

MaineCare Primary Care Case Management

March 27, 2007

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DHHS

Office of MaineCare Services

Division of Health Care Management

11 State House Station ~ Augusta, ME 04333-0011

STATE OF MAINE

Department of Health and Human Services

Office of MaineCare Services

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Maine Landscape

State of Maine Population – 1.3 million

Geographic distance – 375 miles

MaineCare population – 272,000 full MC

75,000 – Rx coverage only

Total 348,000 –

PCCM enrolled – 173,000 (63%) of full MaineCare

Primary Care Case Management

(PCCM)

PCCM is a mandatory program through a State Plan amendment approved by the Center for Medicare and Medicaid Services (CMS).

PCCM is mandatory for some MaineCare members who receive MaineCare through:

- **TANF**
- **Families with Children**
- **Non Categorical**
- **SCHIP**

The Purpose of MaineCare Primary Care Case Management

Primary objectives :

- Increase access to primary care
- Increase use of prevention services
- Increase continuity of care
- Reduce avoidable hospitalizations
- Reduce unnecessary utilization and expenditures



Current PCCM Enrollment (as of 2/28/07)

County	# MaineCare Eligibles	# Managed Care Eligibles	# Managed Care Enrolled	% Managed Care Enrolled
Androscoggin	26,205	18,084	16,990	94.0%
Aroostook	20,136	12,961	12,480	96.3%
Cumberland	39,654	26,759	24,935	93.2%
Franklin	6,984	4,863	4,662	95.9%
Hancock	9,002	6,411	6,090	95.0%
Kennebec	26,835	17,591	16,724	95.1%
Knox	8,000	5,794	5,514	95.2%
Lincoln	6,129	4,445	4,247	95.5%
Oxford	14,729	10,360	9,906	95.6%
Penobscot	34,213	22,970	21,767	94.8%
Piscataquis	4,764	3,260	3,147	96.5%
Sagadahoc	5,248	3,783	3,600	95.2%
Somerset	15,166	10,615	10,151	95.6%
Waldo	9,261	6,599	6,287	95.3%
Washington	11,003	7,677	7,421	96.7%
York	28,058	19,643	18,380	93.6%
TOTAL	265,387	181,815	172,301	94.8%



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PCCM Excluded Populations

- Members can't enroll in managed care if they:
- Live in a nursing or ICF-MR;
- Have Medicare;
- Have other health insurance;
- Will be eligible for MaineCare for less than 3 months;
- Are receiving SSI;
- Are in the MaineCare Restriction Plan; or
- Are in foster care. (**Note: Originally were required to be part of MaineCare managed care**)

PCCM Exempted Populations

Members can ask not to be enrolled in PCCM if they:

