

2016 Massachusetts Access Monitoring Review Plan (AMRP)

Massachusetts Access Monitoring Review Plan

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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

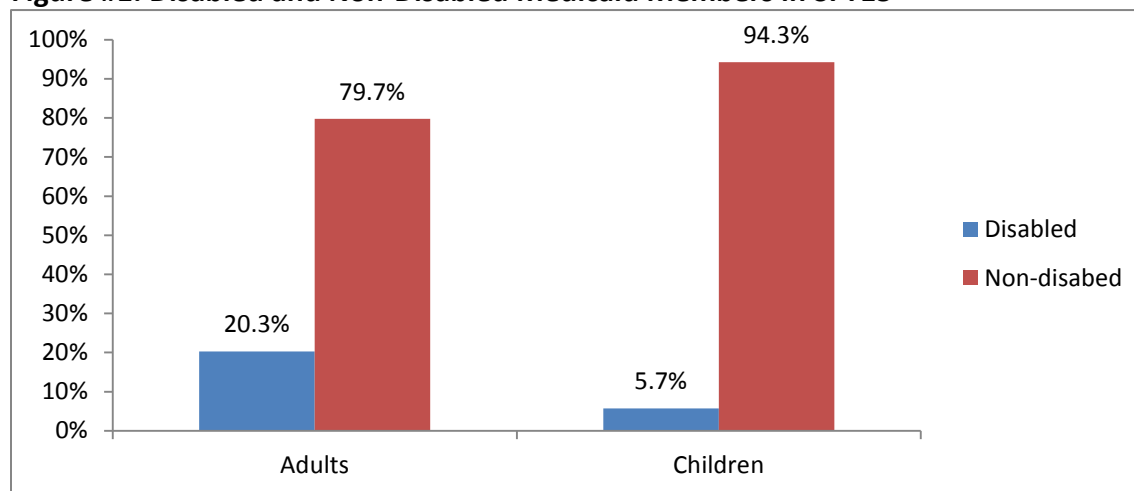


Figure #1 shows the population of MassHealth disabled and non-disabled Medicaid members in SFY15. Among adults, 20.3% were disabled and 79.7% were non-disabled. Among children, 5.7% were disabled and 94.3% were non-disabled.

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

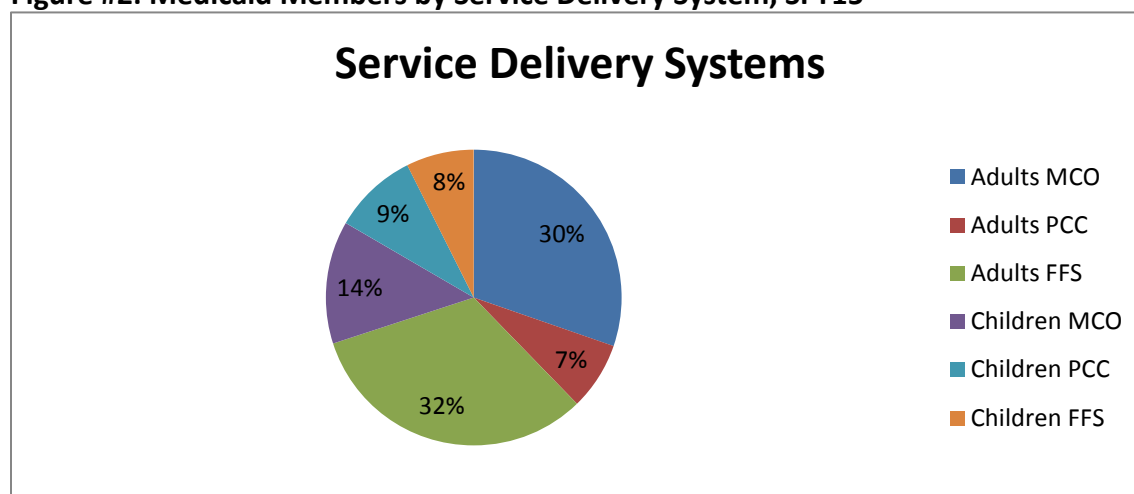


Figure #2 shows the distribution of MassHealth Medicaid members by delivery system in SFY15. Thirty percent (30%) were adults enrolled in MCO coverage, 7% were adults enrolled in the PCC plan, 32% were adults enrolled in FFS coverage, 14% were children enrolled in MCO coverage, 9% were children enrolled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

