery system to efficiently provide the right level of care in the right location that produces the best patient outcome at the right cost. We are projecting an increase in spending of .8% for this year over last and a little more than 1% increase for SFY '15. This has occurred at a time when we are also trying to ensure that the true costs of the program are accounted for by ensuring that providers' bills are paid and that providers are paid accurately and timely.

Thank you for your time. I am happy to answer any questions.

DHHS MaineCare Expenditures*

Year Over Year Growth



Average National Healthcare Growth

4%

Projected Average Growth In the Next 10 Years

5.8%

Projected Average National Medicaid Growth In the Next 10 Years

8.1%

*Does not include DSH, Hospital Settlement Payments, or CDC & OCFS Seed Accounts



Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

MAINECARE REVIEW FOR SFY 2014/2015

SFY 2013 RESULTS

	ACTUALS - SFY TO DATE AS OF - 12/13/2013 ALL STATE FUNDS	SFY 2014 PROJECTION (ADJUSTED FORECAST) ALL STATE FUNDS	SFY 2015 PROJECTION (ADJUSTED FORECAST) ALL STATE FUNDS	SFY 2013 ACTUALS	SFY '14/'13 \$ CHANGE	14/'13 % CHANGE
CYCLE DATA						
CLAIMS SYSTEM - OMS	(\$419,567,691)	(\$940,337,123)	(\$952,147,756)	(\$905,425,690)	(\$34,911,433)	3.86%
RECURRING COST SETTLEMENTS	\$0	\$0	(\$5,296,750)	(\$9,671,846)	\$9,671,846	-100.00%
CLAIMS SYSTEM - OMS AFFILIATED	\$0	\$0	\$0		\$0	
HOSPITAL PAYMENT FOR SFY 2014	(\$183,481,860)	(\$183,481,860)	\$0			
SUBTOTAL CLAIMS	(\$603,049,551)	(\$940,337,123)	(\$957,444,506)	(\$915,097,536)	(\$25,239,587)	2.76%
NON-CYCLE DATA						
OTHER FUNDING/REVENUE SOURCES	\$128,896,753	\$281,141,679	\$276,862,686	\$273,546,051	\$7,595,628	2.78%
OTHER NON-CYCLE EXPENDITURES	(\$64,990,533)	(\$129,214,145)	(\$131,151,839)	(\$109,862,486)	(\$19,351,659)	17.61%
SUBTOTAL NON-CLAIMS	\$63,906,220	\$151,927,534	\$145,710,847	\$163,683,565	(\$11,756,031)	-7.18%
NET OPERATING EXPENSES	(\$539,143,331)	(\$788,409,589)	(\$811,733,659)	(\$751,413,971)	(\$36,995,618)	4.92%
SAVINGS - NOT BUILT IN FORECAST	\$7,200,232	\$13,626,003	\$38,678,512	\$0	\$0	
UNDEDICATED CARRY FORWARD		\$2,743,644	\$0	\$0	\$0	
ADJUSTED NET OPERATING EXPENSES	(\$531,943,099)	(\$772,039,942)	(\$773,055,147)	(\$751,413,971)	(\$20,625,971)	2.74%
AUTHORIZED BUDGET	\$348,461,239	\$726,811,439	\$740,280,970			
AUTHORIZED HOSPITAL PAYMENT	\$183,481,860	\$183,481,860	\$0			
NET SURPLUS/(SHORTFALL)	\$0	(\$45,228,503)	(\$32,774,177)			

YEAR OVER YEAR ALL FUNDS MAINECARE INCREASE

2009	2010	2011	2012	2013	2014 Forecast	2015 Forecast
6.55%	2.31%	-5.41%	12.08%	2.07%	0.87%	1.07%

MaineCare 10.1 FORECAST - per DSS and service date analysis (010 Fund)

Using AdvantageME Data thru Accept Date of: 01/07/2014

Funds included: 010 State Fund only

Accounts included: OMS accounts only (No OCFS seed/DSH/Transcription)

