

MAINE STATE LEGISLATURE

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Maine Department of Human Services
Bureau of Medical Services



Annual Report to the State Legislature



SFY 2002



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Annual Report–SFY 2002

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Overview of MaineCare

MaineCare is a health insurance program funded jointly by the federal government (the Centers for Medicare and Medicaid Services (CMS) and the states. It is administered by the states in compliance with federal laws and regulations. Through Title XIX of the Social Security Act, MaineCare has been provided for Maine’s citizens who are elderly or disabled or of low income.

Each state’s program varies in eligibility, services covered, limitations on services and reimbursement levels. MaineCare services are funded by a federally determined formula that combines state and federal revenues at an approximate 34% State and 66% Federal dollar split.

The Department of Human Services is the Single State Agency for the MaineCare Program. However, the Department of Behavioral and Developmental Services shares in this responsibility by administering the behavioral health benefits covered by MaineCare. The Department of Labor shares this responsibility by administering the MaineCare Home and Community Based-Waiver for People with Disabilities and consumer directed attendant services.



Enrollment

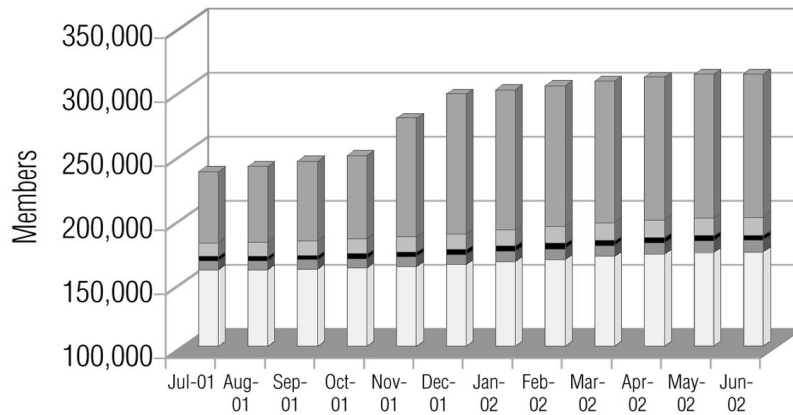
Enrollment in MaineCare has been increasing steadily since 1998 after experiencing a drop in the total number of members in 1996 and 1997. This increased enrollment is a result of the efforts of the State Legislature and the Department to cover new categories of members in order to reduce the number of people in Maine without health insurance. The reason for the significant increase in SFY01 was due to the addition of new members obtaining pharmacy benefits through the Healthy Maine Prescription benefit under MaineCare. MaineCare has experienced an increased number of children eligible under the MaineCare expansion benefit of the State Child Health Insurance Program as well as in the parents of those children, substantially adding to the 29.44% increase in eligibles in SFY02.

Year	SFY 94	SFY 95	SFY 96	SFY 97	SFY 98	SFY 99	SFY 00	SFY01	SFY02
Undup Eligibles	190,453	188,045	185,043	182,081	188,686	195,908	204,058	264,761	342,710
% Change	-0.60%	-1.26%	-1.60%	-1.60%	3.63%	3.83%	4.16%	29.75%	29.44%

Individuals may apply for MaineCare by mail or at a Department of Human Services regional office. The Department has several application forms, including a one-page application for families with children and pregnant women and a single TANF/MaineCare application. The one-page application has been translated into 11 foreign languages.

Effective this past fiscal year, children covered by MaineCare are provided with 12 months of continuous eligibility regardless of any changes in family circumstances, such as income.

Medicaid Monthly Caseload SFY 2002



	Jul-01	Aug-01	Sep-01	Oct-01	Nov-01	Dec-01	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02
■ HMP	55,916	59,265	62,468	65,282	92,728	109,411	109,384	110,143	110,898	111,401	112,140	111,726
■ ME Parents	10,410	10,957	11,243	11,522	11,758	12,188	12,665	13,060	13,543	13,800	13,922	14,052
■ CC	3,593	3,601	3,612	3,707	3,931	4,068	4,137	4,218	4,346	4,401	4,243	4,130
■ ME	6,629	6,686	6,877	7,209	7,456	7,690	7,963	8,194	8,484	8,698	8,913	9,029
■ MaineCare	160,039	159,946	160,408	161,379	162,219	163,662	166,222	167,920	169,974	171,777	173,222	173,613

Increasing Access to Health Care

Coverage for People Living With HIV/AIDS

On July 1, 2002 a new category of coverage was created for people living in Maine with HIV/AIDS. This benefit was created after the Department received approval of its request, commonly referred to as a waiver, from the Centers for Medicare and Medicaid Services. Under this benefit, qualified members are eligible to receive a broad range of services. It is hoped that early treatment and coordination of care will slow, stop or even reverse the progress of HIV/AIDS for these members. Today this benefit is being used by 87 members.



- ◆ HIV/AIDS Treatment and Counseling (including HAART)
- ◆ Medications
- ◆ Laboratory and X-ray
- ◆ Mental Health and Substance Abuse Services
- ◆ Physician, Physician Assistant and Nurse Practitioner
- ◆ Hospital
- ◆ Case Management
- ◆ Family Planning

Coverage for Uninsured Adults

The Department of Human Services received final approval, in August of 2002, from the federal government to expand MaineCare to cover adults at or below the poverty level who do not have dependent children. The waiver request was submitted to the Centers for Medicare and Medicaid Services in February 2002.

Federal Medicaid rules normally exclude childless adults age 21 through 64 who are not disabled, a group often referred to as “non-categoricals.” Approval of the waiver allows MaineCare to cover the more than 15,000 people in this group.

This MaineCare coverage will allow this group of people to seek preventive medical care rather than waiting until a medical emergency exists before seeking help. By the time an emergency exists, it is often more expensive to treat the medical condition. This coverage will also provide access to reimbursement for behavioral and mental health services, in addition to many other benefits such as physician care and prescription drug coverage.

Covered Services, the Cost of Care and the Providers of Service

Covered Services

The Social Security Act specifies a set of mandatory benefits that state Medicaid programs must cover, and a set of optional benefits that states may choose to cover. As long as these are provided in accordance with federal regulations, federal financial participation (FFP) is available for reimbursement.

A very important exception is made in federal statute. Any federally-defined Medicaid service determined by the state to be medically necessary must be provided to children. This is true regardless of whether the service is included in the State Plan.

Maine has a substantial program to provide broad coverage to MaineCare members.

Acute Care

- Inpatient and outpatient hospital services
- Laboratory and x-ray services
- Physician and nurse practitioner services and other advanced practice nursing services (also those provided in rural health clinics and federally qualified health centers)
- Dental services
- Chiropractic services
- Ambulance services
- Podiatry services
- Occupational therapy
- Physical therapy
- Speech, hearing and language disorder services



Long Term Care

- Institutional: Nursing facility and assisted living
- Community based: Private duty nursing, personal care, hospice, adult day health, home and community based waiver services, attendant services

Pharmacy

Behavioral Health

- Institutional: Inpatient psychiatric services, intermediate care facilities for people with mental retardation
- Community based: Licensed social worker services, psychological services, day habilitation, day treatment, home and community based waiver services for people with mental retardation, community support, substance abuse treatment services

Preventive

- Early intervention (birth through age 5)
- Smoking cessation
- Asthma and diabetes education
- Family planning services and supplies

Transportation (non emergency)

Medical supplies and durable medical equipment, eyeglasses and orthotic and prosthetic devices

Part B Premium Payments (Medicare members)

The Cost of Care

The following tables provide a breakdown of expenditures by category of MaineCare coverage. The tables also show the spending per recipient by each of these same categories and the total number of recipients who received service in each of the categories.

