



Advisory Council on Affordable Health Care

September 2nd, 2026



Agenda

- Administrative updates
- RHTP Update: Rural Hospital Efficiency Fund
- OAHC analysis planning

Administrative Updates

- New Council member (pending final confirmation): Dr. Patrick Connolly
- Staffing updates
- Annual public hearing: schedule for September 23rd, 1:00pm
 - Registration information will be posted soon, and shared with the distribution email list



Rural Health Transformation Program (RHTP) OAHC Participation Update



Maine's RHTP - \$190 million across 5 initiatives

Initiative #1: **Population Health:** Promoting timely access to high-quality care

Initiative #2: **Workforce:** Strengthening Maine's rural health workforce

Initiative #3: **Technology Innovation:** Modernizing rural care delivery with digital health technology

Initiative #4: **Access:** Bridging the health care affordability gap for rural Mainers

 Initiative #5: **Sustainable rural health ecosystems:** Addressing financial instability of rural providers

Rural Hospital Efficiency Fund

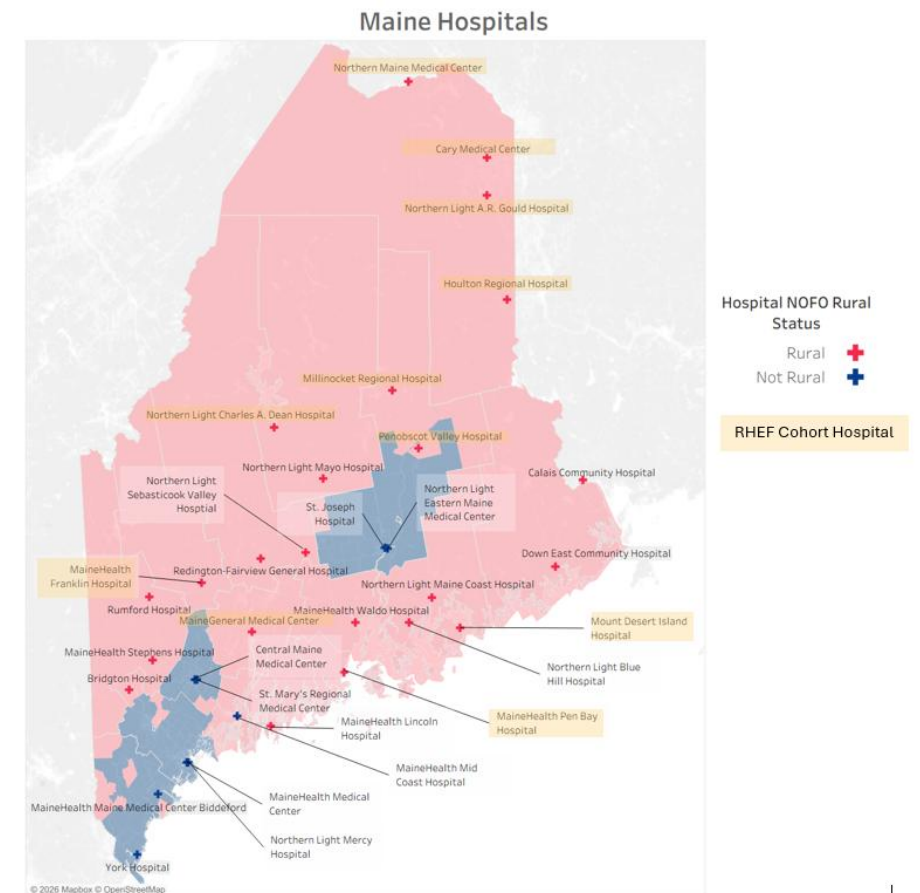
- \$30 million project intended to **strengthen the long-term financial health and sustainability** of rural hospitals across Maine
- Participating hospitals will receive **individualized technical assistance** from industry experts on financial efficiency and sustainability. Hospitals will use that assistance to develop individualized **sustainability plans identifying priority projects**.
- Eligible projects may focus on improving **financial oversight and management, increasing structural and operational efficiency, or strengthening regional planning to ensure efficient delivery of service**. Projects will be tailored to the circumstances of each hospital and are intended to produce lasting improvements in financial health and operational efficiency.

