



INDIANA ACCESS MONITORING REVIEW PLAN

OCTOBER 1, 2019

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Acknowledgements

The completion of the 2019 Indiana Access Monitoring Review Plan is the result of a collaboration between the Office of Medicaid Policy and Planning (OMPP), the Family & Social Services Administration (FSSA) Data & Analytics unit, Burns & Associates, Inc., and the Bowen Center for Health Workforce Research and Policy.

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Executive Summary

As required by federal regulation, Indiana has completed a 2019 update to its Indiana Medicaid Access Monitoring Review Plan. The analysis centered upon an ever-decreasing Fee-for-Service (FFS) Medicaid population; after removing individuals with limited Medicaid coverage and individuals with non-continuous enrollment, the study was left with around 10% of the Indiana Health Coverage Programs (IHCP) member population.

To determine if access was a concern for the analyzed population, Indiana relied upon four primary factors:

- The percentage of FFS members with a service category visit
- The utilization per 1,000 FFS member months for each service category
- The average driving distance for each service category
- The provider availability, by state region, for each service category

After completing this analysis for each service category, Indiana determined its most significant access concerns for the analyzed population are dental services, behavioral health services (including substance use disorder treatment), and transportation. However, the study is limited by multiple factors, including the limited FFS member population size, the inability to consider provider panel size, and a member's preference to see a particular provider.

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Overview

Medicaid Access Rule

In late 2015, the Centers for Medicare & Medicaid Services (CMS) published a new rule requiring States to develop “a medical assistance access monitoring review plan”. Per 42 CFR 447.203, the rule establishing guidelines for an access review monitoring plan indicated that it would apply to fee-for-service Medicaid reimbursement only.

The access monitoring review plan submitted must specify the data sources, methodologies, baselines, assumptions, trends and factors, and thresholds used to analyze and inform determinations of the sufficiency of access to care §203(b)(1). The access review plan and monitoring analysis must include:

- The extent to which beneficiary needs are fully met;
- The availability of care through enrolled providers to beneficiaries in each geographic area, by provider type and site of service;
- Changes in beneficiary utilization of covered services in each geographic area;
- The characteristics of the beneficiary population; and
- Actual or estimated levels of provider payment available from other payers by provider type and site of service.

The new rule requires states to review beneficiary and provider input. In order to review input, the State must establish and monitor a feedback mechanism to be utilized by providers and Medicaid members. CMS also requires the State to perform a comparative payment rate review for reimbursement to providers for services. This comparison should be done by evaluating the Medicaid rates with those of private health insurers and Medicaid managed care rates.

Submission of the access monitoring review plan and access analysis must include the measures that the State uses to assess access to care, how the measures used relate to the access monitoring review plan, and any corrective action taken as a result of the review plan. The access monitoring review must include the State’s intentions for future periodic review and updates to any changes or reductions to payment rates.

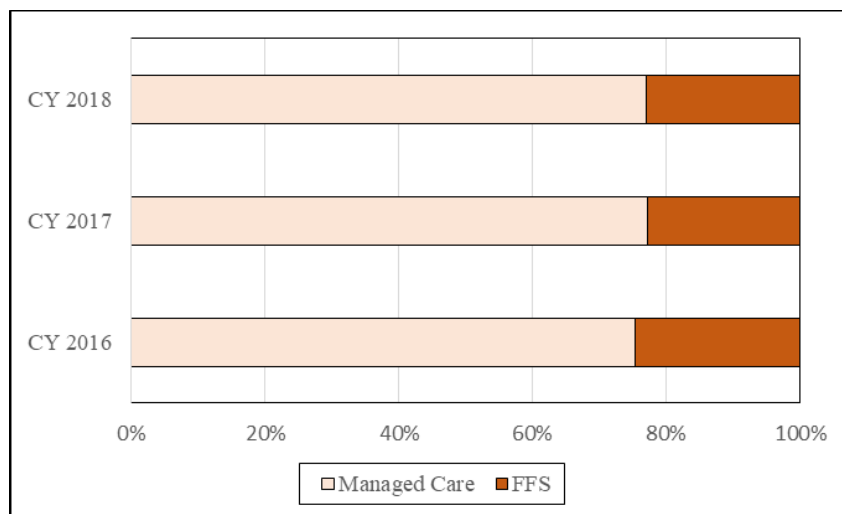
In response to the published requirements by CMS, the Indiana Family and Social Services Administration (FSSA), in collaboration with Burns & Associates, Inc. and the Bowen Center for Health Workforce Research and Policy, has compiled data to analyze the current state of Indiana’s fee-for-service Medicaid population. The agency will submit the final Access Monitoring Review plan to CMS by October 1, 2019.

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Indiana Medicaid

Operating within the FSSA, the State’s Office of Medicaid Policy and Planning (OMPP) efficiently and effectively administers Medicaid programs for the state of Indiana. Medicaid is more than just health coverage—it provides a vital safety net to one in five Hoosiers. OMPP’s suite of programs, called the Indiana Health Coverage Programs (IHCP), includes risk-based managed care programs (RMBC) and Traditional Medicaid. Figure 1 provides a visual summary of the total IHCP population of managed care and Traditional Medicaid (before any member exclusion) for calendar years 2016, 2017, and 2018.

Figure 1 - Total IHCP Population, CY 2016-2018



Managed Care Programs

By the end of 2018, nearly 80% of IHCP members received coverage through one of our four contracted managed care entities (MCEs): Anthem Insurance Companies, Inc. (Anthem), CareSource Inc., Coordinated Care Corporation, Inc. d/b/a Managed Health Services (MHS), and MDwise, Inc. Each of the four MCEs is required to maintain network adequacy standards to meet the needs of its members for each of the State’s RBMC programs. Hoosier Healthwise (HHW) predominately serves children; Healthy Indiana Plan (HIP) serves adults; and Hoosier Care Connect (HCC) serves disabled children and adults as well as wards of the state and foster children.

Hoosier Healthwise

The Hoosier Healthwise (HHW) program, which includes Indiana’s Children’s Health Insurance Program (CHIP), provides health care coverage for low-income families, pregnant women, and children. The program ensures that young children receive well-child doctor visits, helping them to a healthy start in their critical developmental years.

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Healthy Indiana Plan

The Healthy Indiana Plan (HIP) provides health care coverage to uninsured adults between the ages of 19 and 64. Individuals with certain physical, mental, and behavioral health conditions also receive coverage through HIP as medically frail members. Members enrolled in HIP receive coverage by making copayments for services (HIP Basic) or through a monthly contribution to each individual's Personal Wellness and Responsibility (POWER) Account (HIP Plus). Medically frail members receive HIP State Plan coverage. HIP also supports earlier health care for pregnant women.

Hoosier Care Connect

Hoosier Care Connect (HCC) provides health care coverage to the aged, blind, and disabled. Additional groups receiving coverage from this program include wards of the state, foster children, and individuals receiving Supplemental Security Income (SSI). Members may not be institutionalized or dually eligible. HCC members receive full Medicaid benefits, in addition to care coordination services and other FSSA-approved enhanced benefits.

Report Layout

The access monitoring review plan includes the following sections:

- A brief overview of some of the high-level changes to the Indiana Medicaid program since 2016
- A discussion of the Indiana Fee-For-Service (FFS) population
- An overview of how the State receives feedback from our FFS members
- A reimbursement rate comparison between Indiana Medicaid and Medicare
- An explanation of the study's data and methodology
- Analysis and findings for each major service category
- Overall findings from the study

Indiana Medicaid Updates Since 2016

Indiana Medicaid continues to be a dynamic series of programs that evolves for both its members and its providers. Since the publication of the 2016 Access Monitoring Review Plan, the State of Indiana has implemented a number of changes to its Medicaid program, including the following:

- **Implementation of CoreMMIS** – In 2017, Indiana successfully transitioned from its previous claims processing system, *IndianaAIM*, to *CoreMMIS*. The new claims processing system was supplemented with a new provider interface known as the Provider Healthcare Portal. The new portal allows providers to submit enrollment applications and updates online, which allows more timely and accurate responses to enrollment-related requests.
- **Expanded Provider Specialties** – Throughout the past three years, Indiana Medicaid has begun enrolling additional providers, including Applied Behavioral Analysis (ABA) therapists, physician assistants, opioid treatment programs (OTPs), and residential addiction treatment facilities. These additional enrolled providers allow Indiana to better understand where members are receiving services and to more completely accurately measure member access.
- **Expanded Addiction Treatment** – Indiana has taken an aggressive approach against the opioid crisis. In particular, Indiana Medicaid sought and received approval for a Section 1115 demonstration waiver that provides reimbursement for inpatient and residential addiction treatment provided in settings that qualify as institutions for mental disease (IMDs). The State has also removed prior authorization for buprenorphine products and has provided expanded access to methadone through OTPs.
- **Presumptive Eligibility (PE) Adult Improvements** – In early 2019, Indiana transitioned its PE Adult population from managed care to fee-for-service. This change has been welcomed by members and providers, as it provides more immediate access to prior authorization capability and claims processing, especially for pharmacy claims.

IHCP Fee-For-Service (FFS) Population

Overall Population

The fee-for-service (Traditional Medicaid) program provides health care coverage for a number of individuals including, but not limited to, the following:

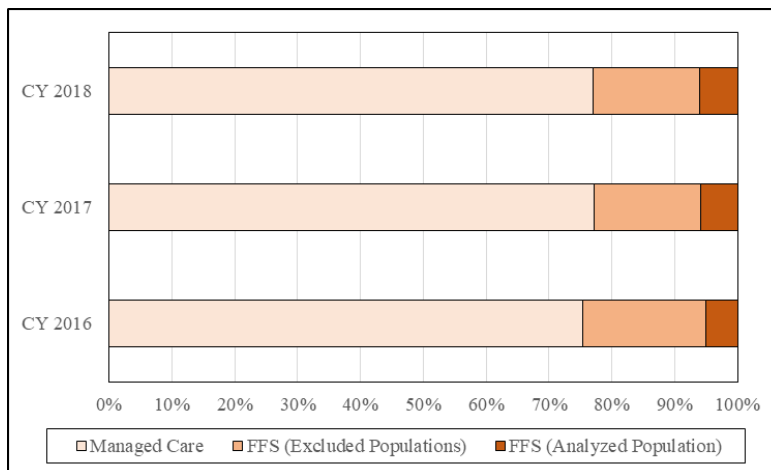
- Individuals in nursing homes or other institutions
- Individuals who are dually eligible for both Medicare and Medicaid
- Individuals with breast and cervical cancer
- Immigrants who alien status is unverified or undocumented
- Individuals receiving a home and community-based services waiver

As further described under the Data section below, certain Traditional Medicaid members have either a limited benefit package or additional coverage that would make access-related analysis difficult or not applicable. As a result, the following individuals have been excluded for all analysis throughout the Access Monitoring Review Plan:

- Individuals dually enrolled in both Medicare and Traditional Medicaid
- Individuals enrolled only for Package E (Emergency-Only) services
- Individual enrolled in aid category MA E (Family Planning Services-Only)
- Incarcerated individuals who were enrolled for inpatient services only through presumptive eligibility

Additionally, individuals who were enrolled for less than nine continuous months were excluded from analysis. Figure 2 provides a graphical breakdown of the remaining member population that was reviewed for the Access Monitoring Review Plan. As seen below, individuals on the Traditional Medicaid program eligible for full benefits makes up approximately six percent of all member months across Indiana’s programs:

Figure 2 – IHCP Population – Managed Care, FFS (Excluded), FFS (Included)



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State Regions

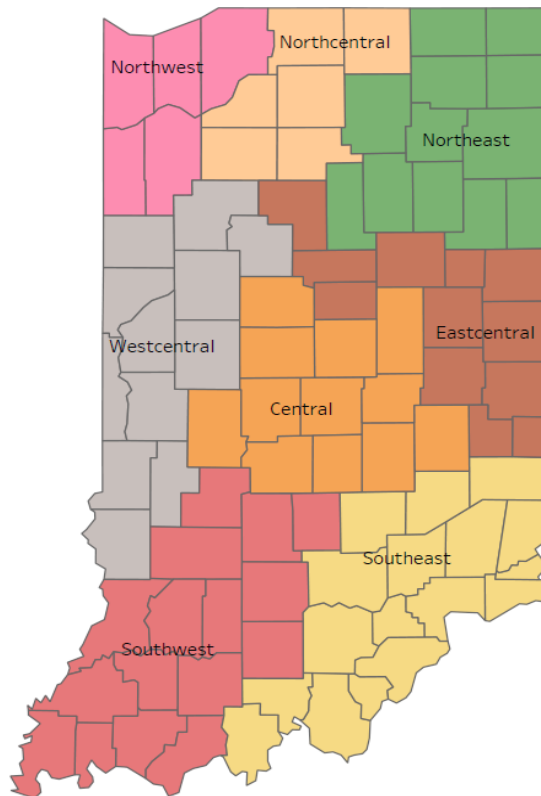
REGION ANALYSIS

In order to improve the ease of analysis, the state of Indiana was divided into eight separate regions. The regions were determined based upon location to major metropolitan areas:

- Northwest
- North Central
- Northeast
- West Central
- Central
- East Central
- Southwest
- Southeast

The following figure provides a graphical representation of the eight regions.

Figure 3 - Map of Indiana Regions



Feedback mechanisms

Call Center

As IHCP's fiscal agent, DXC Technology contracts with the State to provide toll-free phone lines for IHCP members and providers as a primary means for addressing questions and inquiries about provider enrollment, billing, covered services, or claims payment. Call center services are available from 8 a.m. to 6 p.m. EST, Monday through Friday excluding State holidays. These helplines form the basis of an early warning system on potential access to care issues in Indiana.

To ensure that call center quality standards are met, call recording and sampling is implemented for quality review of answers and assistance given to members and providers. An automated system for tracking and reporting written and telephone inquiries is maintained to track status and general information on submitted inquiries. Further, the State is provided with monthly reports showing timeliness of response, busy signals, hang-ups, hold time, number of calls, call type summaries, and other information to monitor call center responsiveness. Figure 4 provides all phone numbers utilized by Traditional Medicaid members.

Figure 4 - IHCP Member and Provider Contact Information

Member Services	(800) 457-4584
Pharmacy Services	(855) 577-6317
Transportation Services	(855) 325-7586

In 2018, DXC Technology received 2,131 phone calls that were coded as "Provider Search via Member Service". This coding system has also been able to capture limited but specific information about the provider search. Specific provider categories captured include transportation, dental, vision, mental health, durable medical equipment (DME), and other. Figure 5 provides a breakdown by key word of the provider searches that were indicated during CY 2018.

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Figure 5 - Noted Keywords from Provider Search, CY 2018

Noted Key Word	Number of Calls	% of Total Calls
Other	1179	55.33%
Transportation	678	31.82%
DME	98	4.60%
Dental	91	4.27%
Vision	79	3.71%
Mental Health	6	0.28%

The procurement of a new non-emergency medical transportation (NEMT) broker has allowed the State to better understand the transportation needs of the Traditional Medicaid population. From January through April 2019, Southeastrans saw a total of 214,059 phone calls. As a result, phone calls to the IHCP Member Line regarding transportation requests have dropped considerably. These phone calls have been critical in helping the State understand transportation further based upon the types of transportation requests received, the member's location and destination, and the post trip survey information.

Written Correspondence

Providers may submit Written Correspondence to DXC to assist in researching issues for providers who are experiencing difficulty in receiving fee-for-service claim payments. DXC contracts with the State to respond to provider correspondence (inquiries) within ten business days of receipt of the correspondence. These requests are handled electronically through the Provider Healthcare Portal.

Policy Consideration

FSSA has a process for members, providers, or other interested parties who would like to submit a request for policy consideration. A policy consideration request may be made to add coverage for a specific medical code, revise a provider code set, revise a current medical policy, or seek resolution to a general question or concern. Providers that wish to submit a request may email policyconsideration@fssa.in.gov and include a completed Policy Consideration Request form located online. Once the form has been submitted, the FSSA will begin the review process. At any point throughout the process interested parties may email FSSA to receive an update on the request. Once a determination has been made, an email with the attached determination will be sent.