TABLE A-1. MEDICAID EXPENDITURES BY CATEGORY OF SERVICE

CATEGORY OF SERVICE	EXPENDITURES SFY 2000	% Change	EXPENDITURE SFY 2001	% Change	EXPENDITURES SFY 2002	% Change
HOSPITAL SPENDING						
01 GENERAL INPATIENT	\$118,895,717	-3.7%	\$113,094,479	-4.9%	\$105,560,923	-6.7%
02 PSYCH FACILITY SVC	\$41,350,658	0.5%	\$39,328,116	-4.9%	\$37,706,286	-4.1%
04 GENERAL OUTPATIENT	\$49,182,435	-8.4%	\$50,500,997	2.7%	\$55,387,530	9.7%
SUBTOTAL HOSPITAL	\$209,428,810	-4.0%	\$202,923,592	-3.1%	\$198,654,739	-2.1%
PHYSICIAN & RELATED PRACTITIONERS						
06 PHYSICIAN	\$39,549,180	6.4%	\$42,894,163	8.5%	\$48,777,933	13.7%
18 AMBULATORY SURG CENT	\$241,773	9.0%	\$269,547	11.5%	\$392,516	45.6%
30 AMBUL. CARE CLINIC	\$1,011,219	200.0%	\$1,176,451	16.3%	\$1,417,517	20.5%
43 CERT. RURAL HLT. CL.	\$4,160,184	10.4%	\$4,928,577	18.5%	\$6,141,174	24.6%
08 PHP AGENCY	-\$5,316	0.0%	\$0	0.0%	\$0	0.0%
53 NURSE/MIDWIFE	\$59,404	9.1%	\$53,732	-9.5%	\$65,130	21.2%
60 NURSE PRACTITIONER	\$115,412	11.3%	\$129,485	12.2%	\$167,253	29.2%
63 FED. QUAL. HLTH CTR	\$5,613,119	2.2%	\$7,618,128	35.7%	\$9,247,611	21.4%
09 DENTAL	\$9,863,575	3.1%	\$10,578,425	7.2%	\$11,845,508	12.0%
07 PODIATRIC	\$437,114	1.5%	\$494,641	13.2%	\$574,176	16.1%
32 CHIROPRACTIC	\$268,093	-9.4%	\$442,359	65.0%	\$690,464	56.1%
31 PHYSICAL THERAPY	\$1,051,314	9.4%	\$1,071,506	1.9%	\$1,308,468	22.1%
33 OCCUPATIONAL THERAPY	\$778,426	34.4%	\$851,891	9.4%	\$937,794	10.1%
37 OPTOMETRIC SERVICES	\$1,345,890	-4.5%	\$1,498,115	11.3%	\$1,572,312	5.0%
42 OPTICAL SERVICES	\$181,727	20.7%	\$212,003	16.7%	\$249,746	17.8%
27 SPEECH AND HEARING	\$717,542	36.7%	\$1,665,446	132.1%	\$1,617,197	-2.9%
46 AUDIOLOGY SERVICES	\$42,779	-4.7%	\$52,610	23.0%	\$61,360	16.6%
47 SPEECH PATH. SERV.	\$2,720,312	11.5%	\$1,778,577	-34.6%	\$1,616,901	-9.1%
13 SOCIAL WORKER SERVS*	\$321,551	7.4%	\$422,543	31.4%	\$324,850	-23.1%
SUBTOTAL PHYSICIAN AND RELATED	\$68,473,298	7.2%	\$76,138,199	11.2%	\$87,007,910	14.3%
PRESCRIPTION DRUGS & RELATED						
10 PRESCRIBED DRUGS	\$167,633,986	23.8%	\$186,599,427	11.3%	\$208,210,122	11.6%
10.2 HMP WAIVER (MEDICAID)	\$0	0.0%	\$247,362	0.0%	\$5,856,322	2267.5%
XX DRUG REBATES	-\$35,978,026	28.7%	-\$34,584,426	-3.9%	-\$45,983,732	33.0%
14 LAB & X-RAY-INDEP.	\$4,914,966	19.9%	\$4,086,116	-16.9%	\$4,315,458	5.6%
16 SUPPLIES AND DME	\$7,688,958	5.5%	\$9,445,253	22.8%	\$9,869,143	4.5%
17 PROSTHETIC, ORTHOTIC	\$1,290,186	8.1%	\$1,214,158	-5.9%	\$1,350,817	11.3%
45 HEARING AID DEALERS	\$62,948	43.8%	\$55,103	-12.5%	\$49,590	-10.0%
SUBTOTAL PRESC. DRUGS & RELATED	\$145,613,018	21.2%	\$167,062,993	14.7%	\$183,667,720	9.9%
LONG-TERM CARE & RELATE						
03 NURSING FACILITY	\$200,535,349	8.9%	\$202,697,747	1.1%	\$201,554,544	-0.6%
39 PRIVATE NONMD. INST. (Medicaid)	\$132,139,973	23.8%	\$147,547,998	11.7%	\$161,532,930	9.5%
56 WAIVERED BOARD HM	\$440,912	12.4%	\$295,558	-33.0%	\$0	n/a
61 REHABILITATIVE SVCS	\$10,525,190	24.0%	\$13,027,224	23.8%	\$14,718,121	13.0%
11 HOME HEALTH SERVICES	\$10,731,156	-31.7%	\$6,883,316	-35.9%	\$6,957,632	1.1%
55 ATTENDANT SERVICES	\$3,314,388	-5.2%	\$3,765,039	13.6%	\$4,588,030	21.9%
58 PRIVATE DUTY NURS	\$3,940,491	23.8%	\$4,283,930	8.7%	\$4,826,335	12.7%
59 PERSONAL CARE SER	\$4,913,640	16.5%	\$5,042,374	2.6%	\$6,115,251	21.3%
21 HOSPICE	\$0	0.0%	\$0	0.0%	\$63,946	n/a
23 SWING BED	\$56,561	-24.7%	\$19,808	-65.0%	\$20,933	5.7%
36 DAY HEALTH	\$711,217	20.0%	\$787,015	10.7%	\$798,207	1.4%