(Per 1-6) plus FC per 7-12

FUNCTIONAL CLASS GROUP	OBJECT	OBJ_DESCR	2012 ACTUAL	2013 ACTUAL	2014 ACTUAL	2014 FORECAST	2015 FORECAST
HOSPITAL	6720	HOSP INPATIENT CARE	58,419,790	68,576,760	34,400,057	70,281,274	70,243,596
	6721	HOSP OUTPATIENT CARE	3,704,293	55,259,232	29,853,041	60,934,055	60,143,430
HOSPITAL Total			62,124,083	123,835,993	64,253,098	131,215,329	130,387,027
		<i>Overall % Change (Claims)</i>		99.34%		5.96%	-0.63%
HOSPITAL (PIP - CAH PSYCH)	6726	HOSPITAL SERVICES	91,475,935	63,998,555	16,249,644	16,303,794	5,944,632
	67C2	CRITICAL ACCESS HOSPITAL OUTPATIENT			9,166,151	26,214,800	33,801,873
	67M1	MENTAL HEALTH FACILITY INPATIENT			4,859,494	12,837,366	16,345,621
	67C1	CRITICAL ACCESS HOSPITAL INPATIENT			1,860,450	5,307,876	6,826,635
	67M2	MENTAL HEALTH FACILITY OUTPATIENT			1,279,235	3,581,889	4,575,647
HOSPITAL (PIP - CAH PSYCH) Total			91,475,935	63,998,555	33,414,974	64,245,725	67,494,408
		<i>Overall % Change (Claims)</i>		-30.04%		0.39%	5.06%
LABORATORY SERVICES	6790	LABORATORY SERVICES	5,446,651	4,027,324	2,580,506	5,361,596	5,461,399
LABORATORY SERVICES Total			5,446,651	4,027,324	2,580,506	5,361,596	5,461,399
		<i>Overall % Change (Claims)</i>		-26.06%		33.13%	1.86%
MEDICAL PROFESSIONALS	6740	MEDICAL DOCTOR SERVICES	41,777,821	40,229,699	19,355,950	38,901,023	37,916,882
	6745	NURSE PRACTITIONERS	7,798,870	6,666,251	3,242,503	6,431,486	6,285,400
	6759	NURSE MIDWIFERY	840,405	801,006	378,218	712,587	678,840
	6765	PRIVATE DUTY NURSING	4,951,210	5,263,682	2,960,297	5,750,194	5,548,964
MEDICAL PROFESSIONALS Total			55,368,306	52,960,638	25,936,967	51,795,290	50,430,086
		<i>Overall % Change (Claims)</i>		-4.35%		-2.20%	-2.64%
CLINIC	6730	AMBULATORY AGENCY SERVICE	44				
	6732	MENTAL HEALTH CTR SER	5,543,614	5,016,082	2,459,219	5,037,243	4,999,927
	6735	FAMILY PLNG CLINICS	126	2	11	11	0
	6737	SPEECH & HEARING CLINICS	764				
	6738	RURAL HEALTH CLINICS	3,784,213	7,063,270	1,925,761	3,944,734	3,934,848
	6798	FEDERALLY QUALIFIED HEALTH CAR	14,641,596	13,948,580	6,782,577	13,745,971	13,679,456
	67A0	DEV & BEHAV CLINIC SERV	15,382,886	20,451,667	10,339,037	20,159,204	19,980,737
CLINIC Total			39,353,244	46,479,601	21,506,606	42,887,163	42,594,967
		<i>Overall % Change (Claims)</i>		18.11%		-7.73%	-0.68%
PHARMACY	6780	PRESCRIPTION DRUGS	86,651,433	79,572,233	41,025,361	81,629,133	78,718,844
	6781	MEDICAL SUPPLIES	7,385,664	7,229,013	4,207,600	8,164,714	7,688,735
PHARMACY Total			94,037,097	86,801,246	45,232,961	89,793,847	86,407,579
