



INDIANA ACCESS MONITORING REVIEW PLAN

OCTOBER 1, 2016

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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 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 the Medicaid Medical Advisory Cabinet, has compiled data to analyze the current state of Indiana’s Medicaid population. The agency will submit the final Access Monitoring Review plan to CMS by October 1, 2016.

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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 and Traditional Medicaid. High-level descriptions of our program areas are below.

MANAGED CARE PROGRAMS

By the end of 2015, 77% of IHCP members received coverage through one of our three contracted managed care entities (MCEs): Anthem Insurance Companies, Inc. (Anthem), Coordinated Care Corporation, Inc. d/b/a Managed Health Services (MHS), and MDwise, Inc. Each of the three MCEs is required to maintain network adequacy standards to meet the needs of its members for each of the State's RBMC programs. These three MCEs manage the Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP), and Hoosier Care Connect (HCC) managed care programs.

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. HHW also supports early health care for pregnant women. In December 2015, approximately 43.70% of IHCP members were enrolled in the HHW program.

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. In December 2015, approximately 26.29% of IHCP members were enrolled in HIP, and this program has continued to see a steady monthly increase in membership. 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.

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

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coordination services and other FSSA-approved enhanced benefits. In December 2015, approximately 7.11% of IHCP members were enrolled in HCC.

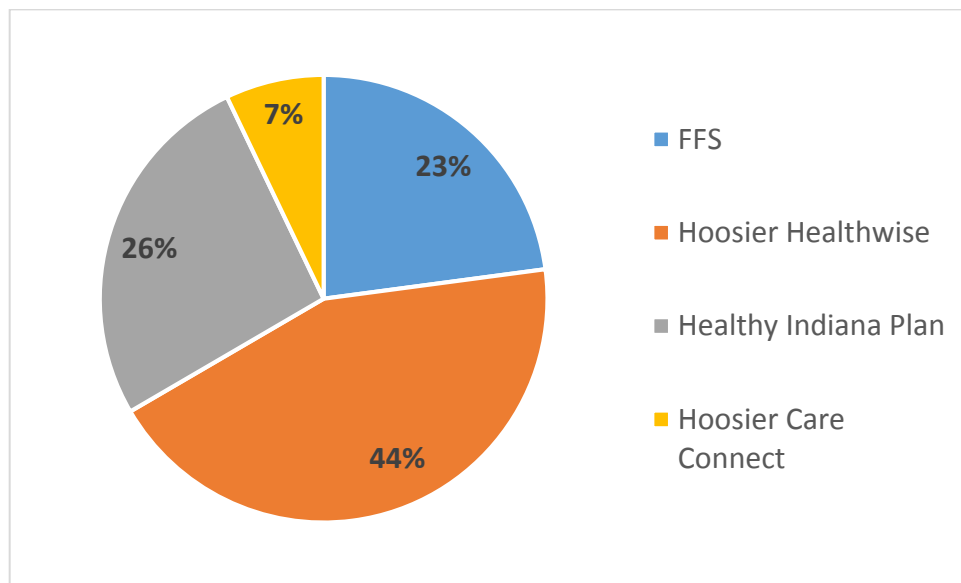
FEE-FOR-SERVICE (TRADITIONAL MEDICAID)

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

In December 2015, approximately 22.89% of IHCP members were enrolled in the FFS program. Figure 1.1 provides a graphical overview of the IHCP.

Figure 1.1 – Overview of IHCP Coverage, December 2015



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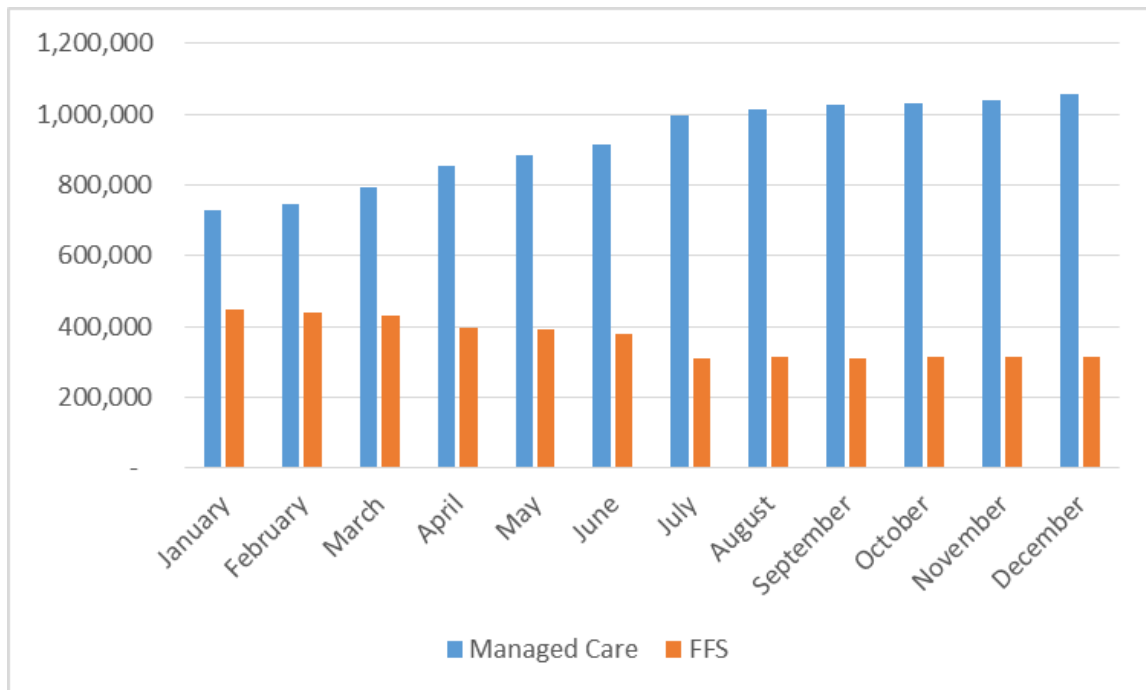
TRANSITION FROM FEE-FOR-SERVICE TO MANAGED CARE

Since 1995, Indiana has operated risk-based managed care programs for various populations. The Healthy Indiana Plan (HIP) program was modified in 2015 and expanded to create coverage for many previously uninsured adults using an 1115 demonstration waiver. Concurrently, FSSA launched the Hoosier Care Connect (HCC) program, which transitioned many aged, blind, and disabled individuals from Traditional Medicaid and primary care case management (PCCM) models into mandatory managed care.

Both of these developments led to a significant increase in the State’s managed care population along with a decline in the FFS population. By the end of 2015, the IHCP had nearly 1.4 million individuals enrolled in health care coverage. Of this total, over 77% of individuals were enrolled in one of IHCP’s three managed care programs.

Figure 1.1 provides a graphical representation of the shift in membership from FFS to managed care throughout calendar year 2015.

Figure 1.2 – IHCP Managed Care vs. Fee-for-Service Enrollment, CY 2015



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IHCP Fee-For-Service (FFS) Population

AID CATEGORY

In December 2015, there were a total of 314,196 individuals with FFS coverage. From July 2015 to December 2015, the FFS population remained consistent in size, as much of the transition for the Healthy Indiana Plan and Hoosier Care Connect programs had been completed. The FFS population is primarily made up of dually eligible individuals (those eligible for both Medicaid and Medicare), individuals eligible for a home and community-based services waiver, and institutionalized individuals. Figure 2.1 provides a breakdown of the FFS population by aid category as of December 2015, sorted from highest to lowest member count.

Figure 2.1 – IHCP FFS Population by Aid Category, December 2015

Category Code	Category Description	Total Members
SI	Supplemental Security Income (SSI) Recipients	52,938
D	Disabled	50,702
L	Qualified Medicare Beneficiary (QMB)	47,504
A	Aged	46,687
02	Children ages 1-18 under 106% FPL	31,106
Z	Children ages 1-5 under 141% FPL	15,473
08	Children Receiving Adoption Assistance	14,732
04	Title IVE foster children	10,419
GP	MAGI Pregnancy (208% or under FPL)	8,949
09	Children age 1-18 up to 158% poverty (CHIP I)	7,210
J	Special Low Income Medicare Beneficiary (SLMB)	6,660
I	Qualified Individual - 1	3,165
E	Family Planning	2,744
10	Hoosier Healthwise - Package C – Children’s Health Plan	2,428
C	Low Income Families	2,325
DW	Working Disabled MEDWORKS	2,279
X	Newborn - infants born to Medicaid recipients	1,501
Y	Children age<1 up to 108% FPL	1,246
15	Former Foster Children (ages 18<26)	1,033
12	BCCTS Breast / Cervical Cancer Treatment Services	803
HK	Hospital PE Children 1-18	765
Q	Refugee Medical Assistance (RMA)	739

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R	Residential Assistance Program	600
HF	Hospital PE Family Planning	594
B	Blind	401
F	Transitional Medical Assistance	324
HI	Hospital PE Children < 1 yr	249
HW	Hospital PE Pregnant Women	172
GF	MAGI Parent/Caretaker of Relative	154
14	Foster Care Independence	125
HP	Hospital PE Parent/Caretaker	95
NA	HIP 2.0 Native American	27
H1	Hospital PE Former Foster Child age 19-26	17
O	Children < 21 in inpatient psych facility	17
PE	Presumptive Eligibility for Pregnant Women	6
U	Ineligible for TANF due to SSI payments	2
DI	Working Disabled MEDWORKS Improved	1
G	Qualified Disabled Working Individual (QDWI)	1
HA	HIP 2.0 Hospital Presumptive Eligibility	1
N	Pregnancy - Related Coverage	1
T	Children age 18,19,20 living w/specified relative	1

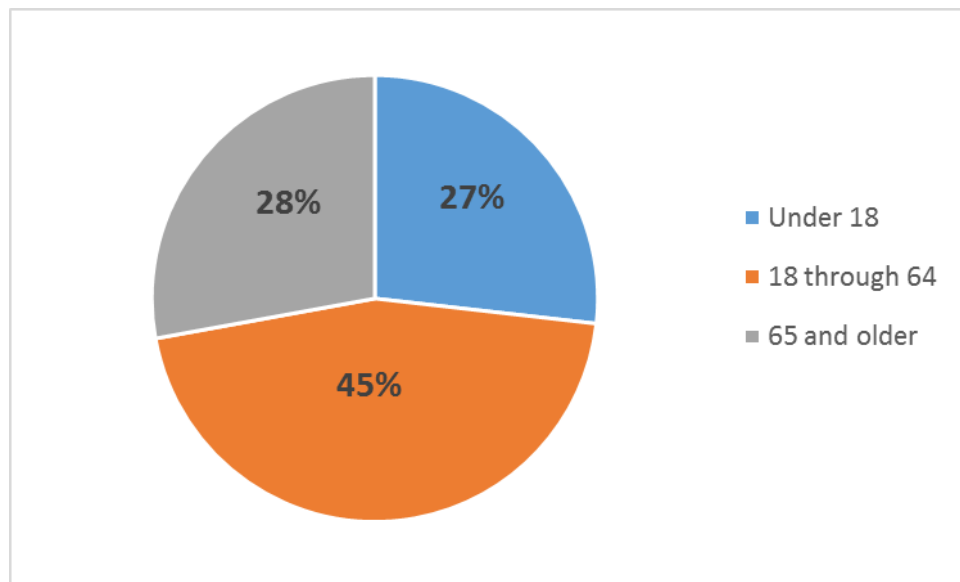
NOTE: For reporting purposes, individuals eligible for HIP Emergency Services are currently reported as members of the Healthy Indiana Plan; these individuals receive services through FFS. In December 2015, there were 16,876 individuals who qualified for HIP Emergency Services. Other individuals eligible for Package E (Emergency Services Only) receive benefits through FFS and are captured within the aid category most appropriate to them.

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AGE

The FFS population includes a diverse range of ages. While many children are enrolled in Hoosier Care Connect or Hoosier Healthwise, a significant portion of the remaining FFS population is made up of children. Figure 2.2 provides a graphical representation of the FFS population by age.

