Office of Affordable Health Care

Advisory Council Meeting, May 7th, 2025

Agenda

- LR 1722 Update
- OAHC Analytic Planning
  - Payment and Utilization Dashboards
  - Measuring Access to Care - Options for Analyses

Update on LR1722 – An Act to Enhance Transparency and Value in Health Care Transactions

- Bill is with the Revisor's Office, awaiting printing
- Changes since last discussion:
  - Raised the threshold for required comprehensive review to transactions with values over $100 million, and those that are assessed as having a material impact on competition, cost, quality, access, or equity.
  - Added an assessment of one five thousandth of a percent of earned premiums from health insurance and stop-loss carriers. This will provide a stable base of funding to support the additional staff needs within the Division of Licensing and Certification (DLC) for the material change transaction review process.
  - Added an effective date of 1/1/2026 and anticipate working with DLC on guidance regarding transition timeline.

OAHC Analytic Planning

Analysis Planning

Complete

In Progress

Not Yet Started

OAHC Claims Dashboards	MHDO Reporting	OAHC Non-claims Analyses
Health Expenditures Dashboards	Drug Spending Dashboards	Household Spending on Health Care
Hospital Payment and Utilization Dashboards	Primary Care Spending Report	Access and Equity Dashboards
Professional Services Payment and Utilization		Clinical Quality Metric Dashboards
Facility Level Payment and Utilization	Behavioral Health Care Spending Report	Provider Cost Analysis
Cost Driver Deep-Dives		

Facility Level Payment and Utilization Dashboards

Hospital Level Payment and Utilization Dashboards

Overview: Working with MHDO, we will create hospital level dashboards to measure payments and utilization across hospitals in Maine.

Purpose: To identify and describe variation in payments and utilization across Maine hospitals and for select services.

Metrics: For each hospital we will report -

- Total payments, cost sharing payments, payments per unit by hospital inpatient, outpatient, and professional services
- Total utilization by hospital inpatient, outpatient, and professional services
- Select service level total payments, cost sharing payments, payments per unit
- Select service level total utilization

Data Source: MHDO All Payor Claims Database

Non-Hospital Payments and Utilization Dashboards

Overview: Working with MHDO, we will create dashboards to measure payments and utilization across non-hospital providers in Maine.

Purpose: To identify and describe variation in payments and utilization across select Maine non-hospital provider types and for select outpatient services.

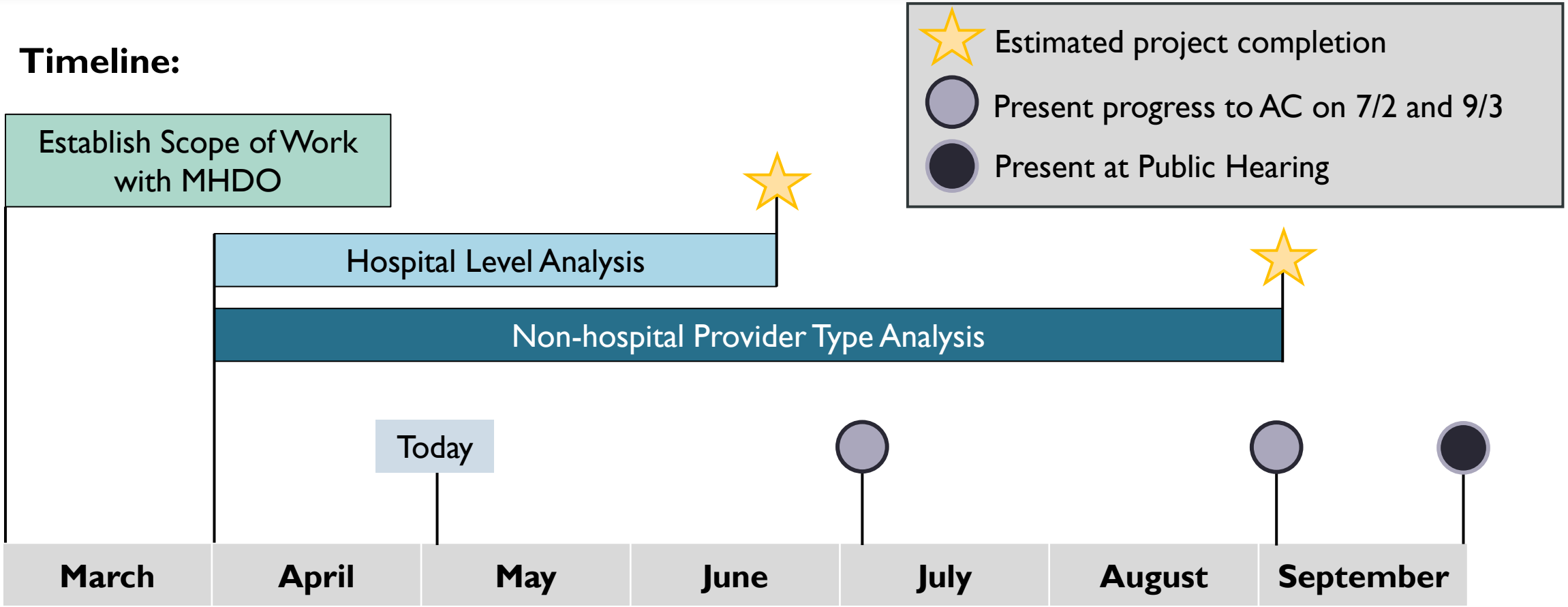
Metrics: For select non-hospital outpatient provider type-

- Total payments and cost sharing payments
- Total utilization
- Select outpatient service total payments, cost sharing payments, payments per unit
- Select outpatient service total utilization

Data Source: MHDO All Payor Claims Database

Hospital Level and Non-hospital Provider Payment and Utilization Dashboards – Tentative Timeline

Timeline:



Measuring Access to Care

Measuring Access to Care – Definition and Domains

In 1993, the Institute of Medicine, U.S. Committee on Monitoring Access to Personal Health Care Services defined Health Care Access as "*the timely use of personal health services to achieve the best health outcomes.*" This definition has been adopted and widely used by public health organizations and governmental agencies.