Invited Hospitals

- Hospitals were invited to participate based on two factors:
 - Rurality, aligning with the definition used by CMS in the RHTP application
 - An assessment of financial metrics using MHDO's audited financial reporting to identify hospitals that could benefit most from the investment.

- Cary Medical Center
- Houlton Regional Hospital
- MaineGeneral Medical Center – Alford Center for Health
- MaineHealth Franklin Hospital
- MaineHealth Pen Bay Hospital

- Millinocket Regional Hospital
- Mount Desert Island Hospital
- Northern Light AR Gould Hospital
- Northern Light CA Dean Hospital
- Northern Maine Medical Center
- Penobscot Valley Hospital





OAHC Analysis Planning



OAHC Future Analysis Planning

Purpose

- OAHC is interested in revisiting the analysis plan as much of the original work has been completed or can be expanded upon.

Today

- Review the prior analysis plan and any open items.
- Gather Advisory Council input on future direction with examples of possible analyses from other states.

OAHC Current Analysis Plan

Complete

In Progress

Not Yet Started

OAHC Claims Dashboards

MHDO and MQF Reporting

OAHC Non-claims Analyses

Health Expenditures Dashboards

Hospital
Payment and
Utilization
Dashboards

Professional
Services
Payment and
Utilization

Facility Level
Payment and
Utilization

Cost Driver
Deep-Dives

Drug Spending Dashboards

Primary Care Spending Report

Behavioral Health Care Spending
Report

Hospital Quality Data

Hospital Financial Data

Health Care Payments in Maine V 2.0

CompareMaine: Payment and Quality
Data

Household Spending on
Health Care

Access and Equity
Dashboards

Clinical Quality Metric
Dashboards

Provider Cost Analysis

In Progress Analyses Updates

Analysis	Updates	Next Steps
Cost Driver Deep Dive	Analyzing aggregate hospital payments and utilization dashboards to identify any trends in spending drivers by service category.	Produce analysis from the hospital dashboards in the coming months.
Provider Cost Analysis	- Assessed data sources in this space, with limited success. - Identified opportunity to expand granularity of MHDO hospital financial reporting on operational expenses to improve data analysis capabilities.	MHDO adopted new rulemaking for Chapter 300 reporting. Waiting on the first round of data collection.
Clinical Quality Metric Dashboards	- Working with Maine Quality Forum and partners from other states to determine the best approach for analyzing state-level quality. - Established scope of work for a fellow to analyze other state initiatives to inform planning	Produce recommended next steps and approach by end of year 2026.
Access and Equity Dashboards	- Assessed data sources in this space with limited success. - Gained access to Maine BRFSS data.	Working to scope out approach to reporting.



Possible Analyses for OAHC Analytic Plan



Possible Analyses for Consideration

- The Office is interested in soliciting the feedback and direction of the Advisory Council on the next iteration of OAHHC's analytic plan.
- We have included possible analyses that we think could benefit the work of the Office to continue to meet its statutory directive.
- These analyses are suggestions and do not reflect a full feasibility analysis. Some of these analyses may not be possible after further investigation due to data or budget limitations.
- Suggestions for analyses should not be considered a commitment by the Office to be complete.

Suggestion #1: Health Care Payments in Maine

Background: OAHC has spent time analyzing spending trends across specific health care settings. To better understand how setting specific spending fits into the larger health care market, we could analyze total payments and utilization by category across Maine's total health care ecosystem, leveraging MHDO's *Health Care Payments in Maine* dashboards.