Figure 2.2 – IHCP FFS Population by Age, December 2015

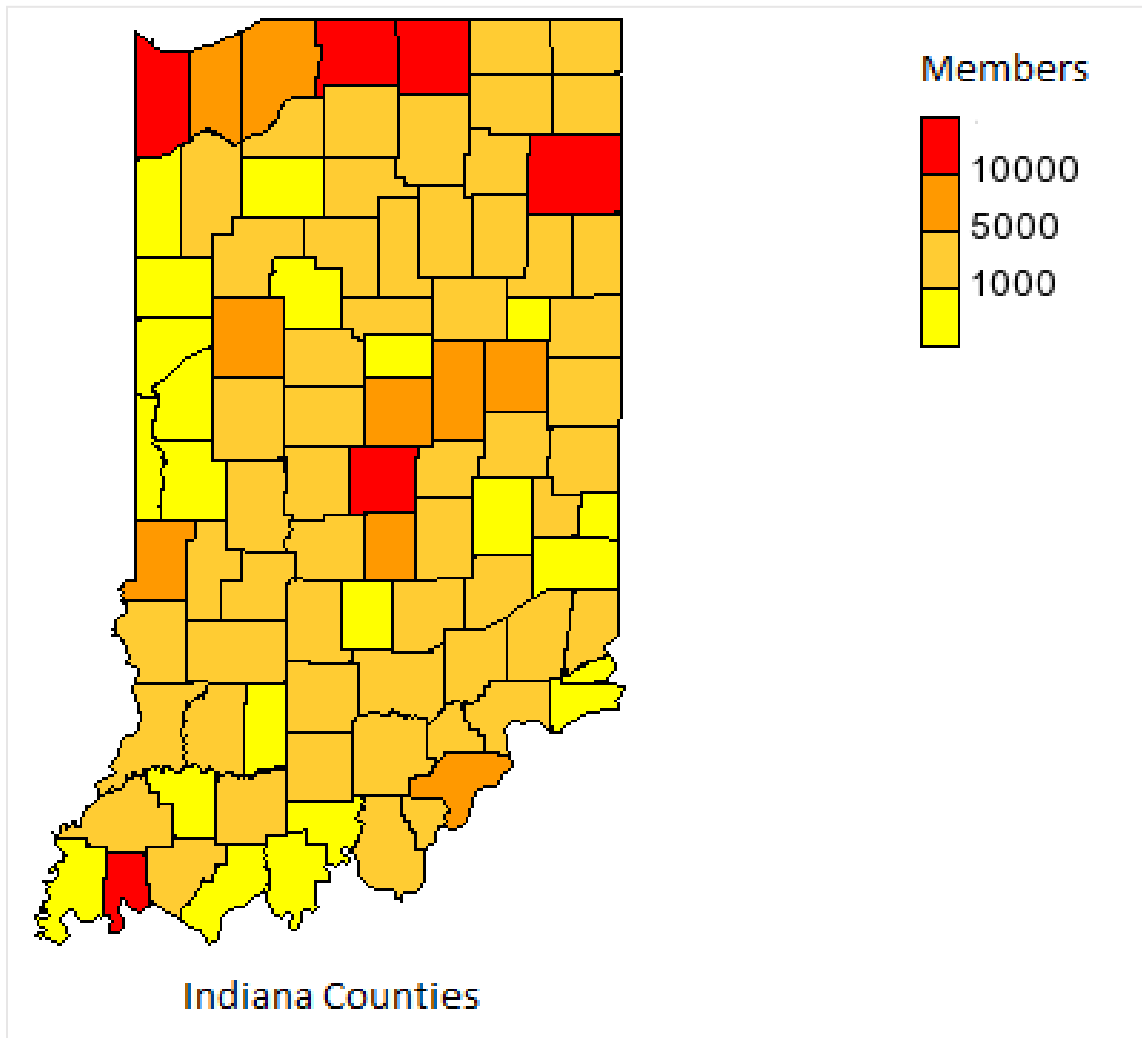


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LOCATION

Nearly 40% of the FFS population lives in one of the following counties: Allen, Elkhart, Lake, Marion, St. Joseph, and Vanderburgh (highlighted in red). Beyond those six counties, much of the FFS population is spread evenly across the more rural sections of Indiana. As explained later in the report, Indiana counties will be grouped together by regions to provide a stronger representation of access to care. Figure 2.3 provides a graphical representation of the FFS population by their county of residence.

Figure 2.3 - IHCP FFS Population by County of Residence, December 2015



NOTE: County-level member analysis must be used with the understanding that members tend to move frequently and often do not update a mailing address until a later point in time.

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State Regions

REGION ANALYSIS

Member and provider information gathered for Indiana’s access monitoring plan were based on county-level data. However, in order to get a more accurate depiction of access to care in more rural areas of the state, Indiana felt it necessary to compile the county data into more logical regions surrounding major metro areas. Figure 2.4 provides a graphical representation of the regions identified for the state.

Figure 2.4 – Access Regions, Indiana



Note: Map scale not accurate; see appendix B.

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Each region provides a major city within the state or along the border with a neighboring state. The major cities within each region area:

- Region 1 – Gary, Indiana; Hammond, Indiana; and Chicago, Illinois
- Region 2 – South Bend, Indiana and Elkhart, Indiana
- Region 3 – Fort Wayne, Indiana
- Region 4 – Lafayette, Indiana
- Region 5 – Kokomo, Indiana
- Region 6 – Terre Haute, Indiana
- Region 7 – Indianapolis Metropolitan Area
- Region 8 – Richmond, Indiana
- Region 9 – Evansville, Indiana
- Region 10 – Bloomington, Indiana
- Region 11 – Jeffersonville, Indiana

POPULATION DENSITY AND STATE REGION DESCRIPTIONS

Note: Region area and populations were calculated using 2015 U.S. Census Bureau data estimates.

Region 1: Population Density – 11.77 Members/Mi²

Region 1 is a mixture of urban/rural areas dominated by a conglomeration of medium-sized cities in northern Lake County, including Gary, IN and Hammond, IN. These cities are part of the Chicago Metropolitan Statistical Area. Outside of the northern half of Lake County, Region 1 largely consists of rural communities with sporadic small cities. Also, both Lake and Porter County (located in the northwestern portion of Region 1) are a part of the Chicago Metropolitan Statistical Area.

Region 2: Population Density – 11.08 Members/Mi²

Region 2 is a mixture of urban/rural areas dominated by two medium-sized cities. These cities - South Bend, IN (pop. 101,168) and Elkhart, IN (pop. 50,949) - are located in the northern portion of Region 2. Outside of these two cities, the population is largely rural with sporadic small cities.

Region 3: Population Density – 9.03 Members/Mi²

Region 3 is a largely rural region dominated by one large-sized city. Ft. Wayne, Indiana (pop. 260,326) is centrally located within the region, providing an easily accessible city with a large provider community for the surrounding rural communities. Outside of Fort Wayne, IN, Region 3 is primarily rural with sporadic towns or small cities.

Region 4: Population Density – 4.03 Members/Mi²

Region 4 is primarily a rural region with only two conjoined medium-sized cities. Lafayette, Indiana (pop. 71,111) and West Lafayette (pop. 45,550) both are in Tippecanoe County, which is centrally located in the region. Outside of Tippecanoe County, Region 4 is extremely rural, claiming some of the least densely

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populated counties in Indiana. Overall, this is the least densely populated Region for Medicaid membership.

Region 5: Population Density – 7.22 Members/Mi²

Region 5 is a primarily rural region and is also the smallest by area of all regions discussed. This region is unique in that it is largely not dominated by any one city. It has one of the most evenly dispersed populations of any region examined. Kokomo, Indiana (pop. 57,995) is the largest city in the region, with the next largest being Marion, Indiana (pop. 29,081).

Region 6: Population Density – 5.75 Members/Mi²

Region 6 is a largely rural region dominated by one medium-sized city: Terre Haute, Indiana (pop. 60,825). Terre Haute, Indiana is centrally located within the region and provides the largest number of providers in the region. Overall, this is the third least densely populated region for Medicaid members.

Region 7: Population Density – 25.92 Members/Mi²

Region 7 is a mostly urban, suburban, and exurban region, which contains the majority of the Indianapolis-Carmel-Anderson Metropolitan Statistical Area (Brown County and Putnam County being the exceptions). The area is centrally dominated by Indianapolis, Indiana and Marion County (pop. 939,020). Five cities outside of Marion County boast a population of greater than 50,000. These cities include: Carmel, IN (pop. 88,713); Fishers, IN (pop. 88,658); Noblesville, IN (pop. 59,063); Greenwood, IN (pop. 55,586); and Anderson, IN (pop. 55,305). Region 7 contains significant provider communities and health care delivery systems. Also of note, Region 7 is home to two medical schools and significant medical research institutions.

Region 8: Population Density – 6.26 Members/Mi²

Region 8 is a largely rural region dominated by two medium-sized cities. These cities are Muncie, Indiana (pop. 70,087) and Richmond, Indiana (pop. 35,854). These two cities are located in separate areas of the region and provide two access points for members living in rural regions. Several small towns/cities are dotted around the region, providing widely dispersed access to primary care services.

Region 9: Population Density – 5.80 Members/Mi²

Region 9 is a mostly rural region with one large-sized city on the Kentucky border. Evansville, Indiana (pop. 119,943) is located along the Ohio River and Kentucky Border at the southern end of the region. This city provides a large number of providers for members in the surrounding counties and Region 9 as a whole. However, as this is one of the largest regions by land area, and has a significant portion of members located in one border area, access will need to be monitored closely.

Region 10: Population Density – 4.92 Members/Mi²

Region 10 is a mostly rural and underdeveloped (e.g. state parks and terrain unsuitable for building/farming). There are two medium-sized cities located in the northern and northeastern portions

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of the region. These two cities are Bloomington, Indiana (pop. 84,067) and Columbus, Indiana (pop. 46,690). Both contain a large number of providers. In particular is Bloomington, IN, which is home to Indiana University, a large research university with a medical school located in Indianapolis.

Region 11: Population Density – 6.05 Members/Mi²

Region 11 is a mostly rural region with one large-sized conglomeration of cities on the Kentucky border. Jeffersonville, Indiana (pop. 46,960) and New Albany, Indiana (pop. 36,732) are the largest of these cities that make up the Clark and Floyd County areas (combined pop. 192,149). Both Clark County and Floyd County are located in the Louisville Metropolitan Statistical Area. Also of note, both Dearborn County and Ohio County are located on the eastern edge of Region 11 and are a part of the Cincinnati Metropolitan Statistical Area.

NOTE: Region area and populations were calculated using 2015 U.S. Census Bureau data estimates.

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BORDER PROVIDERS

405 IAC 5-5-2(3) and 405 IAC 5-5-2(4) designate certain cities outside of Indiana as eligible to provide services to IHCP members without undergoing prior authorization and are therefore considered to be de facto in-state providers. These cities are:

- Chicago, Illinois – Defined in policy as zip codes with a prefix of 606XX, 607XX, and 608XX
- Danville, Illinois
- Watseka, Illinois
- Sturgis, Michigan
- Louisville, Kentucky
- Owensboro, Kentucky
- Cincinnati, Ohio
- Hamilton, Ohio
- Harrison, Ohio
- Oxford, Ohio

Combined, these areas contribute 5,941 unique providers to the IHCP. Below is a review of each city's contribution. Not all provider specialties are detailed in the below sections of figure 2.5, as not all specialties showed impactful representation.

BORDER PROVIDERS BY CITY

Chicago, IL

The State has developed a unique system to expand provider eligibility in the Chicago area by using zip codes with a prefix of 606XX, 607XX, and 608XX when determining provider eligibility in order to by-pass our out-of-state designation. In total, Chicago, IL has 261 providers registered with the IHCP. These providers are most likely to serve members from Region 1, but some providers (specialists in particular) are likely to serve members from various regions. The populations of note are shown in more detail below.