Many states measure and track health care access. The purpose of this work is to:

1. Establish a baseline measurement of health care access.
2. Identify barriers to obtaining services and achieving desired health outcomes.
3. Track progress over time.

Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to Health Care in America. Millman M, ed. Washington, DC: National Academies Press; 1993. https://www.ncbi.nlm.nih.gov/books/NBK235882/

Measuring Access to Care – Definition and Domains

The U.S. Agency for Healthcare Research and Quality (AHRQ) measures health care access using four domains:

- **Coverage:** facilitates entry into the health care system.
- **Services:** being able to access a usual source of care.
- **Timeliness:** ability to provide health care when the need is recognized.
- **Workforce:** capable, qualified, culturally competent providers.

Agency for Healthcare Research and Quality. (2025). *Topic: Access to Care.* https://www.ahrq.gov/topics/access-care.html

Measuring Access to Care – Analytical Approaches

Coverage

- Who is limited to accessing health care based on lack of coverage?

Services

- What services are available in Maine and where are they located?

Workforce

- Are consumers able to access the care they want when they want it?

Timeliness

- Is the health care workforce in Maine sufficient to meet the needs of consumers?

Measuring Access to Care – Considerations for Analysis

Feasibility

- Ideally leveraging existing data sources, both for expediency and to limit burden

Historical Availability and Replicability

- Understanding changes in access is important – sources should ideally be annually

Timely

- Data sources with significant publishing lag can limit interpretability to present day.

Detailed - Equity

- Data sources that capture consumer characteristics and payor types can inform analyses on health care equity with relation to access to care.

Health Insurance Coverage Analysis

Data Source	Readily Available	Historical and Reproducible	Timely	Level of Analysis	Rank
U.S. Census – ACS and CPS	Yes	Yes	Yes	National, State, County, Census Tracts, and Block Group Level	
National Health Interview Survey	No	Yes	Yes	National and Regional	
Commonwealth Fund Biennial Health Insurance Survey	No	Yes	Yes	National Level	
Maine BOI and CMS Public Use Files	Yes	Yes	Yes	Specific market capture – no uninsured or self-insured estimates	

U.S. Census Bureau – American Community Survey and Current Population Survey

- Mailed, self reported survey that captures population data on demographics, socio-economic, and housing information.
- Provides nationally representative sample.
- Widely used in research.
- Captures information on health insurance status including uninsurance and tax credits or subsidies used for premium reduction by:
    - Race and ethnicity, income, geography, and other characteristics

Health Insurance Coverage Analysis

Analysis of uninsured Mainers provides information on those who have limited health care access through lack of coverage by:

- Geography
- Age, race, and ethnicity
- Educational attainment
- Family work status
- and other characteristics

Example of modeling analysis with ACS data

Composition of the <65 Uninsured in Maine, 2025

TABLE 4

Composition of the Nonelderly Uninsured in Maine, 2025

	Uninsured	Percent of uninsured	Population	Uninsurance rate
Geography				
Northeast Maine	5,000	8.1%	72,000	6.6%
Northwest Maine	6,000	10.7%	114,000	5.6%
Penobscot County	7,000	11.5%	121,000	5.6%
Kennebec County	5,000	7.9%	93,000	5.0%
Coastal Maine Region	8,000	13.7%	123,000	6.7%
Androscoggin County	4,000	6.9%	85,000	4.8%
Cumberland, Sagadahoc, and York Counties	25,000	41.2%	416,000	5.9%
Total	**59,000**	**100.0%**	**1,025,000**	**5.8%**
Educational attainment (age 19 to 64)				
Less than high school	2,000	4.6%	19,000	12.3%
High school	21,000	41.0%	234,000	8.9%
Some college	14,000	28.1%	226,000	6.3%
College graduate	13,000	26.3%	278,000	4.8%
Total	**51,000**	**100.0%**	**758,000**	**6.7%**
Family work status				
No worker in family	13,000	21.5%	153,000	8.9%
Only part-time worker in family	5,000	9.1%	66,000	8.1%
One full-time worker in family	31,000	51.6%	490,000	6.2%
> One full-time worker in family	11,000	17.7%	316,000	3.3%
Total	**59,000**	**100.0%**	**1,025,000**	**5.8%**
Eligibility				
Medicaid/CHIP	23,000	38.3%	352,000	6.5%
Marketplace PTCs	19,000	31.4%	175,000	10.6%
Ineligible	18,000	30.3%	498,000	3.6%
Total	**59,000**	**100.0%**	**1,025,000**	**5.8%**

Source: The Urban Institute Health Insurance Policy Simulation Model, 2023.

Notes: FPL = federal poverty level; PTC = premium tax credit; CHIP = Children's Health Insurance Program.

Source: The Urban Institute. An Overview of Health Coverage and Costs in Maine for 2025.