		<i>Overall % Change (Claims)</i>		-7.69%		3.45%	-3.77%
DED & CO-INS FOR DUALS	6733	PART A DED & CO-INS	13,643,872	11,318,781	6,919,988	12,811,751	11,700,141
	6734	PART B DED & CO-INS	40,744,430	35,311,543	14,299,802	31,641,050	33,738,175
DED & CO-INS FOR DUALS Total			54,388,302	46,630,324	21,219,789	44,452,802	45,438,316
		<i>Overall % Change (Claims)</i>		-14.26%		-4.67%	2.22%
HOME HEALTH	6761	HOME HEALTH SERVICES	3,579,719	3,775,908	2,137,134	4,066,485	3,785,892
	6767	ATTENDANT SERVICES	30,743	29,878	13,376	27,931	28,689
	6788	DAY HEALTH SERVICES	155,739	172,157	82,901	170,783	172,245
	67F6	ASSISTED LIVING SERVICES	88,742	551			
HOME HEALTH Total			3,854,943	3,978,494	2,233,412	4,265,199	3,986,827
		<i>Overall % Change (Claims)</i>		3.21%		7.21%	-6.53%
RESIDENTIAL	6705	BOARDING HOME CARE	4,254,652	3,529,156	1,275,124	2,587,810	2,772,441
	6706	RESIDENT DIAGNO AND TREAT	81,333,350	74,555,073	37,132,051	73,033,787	72,783,887
	6725	INTR CARE FAC CARE	82,709,208	90,949,078	45,786,304	94,117,663	95,155,982
	6729	MR GROUP CARE - ICF	13,268,032	12,614,188	6,494,247	13,270,836	13,264,310
	6766	PERSONAL CARE SERVICES	28,268,532	31,202,046	15,998,307	32,987,462	34,024,849
RESIDENTIAL Total			209,833,774	212,849,541	106,686,033	215,997,557	218,001,467
		<i>Overall % Change (Claims)</i>		1.44%		1.48%	0.93%
REHAB SERVICES	6717	ADJ OR REMEDIAL TRAINING	15,882,807	16,160,250	8,719,686	17,592,352	17,997,875
	6747	REHABILITATIVE SERVICES	4,308,566	4,729,890	2,671,103	5,372,638	5,709,202
	6763	OCCUPATIONAL THERAPY	667,654	1,272,264	633,657	1,323,139	1,310,742
	6771	PHYSICAL THERAPY	451,719	629,264	282,471	569,466	539,084
	6776	SPEECH THERAPY	1,441,432	2,769,650	1,198,809	2,533,891	2,481,233
REHAB SERVICES Total			22,752,178	25,561,318	13,505,726	27,411,486	28,038,136
		<i>Overall % Change (Claims)</i>		12.35%		7.24%	2.29%
BEHAVIORAL HEALTH CLINICIAN	6774	M H WAIVERED SERV	45,272,437	47,490,239	25,985,557	53,628,683	56,005,070
BEHAVIORAL HEALTH CLINICIAN Total			45,272,437	47,490,239	25,985,557	53,628,683	56,005,070
		<i>Overall % Change (Claims)</i>		4.90%		12.93%	4.43%
CASE MANAGEMENT	6748	CASE MANAGEMENT	16,182,843	16,451,352	8,785,819	17,062,803	17,265,158
CASE MANAGEMENT Total			16,182,843	16,451,352	8,785,819	17,062,803	17,265,158
		<i>Overall % Change (Claims)</i>		1.66%		3.72%	1.19%
HCBS WAIVERS	6772	M R WAIVERED SERV	113,499,767	111,645,754	59,503,407	121,079,461	124,255,597
