

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, Chapters II and III, Hospital Services

NATURE OF PROPOSED CHANGES: The Department plans to request approval from the Centers for Medicare and Medicaid Services for the following changes to hospital service reimbursement:

- Allow separate reimbursement for Long Acting Reversible Contraceptives (LARC) when the device is inserted during the postpartum inpatient hospital stay. The LARC will be covered in addition to the hospital Diagnosis-Related Group (DRG) payment to provide adequate reimbursement to providers for the device. Payment of LARCs will follow the UCR fee schedule: <https://mainecare.maine.gov/>
- Expand the definition of “Discharge” to include inpatient maintenance chemotherapy as an exception to the fourteen-day (14) readmission protocol.
- Apply the payment window rule which instructs hospitals or entities wholly-owned or wholly-operated by these hospitals, to bill the technical component of outpatient services provided within a 3-day (or 1-day) window preceding inpatient admission on the inpatient claim. The 1-day payment window applies to distinct rehabilitation, psychiatric, and substance abuse units. The 3-day window applies to private Acute Care Non-critical Access Hospitals.
- Reduce payment for non-expected items and services of off-campus hospital outpatient provider-based departments proportionately with Medicare’s methodology, to align with the current “site neutrality” provision of Section 603 of the Bipartisan Budget Act of 2015.
- Update the inflation used to calculate prospective interim payments for both inpatient and outpatient services.
- Limit Out-of-State Hospitals’ reimbursement for laboratory and imaging outpatient service to 100% of the Medicare reimbursement rate for the Maine area ’99, and require use of all applicable pricing modifiers.
- Addition of ICD-10 code H65.01, Acute serous otitis media, right ear, to the non-emergent emergency department payment reduction.
- Require the final, rather than interim, cost report be used when calculating a Disproportionate Share Hospital settlement.

REASON FOR PROPOSED CHANGES: Many of these rule changes are necessary to keep MaineCare policies in alignment with current practices and to be more consistent with CMS processes and methodologies. Separate reimbursement is being proposed for costly Long Acting Reversible Contraceptives (LARCs) inserted during the inpatient postpartum setting to adequately reimburse providers for the devices. Other changes are to improve MaineCare administration, and make minor adjustments to existing policy. The change to the readmission policy is in response to provider feedback.

ESTIMATE OF ANY EXPECTED INCREASE OR DECREASE IN ANNUAL AGGREGATE

EXPENDITURES: The Department anticipates that this rulemaking will result in a savings of approximately \$2,471,420 in SFY 2018, which includes \$881,061 in state dollars and \$1,590,359 in federal dollars, and \$2,471,420 in SFY 2019, which includes \$881,061 in state dollars and \$1,590,111 in federal dollars.

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.

Notice of MaineCare Reimbursement Methodology Change

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) 624-4059 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.