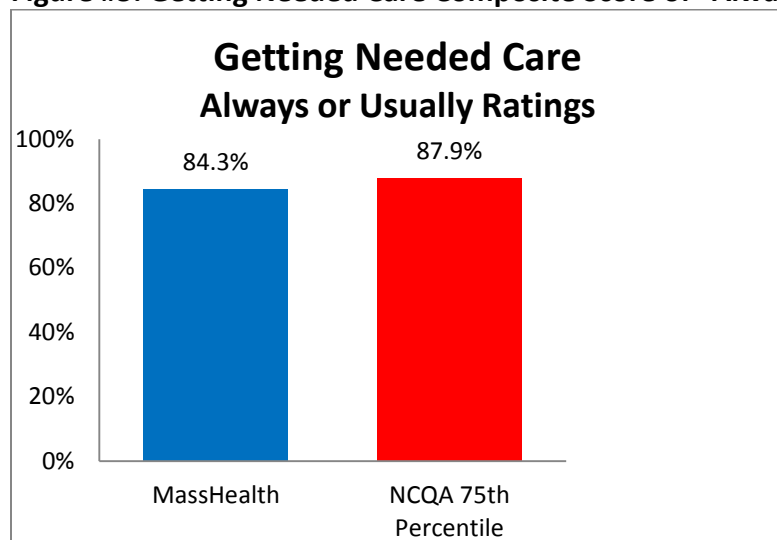
MassHealth conducted a pediatric member experience survey in the spring of 2013. The Patient Experience Survey (PES) was designed and implemented to meet the objectives of a five-year federally funded Children's Health Insurance Program Reauthorization Act (CHIPRA) grant awarded in 2010, as well as the 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

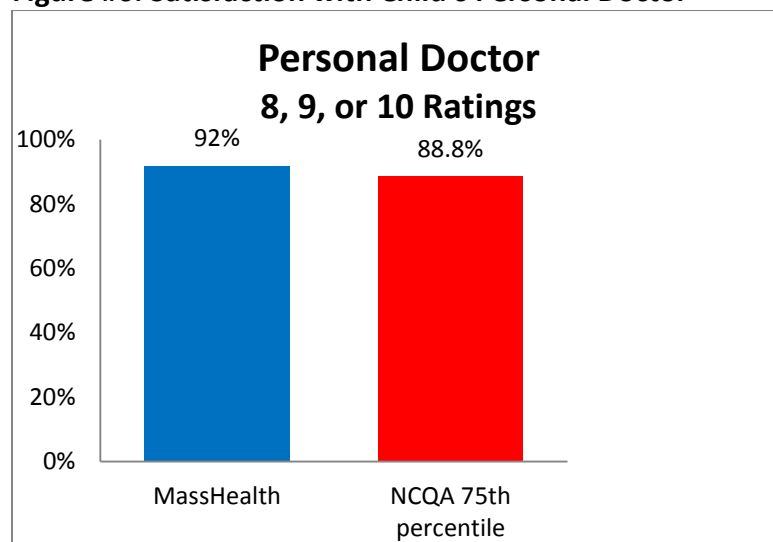


Figure #6 shows that surveyed members were highly satisfied with their child's personal doctor at a rate that exceeded the NCQA 75th percentile. Ninety-two percent (92%) of survey respondents reported being satisfied (with a rating of 8, 9 or 10) with their child's personal doctor, exceeding the NCQA 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					Benchmarks	
	CY13 Rate	CY14 Rate	CY15 Rate		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.

HCPCS	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 Compari son		\$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.