Health Service Availability Analysis

Data Source	Readily Available	Historical and Reproducible	Timely	Level of Analysis	Rank
MHDO APCD	Requires analysis	Yes	Yes	State, County, and Zip Level	
MHDO Hospital Encounter Data	Requires analysis	Yes	Yes	Hospital Level	
U.S. Health Services and Research Administration	Yes	Yes	~	National, State, County, Census Tracts Level	

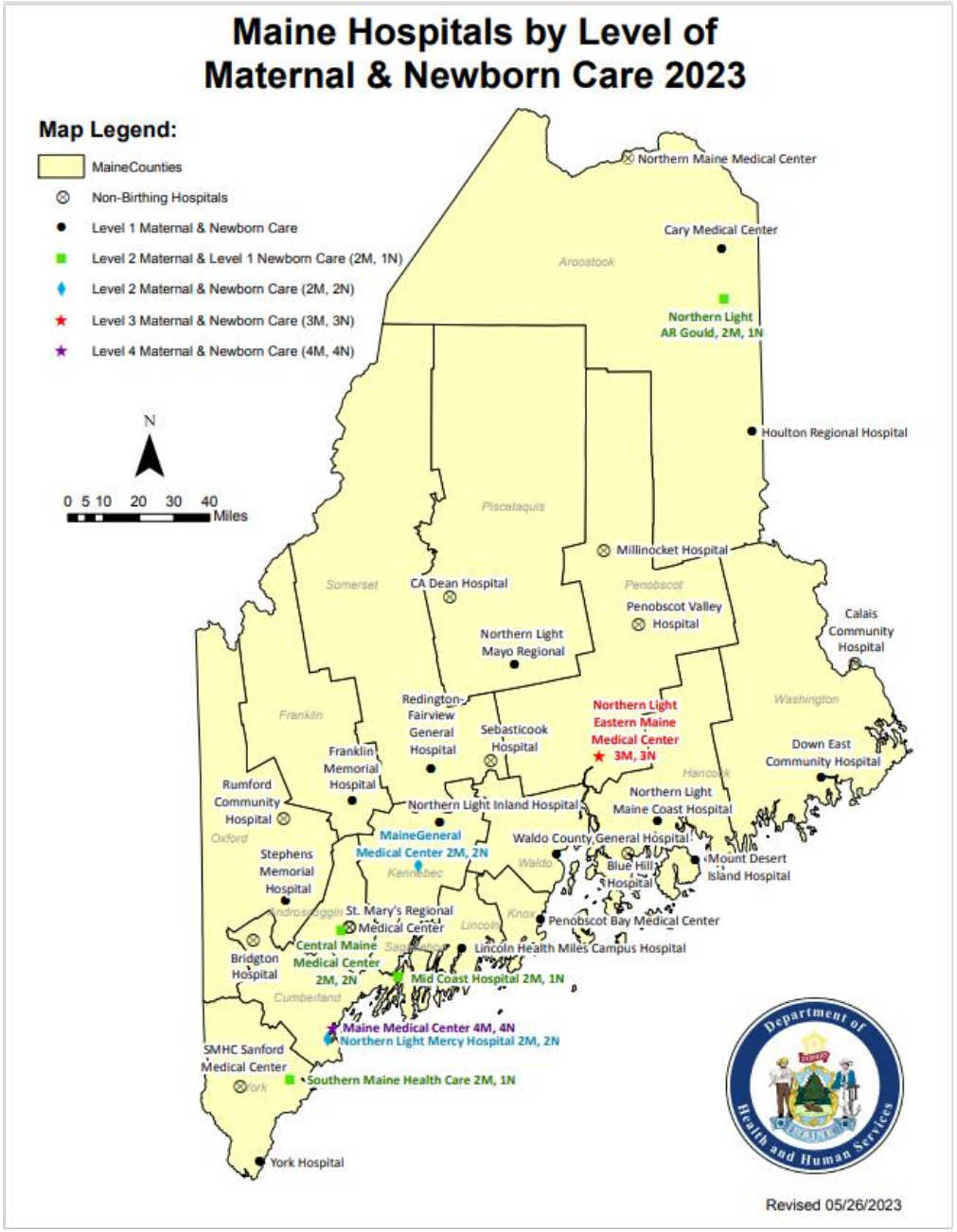
Maine Health Data Organization

- All Payors Claims Database
    - Provides information on payments and utilization of services at providers across Maine through claims.
- Hospital Encounter Data
    - Providers information on outpatient and inpatient service encounters at Maine hospitals.

Services Analysis

Analysis of health care locations and services help to identify changes in availability of care locations over time.

- Labor and Delivery
- Primary Care
- Behavioral Health
- Telehealth



Source: Maine DHHS (2024).