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Provider Relations

The IHCP uses regional contacts throughout Indiana to provide face-to-face interaction with the provider community. Five IHCP Provider Relations field consultants spend the majority of their time meeting with providers in their territories. These individuals are assisted by internal resources who are able to respond to provider concerns by email as well as route concerns directly to the State.

Field representatives utilize information provided from the National Plan and Provider Enumeration System (NPPES) to identify licensed provider who are eligible to enroll as an IHCP provider. The field representatives have also developed a relationship with State medical and dental schools to educate new graduates about the benefits—and need—to providing health care to the Medicaid population.

Internet Quorum

Internet Quorum (IQ) is a database used by FSSA to store information related to public inquiries. Members and providers can utilize the online submission process for inquiries or complaints at www.in.gov/fssa.2404.htm.

IQ users can create and attach documents (emails, PDFs, etc.) to workflows to document an inquiry and communication surrounding an inquiry. IQ users from the State can look up historical workflows for information on past inquiries. IQ users can also see if another IQ user has a workflow open on the same individual for the same issue. Use of IQ prevents duplication of work to answer the same inquiry and stores closed workflows for historical reference.

From May through December 2018, FSSA received 1,425 inquiries through the IQ system from both IHCP members and providers. These issues largely consistent of member eligibility concerns. After June 2018, the IQ system showed a large number of complaints related to transportation and Southeasterns.

An overall limitation of the data is that without a direct interface between the FSSA IQ system and DXC's call center operation, there is no way to know whether these are capturing unique complaints and questions or whether individuals are utilizing both methods to reach a resolution to their issues.

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Reimbursement Rate Comparison

When choosing procedure codes for the reimbursement rate comparison, Indiana chose codes based upon claims volume for CY 2018.

Figure 6: Procedure Codes Used for Reimbursement Analysis

Procedure Code	Description
99213	Established patient office or other outpatient visit, typically 15 minutes
99232	Subsequent hospital inpatient care, typically 25 minutes per day
99214	Established patient office or other outpatient, visit typically 25 minutes
99233	Subsequent hospital inpatient care, typically 35 minutes per day
36415	Insertion of needle into vein for collection of blood sample
90837	Psychotherapy, 60 minutes
93010	Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report
99308	Subsequent nursing facility visit, typically 15 minutes per day
99285	Emergency department visit, problem with significant threat to life or function
99284	Emergency department visit, problem of high severity
99309	Subsequent nursing facility visit, typically 25 minutes per day
99283	Emergency department visit, moderately severe problem
97530	Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes
92015	Assessment for prescription eye wear using a range of lens powers
99231	Subsequent hospital inpatient care, typically 15 minutes per day

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One critical piece of information regarding reimbursement rates is the methodology established for the Healthy Indiana Plan (HIP). Under the 1115 waiver agreement with CMS, HIP providers are reimbursed at Medicare rates or at 130% of the equivalent fee-for-service rate when no Medicare rate is available.

Data for commercial payer reimbursement rates was not available for this study and have been excluded. Figure 7 provides a comparison of each high-volume service code's reimbursement rate for Medicare and for Indiana Medicaid FFS.

Figure 7 – Comparison of Reimbursement Rates

Procedure Code	Medicare Reimbursement Rate	Indiana Medicaid Fee-for-Service Reimbursement Rate	Indiana's Rate as a Percentage of Medicare
99213	\$72.19	\$51.99	72.02%
99232	\$72.22	\$52.29	72.40%
99214	\$105.93	\$76.88	72.58%
99233	\$103.26	\$75.37	72.99%
36415	\$3.00	\$3.00	100.00%
90837	\$134.90	\$100.60	74.57%
93010	\$8.47	\$6.22	73.44%
99308	\$67.84	\$49.66	73.20%
99285	\$174.08	\$125.71	72.21%
99284	\$118.11	\$85.38	72.29%
99309	\$90.25	\$65.51	72.59%
99283	\$62.22	\$44.84	72.07%
97530	\$38.72	\$25.12	64.88%
92015	\$19.71	\$14.67	74.43%
99231	\$39.15	\$28.43	72.62%

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These reimbursement rate comparisons are further strengthened by the Kaiser Family Foundation on the Medicaid to Medicare fee index file. This file compares each state's physician fee schedule with Medicare's fees in each state. Figure 8 shows that, for All Services combined and for Primary and Obstetric Care Services specifically, Indiana has a higher Medicaid-to-Medicare ratio than the national average and all other Region V states.

Figure 8: Kaiser Family Foundation Medicaid-to-Medicare Fee Index, 2016

Location	All Services	Primary Care	Obstetric Care	Other Services
United States	0.72	0.66	0.81	0.82
Illinois	0.61	0.48	0.85	0.79
Indiana	0.77	0.75	1.00	0.75
Michigan	0.65	0.57	0.91	0.55
Minnesota	0.75	0.78	0.67	0.72
Ohio	0.63	0.59	0.65	0.74

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Data

Analysis & Methodology

Data Source – Fee-for-service claims with dates of service in calendar year (CY) 2016, 2017, and 2018 were included in the study. All data was received through the State’s Enterprise Data Warehouse (EDW) as of April 2019. This is a central repository that accepts both fee-for-service claims data from *CoreMMIS* as well as encounter claims data from our managed care entities (MCEs) and other business partners, such as OptumRx (the fee-for-service pharmacy benefit manager).

The State’s provider enrollment file was used to assist with capturing the number of providers for each specific service category studied. The latitude and longitude coordinates of rendering providers that were identified in the utilization analysis were used to capture location of the provider for driving distance calculations.

Provider licensure data was matched with the State’s provider enrollment file to present the total number of eligible providers in Indiana for select service categories (based upon availability of licensure data). However, provider enrollment was not limited to in-state providers only, as many providers are enrolled in bordering communities around Indiana.

Beneficiary enrollment data from the same three-year time period was used to identify aid categories (i.e., duals) and age groups (i.e., 65 and older) that should be excluded. In addition, the enrollment data is used to create flags for beneficiaries based on demographic attributes (e.g., male/female, pediatric/adult, disabled/non-disabled). Flags were also created to identify whether the beneficiary was enrolled in FFS or managed care. Member months for each beneficiary were accumulated for each demographic cohort in the study.

Study Population – Data was limited to members enrolled with Traditional Medicaid coverage. This member population was further limited by the following:

- For claims to be included in the analysis, members must have been enrolled in the program for nine continuous months for each year of data.
- The following Indiana Medicaid members were excluded from all analysis:
 - Individuals dually enrolled in both Medicare and Traditional Medicaid
 - Individuals enrolled only for Package E (Emergency-Only) services
 - Individual enrolled in aid category MA E (Family Planning Services -Only)
 - Incarcerated individuals who were enrolled for inpatient services only through presumptive eligibility
- Claims were limited to members under the age of 65 years old (except for home health services).
 - For dental services, claims were only considered for individuals over the age of two years old.
- Claims were included with dates of service between January 1, 2016 and December 31, 2018.
 - Each individual month was reviewed for potential claims lag, with claims from December 2018 being the only month identified for a minor claims lag concern.

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Population cohorts of pediatric/adult, female/male, and disabled/non-disabled are used for utilization comparative purposes.

Service Categories – In accordance with 42 CFR 447.203, Indiana’s access monitoring review plan reviewed claims for the following service categories:

- Primary Care Services, including federally qualified health centers and rural health clinics
- Physician Specialty Care, including the following categories considered vital to the FFS population:
 - Cardiology
 - Nephrology
 - Oncology
 - Ophthalmology
 - Surgery
- Dental Care Services
- Home Health Services
- Prenatal and Postpartum Obstetric Services, including labor and delivery
- Behavioral Health Services, which were further divided into the following:
 - Substance Use Disorder (SUD)
 - Serious Emotional Disturbance (SED) and Severe Mental Illness (SMI)

Analysis Completed for Each Service - For each service category included in the study, a uniform set of metrics were calculated to evaluate access. The metrics are combined into a service-specific dashboard, aggregated at the regional or statewide level, and color coded to illustrate results that are better-than-expected or worse-than-expected. Dashboards present service-specific findings as follows:

- Section A: Count of Users
 - For each year in the study, count the number of unique beneficiaries with at least nine months enrollment in FFS (the denominator).
 - Using the final utilization dataset, count the number of individuals in the denominator who used the service in each study year (the numerator).
 - Calculate the percent of unique users of each service, per year, among the FFS beneficiaries meeting the nine-month enrollment criterion.
- Section B: Utilization per 1000 Member Months
 - Presents utilization rates per 1000 member months for CY 2016, 2017 and 2018 dates of service for each service category.
 - Calculate service specific utilization rates using:
 - Detail lines included on those claims passing the service-specific filtering logic for inclusion
 - Point in time member months in total and for each population cohort (total, adult/pediatric, male/female, and disabled/non-disabled).
- Section C: Average Driving Distances
 - Calculated for unique member-to-rendering provider trips for CY 2018 utilization. For example, if a beneficiary went to the same primary care doctor five times in CY 2018, only one claim is counted in the average driving distance analysis.

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- Capture the latitude and longitude of each user member's home and each rendering provider's location in the study.
- Use Google Distance Matrix of BING Maps web service to collect the driving distance for each member-to-provider claim.
- Exclude results that appear to be incorrect (defined as distance values less than 0.2 miles or greater than 100 miles).
- Compute the average driving distance by county for CY 2018. Averages were also computed for adult/pediatric and disabled/non-disabled population cohorts as well as on a geographical basis at the regional and statewide levels.
- A dashboard was created to display the average driving distance by each cohort studied with color coding to assess trends.
 - Average distance color coding is based on the ranges 0 to 20 (green), 21 to 30 (blue) and greater than 30 miles (red) for all services except for acute specialist services which are set at 0 to 30 (green), 31 to 60 (blue), and greater than 60 (red).
 - In some instances, low samples were found and are not reported. Low sample size thresholds are set at below 10 trips for the service region or county examined.
- Section D: Provider Availability
 - Filtering logic was applied to the Indiana Medicaid Provider Enrollment file to count the unique number of enrolled providers for each service examined that met the filtering logic for each service category.
 - Using the CY 2018 final utilization claims and encounters dataset, count the number of unique billing providers who billed for the specific service category. Distribute this count at the regional level.
 - Using the CY 2018 total FFS member months, calculate the average number of members in FFS in CY2018 by dividing total member months by 10.86, which represents the average enrollment duration of each FFS member in CY2018.
 - Calculate provider availability per 1,000 FFS Medicaid members by computing total CY 2018 billing providers divided by average 12-month Medicaid enrollees, then multiplied by 1,000. This is computed at the regional level.

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Primary Care

Analysis & Methodology

The following table summarizes the specific data elements used to identify primary care services for analysis:

Claim Type(s)	Professional UB-04 (Outpatient Hospital)
Provider Types/Specialties	Type 01 (Hospital) <ul style="list-style-type: none"> • Specialty 010 (Acute Care) Type 08 (Clinic) <ul style="list-style-type: none"> • Specialty 080 (Federally Qualified Health Center) • Specialty 081 (Rural Health Clinic) • Specialty 082 (Medical Clinic) • Specialty 083 (Family Planning Clinic) • Specialty 084 (Nurse Practitioner Clinic) • Specialty 086 (Dental Clinic) • Specialty 087 (Therapy Clinic) Type 09 (Advanced Practice Registered Nurse) <ul style="list-style-type: none"> • Specialty 090 (Pediatric Nurse Practitioner) • Specialty 091 (Obstetric Nurse Practitioner) • Specialty 092 (Family Nurse Practitioner) • Specialty 093 (Clinical Nurse Specialist) Type 31 (Physician) <ul style="list-style-type: none"> • Specialty 316 (Family Practitioner) • Specialty 318 (General Practitioner) • Specialty 320 (Geriatric Practitioner) • Specialty 328 (Obstetrician/Gynecologist) • Specialty 335 (Pediatrician) • Specialty 344 (General Internist) • Specialty 345 (General Pediatrician)
Place of Service Code(s)	03 – School 11 – Office 19 – Off Campus-Outpatient Hospital 20 – Urgent Care Facility 22 – Outpatient Hospital 49 – Independent Clinic 50 – Federally Qualified Health Center 71 – Public Health Clinic 72 – Rural Health Clinic

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Required Procedure Codes	99201-99205 99211-99215 99241-99245 99324-99328 99334-99350 99381-99387 99391-99397 99401-99404 T1015
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Key Findings

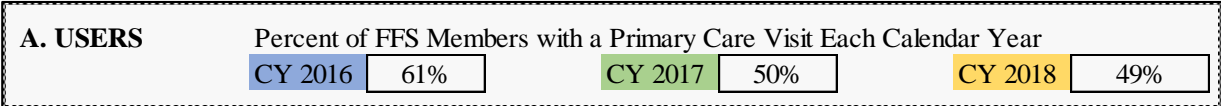
- The FFS population has seen a decline in overall utilization of primary care service; only about half of the identified member population is receiving primary care.
 - However, adult utilization of primary care services has trended up over the past three calendar years.
- Disabled FFS members seem to have the highest and most consistent utilization of primary care services.
- Driving distance does not appear to be a major concern overall for primary care services, as most areas of the state had an average driving distance of under twenty miles to a provider.
- The State has a relatively consistent and high provider to 1,000 member ratio across most of the State.
 - Adult FFS members in the Central Indiana zone had a lower provider to 1,000 member ratio than all other zones but also had one of the lowest average driving distances of all zones.
- While most of the state's licensed providers are enrolled to participate with the Medicaid program, it is somewhat surprising that only around 64% of those enrolled providers are actually billing for primary care services. This may be due to the ever-declining FFS enrollment in Indiana Medicaid.

Summary:

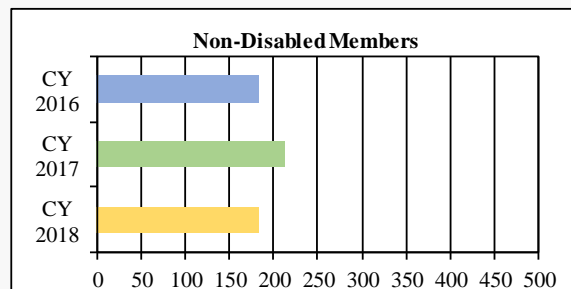
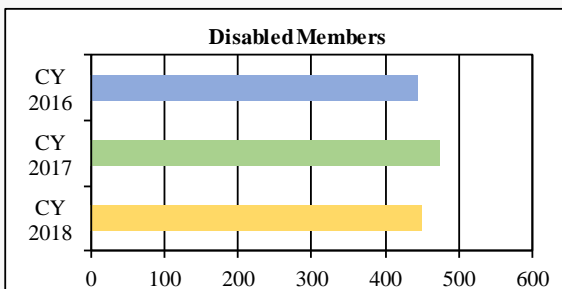
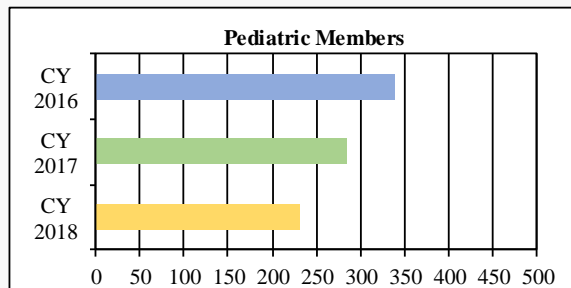
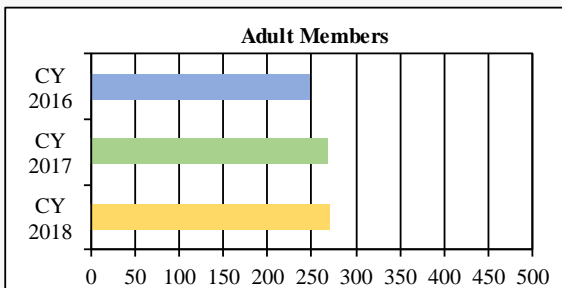
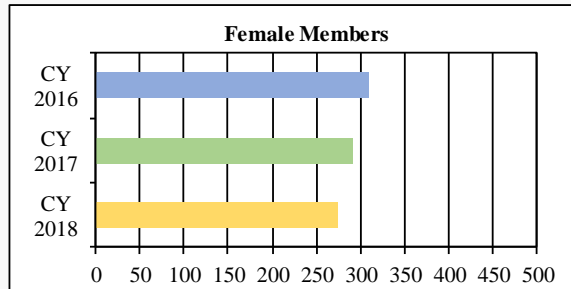
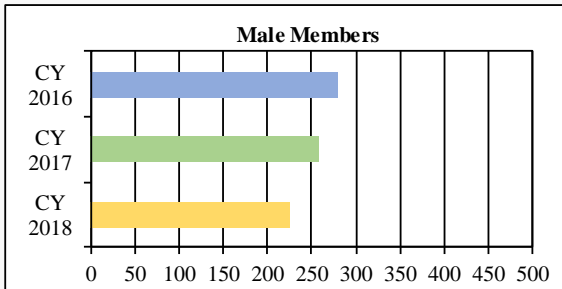
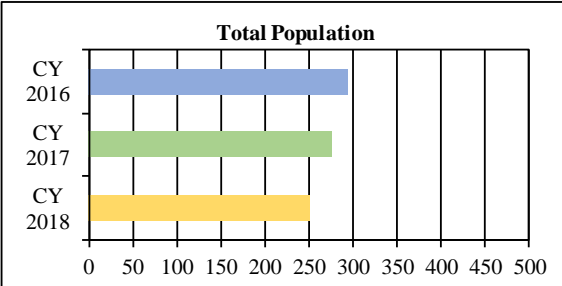
Given the higher utilization per 1,000 FFS member months, a higher provider to 1,000 FFS member ratio, and a statewide average driving distance for services of twenty miles or less, Indiana would conclude that access is not a significant concern for primary care services for the analyzed FFS population.

