

Massachusetts Access Monitoring Review Plan

Table of Contents

| | |
|---|----------------|
| Section 1: Overview | Page 1 |
| Section 2: Review Analysis of Primary Care Services | Page 11 |
| Section 3: Review Analysis of Physician Specialty Services | Page 21 |
| Section 4: Review Analysis of Behavioral Health Services | Page 28 |
| Section 5: Review Analysis Pre- and Post- Natal Obstetric Services, including Labor and Delivery | Page 37 |
| Section 6: Review Analysis of Home Health Services | Page 43 |
| Section 7: Conclusion | Page 49 |

Section 1: Overview

MassHealth, the Massachusetts Medicaid program, provides health insurance coverage for low-income individuals, including children, pregnant women, individuals with disabilities, elderly parents and other adults. The Massachusetts Executive Office of Health and Human Services (EOHHS) is the single state agency that administers the MassHealth program with the state. MassHealth currently provides coverage to approximately 1.8 million Medicaid and the Children’s Health Insurance Program (CHIP) members and had approximately \$13.7 billion in gross expenditures over state fiscal year 2015.

As of July 2015, Massachusetts had a total population of just fewer than 6.8 million people. There are 63 acute care hospitals and affiliated practices in the state, all of which are enrolled with MassHealth. Additionally, with a large network of community health centers in the state, there are many options for MassHealth members to receive healthcare.

Massachusetts measures and monitors indicators of healthcare access to ensure that its Medicaid beneficiaries have access to care that is comparable to the general population.

In accordance with 42 CFR 447.203, Massachusetts developed an Access Monitoring Review Plan (Access Plan) that follows the model plan provided by the Centers for Medicare and Medicaid Services (CMS) and demonstrates sufficient access for the following service categories provided under a fee-for-service (FFS) arrangement:

- Primary care services
- Physician specialist services
- Behavioral health services
- Pre- and post-natal obstetric services, including labor and delivery
- Home health services

CMS guidance to states is that the Access Plan is only required for services covered and paid through the Medicaid state plan on a FFS basis, as access information for services covered and paid through capitation arrangements is collected through other avenues. Per CMS requirements, the Access Plan generally describes data that will be used to measure access to care for Medicaid members in FFS and the Primary Care Clinician (PCC) Plan, excluding behavioral health services covered by Massachusetts Behavioral Health Plan (MBHP), the PCC Plan's capitated carve out vendor. Non-Behavioral Health PCC plan services are delivered through and are generally paid under the FFS program. Therefore, the data presented in this Access Plan includes member numbers for Medicaid members in the PCC plan and those in FFS with MassHealth as primary insurance and excludes CHIP, unless otherwise stated. However, the Access Plan also incorporates analysis of some data involving managed care organization (MCO) member information (e.g. HEDIS data) when such data is the most recently available or relevant to the CMS-required analysis.

The Access Plan considers the availability of Medicaid enrolled providers, utilization of Medicaid services and the extent to which Medicaid beneficiaries' healthcare needs are met. Where benchmarks existed and were appropriate, the Access Plan frames the data presented in that context. For example, the Access Plan discusses HEDIS data. The Access Plan also provides and reviews payment rates for the services listed above.

Ensuring timely and appropriate access to care is a priority for MassHealth and this goal is a key part of the major delivery system restructuring initiative that is underway. In MassHealth's request to CMS to extend our Section 1115 Demonstration, the agency proposes innovative service delivery systems that improve care, increase efficiency, and reduce costs. MassHealth plans to advance alternative payment methodologies and delivery system reform through accountable care organizations (ACOs) and community partners for behavioral health and long term services and supports. A significant focus will be placed on improving integration and delivery of care for members with behavioral health needs and those with dual diagnoses of substance abuse disorder; as well as integration of long term services and supports and health-related social services.

The Access Plan was developed during the months of February through June 2016, soliciting feedback from the MassHealth Medical Care Advisory Committee, and the public during a 30-day comment period during which the draft was posted on MassHealth's website to allow for public review and feedback in accordance with 42 CFR 447.203. Consistent with CMS requirements, our final Access Plan submission details such public feedback.

Analysis of the data and information contained in this Access Plan in comparison to recent data available in *The Findings from the 2015 Massachusetts Health Insurance Survey*¹ done by the Massachusetts Center for Health Information and Analysis's (CHIA) shows that Massachusetts Medicaid members have access to healthcare that is similar to that of the general population in Massachusetts (which is defined

¹ The Findings from the 2015 Massachusetts Health Insurance Survey, the Massachusetts Center for Health Information and Analysis's (CHIA), <http://www.chiamass.gov/assets/docs/r/survey/mhis-2015/2015-MHIS.pdf>

in the survey as all non-institutionalized residents of the state, including MassHealth members). According to the CHIA Health Insurance Survey, which includes a sampling of children, non-elderly adults, and elderly adults, 89 percent of respondents reported a usual source of health care and 88.6 percent reported a visit to a general doctor or other non-physician practitioner (e.g., physician's assistant or nurse practitioner) over the preceding 12 months. Four out of five (79.5 percent) respondents reported that the quality of care they received was very good or excellent. A comparison of these results and the data for MassHealth presented in this Access Plan indicate that MassHealth members have comparable access to healthcare indicated by respondents to the CHIA Health Insurance Survey.

Member Population

MassHealth currently provides coverage to approximately 1.8 million enrolled Medicaid and CHIP members, including just over 1.2 million adults and just over 655,000 children under age 21. Approximately 48% of these beneficiaries are enrolled in managed care organizations. Approximately 20% are enrolled in the PCC Plan, the state's Primary Care Case Management or PCCM plan. The PCC Plan includes a managed behavioral health provider. This vendor provides and maintains a network of behavioral health providers and is the source of behavioral health services for PCC Plan enrollees. In addition, as noted above PCC plan services are delivered through and are generally paid under the FFS program. The remaining 32% of members receive care through FFS, primarily individuals with other primary insurance, including Medicare.

Due to eligibility system issues in 2014 and early 2015, a large number of individuals were placed into temporary MassHealth FFS coverage until their actual eligibility could be determined. Because the member totals used for the member to provider ratios in the Access Plan include those in FFS, the influx of temporary FFS members impacted the member to provider ratio data in SFY14 and SFY15.

In the following Figures #1-3, the population displayed includes Medicaid members who have MassHealth as their primary coverage (CHIP and state-funded members have been excluded) in order to provide the most accurate demographics on the MassHealth FFS and PCC population as required by CMS.

Figure #1: Disabled and Non-Disabled Medicaid Members in SFY15

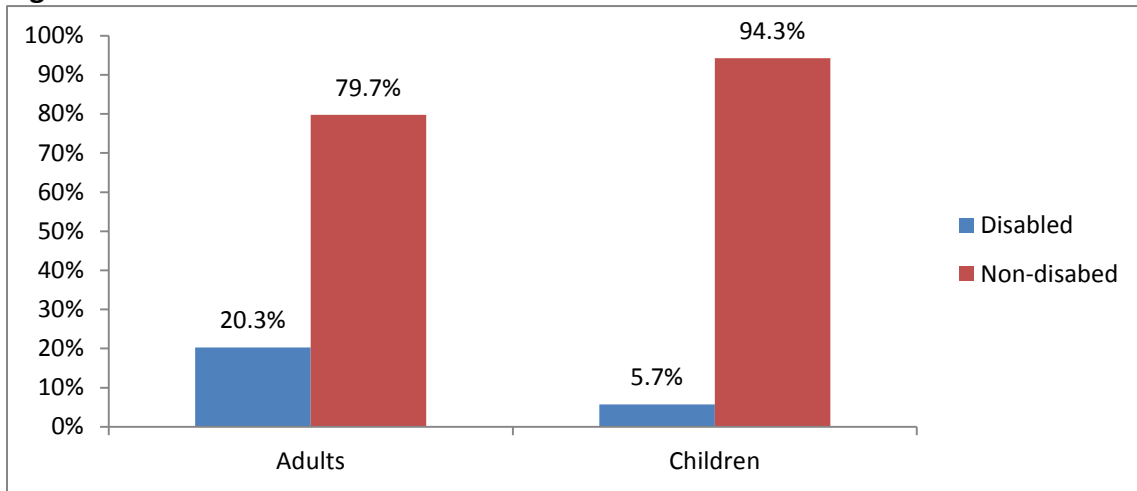


Figure #1 shows the population of MassHealth disabled and non-disabled Medicaid members in SFY15. Among adults, 20.3% were disabled and 79.7% were non-disabled. Among children, 5.7% were disabled and 94.3% were non-disabled.

Figure #2: Medicaid Members by Service Delivery System, SFY15

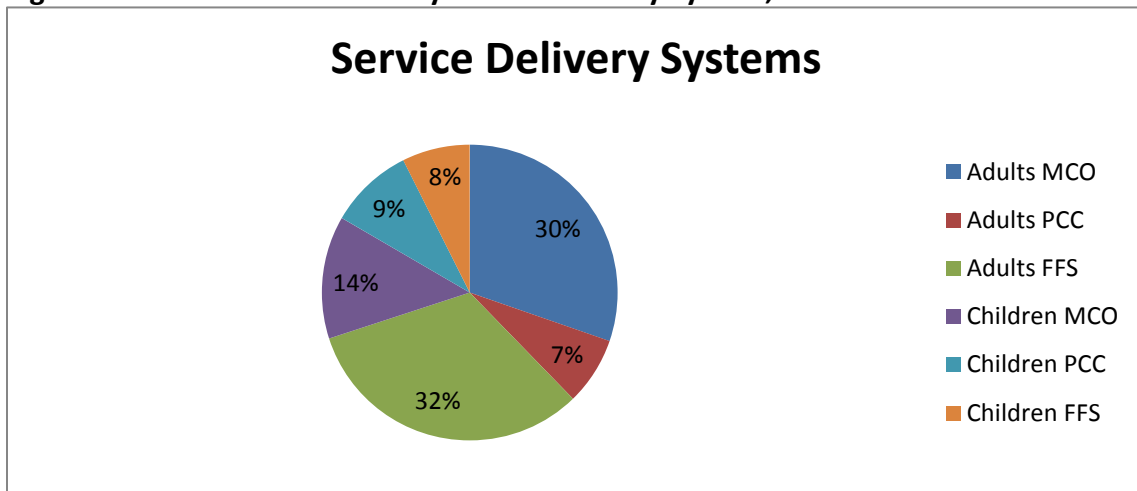


Figure #2 shows the distribution of MassHealth Medicaid members by delivery system in SFY15. Thirty percent (30%) were adults enrolled in MCO coverage, 7% were adults enrolled in the PCC plan, 32% were adults enrolled in FFS coverage, 14% were children enrolled in MCO coverage, 9% were children enrolled in the PCC plan and 8% were children enrolled in FFS coverage.

Figure #3: FFS and PCC Medicaid Members by County

| County | SFY13 | SFY14 | SFY15 |
|------------|---------|-----------|-----------|
| Barnstable | 29,532 | 34,764 | 36,878 |
| Berkshire | 20,227 | 23,056 | 25,420 |
| Bristol | 93,456 | 103,487 | 113,502 |
| Dukes | 2,641 | 3,416 | 3,695 |
| Essex | 126,935 | 143,988 | 157,365 |
| Franklin | 10,972 | 12,358 | 13,333 |
| Hampden | 87,622 | 88,938 | 96,855 |
| Hampshire | 15,093 | 17,253 | 18,867 |
| Middlesex | 170,248 | 197,933 | 219,362 |
| Nantucket | 1,570 | 2,103 | 2,558 |
| Norfolk | 70,806 | 80,445 | 88,477 |
| Plymouth | 67,997 | 76,416 | 83,807 |
| Suffolk | 168,443 | 178,618 | 197,866 |
| Worcester | 121,085 | 132,058 | 144,603 |
| Total | 993,678 | 1,103,918 | 1,212,330 |

Figure #3 shows the geographic distribution of where MassHealth Medicaid FFS and PCC members reside, broken down by county throughout SFY13 – SFY15. It is worth noting that some members may see providers in neighboring counties (particularly members residing in Nantucket or Dukes counties, which are islands, or residing in more sparsely populated areas of the state). As such, members may not live and seek care consistently in one county throughout the course of a given year. Furthermore, with the exception of the Home Health Services section, the episode of care data in the utilization sections was calculated based on the location of the provider as members can seek care in counties other than where they live. While the Figure above includes members in FFS with MassHealth as secondary coverage, the member counts used to calculate access ratios in this Access Plan include a subset of these members and do not include those in FFS with MassHealth as secondary coverage.

Access Concerns Raised by Members

MassHealth tracks and is concerned with any issues that our members report related to accessing care. For this Access Plan, we used the data that we have available as collected by our customer service center (CSC).

