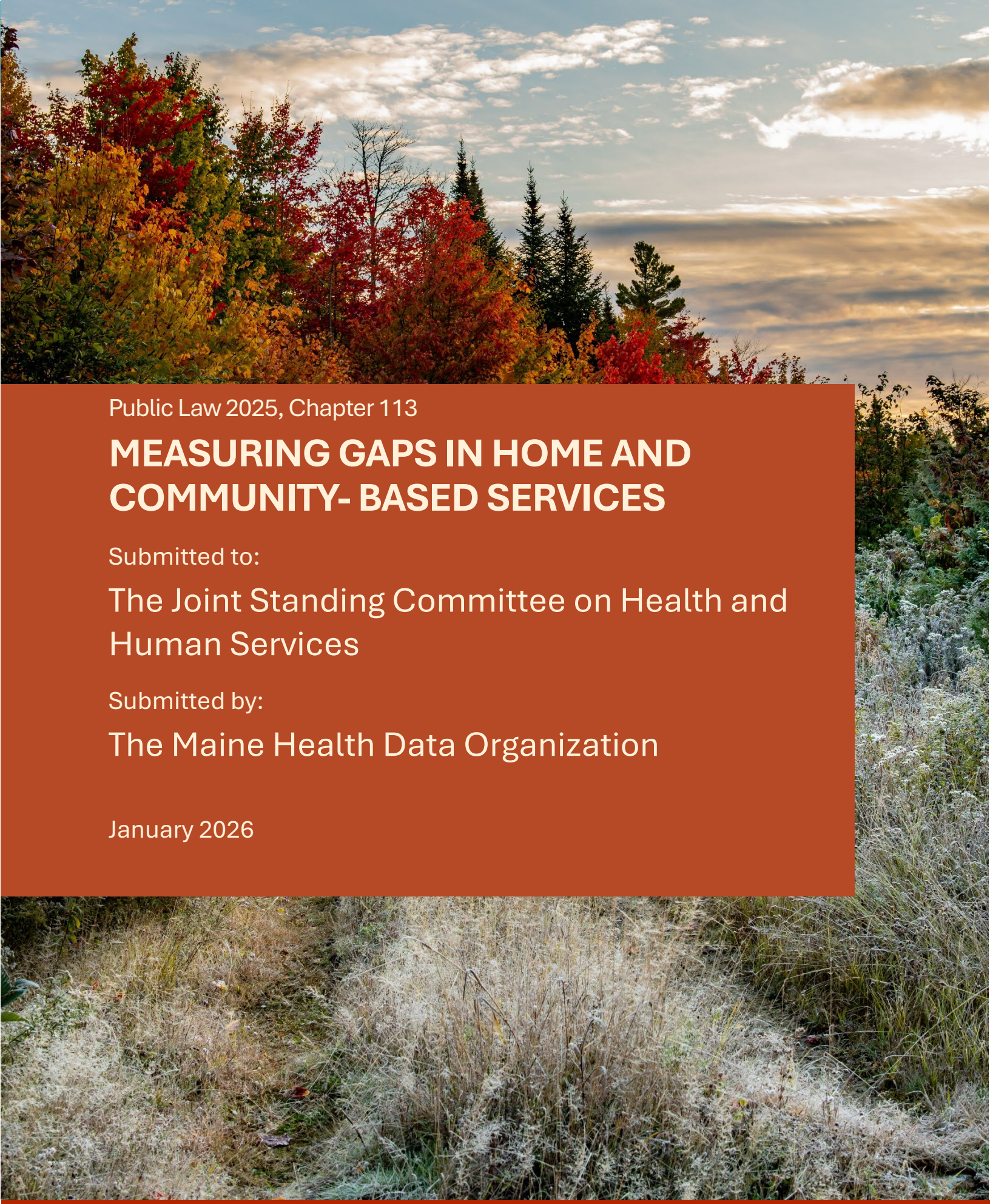

Public Law 2025, Chapter 113

MEASURING GAPS IN HOME AND COMMUNITY- BASED SERVICES

Submitted to:

The Joint Standing Committee on Health and Human Services

Submitted by:

The Maine Health Data Organization

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Overview

Public Law 2025, Chapter 113 (L.D. 977), *Resolve, Requiring the Maine Health Data Organization to Develop a Plan for Measuring Gaps in Home and Community-based Services*, requires the Maine Health Data Organization (MHDO) to develop a plan for annual measurement of the State's Home and Community-Based Services (HCBS) care gap, using claims and care authorization data that currently exists. As used in this Resolve, the phrase "care gap" refers to the difference between the home and community-based services (HCBS) individuals are authorized to receive vs. the actual services received under specified MaineCare benefits, and programs under the Office of Aging and Disability (OADS). See Table 1 and Table 2 for the specific list of services and programs.

