

Notice of MaineCare Reimbursement Methodology Change

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

AFFECTED SERVICES: Chapter 101, MaineCare Benefits Manual, Section 45, Chapter III, Hospital Services

NATURE OF PROPOSED CHANGES: The Department plans to request approval from the Centers for Medicare and Medicaid Services to change the methodology used to allocate hospital supplemental pool payments for Non-Critical Access hospitals, hospitals classified to a wage area outside of Maine by the Medicare Geographic Classification Review Board (as defined in MBM, Section 45), and Rehabilitation hospitals. The Department also plans to request an increase to this supplemental pool, in accordance with the biannual budget.

The total pool shall equal \$71,780,072. Up to \$60,000,000 will be allocated to outpatient services, and up to \$60,000,000 will be allocated to inpatient services, not to exceed the total supplemental pool amount and not to exceed allowable aggregate upper payment limits.

Inpatient Pool: The allocated inpatient pool amount will be distributed based on each hospital's relative share of inpatient MaineCare payments, defined as the hospital's inpatient MaineCare payment in state fiscal year 2014 divided by inpatient MaineCare payments made to all privately owned and operated Acute Care Non-Critical Access hospitals, hospitals reclassified to a wage area outside Maine by the Medicare Geographic Classification Review Board, and Rehabilitation hospitals; multiplied by the supplemental pool.

Outpatient Pool: The allocated outpatient pool amount will be distributed based on each hospital's relative share of outpatient MaineCare payments, defined as the hospital's outpatient MaineCare payment in state fiscal year 2014 divided by outpatient MaineCare payments made to all privately owned and operated Acute Care Non-Critical Access hospitals, hospitals reclassified to a wage area outside Maine by the Medicare Geographic Classification Review Board, and Rehabilitation hospitals; multiplied by the supplemental pool.

Each hospital in the pool will receive its relative share of this supplemental payment. Supplemental payments will be distributed semiannually, in even distributions in November and May. This pool will be decreased by the amount a hospital would have received if that hospital was in the pool when the total pool amount was set and subsequently becomes an approved Critical Access Hospital. This supplemental pool payment is not subject to cost settlement.

REASON FOR PROPOSED CHANGES: The supplemental pool dollar amount is increasing in accordance with P.L. 2017 Ch. 284 Sec. ZZZZZZ-9. The additional methodological changes are being made to ensure that the annual supplemental payments do not exceed the allowable upper payment limits as described in 42 CFR §447.272 and §447.321.

ESTIMATE OF ANY EXPECTED INCREASE OR DECREASE IN ANNUAL AGGREGATE EXPENDITURES: The Department anticipates that this change will result in an aggregate increase of \$7,010,654 in Federal Fiscal Years 2018 and 2019.

ACCESS TO PROPOSED CHANGES AND COMMENTS TO PROPOSED CHANGES: The public may review the proposed methodology changes and written comments at any Maine DHHS office in every Maine county. To find out where the Maine DHHS offices are located, call 1-800-452-1926. The Department will hold a hearing for the proposed rulemaking and will be publishing a notice which includes information on the hearing date and location.

CONTACT INFORMATION

FOR RECEIPT OF COMMENTS:

Olivia Alford

Olivia.Alford@maine.gov

AGENCY NAME:

Office of MaineCare Services

ADDRESS:

242 State Street, 11 State House Station

Augusta, Maine 04333-0011

TELEPHONE:

(207) 624-4034 FAX: (207) 287-1864

TTY: 711 Maine Relay (Deaf or Hard of Hearing)

See <http://www.maine.gov/dhhs/oms/rules/index.shtml> for rules and related rulemaking documents.