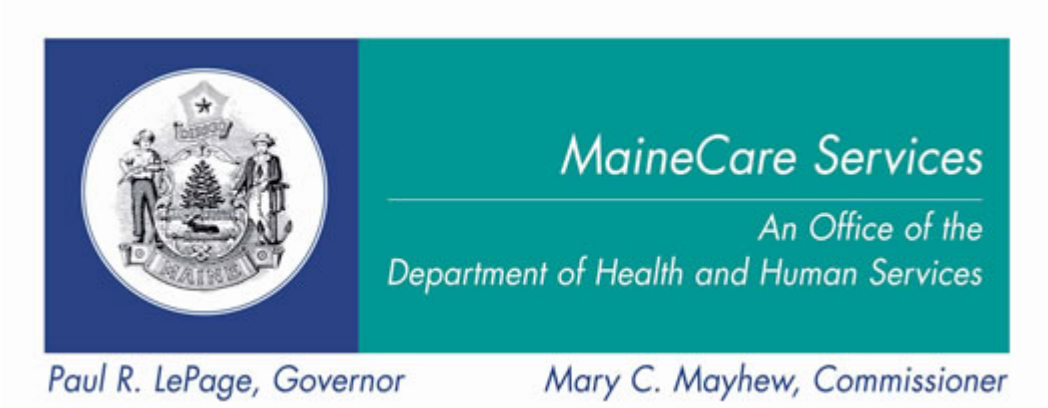

Maine Access Monitoring Review Plan

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Introduction

The Centers for Medicare and Medicaid Services (CMS) require that state Medicaid agencies develop Access Monitoring Review Plans (AMRPs) in an effort to promote data-driven procedures to review access to care (CMS-2328-FC). AMRPs focus on comparability of health care access for Medicaid members as compared to the general population. Through these plans, and the resulting analysis, states are expected to determine whether reimbursement rates in their Medicaid program meet the requirements of the Social Security Act in that they are "consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area."[1]

The Department of Health and Human Services (the Department) is the single state agency that administers the Maine Medicaid program, known as MaineCare. The following service categories are analyzed in the MaineCare AMRP; these services are mandated by 42 C.F.R. §447.203:[2]

- Primary Care Services
- Physician Specialist Services
- Behavioral Health Services
- Pre- and Post-Natal Obstetric Services
- Home Health Services

The MaineCare AMRP is a public document that will be updated over time. The Department will also add additional services or reviews, as appropriate.

Overview and Methodology

Methods

In order to determine whether the requirements of the Social Security Act are met, the Department will monitor insurance benefit design and the availability of care through enrolled providers. Considerations, such as provider workforce shortages, will be described to highlight that while these factors may impact access to care, they do not necessarily impact the comparability of access between MaineCare and the general population. To ensure the relevancy of this analysis, the Department will present timely data and will update the analysis plan annually to detect and evaluate the significance of any observed changes.

Throughout this report, provider supply is reported as a count of enrolled providers, and for select services, also as statewide provider to population ratios. Provider to member ratios in this report will be monitored over time to examine the interplay between provider and member enrollment. At this time, the provider to population ratios do not take into account variations in need across populations or regional differences, practice setting, practitioner full time equivalencies, or differences in payment and

[1] Section 1902(a)(30)(A) of the Social Security Act .
[2] Code of Federal Regulations 42 CFR §447.203 and §447.204

delivery models that may affect care delivery from a supply side. Provider enrollment numbers do reflect what the Department believes to be active providers; providers that had not submitted claims in the past 12 months were unenrolled from MaineCare in October 2015. Regarding specific geographic areas, the Department believes that the data limitations and assumptions that would be inherent to any geographic analysis outweigh the potential utility of this data.

Of note, the MaineCare AMRP provider ratios are not meant to be compared "apples to apples" with data from other sources due to differences in methods for counting providers and because MaineCare members are just one portion of a provider's full patient panel.

While the MaineCare AMRP does draw comparison between MaineCare and other public and private payers, the Department does not feel a direct rate comparison is appropriate. Instead, comparisons between MaineCare and other health insurance programs include discussions of differences in regulation and insurance benefit designs. For example, all Medicaid programs have federal restrictions regarding cost-sharing obligations (e.g. co-pays, and deductibles) and provider billing when members miss appointments; these restrictions are unique to Medicaid and may impact access. For many services, the Department has undertaken, or is currently undertaking, comprehensive rate reviews as one method to evaluate reimbursement. These reviews generally involve comparisons with other payers as part of a more targeted and meaningful analysis.

The Department will continue to review and refine measures and data sources included in the MaineCare AMRP based on feedback from constituents, utility of the information gathered, and feasibility of data collection and analysis. The goal of the AMRP is to provide meaningful information to inform policy discussions. As data is gathered in upcoming years, trends will be identified and discussed. This AMRP is not intended to be used to circumvent the rulemaking process through recommendations of specific policy changes.

Data Sources

Table 1 provides information on the data sources included in the AMRP. These data sources provide the baseline data included in each service grouping; data sources and analyses may change over time through this evolving AMRP.

Table 1. Data Sources

Source	Description
Insure Kids Now Dental Surveys	*Insure Kids Now (IKN) Dental Care Providers is an online tool used to locate dental providers in each state. State maintenance of this resource is required by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA). Surveys to dental providers enable this data to be updated quarterly and remain current.*
Bureau of Labor Statistics	*The employment information from the Bureau of Labor Statistics provides state-level information on specific health care professionals.*
Health Resources and Services Administration	*HRSA provides information on the federally-designated Health Professional Shortage Areas and Medically Underserved Areas and*

(HRSA)	*Populations in Maine.*
MaineCare Caseload Report	*The MaineCare Caseload Report is produced monthly and provides information on the number of MaineCare members in different income and eligibility groups. The June 2016 Caseload Report was used for calculating the denominators for provider ratios. The December 2015 Caseload Report was used in the MaineCare eligibility graph. Only members with full MaineCare coverage are included in these analyses.*
Claims Data	*Claims data is used to report utilization. Claims data only includes information for members who utilize MaineCare services. Only members with full MaineCare coverage are included in these analyses.*
Provider Rosters	*Enrollment data is used to measure provider participation in MaineCare. These counts include both in-state and out-of-state providers who are enrolled with MaineCare. The Department will note any changes to enrollment methods that may impact these measures over time.*
United States Census Bureau	*The U.S. Census Bureau provides population data for Maine.*
United States Department of Agriculture Economic Research Service	*The U.S.D.A. Economic Research Service provides a measure of the rural/urban breakdown of Maine.*
Value-based Purchasing Reports	*The Health Home, Accountable Communities, Primary Care Case Management, Emergency Department Care Collaborative, and Case Coordination Unit enrollment data is provided by MaineCare Value-based Purchasing reports.*

Engagement & Timeline

This AMRP was developed during spring and summer of 2016. As required by CMS, a draft plan was posted on the MaineCare Services website from October 5, 2016 to November 4, 016 to allow for public input. Feedback was logged and incorporated, as feasible and appropriate. The AMRP will be publically available on an ongoing basis on http://www.maine.gov/dhhs/oms/rules/access-monitoring-review-plan.shtml, with a mechanism to allow for ongoing public feedback.