MHDO must submit its report to the Joint Standing Committee on Health and Human Services by January 15, 2026. The report should include the identification of available data, data gaps, and the estimated costs for creating and implementing an annual measurement of the care gap that meets federal reporting requirements. MHDO may also include in the report recommendations regarding responsibilities for ongoing data collection, tracking, and reporting.

MHDO consulted with the Department of Health and Human Services in the development of this report.

Federal Reporting Requirement

The Resolve requires that the annual measurement plan meet the requirements in the federal HCBS Access Rule (part of the "Ensuring Access to Medicaid Services" rule)[1]. This comprehensive rule is structured to strengthen Medicaid Home & Community-Based Services, and to shift away from institutional care to high-quality care provided in people's homes and communities. The provisions that are applicable to this Resolve include 42 CFR §440.180[2] and 42 CFR Part 441.311(d)(2)(ii) that requires states to report on the "**Percent of authorized hours** for homemaker services, home health aide services, personal care services, and habilitation services… **that are provided within the past 12 months**".

Existing Data Elements

Part I - OMS

For the MaineCare sections of policy with HCBS (see Table 1), both the claims and or the required care authorization data are available from the Office of MaineCare Services (OMS) vendor Gainwell Technologies ("Gainwell"). Sections 23 and 26 of MaineCare policy, do not require prior authorization for services, as such the "care gap" as defined in the Resolve cannot be calculated. The existing data stored in Gainwell allows for the aggregate

[1] The HCBS Access Rule related reporting begins July 2027.
[2] 42 CFR §440.180 Home and community-based waiver, includes 1915c waiver programs. In Maine these 1915c waiver programs include MaineCare sections 18, 19, 20, 21, 29 and eventually the Lifespan waiver program (see Table 1).

reporting on total service hours authorized (by each section of policy) and the total amount of services provided based on claims paid for the authorized services.

Table 1. LD 977 MaineCare Policy Sections and Data Systems

Section of Policy	Subject to Access Rule	Prior Authorization (PA)		Utilization/ Billing	Data Available in Claims Payment System (Gainwell)
		Responsible Party	Data System	Data System	
PAs Managed by the Office of Aging and Disability Services (OADS)					
Lifespan (New)	Yes	Community Resource Coordinator	Evergreen	Maine Integrated Health Management System (MIHMS)/Evergreen	PA and Claims
12	No	Service Coordination Agency (SCA)	MeCare	MIHMS	PA and Claims
18	Yes	Care Coordinator	Evergreen	MIHMS/Evergreen	PA and Claims
19	Yes	SCA creates PA	MeCare	MIHMS	PA and Claims
20	Yes	Care Coordinator	MeCare	MIHMS	PA and Claims
21	Yes	Case Manager	Evergreen	MIHMS/Evergreen	PA and Claims
29	Yes	Case Manager	Evergreen	MIHMS/Evergreen	PA and Claims
96	No	SCA	MeCare	MIHMS	PA and Claims
PAs Managed by the Office of Behavioral Health (OBH)					
17	No	Mental Health Provider	Atrezzo	MIHMS	PA and Claims
65	No	Mental Health Provider	Atrezzo (when applicable*)	MIHMS	PA and Claims
PAs Managed by the Office of MaineCare Services (OMS)					
23	No	Not Required*	N/A	MIHMS	Claims
26	No	Not Required*	N/A	MIHMS	Claims
28	No	Varies	Atrezzo	MIHMS	PA and Claims
40	No	Varies	MECARE, PA Unit, DSRU	MIHMS	PA and Claims
92	No	Service Provider	Atrezzo	Vendor Management System (VMS) Portal	PA and VMS Portal

*Services under MaineCare sections 23 and 26, and certain services covered under section 65 do not require PA for services and are therefore not included in the care gap measurement planning.

