

Table of Contents

State/Territory Name: Maine

State Plan Amendment (SPA) #: 24-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 24, 2024

Michelle Probert, Director
Office of MaineCare Services
Department of Health and Human Services
109 Capitol Street, 11 State House Station
Augusta, Maine 04333-0011

Re: Maine State Plan Amendment (SPA) 24-0022

Dear Director Probert:

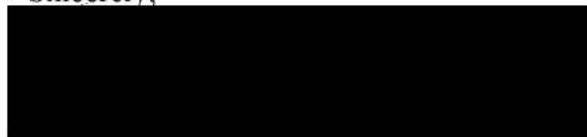
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0022. This amendment proposes to add the requirement for Tier 2 and Tier 3 PCPlus practices to ensure the provision of community-based Community Health Worker (CHW) services. It also includes minor methodological and operational updates.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act in Section 1905(t). This letter informs you that Maine's Medicaid SPA TN 24-0022 was approved on September 24, 2024, effective April 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Maine State Plan.

If you have any questions, please contact Gilson DaSilva at (617) 565-1227 or via email at Gilson.DaSilva@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kristin Merrill, State Plan and Policy Development Manager, Office of MaineCare Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 24 0022	2. STATE Maine (ME)
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT		

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 4/1/24
--	---

5. FEDERAL STATUTE/REGULATION CITATION 1905(t)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 \$ <u>0</u> b. FFY 2025 \$ <u>0</u>
--	---

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Pages 18 and 21 and Attachment 4.19B pages 12, 13, and 15	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Pages 18 and 21 and Attachment 4.19-B pages 12, 13, and 15
---	---

9. SUBJECT OF AMENDMENT
Amends coverage for Maine's PCPlus program and includes general clean-up.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Michelle Probert Director, MaineCare Services #11 State House Station 109 Capitol Street Augusta, Maine 04333-0011
12. TYPED NAME Michelle Probert	
13. TITLE Director, MaineCare Services	
14. DATE SUBMITTED June 28, 2024	

FOR CMS USE ONLY	
16. DATE RECEIVED 06/28/2024	17. DATE APPROVED 09/24/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2024	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 3.1-A

Page 18

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

DEFINITIONS:

Attribution Assessment Period is twenty-four- (24) month “lookback” period for member attribution

Attributed Members are MaineCare members assigned to a participating PCPlus provider for the purposes of population-based payments and performance assessment.

MaineCare Peer Group is a group of PCPs, determined by the Department, based on Risk Scores and influenced by Tier level, practice size, practice type, and rurality, as needed. MaineCare Peer Group assignment will be determined upon acceptance into PCPlus and reassessed at least annually or when a PCP undergoes a significant change, which may include a relocation or inclusion of new populations.

Members are MaineCare members attributed to a PCP for the purposes of service delivery and reimbursement.

Performance-Based Adjustments (PBA) are quarterly adjustments made to participating PCPs’ PBPs based on PCP performance on PCPlus performance measures.

Performance-Based Adjustment Assessment Period: is the twelve (12)-month “lookback” period used for assessing PBAs.

Population-Based Payments (PBPs) are monthly payments that the Department calculates quarterly by adding the Tier per member per month (PMPM) rate and the population group and risk category PMPM rate and multiplying the sum by the PCP’s total number of Attributed Members.

Primary Care Services are evaluation and management, preventive, and wellness services. See the full list of procedure and diagnosis codes used here: <https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/primary-care> (Effective date: 7/1/2024)

Risk Score is a metric from a patient classification model that evaluates and forecasts individual healthcare utilization and costs for each individual Member using demographic and health care data from a twelve-(12) month period with a two-month claims run out period.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 3.1-A

Page 21

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Tier Two PCP Requirements:

Tier two Providers shall meet all Tier One criteria and shall:

- A. Hold active patient-centered medical home recognition through a Department-approved organization OR be approved by the Centers for Medicare and Medicaid Innovation as a Primary Care First practice and participate in the Primary Care First alternative payment model;
- B. Maintain a Participant Agreement for data sharing with Maine's statewide State-designated Health Information Exchange (HIE). Tribal health clinics may connect to the HIE as view-only participants;
- C. Conduct a standard, routine assessment or screening to identify health-related social needs of Members and use the results to make necessary referrals;
- D. Have a current documented relationship with at least one Behavioral Health Home in the PCP's service area that describes procedures and protocols for regular communication and collaboration between the PCP and the Behavioral Health Home to effectively serve shared members;
- E. Maintain processes and procedures to initiate and coordinate care with a Community Care Team (CCT) in the PCP service area for Members who are high-risk and/or high-cost whose needs cannot be managed solely by the PCP and are eligible for CCT covered services;
- F. Offer Medication for Addiction Treatment (MAT) services in alignment with American Society for Addiction Medicine guidelines for appropriate level of care, have a cooperative referral process with specialty behavioral health providers, including a mechanism for co-management for the provision of MAT as needed, or be co-located with a MAT provider. Note: MAT services are not billed or reimbursed under this program;
- G. Offer telehealth as an alternative to traditional office visits and/or for non-office visit supports and outreach to increase access to the care team and clinicians in a way that best meets the needs of Members;
- H. Include MaineCare Members and/or their families in advisory activities to identify needs and solutions for practice improvement;
- I. Submit to the Department an environmental scan of which populations served by the PCP could benefit from Community Health Worker (CHW) engagement. This scan shall include basic demographic information of the practice to identify population groups that may benefit from CHW services and the identification and description of any CHW services currently offered through the provider's practice or through partnerships with community-based organizations;
- J. Beginning April 1, 2024, ensure the provision of community-based CHW services that are aligned with best practices for CHW service delivery through contracting with a community-based organization or employing a CHW.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19-B

Page 12

Methods and Standards for Establishing Payments rates

Performance-Based Adjustments

The PBA is based on a PCP's performance on no more than ten (10) quality measures. Current quality measures will be listed on: <https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/>. The PBA may range from negative ten percent (-10%) to a positive twenty five percent (25%) and is applied quarterly to the Tier PMPM rate.

For the first year of the PCPlus program, the Department will apply a PBA of 25% to Tier One PCPs, 8.3% to Tier Two PCPs, and 7.6% to Tier Three PCPs. Performance data will be shared for informational purposes only during this time period.

One year after the effective date of the PCPlus program, the Department will calculate and apply the PBA, as described herein.

A. **Calculation of PBA.** The PBA equals the sum of the quality measures' Improvement and Achievement Adjustments (see subparts 3 and 4), which are based on a PCP's Percentile Score (see subpart 1) for each quality measure and each quality measure's domain (see subpart 2).

1. **Percentile Score.** To calculate the Percentile Score, the Department first calculates the PCP's performance on each quality measure. Calculating performance varies for each measure. For example, performance on the Lead Testing in Children quality measure equals the percentage of Members two (2) years of age who had at least one capillary or venous lead blood test for lead poisoning by their second birthday.

The Department then compares the PCP's performance on each quality measure with the performance of the PCPs in its MaineCare Peer Group to determine its Percentile Score for each quality measure. A PCP's Percentile Score represents the percentage of PCPs that performed below the PCP's performance level, e.g. a PCP with a Percentile Score of 65% performed better than 65% of the PCPs in its MaineCare Peer Group.

2. **Domain.** Each quality measure falls under either the Utilization or Comprehensive Care domain. For example, Acute Hospital Utilization falls under the Utilization domain, and Developmental Screening in the First Three Years of Life and Total Cost of Care fall under the Comprehensive Care domain. Each domain has a unique set of Improvement and Achievement Adjustment percentages that apply to the quality measures that fall under each domain (see Figure 2). The total minimum and maximum adjustment amounts from the quality measure(s) under the Utilization and Comprehensive Care domains are 30% and 70%, respectively, of the minimum and maximum PBA.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maine

Attachment 4.19-B

Page 13

Methods and Standards for Establishing Payments rates

3. **Improvement Adjustment.** The Department will determine Improvement Adjustments by comparing the PCP's Percentile Score for each quality measure in the most recent Assessment Period to the PCP's Percentile Score in the calendar year that falls two (2) years prior to the end date of the current Assessment Period, e.g. an Assessment Period ending July 30, 2023 would be compared to calendar year 2021.