MassHealth’s customer service vendor operates a central call and support center, known as the CSC, for MassHealth providers, provider applicants, members, member applicants, and others interested in accessing information relevant to MassHealth. The CSC provides persons contacting the CSC with general information and assistance about eligibility, applications, health plan enrollment, MassHealth benefits and services, transportation authorization, billing issues, complaints, appeals, referrals, and many other issues. The hours of operation for the CSC are Monday through Friday from 8:00 AM to 5:00 PM.

Figure #4: MassHealth CSC Tracking of Calls Related to Provider Access Issues

| Quarter | Calls Related to Provider Access (1) | Calls Initially Resolved by Customer Service Representatives (CSRs) (2) | Calls Resolved by CSRs after a Call to Provider (3) | Calls Resolved by Escalation to CSC Research Team (4) |
|----------------------------|--------------------------------------|---|---|---|
| July 2014-September 2014* | 14,448 | 13,777 | 242 | 429 |
| October 2014-December 2014 | 17,307 | 16,725 | 225 | 357 |
| Jan 2015-March 2015 | 13,650 | 13,012 | 226 | 412 |
| April 2015-June 2015 | 15,889 | 15,213 | 242 | 434 |
| July 2015-September 2015 | 15,085 | 14,397 | 253 | 435 |
| October 2015-December 2015 | 19,241 | 18,614 | 179 | 448 |
| Jan 2016-March 2016 | 20,666 | 19,834 | 172 | 660 |

* The metrics employed today to track access related calls began in July 2014.

For purposes of the table above, provider access refers to member inquiries related to provider billing, participating providers and provider enrollment issues. Examples include questions about getting an appointment with a provider, locating a provider and provider calls related to a member’s question about member coverage.

- (1) Aggregate number of calls regarding access issues as noted by the CSRs
- (2) Calls that the CSRs were able to fully resolve through contact with just the member.
- (3) Calls that the CSRs were able to fully resolve through contact with the member and a phone call to the provider at the time of the member encounter.
- (4) Calls resolved through escalations to the CSC’s Research Team which contacts both the member and provider.

Other Provider Access Resources for Members

In June, 2016 MassHealth launched an enhanced online provider directory on the MassHealth website at: <https://masshealth.ehs.state.ma.us/providerdirectory/>. The new directory is designed to make it easier for members to get connected with care. The improved directory is a simple and easy way to find providers, hospitals, and health centers and replaces MassHealth’s previous online provider directory.

Users can search the large database of MassHealth-participating providers and health care facilities. Users can also narrow their search by:

- Specific provider type, such as cardiologist or obstetrician
- Location
- A provider's name

Feedback from our Medical Care Advisory Committee (MCAC) and the 2016 Public Comment Period

MassHealth has reviewed comments from our MCAC and public feedback received during the 30-day comment period and responds within. CMS identified specific services for inclusion in states' access plans and provided broad parameters and flexibility with regard to data to be used in developing access plans, specifically noting that the focus of the Access Plans is FFS, although in many states, such as Massachusetts, services are accessed through FFS providers as well as through MCOs. MassHealth's Access Plan follows the framework provided in CMS's model access plan, provides detailed analysis of the most up-to-date data available and assesses member access to each of the specifically identified services. We appreciate CMS's recognition of the resources required to develop these initial Access Plans, the variability in frameworks employed by states in administering Medicaid programs, the fact that currently there is not a nationally accepted approach to data and data analysis for FFS programs, and that CMS already requires routine submission of many types of publicly-available data for FFS, managed care and waiver programs.

One comment from the MCAC suggested that MassHealth further stratify data by characteristics such as race, ethnicity, language, age, geography and disability status; focus on mental health and substance abuse services within the umbrella category of behavioral health; and employ metrics in addition to those required by CMS. MassHealth has undertaken efforts regarding health disparities, such as quality initiatives within its Acute Hospital program. We note that MassHealth routinely reports this type of member information (e.g., MassHealth stratifies three of the adult core measures by demographic categories such as race, ethnicity, gender and disability status).

We appreciate the MCAC comments regarding data analysis and metrics. For this Access Plan, MassHealth focused on developing a Plan consistent with the parameters and the tight time frame established by CMS. We note that beyond the context of work on the Access Plan, Massachusetts has undertaken a concerted effort to address substance abuse issues, involving MassHealth, other state agencies and stakeholders. While such efforts are beyond the scope of this Plan, they demonstrate Massachusetts' firm commitment to this issue.

MCAC also inquired about the impact on access to care of the transition to Accountable Care Organizations. MassHealth anticipates that transformation of the service delivery system under

its ACO proposal will positively impact access to care through its focus on improving care for members with behavioral health needs, advancing care delivery, and integrating types of care.

Another commenter suggested that we include time and distance standards in order to quantify network adequacy. As discussed above, for this Access Plan the agency used already available metrics and data, consistent with CMS guidance.

One commenter noted a perceived general shortage of doctors, in particular citing psychiatrists and psychologists, and positing that MassHealth, specifically, may be able to add more of these providers by increasing rates; suggested that the agency explore purchasing strategies for health care services, such as prescription drugs; and that the agency expand covered dental services. MassHealth rates are consistent with the requirements of 42 USC 1396a(a)(30)(A). The agency appreciates the suggestions regarding purchasing strategies and notes that its pharmacy program utilizes supplemental rebate agreements and many other strategies to address utilization and cost. With respect to dental services, MassHealth notes that it has expanded dental services several times in the last few years to offer a broad range of benefits.

Two commenters expressed concern that MassHealth covers assessment services provided by psychologists in independent practice, but does not currently cover FFS treatment services provided by psychologists in independent practice. These commenters noted that they believe inclusion of psychologists in Access Plan data for FFS behavioral health services artificially inflates the perceived access to treatment services provided by psychologists. As noted in Section 4, Availability of Behavioral Health Servicing Providers of this Access Plan, the majority of members receive behavioral health services through a capitated carve out. Consistent with CMS guidance for the Access Plan, providers serving members covered by MCOs and capitated delivery models are not included. Accordingly, the agency respectfully notes that, with respect to overall MassHealth member access to behavioral health services, the Access Plan presents a conservative assessment of access.

Member Perceptions of Access to Care

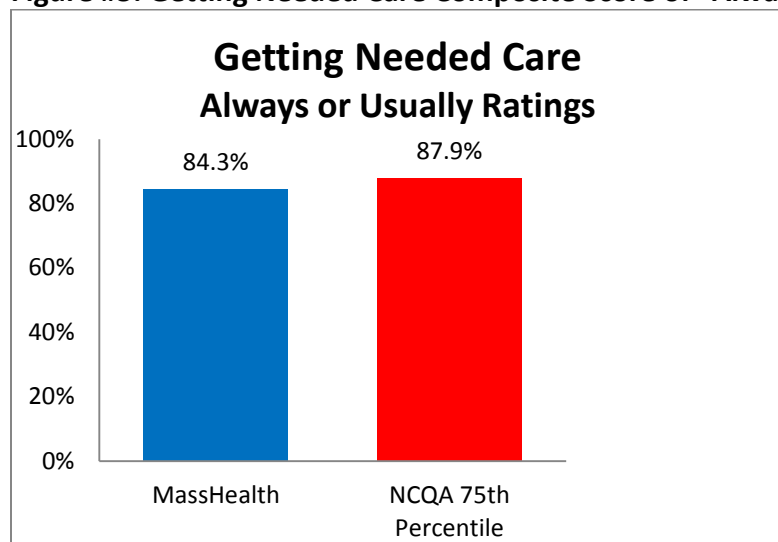
MassHealth conducted a pediatric member experience survey in the spring of 2013. The Patient Experience Survey (PES) was designed and implemented to meet the objectives of a five-year federally funded Children's Health Insurance Program Reauthorization Act (CHIPRA) grant awarded in 2010, as well as the objectives of the MassHealth managed care programs and the PCC Plan. Although the PES survey is based on both FFS and MCO member data, it is the most recently available data that correlates to the CMS requirement for inclusion in Access Plans of member perceptions of access—in particular, pediatric access.

The sample included 1,989 MassHealth members ages 17 years or younger who were enrolled in the PCC Plan or one of the MassHealth-contracted MCOs as of December 31, 2012. Members were enrolled in both the Medicaid and CHIP program. The survey instrument consisted of core items from the Consumer Assessment of Health Providers and Systems Health Plan Survey, version 5.0 (CAHPS 5.0H,) with some additional questions. The data are retrospective and the

most currently available indication of members' perception of access to medical services. The PES report can be accessed at: <http://www.mass.gov/eohhs/docs/masshealth/research/mco-reports/patient-experience-2013.pdf>

Analysis of the PES included the construction of standard CAHPS composites. Figures #5 and #6 show the score for each access related composite. As illustrated in each, MassHealth members were able to access needed care and get care quickly.

Figure #5: Getting Needed Care Composite Score of “Always” or “Usually”



The Getting Needed Care data presented in the Figure #5 composite score shows that 84.3% of responding parents/guardians indicate that their child “always” or “usually” received needed care, just below the NCQA 75th percentile of 87.9%. The results for the individual question within the composite that examines the ease of getting necessary care, tests, or treatment needed found that 89% reported a rating of “always” or “usually,” slightly lower than the NCQA benchmark of 91.8%. With a limited number of responses for all questions that comprise the composite score, it is unlikely that a statistically significant difference exists between the rate and the 75th percentile benchmark. While the score in this area is high, MassHealth is nevertheless considering strategies to improve its performance in this area. One of the goals of our delivery system reform and the creation of ACO models is to improve access to care as well as quality and cost effectiveness.

MassHealth added a question to the 2013 PES on access to behavioral health care. Sixty-nine percent (69%) of respondents stated that it was often easy to get behavioral health treatment for their child. Since MassHealth added the question, no benchmark exists but MassHealth is including this metric in the Access Plan as it is an important illustration of access to behavioral health care.

Figure #6: Satisfaction with Child's Personal Doctor

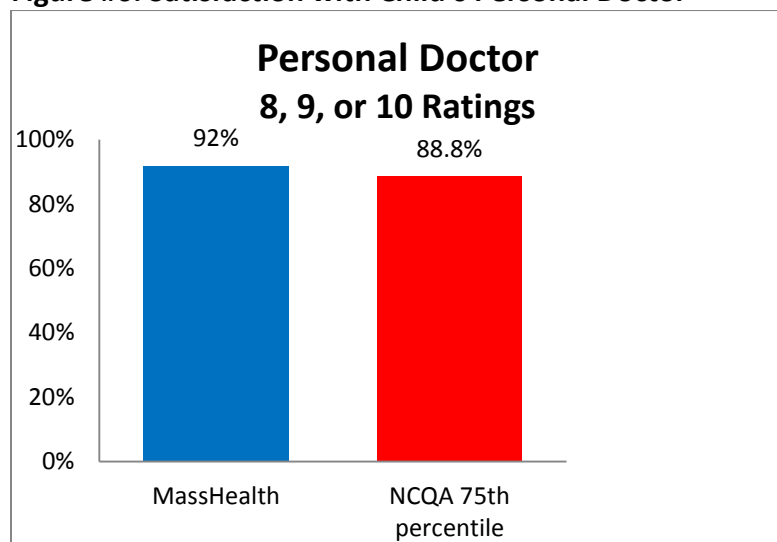


Figure #6 shows that surveyed members were highly satisfied with their child's personal doctor at a rate that exceeded the NCQA 75th percentile. Ninety-two percent (92%) of survey respondents reported being satisfied (with a rating of 8, 9 or 10) with their child's personal doctor, exceeding the NCQA 75th percentile benchmark of 88.8%.

MassHealth HEDIS Scores on Selected Quality Measures

MassHealth conducts annual assessments of our health plans (the six MCOs and the PCC Plan) and the quality data presented in the annual assessment reports are a subset of the Healthcare Effectiveness Data and Information Set (HEDIS) measures. The data presented in the MassHealth Managed Care HEDIS 2010, 2012, 2013, 2014 and 2015 Reports includes information on the quality of care provided by the seven health plans (six plans prior to 2014) serving MassHealth Medicaid and CHIP members. . HEDIS was developed by the National Committee for Quality Assurance (NCQA) and is the most widely used set of standardized performance measures to evaluate and report on the quality of care delivered by health care organizations. The MassHealth HEDIS Reports can be accessed at:

<http://www.mass.gov/eohhs/researcher/insurance/masshealth-reports/masshealth-managed-care-mco-reports.html>.

The data immediately below in Figure #7 were custom run for the FFS members for whom MassHealth is the primary payer (including CHIP) using HEDIS specifications for a comparison to HEDIS data. The data in Table #7 excludes members enrolled in a MassHealth MCO. Note that members must meet continuous enrollment criteria for enrollment for at least one year in order to be counted in the data.