Recommendations

One option for consideration, which may be the most efficient approach, is for the OMS to work with Gainwell[3] and the MHDO to create a supplemental file to report on the HCBS care gap for the sections of policy identified in Table 1. This file would include the authorization data elements needed for MHDO to link this data with the claims and eligibility data Gainwell currently submits to MHDO on behalf of the OMS (per the requirements in 90-590 Chapter 243, *Uniform Reporting System for Health Care Claims Data Sets*). With the authorization, claims, and eligibility data, MHDO would have the data necessary to calculate the care gap. MHDO already has the data governance framework and existing infrastructure to securely integrate multiple data streams, manage and store the data, and develop dashboards to display key data points over time. MHDO is well positioned to produce a Care Gap Report on behalf of the OMS. All costs associated with the proposed work and the timing for the first report would be determined once the scope of work is defined and agreed to by the parties.

Part II -OADS

For the Office of Aging and Disability (OADS) sections of policy (61, 63, 68, and 69), beneficiaries cannot be eligible for duplicative MaineCare services.[4] Neither claims nor prior authorization data exist for these programs. These sections of policy rely upon a different process and documentation to determine eligibility for services. In place of prior authorization, Assessing Services Agencies (ASA) utilize a State provided Medical Eligibility Determination (MED) Form[5], and in place of a claim, contracted vendors submit monthly invoices to the OADS for approval or receive monthly cost-settled payments. The Maine Department of Administrative and Financial Services (DAFS) then process the invoices and payments.

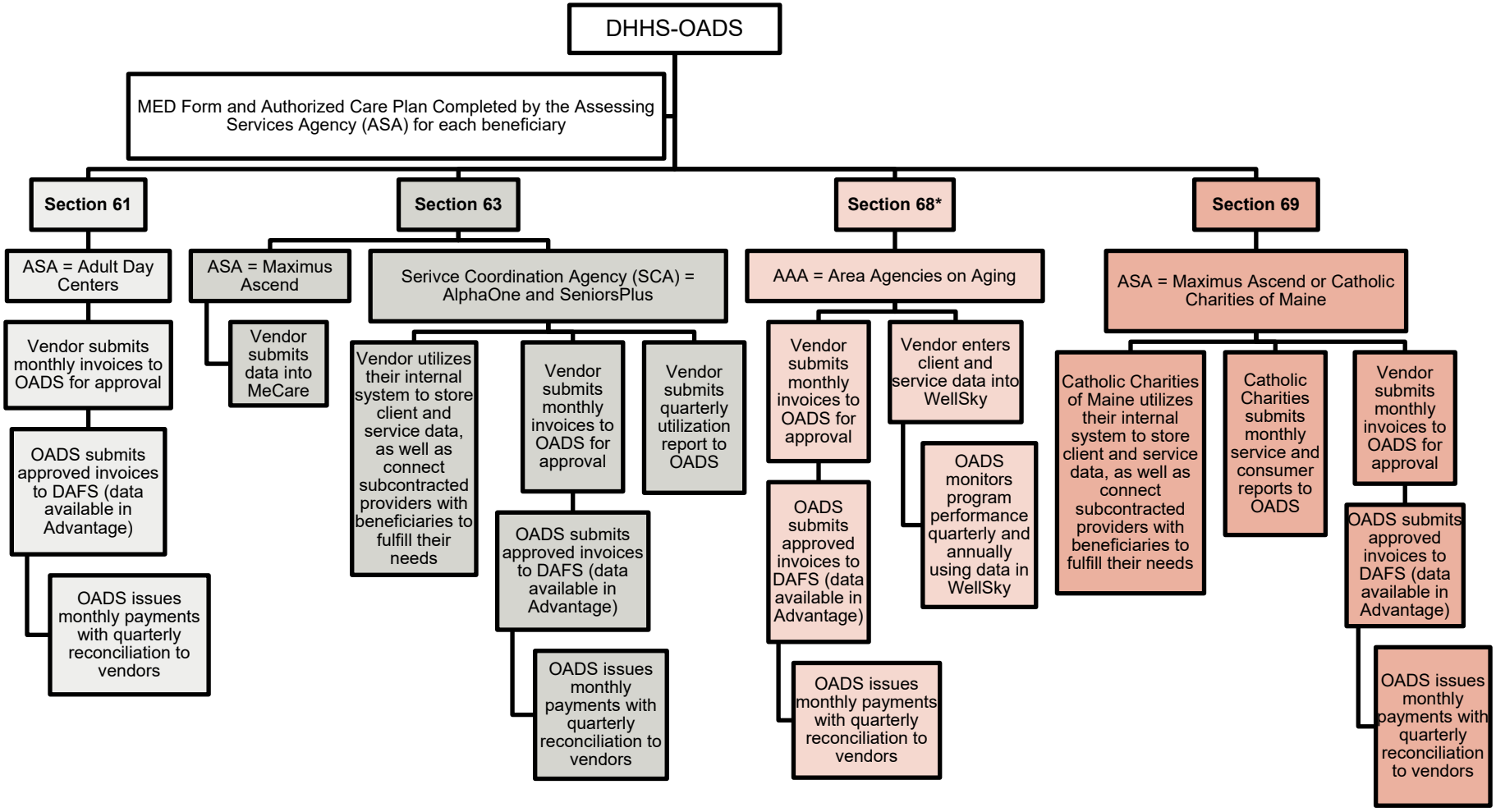
Given this structure, there is not a single entity that stores all the data elements required to calculate the care gap for the specified sections of the OADS policy. There are several departments within state government, as well as different contracted vendors and subcontracted providers that maintain various data elements in disparate systems (see Chart 1 and Appendix C). In addition, person level data on eligible services (Authorized Care Plans) and associated payments are not collected or reported to the State; instead, contracted agencies and providers submit aggregated monthly invoices and quarterly utilization reports. To accurately report on the care gap for these programs, modifications to the current data tracking, collection, and reporting structures are necessary. See Table 2 for the list of specific sections of the OADS policy.