22 PHY. DISABLED WAIVER	\$7,246,772	17.2%	\$7,261,920	0.2%	\$9,258,733	27.5%
57 BME WAIVER	\$21,190,181	-1.5%	\$19,096,433	-9.9%	\$18,203,038	-4.7%
41 MEDICARE CROSSOVER-A	\$4,337,161	40.9%	\$3,761,837	-13.3%	\$3,530,101	-6.2%
50 MEDICARE CROSSOVER-B	\$17,493,350	12.4%	\$16,001,833	-8.5%	\$17,567,103	9.8%
SUBTOTAL LONG-TERM CARE & RELATED	\$417,576,341	11.9%	\$430,472,032	3.1%	\$449,734,904	4.5%
BEHAVIORAL HEALTH SERVICES						
12 COMMUNITY SUPPORT SERVICES	\$35,588,765	26.7%	\$42,018,181	18.1%	\$42,179,370	0.4%
26 BMR WAIVER	\$111,561,976	19.9%	\$126,391,963	13.3%	\$149,419,940	18.2%
28 MENTAL HEALTH	\$47,261,888	29.2%	\$57,820,300	22.3%	\$67,774,307	17.2%
35 DAY HABILITATION	\$13,672,001	24.8%	\$16,703,571	22.2%	\$20,018,728	19.8%
38 PSYCHOLOGICAL SVCS	\$2,638,931	2.6%	\$2,816,446	6.7%	\$2,996,425	6.4%
40 ICF/MR (BOARDING)	\$32,433,990	4.2%	\$32,702,942	0.8%	\$33,855,185	3.5%
48 SUBSTANCE ABUSE	\$3,843,111	-1.8%	\$4,238,879	10.3%	\$6,014,867	41.9%
62 HOME BASED M-H	\$2,378,028	26.6%	\$2,351,445	-1.1%	\$2,565,670	9.1%
66 DEVLOP/BEHAV CLIN SV	\$506,000	-4.0%	\$600,222	18.6%	\$881,398	46.8%
XX AMHV BMHI DSH	\$37,269,428	16.2%	\$38,516,939	3.3%	\$41,367,995	7.4%
SUBTOTAL BEHAVIORAL HEALTH SERVICES	\$287,154,118	19.2%	\$324,160,888	12.9%	\$367,073,885	13.2%
OTHER MEDICAID SERVICE CATEGORIES						
15 TRANSPORTATION	\$13,954,365	9.2%	\$14,473,000	3.7%	\$16,430,488	13.5%
29 AMBULANCE	\$2,005,852	7.8%	\$2,109,623	5.2%	\$2,472,456	17.2%
24 CASE MANAGEMENT	\$46,561,928	39.0%	\$66,232,853	42.2%	\$73,775,346	11.4%
25 FAMILY PLAN-CLINIC	\$710,478	-5.5%	\$740,573	4.2%	\$813,915	9.9%
44 VD SCREENING	\$7,510	-3.3%	\$7,920	5.5%	\$6,850	-13.5%
65 EARLY INTERVENTION	\$6,876,410	16.6%	\$7,035,064	2.3%	\$7,633,112	8.5%
67 NON-TRADITIONAL PHPSCHOOL REHAB	\$27,804,709	0.1%	\$22,878,970	-17.7%	\$23,252,238	1.6%
52 HMO WAIVER	\$3,295,933	-51.8%	\$233,870	-92.9%	\$0	n/a
SUBTOTAL OTHER MEDICAID SERVICES	\$101,217,185	13.2%	\$113,711,873	12.3%	\$124,384,405	9.4%
OTHER MEDICAID						
MEDICARE "PART B BUY-IN" PREMIUMS	\$8,698,066	-53.1%	\$17,110,586	96.7%	\$21,089,349	23.3%
THIRD PARTY (TPL) RECOVERIES	-\$10,930,428	-7.2%	-\$12,381,830	13.3%	-\$13,022,823	5.2%
"CHIPS" MEDICAID EXPANSIONS	\$12,391,229	132.2%	\$17,747,683	43.2%	\$21,298,394	20.0%
MBCHP TREATMENT PROGRAM	\$0	0.0%	\$0	0.0%	\$354,637	n/a
TOTAL MEDICAID	\$1,239,621,637	10.9%	\$1,336,946,016	7.9%	\$1,440,243,120	7.7%
MEDICAID-RELATED STATE-ONLY PAYMENTS						
HMP/DEL PAYMENTS	\$0	0.0%	\$1,117,880	1.0%	\$19,603,484	1653.6%
"old" DEL REBATES					-\$2,087,166	
STATE BOARDING HOME PAYMENTS	\$22,602,073	38.8%	\$26,018,669	15.1%	\$27,544,541	5.9%
FIN. DISTRESSED HOSPITAL PAYMENTS	\$1,600,000	0.0%	\$1,600,000	0.0%	\$0	n/a
05 SOCIAL SERVICES	\$1,383,089	-7.1%	\$1,237,114	-10.6%	\$1,344,306	8.7%
54 CHILD HEALTH	\$19,450	-66.1%	\$30,335	56.0%	\$53,160	75.2%
OTHER CHILD HEALTH PROGRAMS	\$3,408,641	11.3%	\$4,313,084	26.5%	\$3,925,900	-9.0%
MEDICAL EYE CARE PROGRAM	\$461,355	106.2%	\$421,016	-8.7%	\$318,356	-24.4%
TUBERCULOSIS GRANTS	\$183,648	-8.0%	\$310,730	69.2%	\$180,117	-42.0%
OTHER STATE ONLY PAYMENTS	\$126,341	1.2%	\$146,596	16.0%	\$157,847	7.7%
ADULT IMMUNIZATIONS	\$0	0.0%	\$0	0.0%	\$1,426,547	n/a
SUBTOTAL STATE-ONLY PAYMENTS	\$29,784,597	38.9%	\$35,195,424	18.2%	\$52,467,092	49.1%
TOTAL MEDICAID & RELATED EXPENDITURES	\$1,269,406,234	11.4%	\$1,372,141,440	8.1%	\$1,492,710,212	8.8%