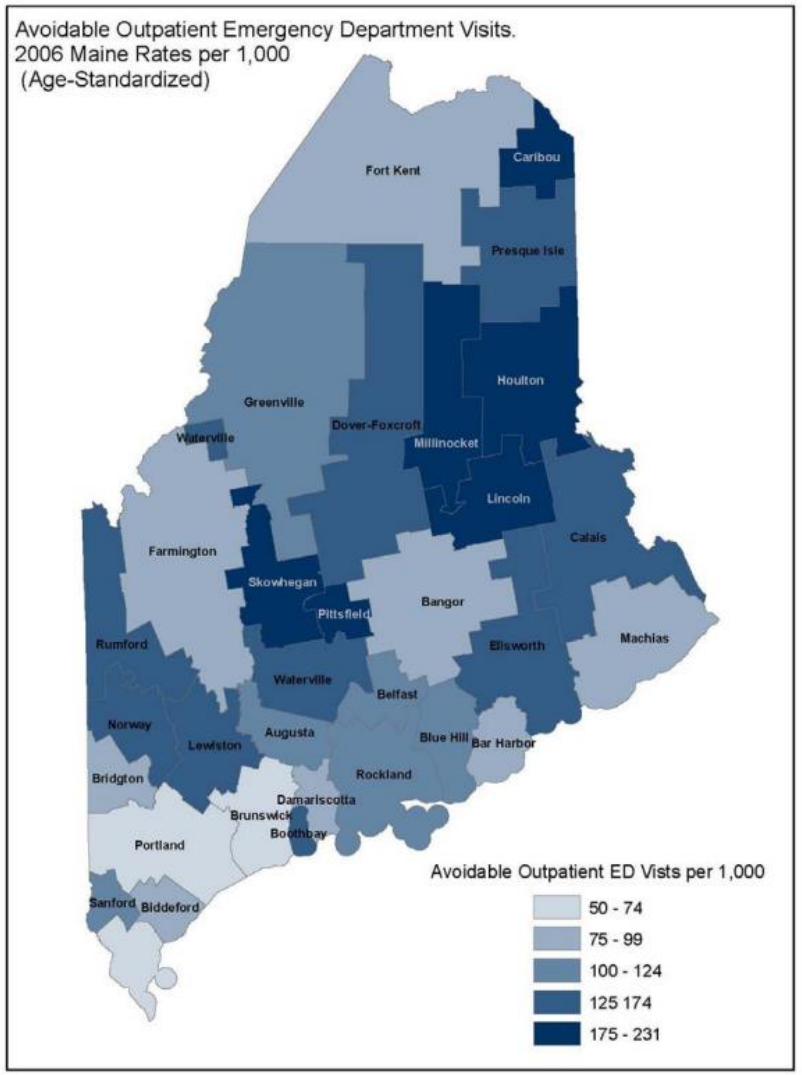
Services Analysis

Analysis of hospital discharge data:

- Can measure ED use over time
  - By payor type and diagnosis
- Can estimate the rate of "avoidable" ED visits as shown here.

Possible Analysis Using MHDO Encounter Data

Avoidable Outpatient Emergency Department Visits, 2006



Source: Kilbreth, Elizabeth PhD; Shaw, Barbara; Westcott, Danny; and Gray, Carolyn E. MPH, "Analysis of Emergency Department Use In Maine: A Study Conducted on Behalf of the Emergency Department Use Work Group of the Maine Advisory Council on Health System Development" (2010). *Population Health & Health Policy*. 268. https://digitalcommons.usm.maine.edu/healthpolicy/268

Workforce

Data Source	Readily Available	Historical and Reproducible	Timely	Level of Analysis	Rank
U.S. Health Services and Research Administration	Yes	Yes	~	National, State, County, Census Tracts Level	
U.S. Bureau of Labor Statistics and Maine Department of Labor	Yes	Yes	Yes	National, State, County, Municipality	
American Hospital Association Annual Survey	No	Yes	Yes	National and State	
American Medical Association Physician Practice Benchmark Survey	No	Yes	Yes	National and State	

Bureau of Labor Statistics and U.S. Health Research and Services Administration

- Labor statistics
    - Provide easily measurable information on aggregate workforce participation information by industry and geography.
- HRSA provides
    - Provides a central location for data sources and conducts analyses of supply and demand for healthcare workforce development.

Workforce Analysis

- The Maine Department of Labor captures timely information on the number of people in Maine employed by industry.
- Benefits are timeliness and stability, but analyses are limited by applicability.

Sample MDOL Data

Statewide Nonfarm Wage & Salary Jobs Estimates *(seasonally adjusted)*

Industry	Jobs (thousands & percent)					Change in Jobs (thousands & percent)				
	2024	2025		Share of Jobs		Feb to Mar		Mar 24 to Mar 25		
	Mar	Feb	Mar	Mar 24	Mar 25	Net	Percent	Monthly Average	Net	Percent
Total Nonfarm	**656.7**	**657.9**	**658.5**	**100%**	**100%**	**0.6**	**0.1%**	**0.1**	**1.8**	**0.3%**
Total Private	**554.6**	**556.0**	**556.4**	**84%**	**84%**	**0.4**	**0.1%**	**0.1**	**1.8**	**0.3%**
Healthcare & Social Assistance	110.3	110.5	110.1	17%	17%	-0.4	-0.4%	0.0	-0.2	-0.2%
Retail Trade	82.3	82.8	82.6	13%	13%	-0.2	-0.2%	0.0	0.3	0.4%
Professional & Business Services	78.0	77.8	78.0	12%	12%	0.2	0.3%	0.0	0.0	0.0%
Leisure & Hospitality	69.8	71.0	71.5	11%	11%	0.5	0.7%	0.1	1.7	2.4%
Manufacturing	52.3	51.5	51.7	8%	8%	0.2	0.4%	0.0	-0.6	-1.1%
Construction	35.0	35.9	35.3	5%	5%	-0.6	-1.7%	0.0	0.3	0.9%
Financial Activities	33.3	32.9	33.1	5%	5%	0.2	0.6%	0.0	-0.2	-0.6%
Educational Services	22.6	23.0	23.4	3%	4%	0.4	1.7%	0.1	0.8	3.5%
Other Services	23.0	22.7	22.8	4%	3%	0.1	0.4%	0.0	-0.2	-0.9%
Wholesale Trade	19.2	18.7	18.9	3%	3%	0.2	1.1%	0.0	-0.3	-1.6%
Transportation, Warehousing, Utilities	18.6	18.7	18.5	3%	3%	-0.2	-1.1%	0.0	-0.1	-0.5%
Information	8.3	8.4	8.4	1%	1%	0.0	0.0%	0.0	0.1	1.2%
Mining & Logging	1.9	2.1	2.1	0.3%	0.3%	0.0	0.0%	0.0	0.2	10.5%
Government	**102.1**	**101.9**	**102.1**	**16%**	**16%**	**0.2**	**0.2%**	**0.0**	**0.0**	**0.0%**
Local	61.6	61.1	61.3	9%	9%	0.2	0.3%	0.0	-0.3	-0.5%
State	23.1	23.6	23.6	4%	4%	0.0	0.0%	0.0	0.5	2.2%
Federal	17.4	17.2	17.2	3%	3%	0.0	0.0%	0.0	-0.2	-1.1%