[3] The Office of MaineCare Services plans to go out to bid for a new system, and as of Spring 2026, anticipates that there will be a freeze on future change requests during this procurement process.
[4] Sections 61, 63, and 69 are State-funded Long-Term Support Services (LTSS). Section 68 is supported by both State and Older Americans Act Funds.
[5] Area Agencies on Aging, under Section 68, complete a separate eligibility form, not the MED Form.

Table 2. LD 977 10-149 C.M.R. Chapter 5 OADS Policy Sections and Data Systems

Section of Policy	Subject to Access Rule	Medical Determination Form		Utilization/Billing Data System
		Responsible Party	Data Systems	
61	No	Vendor (Adult Day Center)	N/A	Advantage (State of Maine)
63	No	Maximus Ascend (ASA), SCAs (AlphaOne and SeniorsPlus)	MeCare	Provider submitted quarterly member utilization report, Advantage
68	No	Area Agencies on Aging	WellSky	WellSky, Advantage, provider submitted monthly service and consumer reports
69	No	Maximus Ascend, Catholic Charities of Maine	Vendor System	Advantage, provider submitted monthly service and consumer reports

Chart 1. Flowchart for 10-149 C.M.R. Chapter 5 OADS



*Section 68: AAAs screen for eligibility and complete Authorize Care Plans. They are not officially considered an ASA as they do not utilize the State provided MED Form.

Recommendations

One option for consideration, which may be the most efficient approach, is for the OADS to work with its vendors and the MHDO to create a uniform reporting system for submitting key data elements to report on the HCBS care gap for the sections of policy identified in Table 2. These data elements would be pulled from the MED Form, Authorized Care Plan, invoiced payment data, and utilization reports. Based on our findings, modifications likely need to be made to the current vendor contracts regarding data collection structure, including but not limited to:

- Date of completion for the MED Form/Authorized Care Plan with identifying or anonymized participant code (these participants do not have a MaineCare number)
- City, State, and Zip Code information for participants to report on geographic variations
- Number of authorized hours per participant as designated in their care plans
- Indication of which participants were served each month
- Number of hours delivered to each participant each month

With both the authorization and payment data at the beneficiary level, MHDO would have the granular-level data needed to calculate the care gap. MHDO already has the data governance framework and existing infrastructure to securely integrate multiple data streams, manage and store the data, and develop dashboards to display key data points over time. MHDO is well positioned to produce a Care Gap Report on behalf of the OADS. All costs associated with the proposed work and timing for the release of the first round of reporting would be determined once the scope of work is defined and agreed to by the parties.