TABLE A-2. MEDICAID RECIPIENTS BY CATEGORY OF SERVICE

CATEGORY OF SERVICE	RECIPIENTS SFY 2000	% Change	RECIPIENTS SFY 2001	% Change	RECIPIENTS SFY 2002	% Change
HOSPITAL SPENDING						
01 GENERAL INPATIENT	18,652	3.4%	19,162	2.7%	19,880	3.7%
02 PSYCH FACILITY SVC	2,742	2.2%	2,826	3.1%	3,605	27.6%
04 GENERAL OUTPATIENT	88,135	4.4%	95,605	8.5%	108,926	13.9%
PHYSICIAN & RELATED PRACTITIONERS						
06 PHYSICIAN	101,878	0.5%	111,450	9.4%	123,460	10.8%
18 AMBULATORY SURG CENT	341	9.6%	403	18.2%	614	52.4%
30 AMBUL. CARE CLINIC	1,332	10.8%	1,459	9.5%	1,567	7.4%
43 CERT. RURAL HLT. CL.	16,247	6.5%	18,026	10.9%	21,083	17.0%
08 PHP AGENCY	0	0.0%	0	0.0%	0	0.0%
53 NURSE/MIDWIFE	118	-20.3%	95	-19.5%	110	15.8%
60 NURSE PRACTITIONER	525	0.2%	466	-11.2%	671	44.0%
63 FED. QUAL. HLTH CTR	12,844	-2.1%	16,546	28.8%	19,691	19.0%
09 DENTAL	43,136	0.7%	44,097	2.2%	46,479	5.4%
07 PODIATRIC	4,207	1.4%	5,102	21.3%	5,564	9.1%
32 CHIROPRACTIC	3,156	-9.9%	3,092	-2.0%	3,643	17.8%
31 PHYSICAL THERAPY	2,524	15.3%	2,540	0.6%	3,235	27.4%
33 OCCUPATIONAL THERAPY	1,350	24.2%	1,457	7.9%	1,481	1.6%
37 OPTOMETRIC SERVICES	27,872	-2.1%	30,811	10.5%	32,802	6.5%
42 OPTICAL SERVICES	9,905	1.6%	10,828	9.3%	12,335	13.9%
27 SPEECH AND HEARING	981	21.4%	1,717	75.0%	1,781	3.7%
46 AUDIOLOGY SERVICES	674	4.7%	752	11.6%	842	12.0%
47 SPEECH PATH. SERV.	2,677	5.2%	2,189	-18.2%	1,847	-15.6%
13 SOCIAL WORKER SERVS*	408	-1.4%	517	26.7%	431	-16.6%
PRESCRIPTION DRUGS & RELATED						
10 PRESCRIBED DRUGS	149,714	-0.8%	148,003	-1.1%	170,653	15.3%
10.2 HMP WAIVER (MEDICAID)	0	0.0%	0	0.0%	56,768	0.0%
XX DRUG REBATES	n/a	n/a	n/a	n/a	n/a	n/a
14 LAB & X-RAY-INDEP.	44,170	5.6%	36,418	-17.6%	33,242	-8.7%
16 SUPPLIES AND DME	16,174	6.3%	17,726	9.6%	20,420	15.2%
17 PROSTHETIC, ORTHOTIC	1,451	-1.9%	1,765	21.6%	1,962	11.2%
45 HEARING AID DEALERS	215	7.0%	169	-21.4%	208	23.1%
LONG-TERM CARE & RELATED						
03 NURSING FACILITY	8,504	-1.4%	8,275	-2.7%	8,175	-1.2%
39 PRIVATE NONMD. INST. (Medicaid)	8,047	9.3%	8,527	6.0%	8,655	1.5%
56 WAIVERED BOARD HM	24	-7.7%	25	4.2%	25	0.0%
61 REHABILITATIVE SVCS	380	27.5%	460	21.1%	548	19.1%
11 HOME HEALTH SERVICES	5,515	-20.6%	3,234	-41.4%	3,050	-5.7%
55 ATTENDANT SERVICES	303	2.0%	348	14.9%	361	3.7%
58 PRIVATE DUTY NURS	983	61.1%	1,188	20.9%	1,310	10.3%
59 PERSONAL CARE SER	1,289	18.0%	1,388	7.7%	1,533	10.4%
21 HOSPICE	0	0.0%	0	0.0%	9	n/a
23 SWING BED	19	-9.5%	12	-36.8%	7	-41.7%
36 DAY HEALTH	156	15.6%	173	10.9%	169	-2.3%
22 PHY. DISABLED WAIVER	336	10.2%	303	-9.8%	326	7.6%
57 BME WAIVER	1,776	-6.7%	1,589	-10.5%	1,535	-3.4%
41 MEDICARE CROSSOVER-A	28,685	8.0%	28,266	-1.5%	29,202	3.3%
50 MEDICARE CROSSOVER-B	36,985	1.0%	37,253	0.7%	38,797	4.1%
BEHAVIORAL HEALTH SERVICES						
12 COMMUNITY SUPPORT SERVICES	7,794	6.7%	8,197	5.2%	8,420	2.7%
26 BMR WAIVER	1,825	13.4%	2,028	11.1%	2,191	8.0%
28 MENTAL HEALTH	21,294	11.3%	23,195	8.9%	25,443	9.7%
35 DAY HABILITATION	1,191	9.9%	1,383	16.1%	1,556	12.5%
38 PSYCHOLOGICAL SVCS	4,856	0.4%	4,791	-1.3%	4,386	-8.5%
40 ICF/MR (BOARDING)	303	-5.3%	289	-4.6%	276	-4.5%
48 SUBSTANCE ABUSE	4,465	-3.4%	4,726	5.8%	5,406	14.4%
62 HOME BASED M-H	719	24.2%	677	-5.8%	676	-0.1%
66 DEVLOP/BEHAV CLIN SV	434	-5.7%	440	1.4%	588	33.6%
XX AMHI/ BMHI DSH	n/a	n/a	n/a	n/a	n/a	n/a
OTHER MEDICAID SERVICE CATEGORIES						
15 TRANSPORTATION	24,561	8.5%	25,075	2.1%	26,735	6.6%
29 AMBULANCE	11,554	7.8%	12,162	5.3%	14,251	17.2%
24 CASE MANAGEMENT	20,198	19.8%	24,615	21.9%	27,636	12.3%
25 FAMILY PLAN-CLINIC	4,329	-1.1%	4,405	1.8%	4,554	3.4%
44 VD SCREENING	252	-23.2%	274	8.7%	250	-8.8%
65 EARLY INTERVENTION	1,462	-0.8%	1,444	-1.2%	1,512	4.7%
67 NON-TRADITIONAL PHPSCHOOL REHAB	14,532	-0.4%	13,936	-4.1%	14,221	2.0%
52 HMO WAIVER	n/a	n/a	n/a	n/a	n/a	n/a
OTHER MEDICAID						
MEDICARE "PART B BUY-IN" PREMIUMS	n/a	n/a	n/a	n/a	n/a	n/a
THIRD PARTY (TPL) RECOVERIES	n/a	n/a	n/a	n/a	n/a	n/a
"CHIPS" MEDICAID EXPANSIONS	10,472	97.4%	12,199	16.5%	13,378	9.7%
MBCHP TREATMENT PROGRAM	n/a	n/a	n/a	n/a	42	n/a
TOTAL MEDICAID	181,468	4.2%	193,519	6.6%	273,087	41.1%