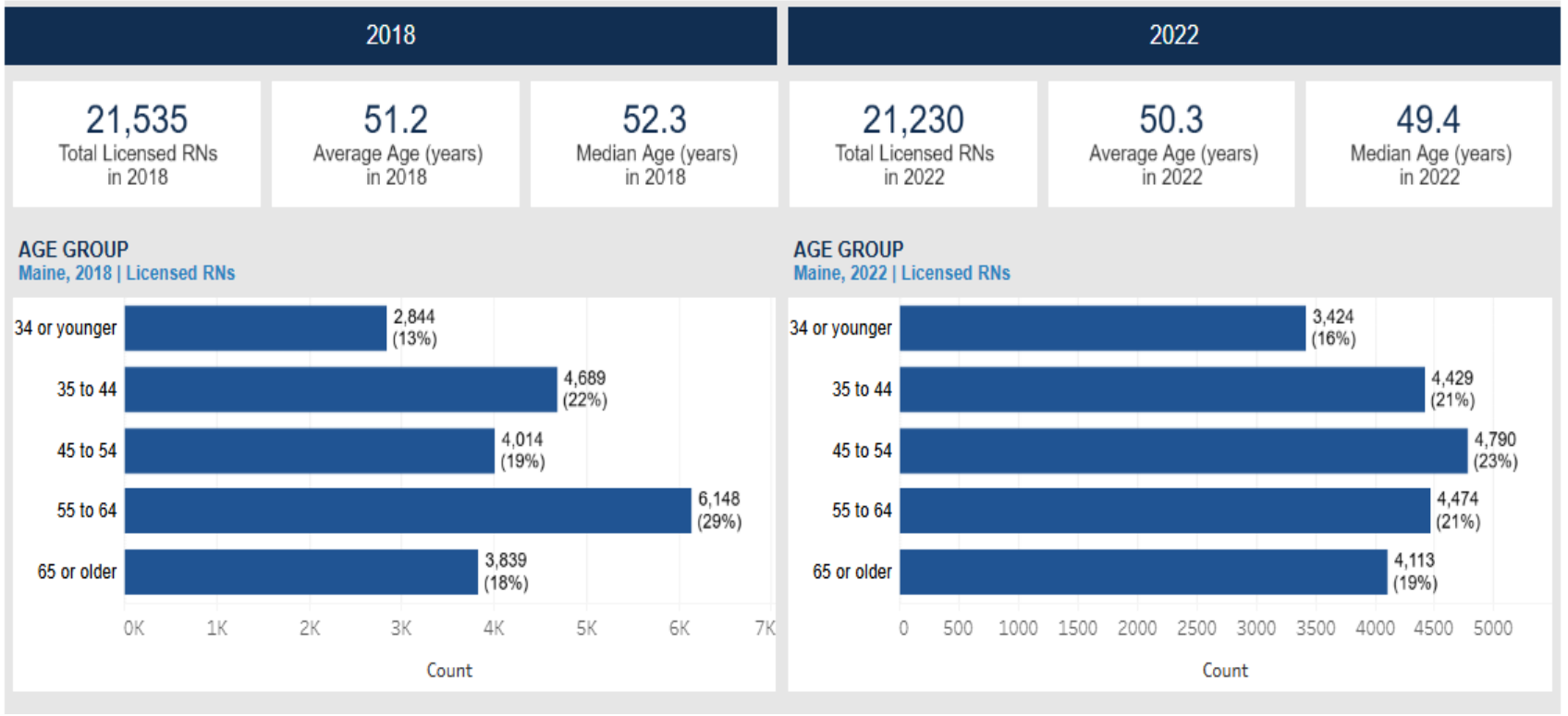
Industries in descending order by number of jobs in current month. Numbers may not add due to rounding.

Source: Maine Department of Labor

Workforce Analysis

Sample HRSA Data – Age characteristics of registered nurses in Maine, 2018 and 2022

- HRSA analysis of national survey data provides more detailed look at healthcare labor force in Maine.
- However, data can be outdated and not always provided at the state level.