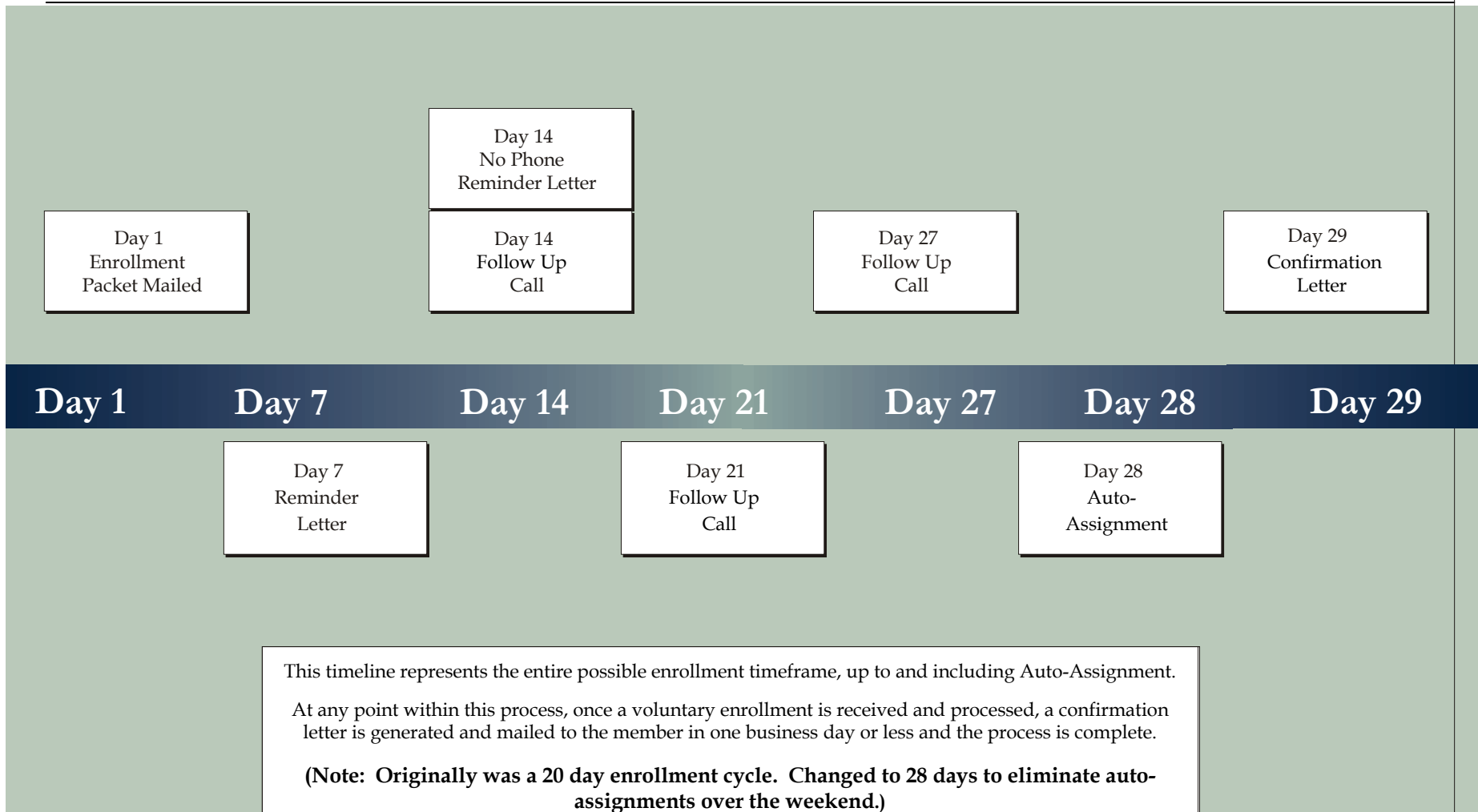
- Have a chronic disease or disability and see a primary care provider who is not part of managed care;
- Have a terminal illness and have a provider who is not part of managed care;
- Have a language or cultural need that the primary care provider cannot meet;
- Have to travel more than 30 minutes to see the primary care provider;

Exemptions

Continued...

- Are a migrant farm worker or his or her dependant;
- Are homeless;
- Are getting hospice care at the time of enrollment;
- Are living in jail or a state mental institution;
- Are living in a private non-medical institution; or
- Are a patient in a hospital on the date you should enroll.

MaineCare PCCM Enrollment Cycle



Initial PCP Recruitment

- Met with provider, advocacy, and community organizations to gain buy in and ask for input.
- Created a physician advisory committee for initial and ongoing advice.
- Created an outreach and education task force with State personnel, advocacy orgs, and community agencies who interact with our members.



Who Can Become a MaineCare PCCM Primary Care Provider (PCP)?

- Any existing MaineCare provider who provides *comprehensive primary care* and provides *twenty-four hour/seven day per week coverage* for their patients can enroll in PCCM.
- Primary Care Providers can be any of the following MaineCare providers:
 - **Doctors of Medicine (MDs)**
 - **Doctors of Osteopathy (DOs)**
 - **Physician Assistants (PAs)**
 - **Nurse Practitioners (NPs)**
- Providers may enroll as a:
 - **Solo provider,**
 - **Group,**
 - **Federally Qualified Health Center (FQHC),**
 - **Rural Health Clinic (RHC), or**
 - **clinic upon OMS approval.**

Why Should A Site Join ?

- PCP sites receive the regular MaineCare Fee For Service (FFS) payment for each service provided;
 - Payment of \$2.50 management fee per patient per month for each member enrolled
 - PCP Hospital Based Sites, billing under a hospital billing number are not eligible to receive PCCM Management Fee.
- The PCP directs all patient care.
 - OMS defers to PCPs, allowing them to make decisions regarding the care of their patients for MaineCare covered services by other MaineCare providers.
- About 63% (on average) of MaineCare members - and over 70% of MaineCare patients under 18 - will be enrolled in PCCM.
 - The only way for providers to continue to see enrolled patients for primary care without a referral is if they enroll as a PCCM PCP.

Why Should A Site Join ?

Continued...