Data Source: Maine Health Data Organization's (MHDO) All Payor Claims Database (APCD)

Leading Questions:

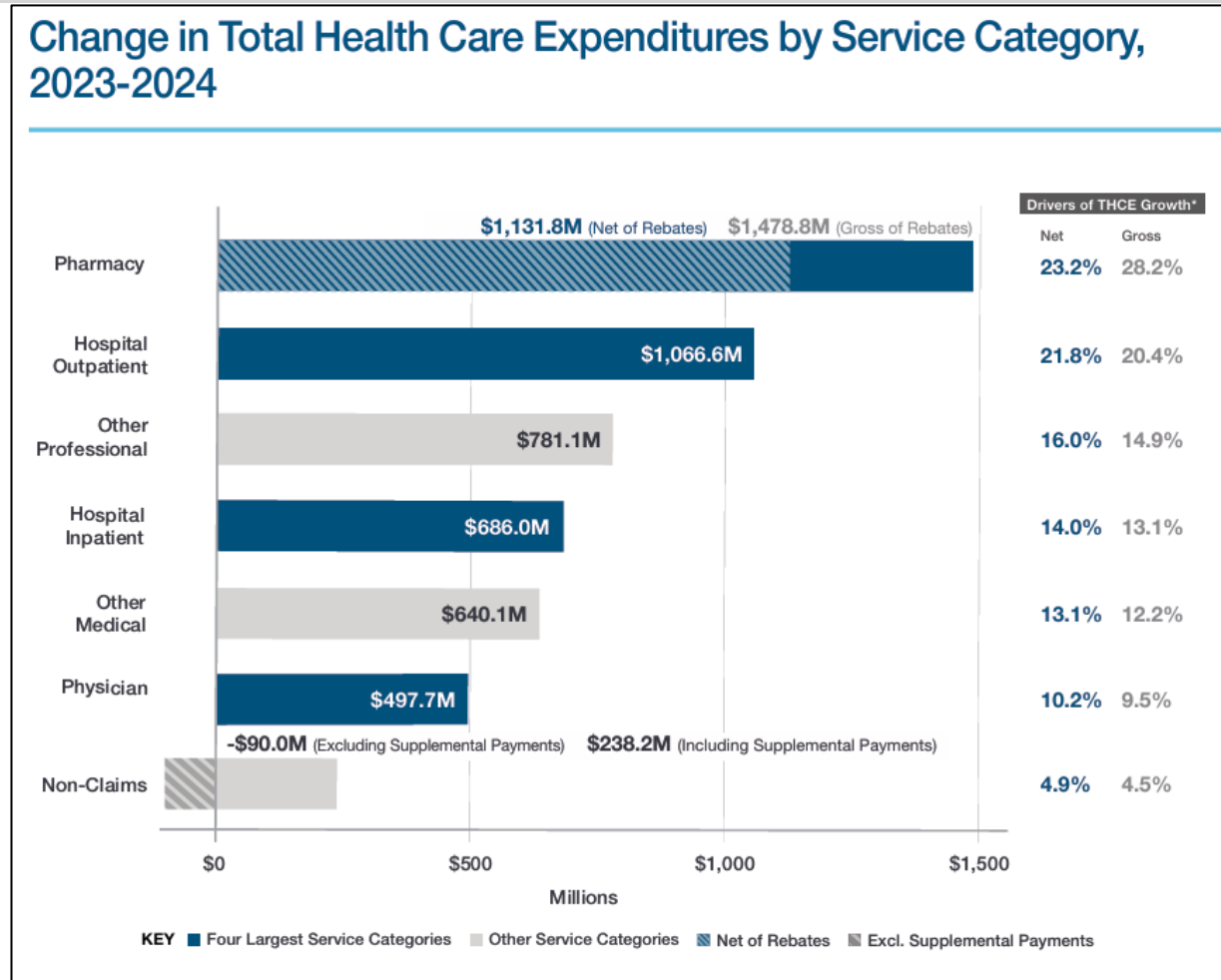
1. In what category(ies) of Maine health care services does the most spending and utilization occur?
2. Which category(ies) of Maine health care services have seen the largest growth in spending and utilization recent years?
3. Are there differences in the answers to the previous questions by payor, geography, and consumer demographics?

Suggestion #1: Health Care Payments in Maine

Example: Massachusetts Center for Health Information and Analysis reports total health care expenditures across health care categories, including % change and contribution to total spending changes.

Considerations:

- MHDO already reports on health care payments, and suggested analyses may be feasible within current reporting.
- APCD limitations apply.