Source: National Sample Survey of Registered Nurses

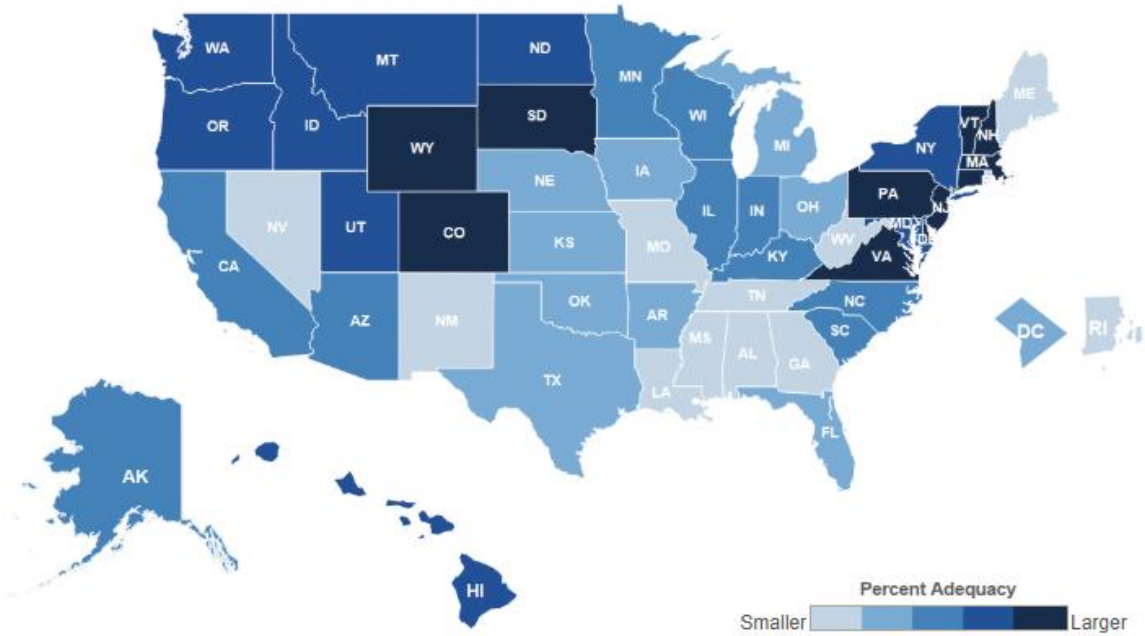
Workforce Analysis

- The U.S. Health Research and Services Administration provides a variety of data tools including information supply and demand of health care workers.

- Maine Behavioral Health Workforce:
  - Supply: 310
  - Demand: 630
  - Adequacy: 49%

Possible Analysis using HRSA Data

Behavioral Health Workforce Adequacy, 2023



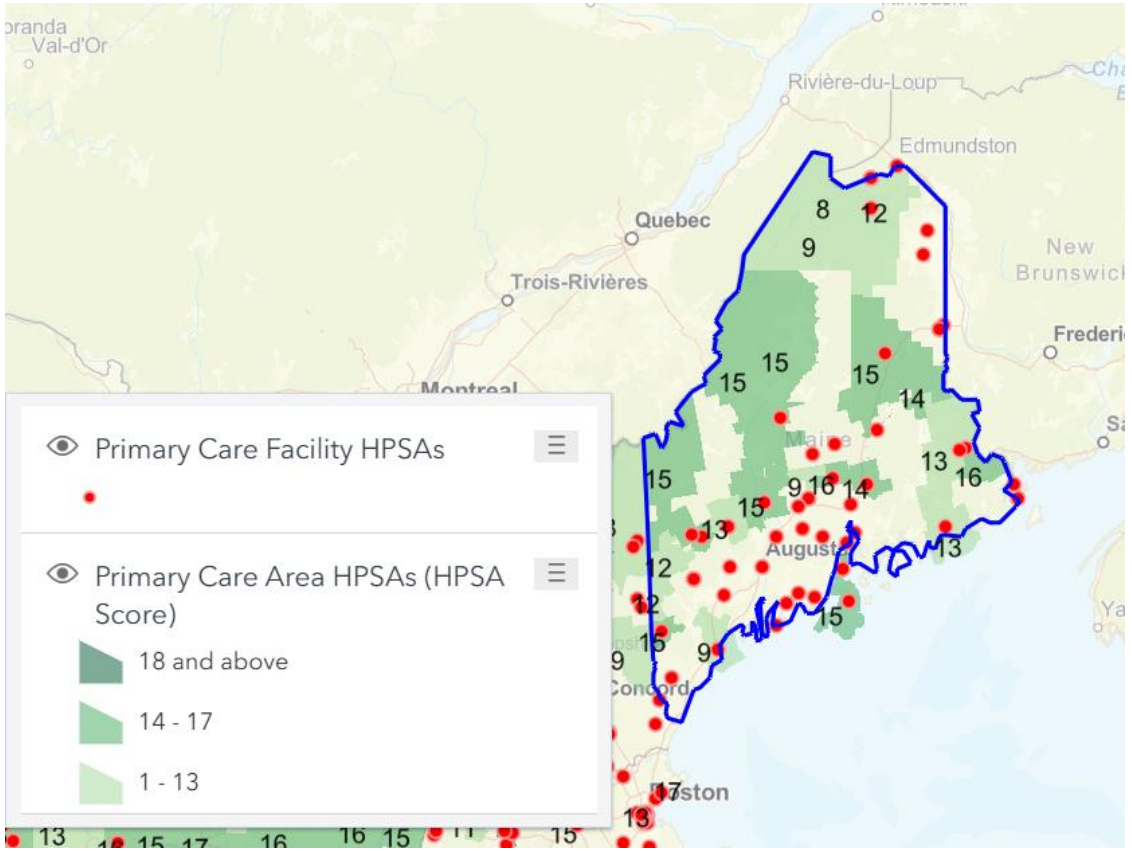
Source: U.S. Health Research and Services Administration. (2023). *HRSA Map Tool*.