Figure #7 Score on Selected HEDIS measures for FFS Population

| Measure | CY13 Rate | CY14 Rate | CY15 Rate | Benchmarks | |
|---|-----------|-----------|-----------|---|---|
| | | | | NCQA National Medicaid 75th Percentile (2015) | NCQA National Medicaid 90th Percentile (2015) |
| Annual Dental Visit | 61.1% | 58.2% | 61.1% | 60.3% | 66.4% |
| Adults' Access to Preventive/Ambulatory Health Services (Total) | 81.1% | 75.2% | 83.2% | 86.9% | 88.8% |
| Children and Adolescents' Access to PCP | | | | | |
| Ages 12-24 Months | 95.3% | 91.0% | 88.8% | 97.4% | 98.2% |
| Ages 25 mos - 6 years | 91.6% | 89.7% | 92.9% | 91.2% | 92.9% |
| Ages 7 - 11 years | 94.7% | 95.0% | 96.1% | 93.9% | 95.9% |
| Ages 12 - 19 years | 93.8% | 94.0% | 95.1% | 92.4% | 94.9% |

It is worth noting that in Figure #7, MassHealth scores near or above the 75th percentile for the access quality measures presented in both sub-tables with the exception of the Adults' Access to Preventive/Ambulatory Health Services and the 12-24 month cohort for the Children and Adolescents' Access to PCP measures.

Although these measures score below the 75th percentile, these scores are relatively high during a period of increased member volume. MassHealth will continue to monitor the rates and focus on this issue should improvements not be observed during the transition to more patient-centric models of care.

Section 2: Review Analysis of Primary Care Services

1. Availability of Primary Care Providers

In this section of the Access Plan MassHealth presents the required data on the number of enrolled providers. While there are no appropriate benchmarks available we believe that the provider/member ratios in the following section will help offer some context to the raw data. Data source: MMIS provider enrollment data

Methodology: In order to determine the number of providers trended over time, we ran the number of active billing providers in MMIS for each section of the Access Plan (by each provider type) listed below by county – unduplicated over each full fiscal year for SFY13, SFY14 and SFY15.

Out-of-state provider information is included for individual physicians, nurse practitioners, dentists and other dental providers because those providers are eligible to enroll with MassHealth and to deliver primary care. This allows members who live near the state border to access a greater range of providers for care.

MassHealth does not enroll salaried and contracted employees of entities. This means that the numbers below understate the actual number of individual providers who serve our members.

Please note that total provider counts for Hospital Outpatient Departments (HODs) and Hospital Licensed Health Centers (HLHCs) are combined as they are both hospital satellite locations providing outpatient primary care services.

Number of Primary Care Physicians (Physicians with a Specialty of Internal Medicine, General Medicine or Pediatrics) per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|--------------|--------------|--------------|
| Barnstable | 235 | 234 | 238 |
| Berkshire | 157 | 144 | 158 |
| Bristol | 577 | 576 | 598 |
| Dukes | 16 | 16 | 15 |
| Essex | 818 | 816 | 849 |
| Franklin | 68 | 69 | 74 |
| Hampden | 739 | 733 | 759 |
| Hampshire | 179 | 178 | 172 |
| Middlesex | 1794 | 1838 | 1858 |
| Nantucket | 3 | 4 | 5 |
| Norfolk | 830 | 805 | 779 |
| Plymouth | 466 | 461 | 469 |
| Suffolk | 3854 | 3931 | 3976 |
| Worcester | 1262 | 1271 | 1275 |
| Out-of-State | 305 | 326 | 310 |
| TOTALS | 11303 | 11402 | 11535 |

Number of Nurse Practitioners per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|--------------|-------|-------|-------|
| Barnstable | 10 | 13 | 20 |
| Berkshire | 22 | 27 | 28 |
| Bristol | 176 | 199 | 248 |
| Dukes | 2 | 2 | 1 |
| Essex | 186 | 206 | 224 |
| Franklin | 12 | 13 | 12 |
| Hampden | 117 | 130 | 160 |
| Hampshire | 55 | 59 | 62 |
| Middlesex | 287 | 340 | 369 |
| Nantucket | 1 | 2 | 2 |
| Norfolk | 172 | 189 | 222 |
| Plymouth | 116 | 128 | 156 |
| Suffolk | 517 | 575 | 639 |
| Worcester | 325 | 353 | 377 |
| Out-of-State | 36 | 36 | 35 |

| County | SFY13 | SFY14 | SFY15 |
|---------------|-------------|-------------|-------------|
| TOTALS | 2034 | 2272 | 2555 |

Number of Community Health Centers per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|-----------|-----------|-----------|
| Barnstable | 6 | 6 | 6 |
| Berkshire | 4 | 4 | 4 |
| Bristol | 3 | 4 | 5 |
| Dukes | 1 | 1 | 1 |
| Essex | 14 | 14 | 15 |
| Franklin | 2 | 2 | 2 |
| Hampden | 5 | 8 | 10 |
| Hampshire | 2 | 2 | 2 |
| Middlesex | 4 | 3 | 4 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 6 | 6 | 7 |
| Plymouth | 1 | 2 | 3 |
| Suffolk | 22 | 21 | 27 |
| Worcester | 8 | 10 | 10 |
| TOTALS | 79 | 84 | 97 |

Number of Hospital Outpatient Departments, including HLHCs, per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|------------|------------|------------|
| Barnstable | 4 | 4 | 4 |
| Berkshire | 12 | 12 | 10 |
| Bristol | 10 | 6 | 6 |
| Dukes | 2 | 2 | 2 |
| Essex | 14 | 14 | 12 |
| Franklin | 2 | 2 | 2 |
| Hampden | 24 | 24 | 24 |
| Hampshire | 4 | 4 | 4 |
| Middlesex | 36 | 40 | 38 |
| Nantucket | 4 | 4 | 2 |
| Norfolk | 10 | 10 | 10 |
| Plymouth | 40 | 36 | 42 |
| Suffolk | 12 | 12 | 12 |
| Worcester | 70 | 66 | 66 |
| TOTALS | 266 | 258 | 256 |

Number of Dentists per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|-------------|-------------|-------------|
| Barnstable | 53 | 47 | 44 |
| Berkshire | 30 | 34 | 34 |
| Bristol | 140 | 128 | 132 |
| Dukes | 2 | 2 | 1 |
| Essex | 211 | 208 | 211 |
| Franklin | 20 | 19 | 19 |
| Hampden | 120 | 121 | 111 |
| Hampshire | 25 | 24 | 25 |
| Middlesex | 381 | 387 | 382 |
| Nantucket | 2 | 2 | 2 |
| Norfolk | 185 | 202 | 210 |
| Plymouth | 134 | 139 | 139 |
| Suffolk | 232 | 229 | 233 |
| Worcester | 257 | 273 | 274 |
| Out-of-State | 30 | 32 | 29 |
| TOTALS | 1822 | 1847 | 1846 |

Number of Other Dental Providers (Clinics, Hygienists, Dental Schools) per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|-----------|-----------|-----------|
| Barnstable | 11 | 14 | 11 |
| Berkshire | 7 | 0 | 0 |
| Bristol | 3 | 7 | 8 |
| Dukes | 1 | 0 | 0 |
| Essex | 0 | 4 | 4 |
| Franklin | 0 | 0 | 0 |
| Hampden | 2 | 2 | 2 |
| Hampshire | 0 | 0 | 0 |
| Middlesex | 4 | 3 | 3 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 8 | 7 | 6 |
| Plymouth | 5 | 7 | 7 |
| Suffolk | 9 | 14 | 13 |
| Worcester | 7 | 6 | 6 |
| Out-of-State | 2 | 2 | 2 |
| TOTALS | 59 | 66 | 62 |

Primary Care Provider/Member Ratios

Data source: MMIS member and provider enrollment data

Methodology: Divided the number of enrolled Medicaid members in each county by the number of active, enrolled providers in that county. Members are defined as PCC plan members and FFS members with MassHealth as primary coverage.

Key:

PCP – Physicians with a specialty of Internal Medicine, General Medicine or Pediatrics

NP – Nurse Practitioner

CHC – Community Health Center

HOD – Hospital Outpatient Department

HLHC – Hospital Licensed Health Center

N/A indicates there are no such providers in that county

Note that the ratios below are based on the residence of the members and the provider counts for members' counties of residence. Therefore out-of-state providers are not included in determining the member per provider ratios.

MassHealth does not enroll salaried and contracted employees of entities. This means that the numbers below understate the actual number of individual providers who serve our members.

Please note that total provider counts for Hospital Outpatient Departments (HODs) and Hospital Licensed Health Centers (HLHCs) are combined as they are both hospital satellite locations providing outpatient primary care services.

The ratio of members per MassHealth FFS and PCC providers is an average of one PCP provider to 63 members over the three fiscal years SFY13 through SFY15. This ratio indicates there is sufficient access to primary care providers.

Number of Members per PCP (Physician with a specialty of Internal Medicine, General Medicine or Pediatrics) per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 68 | 83 | 79 |
| Berkshire | 54 | 72 | 74 |
| Bristol | 83 | 94 | 96 |
| Dukes | 93 | 127 | 115 |
| Essex | 84 | 99 | 96 |
| Franklin | 72 | 84 | 85 |
| Hampden | 59 | 63 | 68 |
| Hampshire | 34 | 44 | 50 |
| Middlesex | 45 | 55 | 53 |
| Nantucket | 306 | 338 | 254 |

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Norfolk | 43 | 52 | 55 |
| Plymouth | 80 | 93 | 94 |
| Suffolk | 24 | 25 | 25 |
| Worcester | 52 | 60 | 62 |

Number of Members per NP per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 1591 | 1492 | 940 |
| Berkshire | 385 | 381 | 416 |
| Bristol | 271 | 272 | 230 |
| Dukes | 747 | 1018 | 1730 |
| Essex | 370 | 393 | 364 |
| Franklin | 409 | 448 | 525 |
| Hampden | 373 | 358 | 325 |
| Hampshire | 110 | 134 | 140 |
| Middlesex | 282 | 298 | 269 |
| Nantucket | 918 | 676 | 635 |
| Norfolk | 207 | 223 | 192 |
| Plymouth | 322 | 334 | 282 |
| Suffolk | 177 | 171 | 154 |
| Worcester | 203 | 216 | 209 |

Number of Members per CHC per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 2651 | 3232 | 3134 |
| Berkshire | 2116 | 2574 | 2909 |
| Bristol | 15884 | 13518 | 11425 |
| Dukes | 1494 | 2035 | 1730 |
| Essex | 4918 | 5790 | 5430 |
| Franklin | 2457 | 2912 | 3150 |
| Hampden | 8722 | 5815 | 5196 |
| Hampshire | 3014 | 3959 | 4327 |
| Middlesex | 20254 | 33723 | 24829 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 5937 | 7012 | 6091 |
| Plymouth | 37357 | 21397 | 14654 |
| Suffolk | 4160 | 4674 | 3654 |
| Worcester | 8265 | 7636 | 7880 |

Number of Members per HOD/HLHC per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 3977 | 4848 | 4701 |
| Berkshire | 705 | 858 | 1163 |
| Bristol | 4765 | 9012 | 9521 |

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Dukes | 747 | 1018 | 865 |
| Essex | 4918 | 5790 | 6788 |
| Franklin | 2457 | 2912 | 3150 |
| Hampden | 1817 | 1938 | 2165 |
| Hampshire | 1507 | 1980 | 2163 |
| Middlesex | 2250 | 2529 | 2614 |
| Nantucket | 230 | 338 | 635 |
| Norfolk | 3562 | 4207 | 4264 |
| Plymouth | 115 | 161 | 138 |
| Suffolk | 3113 | 3566 | 3663 |
| Worcester | 1308 | 1487 | 1494 |

Number of Members per all Non-Dental Primary Care Providers (Physicians with General Medicine, Pediatrics or Emergency Medicine specialties, Nurse Practitioners, CHCs, HODs/HLHCs) per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 63 | 76 | 71 |
| Berkshire | 45 | 57 | 60 |
| Bristol | 63 | 69 | 67 |
| Dukes | 75 | 102 | 96 |
| Essex | 67 | 78 | 74 |
| Franklin | 59 | 69 | 71 |
| Hampden | 50 | 53 | 55 |
| Hampshire | 25 | 33 | 36 |
| Middlesex | 39 | 46 | 44 |
| Nantucket | 153 | 169 | 159 |
| Norfolk | 35 | 42 | 42 |
| Plymouth | 63 | 72 | 69 |
| Suffolk | 21 | 22 | 21 |
| Worcester | 41 | 46 | 47 |

Number of Members per Dentist per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 300 | 413 | 427 |
| Berkshire | 282 | 303 | 342 |
| Bristol | 340 | 422 | 433 |
| Dukes | 747 | 1018 | 1730 |
| Essex | 326 | 390 | 386 |
| Franklin | 246 | 307 | 332 |
| Hampden | 363 | 384 | 468 |
| Hampshire | 241 | 330 | 346 |
| Middlesex | 213 | 261 | 260 |
| Nantucket | 459 | 676 | 635 |
| Norfolk | 193 | 208 | 203 |

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Plymouth | 279 | 308 | 316 |
| Suffolk | 395 | 429 | 423 |
| Worcester | 257 | 280 | 288 |

Number of Members per Other Dental Providers (Clinics, Hygienists, Dental Schools) Per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 1446 | 1385 | 1709 |
| Berkshire | 1209 | N/A | N/A |
| Bristol | 15884 | 7724 | 7141 |
| Dukes | 1494 | N/A | N/A |
| Essex | N/A | 20263 | 20364 |
| Franklin | N/A | N/A | N/A |
| Hampden | 21806 | 23259 | 25982 |
| Hampshire | N/A | N/A | N/A |
| Middlesex | 20254 | 33723 | 33105 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 4453 | 6010 | 7106 |
| Plymouth | 7471 | 6113 | 6280 |
| Suffolk | 10170 | 7011 | 7585 |
| Worcester | 9446 | 12729 | 13133 |

2. Utilization of Primary Care Services

Data source: MMIS member enrollment data and MMIS claims data

Methodology: Number of members residing in a county divided by episodes of care provided by providers in that county, multiplied by 1,000. The methodology for determining utilization was using MMIS data to determine the number of episodes of care, defined as the number of times that the same member, under any circumstance, visits the same provider in the same year. Members are defined as PCC plan members and FFS members with MassHealth as primary coverage.