MaineCare Population

MaineCare Members

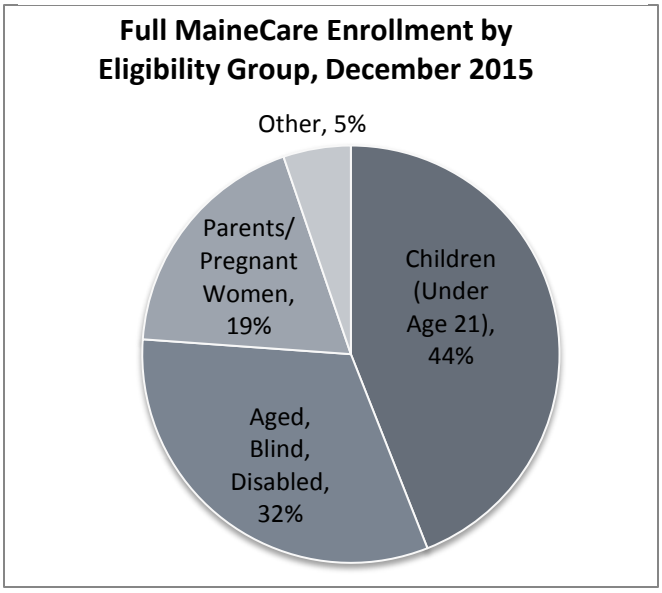
Throughout 2015, MaineCare provided health care coverage to 296,004 individuals, with total expenditures of nearly $2.32 billion. This enrollment figure is inclusive of all individuals covered by MaineCare during calendar year 2015, including those that may have had eligibility for only a portion of the year. Enrollment during 2015 represents approximately 22% of the Maine population. Table 2 highlights calendar year 2015 enrollment data and includes the number of members with a paid claim in 2015 (as not all MaineCare members utilize services in a given year). Table 2 also displays the medical and behavioral health clinical conditions that resulted in the top ten highest expenditures for MaineCare members.

Table 2. MaineCare Program Data

Total Volume of Members Enrolled During Calendar Year 2015	296,004
Members with a paid claim within CY 2015	278,105
Top physical health clinical conditions (by expenditures)	Neurological Disorders, Not Elsewhere Classifiable Signs/Symptoms/Other Conditions, Not Elsewhere Classifiable Dementia, Primary Degenerative Preventive/Administrative Health Encounters Diabetes Cerebrovascular Disease Newborns, with/without Complication Gastrointestinal Disorder, Not Elsewhere Classifiable Arthropathies/Joint Disorder, Not Elsewhere Classifiable Pregnancy Without Delivery
Top mental health clinical conditions (by expenditures)	Neuroses, Not Elsewhere Classifiable Psychoses, Not Elsewhere Classifiable Depression Schizophrenia Autism Substance Abuse Anxiety Disorder Bipolar Disorder Antisocial Behavior Obsessive-Compulsive

MaineCare members must meet financial and categorical eligibility standards in order to enroll. The main eligibility categories for MaineCare are children, pregnant women, individuals with disabilities, elderly, parents, and others.[3] Figure 1 demonstrates that children and the aged, blind, and disabled were the largest eligibility groups in December 2015.

Figure 1. MaineCare Enrollment, by Eligibility Group



MaineCare Provider and Service Delivery Characteristics

Serving a Rural State

Maine is a largely rural state. According to the United States Department of

[3] See the MaineCare Eligibility Manual for a full description of eligibility criteria.

Agriculture Economic Research Service, in 2015, nearly 41% of Maine's population lived in rural areas.[4] In addition, a large portion of the state is classified as a Health Professional Shortage Area (HPSAs) or Medically Underserved Areas/Populations (MUA/Ps) by the Health Resources and Services Administration (HRSA) (see Appendix A).[5]

To address the challenges of a rural state, MaineCare allows many covered services to be delivered via telehealth. In 2016, MaineCare adopted regulations that specifically outline reimbursement and coverage requirements for interactive and telephonic telehealth and telemonitoring services. The new regulations also provide reimbursement for the site where the member is located. In addition to telepsychiatry and other telehealth services, coverage for telemonitoring allows a device to collect members' health related data, such as pulse and blood pressure readings, to assist health care providers in monitoring and assessing members' medical conditions. Telemonitoring services are currently available for members who are eligible for home health services and who meet additional criteria. The Department believes that support for telehealth positively promotes access statewide.

MaineCare also provides a non-emergency transportation benefit under the federal 1915(b) waiver authority. This benefit provides MaineCare members with a method of transportation to and from MaineCare-covered services, if the member does not have any other way to transport themselves to their appointments. In calendar year 2015, there were a total of 2,816,644 rides provided at a cost of $53,018,390. Total expenditures for non-emergency transportation services increased by over 3% from 2014 to 2015.

Lastly, MaineCare treats out-of-state providers within fifteen (15) miles of the Maine/New Hampshire border, the same as Maine providers (with the exception of out-of-state hospitals). This allows members who live near the border of Maine/New Hampshire to access services with less restriction.

MaineCare Value-Based Purchasing Initiatives

The Department supports several initiatives that promote appropriate access to care and utilization of services, including Primary Care Case Management (PCCM), two statewide Health Home programs (Section 2703 of the Affordable Care Act), the Accountable Communities Initiative, the Emergency Department Care Collaborative, and the Case Coordination Unit. These programs span across the service categories defined by CMS for inclusion in this AMRP. Providers in these programs are responsible for managing and coordinating members' services and engaging in varying levels of care planning. MaineCare provides additional financial incentives outside of the fee-for-service model to providers for delivering and coordinating quality care to MaineCare members.