Conclusion

The Resolve requires the MHDO to develop a plan for annually measuring the State's Home and Community-Based Services (HCBS) care gap, using claims and care authorization data that currently exists. The "care gap" means the difference between the home and community-based services individuals are authorized to receive and the services they actually received.

For the OMS services identified in the Resolve that include care authorization and claims data, the path towards creating a plan for annually measuring the care gap is relatively straightforward given how the necessary data elements are currently stored and can be accessed.

The same is not true for the OADS services identified in the Resolve for several reasons. The data necessary to calculate the care gap for these services do not currently exist because the information for these services is not reported at the individual level. However, the OADS currently produces an annual report, *Efforts and Progress in Implementing the Recommendations of the Commission to Study Long-term Care Workforce Issues*, which includes data on MaineCare sections 12, 19, and 96, as well as OADS chapter 5 sections 63 and 69. The data elements in this report reflect the unduplicated number of members served and the percentage of members receiving less than all Personal Support Services (PSS) and nursing hours authorized by the state. Although this information is meaningful, it does not meet the granular definition of the care gap as defined in the Resolve.

It is possible to create a plan to measure the care gap for the OADS services, but modifications to the reporting requirements are necessary for the contracted vendors delivering these services.

Lastly, the costs associated with the annual reporting of the care gap for both the OMS and OADS HCBS have not yet been determined due to several external factors, including the complexities of modifying vendor contracts. If the care gap measurement becomes a State mandated reporting requirement, MHDO is well positioned to take this on under the direction of the Maine Department of Health and Human Services and with the necessary funding.

Appendix A: Glossary

- **Advantage –** Internal state system involved with payment for State funded programs.
- **Area Agencies on Aging (AAA) –** The entity that authorizes the services for the OADS chapter 5 section 68. Members are evaluated by AAA to determine their eligibility for program participation and the level of benefits they qualify for at any given time.
- **Assessing Services Agency (ASA) –** Local agencies designated by the State that support the OADS programs.
- **Atrezzo –** Data system used to manage services for mental or behavioral health programs.
- **Delivery System Reform Unit (DSRU) –** The team within the OMS responsible for developing, implementing, and overseeing how services are delivered to individuals.
- **Evergreen –** Owned by FEI Systems, a vendor retained to operate the system on their behalf to operate a case management system for select the OADS programs.
- **Gainwell –** The Office of MaineCare Services technology vendor.
- **Home and Community-Based Services (HCBS) –** A set of supports provided to older adults and individuals with disabilities to help them live independently in their homes and communities rather than in institutional settings like nursing homes.
- **MeCare –** The State-owned system used to manage, track, and deliver services under MaineCare.
- **Maine Integrated Health Management System (MIHMS) –** The State system used to administer the MaineCare program.
- **Office of Aging and Disability Services (OADS) –** As part of Maine DHHS, this Office oversees programs and services that support older adults and adults with disabilities.
- **Office of Behavioral Health (OBH) –** As part of Maine DHHS, this Office oversees the delivery of mental health and substance use services across the State.
- **Office of MaineCare Services (OMS) –** As part of Maine DHHS, this Office administers the State's Medicaid program, MaineCare.
- **Prior Authorization (PA) –** A process by which confirmation is obtained that a MaineCare member is eligible for a specific covered service, and approval is granted to the provider to deliver services before that service is rendered.
- **Service Coordination Agency (SCA) –** An organization responsible for helping individuals access, coordinate, and monitor services that support their health, safety, and independence—especially for those receiving long-term services and supports through programs like MaineCare. The State coordinates with SCA's and they provide section 19 Medicaid funded services.
- **WellSky –** The technology platform the State provides to AAAs.

Appendix B: Background and Context

In 2024, the Centers for Medicare and Medicaid Services (CMS) issued the *Ensuring Access to Medicaid Services (Access Rule)* final rule, establishing multiple requirements for states to improve access to care for individuals receiving Medicaid HCBS.