- MaineCare PCPs eligible for Primary Care Incentive Payment Program (PCPIP) payments fare better with PCPIP because these incentives are geared towards the goals of PCCM.
- Through PCP Network Services, Member Services works to help PCPs educate their patients by:
 - Educating members about seeking appropriate and regular care,
 - Provide outreach to members via Member Education Request Forms,
 - Assist providers with MaineCare member panel changes.



How Do Providers Join?

Below is the process for becoming a PCCM provider. More specific instructions are included as part of the MaineCare managed care rider:

1. Enroll as a MaineCare provider;
2. Agree to follow Primary Care Case Management (PCCM) rules;
3. Agree to the PCCM rider terms and conditions;
4. Determine the eligible providers in the practice who provide primary care;
5. Complete the PCCM rider and ***Primary Care Provider Site Fact Sheet*** and forward the information to PCP Network Services;
6. PCP Network Services will work with the provider to process the paperwork.



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Recruiting Primary Care Providers/Sites (Ongoing)

Sources:

- Newspaper Ads
- Member Requests
- MaineCare Provider Enrollment Unit
- Community Medical Organizations
- Information Technology

Steps:

- Initial Contact
- Send Recruitment packet & cover letter
- Two week Follow Up call
- Paperwork Process begins for interested sites
- Contact provider site with verification with of receipt of paperwork and projected enrollment date
- Verify 24/7 coverage plan
- Assign Site Referral Number
- Enter Site information into Program Database
- Send Welcome Packet with Introduction Manual

PCCM Member to PCP Ratio By County

03/21/2007



County	Number of Sites	Number of Providers	Number of Enrolled	Ratio
ANDROSCOGGIN	32	104	19,320	185
AROOSTOOK	38	134	12,391	92
CUMBERLAND	92	257	30,212	117
FRANKLIN	13	32	4,498	140
HANCOCK	17	67	6,601	98
KENNEBEC	33	113	15,376	136
KNOX	19	36	3,587	99
LINCOLN	12	40	6,353	158
OXFORD	13	52	8,413	161
PENOBSCOT	45	177	22,428	126
PISCATAQUIS	8	21	3,160	150
SAGADAHOC	5	18	1,639	91
SOMERSET	19	52	9,899	190
WALDO	16	38	5,282	139
WASHINGTON	19	48	6,816	142
YORK	80	225	16,096	71
STATEWIDE	461	1,414	172,071	122



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461 PCP Sites:
 201 Open To New Patients
 260 Closed To New Patients

PCP Network Services Responsibilities

- Recruit and Maintain Primary Care Provider Network
- Mail site confirmation sheets to PCP Sites every six months;
- Mail PCP Sites semi-monthly PCCM Panel Reports (including enrollments and disenrollments) and monthly complete panel reports. These reports are very helpful in determining managed care enrollment for: Referrals, claims that require the 9-digit PCP Site Referral Number and identifying new patients who have not established with the office. PCP Sites are encouraged to identify and report enrollment errors;
- Monitor 24-hour access coverage by calling each PCP site after hours at least once annually;
- Update and provide exempt procedure and diagnosis codes;
- Assure access to the Interactive Voice Response System to verify MaineCare and PCCM eligibility.

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PCP Network Services Responsibilities

Continued...

- Send Primary Care Provider Incentive Program (PCPIP)/Utilization reports;
- Send Primary Care Case Management(PCCM) Fee payment Roster Reports;
- Assist with patient or PCP Grievance Procedure;
- Conduct periodic PCP and member surveys;
- Send PCP Sites informational mailings;
- Supply PCCM PCP Sites with referral forms;
- Supply PCCM PCP Sites with Member Education Request Forms (used as an educational tool for follow-up with members); and,
- Assist PCP Sites with questions, research, education, follow-up, etc.

PCP Responsibilities

- Providing comprehensive primary care;
- Authorizing medically necessary referrals;
- Providing or arranging 24 hour coverage, 7 days a week;
- Educating patients about PCCM rules, seeking appropriate regular care and following practice rules.