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[4] United States Department of Agriculture Economic Research Service. "State Fact Sheets." *http://www.ers.usda.gov/data-products/state-fact-sheets/state-data.aspx?StateFIPS=23&StateName=Maine.*

[5] Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic, population or facilities (Health Resources and Services Administration). https://datawarehouse.hrsa.gov/tools/analyzers/muafind.aspx

- PCCM is a program that strives to improve access to needed medical care and reduce inappropriate utilization and costs by assisting members in locating, coordinating, and monitoring health care services. MaineCare has operated a PCCM program for over 20 years and it is the building block of other value-based purchasing programs. As of July 2016, 152,548 members were enrolled in PCCM, at 447 locations around the state.
- The Stage A and Stage B Health Home programs in Maine are statewide, multidisciplinary, team-based models of care delivery which support the management of members' physical, behavioral, and social needs. These services are for members with specific chronic conditions. The Stage A Health Home involves a primary care practice working with a community care team; while the Stage B Behavioral Health Homes are based in community mental health agencies. Health Home providers receive per member per month payments for the delivery of Health Home services (comprehensive case management, care coordination, health promotion, referral to community support services, comprehensive transitional care services, and individual and family support services). The Department has seen considerable growth in these programs since their inception (see Figures 2 and 3). In July 2016, there were over 52,800 members enrolled in the Stage A Health Home program and nearly 6,000 members in Stage B Behavioral Health Homes. There are approximately 175 Health Home service locations and nearly 40 Behavioral Health Home provider organizations, with over 100 service locations statewide.

Figure 2. Stage A Health Home Enrollment

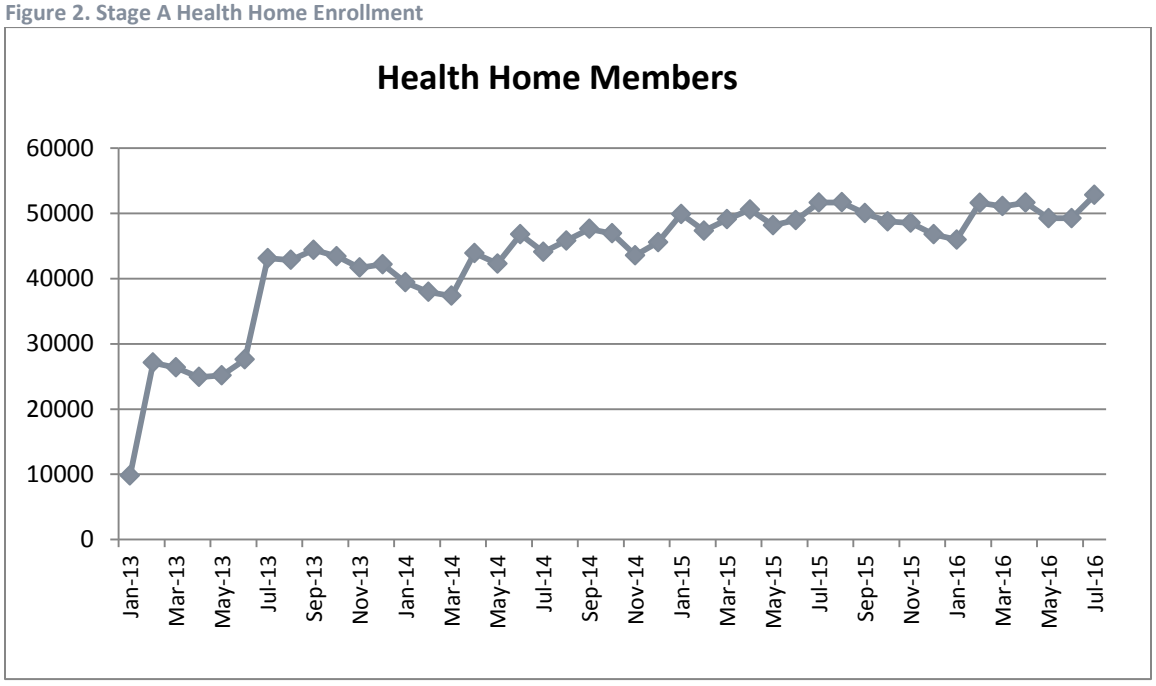
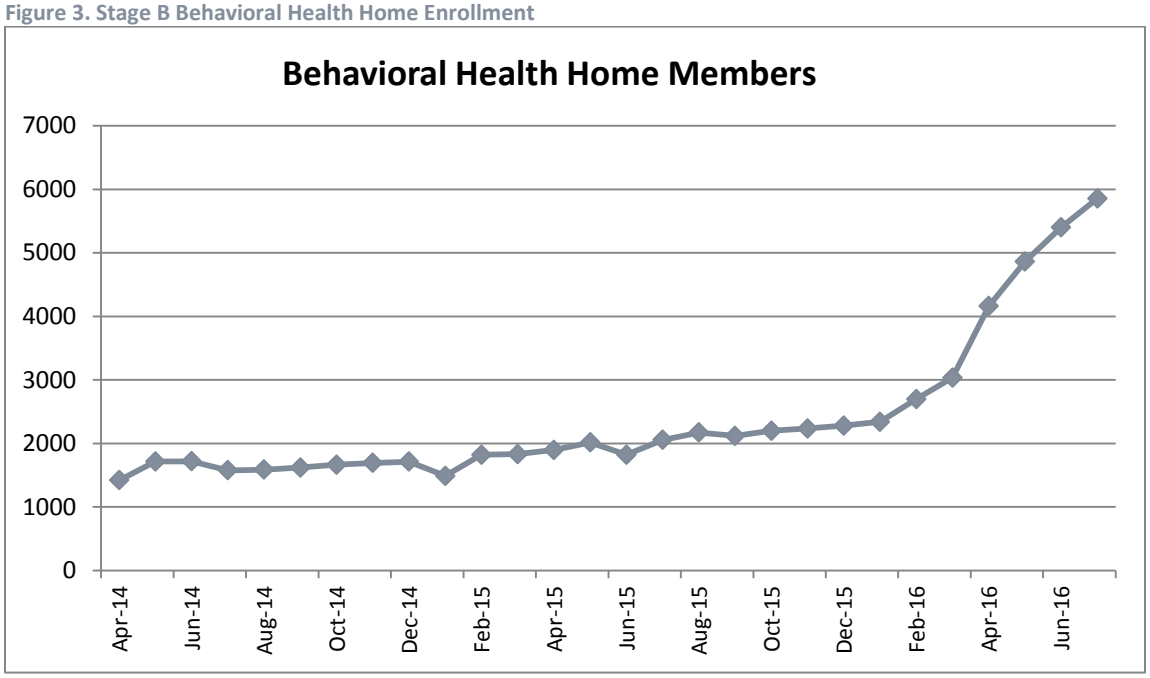