- Primary medical providers: The Chicago area providers contribute 31 primary medical providers to the Indiana system.

Figure 3.1 – Primary Medical Providers in the Chicago area

Specialty	# of Providers
General Internist	8
General Pediatrician	16
General Practitioner	4
OB/GYN	3

- Dental providers: There are four (4) general dental providers and two (2) oral surgeons located in the Chicago area enrolled to serve our members.

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Figure 3.2 – Dental Providers in the Chicago Area

Specialty	# of Providers
Dental Clinic	1
General Dentist	2
Mobile Dental Van	1
Oral Surgeon	2

- Physician Specialists: Chicago contributes 25 specialists of the various specialties represented under the Access Monitoring Review Plan.

Figure 3.3 – Physician Specialists in the Chicago Area

Specialty	# of Providers
Allergist	3
Cardiologist	3
General Surgeon	11
Nephrologist	1
Oncologist	2
Ophthalmologist	3
Pulmonary Disease Specialist	2

- Behavioral Health Systems: Only two (2) HSPP, one (1) psychiatrist, and one (1) psychiatric hospital in the Chicago area are enrolled with IHCP.

Danville, IL

Danville, IL has a total of 163 individual providers enrolled with IHCP. These providers are most likely to serve members from Regions 4 and 6, but some providers (specialists in particular) are likely to serve members from various regions. The populations of note are shown in more detail below.

- Primary medical providers: Danville, IL contributes 30 providers practicing in the primary medical provider fields.

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Figure 3.4 – Primary Medical Providers in Danville, IL

Specialty	# of Providers
Family Practitioner	8
General Internist	13
General Pediatrician	5
OB/GYN	4

- Dental providers: There are five (5) dental providers in total enrolled with IHCP from Danville, IL. These include four (4) general dentists and one (1) oral surgeon.
- Physician Specialists: Danville, IL contributes 12 specialists of the various specialties represented in the Access Monitoring Review Plan.

Figure 3.5 – Physician specialists in Danville, IL

Specialty	# of Providers
Cardiologist	2
General Surgeon	6
Oncologist	2
Ophthalmologist	2

- Behavioral Health providers: Danville, IL provides access to five (5) behavioral health providers, including one (1) HSPP and four (4) psychiatrists.
- Transportation providers: One (1) ambulance provider is located in Danville, IL.

Watseka, IL

Watseka, IL has a total of 49 individual providers enrolled with IHCP. These providers are most likely to serve members from Regions 1 and 4, but some providers (specialists in particular) are likely to serve members from various regions. The populations of note are shown in more detail below.

- Primary medical providers: Watseka, IL contributes four (4) providers practicing in the primary medical provider fields. This includes two (2) Family Practitioners and two (2) OB/GYNs.
- Dental providers: There is one (1) general dentist enrolled with IHCP from Watseka, IL.
- Physician Specialists: Watseka, IL contributes six (6) specialists of the specialties represented in the Access Monitoring Review Plan.

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Figure 3.6 – Physician Specialists in Watseka, IL

Specialty	# of Providers
Cardiologist	2
General Surgeon	3
Ophthalmologist	1

- Transportation providers: One (1) ambulance provider is located in Watseka, IL.

Sturgis, MI

Sturgis, MI has a total of 38 individual providers enrolled with IHCP. These providers are most likely to serve members from Regions 2 and 3, but some providers (specialists in particular) are likely to serve members from various regions. The populations of note are shown in more detail below.

- Primary medical providers: Watseka, IL contributes two (2) providers practicing in the primary medical provider fields. This includes one (1) Family Practitioner and one (1) General Internist.
- Dental providers: There is one (1) general dentist enrolled with IHCP from Sturgis, MI.
- Physician Specialists: Sturgis, MI contributes four (4) specialists of the specialties represented in the Access Monitoring Review Plan.

Figure 3.7 – Physician Specialists in Sturgis, MI

Specialty	# of Providers
Allergist	1
General Surgeon	1
Ophthalmologist	2

- Transportation provider: One (1) ambulance provider is located in Sturgis, MI.

Louisville, KY

Louisville, KY has a total of 2,557 individual providers enrolled with IHCP. These providers are most likely to serve members from Region 11, but some providers (specialists in particular) are likely to serve members from various regions. The populations of note are shown in more detail below.

- Primary medical providers: Louisville, KY contributes 482 providers practicing in the primary medical provider fields.

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Figure 3.8 – Primary Medical Providers in Louisville, KY

Specialty	# of Providers
Family Practitioner	42
General Internist	180
General Pediatrician	146
General Practitioner	27
OB/GYN	87

- Dental providers: There are 81 total dental providers located in Louisville, KY and enrolled with IHCP. This includes 62 general dental providers.

Figure 3.9 – Dental Providers in Louisville, KY

Specialty	# of Providers
Dental Clinic	3
General Dentist	50
Oral Surgeon	19
Pediatric Dentist	9

- Physician Specialists: Louisville contributes 319 specialists of the specialties represented in the Access Monitoring Review Plan.

Figure 3.1.1 – Physician specialists in Louisville, KY

Specialty	# of Providers
Allergist	47
Cardiologist	66
General Surgeon	98
Nephrologist	15
Oncologist	22
Ophthalmologist	71

- Behavioral Health providers: 110 behavioral health providers located in Louisville, KY are enrolled with IHCP. This includes 96 individual providers and 14 facility providers.

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Figure 3.1.2 – Behavioral Health Providers in Louisville, KY

Specialty	# of Providers
HSPP	16
Outpatient Mental Health Clinic	9
Psychiatric Hospital	5
Psychiatrist	80

- Transportation providers: 16 transportation providers from Louisville, KY are enrolled with IHCP.

Figure 3.1.3 - Transportation Providers in Louisville, KY

Specialty	# of Providers
Air Ambulance	5
Ambulance	6
Common Carrier (Ambulatory)	4
Taxi	1

Owensboro, KY

Owensboro, KY has a total of 324 individual providers enrolled with IHCP. These providers are most likely to serve members from Region 9, but some providers (specialists in particular) are likely to serve members from various regions. The populations of note are shown in more detail below.

- Primary medical providers: Owensboro, KY contributes 55 providers practicing in the primary medical provider fields.

Figure 3.1.4 – Primary Medical Providers in Owensboro, KY

Specialty	# of Providers
Family Practitioner	10
General Internist	24
General Pediatrician	9
General Practitioner	2
OB/GYN	10

- Dental providers: Owensboro, KY has four (4) total dental providers enrolled with IHCP. These include two (2) general dentists, one (1) pediatric dentist, and one (1) oral surgeon.

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- Physician Specialists: Owensboro, KY contributes 37 specialists of the specialties represented in the Access Monitoring Review Plan.

Figure 3.1.5 – Physician specialists in Owensboro, KY

Specialty	# of Providers
Allergist	3
Cardiologist	14
General Surgeon	7
Nephrologist	2
Oncologist	4
Ophthalmologist	4
Pulmonary Disease Specialist	3

- Behavioral Health providers: 22 behavioral health providers located in Louisville, KY are enrolled with IHCP. This includes 18 individual providers and four (4) facility providers.

Figure 3.1.6 – Behavioral Health Providers in Owensboro, KY

Specialty	# of Providers
Community Mental Health Center	1
Outpatient Mental Health Clinic	1
Psychiatric Hospital	2
Psychiatrist	18

Transportation providers: There are three (3) transportation providers enrolled in IHCP in Owensboro, KY. These include one (1) ambulance provider and two (2) taxi providers.

Cincinnati Metro Area

For the purposes of this report, the following cities have been pooled into a single metropolitan area, hereby referred to as the Cincinnati Metro Area: Cincinnati, Ohio; Hamilton, Ohio; Harrison, Ohio; and Oxford, Ohio.

The Cincinnati Metro Area has a total of 2,549 individual providers enrolled with IHCP. These providers are most likely to serve members from Regions 8 and 11, but some providers (specialists in particular) are likely to serve members from various regions. The populations of note are shown in more detail below.

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- Primary medical providers: Cincinnati Metro Area contributes 602 providers practicing in the primary medical provider fields.

Figure 3.1.7 – Primary Medical Providers in the Cincinnati Metro Area

Specialty	# of Providers
Family Practitioner	68
General Internist	205
General Pediatrician	194
General Practitioner	25
OB/GYN	110

- Dental providers: There are 54 total dental providers located in Cincinnati Metro Area and enrolled with IHCP. This includes 37 general dental providers.

Figure 3.1.8 – Dental Providers in the Cincinnati Metro Area

Specialty	# of Providers
Dental Clinic	1
General Dentist	25
Oral Surgeon	17
Pediatric Dentist	11

- Physician Specialists: The Cincinnati Metro Area contributes 319 specialists of the specialties represented in the Access Monitoring Review Plan.

Figure 3.1.9 – Physician specialists in the Cincinnati Metro Area

Specialty	# of Providers
Allergist	23
Cardiologist	64
General Surgeon	99
Nephrologist	23
Oncologist	23
Ophthalmologist	66
Pulmonary Disease Specialist	21

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- Behavioral Health providers: 89 behavioral health providers located in the Cincinnati Metro Area are enrolled with IHCP. This includes 88 individual providers and 1 facility provider.

Figure 3.2.1 – Behavioral Health Providers in the Cincinnati Metro Area

Specialty	# of Providers
HSP	8
Psychiatric Hospital	1
Psychiatrist	80

- Transportation providers: Seven (7) transportation providers from the Cincinnati Metro Area are enrolled with IHCP. These include six (6) ambulance providers and one (1) taxi provider.
- Pre and Perinatal Service providers: In addition to the 110 OB/GYN providers quoted earlier, the Cincinnati Metro Area has three (3) Certified Nurse Midwives and two (2) Family Planning Clinics enrolled with IHCP.

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Feedback mechanisms

CALL CENTER

As IHCP’s fiscal agent, Hewlett Packard Enterprise (HPE) 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 4.0 provides all phone numbers utilized by IHCP members.

Figure 4.0. IHCP Member and Provider Contact Information

Hoosier Healthwise Services	Contact
Hoosier Healthwise Helpline	1-800-889-9949 hoosierhealthwise@maximus.com
Anthem http://www.anthem.com	Member Services: 1-866-408-6131 Transportation: 1-800-508-7230
Managed Health Services (MHS) http://www.mhsindiana.com	Member Services: 1-877-647-4848
MDwise http://www.mdwise.org	Member Services: 1-317-630-2831 or 1-800-356-1204
Package C Premium Collection Services	Package C Payment Line 1-866-404-7113
Package C Payment Mailing Address	Hoosier Healthwise P.O. Box 3127 Indianapolis, IN 46206-312
Healthy Indiana Plan (HIP) Services	Contact
Healthy Indiana Plan http://www.HIP.in.gov	1-877-438-4479
Anthem Anthem Healthy Indiana Plan Website	1-866-408-6131

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Managed Health Services (MHS) MHS Healthy Indiana Plan Website	1-877-647-4848
MDwise MDwise Healthy Indiana Plan Website	1-800-356-1204 or (317) 630-2831
Hoosier Care Connect Services	Contact
Hoosier Care Connect Helpline http://www.HIP.in.gov	1-866-963-7383
Anthem Anthem Hoosier Care Connect Website	1-844-284-1797 TTY: 1-866-408-7188
Managed Health Services (MHS) MHS Hoosier Care Connect Website	1-877-647-4848
MDwise MDwise Hoosier Care Connect Website	1-800-356-1204 or (317) 630-2831
Other Services	Contact
Pharmacy Contact (for Hoosier Healthwise and Traditional Medicaid): OptumRx	1-855-577-6317
M.E.D. Works Premium Hotline	1-866-273-5897
M.E.D. Works Payment Mailing Address	P.O. Box 946 Indianapolis, IN 46206
Traditional Medicaid Member Services	1-317-713-9627 or 1-800-457-4584 Opt 1 = Member Services - English Opt 2 = Member Services - Spanish

In 2015, HPE received 8,319 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. Figure 4.1 provides key words that were indicated during the 2015 provider search telephone calls.