INDIANA ACCESS MONITORING REVIEW PLAN

Primary Care Dashboard



B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS



INDIANA ACCESS MONITORING REVIEW PLAN

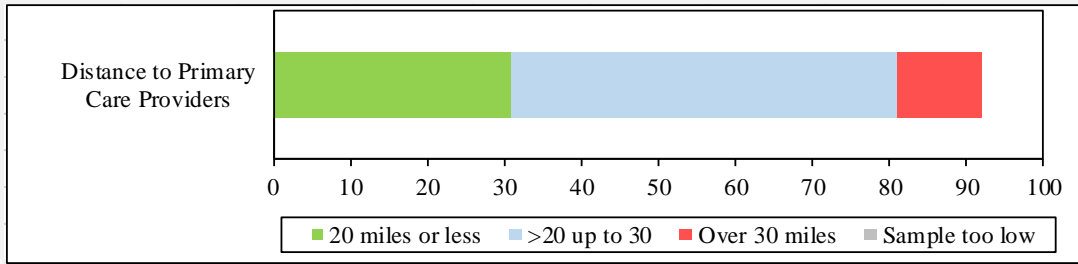
C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS

Statewide Average - FFS

15.7

CY 2018 Primary Care Utilization

Colored Bars Plot Number of Counties (out of 92) in Each Distance Range



Number of Counties that Fell Into Each Distance Range

	20 miles or less	>20 up to 30	Over 30 miles	Sample too low
Distance to Primary Care Providers	31	50	11	0

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	118,694	77,000	94,261	101,433
avg distance	14.4	17.7	16.6	14.9

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	19,831	8,086	24,492	13,342	66,879	17,275	21,535	24,254
avg distance	11.9	16.6	16.6	22.5	12.9	21.4	16.9	16.8

■ 20 miles or less
 ■ More than 20 up to 30 miles
 ■ More than 30 miles

D. PROVIDER AVAILABILITY - CY 2018

Licensed 16,233

Enrolled 15,433

Billed 9,844

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	1,077	831	995	714	3,863	593	1,025	746

Provider-to-1000 FFS members ratio using count of Billed Providers

Adults	254	209	240	274	167	260	318	260
Pediatrics	218	240	207	233	228	175	201	178

INDIANA ACCESS MONITORING REVIEW PLAN

Physician Specialty Care

Analysis & Methodology

The following table summarizes the specific data elements used to identify primary care services for analysis:

Claim Type(s)	Professional
Provider Types/Specialties	Type 31 (Physician) <ul style="list-style-type: none">• Specialty 312 (Cardiologist)• Specialty 319 (General Surgeon)• Specialty 324 (Nephrologist)• Specialty 329 (Oncologist)• Specialty 330 (Ophthalmologist)

Key Findings

- The FFS population is largely not utilizing the identified physician specialty services.
- For most of the specialty services, West Central Indiana appears to be the largest access concern with a significantly smaller provider population, resulting in a longer average driving distance for members in the zone.
- Nephrology and oncology services were largely considered non-utilized services within the FFS population, so it is difficult to truly know if access is an issue for individuals seeking such services.
- The average driving distance across the state, including driving distance by state region, were higher than other service categories. Due to the nature of these services, some of these distances may have been member preference (e.g., driving to Indianapolis to see their specialist of choice). Unfortunately, member choice could not be distilled from true potential access concerns in this study.

Summary:

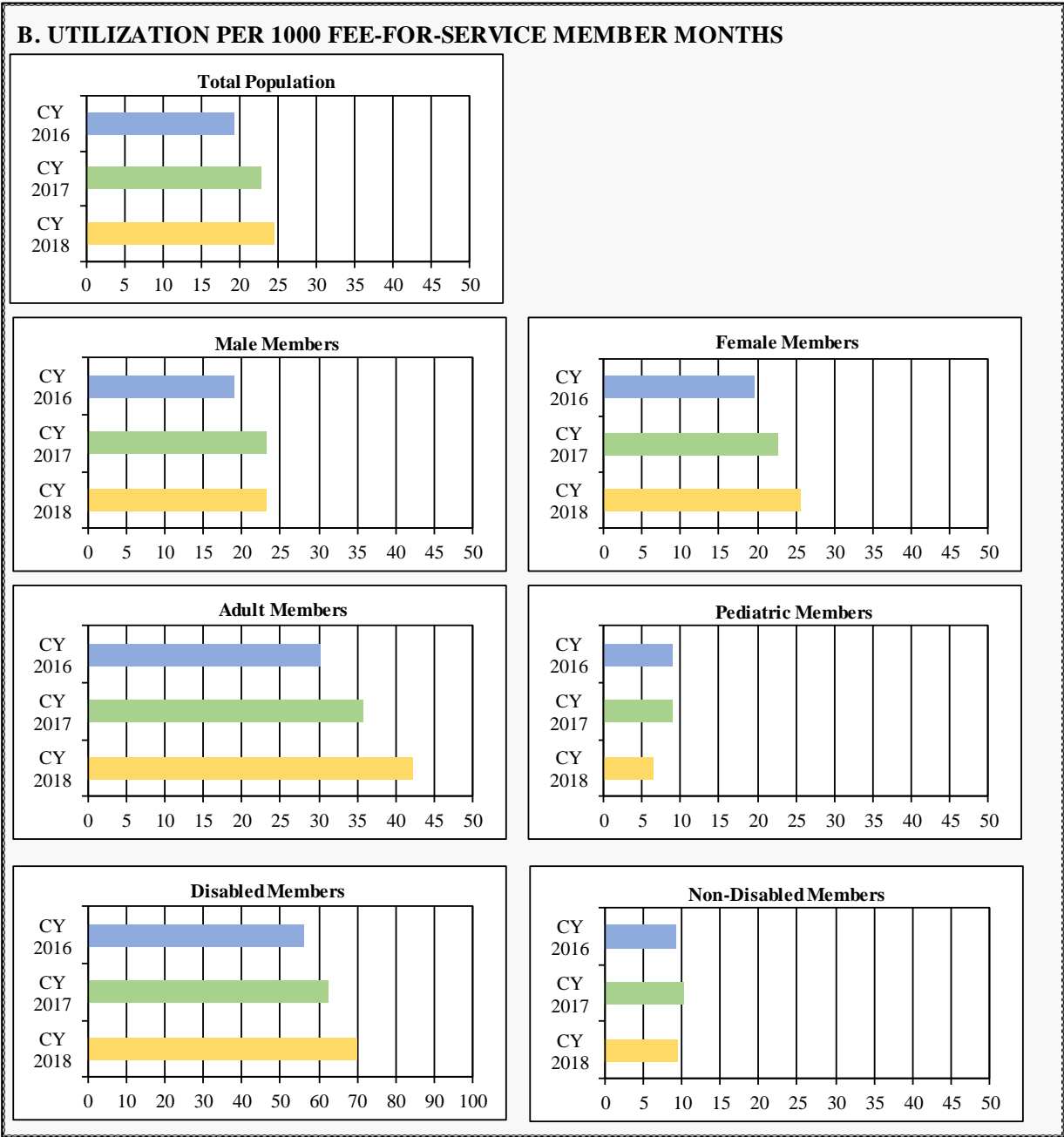
Given the limited amount of utilization for these services within the FFS population but higher average driving distance, Indiana would conclude that access may be strained for the limited amount of individuals in the analyzed FFS population who utilize these specialty services.

INDIANA ACCESS MONITORING REVIEW PLAN

Physician Specialty Care (Cardiology) Dashboard

A. USERS Percent of FFS Members with a Cardiology Visit Each Calendar Year

CY 2016	5%	CY 2017	5%	CY 2018	6%
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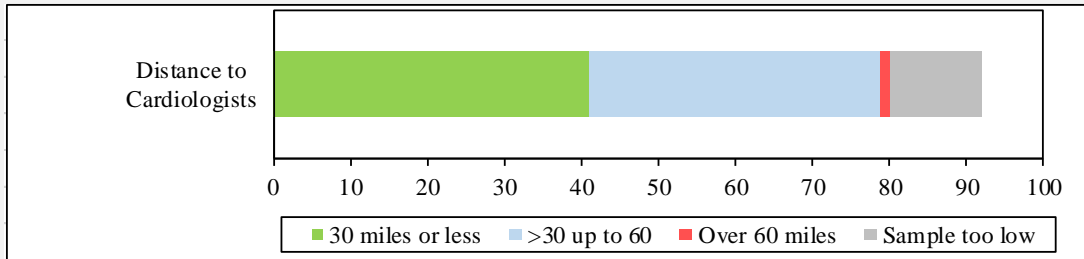


INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS Statewide Average - FFS 17.4

CY 2018 Cardiology Utilization

Colored Bars Plot Number of Counties (out of 92) in Each Distance Range



Number of Counties that Fell Into Each Distance Range

	30 miles or less	>30 up to 60	Over 60 miles	Sample too low
Distance to Cardiologists	41	38	1	12

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	8,908	1,904	6,796	4,016
avg distance	16.6	21.2	17.7	16.9

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	754	400	1,838	440	2,550	1,250	1,871	1,709
avg distance	13.6	9.3	17.3	32.8	14.3	22.9	17.6	27.0
	30 miles or less	30 miles or less	30 miles or less	More than 30 up to 60 miles	30 miles or less	30 miles or less	30 miles or less	More than 60 miles

D. PROVIDER AVAILABILITY - CY 2018

Licensed not available Enrolled 590 Billed 1,365
identified with cardiology specialty billed for cardiology service any specialty

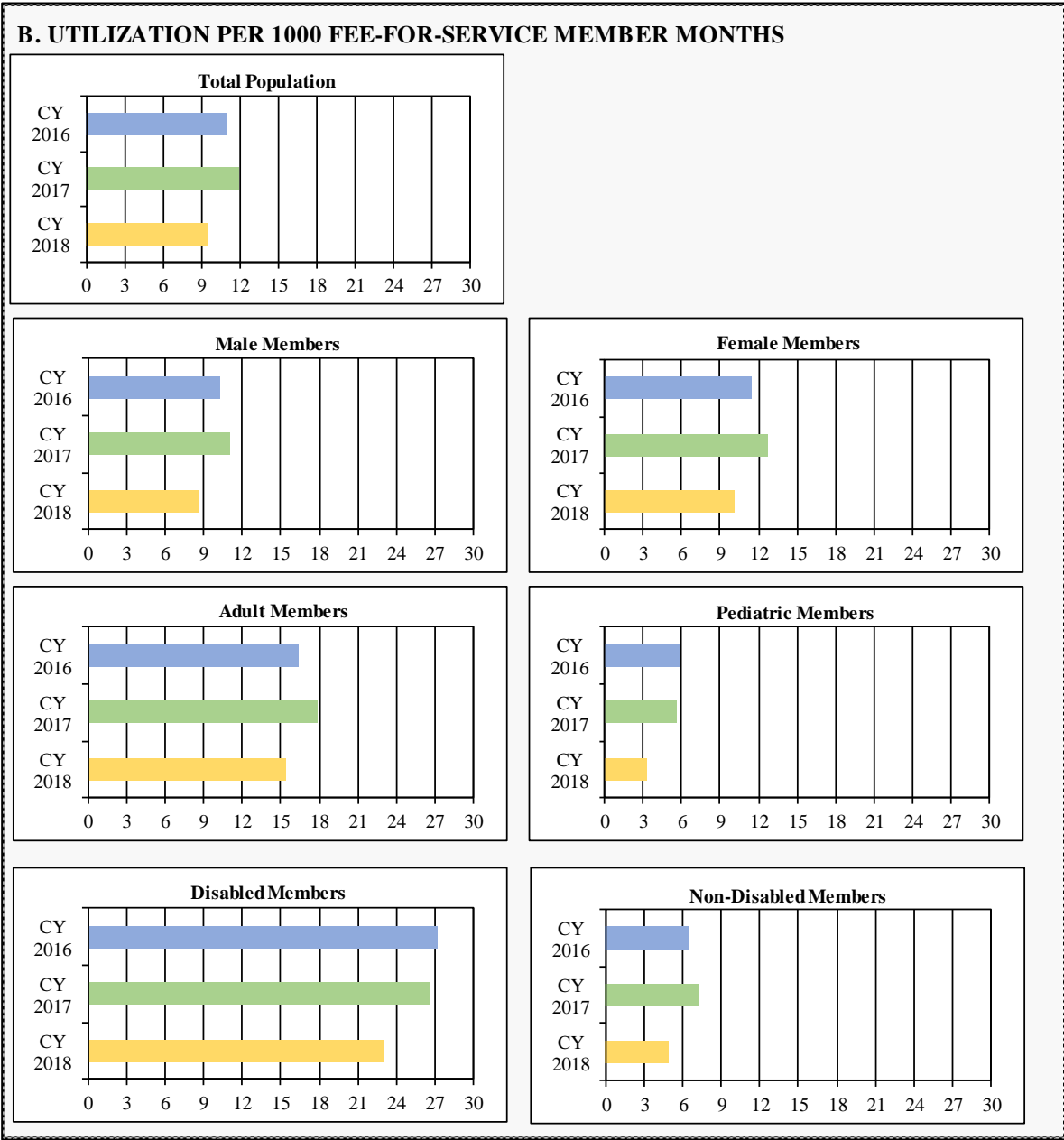
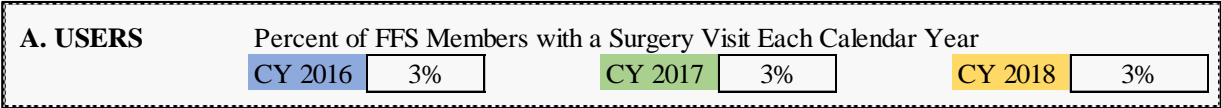
	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	61	117	238	27	439	186	212	85