	6778	BME WAIVERED SERVICES	3,261,947	3,710,735	2,243,460	4,194,287	3,907,146
	6786	PCA WAIVERED SERVICES	3,519,817	3,754,438	1,895,929	3,823,296	4,232,912
HCBS WAIVERS Total			120,281,531	119,110,927	63,642,796	129,097,044	132,395,655
		<i>Overall % Change (Claims)</i>		-0.97%		8.38%	2.56%
TRANSPORTATION	6791	AMBULANCE	3,585,278	3,179,078	1,556,384	3,271,083	3,327,013
	6792	OTHER TRANSPORTATION	14,062,901	13,357,768	7,384,950	15,725,339	17,271,975
TRANSPORTATION Total			17,648,179	16,536,846	8,941,334	18,996,422	20,598,988
		<i>Overall % Change (Claims)</i>		-6.30%		14.87%	8.44%
SCHOOL BASED SERVICES	6796	EARLY INTERVENTION SERVICES	2,819,676	3,472,200	2,312,530	4,659,060	5,439,541
	67A3	CERTIFIED SEED - SCHOOL REHAB	3,497,105	5,511,589	2,240,430	5,515,828	6,096,554
	67C0	DAY TREATMENT SERVICES	5,944,926	5,555,876	2,662,593	5,189,740	4,934,985
SCHOOL BASED SERVICES Total			12,261,707	14,539,666	7,215,552	15,364,628	16,471,081
		<i>Overall % Change (Claims)</i>		18.58%		5.67%	7.20%
DENTISTRY	6750	GENERAL DENTISTRY	12,402,607	11,776,812	5,783,038	11,612,783	11,432,797
	6752	ORTHODONTIA	3,016	131	744	744	0
DENTISTRY Total			12,405,624	11,776,942	5,783,781	11,613,527	11,432,797
		<i>Overall % Change (Claims)</i>		-5.07%		-1.39%	-1.56%
INSURANCE	4851	MISC INSURANCE	143,239				
	6550	HEALTH INSURANCE	476,345	701,206	416,506	716,797	722,690
INSURANCE Total			619,584	701,206	416,506	716,797	722,690
		<i>Overall % Change (Claims)</i>					
	67A4	ADULT FAMILY HOMES	1,488,012	1,808,240	1,026,207	2,089,602	2,105,809
	67G0	PHARMACY INCENTIVE PROGRAM	869,883	855,681	403,793	873,310	867,254
	67H0	PCMH-PATIENT CENTERED MEDICAL HON	332,583	185,348			
	67I0	ADMINISTRATION OF VACCINES		6,009	273	273	5,718
OTHER Total			13,860,145	21,367,324	4,441,351	16,431,225	24,312,856
		<i>Overall % Change (Claims)</i>		54.16%		-23.10%	47.97%
CLAIMS TOTAL			877,166,563	915,097,536	461,782,769	940,337,123	957,444,506
		<i>Overall % Change (Claims)</i>		4.32%		2.76%	1.82%
REVENUE (OSR/RECOVERY/MISC)			(234,636,736)	(273,546,050)	(137,648,855)	(281,141,679)	(276,862,686)
EXPENDITURES			111,114,486	109,862,486	69,656,265	129,214,145	131,151,839
NON CLAIMS TOTAL			(123,522,250)	(163,683,565)	(73,992,590)	(151,927,534)	(145,710,847)
		<i>(Less Budget Savings)</i>				(16,369,647)	(38,678,512)
		GRAND TOTAL 010 FUND NEED	753,644,313	751,413,971		772,039,942	773,055,147
				-0.30%		2.74%	0.13%
Budget						726,811,439	740,280,970
Shortfall						(45,228,503)	(32,774,177)