Figure 4.1. Noted Keywords from Provider Search, CY 2015

Noted Key Word	Number of Calls	% of Total Calls
Transportation	3244	39.00%
Dental	1026	12.33%
Home Health	81	0.97%
Mental Health	74	0.89%
OBGYN	15	0.18%
Other	3879	46.63%

NOTE: “Other” refers to all calls that did not include one of the noted key words.

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The State determined that this coding system was insufficient for understanding members' access to services, so a new coding system was developed in early 2016. When members call HPE concerning a provider search, each call is now coded as "Provider Search – None Found" or "Provider Search – Provider Found". Metrics on this new coding system are very limited, as the system was put in place as of April 2016. Figure 4.2 summarizes the phone calls received based on the new system.

Figure 4.2. HPE Telephone Calls Regarding Provider Search, April through June 2016

Month	"Provider Search - None Found"	Provider Search - Provider Found"
April	11	113
May	5	121
June	6	105
Total	22	339

While HPE does track these phone calls by county, the State anticipates receiving more robust call center reporting with time to collect additional data. Improvements regarding call center tracking will be outlined recommendations section of the report.

WRITTEN CORRESPONDENCE

Providers may submit Written Correspondence to HPE to assist in researching issues for providers who are experiencing difficulty in receiving fee-for-service claim payments. HPE contracts with the state to respond to provider correspondence (inquiries) within ten business days of receipt of the correspondence.

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

Seven IHCP Provider Relations field consultants spend the majority of their time meeting with providers in their territories.

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.

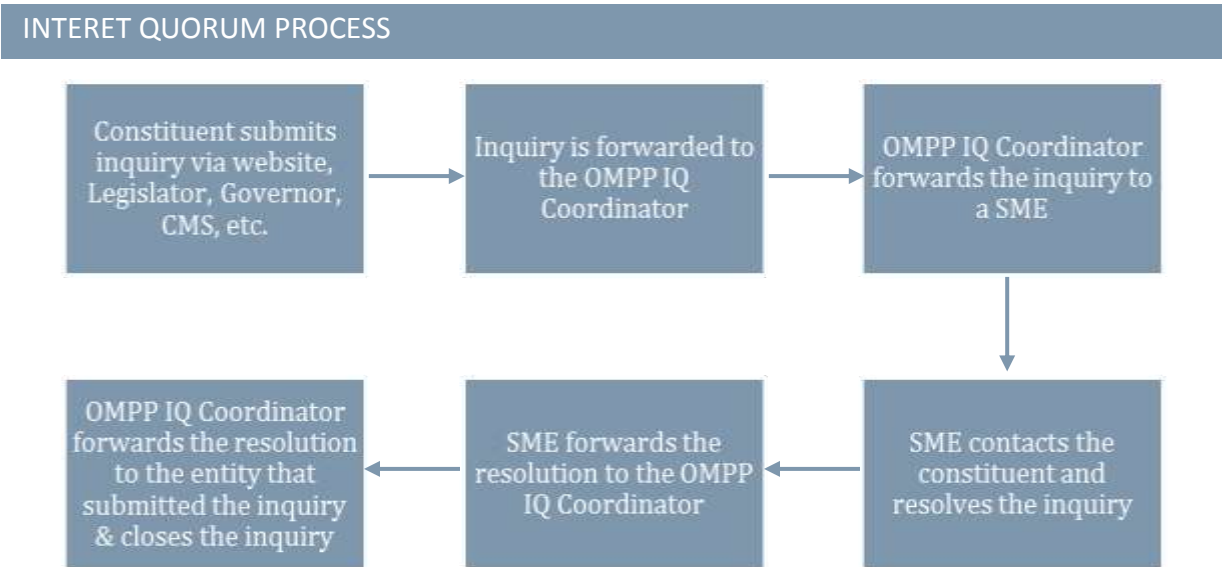
INTERNET QUORUM

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.

The majority of inquiries are constituent inquiries or an inquiry from a constituent regarding needing a service, claims payment, prior authorization, etc. The following expectations and policies are for constituent inquiries only:

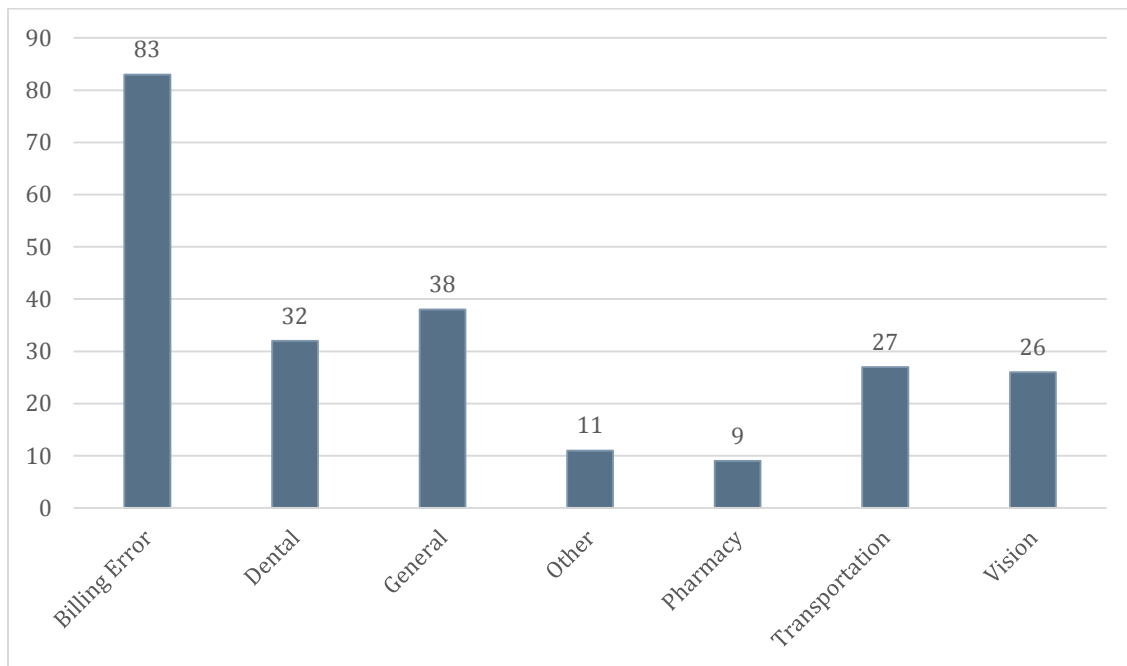
Figure 4.3. Constituent IQ Process



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FSSA received 199 inquiries flagged as “provider complaints” from both IHCP members and providers in 2015. Figure 4.4 provides a graphical breakdown of the IQs by category. A significant limitation of the data is that without a direct interface between the FSSA IQ system and HPE’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.

Figure 4.4. 2015 IQs by category



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Data

ANALYSIS & METHODOLOGY

The State has used its internal Enterprise Data Warehouse as the source of these data. All data was gathered by the FSSA Data & Analytics Unit at the request of OMPP. The following is a list of data files used for this report.

- Fee-for-Service (FFS) Enrollment by county for CY2015, including demographic information such as age group, ethnicity, and aid category.
- Category of Service (CoS) information based on CY2015 claims. This includes a breakdown by county of the members and demographic populations seeking services in each CoS. This data also includes expenditures for each CoS.
 - Add-on report regarding Eye Care CoS when rendered by Ophthalmologists.
- Provider enrollment for all provider specialties listed in this report. This report was based on CY2015 enrollment.
 - Add-on report for family planning clinics.
 - Add-on report for providers enrolled in one of the border cities considered “in-state”.
 - Add-on report for specialties 322 – Internist - and 335 – Pediatrician.
- Providers enrolled during CY2015 with a FFS claim during CY2013-2015.

Significant IHCP programmatic changes occurred during CY2015, including the development of the Hoosier Care Connect and Healthy Indiana Plan programs. As a result of these changes, member and utilization data over the past several years would not be accurate for understanding access concerns. The State believes that data moving forward will provide a more complete and accurate picture for access to care.

The Category of Service utilization data was analyzed by the Medicaid Medical Advisory Cabinet, a team of doctoral researchers contracted from Indiana University School of Medicine.

Figure 5.0. Procedure Codes Used for Reimbursement Analysis

Procedure Code	Description
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER

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71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT
D0120	PERIODIC ORAL EXAMINATION - ESTABLISHED PATIENT
D1120	PROPHYLAXIS - CHILD
A0425	GROUND MILEAGE, PER STATUTE MILE
A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN

Data for Medicare and commercial payer reimbursement rates is not available for all procedure codes.

Figure 5.1 provides a summary of each code's reimbursement rate from each payer source.

Figure 5.1 – Comparison of Reimbursement Rates

Codes	Description	Methodology	Medicare	FFS	Commercial
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	Max Fee ¹	noncovered	\$18.31	N/A
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES	RBRVS ²	\$69.58	\$51.99	N/A
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED	Lab Fee ³	\$10.59	\$10.58	N/A

¹ Any code not assigned an RVRBS or Lab Fee price will be reimbursed at a state-wide Maximum Fee that is based upon an appropriate methodology as defined by the State Plan.

² All services provided by physicians, limited license practitioners, and non-physician practitioners will be reimbursed according to a statewide fee schedule based on a Resource-Based Relative Value Scale (RBRVS). The components of the RBRVS methodology used to develop the fee schedule include the Medicare Physician Fee Schedule (MPFS) non-facility Relative Value Units (RVUs), the MPFS Geographic Practice Index (GPCI) for Indiana, and the MPFS conversion factor.

³ For laboratory procedures not included in the Medicare Part B fee schedule for physician services, reimbursement is based on the Medicare clinical laboratory fee schedule and is paid on a per test basis. The fee schedule rate for each laboratory procedure does not exceed the current Medicare fee schedule amount.

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	DIFFERENTIAL WBC COUNT				
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	RBRVS	\$83.38	\$67.18	N/A
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	RBRVS	\$21.07	\$16.81	N/A
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	RBRVS	\$7.81	\$5.61	N/A
D0120	PERIODIC ORAL EXAMINATION - ESTABLISHED PATIENT	Max Fee	N/A	\$22.58	\$52.05
D1120	PROPHYLAXIS - CHILD	Max Fee	N/A	\$ 34.50	\$67.92
A0425	GROUND MILEAGE, PER STATUTE MILE, BASE	RBRVS	\$7.10	N/A	N/A
	GROUND MILEAGE, PER STATUTE MILE, URBAN	RBRVS	\$7.24	N/A	N/A
	GROUND MILEAGE, PER STATUTE MILE, RURAL	RBRVS	\$7.31	N/A	N/A
	GROUND MILEAGE, PER STATUTE MILE, ALS	RBRVS	N/A	\$4.41	N/A
	GROUND MILEAGE, PER STATUTE MILE, BLS	RBRVS	N/A	\$3.31	N/A
	GROUND MILEAGE, PER STATUTE MILE, CAS	RBRVS	N/A	\$1.25	N/A

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	GROUND MILEAGE, PER STATUTE MILE, NAS	RBRVS	N/A	\$1.25	N/A
	GROUND MILEAGE, PER STATUTE MILE, LEVEL 4	RBRVS	N/A	\$2.70	N/A
A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN, BASE	RBRVS	noncovered	\$20.00	N/A
	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN, EXTRA PATIENT	RBRVS	noncovered	\$10.00	N/A
	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN, INDIVIDUALIZED	RBRVS	noncovered	\$10.00	N/A
	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN, EXTRA ATTENDANT	RBRVS	noncovered	\$5.00	N/A

In addition, Indiana is listed 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 5.2 shows Indiana compared to other Region V states and the national average.