The episode of care data in the utilization section was calculated based on the location of the provider; note that members can seek care in counties outside their county of residence.

Out-of-state utilization data is excluded because, although we recognize there may be some services provided out-of-state, there is not a consistent or statistically appropriate way to calculate a ratio of MassHealth members to out-of-state providers.

Note that, for providers in this section we attributed all billing done by a particular provider type to the category of care of the billing provider.

While primary care is delivered at HLHCs and HODs, we do not include them in the utilization report as we are unable to split out the primary care vs. non primary care claims for these providers.

Non-dental primary care providers (PCP, NP, CHC, HOD, HLHC) provided on average, 3,223 episodes of care per 1,000 members in SFY 13. As the covered population temporarily increased, the number of episodes of care per 1,000 members dipped slightly to an average of 2,670 per 1,000 members in SFY14 and recovered in SFY15 to 2,957. The numbers show that across the state of Massachusetts, those receiving MassHealth services were seen by primary care providers an average of 3 times in the three fiscal years represented, supporting MassHealth’s commitment to access and continuity of care for its members.

Episodes of Care for Non-Dental Primary Care Providers (PCP, NP, CHC, HOD, HLHC) per 1,000 Members per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 4175 | 3324 | 4230 |
| Berkshire | 4146 | 2586 | 2720 |
| Bristol | 3598 | 3203 | 3489 |
| Dukes | 1156 | 711 | 739 |
| Essex | 4069 | 3515 | 3934 |
| Franklin | 3356 | 2713 | 3187 |
| Hampden | 4656 | 4068 | 4462 |
| Hampshire | 2544 | 2038 | 2373 |
| Middlesex | 2309 | 1912 | 2210 |
| Nantucket | 434 | 267 | 460 |
| Norfolk | 3434 | 2916 | 2801 |
| Plymouth | 4198 | 3590 | 3944 |
| Suffolk | 5626 | 5062 | 5473 |
| Worcester | 4010 | 3549 | 3921 |

MassHealth episodes of care for dental providers demonstrates that the state’s Medicaid population is seen an average of twice a year by dental providers, meeting guidelines established by the American Dental Association (ADA). To maintain optimal oral health, the American Dental Association (ADA) recommends regular dental visits, at intervals determined by a dentist. A 2013 ADA study² showed that two dental cleanings a year provided significant benefits to people with one or more of three risk factors.

Episodes of Care for Dental Providers per 1,000 Members per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 1761 | 1692 | 2322 |
| Berkshire | 2785 | 2638 | 2811 |
| Bristol | 1797 | 1889 | 2039 |
| Dukes | 623 | 680 | 1154 |

² 2013 ADA Study titled “Patient Satisfaction for Preventive Care in Dentistry”

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Essex | 1913 | 1919 | 2071 |
| Franklin | 1706 | 1582 | 1825 |
| Hampden | 2736 | 2796 | 2704 |
| Hampshire | 1193 | 1227 | 1510 |
| Middlesex | 1598 | 1511 | 1917 |
| Nantucket | 717 | 455 | 670 |
| Norfolk | 1330 | 1451 | 1915 |
| Plymouth | 2024 | 1956 | 861 |
| Suffolk | 1928 | 2029 | 2143 |
| Worcester | 2095 | 2021 | 2382 |

3. Comparison Analysis of Medicaid Payment Rates to Medicare for Primary Care Services

MassHealth's payment rate analysis includes a comparison of rates for codes and services for 2015 for MassHealth and Medicare. Note that we were unable to obtain commercial rates for comparison. Overall, MassHealth's FFS primary care rates are 73.8% of Medicare in 2015.

| HPCS | PRIMARY CARE Description | 2015 Mass. Medicare Non Facility Rate- Statewide Average | 2015 Mass. Medicaid Rate | % Diff |
|---|--------------------------------|--|--------------------------|--------------|
| 99201 | office/outpatient visit new | \$43.98 | \$31.59 | 71.8% |
| 99202 | office/outpatient visit new | \$75.08 | \$54.19 | 72.2% |
| 99203 | office/outpatient visit new | \$109.05 | \$77.94 | 71.5% |
| 99204 | office/outpatient visit new | \$165.90 | \$118.82 | 71.6% |
| 99205 | office/outpatient visit new | \$208.45 | \$147.51 | 70.8% |
| 99211 | office/outpatient visit est | \$20.02 | \$15.41 | 77.0% |
| 99212 | office/outpatient visit est | \$43.98 | \$31.87 | 72.5% |
| 99213 | office/outpatient visit est | \$72.94 | \$52.37 | 71.8% |
| 99214 | office/outpatient visit est | \$108.34 | \$77.46 | 71.5% |
| 99215 | office/outpatient visit est | \$146.24 | \$103.84 | 71.0% |
| T1015 | Individual Medical Visit (PPS) | \$158.00 | \$138.78 | 87.8% |
| Total Avg. Primary Care Comparison | | \$104.73 | \$77.25 | 73.8% |

Section 3: Review Analysis of Physician Specialty Services

1. Availability of Physician Specialists

In this section of the Access Plan MassHealth presents the required data on the number of enrolled providers. While there are no appropriate benchmarks available we believe that the provider/member ratios in the following section will help offer some context to the raw data. Data source: MMIS provider enrollment data

Methodology: In order to determine the number of providers trended over time, we ran the number of active billing providers in MMIS for each section of the Access Plan (by each provider type) listed below by county – unduplicated over each full fiscal year for SFY13, SFY14 and SFY15. Specialties listed are those non-primary care providers with the highest number of enrolled providers.

Out-of-state provider information is included for individual physician specialists because those providers are eligible to enroll with MassHealth and to deliver physician specialty care. This allows members who live near the state border to access a greater range of providers for care.

Note that many physician specialists may be hospital-based providers who do not practice independently and may only be affiliated with a hospital. Therefore, because they are not all individually enrolled with MassHealth, they are not reflected in the data below and, as a result, these provider counts may be understated.

In addition, because a provider’s identification with a specialty is self-reported data, the information that MassHealth has in MMIS may not represent an accurate accounting of providers with the specialties listed below.

Number of Physicians with a Surgery Specialty per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 36 | 33 | 32 |
| Berkshire | 36 | 33 | 34 |
| Bristol | 94 | 95 | 99 |
| Dukes | 3 | 3 | 3 |
| Essex | 117 | 117 | 114 |
| Franklin | 11 | 9 | 9 |
| Hampden | 131 | 133 | 132 |
| Hampshire | 16 | 16 | 18 |
| Middlesex | 246 | 248 | 249 |
| Nantucket | 2 | 2 | 2 |
| Norfolk | 99 | 96 | 95 |
| Plymouth | 78 | 78 | 76 |
| Suffolk | 684 | 694 | 723 |
| Worcester | 174 | 177 | 178 |

| County | SFY13 | SFY14 | SFY15 |
|---------------|-------------|-------------|-------------|
| Out-of-State | 91 | 96 | 92 |
| TOTALS | 1818 | 1830 | 1856 |

Number of Physicians with a Cardiology Specialty per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|-------------|-------------|-------------|
| Barnstable | 25 | 26 | 28 |
| Berkshire | 17 | 15 | 17 |
| Bristol | 47 | 50 | 52 |
| Dukes | 0 | 0 | 0 |
| Essex | 55 | 51 | 50 |
| Franklin | 5 | 4 | 5 |
| Hampden | 56 | 56 | 56 |
| Hampshire | 14 | 14 | 14 |
| Middlesex | 140 | 138 | 137 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 66 | 63 | 62 |
| Plymouth | 40 | 37 | 39 |
| Suffolk | 444 | 434 | 427 |
| Worcester | 88 | 87 | 83 |
| Out-of-State | 58 | 54 | 50 |
| TOTALS | 1055 | 1029 | 1020 |

Number of Physicians with a Hematology/Oncology Specialty per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|------------|------------|------------|
| Barnstable | 11 | 12 | 11 |
| Berkshire | 5 | 4 | 4 |
| Bristol | 35 | 34 | 31 |
| Dukes | 0 | 0 | 0 |
| Essex | 21 | 20 | 17 |
| Franklin | 1 | 1 | 1 |
| Hampden | 30 | 30 | 33 |
| Hampshire | 5 | 5 | 5 |
| Middlesex | 68 | 66 | 69 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 33 | 31 | 28 |
| Plymouth | 16 | 16 | 15 |
| Suffolk | 508 | 517 | 526 |
| Worcester | 63 | 61 | 58 |
| Out-of-State | 9 | 6 | 3 |
| TOTALS | 805 | 803 | 801 |

Number of Physicians with an Emergency Medicine Specialty per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 64 | 61 | 60 |

| County | SFY13 | SFY14 | SFY15 |
|---------------|-------------|-------------|-------------|
| Berkshire | 10 | 11 | 16 |
| Bristol | 50 | 55 | 57 |
| Dukes | 4 | 4 | 4 |
| Essex | 103 | 100 | 106 |
| Franklin | 4 | 4 | 4 |
| Hampden | 101 | 104 | 112 |
| Hampshire | 23 | 24 | 25 |
| Middlesex | 196 | 217 | 236 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 48 | 48 | 50 |
| Plymouth | 61 | 59 | 66 |
| Suffolk | 317 | 331 | 330 |
| Worcester | 172 | 169 | 174 |
| Out-of-State | 236 | 233 | 240 |
| TOTALS | 1389 | 1420 | 1480 |

Specialty Provider/Member Ratios

Data source: MMIS member and provider enrollment data

Methodology: Divided the number of enrolled Medicaid members in each county by the number of active, enrolled providers with selected specialties in that county. Members are defined as PCC plan members and FFS members with MassHealth as primary coverage.

N/A indicates there are no such self-identified providers in that county.

Note that the ratios below are based on the residence of the members and the provider counts for members' counties of residence. Therefore out-of-state providers are not included in determining the member per provider ratios.

Overall review of the ratios indicates that there are sufficient numbers of specialists in most counties with some counties indicating higher than average ratios for certain specialties. This may be due to the undercounting of the self-reported specialty information. Please note that members needing particular services may be seen in another county.

Number of Members per Physician with a Surgery Specialty per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 442 | 588 | 588 |
| Berkshire | 235 | 312 | 342 |
| Bristol | 507 | 569 | 577 |
| Dukes | 498 | 678 | 577 |
| Essex | 588 | 693 | 715 |
| Franklin | 447 | 647 | 700 |
| Hampden | 333 | 350 | 394 |

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Hampshire | 377 | 495 | 481 |
| Middlesex | 329 | 408 | 399 |
| Nantucket | 459 | 676 | 635 |
| Norfolk | 360 | 438 | 499 |
| Plymouth | 479 | 549 | 578 |
| Suffolk | 134 | 141 | 136 |
| Worcester | 380 | 431 | 443 |

Number of Members per Physician with a Cardiology Specialty per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 636 | 746 | 672 |
| Berkshire | 498 | 686 | 684 |
| Bristol | 1014 | 1081 | 1099 |
| Dukes | N/A | N/A | N/A |
| Essex | 1252 | 1589 | 1629 |
| Franklin | 983 | 1456 | 1260 |
| Hampden | 779 | 831 | 928 |
| Hampshire | 431 | 566 | 618 |
| Middlesex | 579 | 733 | 725 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 540 | 668 | 688 |
| Plymouth | 934 | 1157 | 1127 |
| Suffolk | 206 | 226 | 231 |
| Worcester | 751 | 878 | 949 |

Number of Members per Physician with a Hematology/Oncology Specialty per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 1446 | 1616 | 1709 |
| Berkshire | 1693 | 2574 | 2909 |
| Bristol | 1361 | 1590 | 1843 |
| Dukes | N/A | N/A | N/A |
| Essex | 3279 | 4053 | 4791 |
| Franklin | 4913 | 5824 | 6299 |
| Hampden | 1454 | 1551 | 1575 |
| Hampshire | 1205 | 1584 | 1731 |
| Middlesex | 1191 | 1533 | 1439 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 1079 | 1357 | 1523 |
| Plymouth | 2335 | 2675 | 2931 |
| Suffolk | 180 | 190 | 187 |
| Worcester | 1050 | 1252 | 1359 |

Number of Members per Physician with an Emergency Medicine Specialty per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 249 | 318 | 313 |
| Berkshire | 846 | 936 | 727 |
| Bristol | 953 | 983 | 1002 |
| Dukes | 374 | 509 | 433 |
| Essex | 668 | 811 | 768 |
| Franklin | 1228 | 1456 | 1575 |
| Hampden | 432 | 447 | 464 |
| Hampshire | 262 | 330 | 346 |
| Middlesex | 413 | 466 | 421 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 742 | 876 | 853 |
| Plymouth | 612 | 725 | 666 |
| Suffolk | 289 | 297 | 299 |
| Worcester | 384 | 452 | 453 |

2. Utilization of Specialty Care Services

Data source: MMIS member enrollment data and MMIS claims data

Methodology: Number of members residing in a county divided by episodes of care provided by providers located in that county, multiplied by 1,000. The methodology for determining utilization was using MMIS data to determine the number of episodes of care, defined as the number of times that the same member, under any circumstance, visits the same provider in the same year.