Source: Massachusetts Center for Health Information and Analysis (2026). *Annual Report on the Performance of the Massachusetts Health Care System*. <https://www.chiamass.gov/insights-analysis/annual-report/>

Suggestion #2: Transparency in Coverage

Background: Transparency in Coverage (TiC) is a federal requirement established in 2022 that specifies health insurance carriers must report negotiated rates and out-of-network pricing information publicly on their websites.

Data Source: Transparency in Coverage (TiC) files

Leading Questions:

1. Across Maine carriers, how do rates for services at the same provider vary?
2. Across Maine carriers, for the same service, how do rates vary across provider types (e.g. outpatient surgery rates at a hospital vs ambulatory surgical center)?
3. Across Maine carriers, how do out-of-pocket costs vary?

Suggestion #2: Transparency in Coverage

Example: The Colorado Division of Insurance was granted enforcement authority to monitor whether carriers are complying with state and federal regulations related to TiC.

In 2024 Colorado General Assembly passed SB24-080 which strengthened TiC requirements for carriers offering plans in Colorado. The requirements did the following:

- added specific information related to Colorado plans,
- limited “ghost codes”,
- required pricing information for the most frequently used medications on their plans.

Considerations for TiC data analyses:

- Captures the entire commercial market, including self insured plans.
- Represents prices negotiated for services and are not reflective of payments.
- Includes information on cost sharing.
- Ongoing issues with completeness and accuracy which are progressively being addressed.

Suggestion #3: Market Dynamics

Background: Carrier rate filings offer insight into how premiums are developed and what factors impact premium rate changes. Consumers and employers experience premium rate changes annually. In recent years, Maine's small employer and individual commercial markets have experienced significant rate increases.

Data Source: Unified Rate Reporting Templates (URRT)

Leading Questions:

1. What factors are driving premium increases by market segment?
2. How have risk profiles/demographics changed over time and how are they impacting premiums?

