Maine Managed Care Program Features, as of 2016

| Features | MaineCare | NET |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------|
| Program type | Primary Care Case Management (PCCM) | Non-Emergency Medical Transportation |
| Statewide or region-specific? | Statewide | Statewide |
| Federal operating authority | 1932(a) | 1915(b) |
| Program start date | 05/01/1999 | 08/01/2011 |
| Waiver expiration date (if applicable) | | 12/31/2016 |
| If the program ended in 2016, indicate the end date | | |
| Populations enrolled: Low-income adults <u>not</u> <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | | |
| Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities) | | |
| Populations enrolled: Aged, Blind or Disabled Children or Adults | Mandatory | Mandatory |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Mandatory | Mandatory |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | | |
| Populations enrolled: Full Duals | | Mandatory |
| Populations enrolled: Partial Duals | | |
| Populations enrolled: Children with Special Health Care Needs | | Mandatory |
| Populations enrolled: Native American/Alaskan Natives | Voluntary | Mandatory |
| Populations enrolled: Foster Care and Adoption Assistance Children | Voluntary | Mandatory |
| Populations enrolled: Enrollment choice period | N/A | Pre-assigned |
| Populations enrolled: Enrollment broker name (if applicable) | | |
| Populations enrolled: Notes on enrollment choice period | 28 days | |
| Benefits covered: Inpatient hospital physical health | | |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD) | | |

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| Benefits covered: Outpatient hospital physical health | | |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | | |
| Benefits covered: Partial hospitalization | | |
| Benefits covered: Physician | X | |
| Benefits covered: Nurse practitioner | | |
| Benefits covered: Rural health clinics and FQHCs | X | |
| Benefits covered: Clinic services | | |
| Benefits covered: Lab and x-ray | | |
| Benefits covered: Prescription drugs and prosthetic devices | | |
| Benefits covered: EPSDT | | |
| Benefits covered: Case management | X | |
| Benefits covered: SSA Section 1945- authorized health home | | |
| Benefits covered: Health home care (services in home) | | |
| Benefits covered: Family planning | | |
| Benefits covered: Dental services (medical/surgical) | | |
| Benefits covered: Dental (preventative or corrective) | | |
| Benefits covered: Personal care (state plan option) | | |
| Benefits covered: HCBS waiver services | | |
| Benefits covered: Private duty nursing | | |
| Benefits covered: ICF-IDD | | |
| Benefits covered: Nursing facility services | | |
| Benefits covered: Hospice care | | |
| Benefits covered: Non-Emergency Medical Transportation | | Х |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | | |

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|------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | | |
| Quality assurance and improvement: HEDIS data required? | Yes | No |
| Quality assurance and improvement: CAHPS data required? | Yes | No |
| Quality assurance and improvement: Accreditation required? | No | No |
| Quality assurance and improvement: Accrediting organization | | |
| Quality assurance and improvement: EQRO contractor name (if applicable) | | |
| Performance incentives: Payment bonuses/differentials to reward plans | Х | |
| Performance incentives: Preferential auto- enrollment to reward plans | | |
| Performance incentives: Public reports comparing plan performance on key metrics | | |
| Performance incentives: Withholds tied to performance metrics | | |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | | |
| Participating plans and regions served: Plans in Program | Multiple Primary Care Providers | Logisticare; MidCoast Connector; Penquis CAP |
| Notes: Program notes | | |