TABLE A-3. MEDICAID SPENDING PER RECIPIENT BY CATEGORY OF SERVICE

CATEGORY OF SERVICE	SPENDING/ RECIPIENT SFY 2000	% Change	SPENDING/ RECIPIENT SFY 2001	% Change	SPENDING/ RECIPIENT SFY 2002	% Change
HOSPITAL SPENDING						
01 GENERAL INPATIENT	\$6,374	-6.8%	\$5,902	-7.4%	\$5,310	-10.0%
02 PSYCH FACILITY SVC	\$15,080	-1.6%	\$13,917	-7.7%	\$10,459	-24.8%
04 GENERAL OUTPATIENT	\$558	-12.3%	\$528	-5.3%	\$508	-3.7%
PHYSICIAN & RELATED PRACTITIONERS						
06 PHYSICIAN	\$388	5.8%	\$385	-0.9%	\$395	2.7%
18 AMBULATORY SURG CENT	\$709	-0.6%	\$669	-5.7%	\$639	-4.4%
30 AMBUL. CARE CLINIC	\$759	170.7%	\$806	6.2%	\$905	12.2%
43 CERT. RURAL HLT. CL.	\$256	3.6%	\$273	6.8%	\$291	6.5%
08 PHP AGENCY	\$0	0.0%	\$0	0.0%	\$0	n/a
53 NURSE/MIDWIFE	\$503	36.8%	\$566	12.4%	\$592	4.7%
60 NURSE PRACTITIONER	\$220	11.0%	\$278	26.4%	\$249	-10.3%
63 FED. QUAL. HLTH CTR	\$437	4.4%	\$460	5.4%	\$470	2.0%
09 DENTAL	\$229	2.4%	\$240	4.9%	\$255	6.2%
07 PODIATRIC	\$104	0.1%	\$97	-6.7%	\$103	6.4%
32 CHIROPRACTIC	\$85	0.5%	\$143	68.4%	\$190	32.5%
33 OCCUPATIONAL THERAPY	\$577	8.2%	\$585	1.4%	\$633	8.3%
37 OPTOMETRIC SERVICES	\$48	-2.4%	\$49	0.7%	\$48	-1.4%
42 OPTICAL SERVICES	\$18	18.7%	\$20	6.7%	\$20	3.4%
27 SPEECH AND HEARING	\$731	12.6%	\$970	32.6%	\$908	-6.4%
46 AUDIOLOGY SERVICES	\$63	-8.9%	\$70	10.2%	\$73	4.2%
47 SPEECH PATH. SERV.	\$1,016	6.0%	\$813	-20.0%	\$875	7.7%
13 SOCIAL WORKER SERVS*	\$788	9.0%	\$817	3.7%	\$754	-7.8%
PRESCRIPTION DRUGS & RELATED						
10 PRESCRIBED DRUGS	\$1,120	24.8%	\$1,261	12.6%	\$1,220	-3.2%
10.2 HMP WAIVER (MEDICAID)	\$0	n/a	\$0	n/a	\$0	n/a
14 LAB & X-RAY-INDEP.	\$111	13.6%	\$112	0.8%	\$130	15.7%
16 SUPPLIES AND DME	\$475	-0.8%	\$533	12.1%	\$483	-9.3%
17 PROSTHETIC, ORTHOTIC	\$889	10.2%	\$688	-22.6%	\$688	0.1%
45 HEARING AID DEALERS	\$293	34.4%	\$326	11.4%	\$238	-26.9%
LONG-TERM CARE & RELATED						
03 NURSING FACILITY	\$23,581	10.5%	\$24,495	3.9%	\$24,655	0.7%
39 PRIVATE NONMD. INST. (Medicaid)	\$16,421	13.2%	\$17,304	5.4%	\$18,664	7.9%
56 WAIVERED BOARD HM	\$18,371	21.8%	\$11,822	-35.6%	\$0	-100.0%
61 REHABILITATIVE SVCS	\$27,698	-2.8%	\$28,320	2.2%	\$26,858	-5.2%
11 HOME HEALTH SERVICES	\$1,946	-13.9%	\$2,128	9.4%	\$2,281	7.2%
55 ATTENDANT SERVICES	\$10,939	-7.0%	\$10,819	-1.1%	\$12,709	17.5%
58 PRIVATE DUTY NURS	\$4,009	-23.2%	\$3,606	-10.0%	\$3,684	2.2%
59 PERSONAL CARE SER	\$3,812	-1.3%	\$3,633	-4.7%	\$3,989	9.8%
23 SWING BED	\$2,977	n/a	\$1,651	-44.6%	\$2,990	81.2%
36 DAY HEALTH	\$4,559	3.9%	\$4,549	-0.2%	\$4,723	3.8%
22 PHY. DISABLED WAIVER	\$21,568	6.4%	\$23,967	11.1%	\$28,401	18.5%
57 BME WAIVER	\$11,931	5.6%	\$12,018	0.7%	\$11,859	-1.3%
41 MEDICARE CROSSOVER-A	\$151	30.5%	\$133	-12.0%	\$121	-9.2%
50 MEDICARE CROSSOVER-B	\$473	11.3%	\$430	-9.2%	\$453	5.4%
BEHAVIORAL HEALTH SERVICES						
12 COMMUNITY SUPPORT SERVICES	\$4,566	18.7%	\$5,126	12.3%	\$5,009	-2.3%
26 BMR WAIVER	\$61,130	5.7%	\$62,323	2.0%	\$68,197	9.4%
28 MENTAL HEALTH	\$2,219	16.1%	\$2,493	12.3%	\$2,664	6.9%
35 DAY HABILITATION	\$11,479	13.5%	\$12,078	5.2%	\$12,866	6.5%
38 PSYCHOLOGICAL SVCS	\$543	2.2%	\$588	8.2%	\$683	16.2%
40 ICF/MR (BOARDING)	\$107,043	10.0%	\$113,159	5.7%	\$122,664	8.4%
48 SUBSTANCE ABUSE	\$861	1.6%	\$897	4.2%	\$1,113	24.0%
62 HOME BASED M-H	\$3,307	1.9%	\$3,473	5.0%	\$3,795	9.3%
66 DEVLOP/BEHAV CLIN SV	\$1,166	1.8%	\$1,364	17.0%	\$1,499	9.9%
XX AMHI/ BMHI DSH	n/a	n/a	n/a	n/a	n/a	n/a
OTHER MEDICAID SERVICE CATEGORIES						
15 TRANSPORTATION	\$568	0.6%	\$577	1.6%	\$615	6.5%
29 AMBULANCE	\$174	0.0%	\$173	-0.1%	\$173	0.0%
24 CASE MANAGEMENT	\$2,305	16.0%	\$2,691	16.7%	\$2,670	-0.8%
25 FAMILY PLAN-CLINIC	\$164	-4.4%	\$168	2.4%	\$179	6.3%
44 VD SCREENING	\$30	25.9%	\$29	-3.0%	\$27	-5.2%
65 EARLY INTERVENTION	\$4,703	17.6%	\$4,872	3.6%	\$5,048	3.6%
67 NON-TRADITIONAL PHP/SCHOOL REHAB	\$1,913	0.5%	\$1,642	-14.2%	\$1,635	-0.4%
52 HMO WAIVER	n/a	n/a	n/a	n/a	n/a	n/a
OTHER MEDICAID						
MEDICARE "PART B BUY-IN" PREMIUMS	n/a	n/a	n/a	n/a	n/a	n/a
THIRD PARTY (TPL) RECOVERIES	n/a	n/a	n/a	n/a	n/a	n/a
"CHIPS" MEDICAID EXPANSIONS	\$1,183	17.6%	\$1,455	23.0%	\$1,592	9.4%
MBCHP TREATMENT PROGRAM	n/a	n/a	n/a	n/a	\$8,444	n/a
TOTAL MEDICAID	\$6,831	6.4%	\$6,909	1.1%	\$5,274	-23.7%

MaineCare experienced a 20% increase in pharmaceutical spending. This increase is attributable to a number of factors: the use of new and expensive drugs, providers not always prescribing less expensive alternatives, an increased number of MaineCare eligibles, and the use of drugs to offset the side effects of other drugs.

Medicaid Outpatient Prescription Drug Spending

	SFY 97	SFY 98	Chg	SFY 99	Chg	SFY 00	Chg	SFY 01	Chg	SFY 02	Chg
Total Expenditures	\$98,964,628	\$109,697,688	10.8%	\$136,007,031	24.0%	\$169,025,957	24.3%	\$188,767,104	11.7%	\$213,476,720	13.1%
Drug Rebates	-\$17,206,484	-\$20,206,046	17.4%	-\$27,957,863	38.4%	-\$35,978,026	28.7%	-\$34,584,426	-3.9%	-\$45,983,732	33.0%
Drug Rebate Percentage	17.4%	18.4%		20.6%		21.3%		18.3%		21.5%	
Net Expenditures	\$81,758,144	\$89,491,642	9.5%	\$108,049,168	20.7%	\$133,047,931	23.1%	\$154,182,678	15.9%	\$167,492,988	8.6%
Members Receiving Drugs	141,220	144,205	2.1%	152,433	5.7%	155,714	2.2%	156,388	0.4%	178,206	14.0%
Total Expenditures Per Member	\$700.78	\$760.71	8.6%	\$892.24	17.3%	\$1,085.49	21.7%	\$1,207.04	11.2%	\$1,197.92	-0.8%
Net Expenditures Per Member	\$578.94	\$620.59	7.2%	\$708.83	14.2%	\$854.44	20.5%	\$985.90	15.4%	\$939.88	-4.7%
Number of Prescriptions	2,793,666	2,870,422	2.7%	3,114,155	8.5%	3,381,970	8.6%	3,518,199	4.0%	4,325,853	23.0%
Prescriptions per Member	19.8	19.9	0.6%	20.4	2.6%	21.7	6.3%	22.5	3.6%	24.3	7.9%
Expenditures per Prescription	\$35.42	\$38.22	7.9%	\$43.67	14.3%	\$49.98	14.4%	\$53.65	7.4%	\$49.35	-8.0%

The federal government pays a portion of every dollar spent on MaineCare covered services. The following table shows the percentages provided by the federal government and Maine State government over the past eight years and the rates expected for 2003 and 2004.