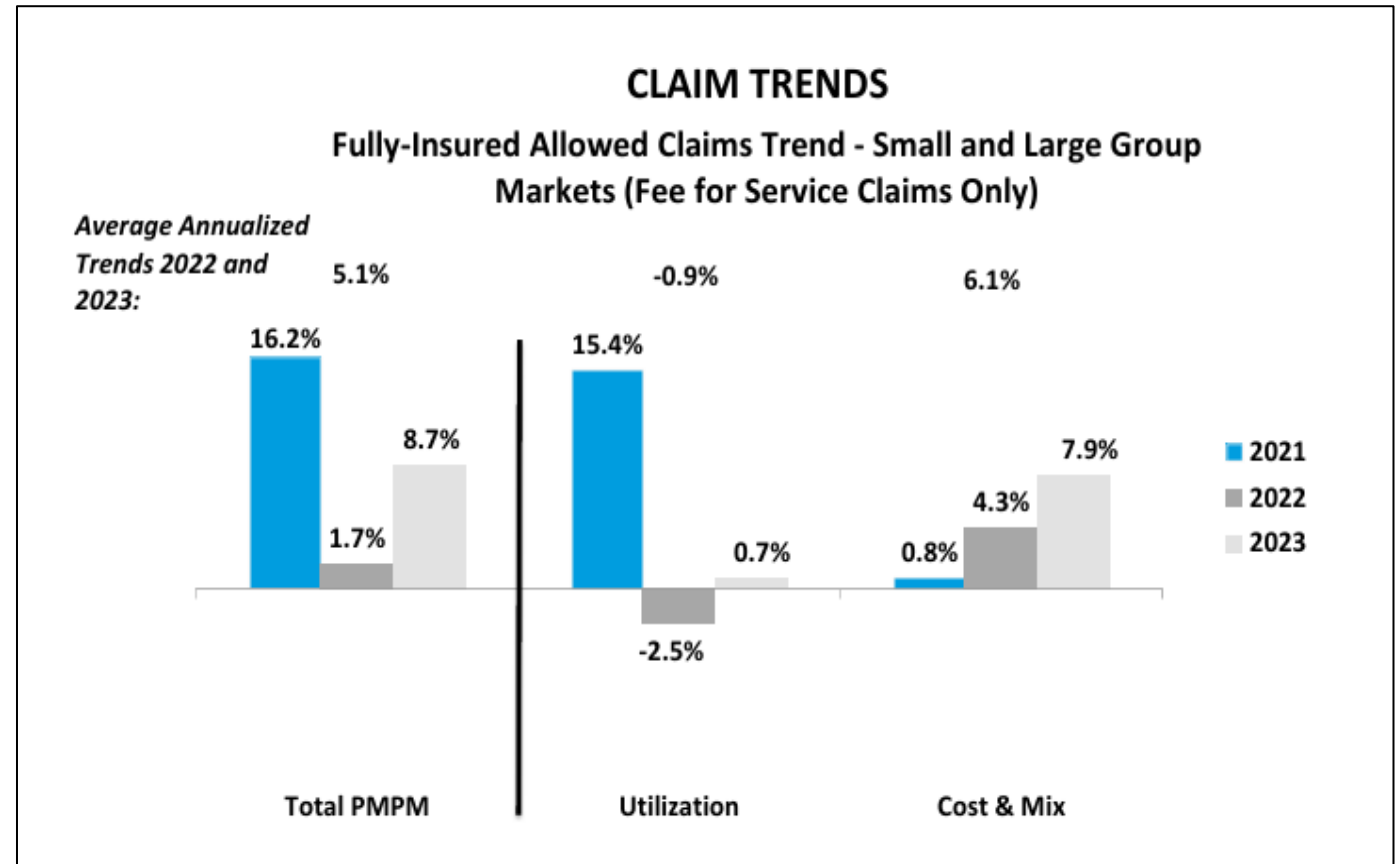
Suggestion #3: Market Dynamics

Example: The New Hampshire Insurance Department commissioned an actuarial report to identify premium and claim cost drivers.

The report included several analyses looking at factors including utilization, service mix, administration fees, and medical trend.

Considerations:

- State commercial insurance market insight limited to fully insured and individual markets.



Source: Oliver Weyman (2024). 2024 Final Report of Health Care Premium and Claim Cost Drivers. https://www.insurance.nh.gov/sites/g/files/ehbemt861/files/inline-documents/sonh/nhid-annual-hearing-report-2024_final.pdf

Suggestion #4: Household and Employer Spending

Background: To better analyze the state of health care affordability, we could do a deep dive into household and employer spending changes over time. An updated analysis of household and employer health care spending could help describe the impact of the recent and expected premium increases on consumers and Maine employers.

Data Source: A combination of State APCD and other data sources.

Leading Questions:

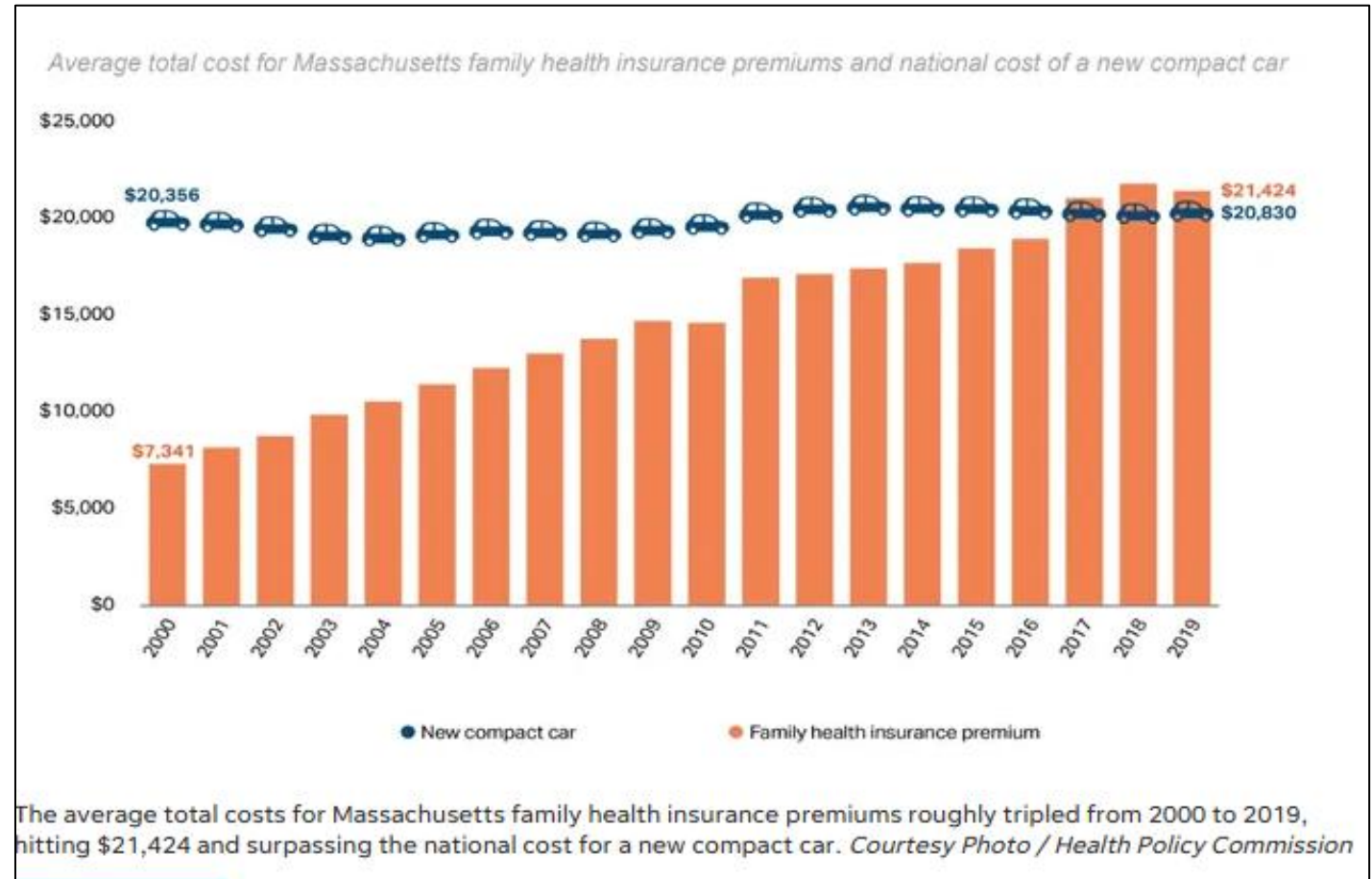
1. How much are Maine households spending on health care?
2. How much are Maine employers spending on health care?
3. How have these things changed over time?
4. How have consumer/ employer cost sharing dynamics changed over time?

Suggestion #4 Possible Analysis for Consideration

– Cost Sharing/ Out of Pocket

Example: Massachusetts Health Policy Commission compared total family health insurance premium costs with the cost of a used care over time. This visual helps show the magnitude of health care costs on households.

Considerations: OAHC has explored household health care costs that include premium and out of pocket spend. New analyses could offer historic and projected spending.