Figure 5.2- Kaiser Family Foundation Medicaid-to-Medicare Fee Index

Location	All Services	Primary Care	Obstetric Care	Other Services
United States	0.66	0.59	0.76	0.74
Illinois	0.62	0.53	0.85	0.70
Indiana	0.61	0.53	0.84	0.75
Michigan	0.54	0.44	0.72	0.56
Minnesota	0.69	0.71	0.63	0.70
Ohio	0.61	0.57	0.64	0.68

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It should be noted that this data is from CY2014 and does not include various rate increases effective February 2, 2015, including physician, non-delivery maternity, behavioral health, and many other core services. Figure 5.3 provides the estimated fiscal impact to the rate increases.

Figure 5.3 – Physician Fee Schedule Increase, Non-Dual FFS Expenditures, CY 2015 (in millions)

Service Description	CY 2013	Current Rates	Percent Difference
Inpatient and Outpatient Surgery	\$59.4	\$69.8	17.4%
Maternity Delivery	\$24.2	\$28.7	18.9%
Maternity Non-Delivery	\$14.7	\$29.0	96.4%
Office Visits/Consultations	\$85.9	\$131.6	53.1%
Well Baby Exams/Physical Exams	\$34.6	\$47.7	37.7%
Hospital Inpatient Visits	\$54.0	\$62.1	15.0%
Emergency Room Visits	\$37.0	\$40.5	9.2%
Radiology/Pathology	\$35.7	\$33.1	(7.1%)
Outpatient Behavioral Health	\$56.2	\$57.6	2.5%
Self-Referral	\$13.2	\$20.8	57.3%
Other Professional	\$44.9	\$57.3	27.5%
Anesthesiology	\$15.6	\$18.4	17.8%

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Provider Enrollment

SPECIALTIES

Provider specialties were identified for each of the provider categories listed in the final rule. The following provider specialties were used as the basis for determining access to care for the fee-for-service population:

Primary Care Services

- Provider Specialty 316 – Family Practitioner
- Provider Specialty 318 – General Practitioner
- Provider Specialty 322 – Internist (specialty has been rolled into 344 – General Internist)
- Provider Specialty 328 – OB/GYN (Also included pre-post-natal services)
- Provider Specialty 335 – Pediatrician (specialty has been rolled into 345 – General Pediatrician)
- Provider Specialty 344 – General Internist
- Provider Specialty 345 – General Pediatrician

Physician Specialties⁴

- Provider Specialty 310 – Allergist
- Provider Specialty 312 – Cardiologist
- Provider Specialty 319 – General Surgeon
- Provider Specialty 324 – Nephrologist
- Provider Specialty 329 – Oncologist
- Provider Specialty 330 – Ophthalmologist
- Provider Specialty 340 – Pulmonary Disease Specialist

Behavioral Health Services

- Provider Type 11 – Mental Health
 - Provider Specialty 110 – Outpatient Mental Health Clinic
 - Provider Specialty 111 – Community Mental Health Center (CMHC)
 - Provider Specialty 114 – Health Service Provider in Psychology (HSPP)
- Provider Specialty 011 – Psychiatric Hospital
- Provider Specialty 339 – Psychiatrist

Pre and Post-Natal Obstetric Services

- Provider Specialty 091 – Obstetric Nurse Practitioner
- Provider Specialty 095 – Certified Nurse Midwife
- Provider Specialty 328 – OB/GYN
- Provider Specialty 083 – Family Planning Clinic

⁴ Specialties were chosen by FSSA as the most critical to serve our Fee-for-Service population.

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Home Health

- Provider Type 05 – Home Health Agency

Transportation

- Provider Specialty 260 – Ambulance
- Provider Specialty 261 – Air Ambulance
- Provider Specialty 262 – Bus
- Provider Specialty 263 – Taxi
- Provider Specialty 264 – Common Carrier (Ambulatory)
- Provider Specialty 265 – Common Carrier (Non-Ambulatory)

Dental Services

- Provider Specialty 270 – Endodontist
- Provider Specialty 271 – General Dentistry Practitioner
- Provider Specialty 272 – Oral Surgeon
- Provider Specialty 273 – Orthodontist
- Provider Specialty 274 – Pediatric Dentist
- Provider Specialty 275 – Periodontist
- Provider Specialty 276 – Mobile Dental Van
- Provider Specialty 086 – Dental Clinic

Figure 6.1 contains all of the billing, billing/rendering, and rendering only providers combined for each of the provider categories identified. The query was created to locate providers based upon their primary specialty.

Figure 6.1 – Number of IHCP Providers by Category, CY 2015

State Region	1	2	3	4	5	6	7	8	9	10	11	Grand Total
Behavioral Health	188	160	143	81	67	80	460	120	111	98	97	1605
011 Psychiatric	4	7	8	6	1	3	13	4	10	4	3	63
110 Outpatient Mental Health Clinic	49	43	39	15	23	13	72	36	25	23	25	363
111 Community Mental Health Center (CMHC)	9	8	9	5	7	2	19	17	9	7	9	101

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114 Health Service Provider in Psychology (HSPP)	64	63	59	14	18	41	176	39	28	34	22	558
339 Psychiatrist	62	39	28	41	18	21	180	24	39	30	38	520
Dental	188	107	119	57	72	44	492	93	102	99	110	1483
086 Dental Clinic	8	1	10	1	3	1	20	6	4	2	7	63
270 Endodontist	0	0	0	0	0	0	3	0	0	0	0	3
271 General Dentistry Practitioner	134	89	93	48	54	35	366	70	78	78	81	1126
272 Oral Surgeon	14	9	9	5	7	3	39	10	9	8	10	123
273 Orthodontist	2	0	4	0	1	1	8	0	0	2	7	25
274 Pediatric Dentist	22	8	2	3	6	3	49	7	8	8	5	121
275 Periodontist	6	0	1	0	1	1	4	0	2	1	0	16
276 Mobile Dental Van	2	0	0	0	0	0	3	0	1	0	0	6
Home Health	65	17	29	9	13	8	87	21	17	21	25	312
050 Home Health Agency	65	17	29	9	13	8	87	21	17	21	25	312
OB/GYN	9	19	4	13	3	3	29	4	10	7	6	107
083 Family Planning Clinic	7	6	2	9	2	3	10	3	9	5	4	60
091 Obstetric Nurse Practitioner	1	2	0	3	1	0	3	0	0	1	1	12
095 Certified Nurse Midwife	1	11	2	1	0	0	16	1	1	1	1	35
Primary Care Services	684	496	433	202	214	182	1818	329	405	282	338	5743
316 Family Practitioner	251	312	218	89	94	88	586	155	220	118	129	2260

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318 General Practitioner	69	37	42	17	33	24	140	34	25	32	31	484
344 General Internist	300	126	129	69	68	66	843	110	117	93	133	2045
345 General Pediatrician	107	56	66	32	27	14	454	44	60	46	54	954
Primary Care Services / OB/GYN	92	58	57	34	20	18	231	38	59	56	37	700
328 Obstetrician/Gynecologist	92	58	57	34	20	18	231	38	59	56	37	700
Specialty Services	308	141	188	79	73	65	750	118	150	115	157	2144
310 Allergist	12	12	10	2	0	1	20	5	4	8	15	89
312 Cardiologist	84	34	52	20	16	13	203	28	41	34	34	559
319 General Surgeon	60	26	37	18	25	20	142	31	28	33	28	448
324 Nephrologist	28	11	13	7	5	9	70	3	10	5	14	175
329 Oncologist	42	19	19	8	4	8	117	19	17	9	17	279
330 Ophthalmologist	55	21	31	15	18	8	111	22	33	17	35	366
340 Pulmonary Disease Specialist	27	18	26	9	5	6	87	10	17	9	14	228
Transportation	73	75	63	42	39	15	178	55	51	26	55	672
260 Ambulance	32	35	17	17	20	11	68	31	15	10	25	281
261 Air Ambulance	0	1	2	0	1	1	2	0	2	1	2	12
262 Bus	0	0	0	0	0	0	1	0	0	0	0	1
263 Taxi	1	0	1	0	1	0	4	1	3	0	0	11
264 Common Carrier (Ambulatory)	22	20	23	13	8	2	56	12	18	9	16	199
265 Common Carrier (Non-ambulatory)	18	19	20	12	9	1	47	11	13	6	12	168

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Grand Total	1607	1073	1036	517	501	415	4045	778	905	704	825	12406
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PRIMARY CARE SERVICES

The categories of service counted towards primary care services include the following:

- Advanced Practical Nurse
- Clinics – Federally Qualified Health Center (FQHC)
- Clinics – Medical
- Clinics – Nurse Practitioner
- Clinics – Rural Health
- Clinics – Title V
- EPSDT Services
- Physician – Family Practitioner
- Physician – General Internist
- Physician – General Pediatrician
- Physician – General Practitioner
- Physician – Internist
- Physician – OB/GYN
- Physician – Pediatrician

Figure 6.2 includes the total 2015 FFS expenditures for each category of service included under primary care services.

Figure 6.2 – Expenditures, FFS Primary Care Services, CY 2015⁵

Category of Service	Sum of Expenditures
Advanced Practical Nurse	\$ 427,764.24
Clinics - FQHC	\$ 13,345,279.13
Clinics - Medical	\$ 37,364,089.46
Clinics - Nurse Practitioner	\$ 84,222.68
Clinics - Rural Health	\$ 2,990,085.51
Clinics - Title V	\$ 184.00

⁵ Total expenditures and all subsequent analysis does not include out-of-state claims.

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EPSDT Services	\$ 5,388,247.95
Physician - Family Practitioner	\$ 10,924,093.03
Physician - General Internist	\$ 7,015,397.48
Physician - General Pediatrician	\$ 6,054,001.08
Physician - General Practitioner	\$ 1,807,033.31
Physician - Internist	\$ 214,491.07
Physician - OB/GYN	\$ 7,543,162.24
Physician - Pediatrician	\$ 484,396.75
Grand Total	\$ 93,642,447.93

The provider types examined towards primary care services include the following:

- Provider Specialty 316 – Family Practitioner
- Provider Specialty 318 – General Practitioner
- Provider Specialty 322 – Internist (grouped with General Internist in Figure 6.3)
- Provider Specialty 328 – OB/GYN
- Provider Specialty 335 – Pediatrician (grouped with General Pediatrician in Figure 6.4)
- Provider Specialty 344 – General Internist
- Provider Specialty 345 – General Pediatrician

Note: This does not denote all providers who may render Primary Care Services but rather those providers deemed available as PMPs during CY2015. In 2016, Nurse Practitioners were added as potential Primary Care Providers.

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Figure 6.3 - Total Primary Care Providers, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11	Total
316 Family Practitioner	251	312	218	89	94	88	586	155	220	118	129	2260
318 General Practitioner	69	37	42	17	33	24	140	34	25	32	31	484
328OB/GYN	92	58	57	34	20	18	231	38	59	56	37	700
344 General Internist	300	126	129	69	68	66	843	110	117	93	133	2045
345 General Pediatrician	107	56	66	32	27	14	454	44	60	46	54	954
Grand Total	819	579	512	241	242	210	2254	381	481	345	384	6443
Members per Provider⁶	46.27	50.59	55.80	64.58	52.36	55.69	40.41	55.11	46.72	59.34	61.14	Avg. 53.46⁷

Note: Boxes are highlighted in green or orange for ease of reference as to which regions had a member per provider ratio **above** or **below** the average. This will also apply to subsequent tables that include these numbers.

For each individual category of service under Primary Care Services, a data query was pulled that provided the total number of FFS members in each state region who sought a category of service during CY 2015. Figure 6.4 provides a table with the total number of unique FFS members in each region who sought a category of service, and figure 6.5 shows the percentage of members in the region who sought a particular category of service.

⁶ All ratios in this report are per provider unless otherwise noted. (Ex. Ratio of 46.27:1 is expressed as 46.27)

⁷ Average is taken from averaging the member/provider ratios for each region. This number should only be used as a reference point for regions in comparison to one another and is not statistically significant.

