

# Maine

**Total Medicaid Enrollment:** 258,163 ("point-in-time" monthly enrollment counts for December 2006)

Source: <http://www.statehealthfacts.org>

**Total Population:** 1,317,207 (July 2007)

Source: Source: Population Division, U.S. Census Bureau  
<http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>

For Maine specific information, visit Maine's Medicaid Website:

<http://www.maine.gov/bms/>.

## Medicaid Eligibility

Maximum Income Limits for Populations Applying for Medicaid as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Infants (Ages 0 – 1)	200
Children (Ages 1 – 5)	150
Children (Ages 6 – 19)	150
Working Parents <sup>1</sup>	206
Non-Working Parents <sup>2</sup>	200
Pregnant Women	200
Aged and Disabled (OBRA '86), 2001	100
Supplemental Security Income, 2000	74
Medicaid expansion group (1115 waiver):	
Childless Adults	100

Source: [www.statehealthfacts.org](http://www.statehealthfacts.org)

## State Children's Health Insurance Program (SCHIP)

SCHIP coverage applies to uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum SCHIP income limits.

**Total SCHIP Enrollment:** 13,346 ("point-in-time" monthly enrollment counts, June 2007)

Source: [www.statehealthfacts.org](http://www.statehealthfacts.org)

Structure of SCHIP As of August 21, 2007		
Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/SCHIPStatePlanActivityMap.pdf>

<b>Maximum Income Limits for Children’s Separate SCHIP Program as a Percentage of Federal Poverty Guidelines, 2008</b>	
<b>Population Segment</b>	<b>%</b>
Income Eligibility – Separate SCHIP Program	200

Source: [www.statehealthfacts.org](http://www.statehealthfacts.org)

### *Services Covered*

For information about the services covered by Medicaid, visit the Kaiser Family Foundation’s Medicaid Benefits Online Database: [www.kff.org/medicaid/benefits](http://www.kff.org/medicaid/benefits).

### *Delivery System Description*

<b>Medicaid Enrollment by Delivery System Type, as of June 30, 2006</b>		
<b>Delivery System</b>	<b>#</b>	<b>%</b>
Fee-for-Service	81,090	34
Managed Care	162,397	66
<b>Total</b>	<b>243,487</b>	<b>100</b>

Source: [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04\\_MdManCrEnrllRep.asp](http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp)

<b>Medicaid Enrollment by Managed Care Program Type, as of June 30, 2006</b>	
<b>Managed Care Program</b>	<b>#</b>
Commercial MCO <sup>2</sup>	0
Medicaid-only MCO <sup>3</sup>	0
Health Insuring Organization <sup>4</sup>	0
Primary Care Case Management <sup>5</sup>	162,397
Prepaid Inpatient Health Plan <sup>6</sup>	0
Prepaid Ambulatory Health Plan <sup>7</sup>	0
PACE <sup>8</sup>	0
Other <sup>9</sup>	0

Source: [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04\\_MdManCrEnrllRep.asp](http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp)

Notes: Individuals can fall within more than one type of managed care program type.

### *Federal Matching Rate (FMAP)*

<b>FMAP<sup>10</sup> for Medicaid and Multiplier<sup>11</sup></b>
<b>FY 2008</b>
63.31%

Source: [www.statehealthfacts.org](http://www.statehealthfacts.org)

### *Rural Information*

The information below defines “Urban” as residing in a metropolitan county and “Rural” as residing in a non-metropolitan county.

**Current Population Survey Data**

<b>Percent of Residents Enrolled in Medicaid, by Age and Rurality</b>		
<b>Age</b>	<b>Urban % on Medicaid</b>	<b>Rural % on Medicaid</b>
0 – 18	26.9	33.4
19 – 64	12.9	18.2
65 and Over	11.8	15.3

Source: Current Population Survey, 2005 - 2006

County level data is not available on Maine’s website.

**Critical Access Hospitals (CAH)**

	<b>Yes</b>	<b>No</b>
CAH Cost Base for Medicaid Patients?	X	

Source: Matthew Chandler, Maine Flex Coordinator, 2008.

**State Plan Amendment under the Deficit Reduction Act of 2005 (DRA)**

The DRA allows states to introduce “benchmark” benefit plans that cover different Medicaid services for different eligibility groups or geographic areas of the state. The following information is based upon the state’s response in their Benchmark Benefit Package State Plan Amendment under the DRA and identifies if the state’s amendment varies Medicaid services geographically. Additional information is available in the state’s approval package at [http://www.cms.hhs.gov/DeficitReductionAct/03\\_SPA.asp](http://www.cms.hhs.gov/DeficitReductionAct/03_SPA.asp).

<b>Do the services vary geographically?*</b>	<b>Additional detail</b>
Unknown	Information not available on CMS’ website.

Source: State Plan Amendment submitted under transmittal number SC07-012.

\*Response to question A.c. (Geographical Classification) of the State Plan Amendment.

<sup>1</sup> Parents’ eligibility levels are based upon the income threshold applied to a working parent in a family of three.

<sup>2</sup> A commercial managed care organization (MCO) provides comprehensive services to Medicaid and commercial and/or Medicare populations.

<sup>3</sup> A Medicaid MCO provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare populations.

<sup>4</sup> CMS defines a Health Insuring Organization (HIO) as “a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs.”

<sup>5</sup> CMS defines a Primary Care Case Management (PCCM) provider as: “a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered

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primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as “primary care case managers.”

<sup>6</sup> CMS defines a Prepaid Inpatient Health Plan (PIHP) as a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise have responsibility for provision of any inpatient hospital institutional services.” States can offer PIHPs for medical services, mental health, substance abuse disorders, or long-term care services.

<sup>7</sup> CMS defines a Prepaid Ambulatory Health Plans (PAHP) as a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and does not provide, arrange for, or otherwise have responsibility for provision of any inpatient hospital or institutional services.” States may offer PAHPs for medical services, mental health, substance abuse disorders, dental, transportation or disease management.

<sup>8</sup> CMS defines the Program for All-inclusive Care for the Elderly (PACE) as a “program that provides prepaid, capitated comprehensive, health care services to the frail elderly.”

<sup>9</sup> CMS categories managed care organizations as “other” if it is “not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO or PACE.”

<sup>10</sup> The Federal Medical Assistance Percentage (FMAP) is computed from a formula that takes into account the average per capita income for each State relative to the national average. By law, the FMAP cannot be less than 50%.

<sup>11</sup> The multiplier is based on the FMAP. For every dollar the state spends on Medicaid, the federal government matches at a rate that varies year to year.