Provider-to-1000 FFS members ratio using count of Billed Providers

Adults	14	29	57	10	19	82	66	30
Pediatrics	12	34	50	9	26	55	42	20

INDIANA ACCESS MONITORING REVIEW PLAN

Physician Specialty Care (General Surgery) Dashboard

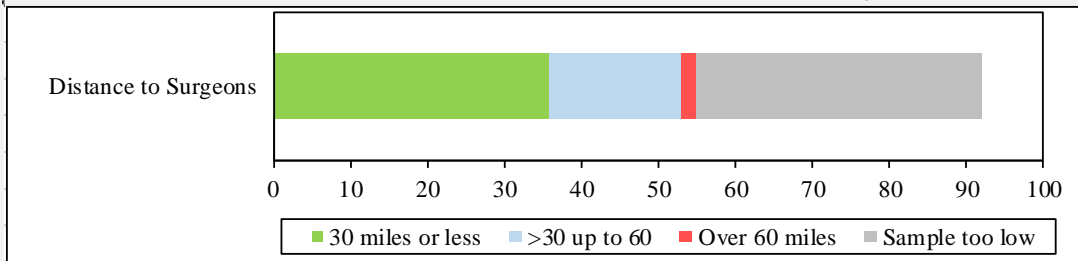


INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS Statewide Average - FFS 16.2

CY 2018 Surgery Utilization

Colored Bars Plot Number of Counties (out of 92) in Each Distance Range



Number of Counties that Fell Into Each Distance Range

	30 miles or less	>30 up to 60	Over 60 miles	Sample too low
Distance to Surgeons	36	17	2	37

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	3,401	670	2,293	1,778
avg distance	15.8	18.5	16.9	15.4

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	617	132	178	163	1,637	315	572	457
avg distance	12.8	12.0	21.5	36.4	11.9	23.0	20.7	21.0
	30 miles or less	More than 30 up to 60 miles				More than 60 miles		

D. PROVIDER AVAILABILITY - CY 2018

Licensed not available Enrolled 546 Billed 617
identified with surgery specialty billed for surgery service any specialty

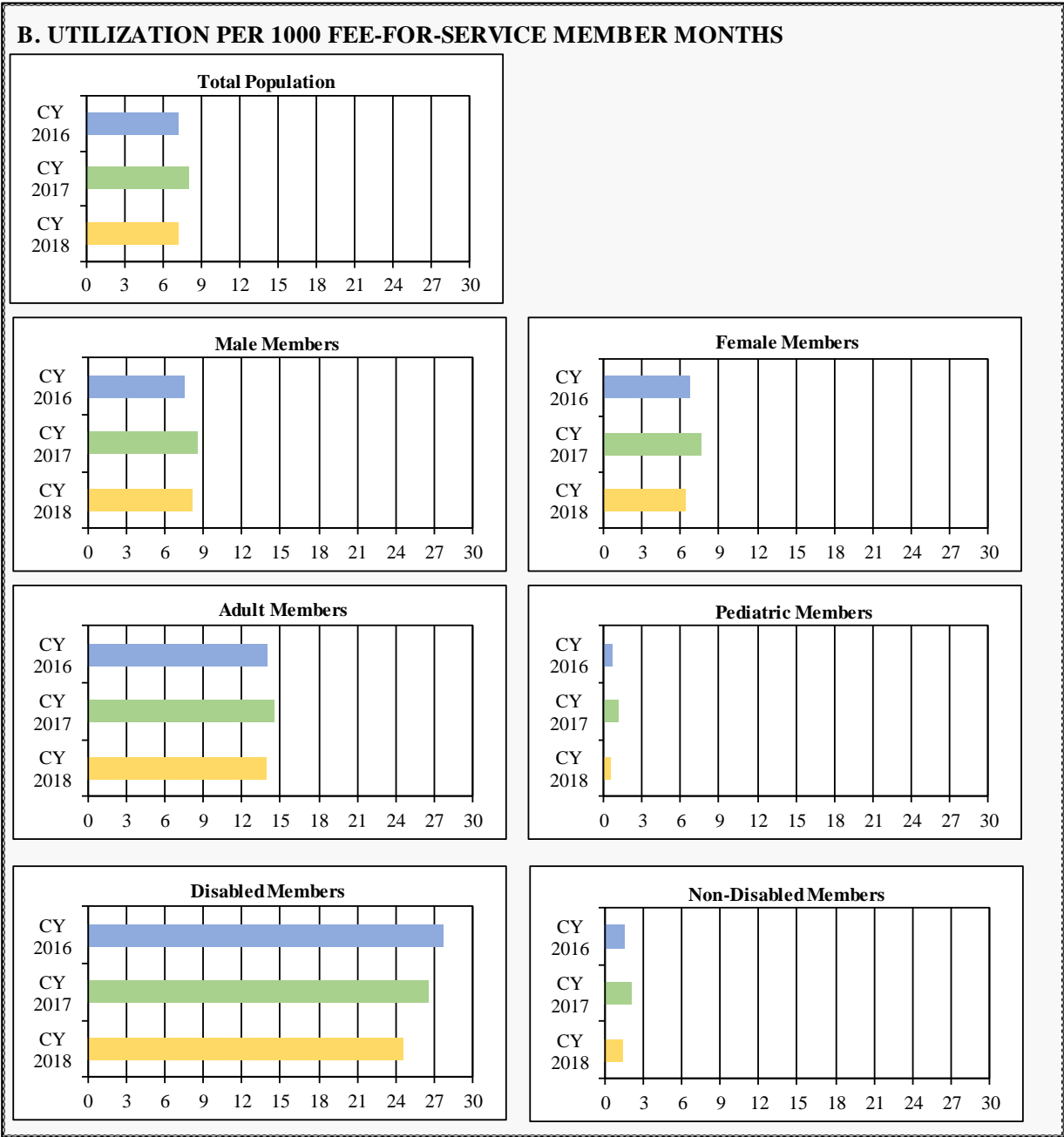
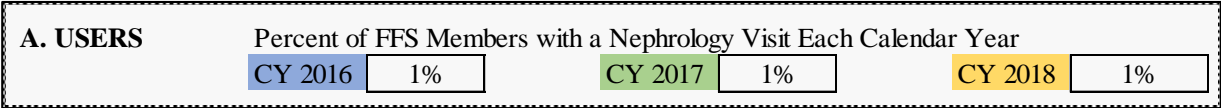
	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	127	35	21	15	272	47	69	31

Provider-to-1000 FFS members ratio using count of Billed Providers

Adults	30	9	5	6	12	21	21	11
Pediatrics	26	10	4	5	16	14	14	7

INDIANA ACCESS MONITORING REVIEW PLAN

Physician Specialty Care (Nephrology) Dashboard

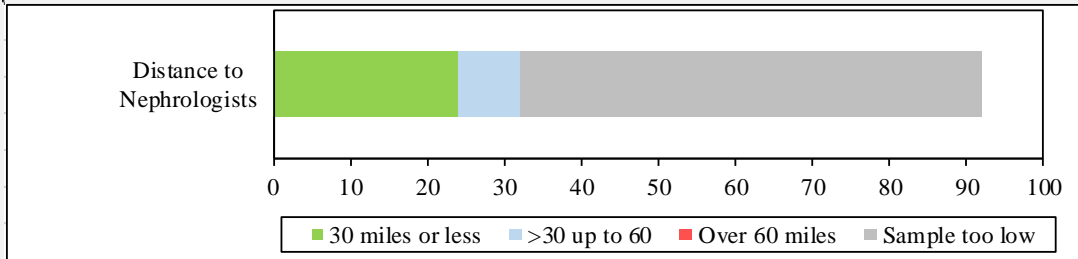


INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS Statewide Average - FFS 20.9

CY 2018 Nephrology Utilization

Colored Bars Plot Number of Counties (out of 92) in Each Distance Range



Number of Counties that Fell Into Each Distance Range

	30 miles or less	>30 up to 60	Over 60 miles	Sample too low
Distance to Nephrologists	24	8	0	60

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	1,414	176	1,251	339
avg distance	19.1	36.0	20.0	24.4

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	269	96	193	41	433	93	149	316
avg distance	21.0	17.6	19.7	42.2	15.6	43.5	18.0	23.1

■ 30 miles or less
 ■ More than 30 up to 60 miles
 ■ More than 60 miles

D. PROVIDER AVAILABILITY - CY 2018

Licensed not available Enrolled 200 Billed 183

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	39	19	20	3	53	8	14	27

Provider-to-1000 FFS members ratio using count of Billed Providers

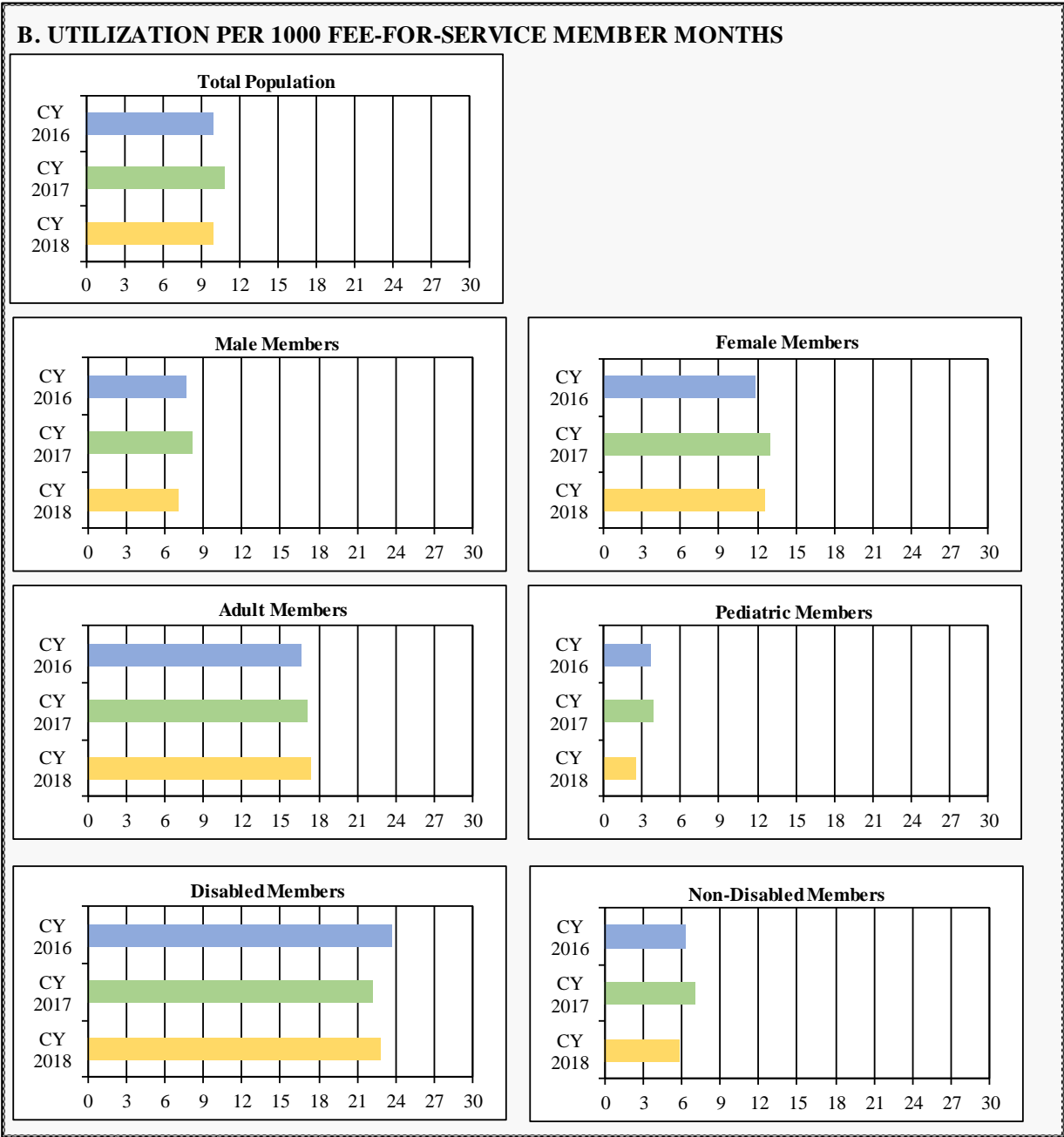
Adults	9	5	5	1	2	4	4	9
Pediatrics	8	5	4	1	3	2	3	6

INDIANA ACCESS MONITORING REVIEW PLAN

Physician Specialty Care (Oncology) Dashboard

A. USERS Percent of FFS Members with an Oncology Visit Each Calendar Year

CY 2016	2%	CY 2017	2%	CY 2018	1%
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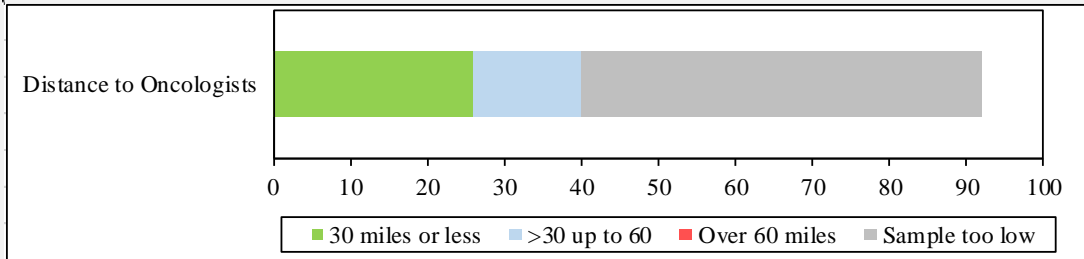


INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS Statewide Average - FFS 19.6

CY 2018 Oncology Utilization

Colored Bars Plot Number of Counties (out of 92) in Each Distance Range



Number of Counties that Fell Into Each Distance Range

	30 miles or less	>30 up to 60	Over 60 miles	Sample too low
Distance to Oncologists	26	14	0	52

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	1,599	317	1,051	865
avg distance	17.3	30.9	19.5	19.6

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	270	42	287	97	460	115	191	454
avg distance	16.8	13.4	19.9	29.8	15.9	36.7	23.4	17.3

■ 30 miles or less
 ■ More than 30 up to 60 miles
 ■ More than 60 miles

D. PROVIDER AVAILABILITY - CY 2018

Licensed not available Enrolled 299 Billed 299

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	37	29	33	9	78	17	24	72

Provider-to-1000 FFS members ratio using count of Billed Providers

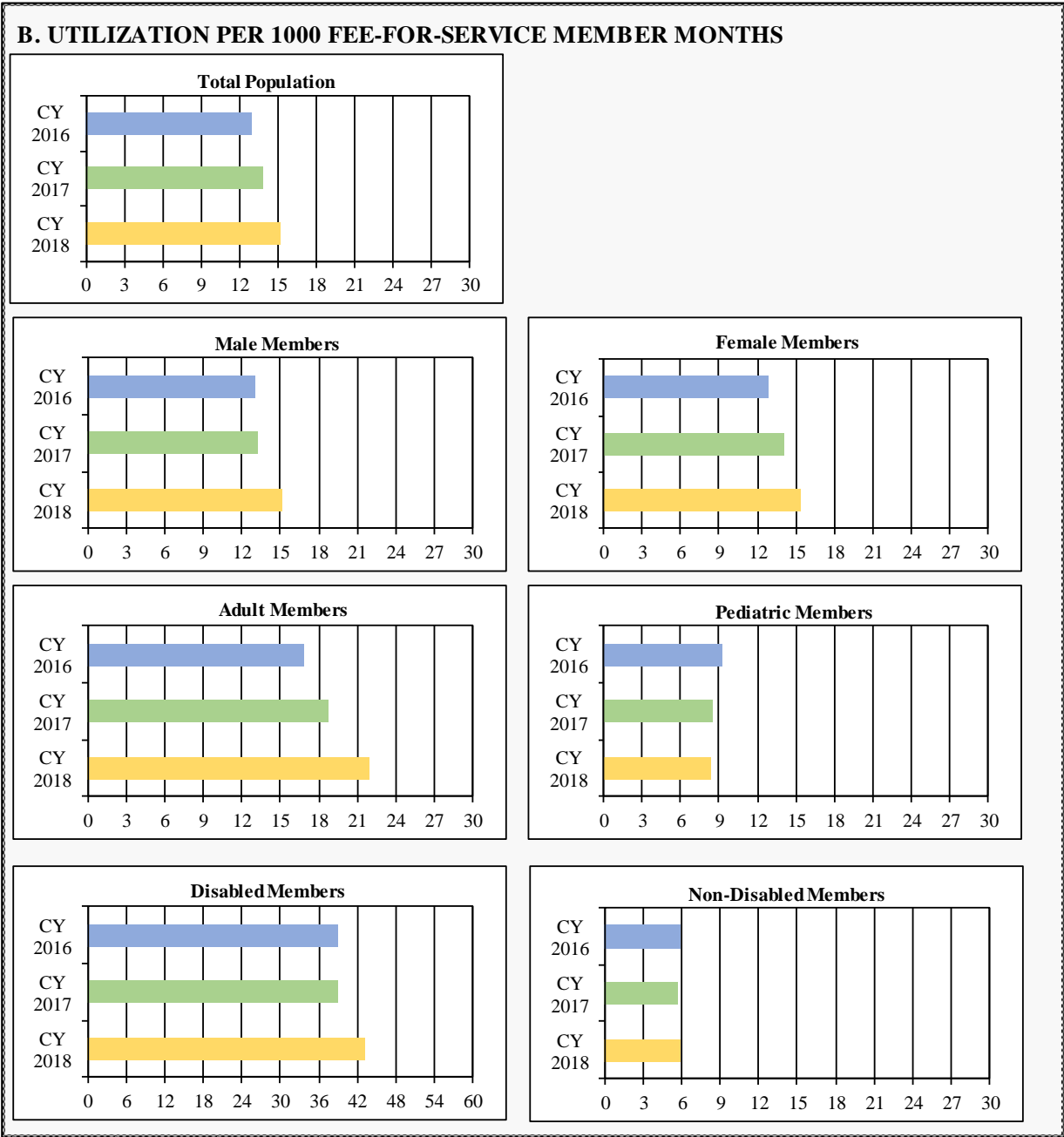
Adults	9	7	8	3	3	7	7	25
Pediatrics	8	8	7	3	5	5	5	17