The episode of care data in the utilization section was calculated based on the location of the provider; note that members can seek care in counties other than their county of residence.

Out-of-state utilization data is excluded because, although we recognize there may be some services provided out-of-state, there is not a consistent or statistically appropriate way to calculate a ratio of MassHealth members to out-of-state providers.

Note that, for providers in this section, we attributed all billing done by a particular provider type to the category of care of the billing provider.

Note that the data below includes claims submitted from independently enrolled MassHealth providers. Hospital-based provider claims are not included in this data because claims for their services could not be captured in this analysis.

Overall review of the episodes of care by specialty providers indicates consistency in the numbers of episodes of care across most counties. Please note that members needing particular services may be seen in another county.

Episodes of Care for Physicians with a Surgery Specialty Designation per 1,000 Members

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 243 | 177 | 197 |
| Berkshire | 355 | 301 | 313 |
| Bristol | 284 | 244 | 249 |
| Dukes | 0 | 0 | 0 |
| Essex | 219 | 172 | 189 |
| Franklin | 179 | 105 | 77 |
| Hampden | 284 | 247 | 285 |
| Hampshire | 165 | 108 | 108 |
| Middlesex | 184 | 153 | 184 |
| Nantucket | 581 | 366 | 598 |
| Norfolk | 139 | 115 | 141 |
| Plymouth | 229 | 282 | 167 |
| Suffolk | 475 | 203 | 223 |
| Worcester | 259 | 440 | 497 |

Episodes of Care for Physicians with a Cardiology Specialty Designation per 1,000 Members

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 307 | 214 | 227 |
| Berkshire | 182 | 152 | 199 |
| Bristol | 237 | 148 | 126 |
| Dukes | 0 | 0 | 0 |
| Essex | 137 | 107 | 110 |
| Franklin | 137 | 59 | 63 |
| Hampden | 263 | 223 | 234 |
| Hampshire | 62 | 48 | 69 |
| Middlesex | 181 | 147 | 167 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 107 | 85 | 104 |
| Plymouth | 170 | 95 | 26 |
| Suffolk | 527 | 152 | 175 |
| Worcester | 245 | 473 | 493 |

Episodes of Care for Physicians with a Hematology/Oncology Specialty Designation per 1,000 Members

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 40 | 32 | 41 |
| Berkshire | 107 | 58 | 45 |
| Bristol | 115 | 73 | 79 |
| Dukes | 0 | 0 | 0 |
| Essex | 22 | 18 | 16 |
| Franklin | 6 | 0 | 0 |
| Hampden | 62 | 54 | 57 |
| Hampshire | 112 | 89 | 118 |

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Middlesex | 43 | 31 | 35 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 88 | 70 | 10 |
| Plymouth | 4 | 1 | 0 |
| Suffolk | 63 | 62 | 69 |
| Worcester | 193 | 171 | 210 |

Episodes of Care for Physicians with an Emergency Medicine Specialty Designation per 1,000 Members

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 804 | 598 | 744 |
| Berkshire | 22 | 13 | 10 |
| Bristol | 144 | 108 | 239 |
| Dukes | 309 | 214 | 101 |
| Essex | 197 | 166 | 291 |
| Franklin | 55 | 34 | 46 |
| Hampden | 700 | 590 | 665 |
| Hampshire | 687 | 467 | 496 |
| Middlesex | 491 | 484 | 609 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 52 | 56 | 117 |
| Plymouth | 457 | 270 | 310 |
| Suffolk | 897 | 884 | 514 |
| Worcester | 719 | 621 | 688 |

3. Comparison Analysis of Medicaid Payment Rates to Medicare for Specialty Care Services

MassHealth's payment rate analysis includes a comparison of rates for codes and services for 2015 for MassHealth and Medicare. Note that we were unable to obtain commercial plan rates for comparison. Overall, MassHealth's FFS specialty care rates are 67.8% of Medicare in 2015.

| HCPCS | SPECIALTY CARE Description | 2015 Mass. Medicare Non Facility Rate- Statewide Average | 2015 Mass. Medicaid Rate | % Diff |
|-------|--|--|--------------------------|--------|
| 93455 | Catheter placement in coronary artery(s) for coronary angiography, | \$1,179 | \$805 | 68.3% |
| 93456 | Catheter placement in coronary artery(s) for coronary angiography, | \$1,265 | \$862 | 68.1% |
| 93457 | Catheter placement in coronary artery(s) for coronary angiography, | \$1,429 | \$977 | 68.4% |

| HCPCS | SPECIALTY CARE Description | 2015 Mass. Medicare Non Facility Rate- Statewide Average | 2015 Mass. Medicaid Rate | % Diff |
|--|---|--|--------------------------|--------------|
| 93567 | Injection procedure during cardiac catheterization including imaging supervision | \$158 | \$110 | 69.9% |
| 38220 | angiography | \$183 | \$119 | 64.9% |
| 38221 | Bone Marrow biopsy | \$189 | \$128 | 67.9% |
| 25670 | Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones | \$649 | \$446 | 68.6% |
| 25675 | Closed treatment of distal radioulnar dislocation with manipulation | \$476 | \$316 | 66.3% |
| 25825 | Arthrodesis, wrist; with autograft includes obtaining graft) | \$816 | \$560 | 68.6% |
| 26010 | Drainage of finger abscess | \$305 | \$195 | 64.0% |
| 26035 | Decompression fingers and/or hand injection injury (eg. Grease gun) | \$916 | \$621 | 67.8% |
| 26160 | Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous joint capsule (eg cyst ganglion), hand or finger | \$657 | \$436 | 66.3% |
| 26450 | Tenotomy, flexor, palm, open, each tendon | \$443 | \$302 | 68.2% |
| 99281 | Emergency Medicine | \$22 | \$15 | 69.5% |
| 99282 | Emergency Medicine | \$42 | \$29 | 68.9% |
| Total Specialty Care Average Comparison | | \$582 | \$395 | 67.8% |

Section 4: Review Analysis of Behavioral Health Services

1. Availability of Behavioral Health Servicing Providers

In this section of the Access Plan MassHealth presents the required data on the number of enrolled providers. While there are no appropriate benchmarks available we believe that the provider/member ratios in the following section will help offer some context to the raw data. Data source: MMIS provider enrollment data

Methodology: In order to determine the number of providers trended over time, we ran the number of active billing providers in MMIS for each section of the Access Plan (by each provider type) listed below by county – unduplicated over each full fiscal year for SFY13, SFY14 and SFY15.

Out-of-state provider information is included for individual psychiatrist providers because those providers are eligible to enroll with MassHealth and to deliver behavioral health care. This allows members who live near the state border to access a greater range of providers for care. Psychologists and psychiatrists may work in entities such as hospitals and mental health clinics and therefore not be individually enrolled. As a result, those provider counts may be understated and do not necessarily represent the actual number of individual providers who serve our members.

Members in the PCC Plan access behavioral health services through a capitated carve out, the Massachusetts Behavioral Health Plan (MBHP). Because the plan is capitated, MBHP providers and services are not included in this Access Plan. The provider counts below are only FFS enrolled providers and only FFS members receive behavioral health services from these providers on a FFS basis. This is generally a small population although, as noted in the introduction, the number of FFS members was temporarily increased in 2014 and early 2015.

Number of Psychologists per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|------------|------------|------------|
| Barnstable | 9 | 9 | 8 |
| Berkshire | 8 | 9 | 7 |
| Bristol | 25 | 26 | 22 |
| Dukes | 0 | 0 | 0 |
| Essex | 37 | 37 | 35 |
| Franklin | 2 | 2 | 4 |
| Hampden | 10 | 8 | 5 |
| Hampshire | 19 | 21 | 21 |
| Middlesex | 74 | 77 | 80 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 37 | 47 | 54 |
| Plymouth | 16 | 19 | 22 |
| Suffolk | 99 | 100 | 98 |
| Worcester | 48 | 41 | 38 |
| TOTALS | 384 | 397 | 394 |

Number of Psychiatrists per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 12 | 10 | 9 |
| Berkshire | 13 | 11 | 10 |
| Bristol | 30 | 28 | 27 |
| Dukes | 2 | 2 | 2 |
| Essex | 61 | 62 | 66 |
| Franklin | 10 | 11 | 9 |
| Hampden | 51 | 53 | 51 |
| Hampshire | 19 | 19 | 18 |
| Middlesex | 210 | 205 | 200 |

| County | SFY13 | SFY14 | SFY15 |
|---------------|------------|------------|------------|
| Nantucket | 0 | 0 | 0 |
| Norfolk | 70 | 67 | 70 |
| Plymouth | 37 | 34 | 39 |
| Suffolk | 356 | 363 | 377 |
| Worcester | 104 | 103 | 101 |
| Out-of-State | 7 | 5 | 11 |
| TOTALS | 982 | 973 | 990 |

Number of Inpatient Psychiatric Hospitals per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|-----------|-----------|-----------|
| Barnstable | 0 | 0 | 0 |
| Berkshire | 0 | 0 | 0 |
| Bristol | 2 | 2 | 2 |
| Dukes | 0 | 0 | 0 |
| Essex | 2 | 2 | 2 |
| Franklin | 0 | 0 | 0 |
| Hampden | 0 | 0 | 0 |
| Hampshire | 0 | 0 | 0 |
| Middlesex | 1 | 1 | 1 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 2 | 2 | 2 |
| Plymouth | 0 | 0 | 0 |
| Suffolk | 4 | 4 | 4 |
| Worcester | 1 | 2 | 2 |
| TOTALS | 12 | 13 | 13 |

The data counts above for Inpatient Psychiatric Hospitals does not account for the inpatient psychiatric units that are in general acute care hospitals (e.g. MGH, Baystate Hospital, etc.) throughout the Commonwealth and that Mass Health FFS member can access. There are 63 acute care hospitals in Massachusetts.

Number of Outpatient Psychiatric Hospitals per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 1 | 1 | 1 |
| Berkshire | 0 | 0 | 0 |
| Bristol | 2 | 2 | 2 |
| Dukes | 0 | 0 | 0 |
| Essex | 0 | 1 | 1 |
| Franklin | 0 | 0 | 0 |
| Hampden | 0 | 0 | 0 |
| Hampshire | 0 | 0 | 0 |
| Middlesex | 1 | 1 | 1 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 2 | 2 | 2 |

| County | SFY13 | SFY14 | SFY15 |
|---------------|----------|----------|----------|
| Plymouth | 0 | 0 | 0 |
| Suffolk | 2 | 2 | 2 |
| Worcester | 0 | 0 | 0 |
| TOTALS | 8 | 9 | 9 |

The data above for the Outpatient Psychiatric Hospitals does not reflect the availability of outpatient behavioral health services that exist in other parts of the behavioral health delivery system including Community Mental Health Clinics, and Community Health Centers (that are licensed to provide behavioral health services). MassHealth FFS members also have access to care at these sites.