Figure 3. Stage B Behavioral Health Home Enrollment



- Accountable Communities are provider-owned entities responsible for a defined population's health and health care costs. Accountable Communities engage in contracts with the Department to share accountability for both cost and quality of their attributed populations over a broad range of health service areas (including chronic conditions, developmental disabilities, and behavioral health). As of July 2016, there were 77 practices from four organizations participating in the Accountable Communities initiatives. At the same point in time, there were 52,019 members attributed to Accountable Communities; 22,802 of these members also participate in Health Homes.
- The Emergency Department (ED) Care Collaborative provides team-based care management to MaineCare's highest ED utilizers. This initiative promotes appropriate utilization of health care resources and strives to leverage resources available in the community to ultimately improve health outcomes. As of June 30, 2016 there were 1,029 members active in the ED Care collaborative, with 3,091 members served to date. Approximately 45% of active ED Care Collaborative members are also members in a Health Home program.
- The Case Coordination Unit (CCU) started in 2016 as a specialized team-based case management resource that seeks to provide simple and timely solutions to complex issues through integrated provider and community involvement. The CCU targets individuals that are often difficult to move out of hospital inpatient settings due to extremely high needs or other confounding factors. As of August 2016, the CCU had 53 active members.

Overall, these initiatives cover over fifty percent of MaineCare members. For many of these initiatives, there are expectations regarding timely access to services, use of information technology, and quality of care. The Department plans to continue to invest in transforming the current health care delivery and payment systems.

Addressing Access Concerns Raised by Members, Providers and Constituents

The Department has a number of offices established to record and address provider and member concerns. These services play an important role in ensuring members have access to services. Member Services and Provider Services receive an average of 11,000 calls monthly. See below for a description of each of these resources:

- Member Services: MaineCare Member Services is available Monday through Friday (7am-6pm) to answer questions related to member eligibility, covered services, locating providers, and other questions members may have about their MaineCare coverage.

- Provider Services: Providers can contact Provider Services Monday through Friday (7am-6pm) with questions and issues related to claims processing, provider enrollment, covered services, and other MaineCare-related initiatives.

- Provider Relations: Provider Relations Specialists act as subject matter experts for policy interpretation and respond to provider concerns related to claims processing and billing for specific service areas. Provider Relations Specialists are available Monday through Friday (8am-5pm).

- Constituent Services: Constituent Services works to ensure that the public's comments or questions about DHHS programs are handled by the appropriate office in a timely manner.

- Maine Dental Advisory Committee: MaineCare representatives hold a quarterly Maine Dental Advisory Committee meeting to allow dental providers to voice to their concerns, ask questions, and provide suggestions and clinical expertise.

- MaineCare Advisory Committee (MAC): The Department established a Medicaid advisory committee in accordance with 42 CFR 431.12 to advise the Medicaid agency about health and medical care services. The MAC has regular opportunities for participation in policy development and program administration.

Services

Primary Care

According the CMS, "primary care" for the purposes of the AMRP includes services provided by physicians, Federally Qualified Health Centers (FQHCs), clinics, and dental care.[6] For MaineCare, primary care providers also include Indian Health Services (IHS), Rural Health Clinics (RHCs), physician assistants, and nurse practitioners. MaineCare provides comprehensive dental services for individuals under the age of twenty-one enrolled in MaineCare. MaineCare-covered dental services for adults are more limited.

[6] 42 CFR 447.203 - Documentation of payment rates.

In addition to the value-based purchasing programs described above, the State of Maine elected to fund increased reimbursement for certain primary care services delivered by eligible primary care providers; these providers are reimbursed 100% of the average 2014 Medicare rate for Maine. Lastly, according to, the Maine Hospital Association, Maine hospitals currently employ roughly two-thirds of *all* physicians in Maine. [7] The Department is monitoring the compliance of hospital-employed physicians in meeting the obligations inherent to the receipt of facility-based payments. These obligations should support access, coordination of care, and quality outcomes.

Despite these efforts, Maine has many areas that are considered primary care and dental provider shortage areas (see Appendix A). Past analyses regarding access to dental care for children enrolled in MaineCare noted that, in addition to a lack of dental providers in the state, federal Medicaid regulations which prohibit all providers from billing MaineCare members for "no showing" to appointments, also may create barriers to access.[8] As a means of increasing access to preventive dental services, MaineCare allows medical providers to bill for oral evaluations for children under three years of age and for topical application of fluoride varnish. Also, Maine scope of practice laws enable independent practice dental hygienists to perform select dental services, without the supervision of a dentist (32 M.R.S. 1094-Q).

Provider Enrollment

MaineCare has nearly 7,000 individual primary care providers enrolled. To arrive at this number, this AMRP counts any physician with a specialty of general practice, family practice, internal medicine, pediatrics and/or geriatrics. These physicians are counted here, regardless of other specialty designations because the Department assumes the provider has the capability to function as a primary care provider. All nurse practitioners and physician assistants are counted; however, the Department acknowledges that not all of these providers deliver primary care services.

Table 3. Enrolled Individual Primary Care Providers

Provider Type	Provider Type Notes	Total Number of Providers
Primary Care Physicians	This is a count of individual providers.	4,727
Nurse Practitioners	This is a count of individual providers.	1,348
Physician Assistants	This is a count of individual providers.	823
Total		**6,898 unique providers**

All FQHCs/RHCs and IHS are considered primary care provider sites; however, these facilities have many options for enrollment. The numbers below represent unique physical addresses in the enrollment data.

[7] Maine Hospital Association. "Hospital Overview 2016." http://www.themha.org/Publications/AHAannualmeeting16.aspx

[8] Department of Health and Human Services. (2012). 11th Annual Report to the Joint Standing Committee on Health & Human Services regarding Improving Access to Dental Care for Children with MaineCare Coverage.

