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April 27, 2021

Senator Ned Claxton, Chair
Representative Michelle Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 1543 – *An Act To Improve and Modernize Home-based Care*

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

This letter is to provide testimony neither for nor against LD 1543, *An Act To Improve and Modernize Home-based Care*. This bill includes many proposed changes, including reimbursement for telehealth and telemonitoring for members receiving private duty nursing, home health services, and personal care services; expanded duties of the Maine Telehealth and Telemonitoring Advisory Group; pharmacist reimbursement for medication evaluation or consultation; Department review of the use of technology; and review of Department rules for certain services to determine whether there is adequate reimbursement for activities performed outside of the home by a registered nurse.

As written, it is not clear what services this bill would allow providers to deliver via telehealth. Currently, covered services under MaineCare Benefits Manual (MCBM) Sections 19, 40, and 96 may be delivered via telehealth when those services are medically necessary and the use of Interactive Telehealth Services is of comparable quality to what the service would be were it delivered in person, with the exception of those services described in Section 4.05 of the MaineCare Telehealth Services policy as non-covered under the telehealth benefit. Section 4.05 of the Telehealth Services policy prohibits Personal Care Aide (PCA) services under Section 96 *Private Duty Nursing and Personal Care Services* from being delivered via telehealth.

Additionally, Telemonitoring as it pertains to MaineCare is different than Telehealth in general and refers to a specific covered service billed under the national billing code S9110 (Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month). The Telemonitoring service allows the provider to remotely collect the member's health related data, such as pulse and blood pressure readings that assist Health Care Providers in monitoring and assessing the Member's medical conditions. In Maine's approved Medicaid State Plan and as outlined in MaineCare policy, the Telemonitoring service is billable only for licensed Home Health Agencies.

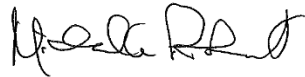
Because we are unsure what "activities performed outside of the home by a registered nurse" involve, we cannot speak to rates. However, as this committee is already aware, the Department

has already conducted a Comprehensive Rate System Evaluation (RSE) that has covered every service in the MCBM with the exception of Non-emergency Transportation and Pharmacy. The RSE conducted on behalf of the Department showed that Section 19 and 96 nursing rates are low and in need of an update, averaging only 52% of the comparison rate, comprised of the average rates of comparison Medicaid states and, where available, Medicare. By contrast, Section 40 rates for nursing and therapy services averaged on the high side at 159% of the comparison rates, but with considerable variation, with 3 of the 6 rates compared classified as high outliers (greater than 120% of the comparison rate), and 2 of the 6, low outliers (less than 40% of the comparison rate). Because the services in Sections 19, 40, and 96 are all related, the RSE recommended doing a rate study for all of these policies at the same time to reduce the potential to create inappropriate incentives or inequity in rates. For these reasons, we again advise letting the Department determine its plan and next steps to implement the recommendations from the RSE rather than addressing reimbursement for services on an ad hoc basis.

The bill's requirement that a pharmacist be allowed to provide medication evaluation or consultation under sections 19, 40, and 96 of the MCBM; and rule Chapter 5, Section 63 of the Office of Aging and Disability Services Policy manual would require those pharmacists to enroll as providers under each section. Such enrollment would require proper licensure as such an agency.

We wanted you to be aware of the above information as you consider this bill going forward. If you have any further questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert".

Michelle Probert
Director
MaineCare Services