MaineCare 10.1 FORECAST - per DSS and service date analysis (010/013/014/015/020/024 Funds)

Using AdvantageME Data thru Accept Date of: 01/07/2014

Funds included: ALL FUNDS

Accounts included: OMS accounts only (No OCFS seed/DSH/Transcription)

FUNCTIONAL CLASS GROUP	OBJECT	OBJ_DESCR	2012 3	2013 3	2014 1	2014 3	2015 1
			ACTUAL	ACTUAL	FORECAST	ACTUAL	FORECAST
HOSPITAL	6720	HOSP INPATIENT CARE	155,512,420	184,108,940	184,165,485	90,528,087	184,075,997
	6721	HOSP OUTPATIENT CARE	9,803,932	149,556,061	160,436,117	79,337,989	158,404,260
HOSPITAL Total			165,316,353	333,665,001	344,601,602	169,866,076	342,480,256
HOSPITAL (PIP - CAH PSYCH)	6726	HOSPITAL SERVICES	249,930,209	170,482,518	43,367,815	43,367,815	15,500,000
	67C2	CRITICAL ACCESS HOSPITAL OUTPATIENT			68,482,469	24,045,128	88,874,682
	67M1	MENTAL HEALTH FACILITY INPATIENT			33,763,010	12,129,511	43,266,999
	67C1	CRITICAL ACCESS HOSPITAL INPATIENT			13,806,545	4,870,541	17,872,009
	67M2	MENTAL HEALTH FACILITY OUTPATIENT			9,342,989	3,336,776	12,012,425
HOSPITAL (PIP - CAH PSYCH) Total			249,930,209	170,482,518	168,762,829	87,749,771	177,526,116
LABORATORY SERVICES	6790	LABORATORY SERVICES	12,991,124	10,824,616	14,086,239	6,837,323	14,327,904
LABORATORY SERVICES Total			12,991,124	10,824,616	14,086,239	6,837,323	14,327,904
MEDICAL PROFESSIONALS	6740	MEDICAL DOCTOR SERVICES	111,856,637	108,140,681	102,603,518	51,344,394	100,041,493
	6745	NURSE PRACTITIONERS	21,439,281	18,435,665	17,350,853	8,815,881	16,962,244
	6759	NURSE MIDWIFERY	2,311,254	2,198,407	1,979,648	1,044,354	1,884,857
	6765	PRIVATE DUTY NURSING	13,269,266	14,113,003	15,062,152	7,800,828	14,531,713
MEDICAL PROFESSIONALS Total			148,876,438	142,887,757	136,996,172	69,005,457	133,420,306
CLINIC	6730	AMBULATORY AGENCY SERVICE	310	(207)			
	6732	MENTAL HEALTH CTR SER	14,652,493	13,471,989	13,203,826	6,511,501	13,180,725
	6735	FAMILY PLNG CLINICS	344	17	111	111	0
	6737	SPEECH & HEARING CLINICS	2,081				
	6738	RURAL HEALTH CLINICS	10,303,521	18,466,180	10,437,557	5,071,778	10,416,932
	6739	OTHER CLINICS	(386)	333,373	2,692,381	1,535,981	2,300,334
	6798	FEDERALLY QUALIFIED HEALTH CAR	39,094,301	37,812,654	36,382,451	17,819,642	36,226,188
	67A0	DEV & BEHAV CLINIC SERV	41,421,558	54,999,381	52,568,325	27,285,179	52,427,413
CLINIC Total			105,474,222	125,083,388	115,284,652	58,224,193	114,551,592
PHARMACY	6780	PRESCRIPTION DRUGS	229,338,007	208,151,927	214,892,331	107,902,239	207,262,906
	6781	MEDICAL SUPPLIES	19,375,316	19,122,821	21,202,294	10,961,079	19,968,802
PHARMACY Total			248,713,323	227,274,748	236,094,625	118,863,319	227,231,708
DED & CO-INS FOR DUALS	6733	PART A DED & CO-INS	37,053,646	30,318,064	33,657,649	18,288,836	30,627,037
	6734	PART B DED & CO-INS	110,859,551	94,789,114	83,307,691	37,872,595	88,888,689
DED & CO-INS FOR DUALS Total			147,913,197	125,107,178	116,965,340	56,161,431	119,515,726
HOME HEALTH	6761	HOME HEALTH SERVICES	9,638,118	9,986,561	10,664,178	5,639,537	9,927,604
	6767	ATTENDANT SERVICES	82,856	80,039	73,118	35,262	75,098
	6788	DAY HEALTH SERVICES	424,385	462,115	446,931	218,388	450,887
	67F6	ASSISTED LIVING SERVICES	241,606	1,499			
HOME HEALTH Total			10,386,966	10,530,213	11,184,227	5,893,186	10,453,589