Table 4. Enrolled Agency/Organization-level Primary Care Providers

Provider Type	Provider Type Notes	Total Number of Providers
Federally Qualified Health Centers/Rural Health Clinics	This is a count at the organizational level.	145 physical locations (107 FQHCs and 38 RHCs)
Indian Health Services	This is a count at the organizational level.	6 locations

Dental Services

For dental services, there are 420 dentists, 89 dental hygienists, and 16 denturists. All enrolled dental service providers except for 49 dentists, are located in Maine and New Hampshire. Many FQHCs and IHSs also offer varying levels of dental services.

Insure Kids Now (IKN) data allows the public to access information regarding dental services available through MaineCare and to find dental providers within 20 miles of their home that are accepting new MaineCare members as patients. There is also a hotline (1 -877-KIDS-NOW) for members who may not have access to the internet. As of April 2016, nearly all (98%) of the MaineCare enrolled dental providers who responded to the IKN survey indicated that they were accepting new MaineCare patients; however, only 44 dentists responded to the spring survey.[9] The survey questions are established by CMS. The Department is restructuring its outreach to dental providers for survey completion during the summer of 2016. The Department hopes to simultaneously increase the number of providers who complete the survey and reduce administrative burden related to survey administration and response. The MaineCare AMRP will report the most recent IKN data findings, and track changes over time.[10]

Provider to Population Ratios

This AMRP presents information related to primary care through select provider ratios. As mentioned above, these ratios are not meant to be directly compared to data from other sources due to known differences in analysis.

According to HRSA, there is no generally accepted ratio of primary care physicians to population; however, HRSA uses a ratio of 1:3,500 to determine geographic areas that are designated as HPSAs. Another benchmark in workforce literature, insurance regulation and in operations for health delivery systems is 1:2,000.[11] 1:2,000 is also the ratio required for Health Maintenance Organizations by the Maine Bureau of Insurance.[12]

When considering primary care physicians statewide, MaineCare has one physician per 125 enrolled members (1:125) or 795 primary care physicians per 100,000 MaineCare members. State-level data from

[9] Data collection took place from March 28, 20016 – April 8, 2016. The survey was posted publicly on the portal for all MaineCare enrolled dental providers to participate.
[10] Insure Kids Now. "Find a Dentist." https://www.insurekidsnow.gov/state/find-a-dentist/index.html.
[11] State Health Reform Assistance Network. (2013). ACA Implications for State Network Adequacy Standards. Issue Brief. http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407486
[12] Department of Professional and Financial Regulation, Bureau Of Insurance , Chapter 850: Health Plan Accountability , Section 7. Access to Services http://www.maine.gov/sos/cec/rules/02/chaps02.htm.

2012/2013, report there are at least 105 primary care physicians per 100,000 Mainers.[13,14] As discussed above, MaineCare's favorable ratios are due in part to more broad participation in MaineCare and calculating ratios at the statewide level. Suggested levels for this data point range considerably and have changed over time (suggestions range from 57 to 100 primary care physicians per 100,000). Table 5 presents ratios for primary care providers (including physician assistants and advanced practice registered nurses). The Department will monitor these trends over time.

For dental services, the American Dental Association does not have a recommended dentist to patient ratio; however, HRSA defines dental HPSAs based on a dentist to population ratio of 1:5,000. Statewide data in Table 5 indicates less dental provider availability compared to other providers.

Table 5. Maine Primary Care Provider Supply Measures

	Provider Count (Maine only)	Population	Provider-to-Population Ratios
MaineCare (2016)		MaineCare, June 2016	
Primary Care Physicians	1905	239,684	1:125
Nurse Practitioner	1070	239,684	1:224
Physician Assistants	621	239,684	1:386
Dental	330	239,684	1:726
Bureau of Labor Statistics (2015)[15]		Maine, July 2015 (U.S. Census Bureau)	
Nurse Practitioners	1170	1,329,328	1:1,136
Physician Assistants	940	1,329,328	1:1,414
Dentists (General)	360	1,329,328	1:3,692

Physician Specialist Services

Access to physician specialist services in Maine varies by specialty and geographic region, regardless of payer. Out-of-state providers play an important role in assuring access for MaineCare members. As previously discussed, MaineCare provides a transportation benefit, including to out-of-state providers, to ensure members are able to access these services. MaineCare also reimburses for the delivery of services via telehealth, which greatly improves access to physician specialty services.

Provider Enrollment

There are 9,170 physician specialists enrolled in MaineCare. Physician specialists are measured using all specialty types, except physicians who listed only primary care specialties (general practice, family practice, internal medicine, pediatrics, and geriatrics). Physicians are able to select multiple specialties during enrollment. For the total count of physician specialists, each physician is only counted once,

[13] National Center for Health Statistics. Health Indicators Warehouse. http://www.healthindicators.gov/Indicators/Primary-care-providers-per-100000_25/Profile/Data

[14] AAMC Center for Workforce Studies. (2013). 2013 State Physician Workforce Data Book. https://www.aamc.org/download/362168/data/2013statephysicianworkforcedatabook.pdf

[15] United States Department of Labor Bureau of Labor Statistics. "Occupational Employment Statistics." http://www.bls.gov/oes/

regardless of number of specialties selected. If there was a primary care specialty and another specialty listed, these physicians are counted as specialists as well as primary care physicians.

Table 6 lists specific physician specialty types by enrollment and is inclusive of many of the specialties regulated by the Maine Bureau of Insurance.[16] The MaineCare AMRP will monitor these physician specialties over time. Additional physician specialties may be added to this list, as needed. All physicians who are enrolled with these specialties (regardless of whether there are additional specialties listed) are counted in Table 6; therefore, some providers may be counted twice. These counts include both in-state and out-of-state providers who are enrolled with MaineCare. For some specialties, a significant portion of providers are out-of-state providers.

Table 6. Enrolled Physician Specialists

Physician Specialty Type	Number of Providers
Cardiology	430
Dermatology	149
Gastroenterology	238
Oncology	254
Orthopedic Surgery	425
Pediatric Specialty	208
Radiology	1066

Pre- and Post-natal Obstetric Services

High-quality and timely pre- and post-natal obstetric services are known to result in positive health outcomes for both the mother and child. In calendar year 2015, MaineCare provided coverage for nearly 7,000 births in Maine.

Provider Enrollment

Pre- and post-natal obstetric services are delivered by many provider types including obstetricians, certified nurse midwives, family planning service agencies, and all FQHC/RHC and IHS locations. Table 7 lists the number of in-state and out-of-state providers enrolled for delivery of pre- and post-natal obstetric services. Importantly, there are many other providers who deliver pre- and post-natal obstetric services which are not included in the table below due to limitations of enrollment data (such as physicians with specialties in internal medicine and nurse practitioners).

