# 10-144 DEPARTMENT OF HUMAN SERVICES

 OFFICE OF PLANNING, RESEARCH AND DEVELOPMENT

Chapter 510: REGULATIONS GOVERNING THE RURAL MEDICAL ACCESS PROGRAM

I. INTRODUCTION

 A. Intent

 It is the intent of the Maine Department of Human Services to promote the availability of physicians to deliver babies in underserved areas of the State. The Department chooses to accomplish this through the following method of disbursement of financial incentives to physicians who provide services in these underserved areas.

 B. Summary

 The Rural Medical Access Program (RMAP) was authorized in April of 1990 with the passage of Section 5 of L.D. 2513. 24-A M.R.S.A. Ch. 75, effective on 7-14-90. This legislation provides for a program to promote the availability of physicians who deliver babies and provide prenatal care services in underserved areas. The Department will accomplish this through the development of a process for the disbursement of financial incentives to physicians who practice at least 50% of their time in underserved areas of the State. The purposes of these rules are to: (1) establish a process by which the Commissioner of Human Services determines those physicians who are eligible to receive professional liability premium assistance, and, (2) set forth the method used by the Commissioner of Human Services to identify "underserved areas" and to determine the order of priority for receipt of premium assistance for their physicians.

 C. Staffing

 These rules will be administered by the Office of Planning, Research and Development of the Department of Human Services.

II. DEFINITIONS

 1. "Department" refers to the Maine Department of Human Services.

 2. "Family Practitioner" means a duly licensed physician who manages the personal, long term, comprehensive medical care, health maintenance and illnesses prevention of family members of all ages.

 3. Obstetrics means the management of pregnancy, labor and child birth by obstetricians or family or general practitioners.

 4. "Obstetrics/Gynecology" refers to the diagnosis and treatment of diseases of the female reproductive system and to the care of women during pregnancy, childbirth and the period immediately following childbirth.

 5. “Obstetrician" means a duly licensed physician who practices Obstetrics.

 6. “Obstetrician/Gynecologist" refers to a duly licensed physician who is certified by the American Board of Obstetrics and Gynecology or the American College of Osteopathic Obstetrics and Gynecology.

 7. "Prenatal/Post Partum Care" means care given to the mother with reference to the fetus/infant. before and after birth. by an obstetrician or family or general practitioner.

 8. "Referral agreement” refers to a written agreement between a physician who provides care in an underserved area without a facility for delivery and a licensed physician who performs the delivery outside that area.

 9. "Health Manpower Shortage Area (HMSA)/populations" means an area or population that meets the current federal criteria for designation as such which are found at 42 C.F.R. § Part 5.

 10. "Health Professional Shortage Area (HPSA)" means a Health Manpower Shortage Area (HMSA) and is used in place of HMSA for consistency with federal regulations set forth at 42 C.F.R. Part 5.10.11.

 11. "Medically Underserved Area (MUA)/populations" refer to an area or population that meet the current federal criteria for designation as such which are found at 42 C.F.R. § Part 4.

 12. "Primary Care Analysis Areas (PCAAs)" refer to the established set of 62 primary health care service areas utilized in Maine for the purpose of primary care services planning.

 13. Physician practice area refers to an individual physician practice site.

III. IDENTIFYING UNDERSERVED AREAS FOR OBSTETRICAL AND PRENATAL CARE

 The following list includes those areas which will be considered underserved areas with respect to obstetrical and prenatal care:

 A. Federally designated medically underserved areas (MUAs)/populations;

 B. Federally designated health professional shortage area (HPSAs)/populations; and,

 C. Physician practice areas as designated by the Commissioner of the Department of Human Services. Such an area will be considered for designation if the applying physician verifies in writing that he/she sees a combined practice of patients from a HPSA/MUA and/or from Medicaid that equals at least 50% of his or her practice. Any physician practice area which is located in a PCAA with a total of population of 20.000 or more is ineligible to be considered for this designation.

IV. RANKING "UNDERSERVED AREAS" FOR OBSTETRICAL AND PRENATAL CARE

 Those areas which have been designated as underserved areas for obstetrical and prenatal care will be ranked by the following methodology for the purpose of establishing the relative priority of each area's physicians receiving premium assistance.

 A. First priority will be given to those physicians who practice at least 50% of their time in a designated HPSA or MUA. Those designated areas will be ranked in priority according to their Medicaid eligible population percentages and the premiums for the physicians from the areas with the highest percentages will be reimbursed as the availability of funds allows

 An area with a greater Medicaid eligible population percentage will be ranked in priority above an area with a lesser Medicaid eligible population percentage. The most current available data from the Medicaid recipient files will be used. These data will be updated by the Department annually, every March 31st. For any area that loses its HPSA status, its physician's premium assistance will be continued until the next federal publication of HPSAs in Maine.

 B. Funds not utilized for the designated HPSA/MUA area physicians will be utilized for the physicians in the Commissioner-designated physician practice sites. Priority of premium assistance distribution in the Commissionerdesignated physician practice sites will be based on the prior year's statistics of that physician's number of Medicaid patients served. Data from the Maims Division of the Department will be utilized to determine numbers of patients served by the physicians.

V. PHYSICIAN QUALIFICATIONS FOR PREMIUM ASSISTANCE

 A qualified physician may be found eligible to receive professional liability premium assistance only if he or she:

 A. Is licensed to practice medicine in the State of Maine and subscribes to appropriate obstetrical malpractice insurance coverage.

 B. Files an application for premium assistance with the Department's Office of Planning. Research and Development. Separate applications will be made available for each of the two eligibility classes, i.e., the automatic eligibility areas (MUAs and HPSAs) and the Commissioner designated eligibility areas.