INDIANA ACCESS MONITORING REVIEW PLAN

Physician Specialty Care (Ophthalmology) Dashboard

A. USERS Percent of FFS Members with an Ophthalmology Visit Each Calendar Year

CY 2016	5%	CY 2017	4%	CY 2018	4%
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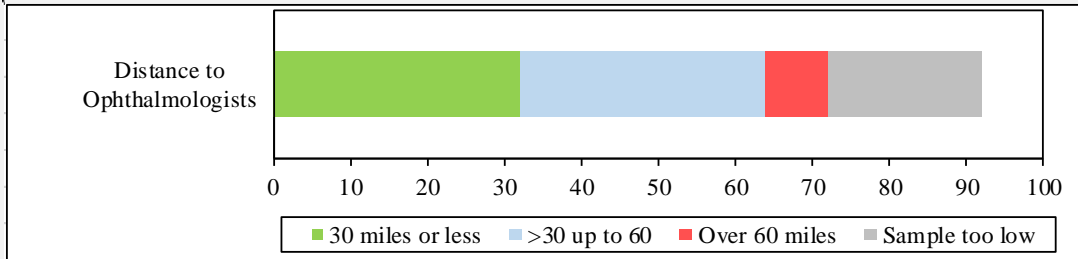


INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS Statewide Average - FFS 18.0

CY2018 Ophthalmology Utilization

Colored Bars Plot Number of Counties (out of 92) in Each Distance Range



Number of Counties that Fell Into Each Distance Range

	30 miles or less	>30 up to 60	Over 60 miles	Sample too low
Distance to Ophthalmologists	32	32	8	20

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	5,915	2,849	5,903	2,861
avg distance	15.0	24.1	16.4	21.2

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	1,117	485	698	300	3,139	506	489	2,030
avg distance	14.6	14.1	13.0	51.0	15.6	27.0	23.8	19.1

30 miles or less
 More than 30 up to 60 miles
 More than 60 miles

D. PROVIDER AVAILABILITY - CY 2018

Licensed not available Enrolled 292 Billed 430

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	48	26	25	15	217	21	26	52

Provider-to-1000 FFS members ratio using count of Billed Providers

Adults	11	7	6	6	9	9	8	18
Pediatrics	10	7	5	5	13	6	5	12

INDIANA ACCESS MONITORING REVIEW PLAN

Prenatal and Postpartum Obstetric Services

Analysis & Methodology

The following table summarizes the specific data elements used to identify primary care services for analysis:

Claim Type(s)	Professional
Provider Types/Specialties	<p>Type 08 (Clinic)</p> <ul style="list-style-type: none"> • Specialty 080 (Federally Qualified Health Center) • Specialty 081 (Rural Health Clinic) • Specialty 082 (Medical Clinic) • Specialty 083 (Family Planning Clinic) • Specialty 084 (Nurse Practitioner Clinic) • Specialty 086 (Dental Clinic) • Specialty 087 (Therapy Clinic) <p>Type 09 (Advanced Practice Registered Nurse)</p> <ul style="list-style-type: none"> • Specialty 090 (Pediatric Nurse Practitioner) • Specialty 091 (Obstetric Nurse Practitioner) • Specialty 092 (Family Nurse Practitioner) • Specialty 093 (Clinical Nurse Specialist) • Specialty 094 (Certified Registered Nurse Anesthetist) (CRNA) • Specialty 095 (Certified Nurse Midwife) <p>Type 28 (Laboratory)</p> <ul style="list-style-type: none"> • Specialty 280 (Independent Lab) <p>Type 31 (Physician)</p> <ul style="list-style-type: none"> • Specialty 316 (Family Practitioner) • Specialty 318 (General Practitioner) • Specialty 328 (Obstetrician/Gynecologist) • Specialty 344 (General Internist) • Specialty 345 (General Pediatrician)
Place of Service Code(s)	<p>11 – Office</p> <p>21 – Inpatient Hospital</p> <p>22 – Outpatient Hospital</p> <p>50 – Federally Qualified Health Center</p> <p>71 – Public Health Clinic</p> <p>72 – Rural Health Clinic</p> <p>81 – Independent Laboratory</p>
Required Diagnosis Codes (ICD-10)	<p>O00 through O9A (Pregnancy, childbirth and the puerperium)</p> <p>Z32.01 (Encounter for pregnancy test, result positive)</p> <p>Z33.x (Pregnant state)</p>

INDIANA ACCESS MONITORING REVIEW PLAN

	Z34.x (Encounter for supervision of normal pregnancy) Z37.x (Outcome of delivery) Z39.x (Encounter for maternal postpartum care and examination)
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Key Findings

- While service utilization was very low for prenatal and postpartum services in the FFS population, this is not surprising considering that the overwhelming majority of pregnant members are enrolled in managed care.
 - The overall utilization rate appeared to be very consistent across the previous three years by member population.
- For those FFS members seeking prenatal and postpartum services, driving distance does not appear to be a major concern, as most parts of the state had an average driving distance of under fifteen miles to a provider.
- While the access monitoring review plan was specifically concerned with the number of enrolled OB-GYNs in the state, members also receive services from other types of physicians as well as advanced practice registered nurses (APRNs) who provide these services.
 - Across the state, Indiana found a consistent provider to 1,000 FFS member ratio.

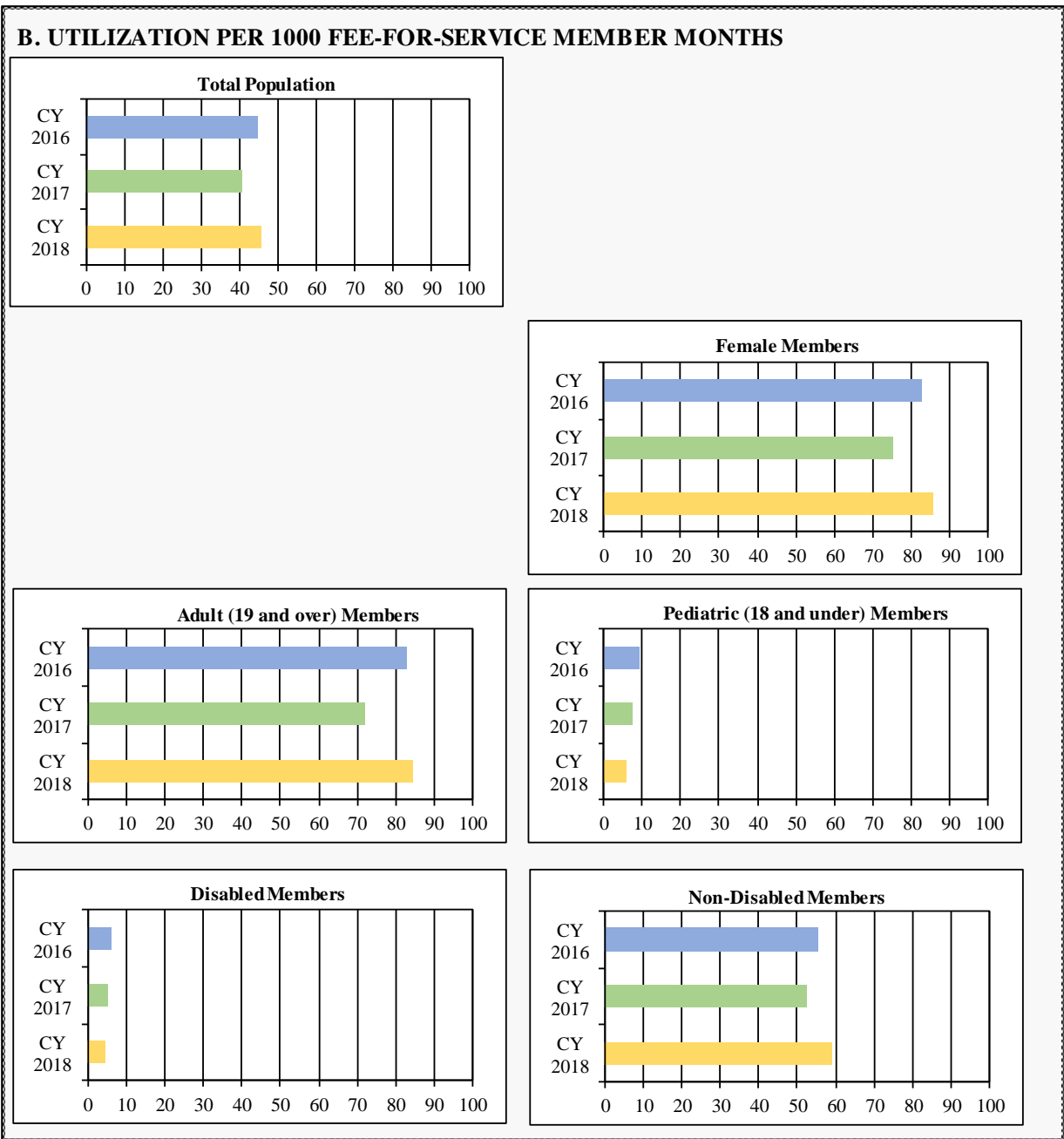
Summary:

Given the low utilization per 1,000 FFS member months across each analyzed population, a higher provider to 1,000 FFS member ratio, and a low statewide average driving distance for services, Indiana would conclude that access is not a significant concern for prenatal and postpartum obstetric services for the analyzed FFS population.

INDIANA ACCESS MONITORING REVIEW PLAN

Prenatal and Postpartum Obstetric Services Dashboard

A. USERS	Percent of FFS Members with a Prenatal or Postpartum Visit Each Calendar Year			
	CY 2016	6%	CY 2017	6%
			CY 2018	5%

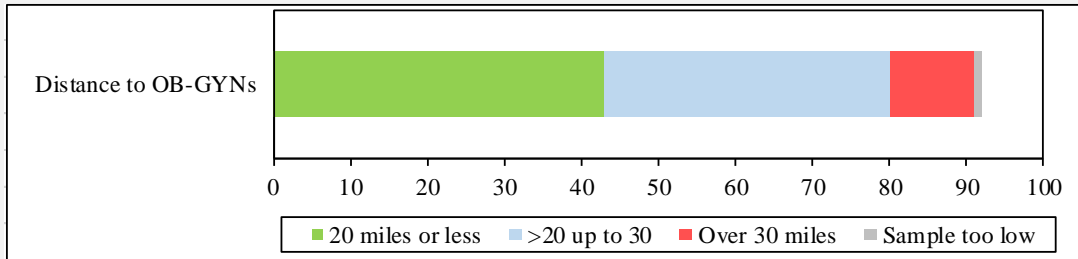


INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS Statewide Average - FFS 12.9

CY 2018 Prenatal & Postpartum Utilization

Colored Bars Plot Number of Counties (out of 92) in Each Distance Range

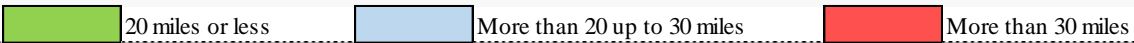


Number of Counties that Fell Into Each Distance Range

	20 miles or less	>20 up to 30	Over 30 miles	Sample too low
Distance to OB-GYNs	43	37	11	1

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	18,397	1,141	536	19,002
avg distance	12.8	15.8	12.8	13.0

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	2,155	1,334	2,299	1,284	7,242	1,351	1,650	2,223
avg distance	14.2	11.0	16.8	15.9	10.3	15.1	14.3	15.1



D. PROVIDER AVAILABILITY - CY 2018

Licensed not available

Enrolled 807

Billed 2,733

OB-GYNs only

Any provider delivering prenatal svcs

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	271	275	342	181	984	170	308	202

Provider-to-1000 FFS members ratio using count of Billed Providers

Adults	113	106	140	107	68	132	175	116
Pediatrics	123	179	159	131	130	112	130	105

INDIANA ACCESS MONITORING REVIEW PLAN

Dental Services

Analysis & Methodology

The following table summarizes the specific data elements used to identify primary care services for analysis:

Claim Type(s)	Dental
Provider Types/Specialties	<p>Type 08 (Clinic)</p> <ul style="list-style-type: none"> • Specialty 080 (Federally Qualified Health Center) • Specialty 081 (Rural Health Clinic) • Specialty 082 (Medical Clinic) • Specialty 083 (Family Planning Clinic) • Specialty 086 (Dental Clinic) <p>Type 13 (Public Health Agency)</p> <ul style="list-style-type: none"> • Specialty 130 (County Health Department) <p>Type 27 (Dentist)</p> <ul style="list-style-type: none"> • Specialty 270 (Endodontist) • Specialty 271 (General Dentistry Practitioner) • Specialty 272 (Oral Surgeon) • Specialty 273 (Orthodontist) • Specialty 274 (Pediatric Dentist) • Specialty 275 (Periodontist) • Specialty 276 (Mobile Dental Van) • Specialty 277 (Prosthesis)
Place of Service Code(s)	<p>11 – Office</p> <p>15 – Mobile Unit</p> <p>31 – Skilled Nursing Facility</p> <p>32 – Nursing Facility</p> <p>50 – Federally Qualified Health Center</p> <p>71 – Public Health Clinic</p> <p>72 – Rural Health Clinic</p>