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Figure 6.4 – Total IHCP FFS Members Seeking Primary Care Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37,895	29,292	28,569	15,564	12,671	11,695	91,081	20,997	22,472	20,471	23,477
Advanced Practical Nurse	399	1,363	2,493	128	802	144	1,184	495	1,076	567	1,037
Clinics – FQHC	6,602	3,667	975	2,584	1,910	1,052	21,315	3,046	1,986	1,291	479
Clinics – Medical	19,465	14,670	16,510	11,446	5,619	9,847	43,227	12,451	12,619	10,696	12,042
Clinics – Nurse Practitioner	37	1	111	6	N/A	4	495	163	198	146	108
Clinics – Rural Health	919	389	463	1,290	46	1,488	268	5,010	1,376	3,625	2,564
Clinics – Title V	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	14
EPSDT Services	3,991	3,464	3,402	1,912	1,211	1,098	12,708	1,796	2,354	2,187	2,119
Physician – Family Practitioner	12,915	11,113	7,598	3,728	5,112	3,971	24,974	7,491	9,169	7,731	8,099
Physician – General Internist	9,853	3,380	4,280	1,083	3,512	1,247	17,927	5,451	7,464	5,589	6,451
Physician – General Pediatrician	3,549	1,153	1,746	642	1,163	181	5,932	4,818	1,128	2,695	1,791
Physician – General Practitioner	1,835	941	418	185	1,551	253	8,514	1,040	451	1,307	1,839
Physician – Internist	900	427	4	13	8	683	499	76	23	50	36
Physician – OB/GYN	1,684	1,936	2,094	998	1,502	448	23,500	1,698	1,914	1,343	1,462
Physician – Pediatrician	66	152	83	21	14	419	472	26	8	45	2

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Figure 6.5 – Percentage of IHCP FFS Members Seeking Primary Care Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Advanced Practical Nurse	1.05%	4.65%	8.73%	0.82%	6.33%	1.23%	1.30%	2.36%	4.79%	2.77%	4.42%
Clinics - FQHC	17.42%	12.52%	3.41%	16.60%	15.07%	9.00%	23.40%	14.51%	8.84%	6.31%	2.04%
Clinics - Medical	51.37%	50.08%	57.79%	73.54%	44.35%	84.20%	47.46%	59.30%	56.15%	52.25%	51.29%
Clinics - Nurse Practitioner	0.10%	0.00%	0.39%	0.04%	0.00%	0.03%	0.54%	0.78%	0.88%	0.71%	0.46%
Clinics - Rural Health	2.43%	1.33%	1.62%	8.29%	0.36%	12.72%	0.29%	23.86%	6.12%	17.71%	10.92%
Clinics - Title V	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%
EPSDT Services	10.53%	11.83%	11.91%	12.28%	9.56%	9.39%	13.95%	8.55%	10.48%	10.68%	9.03%
Physician - Family Practitioner	34.08%	37.94%	26.60%	23.95%	40.34%	33.95%	27.42%	35.68%	40.80%	37.77%	34.50%
Physician - General Internist	26.00%	11.54%	14.98%	6.96%	27.72%	10.66%	19.68%	25.96%	33.21%	27.30%	27.48%
Physician - General Pediatrician	9.37%	3.94%	6.11%	4.12%	9.18%	1.55%	6.51%	22.95%	5.02%	13.16%	7.63%
Physician - General Practitioner	4.84%	3.21%	1.46%	1.19%	12.24%	2.16%	9.35%	4.95%	2.01%	6.38%	7.83%
Physician - Internist	2.37%	1.46%	0.01%	0.08%	0.06%	5.84%	0.55%	0.36%	0.10%	0.24%	0.15%
Physician - OB/GYN	4.44%	6.61%	7.33%	6.41%	11.85%	3.83%	25.80%	8.09%	8.52%	6.56%	6.23%

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Physician - Pediatrician	0.17%	0.52%	0.29%	0.13%	0.11%	3.58%	0.52%	0.12%	0.04%	0.22%	0.01%
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PRIMARY CARE SERVICES CONCLUSIONS

- Overall, it can be concluded that the State has adequate coverage of Primary Care Providers statewide with a ratio of 48.76 members per provider.
- One area of needed improvement would be to continue recruiting efforts of General Pediatricians and OB/GYN providers in Region 6. Along with this, an increased effort in matching members to a primary care provider in Region 6 would help alleviate the disproportionate share of members receiving primary care services from medical clinics and rural health clinics.
- Region 8 also shows a disproportionate rate of rural health clinic use, but this is unsurprising given the rural landscape of the region. It does show marked increases in utilization of Primary Care Physicians over other similar counties
- Efforts should be made to increase OB/GYN utilization across all regions.

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PHYSICIAN SPECIALISTS

The categories of service counted towards physician specialty services include the following:

- Physician – Allergist
- Physician – Cardiologist
- Physician – General Surgeon
- Physician – Nephrologist
- Physician – Oncologist
- Eye Care and Eyewear (when servicing provider is specialty 330 – Ophthalmologist)
- Physician – Pulmonary Disease Specialist

Figure 6.6 includes the total 2015 FFS expenditures for each category of service included under physician specialty services.

Figure 6.6 – IHCP FFS Expenditures by Specialty, CY 2015

Category of Service	Sum of Expenditures
Physician - Allergist	\$ 424,188.53
Physician - Cardiologist	\$ 3,269,598.90
Physician - General Surgeon	\$ 2,807,119.13
Physician - Nephrologist	\$ 1,727,813.96
Physician - Oncologist	\$ 10,001,131.85
Eye Care and Eyewear	\$ 2,466,523.11
Physician - Pulmonary Disease Specialist	\$ 2,369,276.15
Total	\$ 25,916,853.45

The provider types counted towards physician specialty services include the following:

- Provider Specialty 310 – Allergist
- Provider Specialty 312 – Cardiologist
- Provider Specialty 319 – General Surgeon
- Provider Specialty 324 – Nephrologist
- Provider Specialty 329 – Oncologist
- Provider Specialty 330 – Ophthalmologist

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- Provider Specialty 340 – Pulmonary Disease Specialist

These provider specialties represent a balanced variety of specialties that would be heavily utilized in the FFS population.

Figure 6.7 – Total Physician Specialists, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11	Total
310 Allergist	12	12	10	2	N/A	1	20	5	4	8	15	89
312 Cardiologist	84	34	52	20	16	13	203	28	41	34	34	559
319 General Surgeon	60	26	37	18	25	20	142	31	28	33	28	448
324 Nephrologist	28	11	13	7	5	9	70	3	10	5	14	175
329 Oncologist	42	19	19	8	4	8	117	19	17	9	17	279
330 Ophthalmologist	55	21	31	15	18	8	111	22	33	17	35	366
340 Pulmonary Disease Specialist	27	18	26	9	5	6	87	10	17	9	14	228
Total	308	141	188	79	73	65	750	118	150	115	157	2144

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Figure 6.8 – IHCP FFS Member to Provider Ratios

State Region	1	2	3	4	5	6	7	8	9	10	11	Member/Provider Avg. ⁸
310 Allergist	3158	2441	2857	7782	N/A ⁹	11695	4554	4199	5618	2559	1565	4642
312 Cardiologist	451	862	549	778	792	900	449	750	548	602	691	670
319 General Surgeon	632	1127	772	865	507	585	641	677	803	620	838	733
324 Nephrologist	1353	2663	2198	2223	2534	1299	1301	6999	2247	4094	1677	2599
329 Oncologist	902	1542	1504	1946	3168	1462	778	1105	1322	2275	1381	1580
330 Ophthalmologist	689	13945	922	1038	704	1462	821	954	681	1204	671	958

For each individual category of service under Physician Specialty Services, a data query was pulled that provided the total number of FFS members in each state region who sought a category of service during CY 2015. Figure 6.7 provides a table with the total number of unique FFS members in each region who sought a category of service, and figure 6.8 presents the percentage of members in the region who sought a category of service.

Figure 6.9 – Total IHCP FFS Members Seeking Physician Specialty Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477
Physician - Allergist	90	262	90	114	22	58	638	188	69	142	419
Physician - Cardiologist	5060	4467	7621	1824	2823	987	8931	5125	2512	2963	2486
Physician - General Surgeon	1764	1439	356	250	632	879	4764	3492	1785	1276	1220

⁸ Average is taken from averaging the member/provider ratios for each region. This number should only be used as a reference point for regions in comparison to one another and is not statistically significant.

⁹ For the purposes of this table, N/A was taken out of the Member/Provider Average rather than included as a 0.

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Physician - Nephrologist	2211	1155	1083	343	350	382	2305	322	600	557	1211
Physician - Neurologist	3467	2038	485	1207	808	667	7009	1422	1379	1945	1288
Physician - Oncologist	1502	1052	1184	437	780	161	1979	460	887	167	761
Physician - Pulmonary Disease Specialist	2824	969	1146	345	638	199	5247	772	1134	608	1555

Figure 6.1.1 – Total Percentage of IHCP FFS Members Seeking Physician Specialty Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Physician - Allergist	0.24%	0.89%	0.32%	0.73%	0.17%	0.50%	0.70%	0.90%	0.31%	0.69%	1.78%
Physician - Cardiologist	13.35%	15.25%	26.68%	11.72%	22.28%	8.44%	9.81%	24.41%	11.18%	14.47%	10.59%
Physician - General Surgeon	4.65%	4.91%	1.25%	1.61%	4.99%	7.52%	5.23%	16.63%	7.94%	6.23%	5.20%
Physician - Nephrologist	5.83%	3.94%	3.79%	2.20%	2.76%	3.27%	2.53%	1.53%	2.67%	2.72%	5.16%
Physician - Neurologist	9.15%	6.96%	1.70%	7.76%	6.38%	5.70%	7.70%	6.77%	6.14%	9.50%	5.49%
Physician - Oncologist	3.96%	3.59%	4.14%	2.81%	6.16%	1.38%	2.17%	2.19%	3.95%	0.82%	3.24%
Physician - Pulmonary Disease Specialist	7.45%	3.31%	4.01%	2.22%	5.04%	1.70%	5.76%	3.68%	5.05%	2.97%	6.62%

PROVIDER CONCLUSIONS

- Overall, access to the selected specialists is adequate.
- The one exception is Region 5, where utilization of Cardiologists, Oncologists, and Pulmonary Disease specialists are among the highest, yet the level of enrolled providers are among the lowest. Of particular concern is the lack of enrolled allergists in the area. The utilization in Region 5 of Allergists is only one-fourth of the statewide average.
- Furthermore, 780 individuals sought service from an Oncologist, but only 4 are enrolled in all of Region 5. This equates to 195 individuals seeking care per provider.

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- Additionally, 2,823 individuals sought care from a cardiologist, with only 16 enrolled in Region 5. This is just over 176 individuals seeking care for each provider in the region.
- Three specialties of note with above average access to care statewide are Allergists, Oncologists, and General Surgeons, with care seeker to provider ratios of 23.51, 33.58, and 39.86.
- In regards to General Surgeons, there is excellent equal distribution across the state among this provider group.
- Region 2 has the second highest member-to-Ophthalmologist ratio (1394.86) and the lowest utilization rate (2.55%), indicating a possible lack of access in this region.

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BEHAVIORAL HEALTH SERVICES

The categories of service counted towards behavioral health services include the following:

- Inpatient Psych – Private – Adult (Private & Non-state government owned [NSGO])
- Inpatient Psych – Private – Aged (Private & NSGO)
- Inpatient Psych – Private – Child (Private & NSGO)
- Inpatient Psych – Private – Child
- Inpatient Psych – State – Adult
- Inpatient Psych – State – Child
- Mental health Rehabilitation
- Other Mental Health Services (includes office HSPP and Psychiatrist visits)

Figure 6.1.2 includes the total 2015 FFS expenditures for each category of service included under behavioral health services.