Number of Mental Health Clinics per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|------------|------------|------------|
| Barnstable | 8 | 8 | 7 |
| Berkshire | 4 | 4 | 2 |
| Bristol | 16 | 15 | 15 |
| Dukes | 1 | 1 | 1 |
| Essex | 23 | 25 | 24 |
| Franklin | 4 | 5 | 5 |
| Hampden | 26 | 32 | 32 |
| Hampshire | 5 | 6 | 5 |
| Middlesex | 29 | 29 | 30 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 13 | 13 | 13 |
| Plymouth | 15 | 17 | 16 |
| Suffolk | 16 | 16 | 14 |
| Worcester | 16 | 16 | 20 |
| TOTALS | 176 | 187 | 184 |

Number of Substance Abuse Treatment Centers per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 2 | 2 | 2 |
| Berkshire | 2 | 2 | 2 |
| Bristol | 15 | 15 | 15 |
| Dukes | 1 | 1 | 1 |
| Essex | 9 | 10 | 14 |
| Franklin | 1 | 1 | 1 |
| Hampden | 9 | 12 | 11 |
| Hampshire | 1 | 1 | 1 |
| Middlesex | 6 | 7 | 8 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 3 | 3 | 3 |
| Plymouth | 7 | 8 | 8 |
| Suffolk | 10 | 9 | 13 |

| County | SFY13 | SFY14 | SFY15 |
|---------------|-----------|-----------|-----------|
| Worcester | 7 | 7 | 7 |
| TOTALS | 73 | 78 | 86 |

Behavioral Health Servicing Provider/Member Ratios

Data source: MMIS member and provider enrollment data

Methodology: Divided the number of enrolled FFS Medicaid members in each county by the number of active, enrolled behavioral health providers in that county.

N/A indicates there are no such providers in that county.

Note that the ratios below are based on the residence of the members and the provider counts for members' counties of residence. Therefore out-of-state providers are not included in determining the member per provider ratios.

Note that members in the PCC plan access behavioral health services through a capitated carve out, the Massachusetts Behavioral Health Plan (MBHP). Because the plan is capitated, MBHP providers and services are not included in this Access Plan. Therefore the member counts used to create the ratios below only include members who receive FFS coverage and have MassHealth as their primary insurance.

As explained previously, a large number of individuals were placed into temporary MassHealth FFS coverage in 2014 and early 2015. As the members used for the provider ratios in this section are those in FFS, the influx of temporary FFS members caused the Member to Provider ratio data in this section to increase approximately threefold from SFY13 to SFY14. MassHealth does not generally enroll salaried and contracted employees of entities, such as community health centers and hospitals. This means that the numbers below may be understated and do not necessarily represent the actual number of individual providers who serve our members.

Number of Members per Psychologist per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 264 | 1050 | 1005 |
| Berkshire | 192 | 605 | 691 |
| Bristol | 305 | 860 | 887 |
| Dukes | N/A | N/A | N/A |
| Essex | 328 | 918 | 846 |
| Franklin | 408 | 1461 | 606 |
| Hampden | 904 | 2608 | 3588 |
| Hampshire | 59 | 214 | 193 |
| Middlesex | 220 | 654 | 550 |
| Nantucket | N/A | N/A | N/A |

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Norfolk | 168 | 447 | 342 |
| Plymouth | 366 | 970 | 729 |
| Suffolk | 155 | 409 | 369 |
| Worcester | 247 | 796 | 720 |

Number of Members per Psychiatrist per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 198 | 945 | 893 |
| Berkshire | 118 | 495 | 484 |
| Bristol | 254 | 799 | 723 |
| Dukes | 80 | 517 | 389 |
| Essex | 199 | 548 | 449 |
| Franklin | 82 | 266 | 269 |
| Hampden | 177 | 394 | 352 |
| Hampshire | 59 | 236 | 225 |
| Middlesex | 78 | 246 | 220 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 89 | 313 | 264 |
| Plymouth | 158 | 542 | 411 |
| Suffolk | 43 | 113 | 96 |
| Worcester | 114 | 317 | 271 |

Number of Members per Inpatient Psychiatric Hospital per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | NA | NA | N/A |
| Berkshire | NA | NA | N/A |
| Bristol | 3811 | 11181 | 9762 |
| Dukes | N/A | N/A | N/A |
| Essex | 6065 | 16990 | 14813 |
| Franklin | N/A | N/A | N/A |
| Hampden | N/A | N/A | N/A |
| Hampshire | N/A | N/A | N/A |
| Middlesex | 16298 | 50385 | 44023 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 3116 | 10498 | 9225 |
| Plymouth | N/A | N/A | N/A |
| Suffolk | 3844 | 10228 | 9048 |
| Worcester | N/A | 16319 | 13685 |

Number of Members per Outpatient Psychiatric Hospital per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 2377 | 9452 | 8036 |
| Berkshire | N/A | N/A | N/A |
| Bristol | 3811 | 11181 | 9762 |

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Dukes | N/A | N/A | N/A |
| Essex | N/A | 33980 | 29625 |
| Franklin | N/A | N/A | N/A |
| Hampden | N/A | N/A | N/A |
| Hampshire | N/A | N/A | N/A |
| Middlesex | 16298 | 50385 | 44023 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 3116 | 10498 | 9225 |
| Plymouth | N/A | N/A | N/A |
| Suffolk | 7688 | 20456 | 9048 |
| Worcester | N/A | N/A | 13685 |

Number of Members per Mental Health Clinic per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 297 | 1182 | 1148 |
| Berkshire | 384 | 1360 | 2419 |
| Bristol | 476 | 1491 | 1302 |
| Dukes | 159 | 1033 | 777 |
| Essex | 527 | 1359 | 1234 |
| Franklin | 204 | 584 | 485 |
| Hampden | 348 | 652 | 561 |
| Hampshire | 224 | 748 | 809 |
| Middlesex | 562 | 1737 | 1467 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 479 | 1615 | 1419 |
| Plymouth | 390 | 1084 | 1003 |
| Suffolk | 961 | 2557 | 2585 |
| Worcester | 742 | 2040 | 1369 |

Number of Members per Substance Abuse Treatment Centers per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 1189 | 4726 | 4018 |
| Berkshire | 767 | 2721 | 2419 |
| Bristol | 508 | 1491 | 1302 |
| Dukes | 159 | 1033 | 777 |
| Essex | 1348 | 3398 | 2116 |
| Franklin | 816 | 2921 | 2423 |
| Hampden | 1005 | 1739 | 1631 |
| Hampshire | 1121 | 4489 | 4047 |
| Middlesex | 2716 | 7198 | 5503 |
| Nantucket | N/A | N/A | N/A |
| Norfolk | 2077 | 6698 | 6150 |
| Plymouth | 837 | 2304 | 2005 |
| Suffolk | 1538 | 4546 | 2784 |

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Worcester | 1696 | 4663 | 3910 |

Although MassHealth does not have benchmarks to assess the member/provider ratios, the agency is not aware of significant access to care issues based on member feedback received at our CSC. Overall review of the ratios indicates that there are sufficient numbers of behavioral health providers in most counties with some counties indicating higher than average ratios for certain provider types, and other counties such as Dukes, Nantucket and some counties in Western Massachusetts demonstrating lower ratios for certain provider types. Please note that members needing particular services may be seen in another county.

2. Utilization of Behavioral Health Care Services

Data source: MMIS member enrollment data and MMIS claims data

Methodology: Number of members residing in a county divided by episodes of care provided by providers in that county, multiplied by 1,000. The methodology for determining utilization was using MMIS data to determine the number of episodes of care, defined as the number of times that the same member, under any circumstance, visits the same provider in the same year.

The episode of care data in the utilization section was calculated based on the location of the provider; note that members can seek care in other counties.

Out-of-state utilization data is excluded because, although we recognize there may be some services provided out-of-state, there is not a consistent or statistically appropriate way to calculate a ratio of MassHealth members to out-of-state providers.

Psychologists and psychiatrists may also work in entities such as hospitals and mental health clinics and therefore not be individually enrolled. As a result, those provider counts may be understated and do not necessarily represent the actual number of individual providers who serve our members.

Note that, for providers in this section, we attributed all billing done by a particular provider type is to the category of care of the billing provider.

Behavioral Health Episodes of Care per 1,000 Members between SFY13- SFY15

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 441 | 284 | 788 |
| Berkshire | 340 | 729 | 2322 |
| Bristol | 652 | 642 | 2092 |
| Dukes | 384 | 200 | 864 |
| Essex | 359 | 318 | 1013 |
| Franklin | 877 | 519 | 2130 |
| Hampden | 905 | 843 | 2308 |

| County | SFY13 | SFY14 | SFY15 |
|-----------|-------|-------|-------|
| Hampshire | 185 | 151 | 558 |
| Middlesex | 310 | 175 | 505 |
| Nantucket | 0 | 0 | 0 |
| Norfolk | 243 | 187 | 591 |
| Plymouth | 1177 | 567 | 1401 |
| Suffolk | 273 | 220 | 453 |
| Worcester | 252 | 469 | 1705 |

As previously indicated, a large number of individuals were enrolled in FFS in the second half of SFY14 and in SFY15. This accounts for the demonstrated increase in utilization of services. Residents of Nantucket County, while not able to access services provided by individually-enrolled providers in Nantucket County, are able to access those services from facility based providers located at hospitals and community health centers, as well as from providers located in other counties in Massachusetts.

3. Comparison Analysis of Medicaid Payment Rates to Medicare for Behavioral Health Services

MassHealth’s payment rate analysis includes a comparison of rates for codes and services for 2015 for MassHealth and Medicare. Note that we were unable to obtain commercial plan rates for comparison. Overall, MassHealth’s FFS behavioral health rates are 75.3% of Medicare in 2015.

| HCPCS | BEHAVIORAL HEALTH Description | 2015 Mass. Medicare Non-Facility Rate-Statewide Average | 2015 Mass. Medicaid Rates | % Diff |
|---|---|---|---------------------------|--------|
| 90832 | Psychotherapy, 30 minutes with patient/ family member | \$135.00 | \$94.18 | 69.8% |
| 90833 | Psychotherapy 30 minutes | \$67.71 | \$36.37 | 53.7% |
| 90834 | Psychotherapy, 45 minutes | \$86.94 | \$72.73 | 83.7% |
| 90836 | Psychotherapy & Evaluation Mgmt Service | \$85.60 | \$72.73 | 85.0% |
| 90847 | Family Psychotherapy | \$109.52 | \$77.28 | 70.6% |
| 96101 | Psychological Testing | \$82.26 | \$74.94 | 91.1% |
| 96116 | Neurobehavioral Status Exam | \$97.28 | \$74.94 | 77.0% |
| 96118 | Neurological Testing | \$103.06 | \$74.94 | 72.7% |
| | | | | |
| Total Behavioral Health Average Comparison | | \$95.92 | \$72.26 | 75.3% |

Section 5: Review Analysis Pre- and Post- Natal Obstetric Services, including Labor and Delivery

1. Availability of Physicians with an OB Specialty and Nurse Midwives

In this section of the Access Plan MassHealth presents the required data on the number of enrolled providers. While there are no appropriate benchmarks available we believe that the provider/member ratios in the following section will help offer some context to the raw data.

Data source: MMIS provider enrollment data

Methodology: In order to determine the number of providers trended over time, we ran the number of active billing providers in MMIS for each section of the Access Plan (by each provider type) listed below by county – unduplicated over each full fiscal year for SFY13, SFY14 and SFY15.

Providers are defined as physicians with an OB specialty and certified nurse midwives, excluding physicians who deliver gynecology-only services.

Out-of-state provider information is included for individual physicians with an OB specialty and certified nurse midwives because those providers are eligible to enroll with MassHealth and to deliver pre- and post-natal care. This allows members who live near the state border to access a greater range of providers for care.

Number of Physicians with an OB Specialty and Nurse Midwives per County SFY13-SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|-------------|-------------|-------------|
| Barnstable | 23 | 22 | 22 |
| Berkshire | 16 | 15 | 15 |
| Bristol | 70 | 69 | 72 |
| Dukes | 3 | 2 | 1 |
| Essex | 83 | 80 | 81 |
| Franklin | 17 | 16 | 15 |
| Hampden | 108 | 106 | 108 |
| Hampshire | 17 | 20 | 23 |
| Middlesex | 175 | 187 | 181 |
| Nantucket | 2 | 2 | 2 |
| Norfolk | 111 | 110 | 113 |
| Plymouth | 51 | 55 | 59 |
| Suffolk | 362 | 371 | 368 |
| Worcester | 142 | 150 | 157 |
| Out-of-State | 13 | 12 | 11 |
| TOTALS | 1193 | 1217 | 1228 |

Physicians with an OB Specialty and Nurse Midwife Provider/Member Ratios

Data source: MMIS member and provider enrollment data

Methodology: The number of enrolled eligible Medicaid members in each county, divided by the number of active, enrolled providers in that county.

Eligible members are defined as PCC plan members and FFS members with MassHealth as primary coverage who are female and age 15-44 to correspond with the CDC and Massachusetts Department of Public Health definitions of women of reproductive age. While these members are considered to be of reproductive age with the potential for pregnancy, not all will necessarily be pregnant.

The ratios below are based on the residence of the members and the provider counts for members' counties of residence. Therefore out-of-state providers are not included in determining the member per provider ratios.