INDIANA ACCESS MONITORING REVIEW PLAN

Key Findings

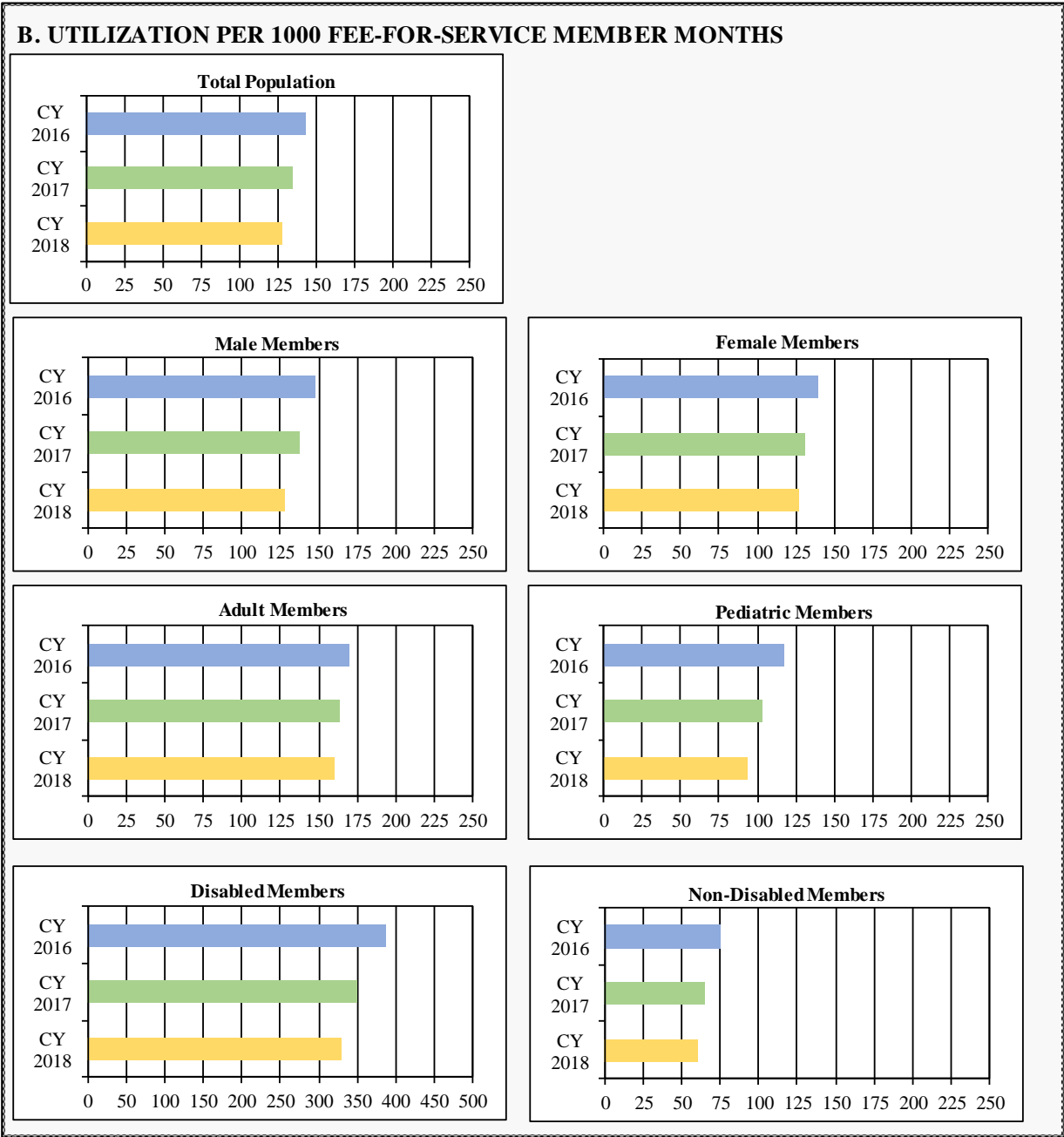
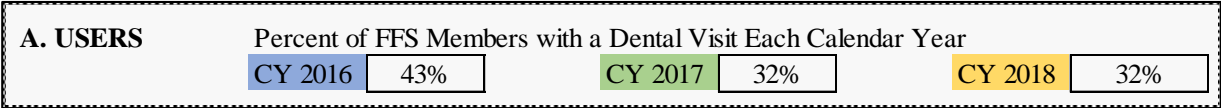
- Around one-third of the analyzed FFS population had a dental visit over the past three years, and the overall utilization rate per 1,000 member months has decreased across all populations.
- Members are driving an average distance of 13.3 miles to seek dental treatment, but higher distances were observed in some limited areas in the state.
- The vast majority of enrolled dental providers are actively providing services to the FFS members who want services.
 - However, the provider to 1,000 FFS member ratio is lower for dental services compared to other service categories.

Summary:

While the overall driving distance is low for dental services, the provider to 1,000 FFS member ratio suggests that dental services could be more difficult for the analyzed population. If the study went further into dental specialties, access to dental services would likely become a much more pronounced issue for the analyzed FFS population.

INDIANA ACCESS MONITORING REVIEW PLAN

Dental Services Dashboard

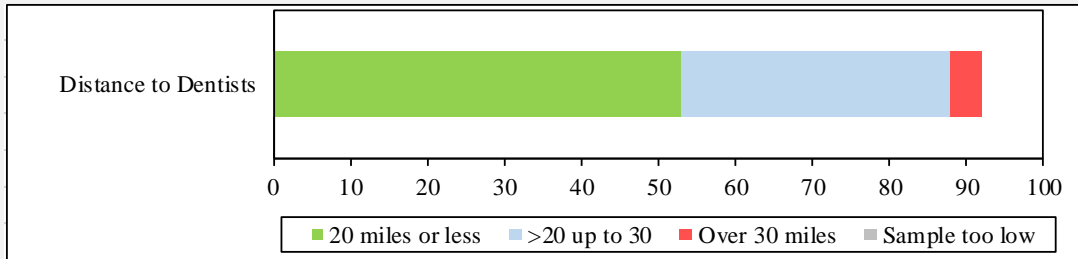


INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS Statewide Average - FFS 13.3

CY 2018 Dental Care Utilization

Colored Bars Plot Number of Counties (out of 92) in Each Distance Range



Number of Counties that Fell Into Each Distance Range

	20 miles or less	>20 up to 30	Over 30 miles	Sample too low
Distance to Dentists	53	35	4	0

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	42,488	25,422	43,138	24,772
avg distance	12.5	14.8	13.1	13.8

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	7,365	2,480	7,591	4,744	21,839	7,132	7,949	8,810
avg distance	9.8	11.3	12.7	18.3	11.1	15.8	14.9	18.9



D. PROVIDER AVAILABILITY - CY 2018

Licensed not available Enrolled 2,007 Billed 1,887

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	211	112	189	118	696	174	193	194

Provider-to-1000 FFS members ratio using count of Billed Providers

Adults	50	28	46	45	30	76	60	68
Pediatrics (age 2+)	43	33	40	40	42	52	39	47

INDIANA ACCESS MONITORING REVIEW PLAN

Home Health Services

Analysis & Methodology

The following table summarizes the specific data elements used to identify primary care services for analysis:

Claim Type(s)	UB-04 (Home Health)
Provider Types/Specialties	Type 05 (Home Health) <ul style="list-style-type: none">• Specialty 050 (Home Health Agency) Type 06 (Hospice) <ul style="list-style-type: none">• Specialty 060 (Hospice)
Place of Service Code(s)	12 – Home 34 - Hospice

Key Findings

- The overwhelming majority of FFS members analyzed are not utilizing home health services.
 - This is likely due to the exclusion of individuals who are dually eligible for both Medicaid and Medicare coverage as well as the significant number of members who are enrolled in managed care through Hoosier Care Connect.
 - For those individuals who are utilizing, the utilization per 1,000 FFS member months seems relatively consistent with the utilization rate for dental services.
- There was a very limited amount of providers identified who are billing for home health services for the population identified.
- Since these are services provided in a member's home, average driving distance was not calculated for this service category.

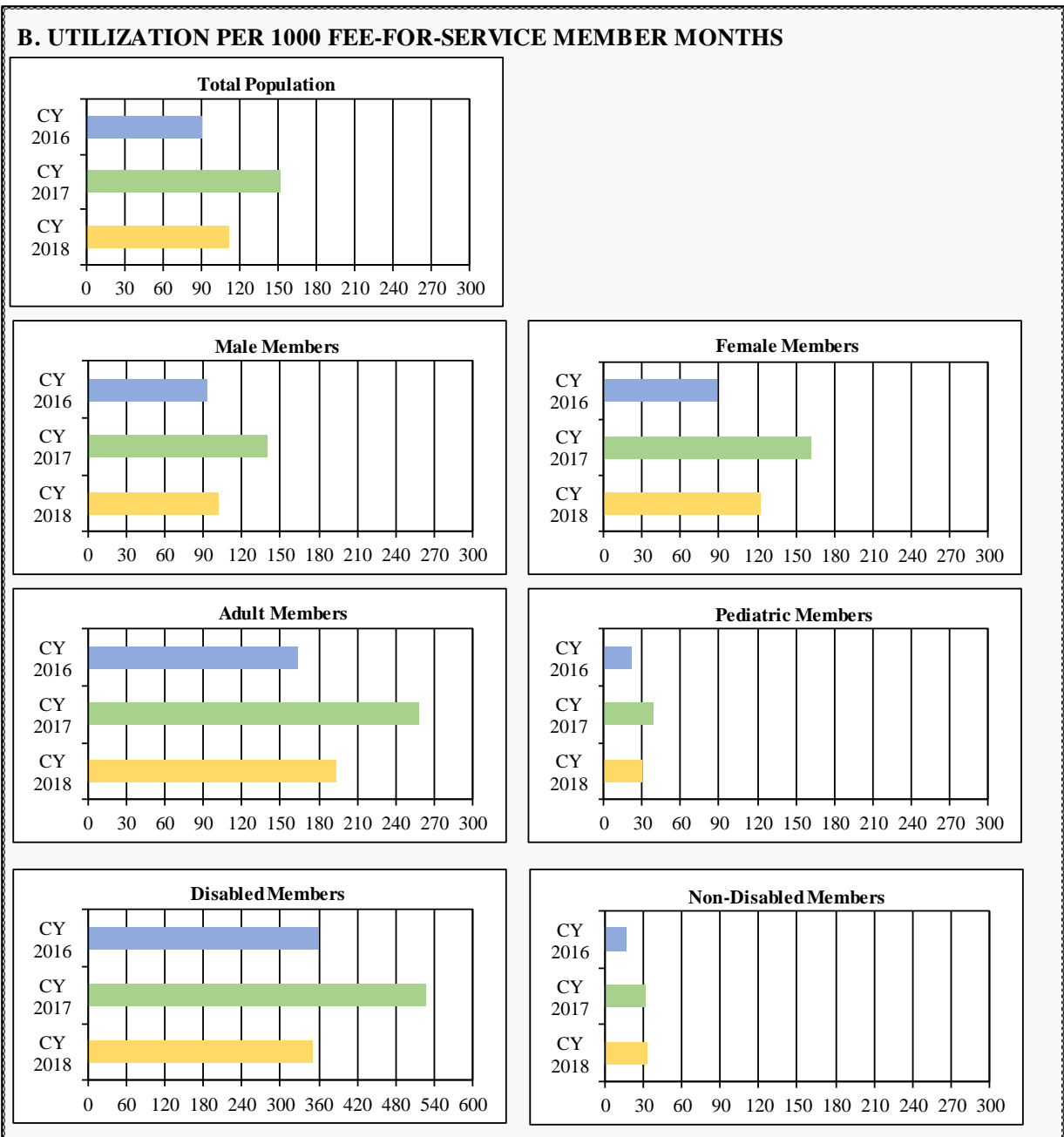
Summary:

Given the limited amount of utilization for these services within the analyzed FFS population, it is difficult to draw a firm conclusion regarding access in the analyzed FFS population who utilize home health services.

INDIANA ACCESS MONITORING REVIEW PLAN

Home Health Dashboard

A. USERS	Percent of FFS Members with a Home Health Visit Each Calendar Year			
	CY 2016	5%	CY 2017	4%
			CY 2018	4%



INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS

This section is not applicable to home health since the providers travel directly to the member's home.

D. PROVIDER AVAILABILITY - CY 2018

Licensed

Enrolled

Billed

because service is utilized very little

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	1	0	2	1	0	2	1	0

Provider-to-1000 FFS members ratio using count of Billed Providers

Adults	0.2	0.0	0.5	0.4	0.0	0.9	0.3	0.0
Pediatrics	0.2	0.0	0.4	0.3	0.0	0.6	0.2	0.0

Note that if the count of enrolled providers was used, the provider-to-1000 FFS member ratio statewide is 3.1

INDIANA ACCESS MONITORING REVIEW PLAN

Behavioral Health Services – SED/SMI

Analysis & Methodology

The following table summarizes the specific data elements used to identify primary care services for analysis:

Claim Type(s)	Professional UB-04 (Inpatient) UB-04 (Outpatient)
Provider Types/Specialties	Type 01 (Hospital) – <i>all specialties</i> Type 08 (Clinic) – <i>all specialties</i> Type 09 (Advanced Practice Registered Nurse) – <i>all specialties</i> Type 11 (Mental Health Provider) – <i>all specialties</i> Type 12 (School Corporation) Type 31 (Physician) – <i>all specialties</i>
Diagnosis Codes	F20-F29 F30-F39 F40-F48 F50-F59 F60-F69 F90-F98 F99
Required Procedure Codes	All evaluation and management (E&M) All codes beginning with “H” 90750-90899 T1015 T1016

Key Findings

- The disabled member population is utilizing behavioral health services (for SED/SMI) far more than non-disabled members.
- This service category is utilized by a significant portion of the analyzed FFS population, and the overall utilization rate per 1,000 member months is consistently highest among the different service categories.
- The average driving distance, both statewide and regionally, is higher than other service categories for the analyzed populations.

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- Southeast Indiana had an overall higher average travel distance, which is consistent with the average distance for SUD treatment in the same region.
- Compared to the overall utilization rate, the provider to 1,000 FFS member ratio was far lower, signifying a provider deficit.

Summary:

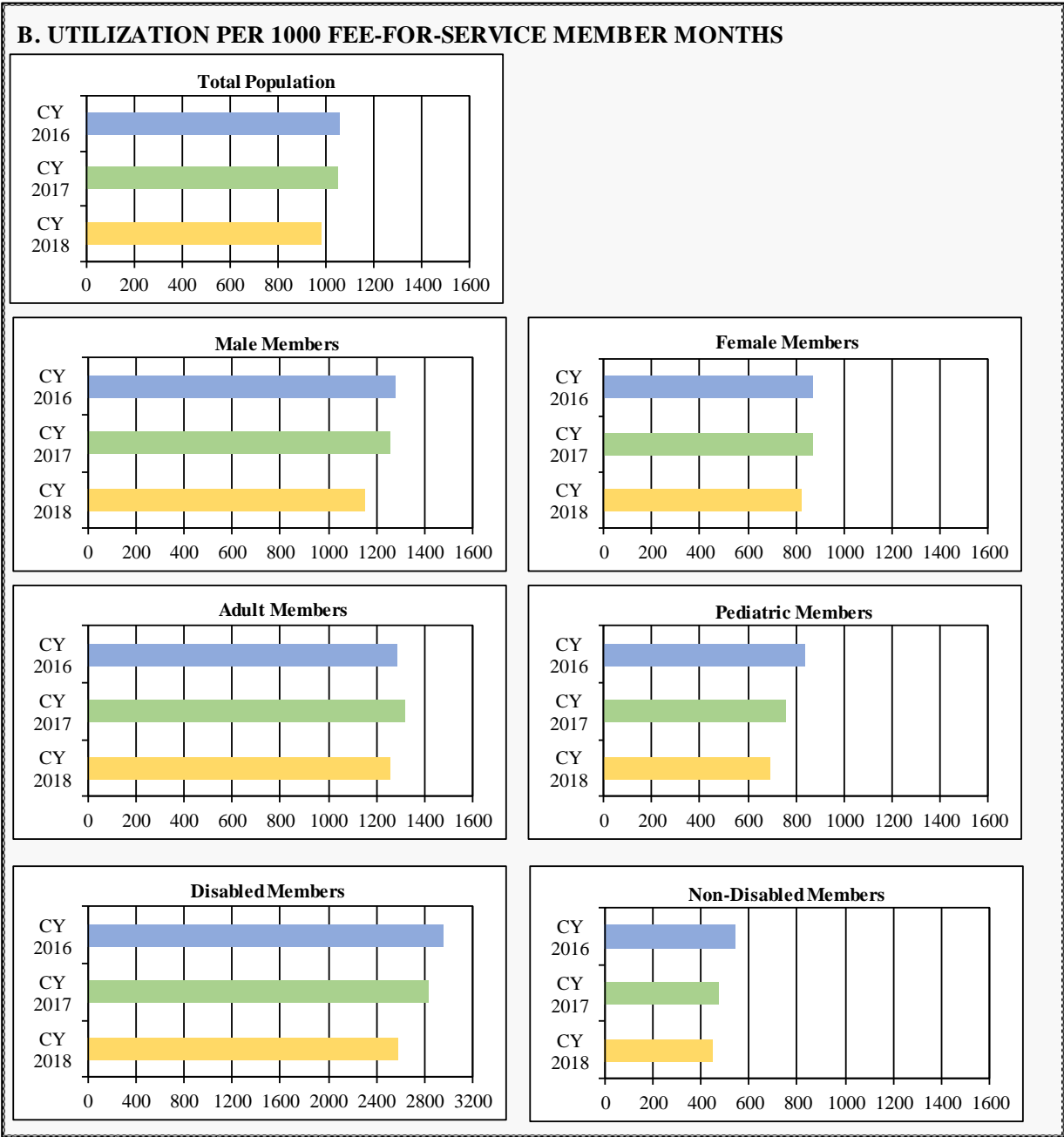
Given the very high utilization per 1,000 FFS member months, a lower provider to 1,000 FFS member ratio, and an average driving distance for services of around twenty miles (exceeding that amount in certain regions of the state), Indiana would conclude that access for behavioral health services (SED/SMI) is a concern for the analyzed FFS population.