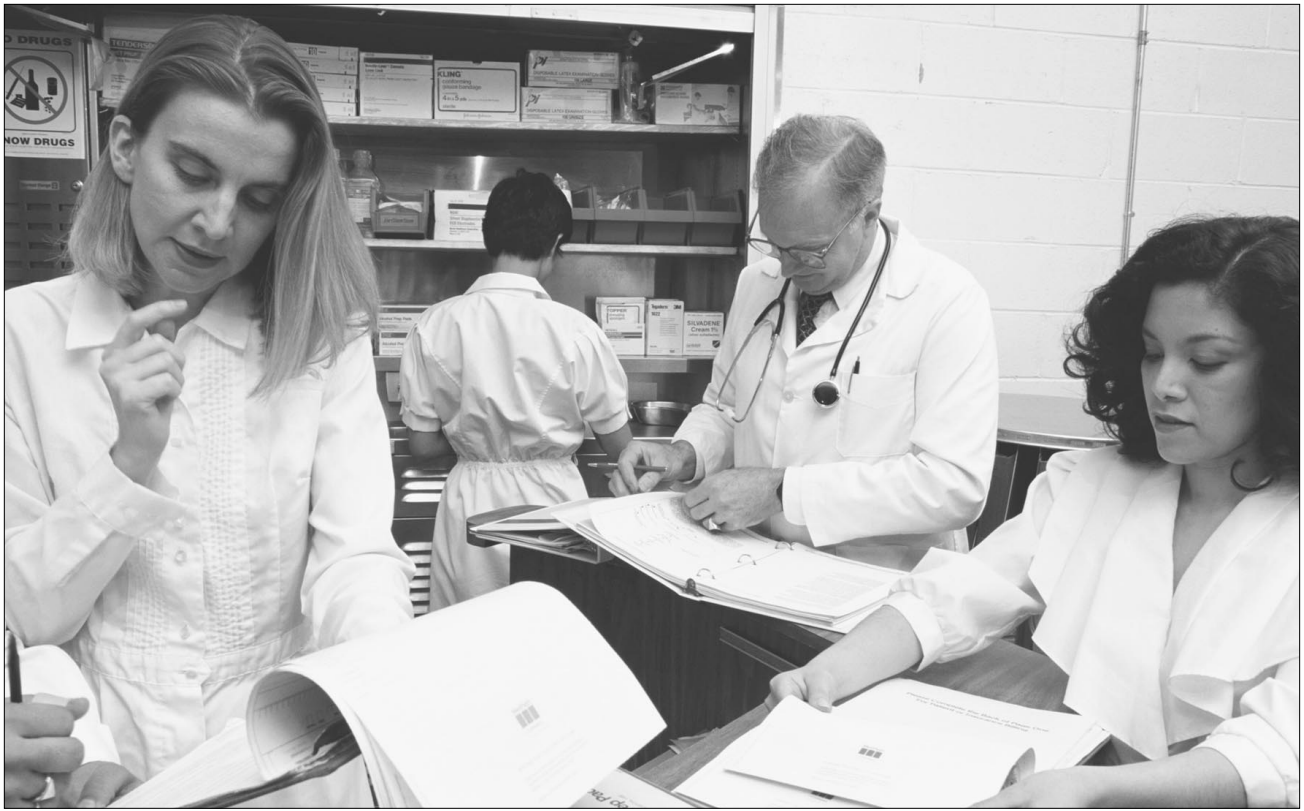
MaineCare Financial Participation Rates

	Medicaid		SCHIP	
	Federal	State	Federal	State
SFY 1994	61.96%	38.04%		
SFY 1995	63.30%	36.70%		
SFY 1996	63.32%	36.68%		
SFY 1997	63.72%	36.28%		
SFY 1998	66.04%	33.96%		
SFY 1999	66.40%	33.60%	76.48%	23.52%
SFY 2000	66.22%	33.78%	76.36%	23.64%
SFY 2001	66.12%	33.88%	76.28%	23.72%
SFY 2002	66.58%	33.42%	76.61%	23.39%
SFY 2003	66.22%	33.78%	76.35%	23.65%
SFY 2004	66.01%	33.99%	76.21%	23.79%

Provider Participation

MaineCare enjoys a high participation rate among most of the provider types in the State. All of the 37 acute care hospitals in Maine participate in MaineCare. Of these, 6 hospitals have elected to participate as a Critical Access Hospital. All but one Maine pharmacy provides services to MaineCare members.

Staff at the Bureau of Medical Services continues to recruit primary care providers (PCPs) to provide services under the managed care benefit. Participation by PCPs continues to be good. In addition, in order to increase access to services for MaineCare members, the Bureau has broadened the scope of providers who can be reimbursed for providing health care services. This includes enrolling advanced practice registered nurses and dental hygienists.



The Department employs a number of strategies to continue the participation rate it has enjoyed:

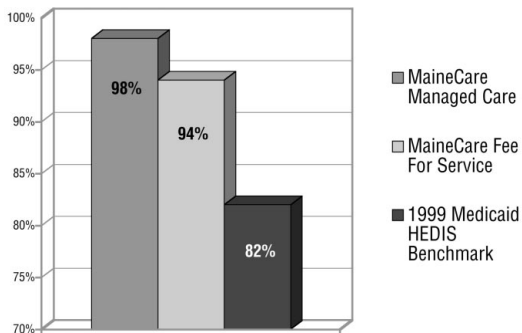
- Providers may call the MaineCare Provider Inquiry line and the Provider Relations Unit for policy interpretation and assistance with billing problems. Additional staff and a new phone system with expanded technical capabilities have been added as part of our continuing efforts to provide better service to providers.
- Providers may call the automated Voice Response system to verify eligibility, third party coverage and status of claims. Point of Service eligibility verification will be an added option early in 2003 for providers who choose to buy this service from the vendor who contracts with the Department. And when the Department's new claims processing system is in place, this same verification can be performed over the Web, in addition to submitting claims.
- Providers may request assistance from Department staff in educating members about the importance of keeping appointments and following provider instructions.

A variety of provider education sessions are hosted over the course of the year, including individual provider office meetings and group sessions to explain new policies and policy changes.

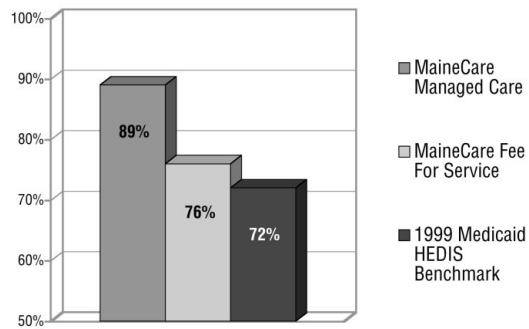
Focus On Quality

MaineCare Managed Care

MaineCare managed care is a primary care case management benefit operated by the Bureau of Medical Services. Enrollment in this benefit reached 112,766 in this fiscal year. The primary care provider network is comprised of 453 providers who provide a medical home for these members with medical coverage available 24 hours a day, 7 days a week. The May 2002 evaluation results of MaineCare managed care indicate that the performance of this benefits exceeded Medicaid benchmarks in all but one measure in 2000.



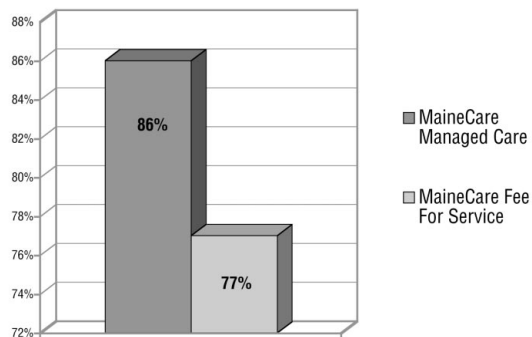
The graph above shows the percent of children age 12 to 24 months of age who received a visit with their primary care provider.



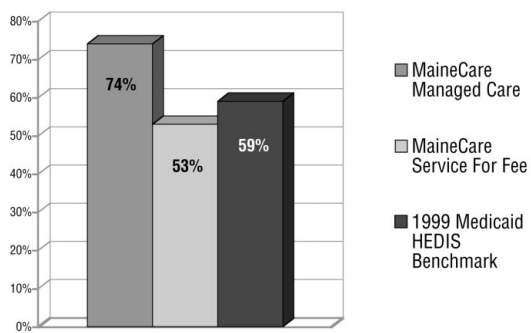
And for children age 25 months to 6 years, the graph above shows the percent that received a primary care provider visit.

One of the guiding principles of MaineCare managed care is to provide a “medical home” for members. The benefits of establishing this relationship with a primary care provider:

- ✓ Increases access to appropriate, preventative care
- ✓ Allows for timely, cost-effective episodic care
- ✓ Lessens inappropriate use of the emergency room, and
- ✓ Provides improved longitudinal care of chronic health conditions.