A PCP's Percentile Score must improve by at least three percent (3%) to be eligible for the Improvement Adjustment, regardless of whether the PCP's MaineCare Peer Group is different than its MaineCare Peer Group in the comparison year, , e.g. a PCP with a Percentile Score of 65% in the comparison year would have to achieve a Percentile Score of at least 68% in the Assessment Period to obtain the Improvement Adjustment for a quality measure (see Figure 2).

4. **Achievement Adjustment.** The Department will determine Achievement Adjustments for each quality measure based on Percentile Score (see Figure 2).
 - a. Through December 31, 2023, the Department will calculate Percentile Scores for the Achievement Adjustments by comparing the PCP's performance to its MaineCare Peer Group's performance from the most recent Assessment Period.
 - b. Beginning January 1, 2024, the Department will calculate Percentile Scores for the Achievement Adjustments by comparing the PCP's performance from the most recent Assessment Period to the performance of its MaineCare Peer Group in the calendar year that falls two (2) years prior to the end date of the current Assessment Period. These benchmarks will be posted on the following website: <https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/> (effective July 1, 2024).
5. **Methodology Illustration.** To illustrate the methodology, Figure 2 demonstrates that a PCP with a Percentile Score of at least 70% and less than 80% on a quality measure in the Comprehensive Care domain (for example, a Lead Screening quality measure) would receive an Achievement Adjustment of 1.0%. If the PCP's Percentile Score improved by at least 3% from the comparison year, it would also earn the 0.3% Improvement Adjustment. If the PCP earned a Percentile Score of at least 50% and less than 60% on a quality measure in the Utilization domain (e.g. Acute Hospital Utilization) , it would receive a 0.8% Achievement Adjustment. If the PCP's Percentile Score did not improve by at least 3% from the comparison year, it would not earn the 0.7% Improvement Adjustment. This assessment is done for each quality measure, and the PBA equals the sum of the Achievement and Improvement Adjustments.

Methods and Standards for Establishing Payments rates

Figure 2. Achievement and Improvement Adjustments* under the Utilization and Comprehensive Care domains, adapted from the Centers for Medicare and Medicaid Innovation Primary Care First methodology.

Percentile Scores Relative to Peer Group	Utilization		Comprehensive Care	
	Achievement adjustment (%)	Improvement adjustment (if earned) (%)	Achievement adjustment (%)	Improvement adjustment (if earned)(%)
<25	-3.0	2.5	0.9	0.8
25-49	0	0.5	0	0.2
50-59	.8	0.7	0.3	0.1
60-69	1.5	1.3	0.4	0.4
70-79	3.5	1.0	1.0	0.3
80-89	5.0	0.9	1.5	0.2
>90	7.0	0.5	2.1	0.1

*The adjustment percentages in Figure 2 are based on using nine (9) quality measures, one (1) under the Utilization domain and eight (8) under the Comprehensive Care domain. If more or fewer quality measures are used, the Department will change the adjustment percentages proportionally, so the PBA range remains between negative ten (-10) percent and 25% and so the total minimum and maximum adjustment amounts from the quality measure(s) under the Utilization and Comprehensive Care domains remains 30% and 70%, respectively, of the minimum and maximum PBA. Tables corresponding to different measure amounts and to inverse measures are listed on:

<https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/> (effective 7/1/2024).

- B. The Department shall use a rolling twelve (12)-month Assessment Period to collect claims data for the PBA and apply the PBA at least six (6) months after the Assessment Period ends to allow for at least three (3) months of claims run out and three (3) months to calculate the PBA.
- C. A quality measure will only be used to assess performance if there is a sufficient quality measure-eligible population size to allow for appropriate assessment. The sufficient quality measure-eligible population size for each quality measure will be listed on: <https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/>. If a quality measure cannot be included in the performance assessment because of an insufficient quality measure-eligible population size, the respective portion of the PBA for that quality measure will be redistributed equally among all other qualifying quality measures within the same domain.
- D. PCPs must have a sufficient quality measure-eligible population size on at least one (1) quality measure in the Utilization domain and at least three (3) quality measures in the Comprehensive Care