INDIANA ACCESS MONITORING REVIEW PLAN

Behavioral Health Services (SED/SMI) Dashboard

A. USERS Percent of FFS Members with a BH - SED or SMI Visit Each Calendar Year

CY 2016	35%	CY 2017	30%	CY 2018	30%
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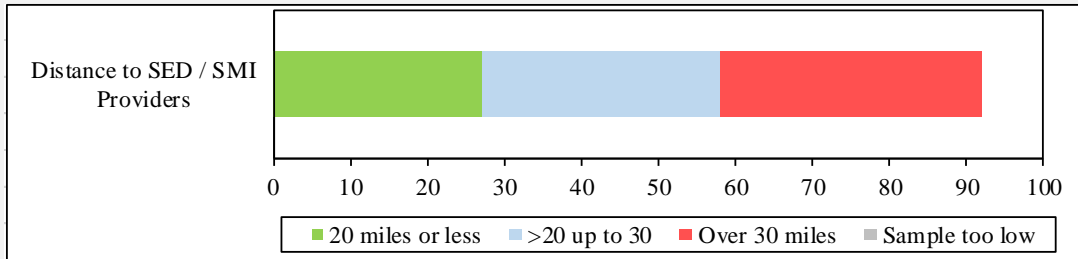


INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS Statewide Average - FFS 19.2

CY 2018 Behavioral Health SED / SMI Utilization

Colored Bars Plot Number of Counties (out of 92) in Each Distance Range



Number of Counties that Fell Into Each Distance Range

	20 miles or less	>20 up to 30	Over 30 miles	Sample too low
Distance to SED / SMI Providers	27	31	34	0

	Adult		Pediatric		Disabled		Non-Disabled	
# trips analyzed	48,906		31,970		41,916		38,960	
avg distance	17.0		22.5		18.5		19.9	

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	6,578	3,508	11,584	5,976	26,948	9,460	7,391	9,431
avg distance	14.4	19.4	23.0	19.2	16.0	19.3	19.4	26.5

20 miles or less
More than 20 up to 30 miles
More than 30 miles

D. PROVIDER AVAILABILITY - CY 2018

Licensed not available

Enrolled 1,502

Billed 1,537

Behavioral health specialty

(can include some primary care provide

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	154	128	142	95	650	110	149	109

Provider-to-1000 FFS members ratio using count of Billed Providers

Adults	36	32	34	36	28	48	46	38
Pediatrics	31	37	30	31	38	32	29	26

INDIANA ACCESS MONITORING REVIEW PLAN

Behavioral Health Services – SUD

Analysis & Methodology

The following table summarizes the specific data elements used to identify primary care services for analysis:

Claim Type(s)	Professional <ul style="list-style-type: none"> • IF Provider Type 11 or Provider Type 35 – <i>include all claim activity</i> • IF Provider Type 08 or Provider Type 31 – <i>individual only claims with at least on claim line with a procedure code listed below</i> UB-04 (Inpatient) – <i>all claims that hit the SUD indicator¹</i> UB-04 (Outpatient) – <i>all claims that hit the SUD indicator</i>
Provider Types/Specialties	Type 01 (Hospital) – <i>all specialties</i> Type 08 (Clinic) – <i>all specialties</i> Type 11 (Mental Health Provider) – <i>all specialties</i> Type 31 (Physician) – <i>all specialties</i> Type 35 (Addiction Services) – <i>all specialties</i>
Required Procedure Codes	All evaluation and management (E&M) All codes beginning with “H” 90750-90899 T1015 T1016

Key Findings

- The FFS population analyzed is not utilizing SUD services to the same extent as other behavioral health services.
- Across all populations reviewed, utilization for SUD treatment increased during CY 2018. This increase corresponds to the increased availability of SUD services as a result of the state’s 1115 SUD waiver.
- While the other utilization rate is significantly lower than other behavioral health services, the provider to 1,000 FFS member ratio remains low.

¹ The SUD indicator was a State creation to help the FSSA Data & Analytics unit identify SUD-related claims activity. This indicator looks for claims based upon specific ICD-9 and ICD-10 diagnosis codes, revenue codes, ICD-9 and ICD-10 procedure codes, Diagnosis Related Group (DRG) codes, CPT codes, and generic product codes (for pharmacy claims).

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- Similar to other behavioral health services, the average driving distance is higher compared to other medical services analyzed.
 - Southeast Indiana was identified as a specific area of concern for access, as the average driving distance for SUD treatment was significantly higher than the statewide average as well as the average for individual regions across the state.
- Understanding the SUD provider population remains a challenge since enrollment specific to SUD treatment is limited to opioid treatment programs (OTPs) and residential addiction treatment facilities.

Summary:

While the analyzed population has a lower utilization per 1,000 FFS member months, a lower provider to 1,000 FFS member ratio and an average driving distance for services of around twenty miles (exceeding that amount in certain regions of the state) leads Indiana to conclude that access for behavioral health services (SUD) is a concern for the analyzed FFS population. This is being monitored on a continual basis going forward as part of the State's 1115 SUD waiver monitoring protocol and independent waiver evaluation.

INDIANA ACCESS MONITORING REVIEW PLAN

Behavioral Health (SUD) Dashboard

A. USERS

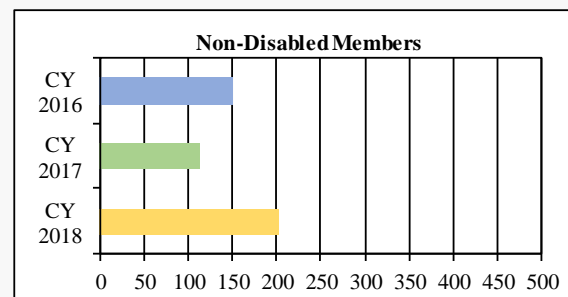
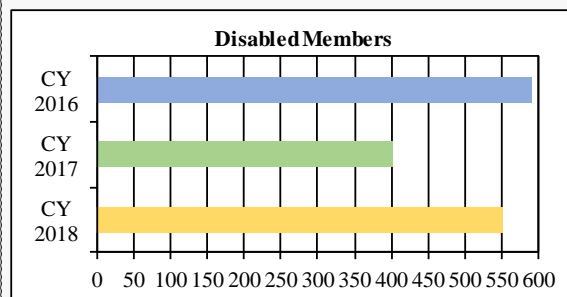
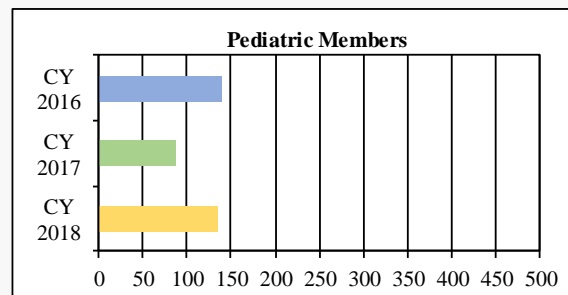
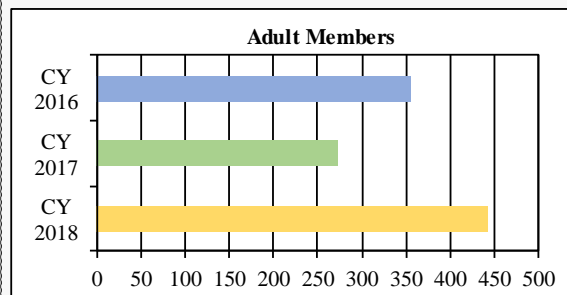
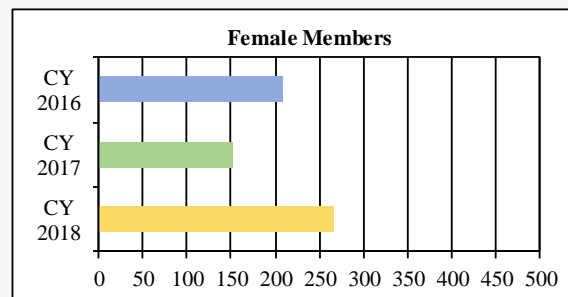
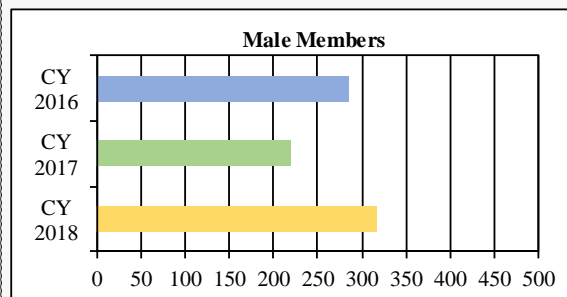
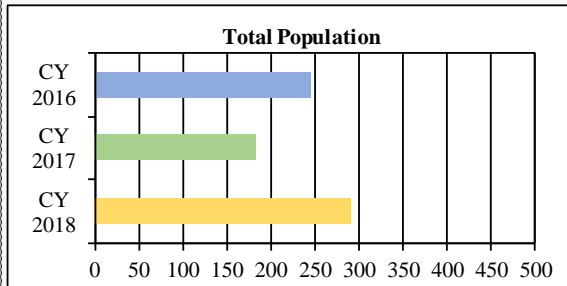
Percent of FFS Members with a BH - SUD Visit Each Calendar Year

CY 2016 7%

CY 2017 5%

CY 2018 5%

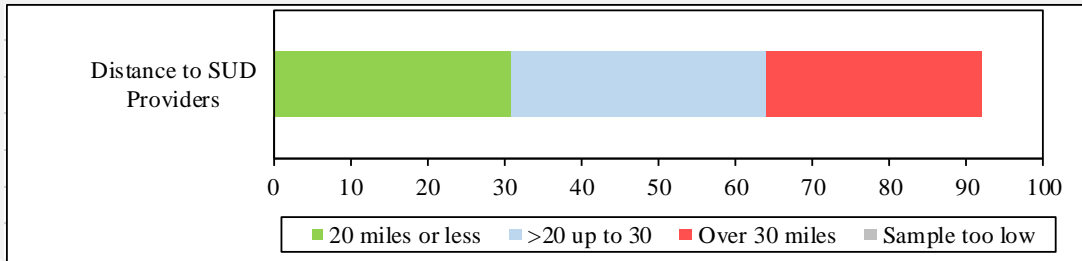
B. UTILIZATION PER 1000 FEE-FOR-SERVICE MEMBER MONTHS



INDIANA ACCESS MONITORING REVIEW PLAN

C. AVERAGE DRIVING DISTANCE - CY 2018 TRIPS Statewide Average - FFS 18.6

CY 2018 Behavioral Health Substance Use Disorder Utilization
Colored Bars Plot Number of Counties (out of 92) in Each Distance Range



Number of Counties that Fell Into Each Distance Range

	20 miles or less	>20 up to 30	Over 30 miles	Sample too low
Distance to SUD Providers	31	33	28	0

	Adult	Pediatric	Disabled	Non-Disabled
# trips analyzed	27,680	9,259	12,811	24,128
avg distance	18.2	19.8	16.3	19.8

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# trips analyzed	3,295	1,252	4,895	2,059	13,778	3,375	3,876	4,409
avg distance	14.4	20.8	22.4	19.3	15.3	19.4	15.3	29.0
	20 miles or less	More than 20 up to 30 miles	More than 20 up to 30 miles	More than 20 up to 30 miles	More than 20 up to 30 miles	More than 20 up to 30 miles	More than 20 up to 30 miles	More than 30 miles

D. PROVIDER AVAILABILITY - CY 2018

Licensed not available Enrolled 1,502 Billed 517
Behavioral health specialty

	Northwest	North Central	Northeast	West Central	Central	East Central	Southwest	Southeast
# providers in region	58	50	58	34	177	33	58	49

Provider-to-1000 FFS members ratio using count of Billed Providers

Adults	14	13	14	13	8	14	18	17
Pediatrics	12	14	12	11	10	10	11	12

Access Review Findings

Overall Recommendations

The completed report is of limited value given the large degree to which IHCP members are served through managed care. Based on the findings from the data used to ensure IHCP members have adequate access to health care, the State of Indiana plans to focus on the following:

1. *Increase Primary Care Utilization* – While the State generally believes that there is sufficient access to primary care providers, the State will strive to increase the utilization of primary care services in an effort to improve the health and well-being of the IHCP FFS population. In particular, the State would like to see an increased role for OB/GYNs and nurse practitioners in delivering primary care.
2. *Complete Review of Transportation* – While this report did not pursue an analysis of the transportation infrastructure for FFS members, the State will continue work on its review of transportation services along with proposals for incentivizing increased access.
3. *Review Dental Services* – Similar to transportation, Indiana’s dental benefit is in need of a complete review for not only general dentistry services but also specialty services.
4. *Increase Provider Capacity for Behavioral Health Services* – Behavioral health continued to be the most problematic service category for member access. While the FFS population is significantly smaller than the managed care population, these members have a significant utilization rate and a higher statewide average driving distance for services. Access to behavioral health services, for both SMI/SED and SUD treatment, remains a critical priority for FSSA.

Limitations

Indiana has attempted to gauge access concerns by including measures like the number of enrolled providers in a region, the overall utilization rate for the member population, and the average driving distance for a service category. However, gauging access for this report remains an obstacle due to a number of reasons:

- IHCP membership is overwhelmingly comprised of managed care participation.
- We do not have a systematic way of measuring panel-size for all of these providers to determine each provider’s overall Medicaid member capacity (while balancing the capacity for individuals with private insurance).
- Along with the previous points, we have limited knowledge to determine if providers located closer to an individual’s home were bypassed as a result of an existing relationship with another provider.

Future Review

Access Monitoring Review Plan Timeframe

Moving forward, the Indiana Family and Social Services Administration will remain committed to reviewing access-related member concerns. The agency will work through updated guidance provided by the Centers for Medicare & Medicaid Services, as indicated in the July 15, 2019 proposed rule change concerning the monitoring of access across delivery systems.

As the State seeks to revise any payments to providers, an updated version of the report will be prepared to include an analysis of the effect of the change in payment rates on access and a specific analysis of the information and concerns expressed in input from affected stakeholders. The updated report will accompany any State Plan amendment requests filed with CMS.

FSSA allows any member or provider to offer any comments at each quarterly Medicaid Advisory Committee meeting. Additionally, FSSA will offer opportunities for stakeholder engagement when provider rate changes are initiated. Public comment is welcome in writing or in oral presentations to the State.

Public Comments

Public comment (notice) was available from August 28, 2019 through September 27, 2019. No public comments were received.

Appendix A: Definitions

As used in this report, the following definitions and abbreviations will be used.

Calendar year (CY): A span dating from January 1st to December 31st of the referenced year.

Community Mental Health Center (CMHC): A type of group provider specialty certified by the Indiana Department of Mental Health and Addiction to render mental and behavioral health services to Indiana Medicaid members. Of particular note, these providers are the backbone of Indiana Medicaid's treatment options for addiction related issues.

Fee-for-Service (FFS): All programs with claims adjudicated and paid by the State Medicaid agency and their fiscal contractor.

Health Services Provider in Psychology (HSPP): A psychologist certified by the Indiana Professional Licensing Agency as having undergone an additional year of residency in a medical setting. A psychologist must be an HSPP to bill services to Indiana Medicaid.