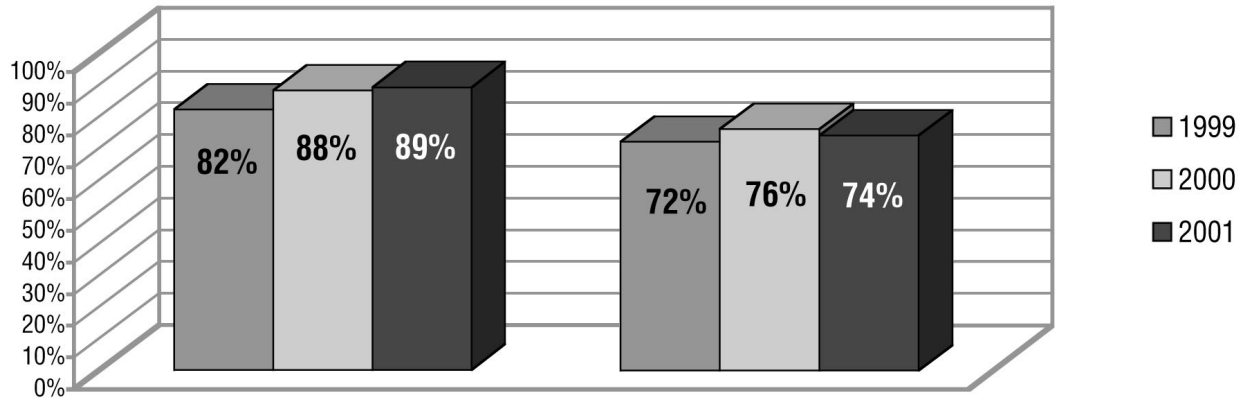
The graph above shows the percentage of members age 20 and over who received a preventive visit or ambulatory care visit. Managed care members have a greater utilization of these services over the MaineCare members receiving services on a fee-for-service basis.



To illustrate the experience of these members using this benefit in obtaining other preventive services, the above graph shows the percent of women age 21 to 64 who had an annual Pap test.

Adult Immunizations

In 1999, the Bureau of Medical Services began a yearly adult immunization survey of all long-term care facilities in Maine. This effort was designed to promote the use of pneumonia and influenza vaccine in nursing homes. Influenza rates have increased from 81% to 89% from 1998 to 2001. Pneumonia rates have drastically improved, moving from 27% in 1998 to 74% in 2001.



Pain Management

Enrollment in the Bureau's chronic pain management benefit has grown from 193 members in SFY01 to over 400 members in SFY02. The Bureau of Medical Services had identified over 1,200 MaineCare members who were receiving a narcotic prescription from three or more prescribers. In response to this discovery, the pain management benefit was created in 2001 to improve pain management and quality of life for MaineCare members and to improve their safety by reducing the risks of inappropriate narcotic use. A nurse in the Bureau of Medical Services has made over 2500 contacts with members this year to members who have voluntarily enrolled in this benefit.

Smoking Cessation

This year has seen a focus on increasing awareness of and participation among MaineCare members in smoking cessation activities. MaineCare enhanced its reimbursement to providers for smoking cessation counseling. Coverage of smoking cessation medications, including over-the-counter medications are covered by MaineCare. The Bureau has participated with Healthy Maine Partnerships to mail information to providers, MaineCare members and pharmacies.

Lead Testing

The Bureau has developed strategies to increase the level of lead testing for children with MaineCare. Mailings go out each year to families with children up to age 6 who have no claims history of a lead test. A BMS nurse reviews the Bright Futures documentation from primary care providers for 12 and 24 month olds to see if lead tests have been performed. And periodic notification for children up to 2 years old contains the pamphlet, "Keeping your Child Safe from Lead," which was developed with the Bureau of Health.

Families receive a personal phone contact from BMS staff when a provider indicates that a prescription has been given for a lead test. This contact is to provide education and offer assistance to the family. Ongoing provider education is provided to encourage the lead testing of MaineCare children.

Preparing for a New Claims Management System

MECMS

The Bureau of Medical Services is designing a new claims management system (MECMS). The Bureau is currently using a claims management system that was developed in the 1970's. The new system will allow for major operational improvements. It will allow web-based claims submission with up front data editing to speed payment and reduce administrative overhead. The system is expected to become operational mid-calendar year 2003.

Moving from Paper to Electronic Submission of Claims

Providers will still have the option of submitting paper claims, but are encouraged to consider electronic submission. Of the 5,963,597 non-pharmacy claims processed by the Bureau, 2,405,602 claims were submitted on paper. MECMS will allow the submission of claims individually by the web or electronically in batches.

A few examples of how this web-based system can make things easier are:

- Up front editing to reduce the number of denied and rejected claims.
- Providers will know right away if there is an error and can correct it immediately.
- All up front edits will be applied for each claim submitted, eliminating the possibility of correcting a single problem only to find later that there is still another error preventing payment.
- Providers will be able to do on-line adjustments.
- The provider or the Third Party Liability (TPL) Unit can void MaineCare claims that should have been billed to Medicare online.
- Providers will be able to submit a request for a prior authorization via the web.



HIPAA

This new system also provides the Bureau with an opportunity to integrate new federal requirements related to HIPAA (Health Insurance Portability and Accountability Act), including the use of standardized claim forms, coding and electronic data interfaces. Some business practices will have to change to meet these requirements:

- MECMS will be processing only three claim forms: UB-92, HCFA 1500 and the ADA dental claim form.
- The MaineCare Benefits Manual (formerly the Maine Medical Assistance Manual) is being changed to ensure the use of standardized codes. At times that will mean that rates will have to be reviewed to conform to the standardized descriptions of covered services. A Notice of State Agency Rulemaking will be published in major newspapers when changes are being made to procedure codes that are currently in MaineCare rules.
- Place of service codes will also change to the standard codes. BMS will provide a cross walk for providers prior to implementation.

- Diagnosis codes will almost always be required. ICD-9 codes defined in italics will no longer be allowed as a primary diagnosis.

MaineCare Provider Information

Provider enrollment information will need to be updated to make the system work.

- Providers have received a request for information to update the MaineCare provider files. Once MECMS is operational, providers will be able to update information through the web with the appropriate security access.
- Providers will be assigned a new provider ID that will not reflect Social Security or tax ID numbers.
- All licensed staff providing services will be enrolled as servicing providers. Other qualified staff, staff in licensed agencies that submit UB-92 claim forms, and staff in institutions will not be enrolled separately.
- If a provider chooses to bill via the web, the Bureau will assign one user ID. The provider will then control access to MECMS by assigning additional users in the organization. The Bureau will inform providers about the security policies and how MECMS uses security roles.

The Health Insurance Portability & Accountability Act of 1996 (August 21), Public Law 104-191, which amends the Internal Revenue Service Code of 1986. Also known as the Kennedy-Kassebaum Act.

The Administrative Simplification section requires:

1. Improved efficiency in healthcare delivery by standardizing electronic data inter change, and
2. Protection of confidentiality and security of health data through setting and enforcing standards.

More specifically, HIPAA calls for:

1. Standardization of electronic patient health, administrative and financial data.
2. Unique health identifiers for individuals, employers, health plans and health care providers.
3. Security standards protecting the confidentiality and integrity of “individually identifiable health information,” past, present or future.