Retaining Primary Care Providers/Sites

Support

- Prompt responses to inquiries
- Member education support to reduce
 - unnecessary service utilization
- Policy Interpretation
- Credentialing assistance
- Ongoing support for MaineCare services
- Assistance with billing issues related to PCCM
- Patient enrollment management in underserved areas
- Authorizing Medically Necessary Referrals
- Provider Advisory Committee Meetings

Incentives

- PCCM Management Fee payment of \$2.50 per member/per month
- Primary Care Provider Incentive Payment (PCPIP)- Based on Quality and Performance Measures. Bi annual payment
- PCP Network services liaison support across divisions

Reporting Support

- Monthly -Full Panel Reports
- Semi Monthly- Enroll Disenroll Panel Reports
- Monthly -PCCM Patient Roster
- On Demand and Bi-Annual- Site Confirmation Sheets
- Bi-Annual PCPIP and Utilization Review Reports

Current PCP Retention Statistics

There are currently 464 enrolled Sites

- **371** sites have been enrolled **5** years or longer
- **42** sites have been enrolled in the **3 to 4** year range
- **51** sites have been enrolled in the **1 to 2** year range

PCCM Fee Structure

- A monthly \$2.50 per member/per month is paid for each PCCM patient enrolled at a primary care provider site on the 21st of a given month.
- Fee for service for any direct services provided to each member
- Incentive payment for certain quality measures

Services Needing a Referral

PCPs are responsible for completing a referral form when patients need to access to these services:

- **Advanced Practice Registered Nursing Services**
- **Ambulatory Surgical Center Services**
- **Audiology Services**
- **Chiropractic Services**
- **Clinic:**
 - **Ambulatory Care Clinics**
 - **Federally Qualified Health Centers**
 - **Rural Health Clinics**
- **Developmental and Behavioral Evaluation Clinic**
- **Early and Periodic Screening, Diagnosis, and Treatment Services**
- **Hearing Aids and Services**
- **Home Health Services**
- **Hospital Services (Except lab and medical imaging)**
- **Medical Supplies and Durable Medical Equipment**
- **Occupational Therapy Services**
- **Ophthalmology and Optometry Services**
- **Physical Therapy Services**
- **Physician Services**
- **Podiatry Services**
- **Speech and Hearing Agencies**
- **Speech/Language Pathology Services**



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Primary Care Physician Incentive Program (PCPIP)

Goals:

- reduce disincentives for having higher Medicaid patient panels (40%)
- reduce inappropriate ER usage (30%)
- increase utilization of preventive services, quality care (30%)

Preventive services component:

- adopted USPSTF recommendations
- pushes EPSDT program - well child visits, immunizations, PAPS, mammograms, lead testing, etc.
- adopted Bright Futures Program and periodicity schedule
- worked with BOH, USPHS, DHHS, AAP



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Primary Care Physician Incentive Program (PCPIP)

- Total Pool: \$750,000/qtr (\$3,000,000/yr)
- Payments are made quarterly
- Who's eligible - Physicians whose primary specialty is FP, GP, PEDS, IM or OB/GYN *and* who are predominantly practicing primary care
- Who's not eligible - Physicians working for or as RHCs, FQHCs, Hospitals or Residency Programs, and physicians not enrolled as Maine PrimeCare providers

Primary Care Physician Incentive Program (PCPIP)

- How each specialty share is determined = $(a+b)/2$
 - (a) # of patients seen by a specialty/# of patients seen by all primary care specialties
 - (b) # of claims by a specialty/# of claims seen by all primary care specialties
- Each physician will have a total score calculated to determine how much, if any, incentive payment will be made. Providers below the 20th percentile will not receive any payment.

What's Makes a Panel?

- Identifiable group of members/beneficiaries
- Link to servicing provider through attribution of patients based on claims experience
- Specialty assignment of provider

Calculation of Each Measure

- For each Medicaid member, a score is created for each measure (e.g., a member receiving a PAP Smear test in the previous 12 months would score a 1 while a member not receiving a PAP Smear test would score a 0);
- Members are associated with their respective provider through administrative claims data using the servicing provider number for the visit.

Calculation of Each Measure

Continued...

- Patient scores are totaled for each provider for each measure;
- For each measure, a provider's score is converted into a percentile score.
- For each provider, an average score is created by weighting his/her scores for the individual measures.

Dollar Allocation by Specialty

- FP/GP = 43%
- IM = 12%
- PEDS = 34%
- OB/GYN = 11%
- Dollar allocations within specialty are based on the percentile scores for individual docs

PCPIP Percentile

Percentile	# of Providers	% of Pool
90-100th	Dependent on # of	25.00%
80-90th	providers in specialty	20.00%
70-79th		15.00%
60-69th		13.00%
50-59th		10.00%
40-49th		8.00%
30-39th		6.00%
20-29th		4.00%
10-19th		0.00%
0-09th		0.00%



PCCM Utilization Report

- Provides basis for Performance Comparison
- Educational Tool for Physicians
- Incentive for Quality Improvement