The OADS at DHHS partnered with Alvarez & Marsal to determine how to improve systems and meet reporting requirements established in the Access Rule. Their report included recommended timelines for updates to data systems, including completing information technology (IT) development, enhancements, and integration in 2026 and completing rulemaking and policy guidance updates in 2027 to meet the timeliness reporting requirements due date of 2027.

Maine Health Data Organization (MHDO)
MHDO was created by the Legislature in 1995 as an independent executive agency that operates under the supervision of a multi-stakeholder Board of Directors. The Governor appoints members of the Board, which includes representation from payers, hospitals, providers, consumers, employers, and government.

Purpose

MHDO's mandate, described in Title 22, Ch. 1683, is to create and maintain a useful, objective, reliable, and comprehensive health information data warehouse that is used to improve the health of Maine citizens and to promote transparency of the cost and quality of health care in the State of Maine, in collaboration with the Maine Quality Forum.

MHDO is responsible for the collection, storage, management, and release of healthcare data, which includes claims data from public and commercial payors, prescription drug pricing data, hospital inpatient and outpatient encounter data, hospital quality data, and hospital financial and organizational data. MHDO maintains over 1 billion healthcare records and that number grows every month as new data is submitted. For decades, MHDO's data has been an important data source for a broad set of authorized data users in their analysis of health care costs, utilization, and outcomes in the state of Maine.

Appendix C: Mapping Current Data Systems

The tables below identify the systems in which currently available MaineCare and the OADS data are contained specific to the policies identified in the Resolve.

MaineCare Services

The offices overseeing MaineCare services utilize three separate Prior Authorization (PA) data systems that are integrated into Gainwell (see Table C-1). However, Sections 23 and 26 do not require prior authorization; Section 65 includes some services that require PA and others that do not; and Section 40 uses multiple systems to approve and track authorizations, including MeCare, the PA Unit, and Delivery System Reform Unit (DSRU).

Table C-1. MaineCare Prior Authorization Data Systems

PA System	State System or Contracted	Office	Sections of MaineCare
Atrezzo	Contracted	OBH, OMS	17, 28, 65 (when applicable), 92
Evergreen	Contracted	OADS	18, 21, 29, Lifespan
MeCare	State	OADS	12, 10, 20, 96 (when applicable)

As demonstrated in Table C-2, most utilization and billing data for MaineCare claims are tracked in MIHMS, also available in Gainwell. Evergreen consumes MIHMS data, and service utilization data may be available in Evergreen.

Table C-2. MaineCare Billing and Utilization Data Systems

Billing and Utilization System	State System or Contracted	Office	Sections of MaineCare
MIHMS	State	OADS, OBH, OMS	12, 17, 18, 19, 20, 21, 23, 26, 28, 29, 40, 65, 96, Lifespan
Evergreen	Contracted	OADS	18, Lifespan
Vendor Management System (VMS) portal in Gainwell	Contracted	OMS	92

OADS Chapter 5 Services

Participants in the programs under OADS Ch. 5 (Sections 61, 63, 68, and 69) cannot be eligible for duplicative MaineCare services. For services in these sections, neither the MED Form nor utilization data are ingested into the Gainwell or MIHMS/Evergreen systems. Multiple agencies provide these services to beneficiaries and report utilizing separate systems or individual vendor invoices (see Table C-3).

Table C-3. OADS Ch 5 Eligibility Data Systems

Data System	State System or Contracted	OADS Ch. 5 Section
Vendor System (Adult Day Center)	Contracted	61
MeCare	State	63
WellSky	Contracted	68
Vendor System (Catholic Charities)	Contracted	69

Section 68 billing and utilization information is entered in WellSky by each one of the five Area Agencies on Aging (AAA): Aroostook Area Agency on Aging, Eastern Agency on Aging, Spectrum Generations, SeniorsPlus, and Southern Maine Agency on Aging, and tracked by OADS.

Sections 61, 63, and 69 for utilization of services are tracked by the OADS through monthly vendor invoices or quarterly utilization reports.

Total dollars paid from Sections 61, 63, 68, and 69 are processed through Advantage, the State's accounting system.