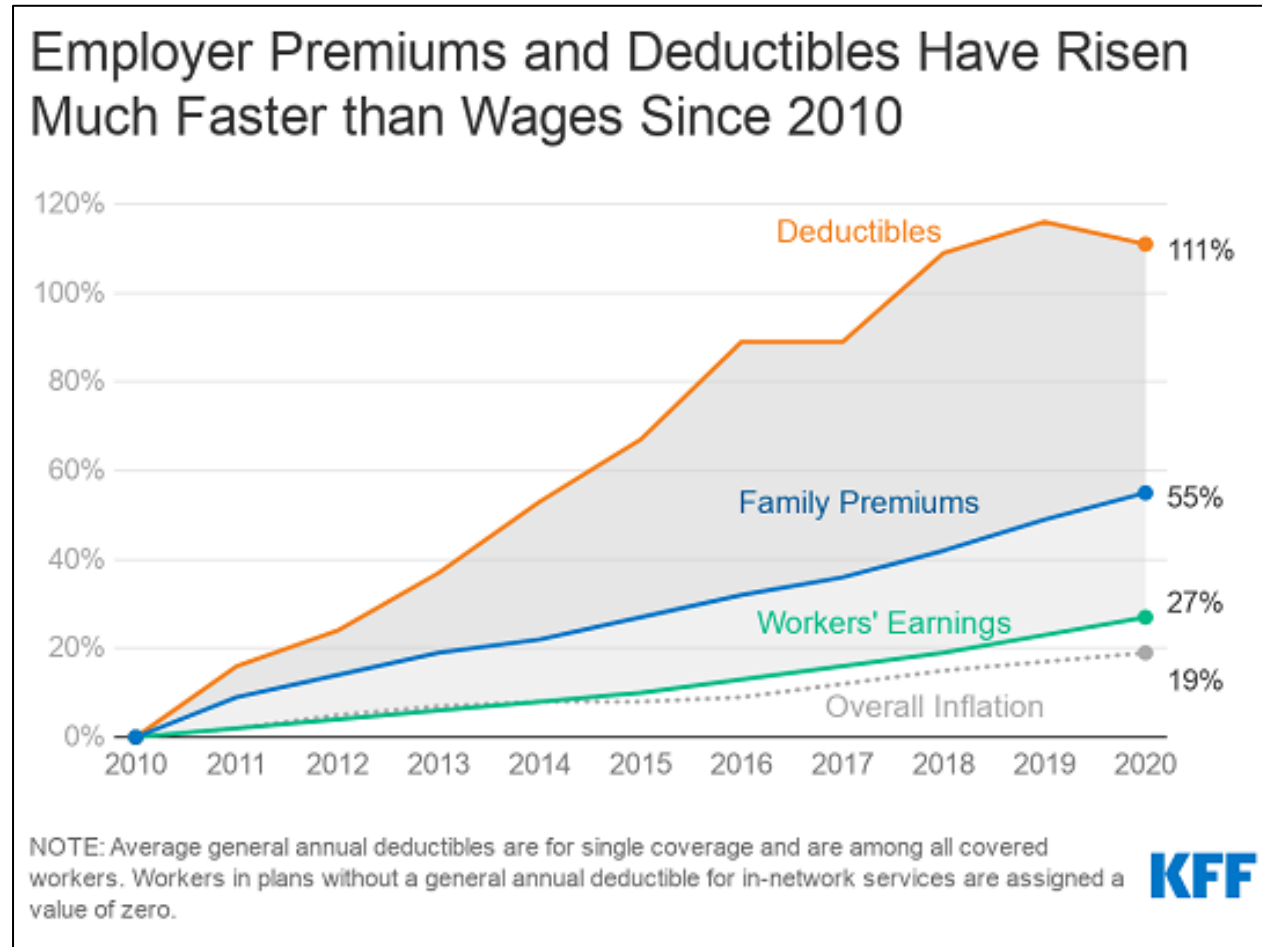
Source: Massachusetts Health Policy Commission

Suggestion #4 Possible Analysis for Consideration

– Cost Sharing/ Out of Pocket

Example: KFF explored changes in family premiums, deductibles, earnings, and inflation to visualize the impact of health care costs on households over time.

Considerations: OAHC has explored household health care costs that include premium and out of pocket spend. New analyses could offer historic and projected spending.



Source: KFF. (2025). 2025 Employer Health Benefits Survey.

Suggestion #5: Mapping Access

Background: Coupling efforts with RHTP Activity 5.2 we could explore leveraging MHDO's work developing a provider database to create mapping tools estimating distance to services for Maine residents.

Providers/ services of interest:

1. Hospitals, Labor and Delivery Services
2. Primary Care Offices
3. Long Term Care and Skilled Rehabilitation Facilities
4. Substance Use Disorder Service Centers

Considerations:

Would be reliant on new data sources currently under development, and would require collaboration with other agencies on GIS mapping capability.

Other Suggestions?

We are interested in hearing from Advisory Council members on other analyses that would be of interest to explore.

We know there is a large world of possible analyses in this space. To better narrow the scope, we ask that council members consider feasibility and applicability when suggesting analyses.

Please consider the following when suggesting analyses:

1. Applicability to the Office's statute.
2. Relevance to Maine's health care ecosystem.
3. Availability of data sources.