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QUARTERLY MAINE PRIMARY PROVIDER PROFILE

Maine Department of Human Services · Bureau of Medical Services · Division of Quality Improvement
1-800-566-3818 FAX 207-287-2675 TDD/TTY 1-800-423-4331

Reporting Period	
Physician Name	
Practice Name	
Billing ID #	Svc ID #

1 Average Panel Size

(Unduplicated Medicaid Patients)

	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		
	ME PrimeCare	Fee-for-Service
% Age 0-20		
% Age 21-64		
% 65 & Older		
TOTAL		

2 Maine PrimeCare Costs

(Per Member Per Month)

	Your Practice	Your Specialty
Pharmacy		
Inpatient		
ER		
Other Outpatient Hospital		
Office Outpatient Visits		
DME		
Lab / X-Ray		

PREVENTION/QUALITY MEASURES

1 Average # of EPSDT Encounters

(Per Patient Per Year)

	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		

2 # EPSDT/Bright Futures Forms Rec'd

of EPSDT Visits Billed

	% Your Practice	% Required

3 Percent of Children Age 0-20 with 1 or more EPSDT visits in last the year

	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		

4 Well-Child Visits in First 15 Months of Life

(% of patients having 5 or more visits)

	# of Your Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

5 Well-Child Visits in 3rd, 4th, 5th & 6th Years of Life

(% with a well-child visit in the past year)

	# of Your Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

6 Adolescent Well-Care Visits: Ages 12-21 Years



PREVENTION/QUALITY MEASURES

1 Average # of EPSDT Encounters <i>(Per Patient Per Year)</i>		Your Practice	Your Specialty
	Maine PrimeCare		
2 # EPSDT/Bright Futures Forms Rec'd		%Your Practice	% Required
	# of EPSDT Visits Billed		
3 Percent of Children Age 0-20 with 1 or more EPSDT visits in last the year		Your Practice	Your Specialty
	Maine PrimeCare		
	Fee-for-Service		
4 Well-Child Visits in First 15 Months of Life <i>(% of patients having 5 or more visits)</i>	# of Your Pts	Your Practice	Your Specialty
	Maine PrimeCare		
	Fee-for-Service		
5 Well-Child Visits in 3rd, 4th, 5th & 6th Years of Life <i>(% with a well-child visit in the past year)</i>	# of Your Pts	Your Practice	Your Specialty
	Maine PrimeCare		
	Fee-for-Service		
6 Adolescent Well-Care Visits: Ages 12-21 Years <i>(% with a well-care visit in the past year)</i>	# of Your Pts	Your Practice	Your Specialty
	Maine PrimeCare		
	Fee-for-Service		

QUARTERLY MAINE PRIMARY PROVIDER PROFILE

Maine Department of Human Services, Bureau of Medical Services, Division of Quality Improvement
 1400 SOE Bldg. FAX: 207-687-2075 TDD/TTY: 1-800-423-4301

Reporting Period	
Physician Name	
Practice Name	
Billing ID #	Site ID #

1 Average Panel Size	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		
% Age 0-20		
% Age 21-64		
% 65 & Older		
TOTAL		

2 Maine PrimeCare Costs	Your Practice	Your Specialty
Pharmacy		
Immunization		
ER		
Other Departmental Hospital		
Other Departmental Visits		
DME		
Lab / X-Ray		
Other		
TOTAL		

3 Percent Responding to Change PCPs	Your Practice	Your Specialty
Maine PrimeCare		

UTILIZATION

1 Average # of ER Visits	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		
TOTAL		

2 Percent of ER Visits Marking Repeat ER Visits	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		
TOTAL		

3 Emergency Room Patients	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		

4 Potentially Avoidable Hospitalizations	Your Practice	Your Specialty
A. Asthma	ME PrimeCare	
Fee-for-Service		
B. Pneumonia	ME PrimeCare	
Fee-for-Service		
C. Severe CHF Exacerbations	ME PrimeCare	
Fee-for-Service		
D. Kidney GFI	ME PrimeCare	
Fee-for-Service		
E. COPD	ME PrimeCare	
Fee-for-Service		
F. Gastroenteritis	ME PrimeCare	
Fee-for-Service		

5 Hospitalized Patients with above conditions	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		

PREVENTION/QUALITY MEASURES

1 Average # of EPSDT Encounters	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		

2 # EPSDT/Right Parties Fees Rec'd # of EPSDT Visits Billed	% Year Practice	% Required
Maine PrimeCare		
Fee-for-Service		