[16] Department of Professional and Financial Regulation, Bureau Of Insurance, Chapter 850: Health Plan Accountability, Section 7. Access to Services http://www.maine.gov/sos/cec/rules/02/chaps02.htm.

Table 7. Enrolled Pre- and Post-Natal Obstetric Service Providers

Provider Type	Provider Type Notes	Total Number of Providers
Obstetric Providers (Obstetricians and Certified Nurse Midwives)	This is a count of individual providers.	537
Family Planning Agencies	This is a count of service locations.	34
Federally Qualified Health Centers/Rural Health Clinics	This is a count at the organizational level.	145 physical locations (107 FQHCs and 38 RHCs)
Indian Health Services	This is a count at the organizational level.	6 locations

Provider to Population Ratios

Suggested provider ratios for obstetrical services vary in the literature from 8 to 11 Obstetricians/Gynecologists per 100,000. As for national standards, in 2010, calculations of OB/GYNS per 100,000 women in the United States ranged from 21 to 68 OB/GYNS per 100,000.[17,18] The statewide numbers for Maine are presented below in Table 8. These numbers demonstrate that when only including OB/GYNs, MaineCare is aligned with state and national standards.

Table 8. Maine OB/GYN Provider Supply Measures

	Provider Count (Maine only)	Population (Female)	Provider-to-Population Ratios	Providers per 100,000 population
MaineCare Enrolled (2016)		MaineCare, June 2016 (Females)		
OB/GYN Physicians	169	132,618[19]	1:785	127:100,000
Bureau of Labor Statistics (2015)		Maine, 2015 (Females)		
OB/GYN Physicians	220	677,957	1:3,082	32:100,000

Behavioral Health Services

Behavioral Health includes a range of services to address substance use and mental health. These services include case management, outpatient psychiatric, pharmacological management, Assertive Community Treatment (ACT), outpatient counseling, rehabilitative services, inpatient acute care, crisis stabilization, behavioral health homes, and residential treatment. An individual's mix of services depends on individual need, clinical appropriateness of services, and availability of providers. MaineCare initiatives seek to integrate behavioral and physical health services and support multidisciplinary care teams; this includes the inclusion of Certified Intentional Peer Support Specialists (CIPSS) in the Health Home Models, specialized group services, and Assertive Community Treatment teams.

[17] The American Congress of Obstetricians and Gynecologists. (2011). 2011 Women's Health Stats & Facts. https://www.acog.org/-/media/NewsRoom/MediaKit.pdf

[18] Health Resources and Services Administration National Center for Health Workforce Analysis. Projecting the Supply of Non-Primary Care Specialty and Subspecialty Clinicians: 2010-2025. http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/clinicalspecialties/clinicalspecialties.pdf

Across Maine, some geographic areas have fewer numbers of certain providers (such as licensed clinical social workers or psychiatrists) as compared to other areas and many areas are considered mental health HPSAs (see Appendix A). As with other services, necessary transportation is provided, and telehealth may be used, as appropriate, to deliver select behavioral health services.

In State Fiscal Year 2015, MaineCare expenditures for Mental Health Services totaled $509,962,106 and MaineCare mental health services were utilized by 98,143 members. In State Fiscal Year 2015, MaineCare expenditures for substance use disorders totaled $49,673,674 and were utilized by 18,083 members. The Department will monitor expenditures over time, and investigate any changes that may represent concerns with member access to behavioral health services.

In addressing whether services available to MaineCare members are comparable to the general population, the Department believes it is important to note that in the area of behavioral health services, there are differences in benefit design across payers. MaineCare offers a wide array of behavioral health services for delivery in professional, home, and community settings. Table 10 provides a comparison of select behavioral health service coverage in MaineCare as compared to Medicare and the State Employee Health Plan.

Table 10. Behavioral Health Services Offered Across Select Payers

Service	MaineCare	Medicare	State Employee Health Plan[20]
Assertive Community Treatment (ACT)	Covered	Not covered	Not covered
Case management/Service Coordination (e.g. Targeted Case Management, Community Integration)	Covered	Not covered	Not covered
Crisis Stabilization/Resolution Services	Covered	Not covered	Equivalent Service Not Found
Inpatient Psychiatric Hospital Services	Restricted by Age	Covered	Covered
Intensive Habilitative Services (e.g. Day Treatment, Applied Behavioral Analysis)	Covered	Not covered	Covered; Restricted by Age
Medication Assisted Treatment (Outpatient)	Covered	Very Limited	Covered
Prescription Drugs	Covered	Covered	Covered
Professional Services (e.g. psychiatrist, psychologists, LCSWs)	Covered	Covered	Covered

Provider Enrollment

Table 11 reports enrollment information for a variety of behavioral health providers (with the corresponding Section of the MaineCare Benefits Manual (MBM) identified); however, this does not capture the *full scope* of behavioral health providers. For example, many FQHCs, RHCs, IHS, physicians, and APRNs address behavioral health issues, but the enrollment data is not specific enough to differentiate these providers. Future AMRP reports will discuss any changes in provider enrollment that

[20] Aetna. Benefit Plan Aetna Choice POS II (In State Plan). http://www.maine.gov/deh/healthbenes/health/documents/PlanBookletInStateEff20160101.pdf. (Retrieved July 2016).

may be due to reclassifications or changes in benefit design. The MaineCare AMRP does not include providers that are exclusive to waiver services in the provider enrollment counts; however, counts do include both in-state and out-of-state providers who are enrolled with MaineCare. If an agency provides service on multiple sections of the MaineCare Benefits Manual, they will be represented in each applicable category for each service location enrolled.