Workforce Analysis

- The U.S. Health Research and Services Administration provides a variety of data tools including information on health shortage areas.
- Analysis of health care shortage areas can provide a baseline assessment of areas with limited physical access to care.

Possible Analysis using HRSA Data

Primary Care Shortage Areas in Maine



Source: U.S. Health Research and Services Administration. (2023). *HRSA Map Tool*.

Timeliness

Data Source	Readily Available	Historical and Reproducible	Timely	Level of Analysis	Rank
Behavioral Risk Factor Surveillance System	Yes	Yes	Yes	National, State, County*	
Local Consumer Surveys	Yes	No	~	State, District	
HEDIS Access/Availability Care Measures	No	Yes	Yes	Health Plan and Provider Level	
MEPS	No	Yes	~	National and State*	

Behavioral Risk Factor Surveillance Survey

Telephone survey conducted in the U.S. capturing a representative sample of non-institutionalized Americans who are 18 years and older. The survey captures data on health status, disease, risk factors, and prevention activities.

- Largest ongoing telephone survey.
- Data are weighted to create representative samples.
- Captures information on health care access and coverage.

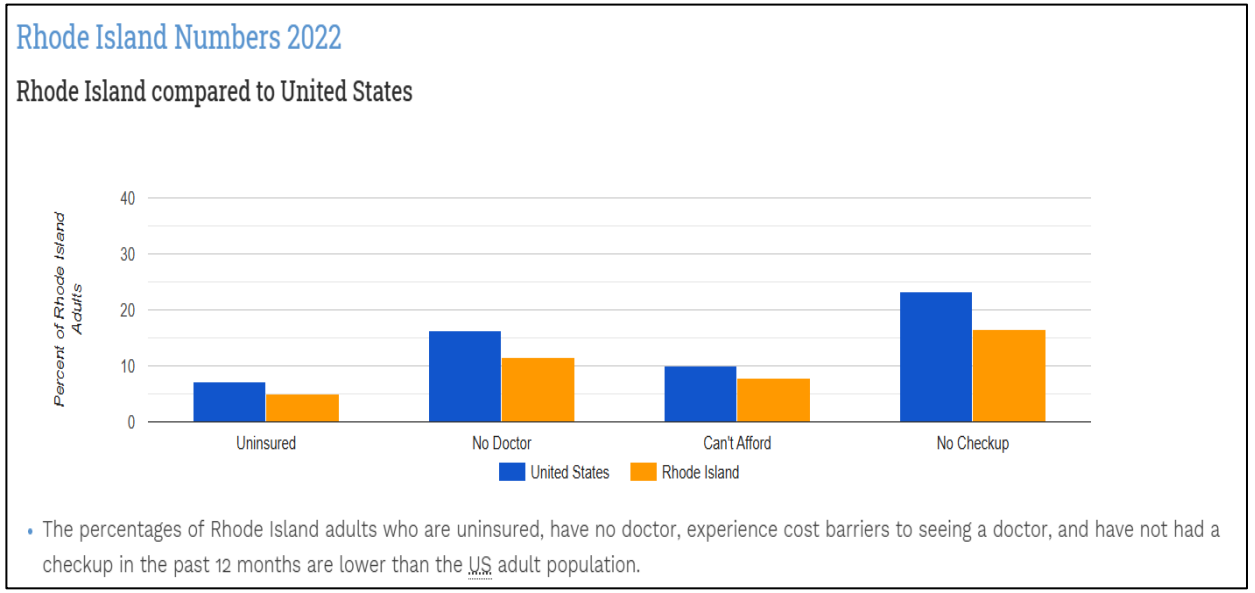
Timeliness Analysis

Sample BRFSS Questions

- Was there a time in the past 12 months when you needed medical care, but could not get it?
- Do you have one person you think of as your personal doctor or health care provider?
- Over the past 12 months did you ever delay getting medical care due to cost?

Example of analysis with BRFSS data

BRFSS Health Care Access Questions for Rhode Island Residents, 2022



Source: State of Rhode Island Department of Health. (2025). *Healthcare Access*.