3 Percent of Children Age 0-20 with 1 or more EPSDT visits in last 12 months	Your Practice	Your Specialty
Maine PrimeCare		
Fee-for-Service		

4 Well-Child Visits in First 15 Months of Life	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

5 Well-Child Visits in 2nd, 4th, 6th & 8th Years of Life	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

6 Adolescent Well-Care Visits: Ages 12-21 Years	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

7 Cervical Cancer Screening	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

8 Breast Cancer Screening	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

9 Pre-Metal Care in the First Trimester	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

10 Diabetes-Retinal Exams	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

11 Diabetes-HighChol	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

12 Diabetes-Lipid Tests	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

13 Lead Screening Rates: 1st Year	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			

14 Lead Screening Rates: 2 Year Olds	# of Year Pts	Your Practice	Your Specialty
Maine PrimeCare			
Fee-for-Service			



Performance Report

Access to Primary Care

<u>Children</u>	<u>2000</u>	<u>2003</u>	<u>Ntl. Benchmark</u>
12 – 24 months	98%	98%	88%
25 mos – 6 yrs	89%	91%	78%
7 – 11 yrs	93%	93%	79%

Increase Use of Prevention

<u>Ages</u>	<u>2000</u>	<u>2003</u>	<u>Ntl. Benchmark</u>
3 – 6 yrs	64%	67%	58%
12 – 21 yrs	46%	41%	37%



PCCM Performance Report

Continued...

Cervical Cancer Screening

<u>Ages</u>	<u>2000</u>	<u>2003</u>	<u>Ntl. Benchmark</u>
21 – 64	74%	79%	61%

Diabetes Screening (HbA1c)

<u>All ages</u>	<u>2000</u>	<u>2003</u>	<u>Ntl. Benchmark</u>
# per 1,000 members	57%	63%	47%

Note: # of PCCM members grew from 32,000 members to 97,000 members between 2000 and 2003.

More PCCM Performance Indicators

Reduce ER Services

<u>All ages</u>	<u>2000</u>	<u>2003</u>	<u>Ntl. Benchmark</u>
# of visits/1000 members	57%	63%	47%

Reduce Avoidable Hospitalizations (for identified conditions)

<u>All ages</u>	<u>2000</u>	<u>2003</u>	<u>Ntl. Benchmark</u>
	.75 per 100 members	.60 per 100 members	no benchmark

Average cost per month – in 2003, rate of growth for PCCM population = 3.9% compared to national average of 9.5%.





Annual PCCM Program Costs

Approximate Payment to PCPs – \$5 million (\$2.50 PMPM)

PCCM Enrollment and Member Services:

Vendor: Public Consulting Group – **\$1.3 Million** (Includes member services for all MaineCare enrollees)

PCP Network Services:

3 State Staff – **\$130,000**

.5 FTE State Manager – **\$30,000**

Systems:

1 State Staff – **\$60,000**

Support Vendors: MeCAPS (Keane) – **\$369,000**

IMMPACT (STC) – **\$70,000**

Total Annual Costs for MaineCare PCCM: approximately \$7 Million



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Vendor Performance Metrics

- **Auto-assignment of members – Under 15%**
- **Call Statistics:**
 - **Abandonment Rate – Under 5%**
 - **90%** of all calls answered within 10 seconds or 3 rings
 - **100%** callers must not be on hold longer than 60 seconds



Member Education Request Form



Managed Care Member Education Request Form *(Please Print)*

Date: _____

PCPS Name: _____

PCP Phone Number: _____

MaineCare Member's Name: _____

Member's MaineCare ID Number: _____

This MaineCare managed care member needs to be educated regarding:
(Check all that apply, and please be specific in your explanation)

- When to access emergency Sservices
- Following managed care rules
- Obtaining referrals for Ccare
- No-showing for appointments
- Following practice rules
- Bringing MaineCare card to appointments

Other _____

Explanation: _____

Please contact the Bureau of Medical Services ~ PCP Network Services at:

1-866 796-2463 or 207-287-7131, for a supply of these forms.

You may also FAX this form to 207-287-1864

(If mailing, please seal with the attached adhesive tape to preserve confidentiality.)

Thank you.



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Provider PCP Site Education Packet

- **Primary Care Case Management Rules from the MaineCare Benefits Manual**
- **MaineCare Managed Care Terms and Conditions**
- **MaineCare Managed Care Rider**
- **MaineCare PCP Site Fact Sheet**
- **Sample MaineCare Managed Care Referral Form**
- **Sample Member Education Request Form**



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