## Maine Managed Care Program Features, as of 2019

<table>
<thead>
<tr>
<th>Features</th>
<th>NET</th>
<th>MaineCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program type</td>
<td>Non-Emergency Medical Transportation</td>
<td>Primary Care Case Management (PCCM)</td>
</tr>
<tr>
<td>Statewide or region-specific?</td>
<td>Statewide</td>
<td>Statewide</td>
</tr>
<tr>
<td>Federal operating authority</td>
<td>1915(b)</td>
<td>1932(a)</td>
</tr>
<tr>
<td>Program start date</td>
<td>08/01/2011</td>
<td>05/01/1999</td>
</tr>
<tr>
<td>Waiver expiration date (if applicable)</td>
<td>03/31/2022</td>
<td></td>
</tr>
<tr>
<td>If the program ended in 2019, indicate the end date</td>
<td></td>
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</tr>
<tr>
<td>Populations enrolled: Low-income adults not covered under ACA Section VIII (excludes pregnant women and people with disabilities)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Populations enrolled: Aged, Blind or Disabled Children or Adults</td>
<td>Mandatory</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)</td>
<td>Mandatory</td>
<td>Mandatory</td>
</tr>
<tr>
<td>Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Populations enrolled: Full Duals</td>
<td>Mandatory</td>
<td></td>
</tr>
<tr>
<td>Populations enrolled: Partial Duals</td>
<td></td>
<td></td>
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<tr>
<td>Populations enrolled: Children with Special Health Care Needs</td>
<td>Mandatory</td>
<td></td>
</tr>
<tr>
<td>Populations enrolled: Native American/Alaskan Natives</td>
<td>Mandatory</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Features</td>
<td>NET</td>
<td>MaineCare</td>
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<td>----------------------------------------------</td>
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</tr>
<tr>
<td>Populations enrolled: Foster Care and Adoption Assistance Children</td>
<td>Mandatory</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Populations enrolled: Enrollment choice period</td>
<td>Pre-assigned</td>
<td>N/A</td>
</tr>
<tr>
<td>Populations enrolled: Enrollment broker name (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Populations enrolled: Notes on enrollment choice period</td>
<td></td>
<td>28 Days</td>
</tr>
<tr>
<td>Benefits covered: Inpatient hospital physical health</td>
<td></td>
<td></td>
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<tr>
<td>Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits covered: Outpatient hospital physical health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)</td>
<td></td>
<td></td>
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<tr>
<td>Benefits covered: Partial hospitalization</td>
<td></td>
<td></td>
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<tr>
<td>Benefits covered: Physician</td>
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<tr>
<td>Benefits covered: Nurse practitioner</td>
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<tr>
<td>Benefits covered: Rural health clinics and FQHCs</td>
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<tr>
<td>Benefits covered: Clinic services</td>
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<td></td>
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<tr>
<td>Benefits covered: Lab and x-ray</td>
<td></td>
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<tr>
<td>Benefits covered: Prescription drugs</td>
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<tr>
<td>Benefits covered: Prosthetic devices</td>
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<tr>
<td>Benefits covered: EPSDT</td>
<td></td>
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<tr>
<td>Benefits covered: Case management</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Benefits covered: SSA Section 1945-authorized health home</td>
<td></td>
<td></td>
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<tr>
<td>Features</td>
<td>NET</td>
<td>MaineCare</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>Benefits covered: Health home care (services in home)</td>
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<tr>
<td>Benefits covered: Family planning</td>
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<tr>
<td>Benefits covered: Dental services (medical/surgical)</td>
<td></td>
<td></td>
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<tr>
<td>Benefits covered: Dental (preventative or corrective)</td>
<td></td>
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<tr>
<td>Benefits covered: Personal care (state plan option)</td>
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<tr>
<td>Benefits covered: HCBS waiver services</td>
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<tr>
<td>Benefits covered: Private duty nursing</td>
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<tr>
<td>Benefits covered: ICF-IDD</td>
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<tr>
<td>Benefits covered: Nursing facility services</td>
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<tr>
<td>Benefits covered: Hospice care</td>
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<tr>
<td>Benefits covered: Non-Emergency Medical Transportation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
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<tr>
<td>Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)</td>
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<tr>
<td>Quality assurance and improvement: HEDIS data required?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Quality assurance and improvement: CAHPS data required?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Quality assurance and improvement: Accreditation required?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
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<td>NET</td>
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<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Quality assurance and improvement: Accrediting organization</td>
<td></td>
<td></td>
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<tr>
<td>Quality assurance and improvement: EQRO contractor name (if applicable)</td>
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<tr>
<td>Performance incentives: Payment bonuses/differentials to reward plans</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Performance incentives: Preferential auto-enrollment to reward plans</td>
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<td></td>
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<tr>
<td>Performance incentives: Public reports comparing plan performance on key metrics</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Performance incentives: Withholds tied to performance metrics</td>
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<td></td>
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<tr>
<td>Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes</td>
<td></td>
<td></td>
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<tr>
<td>Participating plans: Plans in Program</td>
<td>Logisticare; MidCoast Connector; Penquis CAP</td>
<td>Multiple Primary Care Providers</td>
</tr>
<tr>
<td>Notes: Program notes</td>
<td></td>
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</tbody>
</table>