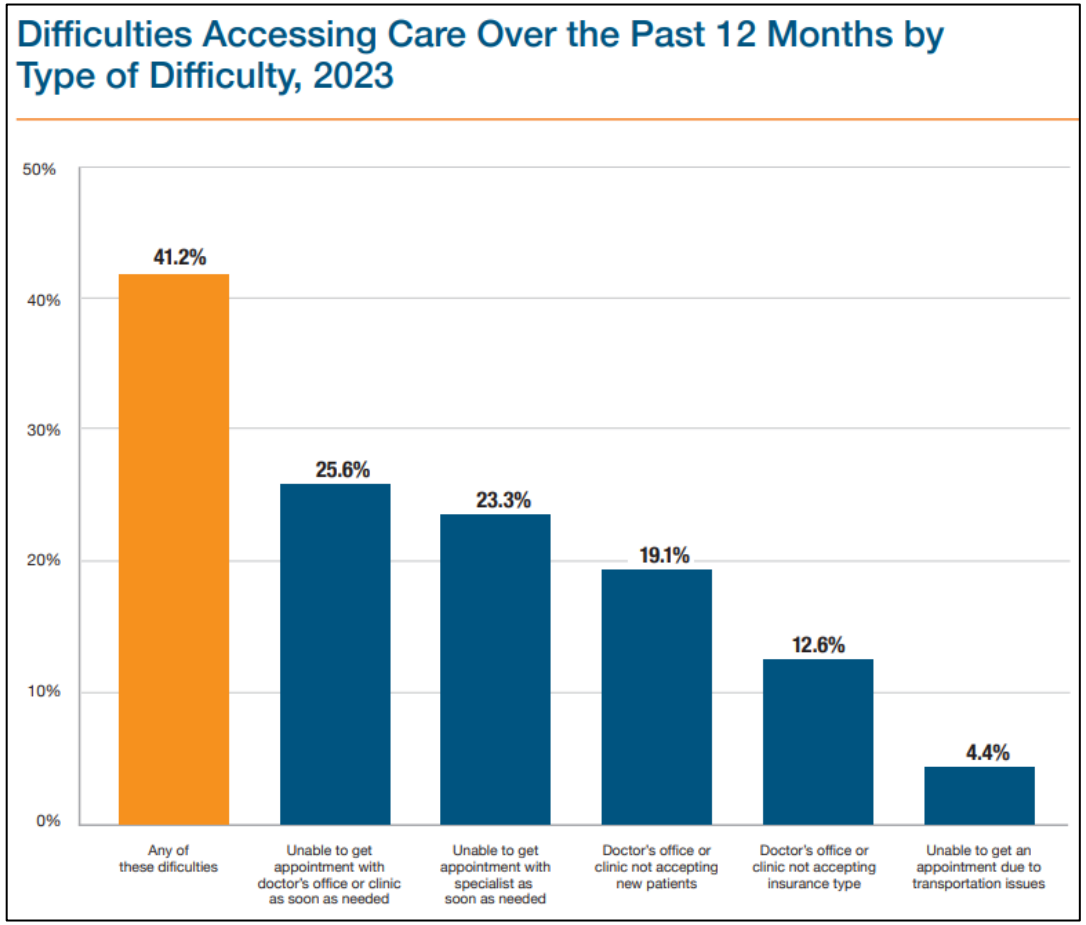
Timeliness Analysis

Sample BRFSS Questions

- What is the main reason you did not get medical care?

Example of possible analysis with BRFSS data

Had Difficulties Accessing Care Over the Past 12 Months by Reason, 2023



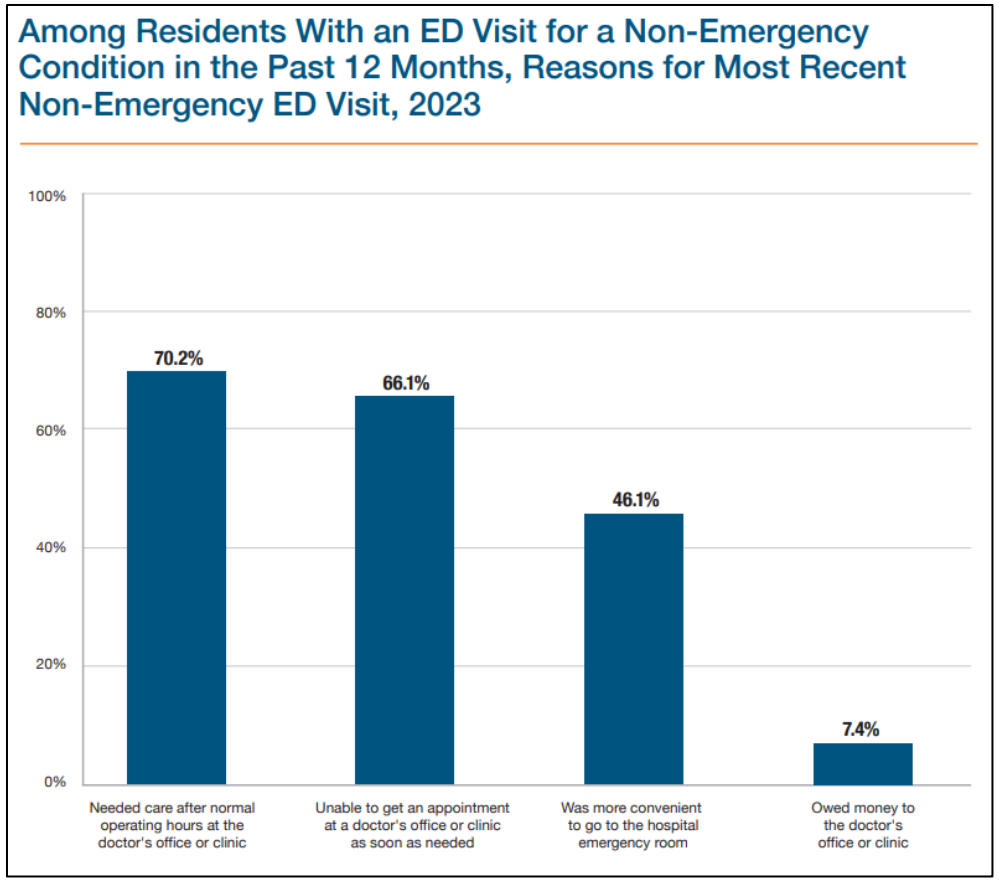
Source: Massachusetts Center for Health Information and Analysis. (2023). Massachusetts 2023 Health Insurance Survey

Timeliness Analysis

Consumer responses to how they use care provide insight to health care access.

- Reasons for ED use, including nonemergency use provides insight to limited access to primary care resources.

Reason for Emergency Department Use for Non-Emergency Reasons Among MA Residents, 2023



Source: Massachusetts Center for Health Information and Analysis. (2023). Massachusetts 2023 Health Insurance Survey

Measuring Access to Care – Next Steps

- Gain feedback and incorporate suggestions
- Establish framework for analysis and benchmarking
- Begin analyses
- Report out
- Continue to track progress