Indiana Health Coverage Programs (IHCP): All health coverage plans delivered by the State of Indiana or its contractors through either a risk-based managed care (RBMC) or FFS delivery system.

Primary Care Provider (PCP and/or PMP): A provider which sees members for general health care and has one of the following specialties: Family Practitioner, General Pediatrician, General Practitioner, General Internist, Internist, Obstetrician/Gynecologist, or Pediatrician. This term may also be used interchangeably with Primary Medical Provider.

Risk-based Managed Care (RBMC): A delivery system focused on providing care through a state contracted Managed Care Entity (MCE) based on a capitated amount.

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Appendix B: Total IHCP Enrolled Providers, CY 2019

Appendix B contains all of the billing, billing/rendering, and rendering-only providers currently enrolled within the IHCP. Providers with multiple specialties were grouped according to their primary specialty.

Provider Type	Provider Specialty	Total Out of State Provider Count	Total Provider Count
01 - Hospital	010 - Acute Care	399	665
	011 - Psychiatric	8	47
	012 - Rehabilitation	2	25
	013 - Long-Term Acute Care	0	9
	014 - Inpatient Addiction Treatment Facilities	0	1
02 - Ambulatory Surgical Center (ASC)	020 - Ambulatory Surgical Center (ASC)	1	125
03 - Extended Care Facility	030 - Nursing Facility	0	522
	031 - ICF/IID	0	53
	033 - Residential Care Facility	0	419
	034 - Psychiatric Residential Treatment Facility	0	12
04 - Rehabilitation Facility	040 - Rehabilitation Facility	0	12
05 - Home Health Agency	050 - Home Health Agency	0	306
06 - Hospice	060 - Hospice	0	111
08 - Clinic	080 - Federally Qualified Health Clinic (FQHC)	0	223
	081 - Rural Health Clinic (RHC)	0	73
	082 - Medical Clinic	70	2,342
	083 - Family Planning Clinic	0	42
	084 - Nurse Practitioner Clinic	0	25
	086 - Dental Clinic	1	63

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	087 - Therapy Clinic	1	62
09 - Advanced Practice Registered Nurse	090 - Pediatric Nurse Practitioner	0	830
	091 - Obstetric Nurse Practitioner	0	103
	092 - Family Nurse Practitioner	2	4,838
	093 - Clinical Nurse Specialist	0	3,194
	094 - Certified Registered Nurse Anesthetist (CRNA)	3	1,610
		0	1
095 - Certified Nurse Midwife	0	182	
10 - Physician Assistant	100 - Physician Assistant	3	1,783
11 - Mental Health Provider	110 - Outpatient Mental Health Clinic	1	598
	111 - Community Mental Health Center (CMHC)	0	168
	112 - Psychologist	0	1
	114 - Health Service Provider in Psychology (HSPP)	2	1,204
	115 - 1915(i) AMHH Service Provider	0	4
	611 - 1915(i) CMHW Service Provider	0	357
	615 - ABA Therapist	0	584
12 - School Corporation	120 - School Corporation	0	245
13 - Public Health Agency	130 - County Health Department	0	53
14 - Podiatrist	140 - Podiatrist	2	516
15 - Chiropractor	150 - Chiropractor	1	880
16 - Nurse	160 - Registered Nurse (RN)	0	10
17 - Therapist	170 - Physical Therapist	1	1,694
	171 - Occupational Therapist	0	697
	172 - Respiratory Therapist [not enrolled]	0	1

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	173 - Speech/Hearing Therapist	1	548
18 - Optometrist	180 - Optometrist	1	1,417
19 - Optician	190 - Optician	0	39
20 - Audiologist	200 - Audiologist	0	386
21 - Case Manager (Targeted)	210 - Care Coordinator for Pregnant Women	0	75
	211 - HIV Case Manager	0	4
	212 - CSHCS Care Coordinator	0	1
22 - Hearing Aid Dealer	220 - Hearing Aid Dealer	0	15
24 - Pharmacy	240 - Pharmacy	14	1,504
	250 - DME/Medical Supply Dealer	0	31
	251 - HME/Home Medical Equipment	0	2
25 - DME/Medical Supply Dealer	250 - DME/Medical Supply Dealer	111	425
	251 - HME/Home Medical Equipment	12	41
26 - Transportation Provider	260 - Ambulance	17	297
	261 - Air Ambulance	29	50
	263 - Taxi	0	6
	264 - Common Carrier (Ambulatory)	0	156
	265 - Common Carrier (Non-ambulatory)	0	30
	266 - Family Member	0	155
27 - Dentist	270 - Endodontist	0	9
	271 - General Dentistry Practitioner	1	2,293
	272 - Oral Surgeon	1	221
	273 - Orthodontist	1	56
	274 - Pediatric Dentist	0	226
	275 - Periodontist	0	24

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	276 - Mobile Dental Van	0	3
	277 - Prosthesis	0	19
28 - Laboratory	280 - Independent Lab	1	372
	282 - Independent Diagnostic Test Facility (IDTF)	0	48
	283 - Mobile Independent Diagnostic Test Facility (IDTF)	0	3
29 - Radiology	290 - Freestanding X-Ray Clinic	0	46
	291 - Mobile X-Ray Clinic	0	16
30 - End Stage Renal Disease (ESRD) Clinic	300 - Free-standing Renal Dialysis Clinic	0	180
31 - Physician	310 - Allergist	0	187
	311 - Anesthesiologist	23	2,661
	312 - Cardiologist	18	1,230
	313 - Cardiovascular Surgeon	6	329
	314 - Dermatologist	6	358
	315 - Emergency Medicine Practitioner	45	3,301
	316 - Family Practitioner	15	4,431
	317 - Gastroenterologist	0	552
	318 - General Practitioner	13	955
	319 - General Surgeon	11	1,360
	320 - Geriatric Practitioner	1	54
	321 - Hand Surgeon	3	84
	322 - Internist	0	104
	323 - Neonatologist	7	260
	324 - Nephrologist	10	575
325 - Neurological Surgeon	4	374	
326 - Neurologist	9	901	

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	327 - Nuclear Medicine Practitioner	2	24
	328 - Obstetrician/Gynecologist	12	1,746
	329 - Oncologist	3	690
	330 - Ophthalmologist	6	861
	331 - Orthopedic Surgeon	11	1,157
	332 - Otologist, Laryngologist, Rhinologist	4	505
	333 - Pathologist	10	757
	334 - Pediatric Surgeon	6	164
	335 - Pediatrician	0	365
	336 - Physical Medicine and Rehabilitation Practitioner	5	352
	337 - Plastic Surgeon	6	217
	338 - Proctologist	0	39
	339 - Psychiatrist	5	1,018
	340 - Pulmonary Disease Specialist	4	643
	341 - Radiologist	65	2,834
	342 - Thoracic Surgeon	4	188
	343 - Urologist	4	497
	344 - General Internist	15	5,121
	345 - General Pediatrician	20	2,781
	346 - Dispensing Physician	0	5
32 - Waiver Provider	350 - Aged & Disabled Waiver (A&D)	16	1,857
	351 - Autism Waiver	0	61
	352 - ICF/MR Waiver	0	1
	356 - Waiver-Traumatic Brain Injury (TBI)	0	45
	359 - Waiver-Community Integration and Habilitation (CIH)	4	273

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	360 - Family Supports Waiver (FS)	0	16
	361 - Waiver - SED	0	1
	363 - MFP Demonstration Waiver Grant	0	19
	364 - MFP-PRTF	0	60
	365 - PRTF Transition Waiver	0	1
35 - Addiction Services	835 - Opioid Treatment Program	0	16
	836 - SUD Residential Addiction Treatment Facility	0	30
36 - Genetic Counselors	800 - Genetic Counselor	0	46
Total		1,059	73,494

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Appendix C: Average Driving Distance for Selected High-Volume Services, CY 2018, By County and Region

					Average driving distance was 20 miles or less (most favorable)
					Average driving distance was > 20 but < 30 miles (still within OMPP target)
					Average driving distance was more than 30 miles (outside of OMPP target)
Region shown on top line is weighted average of all counties below it	Primary Care Visits	Dental Visits	Prenatal or Postpartum Visits	Substance Use Disorder Services	Serious Mental Illness Services
Northwest	11.9	9.8	14.2	14.4	14.4
Jasper	30.4	22.3	44.0	35.4	33.7
Lake	10.0	8.1	11.6	13.2	12.2
LaPorte	12.6	11.2	13.8	15.8	15.8
Newton	36.2	32.8	36.7	42.9	42.4
Porter	13.5	11.6	21.2	12.4	15.0
North Central	16.6	11.3	11.0	20.8	19.4
Elkhart	11.8	11.4	12.5	12.7	13.2
Fulton	27.6	24.6	29.4	16.5	20.4
Marshall	20.4	15.9	17.0	27.9	27.7
Pulaski	27.1	37.6	26.7	24.9	24.6
St. Joseph	24.7	7.1	6.4	17.7	19.5
Starke	21.8	21.6	25.0	32.4	31.1
Northeast	16.6	12.7	16.8	22.4	23.0
Adams	20.2	11.7	25.5	25.0	32.9
Allen	11.4	8.2	10.1	19.6	20.2
DeKalb	18.3	14.7	17.1	29.6	27.2
Huntington	21.1	16.7	20.6	34.9	32.2
Kosciusko	21.7	26.9	32.3	17.6	17.6
LaGrange	27.2	18.0	25.6	36.9	33.3
Miami	27.7	16.4	21.9	14.0	19.3
Noble	21.3	17.8	21.0	24.0	20.6
Steuben	24.5	16.0	18.1	42.8	33.2
Wabash	32.6	20.3	34.1	33.9	34.7
Wells	21.5	10.3	22.7	27.4	34.0
Whitley	16.9	17.6	17.5	20.5	17.9
West Central	22.5	18.3	15.9	19.3	19.2
Benton	39.2	26.6	31.6	29.7	31.3
Carroll	25.6	24.7	20.7	22.9	21.9
Clay	26.2	22.4	24.1	26.3	27.9
Clinton	21.4	16.7	20.1	30.2	25.1
Fountain	34.8	29.9	36.4	29.8	30.7
Montgomery	27.3	20.7	25.0	32.5	31.5
Parke	29.2	22.2	30.6	34.5	31.0
Sullivan	25.4	18.0	17.3	29.0	26.7
Tippecanoe	16.6	14.7	8.6	11.6	12.7
Vermillion	27.5	26.2	23.0	27.2	26.2
Vigo	19.6	15.4	9.7	10.9	12.7
Warren	40.5	24.9	31.6	29.5	35.1
White	35.1	30.0	33.0	27.7	26.6

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			Average driving distance was 20 miles or less (most favorable)		
			Average driving distance was > 20 but < 30 miles (still within OMPP target)		
			Average driving distance was more than 30 miles (outside of OMPP target)		
Region shown on top line is weighted average of all counties below it	Primary Care Visits	Dental Visits	Prenatal or Postpartum Visits	Substance Use Disorder Services	Serious Mental Illness Services
Central	12.9	11.1	10.3	15.3	16.0
Boone	16.1	19.6	12.4	26.6	24.7
Hamilton	13.7	11.0	12.4	12.6	16.5
Hancock	16.6	14.8	12.8	19.5	21.3
Hendricks	17.2	12.5	12.8	15.0	23.6
Johnson	17.1	13.5	16.9	15.8	18.8
Madison	18.0	12.8	16.0	19.3	19.3
Marion	10.3	9.1	8.8	12.2	13.1
Morgan	22.1	17.4	22.6	26.8	27.7
Putnam	25.8	25.1	24.4	31.0	35.1
Rush	26.6	15.9	24.7	55.8	47.3
Shelby	24.4	19.2	10.8	28.0	25.8
East Central	21.4	15.8	15.1	19.4	19.3
Blackford	27.9	17.9	25.3	33.2	28.2
Cass	21.8	25.5	8.5	7.8	8.8
Delaware	17.9	10.3	8.8	19.7	14.4
Fayette	21.4	16.7	28.4	24.7	26.0
Grant	25.1	15.5	17.7	16.6	17.8
Henry	20.3	22.6	14.1	43.6	24.5
Howard	21.7	10.7	17.1	14.4	18.3
Jay	26.3	15.7	25.1	23.1	25.7
Randolph	30.0	25.2	18.7	27.2	22.1
Tipton	23.9	15.1	21.7	18.6	19.3
Union	21.4	25.8	17.9	27.3	34.9
Wayne	18.9	18.2	14.2	18.5	27.8
Southwest	16.9	14.9	14.3	15.3	19.4
Brown	26.8	21.3	28.6	27.4	29.1
Daviess	21.2	20.8	8.6	29.0	26.4
Dubois	20.4	16.6	12.9	17.6	17.9
Gibson	19.6	19.9	25.2	24.5	26.8
Greene	30.7	19.5	20.8	31.0	38.1
Knox	16.9	22.8	14.3	13.8	15.0
Lawrence	27.2	23.1	25.8	28.2	27.7
Martin	28.3	19.7	25.9	33.3	39.1
Monroe	14.9	12.9	8.8	7.8	13.2
Orange	30.9	20.8	23.0	31.4	31.9
Owen	27.5	21.5	25.7	30.7	32.6
Perry	28.9	15.2	32.6	25.7	35.9
Pike	24.3	18.5	29.8	28.5	34.7
Posey	17.6	19.1	21.8	20.5	22.0
Spencer	18.2	16.5	24.2	31.0	36.0
Vanderburgh	7.4	7.6	7.1	6.1	7.8
Warrick	12.9	11.3	11.8	17.0	16.5

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Appendix D: Service Utilization Per 1,000 Member Months for Selected High-Volume Services

Utilization Per 1000 FFS Member Months							
Primary Care							
	Total Population	Male	Female	Adult	Pediatric	Disabled	Non-Disabled
CY 2018	251	225	274	270	231	450	185
CY 2017	277	259	291	269	284	474	213
CY 2016	295	279	309	249	339	444	185
Dental							
	Total Population	Male	Female	Adult	Pediatric	Disabled	Non-Disabled
CY 2018	128	128	127	160	94	330	60
CY 2017	134	138	131	163	103	350	65
CY 2016	143	148	139	169	117	387	76
Prenatal and Postpartum Care							
	Total Population	Male	Female	Adult	Pediatric	Disabled	Non-Disabled
CY 2018	46		86	84	6	5	59
CY 2017	41		75	72	8	5	52
CY 2016	45		83	83	9	6	56
Behavioral Health - SUD							
	Total Population	Male	Female	Adult	Pediatric	Disabled	Non-Disabled
CY 2018	290	317	266	443	135	551	203
CY 2017	183	219	153	273	88	401	113
CY 2016	244	285	209	355	139	592	150
Behavioral Health - SMI							
	Total Population	Male	Female	Adult	Pediatric	Disabled	Non-Disabled
CY 2018	980	1155	825	1260	695	2588	446
CY 2017	1047	1257	869	1318	758	2831	474
CY 2016	1056	1276	870	1288	838	2953	543
Home Health							
	Total Population	Male	Female	Adult	Pediatric	Disabled	Non-Disabled
CY 2018	112	102	122	193	30	351	33
CY 2017	152	140	162	258	39	527	32
CY 2016	90	92	88	164	21	360	17

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Appendix E: Providers Per 1,000 FFS Members for Selected High-Volume Services, CY 2018

	Primary Care	Dental	Prenatal or Postpartum Care	Substance Use Disorder Services	Serious Mental Illness Services
Adult	254	50	113	14	36
Pediatric	218	43	123	12	31
Adult	209	28	106	13	32
Pediatric	240	33	179	14	37
Adult	240	46	140	14	34
Pediatric	207	40	159	12	30
Adult	274	45	107	13	36
Pediatric	233	40	131	11	31
Adult	167	30	68	8	28
Pediatric	228	42	130	10	38
Adult	260	76	132	14	48
Pediatric	175	52	112	10	32
Adult	318	60	175	18	46
Pediatric	201	39	130	11	29
Adult	260	68	116	17	38
Pediatric	178	47	105	12	26