 C. Provides in the written application the total number of prenatal care patients and deliveries as well as the total number of prenatal care patients and deliveries that are covered through Medicaid. Physician eligibility will be determined as follows:

 1. For the physician to qualify for HPSA/MUA area eligibility, the physician's Medicaid eligible patients must represent at least 10% of the physician's total prenatal/obstetrical care practice during the preceding 6 months. In those situations where a physician does not limit or refuse treatment to Medicaid recipients but the percentage of Medicaid patients is still below 10% of his/her total prenatal/obstetrical care caseload. a waiver of this stipulation may be granted by the Department.

 2. For the physician to qualify for the Commissioner designated physician practice area eligibility a combination of the number of Medicaid patients and patients who reside in the adjacent underserved areas. must equal 50% of the physician's total practice.

 D. Provides complete obstetrical care for patients, including prenatal care and delivery, except that a physician in an underserved area without a facility for obstetrical delivery may qualify if the physician provides all services except delivery services but has a referral agreement for delivery with a licensed physician who accepts and serves Medicaid patients.

 E. For at least 50% of his or her work time provides patient services in areas of the State that are determined to be underserved areas for obstetrical and prenatal services under II. above; or has provided written documentation that fully details and confirms that at least 50% of the practice patients are either Medicaid recipients or reside in the adjacent MUA/HPSA.

 F. Has provided obstetrical and/or prenatal care services in a designated area. including to Medicaid patients, for at least the previous 6-month period, except in the case of new physicians wherein the premium assistance will be granted prospectively when funding is available.

 G. Provides in the application, the name of the insuring company. the policy number and the entity who pays the premium.

VI. COMPLIANCE AND RECOUPMENT

 Every physician receiving insurance premium assistance must fully comply with these rules throughout the period assistance is provided. Failure to do so, may result in the Department's recoupment of the value of the assistance already given and withholding of further assistance. The Department of Human Services may initiate site audits of records for patients to verify compliance. Funds will be distributed to the physicians and entities which are paying the premiums of the eligible physicians.

MUA AND HMSA LIST

July, 1990

COUNTY TOWN

ANDROSCOGGIN Greene

Jay

Leeds

Livermore

Livermore Falls

Turner

Wales

AROOSTOOK Allagash Plt.

Ashland

Bancroft

Benedicta

Castle Hill

Caswell Plt.

Crystal

Dyer Brook

Eagle Lake

Fort Kent

Frenchville

Garfield

Glenwood

Grand Isle

Hamlin

Haynesville

Hersey

Hodgdon

Island Falls

Madawaska

Masardis

Merrill

Monticello

Moro

Nashville Plt.

New Canada

Oakfield

Orient

Oxbow Plt.

Portage Lake

Reed Plt.

St. Agatha

St. Francis

St. John Plt.

Sherman

Van Buren

Wallagrass Plt.

Winterville

Weston

Woodland

Unorg. Terr. of Connor

Unorg. Terr. of North Aroos.

Unorg. Terr. of South Aroos.

Unorg. Terr. of Square Lake

CUMBERLAND Cliff Island

Cushing Island

Great Chebeague

Great Diamond Island

Little Chebeague Island

Little Diamond Island

Long Island Peaks Island

FRANKLIN Carrabasset Valley

Jay

Kingfield

Phillips

Wyman

HANCOCK Brooksville

Bucksport

Dedham

Deer Isle

Orland

Penobscot

Sedgwick

Stonington

Verona

KENNEBEC Albion

Fayette

Litchfield

Monmouth

Mount Vernon

KNOX Appleton

Isle Au Haut

Washington

LINCOLN Dresden

Jefferson

Somerville Plt.

Whitefield

OXFORD Andover

Bethel

Brownfield

Canton

Gilead

Greenwood

Hanover

Hartford

Newry

No. Oxford Unorg.

Porter

Sumner

Upton

Woodstock

PENOBSCOT Bradford

Burlington

Charleston

Corinna

Corinth

Dexter

Dixmont

Drew Plt.

Edinburg

Enfield

Exeter

Garland

Grand Falls

Howland Hudson

Lagrange

Lowell

Maxfield

Mt. Chase

Passadumkeag

Patten

Prentiss Pit.

Sebois

Stacyville

Unorg. Terr. of Kingman

Unorg. Terr. of Whitney

PISCATAQUIS Atkinson

Barnard

Blanchard Plt.

Brownville

Elliottsville Plt.

Greenville

Kingsbury

Lakeview

Medford

Milo

Monson

S.E. Piscataquis Unorg.

Sebec

Shirley

 Wellington

Willimantic

Unorg. Terr. of North Pisc.

SAGADAHOC Bowdoinham

Richmond

SOMERSET Anson

Athens

Bingham

Brighton Plt.

Cambridge

Caratunk Pit.

Dennistown

Embden

Hartland

Highland Pit.

Jackman

Madison

Moose River

Moscow

New Portland

N.E. Somerset Unorg.

Palmyra

Pittsfield

Pleasant Ridge Plt.

Solon

St. Albans

The Forks Plt.

West Forks Plt.

WALDO Entire County

WASHINGTON Addison

Beals

Beddington

Centerville

Cherryfield

Codyville

Columbia

Columbia Falls

Danforth

Deblois

East Machias

Eastport City

Grand Lake Stream

Harrington

Indian Township

Jonesboro

Jonesport

Lubec

Milbridge

Pembroke

Perry

Pleasant Point

Princeton

Steuben

Talmadge

Topsfield

Unorg. Terr. of North Wash.

Vanceboro

Waite

YORK Parsonfield

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