RESIDENTIAL	6705	BOARDING HOME CARE	4,254,652	3,529,156	2,587,810	1,275,124	2,772,441
	6706	RESIDENT DIAGNO AND TREAT	187,949,223	187,619,118	203,861,577	93,463,272	204,394,881
	6725	INTR CARE FAC CARE	225,690,235	244,771,974	246,438,871	120,927,957	249,674,791
	6729	MR GROUP CARE - ICF	35,468,883	33,840,778	34,430,958	17,089,313	34,635,564
	6766	PERSONAL CARE SERVICES	68,883,824	76,761,495	80,684,869	39,341,408	83,550,787
RESIDENTIAL Total			522,246,817	546,522,520	568,004,084	272,097,075	575,028,463
REHAB SERVICES	6717	ADJ OR REMEDIAL TRAINING	43,677,096	43,739,616	46,047,596	23,123,772	47,406,586
	6747	REHABILITATIVE SERVICES	11,177,308	12,102,741	13,754,129	6,828,913	14,613,017
	6763	OCCUPATIONAL THERAPY	1,852,960	3,473,955	3,503,719	1,689,716	3,476,436
	6771	PHYSICAL THERAPY	1,246,251	1,720,939	1,511,265	755,270	1,431,720
	6776	SPEECH THERAPY	4,013,043	7,563,878	6,772,827	3,196,405	6,590,691
REHAB SERVICES Total			61,966,658	68,601,128	71,589,535	35,594,076	73,518,451
BEHAVIORAL HEALTH CLINICIAN	6774	M H WAIVERED SERV	122,619,398	128,121,676	141,065,173	68,686,023	147,387,980
BEHAVIORAL HEALTH CLINICIAN Total			122,619,398	128,121,676	141,065,173	68,686,023	147,387,980
CASE MANAGEMENT	6748	CASE MANAGEMENT	44,439,184	44,496,157	46,785,391	23,282,296	47,635,561
CASE MANAGEMENT Total			44,439,184	44,496,157	46,785,391	23,282,296	47,635,561
HCBS WAIVERS	6772	M R WAIVERED SERV	308,774,732	299,354,803	314,219,263	156,088,720	324,398,816
	6778	BME WAIVERED SERVICES	8,853,400	9,958,616	10,997,841	5,917,105	10,234,824
	6786	PCA WAIVERED SERVICES	9,523,831	10,034,126	10,008,466	4,995,146	11,078,812
HCBS WAIVERS Total			327,151,963	319,347,545	335,225,570	167,000,971	345,712,452
TRANSPORTATION	6791	AMBULANCE	9,494,134	8,489,902	8,572,622	4,103,439	8,718,852
	6792	OTHER TRANSPORTATION	37,963,519	35,889,174	41,248,607	18,137,003	45,298,150
TRANSPORTATION Total			47,457,653	44,379,076	49,821,229	22,240,442	54,017,002
SCHOOL BASED SERVICES	6796	EARLY INTERVENTION SERVICES	8,214,982	9,429,574	12,277,445	6,139,736	14,330,668
	67A3	CERTIFIED SEED - SCHOOL REHAB	21,428,453	15,204,642	14,597,643	5,958,753	16,185,480
	67C0	DAY TREATMENT SERVICES	13,567,094	13,691,525	13,696,910	7,055,186	13,033,262
SCHOOL BASED SERVICES Total			43,210,529	38,325,741	40,571,999	19,153,674	43,549,410
DENTISTRY	6750	GENERAL DENTISTRY	34,577,748	32,381,218	31,045,588	15,560,339	30,569,727
	6752	ORTHODONTIA	3,016	131	744	744	0
DENTISTRY Total			34,580,764	32,381,349	31,046,331	15,561,083	30,569,727
INSURANCE	4851	MISC INSURANCE	395,704				
	6550	HEALTH INSURANCE	1,296,955	1,882,262	1,876,858	1,095,910	1,891,615
INSURANCE Total			1,692,659	1,882,262	1,876,858	1,095,910	1,891,615
OTHER Total			33,148,443	32,959,324	34,272,492	16,593,389	34,484,022
CLAIMS TOTAL			2,328,115,897	2,402,872,197	2,464,234,349	1,213,905,697	2,493,301,878
Add in Settlements to reflect total spend:							
CLAIMS - TOTAL COST PAID			2,328,115,897	2,402,872,197	2,464,234,349	1,213,905,697	2,493,301,878
NON-CLAIMS COST			142,528,103	118,940,803	79,421,135		77,613,045
TOTAL COST			2,470,644,000	2,521,813,000	2,543,655,484	1,213,905,697	2,570,914,923
Overall % Change (Claims)				2.07%	0.87%		1.07%