Figure 6.1.2 – IHCP FFS Expenditures, Behavioral Health Services, CY 2015

Category of Service	Sum of Expenditures
Inpatient Psych - Private - Adult(Private & NSGO)	\$ 4,352,884.33
Inpatient Psych - Private - Aged(Private and NSGO)	\$ 886,610.57
Inpatient Psych - Private - Child	\$ 14,836,073.32
Inpatient Psych - Private - Child (Private & non-state government owned and operated - NSGO)	\$ 8,524,340.76
Inpatient Psych - State - Adult	\$ 958,919.51
Inpatient Psych - State - Aged	\$ 12,457,300.42
Inpatient Psych - State - Child	\$ 11,702,605.06
Mental Health Rehabilitation ¹⁰	\$ 125,691,868.73
Other Mental Health Services	\$ 30,412,476.82
Grand Total	\$ 209,823,079.52

The provider types examined towards behavioral health services include the following:

- Specialty 011 – Psychiatric Hospital
- Specialty 110 – Outpatient Mental Health Clinic
- Specialty 111 – Community Mental Health Center
- Specialty 114 – Health Service Provider in Psychology (HSPP)
- Specialty 339 – Psychiatrist

¹⁰ Members accessing these services may be enrolled in risk-based managed care, as Medicaid Rehabilitation Option (MRO) services are carved-out.

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Figure 6.1.3 – Total IHCP FFS Behavioral Health Providers, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11	Total
011 Psychiatric	4	7	8	6	1	3	13	4	10	4	3	63
110 Outpatient Mental Health Clinic	49	43	39	15	23	13	72	36	25	23	25	363
111 Community Mental Health Center (CMHC) ¹¹	9	8	9	5	7	2	19	17	9	7	9	101
114 Health Service Provider in Psychology (HSPP)	64	63	59	14	18	41	176	39	28	34	22	558
339 Psychiatrist	62	39	28	41	18	21	180	24	39	30	38	520
Grand Total	188	160	143	81	67	80	460	120	111	98	97	1605
Members per Provider	201.57	183.08	199.78	192.15	189.12	146.19	198.00	174.98	202.45	208.89	242.03	Avg. 194.39¹²

For each individual category of service under Behavioral Health Services, a data query was pulled that provided the total number of FFS members in each state region who sought a category of service during CY 2015. Figure 6.1.3 provides a table with the total number of unique FFS members in each region who sought a category of service, and figure 6.1.4 present the percentage of members in the region who sought a category of service.

Figure 6.1.4 – Total IHCP FFS Members Seeking Behavioral Health Services, CY 2015, by Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477
Inpatient Psych - Private - Adult(Private & NSGO)	159	207	151	187	118	124	275	114	86	88	262
Inpatient Psych - Private - Aged(Private and NSGO)	50	33	11	37	33	22	132	39	7	21	75
Inpatient Psych - Private - Child	50	41	43	17	13	34	148	35	25	63	62

¹¹ Community Mental Health Centers may be counted multiple times if they operate separate facilities in two or more regions, which is common with this provider specialty.

¹² Average is taken from averaging the member/provider ratios for each region. This number should only be used as a reference point for regions in comparison to one another and is not statistically significant.

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Inpatient Psych - Private - Child (Private & non-state government owned and operated - NSGO)	109	88	35	43	29	98	189	35	47	103	172
Inpatient Psych - State - Adult	3	1	1	5	1	N/A	4	2	1	1	4
Inpatient Psych - State - Aged	2	3	N/A	N/A	1	1	10	13	29	N/A	13
Inpatient Psych - State - Child	9	6	9	14	N/A	9	32	5	21	4	7
Mental Health Rehabilitation	2817	2420	3247	1883	1270	1286	9971	3249	1344	1949	2505
Other Mental Health Services	8172	7794	7502	4618	3706	3712	18778	5983	6215	5383	6603

Figure 6.1.5 – Percent of Total IHCP FFS Members Seeking Behavioral Health Services, CY 2015, by Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477
Inpatient Psych - Private - Adult(Private & NSGO)	0.42%	0.71%	0.53%	1.20%	0.93%	1.06%	0.30%	0.54%	0.38%	0.43%	1.12%
Inpatient Psych - Private - Aged(Private and NSGO)	0.13%	0.11%	0.04%	0.24%	0.26%	0.19%	0.14%	0.19%	0.03%	0.10%	0.32%
Inpatient Psych - Private - Child	0.13%	0.14%	0.15%	0.11%	0.10%	0.29%	0.16%	0.17%	0.11%	0.31%	0.26%
Inpatient Psych - Private - Child (Private & non-state government owned and operated - NSGO)	0.29%	0.30%	0.12%	0.28%	0.23%	0.84%	0.21%	0.17%	0.21%	0.50%	0.73%
Inpatient Psych - State - Adult	0.01%	0.00%	0.00%	0.03%	0.01%	N/A	0.00%	0.01%	0.00%	0.00%	0.02%
Inpatient Psych - State - Aged	0.01%	0.01%	N/A	N/A	0.01%	0.01%	0.01%	0.06%	0.13%	N/A	0.06%
Inpatient Psych - State - Child	0.02%	0.02%	0.03%	0.09%	N/A	0.08%	0.04%	0.02%	0.09%	0.02%	0.03%
Mental Health Rehabilitation	7.43%	8.26%	11.37%	12.10%	10.02%	11.00%	10.95%	15.47%	5.98%	9.52%	10.67%
Other Mental Health Services	21.56%	26.61%	26.26%	29.67%	29.25%	31.74%	20.62%	28.49%	27.66%	26.30%	28.13%

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BEHAVIORAL HEALTH CONCLUSIONS

- It can be assumed that with the low utilization of inpatient psychiatric hospitals, coupled with at least three providers in each region, access could be considered sufficient. The exception to this threshold is Region 5, which has the least land area and second lowest population. In this case, however, a single psychiatric hospital could be considered sufficient.
- Community Mental Health Centers operate throughout several counties and/or regions, thus bolstering their numbers here and providing adequate statewide coverage.
- Regions 4 and 6 show a high utilization percentage, but also have sparse provider networks for their land areas. This would suggest further recruiting activities are needed in those regions.
- A solid network of outpatient mental health clinics shows excellent statewide access.
- It is notable that regions believed to have higher substance use issues (Regions 9, 10, and 11) have lower rates of members seeking Mental Health Rehabilitation services.
- Also notable is that Region 7, with a near-average provider/member ratio (198.00), and a better than average geographic centralization of providers, has substantially lower utilization among Other Mental Health Services.

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OB/GYN SERVICES

The categories of service counted towards OB/GYN services include the following:

- Advanced Practical Nurse - Certified Nurse Midwife
- Clinics - Family Planning
- Physician - OB/GYN

Figure 7.0 includes the total 2015 IHCP FFS expenditures for each category of service included under OB/GYN services.

Figure 7.0 – IHCP FFS Expenditures, OB/GYN Services, CY 2015

Category of Service	Sum of Expenditures
Advanced Practical Nurse - Certified Nurse Midwife	\$ 17,753.08
Clinics - Family Planning	\$ 155,643.62
Physician - OB/GYN	\$ 7,543,162.24
Grand Total	\$ 7,716,558.94

The provider types examined towards OB/GYN services include the following:

- Provider Specialty 083 – Family Planning Clinic
- Provider Specialty 091 – Obstetric Nurse Practitioner
- Provider Specialty 095 – Certified Nurse Midwife
- Provider Specialty 328 – Obstetrician/Gynecologist (OB/GYN)

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Figure 7.1 - Total OB/GYN Providers

State Region	1	2	3	4	5	6	7	8	9	10	11	Total
083 - Family Planning Clinic	7	6	2	9	2	3	10	3	9	5	4	60
091 - Obstetric Nurse Practitioner	1	2	N/A	3	1	N/A	3	N/A	N/A	1	1	12
095 - Certified Nurse Midwife	1	11	2	1	N/A	N/A	16	1	1	1	1	35
328 - OB/GYN	92	58	57	34	20	18	231	38	59	56	37	700
Total	101	77	61	47	23	21	260	42	69	63	43	807
Member/Provider Ratio	375.20	380.42	468.34	331.15	550.91	556.90	350.31	499.93	325.68	324.94	545.98	Avg. 428.16¹³

For each individual category of service under OB/GYN Services, a data query was pulled that provided the total number of FFS members in each state region who sought a category of service during CY 2015. Figure 7.2 provides a table with the total number of unique FFS members in each region who sought a category of service, and figure 7.3 presents the percentage of members in the region who sought a category of service.

Figure 7.2 - Total IHCP FFS Members Seeking OB/GYN Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477
Advanced Practical Nurse - Certified Nurse Midwife	20	55	N/A	N/A	N/A	N/A	1	1	N/A	N/A	N/A
Clinics - Family Planning	325	108	61	77	9	48	316	29	65	101	52
Physician - OB/GYN	1684	1936	2094	998	1502	448	23500	1698	1914	1343	1462

¹³ Average is taken from averaging the member/provider ratios for each region. This number should only be used as a reference point for regions in comparison to one another and is not statistically significant.

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Figure 7.3 – Percent of Total IHCP FFS Members Seeking Home Health Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477
Advanced Practical Nurse - Certified Nurse Midwife	0.05%	0.19%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Clinics - Family Planning	0.86%	0.37%	0.21%	0.49%	0.07%	0.41%	0.35%	0.14%	0.29%	0.49%	0.22%
Physician - OB/GYN	4.44%	6.61%	7.33%	6.41%	11.85%	3.83%	25.80%	8.09%	8.52%	6.56%	6.23%

OB/GYN SERVICES CONCLUSIONS

- Due to State policy, the utilization of Certified Nurse Midwives may seem low, but they often bill under a supervising OB/GYN, adding to the utilization of that category of service. Because of this standard, many do not enroll with the program, but still serve our members.
- In all regions, except Region 7, utilization of OB/GYN services is limited. It is believed that the use of Family Practitioners in more rural regions lowers the use of OB/GYN services. (See section 5 for more information on Family Practitioner utilization.) Additionally, most pregnant women are served through risk-based managed care.
- The OB/GYN provider network is above average at 49.38 individuals seeking care per provider.
- Most care seekers are centralized in Region 7. This area is home to 59% of the total care seekers.

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HOME HEALTH SERVICES

The categories of service counted towards home health services include the following:

- H - Home Health
- Home Health Services

Figure 8.0 includes the total 2015 FFS expenditures for each category of service included under home health services.

Figure 8.0 - IHCP FFS Expenditures, Home Health Services, CY 2015

Category of Service	Sum of Expenditures
H - Home Health	\$ 145.74
Home Health Services	\$ 295,679,298.44
Grand Total	\$ 295,679,444.18

The provider types examined towards home health services include the following:

- Provider Type 05 - home health agency

Figure 8.1 - Total Home Health Providers, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11	Grand Total
050 Home Health Agency	65	17	29	9	13	8	87	21	17	21	25	312

For each individual category of service under Home Health Services, a data query was pulled that provided the total number of FFS members in each state region who sought a category of service during CY 2015.

Figure 8.2 provides a table with the total number of unique FFS members in each region who sought a category of service, and figure 8.3 presents the percentage of members in the region who sought a category of service.

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Figure 8.2 – Total IHCP FFS Members Seeking Home Health Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11	Total
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477	314184
H - Home Health ¹⁴	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	1
Home Health Services	1430	867	1328	414	815	401	5024	1246	672	1232	1222	14651

Figure 8.3 – Percentage of Total IHCP FFS Members Seeking Home Health Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11	Total
H - Home Health	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Home Health Services	3.77%	2.96%	4.65%	2.66%	6.43%	3.43%	5.52%	5.93%	2.99%	6.02%	5.21%	4.66%

HOME HEALTH SERVICES CONCLUSIONS

- Overall, the network of home health agencies is more than adequate to serve our population.
- Due to the lack of additional home health agencies around Indiana, there may be few options to recruit more into IHCP.

¹⁴ This CoS is a catch-all for any services that do not fit into other categories. This does not represent the total members who sought home health services.