Table 11. Enrolled Behavioral Health Providers

Provider Type	Provider Type Notes	Number of Providers
Behavioral Health Clinician (MBM, Section 65, Behavioral Health Services)	Includes the following individual providers: Licensed Clinical Professional Counselors, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Master Social Workers, Psychological Examiners, Psychologists, Certified Alcohol and Drug Counselors, Licensed Alcohol and Drug Counselors.	4,210 unique providers
Case Management Services (MBM, Section 13, Targeted Case Management Services; Section 65, Behavioral Health Services – Assertive Community Treatment Teams)	This is an agency-level count (it does not include all individual providers who work at the agency).	335 service locations
Children's Community Rehabilitation (MBM, Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations)	This is an agency-level count (it does not include all individual providers who work at the agency).	111 service locations
Intermediate Care Facilities for Individuals with Intellectual Disabilities (MBM, Section 50, Individual Care Facilities for Individuals with Intellectual Disabilities)	This is a facility level count (this does not count all individual providers who work at the facility).	9 service locations
Mental Health Clinic (MBM, Section 17, Community Support Services; MBM, Section 65, Behavioral Health Services)	This is an agency-level count (this does not count all individual providers who work at the agency).	788 service locations
Physicians (Behavioral Health) (MBM, Section 90, Physician Services)	Includes individual physicians with a specialty of Addiction Services or Psychiatry.	565 unique providers
Private Non-Medical Institutions (MBM, Section 97, Private Non-Medical Institution Services-Appendices B, D, and E)	This only includes PNMIs for Substance Abuse Treatment and those for Persons with Mental Illness.	246 service locations

Psychiatric Hospitals (MBM, Section 46, Psychiatric Hospitals)	This includes state and private psychiatric hospitals.	12 unique hospitals[21]
Substance Abuse Agencies (MBM, Section 65, Behavioral Health Services)	This is an agency-level count (this does not count all individual providers who work at the agency).	211 service locations

Provider to Population Ratios

Similar to primary care and obstetrical services, provider ratios are occasionally used to evaluate behavioral health services. For HRSA shortage areas, the population to provider ratio must be at least 30,000 to 1 (20,000 to 1 if there are unusually high needs in the community). HRSA also uses a population-to-core-mental-health-professional ratio (which HRSA defines as psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists) in which greater than 9,000:1 (or 6,000:1 for unusually high need areas) represents a mental health professional shortage area. [22]

Table 12 provides numbers at the state-level based which indicate less psychiatry provider availability compared to other providers. Overall, there are strong numbers of state-defined core behavioral health professionals.

Table 12. Maine Behavioral Health Provider Ratios

	Provider Count (Maine only)	Population	Provider-to-Population Ratios
Maine Care (2016)		MaineCare, June 2016	
Psychiatrists	223	239,684	1:1,075
Core Behavioral Health Clinicians[23]	4,115	239,684	1:58
Bureau of Labor Statistics (2015)		Maine, July 2015 (U.S. Census Bureau)	
Psychiatrists	210	1,329,328	1:6,330

Home Health Services

Home health services are skilled nursing and home health aide services, physical and occupational therapy services, speech-language pathology services, medical social services, and the provision of certain medical supplies. Services are delivered by a Medicare certified home health agency to a member in his or her home or in other particular settings and are delivered according to the orders of a licensed physician and an authorized plan of care. In calendar year 2015, 2,697 members received home health services with 151,818 units billed. This resulted in expenditures of $4,364,818.

[21] There are four in-state Psychiatric Hospitals in Maine. The other eight hospitals are out-of-state providers.
[22] HRSA also uses a combination measure, see the HRSA website for more information: http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/mentalhealthhpsacriteria.html
[23] This number for MaineCare includes Psychiatrists, Licensed Clinical Professional Counselors, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Master Social Workers, Psychological Examiners, Psychologists, Licensed and Certified Alcohol and Drug Counselors.

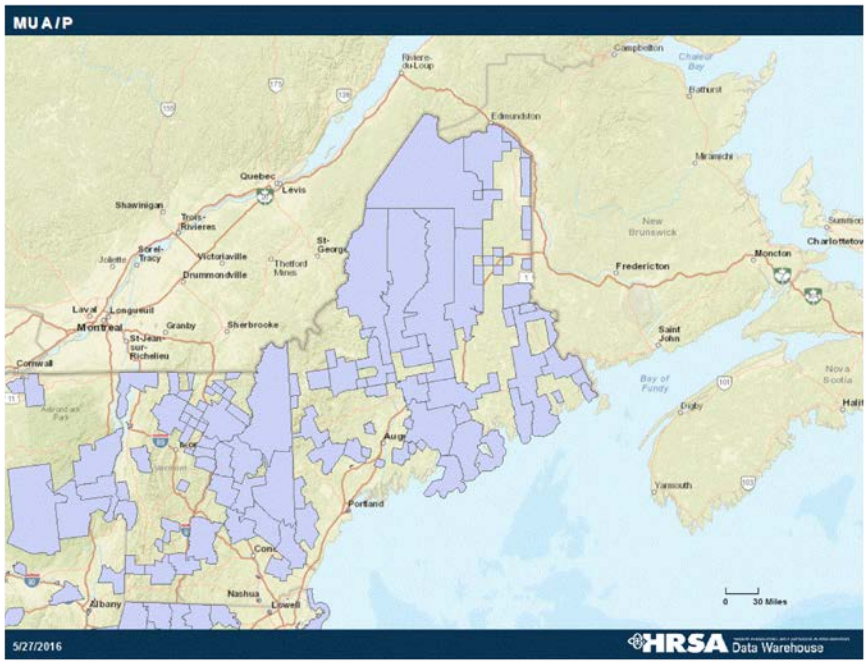
Provider Enrollment

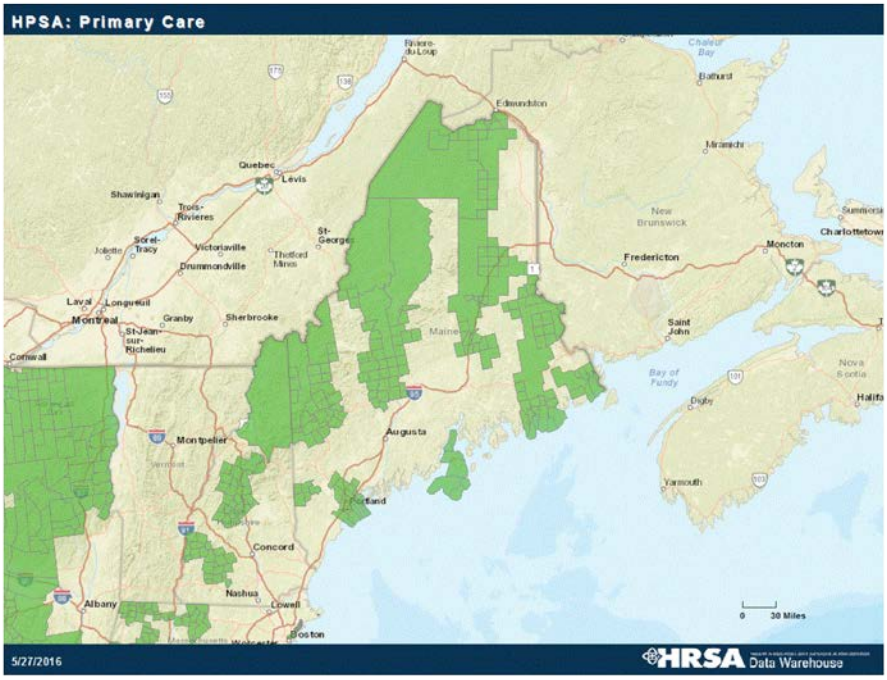
There are sixteen home health agencies enrolled in MaineCare, all within Maine and New Hampshire (fourteen in Maine alone). This is a count of unique locations and excludes enrollment for services exclusive to waiver populations.