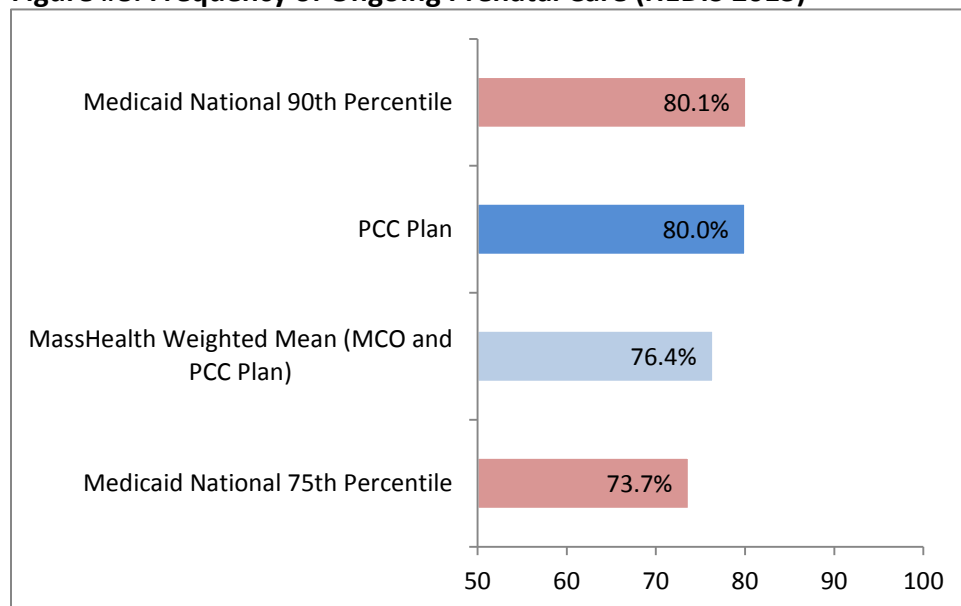
The utilization section data was calculated based on the location of the provider; members can seek care in counties other than their county of residence.

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.

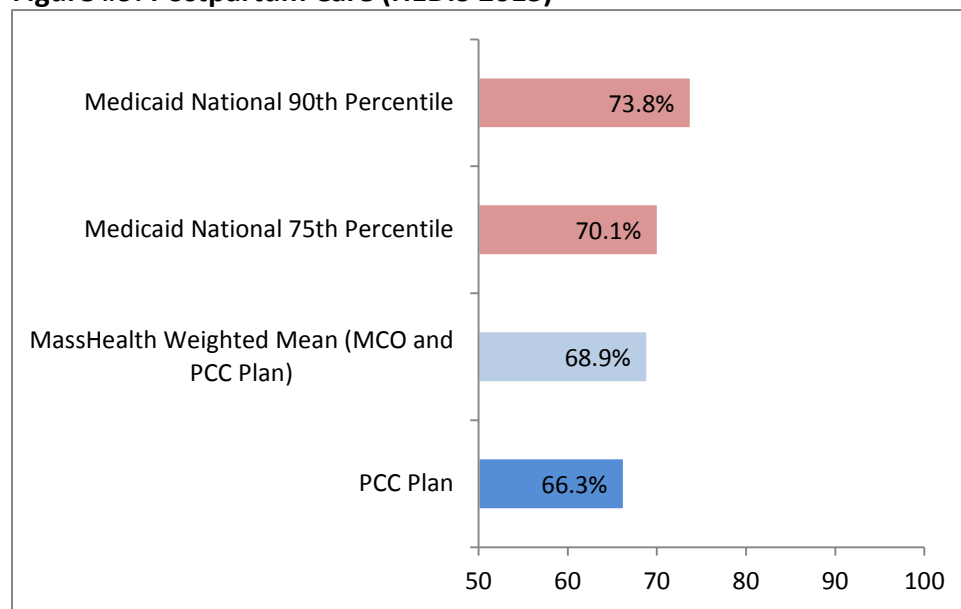
HEDIS scores for the frequency of ongoing prenatal care and postpartum care are presented below as they provide a consistent demonstration of member access to these services. The MassHealth weighted mean is the combination of the PCC plan and the five MCOs.

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. Medica id 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												
Cod e	T10 02	T100 2TT	T100 2U1	T100 2U2	T100 2U3	T100 2UJ	T10 03	T100 3TT	T100 3U1	T100 3U2	T100 3U3	T100 3UJ
	Conti nuou s Skille d Nursi ng (CSN) (RN) (DAY)	CSN (RN) (DAY) two membe rs	CSN RN Night two Membe rs	CSN RN Day three membe rs	CSN RN Night three Membe rs	CSN RN One Membe r Night	CSN LPN One Mem ber Day	CSN LPN Two Membe rs Day	CSN LPN Two Membe rs Night	CSN Three Membe rs Day	CSN Three Membe rs Night	CSN LPN One Membe r 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.