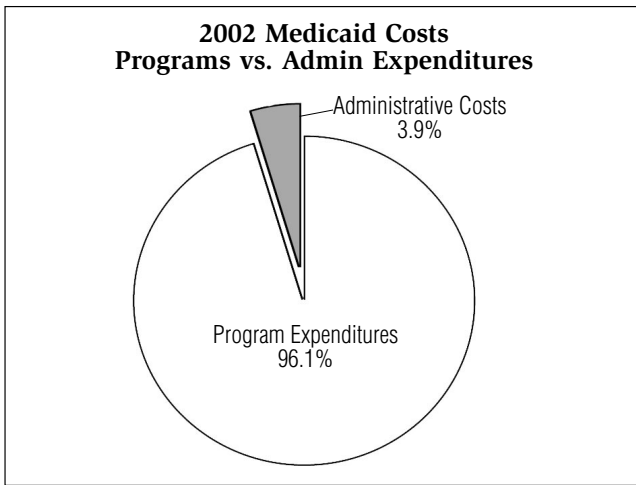


Operations and Organization

Just over 190 employees comprise the MaineCare operations staff at the Bureau of Medical Services. The Division of Licensing and Certification employs an additional 56 staff. A sample of activity in FY 2002:

- The Inquiry Unit, the first point of contact for most members and providers, responded to approximately 100,000 phone, e-mail, mail and fax inquiries.
- The Provider Relations Unit provided 184 individual provider visits and hosted 66 group provider training sessions this past year.
- The Policy Unit developed 31 sets of rules for the MaineCare Benefits Manual and processed them through the Administrative Procedures Act process for adoption by the Department.
- The MaineCare Program processed a total of 5,963,597 non-pharmacy claims. Of this number, 2,405,602 were paper claims; 2,731,075 were electronic claims and 826,920 represented MaineCare reimbursement after Medicare payment. In addition to the claims processed by DHS, the Department's contractor for pharmacy claims processed 5,417,551 pharmacy claims.
- The Third Party Liability Unit recovered \$15.5 million from other insurance companies that should have paid a bill that MaineCare initially paid.
- Approximately \$44.5 million in expenditures were avoided due to denied claims where other insurance should pay before MaineCare or where claims noted a third party payment.
- The Department received \$45.4 million in drug rebates. After returning the federal share, \$15.1 million remained with the State.
- The Surveillance and Utilization Review Unit identified over \$6.2 million of overpayments due MaineCare.
- The Case Mix Unit held a number of training sessions and provider visits this year:
 - 29 MDS training sessions were held with 246 attending.
 - 41 MDS-RCA sessions were held with 371 attending.
 - 421 nursing facilities were visited. The average error rate (inaccurate MDS reporting) 11.7%
 - 271 residential care facilities were visited and the average error rate was 19.1% (second year of implementation)
- The CNA registry lists nearly 38,500 certified nursing assistants.
- The Division of Licensing and Certification reviewed over 70 new providers.
- Staff in the Division of Licensing and Certification responded to 1,107 complaints (161 for hospitals, 39 for home health agencies, 68 regarding assisted living facilities in NFs; 28 for ICFs/MR, 659 regarding NFs, 149 for residential care facilities, 2 regarding dialysis units and 1 regarding a lab.)

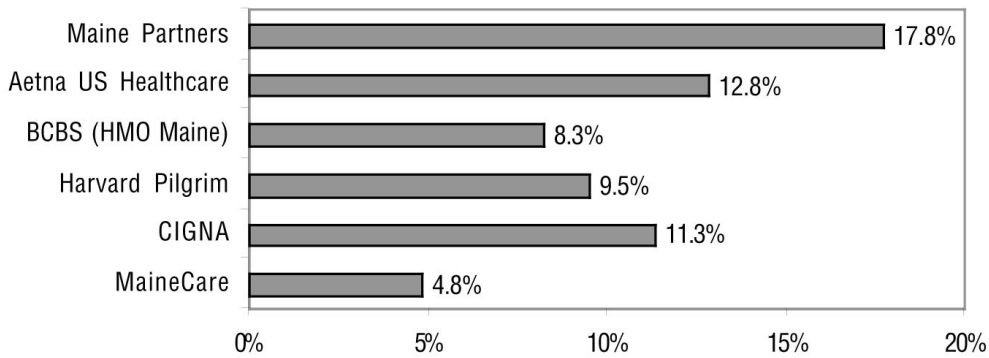




In addition to the \$1.4 billion in expenditures for health care services, \$54,910,863 was expended to administer the MaineCare Program. This represents 3.67% of total MaineCare spending.

Using the most recent administrative percentages available (2001) from the Bureau of Insurance, the following table compares the 2001 MaineCare administrative costs with insurance carriers in Maine.

2001 Administrative Cost Percentage



Organization

The Bureau of Medical Services is one of five Bureaus in the Department of Human Services. DHS is the single state agency responsible for administering the MaineCare Program. The Bureau of Medical Services has five overall functional divisions:

Division of Policy and Provider Services

The Division of Policy and Provider Services is responsible for research and developing coverage for, and access to, a comprehensive array of health and social services for MaineCare members and other individuals of low income. It provides general MaineCare information and research assistance to all callers to the Bureau of Medical Services. It is also responsible for enrolling providers and for providing information, education and assistance to providers and consumers relative to MaineCare and other State health care coverage policy.

Division of Quality Improvement

The Quality Improvement Division takes the lead in determining and tracking quality indicators to ensure services and benefits meet established standards of medical necessity and are beneficial to the member. This Division is responsible for Maine’s Case Mix system and for the medical eligibility of certain MaineCare members. This Division manages the MaineCare managed care benefit and the Department’s pharmacy benefits, as well as the Medical Eye Care benefit. The Division handles prior authorizations for certain medical services and items of durable equipment, as well as services provided out of state. The Division is also responsible for monitoring provider and member compliance with MaineCare policies and regulations.

Division of Research and Resource Development

The Division of Research and Resource Development coordinates the Bureau's research and training initiatives and assists with special projects. It performs the research, analysis and reports from information extracted from the Bureau's data warehouse, in order to assist in evaluating the effectiveness of the programs and services the Bureau provides. The Division is also responsible for training BMS staff and other agency staff in how to retrieve data from the Bureau's data warehouse, for coordinating the Bureau's interns and notifying Bureau staff of training opportunities offered in house and by other agencies and organizations across the State.

Division of Financial Services

The Division of Financial Services has primary responsibility for managing the financial functions of the Bureau and is responsible for preparing and managing the MaineCare budget. This Division is responsible for enforcing State and Federal third party liability rules designed to ensure MaineCare is the payer of last resort and it is responsible for managing the drug rebates. The Division ensures that claims are processed accurately and timely which includes: microfilming and scanning claims, resolving suspended claims and adjusting paid claims. This Division also administers Maine's Certificate of Need Act.

Division of Licensing and Certification

The Division of Licensing and Certification is responsible for enforcing State licensure standards and Federal Medicare/Medicaid certification requirements for over 2400 providers and suppliers. It registers complaints in regard to the facilities and agencies it licenses. The Division also operates the Maine Registry of Certified Nursing Assistants and certifies laboratories under the Comprehensive Laboratory Improvement Amendments of 1988 (CLIA).

The MaineCare Advisory Committee (MAC)

Federal and State regulations require the establishment of a Medicaid advisory Committee to advise the Medicaid agency director about health and medical services. In Maine, this requirement is met through the MaineCare Advisory Committee. The MAC meets on the first Tuesday of the month at the DHS offices in Augusta.

During SFY 2002, the MAC was comprised of the following individuals, from consumer and provider organizations:

Ann Woloson, Consumers for Affordable Health Care	Ellie Goldberg, Maine Children's Alliance
Christine Hastedt, Maine Equal Justice Project	Gordon Smith, Maine Medical Association
Barbara Ginley, Women's Lobby	Mary Meyhew, Maine Hospital Association
Helen Bailey, Maine Advocacy Services	Kevin Lewis, Maine Ambulatory Care Coalition
Carol Carothers, NAMI Maine	Vicki Purgavie, Home Care Alliance of Maine
Robert Philbrook, MAIN	Ronald Welch, Maine Association of Mental Health Services
Winifred York, AARP	Becky Brush, R.Ph., Maine Pharmacy Association



Maine Department of Human Services
Bureau of Medical Services