Number of Members per Providers (Physicians with an OB Specialty and Nurse Midwives)

| County | SFY13 | SFY14 | SFY15 |
|------------|-------|-------|-------|
| Barnstable | 34 | 40 | 41 |
| Berkshire | 26 | 34 | 36 |
| Bristol | 30 | 35 | 37 |
| Dukes | 26 | 40 | 76 |
| Essex | 41 | 48 | 48 |
| Franklin | 12 | 15 | 20 |
| Hampden | 20 | 22 | 23 |
| Hampshire | 15 | 16 | 16 |
| Middlesex | 20 | 23 | 24 |
| Nantucket | 39 | 48 | 55 |
| Norfolk | 14 | 16 | 16 |
| Plymouth | 23 | 24 | 27 |
| Suffolk | 36 | 39 | 37 |
| Worcester | 10 | 11 | 11 |

The table above demonstrates the ratio of members to providers delivering perinatal care, as required by CMS. Although there is not an established access standard for pre- and post-natal provider referenced above, the ratios listed above indicate sufficient access to such providers.

2. Utilization of Pre- and Post- Natal Care Services, including Labor and Delivery

Data source: MMIS member enrollment data and MMIS claims data

Methodology: Number of members residing in a county divided by number of claims for pre- and post- natal services (including labor and delivery) provided by providers in that county

Note that in this section, we did not use the same episodes of care per 1,000 members methodology for utilization because in order to do so we would need to know the number of pregnant women to accurately convey the denominator. Also, because the care of pregnant members is often billed through a global service code at the time of delivery, the specific dates of service for the care throughout their pregnancy and postpartum are unavailable through claims data.

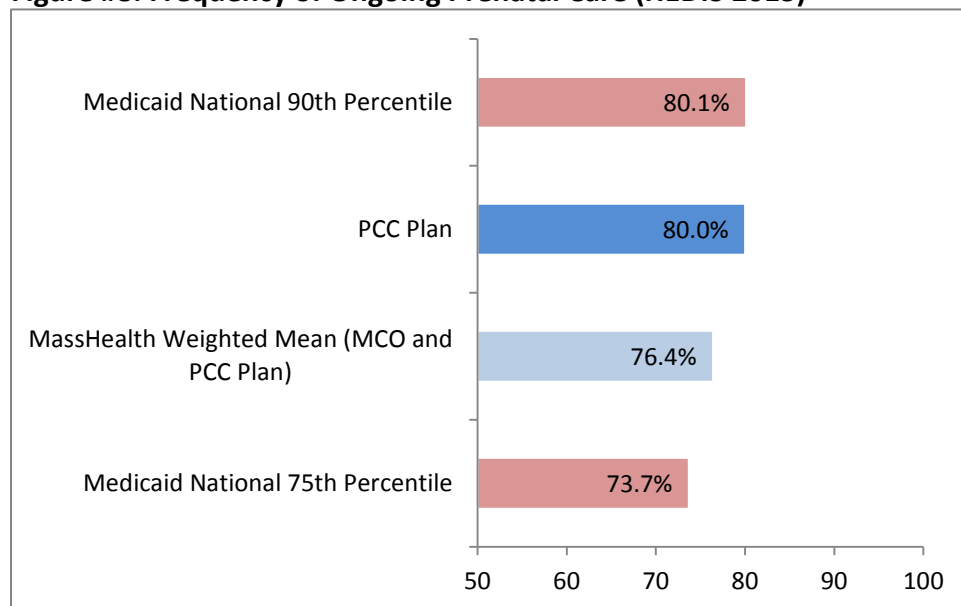
The utilization section data was calculated based on the location of the provider; members can seek care in counties other than their county of residence.

Out-of-state utilization data is excluded because, although we recognize there may be some services provided out-of-state, there is not a consistent or statistically appropriate way to calculate a ratio of MassHealth members to out-of-state providers.

As above, members are defined as PCC Plan members and FFS members with MassHealth as primary coverage who are female and age 15-44. Note these members are not necessarily all pregnant.

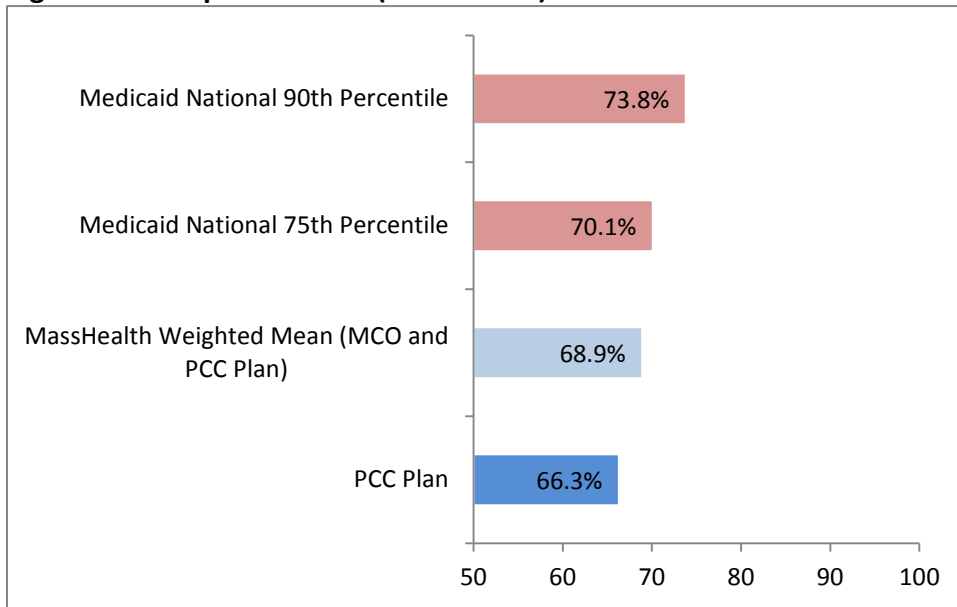
HEDIS scores for the frequency of ongoing prenatal care and postpartum care are presented below as they provide a consistent demonstration of member access to these services. The MassHealth weighted mean is the combination of the PCC plan and the five MCOs.

Figure #8: Frequency of Ongoing Prenatal Care (HEDIS 2013)



For the frequency of ongoing prenatal care measure in Figure #8, MassHealth scores at approximately the 90th percentile.

Figure #9: Postpartum Care (HEDIS 2013)



For the postpartum care measure in Figure #9, the MassHealth weighted mean score is near the 75th percentile.

The member utilization tables presented below show that, based on billed claims for the three calendar years below, between 66-70% of members received delivery, pre-natal, and post-natal care. It appears that about 16% of the members received a pre-natal only service. However, the billing for these singular service codes may be related to the timing of the member’s enrollment with or disenrollment from the PCC Plan or FFS and entry into other organizations for managed care. Although the HEDIS scores are based on a medical chart-review audit due to providers’ billing with the global services codes, the claims data is similar to the HEDIS scores.

Number of Members Utilizing Pre-and Post-Natal Services (including Labor and Delivery) for Members between SFY13- SFY15

| Region | Service | CY 2013 Members | CY 2014 Members | CY 2015 Members |
|------------------|------------------------------------|-----------------|-----------------|-----------------|
| Cape and Islands | Delivery and Postpartum | 39 | 35 | 58 |
| | Delivery only | * | 15 | 16 |
| | Postpartum only | 17 | 11 | 14 |
| | Prenatal and Delivery | 45 | 24 | 32 |
| | Prenatal only | 18 | 11 | 23 |
| | Prenatal, Delivery, and Postpartum | 104 | 67 | 89 |
| Central | Delivery and Postpartum | 93 | 80 | 134 |
| | Delivery only | 54 | 57 | 40 |
| | Postpartum only | * | * | * |

| Region | Service | CY 2013 Members | CY 2014 Members | CY 2015 Members |
|----------------------|------------------------------------|-----------------|-----------------|-----------------|
| | Prenatal and Delivery | 15 | * | 17 |
| | Prenatal only | 58 | 43 | 56 |
| | Prenatal, Delivery, and Postpartum | 642 | 650 | 728 |
| Greater/Metro Boston | Delivery and Postpartum | 349 | 295 | 419 |
| | Delivery only | 335 | 279 | 337 |
| | Postpartum only | 77 | 61 | 55 |
| | Prenatal and Delivery | 82 | 75 | 109 |
| | Prenatal only | 161 | 158 | 262 |
| | Prenatal, Delivery, and Postpartum | 2271 | 1859 | 2199 |
| Southeastern | Delivery and Postpartum | 208 | 183 | 224 |
| | Delivery only | 19 | 20 | 22 |
| | Postpartum only | * | * | * |
| | Prenatal and Delivery | 10 | 12 | 31 |
| | Prenatal only | 45 | 55 | 77 |
| | Prenatal, Delivery, and Postpartum | 689 | 585 | 712 |
| Western | Delivery and Postpartum | 59 | 44 | 69 |
| | Delivery only | 13 | 25 | 37 |
| | Postpartum only | * | * | * |
| | Prenatal and Delivery | * | * | 10 |
| | Prenatal only | 119 | 75 | 132 |
| | Prenatal, Delivery, and Postpartum | 542 | 400 | 520 |

**Data not reported due to small cell size. Also note that, due to privacy concerns, we have aggregated the data for certain counties when that data contained small member numbers.*

The key below provides the name of the counties associated with each geographic description.

| Geographic Description | Associated Counties |
|------------------------|---|
| Western Mass | Berkshire, Franklin, Hampshire, Hampden |
| Central Mass | Worcester |
| Cape and Islands | Barnstable, Dukes, Nantucket |
| Greater / Metro Boston | Essex, Middlesex, Norfolk, Suffolk |
| Southeastern Mass | Bristol, Plymouth |

The key below describes the procedures associated with each category of service:

| Service Category | Description |
|--------------------------------|--|
| Prenatal Only | 59425: Antepartum care only; four to six visits and 59426: Antepartum care only; seven or more visits |
| Prenatal, Delivery, Postpartum | 59400: Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care |
| | 59610: Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery |
| | 59618: Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery |
| Delivery Only | 59409: Vaginal delivery only (with or without episiotomy and/or forceps); |
| | 59514: Cesarean delivery only |
| | 59612: Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps) |
| | 59620: Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery |
| Delivery and Postpartum | 59410: Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care |
| | 59510: Routine OB care including antepartum cesarean delivery, and postpartum care |
| | 59515: Cesarean delivery only; including postpartum care |
| | 59614: Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care |
| | 59622: Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care |
| Postpartum Only | 59430: Postpartum care only (separate procedure) |

3. Comparison Analysis of Medicaid Payment Rates to Medicare for Pre-and Post-Natal Services (including Labor and Delivery)

MassHealth's payment rate analysis includes a comparison of rates for codes and services for 2015 for MassHealth and Medicare. Note that we were unable to obtain commercial rates for comparison. Overall, MassHealth's obstetrics FFS rates are 96% of Medicare in 2015.

| HCPCS | OBSTETRICS Description | 2015 Mass. Medicare Non Facility Rate-Statewide Average | 2015 Mass. Medicaid Rate | % Diff |
|-------|--|---|--------------------------|--------|
| 59400 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or | \$2,192 | \$2,045 | 93.3% |

| HCPCS | OBSTETRICS Description | 2015 Mass. Medicare Non Facility Rate- Statewide Average | 2015 Mass. Medicaid Rate | % Diff |
|--|---|--|--------------------------|--------------|
| | forceps) and postpartum care | | | |
| 59409 | Vaginal delivery only (with or without episiotomy and/or forceps) | \$841 | \$851 | 101.2% |
| 59410 | Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care | \$1,076 | \$980 | 91.1% |
| 59414 | Delivery of placenta (separate procedure) | \$94 | \$102 | 108.0% |
| 59425 | Antepartum care only; 4-6 visits | \$483 | \$473 | 97.9% |
| 59426 | Antepartum care only; 7 or more visits | \$867 | \$844 | 97.3% |
| 59510 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care | \$2,417 | \$2,310 | 95.6% |
| 59514 | Cesarean Delivery Only | \$944 | \$1,006 | 106.6% |
| 59515 | Cesarean delivery only; including postpartum care | \$1,303 | \$1,183 | 90.8% |
| 59610 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery | \$2,289 | \$2,139 | 93.4% |
| 59618 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery | \$2,448 | \$2,422 | 99.0% |
| Total Specialty Care Average Comparison | | \$1,359 | \$1,305 | 96.0% |

Section 6: Review Analysis of Home Health Services

1. Availability of Home Health Service Providers

In this section of the Access Plan MassHealth presents the required data on the number of enrolled providers. While there are no appropriate benchmarks available we believe that the provider/member ratios in the following section will help offer some context to the raw data. In addition, MassHealth has experienced significant growth in home health spending over the last several years and has seen continued growth in the number of providers interested in participating in the MassHealth program. The growth in spending and enrolled providers has led to MassHealth instituting a moratorium on new provider enrollment, with CMS approval, starting in February 2016, while MassHealth puts in place measures designed to ensure home

health services are not being inappropriately utilized. Prior authorization, provider education, and regulation amendments are all tools being used by MassHealth to ensure appropriate use of home health services. We do not believe that MassHealth’s existing member access to medically necessary home health services will be impacted by these activities in light of the recent growth in spending and in provider enrollment.