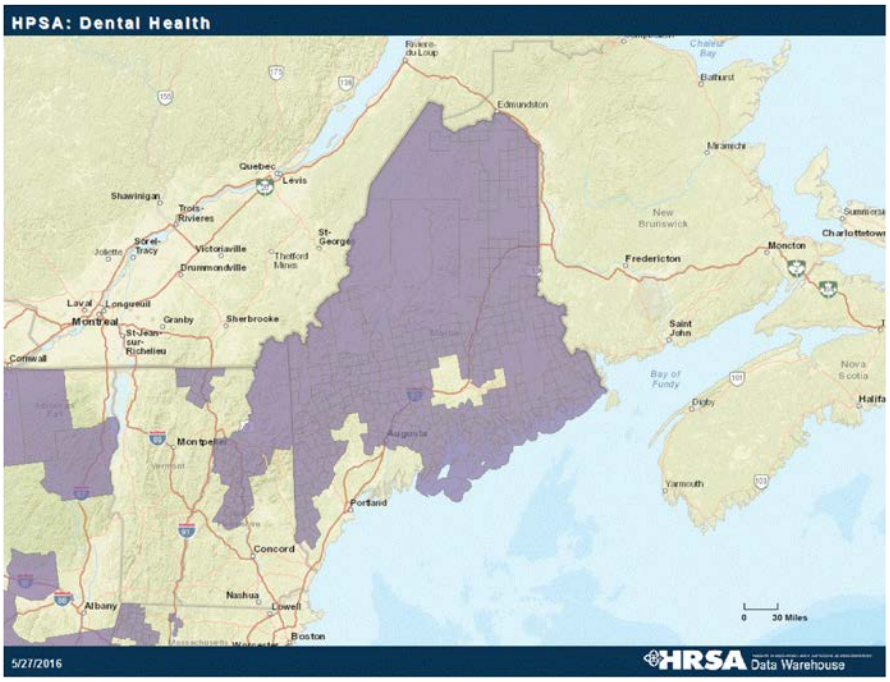
Conclusion

The results of this baseline analysis demonstrate that Maine is in compliance with 1902(a)(30)(A) of the Social Security Act.

Appendix A – Health Professional Shortage Areas and Medically Underserved Areas/Populations






HPSA: Dental Health
Rivière-du-Loup
Chaleur Bay
Bathurst
Edmundston
Miramichi
Quebec
Lévis
Shawinigan
Trois-Rivières
New Brunswick
Summerside
Charlottetown
Sorel-Tracy
Joliette
Victoriaville
St-Georges
Thetford Mines
Drummondville
Fredericton
Moncton
Laval
Longueuil
Montreal
Granby
Sherbrooke
Saint John
St-Jean-sur-Richelieu
Cornwall
Bay of Fundy
Nova Scotia
Digby
Halifax
Augusta
Montpelier
Vermont
Yarmouth
Portland
Concord
Albany
Nashua
Lowell
Boston
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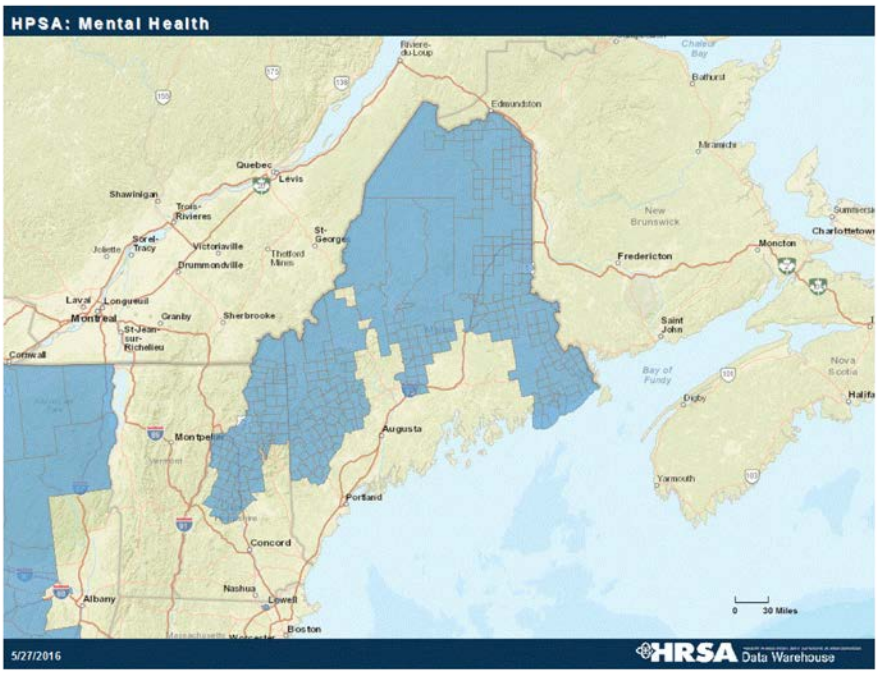
5/27/2016
HRSA Data Warehouse


HPSA: Mental Health
Rivière-du-Loup
Chaleur Bay
Bathurst
Edmundston
Miramichi
Quebec
Lévis
Shawinigan
Trois-Rivières
New Brunswick
Summerside
Charlottetown
Sorel-Tracy
Joliette
Victoriaville
St-Georges
Thetford Mines
Drummondville
Fredericton
Moncton
Laval
Longueuil
Montreal
Granby
Sherbrooke
Saint John
St-Jean-sur-Richelieu
Cornwall
Bay of Fundy
Nova Scotia
Digby
Halifax
Augusta
Montpelier
Vermont
Yarmouth
Portland
Concord
Albany
Nashua
Lowell
Boston
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