



MaineCare Services

*An Office of the
Department of Health and Human Services*

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

MaineCare Primary Care Case Management

Caring..Responsive..Well-Managed..We are DHHS



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Medicaid Managed Care

40 + Years Old

65% of Medicaid members nationally

“Traditional” versus Other

Variable Experience

Better in Populous Areas

More Difficult in Rural Areas

Brief Maine Experience in Late 1990's



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Primary Care Case Management

- Alternative to “Traditional” Managed Care
- Sometimes Because MCO’s Leave Medicaid Market
- More Likely in Rural States and Areas
- Managed by State Rather than Contractor
- Contracts with Primary Care Physicians



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MaineCare PCCM

- Started 1999
- Covers 175,000 Members
- Expanding to All Full-Benefit MaineCare (approximately 200,000 Members)
- Covers Entire State



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PCCM for the Member

- Select or Be Auto-enrolled with a Primary Care Practice (Physician or Midlevel)
- Need Referrals for Certain But Not All Services



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PCCM for the PCP

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- Accept MaineCare Members
- Provide Certain Referral Management Svcs
- Provide 24/7 telephone coverage (at least)
- Payment
 - Usual Fee-For-Service
 - Certain E&M Services are Advantaged
 - Monthly Management Fee
 - Participate in Provider Incentive Program



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Primary Care Provider Incentive Program

- **Access**
 - Number of Members Served
- **Cost/Efficiency**
 - ER Use Rates
 - Inpatient Hospitalization Rates
- **Quality**
 - “HEDIS like” (measures from claims data similar to those used by commercial HMO’s)



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Effects of PCCM in Maine

- Approximately \$8M to Maine PCP's
- Takes PCP payment to about 90% of Medicare rates, including PCCM payments
- Has greatly improved access for MaineCare members to primary care services.
- Cost Effectiveness Not Studied



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PCCM – The Future

- **Work More Closely with PCP's**
 - Schaller Anderson Community Demonstration
 - Move Some Centralized Care Management Activities to PCP Practices
 - Multi-Payer PCCM Demonstration
 - Work Collaboratively to Strengthen Excellent Primary Care
 - North Carolina CCNC Model
 - Stay Tuned



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Improvements Seen with PCCM

- We Have Improved Access
- Through the Referral Process, PCP's stay Somewhat More Involved with Referral Care.
- We Do Incent Physicians for Quality and Cost Efficiency



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Limitations of PCCM

- We're Not Close Enough to PCP's
- We're Only One of Many Payers
- We Don't Have Enough Resources To Manage As Well as We Might
- Our Members Need Community and Social Service Support as Well as Medical Support.
- We Don't Know If We're Saving or Costing.