Data source: MMIS provider enrollment data

Methodology: In order to determine the number of providers trended over time, we ran the number of active billing providers in MMIS for each section of the Access Plan (by each provider type) listed below by county – unduplicated over each full fiscal year for SFY13, SFY14 and SFY15.

Providers are defined as home health agencies. Home health agencies employ several types of practitioners, including skilled nurses, home health aides, and physical, occupational, and speech/language therapists. Note that in Massachusetts home health agencies serve members in more than one county.

Number of Home Health Agencies Serving Members Residing in Each County SFY13 - SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|------------|------------|------------|
| Barnstable | 44 | 38 | 36 |
| Berkshire | 27 | 30 | 17 |
| Bristol | 73 | 78 | 81 |
| Dukes | 11 | 9 | 7 |
| Essex | 71 | 75 | 91 |
| Franklin | 33 | 32 | 22 |
| Hampden | 52 | 56 | 66 |
| Hampshire | 40 | 42 | 44 |
| Middlesex | 104 | 120 | 135 |
| Nantucket | 7 | 5 | 3 |
| Norfolk | 90 | 95 | 105 |
| Plymouth | 72 | 78 | 82 |
| Suffolk | 99 | 103 | 115 |
| Worcester | 82 | 84 | 89 |
| TOTALS | 805 | 845 | 893 |

As noted above, agencies provide services in more than one county. Therefore the table does not show the number of agencies located in each county but instead shows the number of agencies serving counties across SFY13 – SFY15 based on member claims data and member’s county of residence. This number varies, i.e. in nine counties this number increased and in five counties this number decreased. This depends on the service needs and the capacity of individual home health agencies to serve those needs. Overall, the number of agencies serving counties increased across SFY13 – SFY15.

Out of state provider information is included in the home health agency provider counts because those providers are treated as in-state providers, and therefore eligible to deliver home health. Out of state data is not reported in a separate line, however, because the table is based on the county of the member, rather than of the provider.

Home Health Provider/Member Ratios SFY13-SFY15

Data Source: MMIS member and provider enrollment data

Methodology: Divided the number of enrolled Medicaid members in each county by the number of active, enrolled home health agencies serving that county.

Members are defined as PCC plan members and FFS members with MassHealth as primary or secondary/(third party liability (TPL) coverage who are receiving home health services that could include one or more of the following services: skilled nursing, home health aide services, physical therapy, occupational therapy, or speech/language therapy.

Note that the ratios below are based on the residence of the members. Out-of-state provider data is included in determining the member per provider ratios. Out-of-state data is not reported in a separate line, however, because the data is based on the county of the member and not of the provider.

Number of Members per Home Health Agency SFY13 – SFY15

| County | SFY13 | SFY14 | SFY15 |
|---------------|-----------|-----------|-----------|
| Barnstable | 15 | 17 | 21 |
| Berkshire | 13 | 11 | 19 |
| Bristol | 32 | 32 | 34 |
| Dukes | 2 | 2 | 7 |
| Essex | 65 | 77 | 79 |
| Franklin | 6 | 7 | 12 |
| Hampden | 60 | 55 | 53 |
| Hampshire | 9 | 9 | 10 |
| Middlesex | 39 | 40 | 44 |
| Nantucket | 2 | 1 | 2 |
| Norfolk | 15 | 16 | 17 |
| Plymouth | 17 | 19 | 21 |
| Suffolk | 43 | 43 | 43 |
| Worcester | 36 | 41 | 47 |
| TOTALS | 32 | 34 | 38 |

The above table shows the trend across SFY13 – SFY15 for number of members per home health agency. Note that agencies can provide services to more than one county and the table shows that there are no access issues. The provider-member ratio varies across this time period; in some counties this ratio increased and in others the ratio decreased. Although from SFY13 – SFY15 the number of members per home health agency increased, home health agencies have the capacity to expand, increasing staff if necessary, and receive more members depending on the needs of the county. For example, the ratios in more densely populated counties such as Essex, Middlesex, Norfolk, Plymouth, Suffolk, and Worcester show home health agency coverage increased along with increased member counts. However, in smaller counties such as Barnstable and Franklin, home health agency coverage decreased slightly while member counts increased somewhat. Again, overall the data show access to home health services is robust.

CMS Moratorium

On February 11, 2016, MassHealth received CMS approval to impose a moratorium on enrollment of new home health agencies for an initial period of six months and received approval to extend the moratorium of an additional six months, until February 11, 2017. This was based on analysis done by EOHHS that revealed that MassHealth Home Health agencies grew by 27% since 2012 and that there were significant risks to program integrity. MassHealth has determined that access to home health agency providers is adequate and a temporary moratorium on new home health agency applications will not adversely affect access to care for our members. There are currently 195 home health agencies providing Medicaid services across the entire state. Excluding Nantucket County, the number of home health agencies serving each county in SFY2015 range from a low of six in Dukes County to a high of 135 in Middlesex. The average number of counties within which a home health agency provides service is 4.65, which indicates these agencies cover a comparatively large geographical area of the state. The significant number of existing home health agencies in each county illustrates that members have choice of which provider they want to receive care from, and this is not impacted by instituting a moratorium.

2. Utilization of Home Health Services

Data source: MMIS member enrollment data and MMIS claims data

Methodology: Number of unduplicated members for each type of home health service in SFY13 – SFY15 is shown below. Note that for providers in this section, all billing done by a home health agency is for home health services.

Data is not provided on a county level because home health agencies travel to the member's home, services could be provided by home health agencies located in a county other than where the member resides, and more than one agency could be providing services to a member. Additionally, members may receive more than one service per day and therefore multiple claims per day. Therefore, the methodology for this section differs from the

methodology of the other sections since the methodology for this section is not based on episodes of care.

Out-of-state utilization data is included because there are services provided to members by out of state agencies.

Members are defined as PCC plan members and FFS members with MassHealth as primary or secondary/TPL coverage who are receiving home health services that could include one or more of the following services: skilled nursing, home health aide services, physical therapy, occupational therapy, or speech/language therapy.

Utilization of Skilled Nursing and Home Health Aide Services by Service Code SFY13 –SFY15

Number of members using the following services: 1) Skilled Nursing (intermittent) 1- 60 days of service, 2) Skilled Nursing (intermittent) > 60 days of service and 3) Home Health Aide

| Unduplicated Member Count | | | | | |
|---------------------------|-------------------------------|-----------------------------|---|---|----------|
| Code | G0154 | G0154 UD | G0154 TT | G0154 UTDD | G0156 |
| | Skilled Nursing 1- 60 days | Skilled Nursing 61+ days | Group Non- Continuous Skilled Nursing | Group Non-Continuous Skilled Nursing 61+ days | HH Aides |
| SFY 2013 | 21,548 | 10,507 | 1,225 | 280 | 4,246 |
| SFY 2014 | 21,472 | 12,940 | 1,395 | 305 | 6,193 |
| SFY 2015 | 25,620 | 16,819 | 1,687 | 334 | 9,260 |

Utilization of Therapy Services SFY13 – SFY15

Number of members using the following services: 1) Physical Therapy, 2) Occupational Therapy and 3) Speech-Language Therapy

| Unduplicated Member Count | | | |
|---------------------------|--------|------------------|----------------------|
| Code | G0153 | G0151 | G0152 |
| | Speech | Physical Therapy | Occupational Therapy |
| SFY 2013 | 237 | 4,428 | 1,760 |
| SFY 2014 | 271 | 5,114 | 2,292 |
| SFY 2015 | 333 | 6,143 | 2,735 |

Utilization of Continuous Skilled Nursing Services SFY13 – SFY15

Number of members using Continuous Skilled Nursing (Private Duty Nursing) services

| Unduplicated Member Count | | | | | | | | | | | | |
|---------------------------|---|----------------------------|--------------------------|--------------------------|----------------------------|-------------------------|------------------------|-------------------------|---------------------------|-----------------------|-------------------------|--------------------------|
| Code | T1002 | T1002TT | T1002U1 | T1002U2 | T1002U3 | T1002UJ | T1003 | T1003TT | T1003U1 | T1003U2 | T1003U3 | T1003UJ |
| | Continuous Skilled Nursing (CSN) (RN) (DAY) | CSN (RN) (DAY) two members | CSN RN Night two Members | CSN RN Day three members | CSN RN Night three Members | CSN RN One Member Night | CSN LPN One Member Day | CSN LPN Two Members Day | CSN LPN Two Members Night | CSN Three Members Day | CSN Three Members Night | CSN LPN One Member Night |
| SFY 2013 | 705 | 41 | 43 | 13 | 13 | 703 | 628 | 26 | 29 | 3 | 3 | 627 |
| SFY 2014 | 749 | 48 | 48 | 8 | 8 | 752 | 664 | 27 | 30 | 0 | 0 | 682 |
| SFY 2015 | 792 | 41 | 39 | 7 | 7 | 803 | 676 | 26 | 28 | 0 | 0 | 680 |

Note that utilization increased over SFY13 – SFY15. MassHealth did not receive member complaints regarding access during this period showing that the enrolled home health agencies were able to accommodate the increased utilization. We have also conducted analyses on home health agency data that shows that overutilization of home health services occurred within specific member populations. MassHealth is taking several steps to reduce overutilization, as described above.

3. Comparison Analysis of Medicaid Payment Rates to Medicare for Home Health Services

MassHealth’s payment rate analysis includes a comparison of rates for codes and services for 2015 for MassHealth and Medicare. Note that we were unable to obtain commercial plan rates for comparison. Overall, MassHealth’s FFS home health rates are 53.9% of Medicare FFS home health rates in 2015.

| HCPCS | HOME HEALTH Description | 2015 Mass. Medicare Non Facility Rate- Statewide Average | 2015 Mass. Medicaid Rate | % Diff |
|-------|---|--|--------------------------|--------|
| G0151 | Services of Physical Therapist in the home health setting | \$139.75 | \$68.30 | 48.9% |
| G0152 | Services of Speech Therapist | \$151.88 | \$71.20 | 46.9% |

| HCPCS | HOME HEALTH Description in the home health setting | 2015 Mass. Medicare Non Facility Rate- Statewide Average | 2015 Mass. Medicaid Rate | % Diff |
|---|---|---|---------------------------------|---------------|
| G0153 | Services of Occupational Therapist in the home health setting | \$140.70 | \$72.88 | 51.8% |
| G0154 | Services of Skilled Nurse in home health setting | \$127.83 | \$86.99 | 68.05% |
| G0156* | Services of Home Health Aide | \$57.89 | \$6.10* | N/A |
| Total Home Health Average Comparison | | \$140.04 | \$74.84 | 53.91% |

*For home health aide services, Medicare pays by visit and MassHealth pays by 15 minute units. Therefore, home health aide service rates are not included in the total average comparison of differences between rates.

Section 7: Conclusion

Based on the data and information that MassHealth had available, as described in the Access Monitoring Review Plan, Massachusetts concludes that access to care is currently sufficient and consistent with section 1902(a)(30)(A) of the Act. We appreciate CMS’s recognition that, to meet the established timetable, states would base their Access Plans on the most recent available data and that such data may vary from program to program within a state, or from state to state. As such, MassHealth acknowledges that there may be limitations to interpretation of the available data and benchmarks or proxy benchmarks employed.

Nonetheless, MassHealth views the data used to develop the Access Plan as demonstrating an overall view of sufficient member access to care in the areas CMS identified for assessment in states’ 2016 Access Review Monitoring Plans:

- The extent to which beneficiary needs are met;
- The availability of care and providers;
- Changes in beneficiary service utilization; and
- Comparisons between Medicaid rates and rates paid by other payers.

Massachusetts bases this conclusion on the state's review of a core set of five services: primary care, physician specialists, behavioral health, pre- and post-natal obstetrics (including labor and delivery), and home health services. In this final Access Plan, MassHealth has detailed the comments received from MCAC and during the public comment period.

Within the Access Plan, MassHealth evaluated access based on MassHealth Member Survey information, HEDIS and CAHPS measures, our MCO and dental access standards, MMIS data sources, and took into account Massachusetts' specific delivery systems, beneficiary characteristics and geography.

In MassHealth's request to CMS to extend our Section 1115 Demonstration Waiver, the agency proposes innovative service delivery systems that improve care, increase efficiency, and reduce costs as a part of MassHealth restructuring. MassHealth plans to advance alternative payment methodologies and delivery system reform through ACOs and community partners for behavioral health and long term services and supports. A significant focus will be placed on improving integration and delivery of care for members with behavioral health needs and those with dual diagnoses of substance abuse disorder; as well as integration of long term services and supports and health-related social services. MassHealth believes that these efforts will continue to improve timely and appropriate access to care for our members.