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TRANSPORTATION SERVICES

The categories of service counted towards transportation services include the following:

- Transportation – Commercial Ambulatory
- Transportation – Family Member
- Transportation – Other Ambulance
- Transportation – Emergency Ambulance
- Transportation – Non-emergency Ambulance
- Transportation – Wheelchair Van
- Transportation Services – Taxi

Figure 9.0 includes the total 2015 FFS expenditures for each category of service included under transportation services.

Figure 9.0 – IHCP FFS Expenditures, Transportation Services, CY 2015

Category of Service	Sum of Expenditures
Transportation - Commercial Ambulatory	\$ 14,430,928.58
Transportation - Family Member	\$ 32,290.80
Transportation - Other Ambulance	\$ 520,091.41
Transportation - Emergency Ambulance	\$ 4,491,090.65
Transportation - Non-emergency Ambulance	\$ 8,404,676.22
Transportation - Wheelchair Van	\$ 4,025,855.35
Transportation Services - Taxi	\$ 1,845,684.46
Grand Total	\$ 33,750,617.47

The provider types examined towards transportation services include the following:

- Provider Specialty 260 – Ambulance
- Provider Specialty 261 – Air Ambulance
- Provider Specialty 262 – Bus
- Provider Specialty 263 – Taxi
- Provider Specialty 264 – Common Carrier (Ambulatory)
- Provider Specialty 265 – Common Carrier (Non-Ambulatory)

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Figure 9.1 – Total IHCP FFS Transportation Providers, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11	Total
260 Ambulance	32	35	17	17	20	11	68	31	15	10	25	281
261 Air Ambulance	N/A	1	2	N/A	1	1	2	N/A	2	1	2	12
262 Bus	N/A	N/A	N/A	N/A	N/A	N/A	1	N/A	N/A	N/A	N/A	1
263 Taxi	1	N/A	1	N/A	1	N/A	4	1	3	N/A	N/A	11
264 Common Carrier (Ambulatory)	22	20	23	13	8	2	56	12	18	9	16	199
265 Common Carrier (Non-ambulatory)	18	19	20	12	9	1	47	11	13	6	12	168
Grand Total	73	75	63	42	39	15	178	55	51	26	55	672

Note: It should be taken into account that most transportation providers serve multiple counties in a wide area, often not corresponding directly to each region set by the State.

For each individual category of service under Transportation Services, a data query was pulled that provided the total number of FFS members in each state region who sought a category of service during CY 2015. Figure 9.2 provides a table with the total number of unique FFS members in each region who sought a category of service, and figure 9.3 presents the percentage of members in the region who sought a category of service.

Figure 9.2 – Total IHCP FFS Members Seeking Transportation Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477
Transportation - Commercial Ambulatory	2993	1600	3051	1582	829	1305	7138	2578	1961	2424	2363
Transportation - Family Member	N/A	1	1	2	N/A	N/A	N/A	N/A	N/A	1	N/A
Transportation - Other Ambulance	27	3	4	18	21	13	26	21	27	43	71

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Transportation - Emergency Ambulance	6293	4149	2985	1887	1291	1803	10897	3648	3681	1524	3147
Transportation - Non-emergency Ambulance	4536	2789	1138	1562	1786	1157	8444	2656	2254	1983	2919
Transportation - Wheelchair Van	205	682	1393	63	206	590	2721	302	157	435	722
Transportation Services - Taxi	635	20	9	140	376	N/A	936	9	2158	9	7

Figure 9.3 – Percent of Total IHCP FFS Members Seeking Transportation Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477
Transportation - Commercial Ambulatory	7.90%	5.46%	10.68%	10.16%	6.54%	11.16%	7.84%	12.28%	8.73%	11.84%	10.07%
Transportation - Family Member	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Transportation - Other Ambulance	0.07%	0.01%	0.01%	0.12%	0.17%	0.11%	0.03%	0.10%	0.12%	0.21%	0.30%
Transportation - Emergency Ambulance	16.61%	14.16%	10.45%	12.12%	10.19%	15.42%	11.96%	17.37%	16.38%	7.44%	13.40%
Transportation - Non-emergency Ambulance	11.97%	9.52%	3.98%	10.04%	14.10%	9.89%	9.27%	12.65%	10.03%	9.69%	12.43%
Transportation - Wheelchair Van	0.54%	2.33%	4.88%	0.40%	1.63%	5.04%	2.99%	1.44%	0.70%	2.12%	3.08%
Transportation Services - Taxi	1.68%	0.07%	0.03%	0.90%	2.97%	0.00%	1.03%	0.04%	9.60%	0.04%	0.03%

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TRANSPORTATION SERVICES CONCLUSIONS

- Overall, the network of transportation providers is inadequate to address the current needs of its members.
- More providers are needed of most all specialties, but particular providers to target are Common Carrier (Ambulatory), Common Carrier (Non-Ambulatory), and Ambulance.
- Air Ambulance recruitment may prove futile as there are few providers due to high start-up costs. However, air ambulance providers serve the widest area, often encompassing not just an entire region, but most of the state.
- Additional bus and/or taxi providers would benefit individuals seeking simple transport to medical appointments, but few exist in a largely rural state where the vast majority own vehicles.

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DENTAL SERVICES

Dental services are divided among three broad categories: dental services, general dentistry, and specialty dentistry. The categories of service counted towards each include the following:

Dental:

- D – Dental
- Physician – Dental Provider

General Dentistry:

- Dental – Adult – Preventative and Diagnostic
- Dental – Adult – Restorative
- Dental – Child – Preventative and Diagnostic
- Dental – Child – Restorative

Specialty Dentistry:

- Dental – Adult – Dentures and Prosthetics
- Dental – Adult – Endodontics
- Dental – Adult – Oral Surgery
- Dental – Adult – Other
- Dental – Adult – Periodontics
- Dental – Child – Dentures and Prosthetics
- Dental – Child – Endodontics
- Dental – Child – Oral Surgery
- Dental – Child – Orthodontia
- Dental – Child – Other
- Dental – Child – Periodontics

Figure 10.0 includes the total 2015 FFS expenditures for each category of service included under Dental Services.

Figure 10.0 – IHCP FFS Expenditures, Dental Services, CY 2015

Category of Service	Sum of Expenditures
D - Dental	\$ 63,711.68
Dental - Adult - Dentures and Prosthetics	\$ 5,930,607.81
Dental - Adult - Endodontics	\$ 136,767.46
Dental - Adult - Oral Surgery	\$ 12,556,269.37
Dental - Adult - Other	\$ 2,983,637.23

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Dental - Adult - Periodontics	\$ 4,354,572.59
Dental - Adult - Preventative and Diagnostic	\$ 11,602,889.14
Dental - Adult - Restorative	\$ 6,880,051.86
Dental - Child - Dentures and Prosthetics	\$ 21,169.08
Dental - Child - Endodontics	\$ 1,051,565.34
Dental - Child - Oral Surgery	\$ 2,277,482.23
Dental - Child - Orthodontia	\$ 266,231.70
Dental - Child - Other	\$ 3,119,430.14
Dental - Child - Periodontics	\$ 249,803.58
Dental - Child - Preventative and Diagnostic	\$ 7,809,762.57
Dental - Child - Restorative	\$ 4,105,738.52
Physician - Dental Provider	\$ 33,646.82
Grand Total	\$ 63,443,337.12

The provider types examined towards dental services include the following:

- Provider Specialty 270 – Endodontist
- Provider Specialty 271 – General Dentistry Practitioner
- Provider Specialty 272 – Oral Surgeon
- Provider Specialty 273 – Orthodontist
- Provider Specialty 274 – Pediatric Dentist
- Provider Specialty 275 – Periodontist
- Provider Specialty 276 – Mobile Dental Van
- Provider Specialty 086 – Dental Clinic

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Figure 10.1 – IHCP FFS Total Dental Providers, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11	Grand Total
086 Dental Clinic	8	1	10	1	3	1	20	6	4	2	7	63
270 Endodontist	N/A	N/A	N/A	N/A	N/A	N/A	3	N/A	N/A	N/A	N/A	3
271 General Dentistry Practitioner	134	89	93	48	54	35	366	70	78	78	81	1126
272 Oral Surgeon	14	9	9	5	7	3	39	10	9	8	10	123
273 Orthodontist	2	N/A	4	N/A	1	1	8	N/A	N/A	2	7	25
274 Pediatric Dentist	22	8	2	3	6	3	49	7	8	8	5	121
275 Periodontist	6	N/A	1	N/A	1	1	4	N/A	2	1	N/A	16
276 Mobile Dental Van	2	N/A	N/A	N/A	N/A	N/A	3	N/A	1	N/A	N/A	6
Grand Total	188	107	119	57	72	44	492	93	102	99	110	1483
Member/Provider Ratio (General Dentistry) ¹⁵	228.28	298.90	272.09	299.31	201.13	299.87	207.95	252.98	246.95	232.63	252.44	Avg. 253.8616
Member/Provider Ratio (Specialty Dentists) ¹⁷	1722.50	3254.67	2040.64	3112.80	1407.89	2339.00	1686.69	2099.70	2042.91	186.00	138.00	Avg. 2086.25

For each individual category of service, a data query was pulled that provided the total number of FFS members in each state region who sought a category of service during CY 2015. Figure 10.2 provides a table with the total number of unique FFS members in each region who sought a category of service, and figure 10.3 shows the percentage of members in the region who sought a particular category of service.

¹⁵ Comprised of Dental Clinic, General Dentistry Practitioner, Pediatric Dentist, and Mobile Dental Van.

¹⁶ Average is taken from averaging the member/provider ratios for each region. This number should only be used as a reference point for regions in comparison to one another and is not statistically significant.

¹⁷ Comprised of Endodontist, Oral Surgeon, Orthodontist, and Periodontist.

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Figure 10.2 – Total IHCP FFS Members Seeking Dental Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477
DENTAL											
D - Dental ¹⁸	16	4	18	7	1	8	59	10	15	2	10
Physician - Dental Provider	15	14	22	5	9	1	65	6	33	6	66
GENERAL DENTISTRY											
Dental - Adult - Preventative and Diagnostic	7631	5487	5909	2848	2669	2367	16187	4790	4421	4128	5088
Dental - Adult - Restorative	2242	1481	1729	678	689	661	4682	1313	1162	1128	1277
Dental - Child - Preventative and Diagnostic	4643	3512	3323	1673	1346	1189	12313	2239	2524	2355	2331
Dental - Child - Restorative	1459	894	887	519	413	376	3515	664	745	644	673
SPECIALTY DENTISTRY											
Dental - Adult - Dentures and Prosthetics	1025	686	682	423	353	323	2374	728	464	561	779
Dental - Adult - Endodontics	70	29	35	26	7	16	104	18	32	15	33
Dental - Adult - Oral Surgery	2126	1244	1427	742	769	641	4739	1340	1178	1075	1298
Dental - Adult - Other	342	255	410	194	152	64	796	239	324	233	387
Dental - Adult - Periodontics	1611	950	744	455	368	242	2993	599	426	548	605
Dental - Child - Dentures and Prosthetics	2	3	2	2	N/A	1	12	4	2	1	2
Dental - Child - Endodontics	207	122	125	67	54	37	429	109	99	74	95
Dental - Child - Oral Surgery	543	361	355	195	196	137	1400	293	264	276	280
Dental - Child - Orthodontia	2	4	2	2	N/A	1	32	7	1	7	27

¹⁸ This CoS is a catch-all for any services that do not fit into other categories. This does not represent the total members who sought dental services.

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Dental - Child - Other	891	677	640	388	317	291	2521	408	527	461	541
Dental - Child - Periodontics	71	54	37	20	27	7	152	31	36	35	36

Figure 10.3 – Percentage of Total FFS Members Seeking Dental Services, CY 2015, by State Region

State Region	1	2	3	4	5	6	7	8	9	10	11
Total Members in Region	37895	29292	28569	15564	12671	11695	91081	20997	22472	20471	23477
DENTAL											
D - Dental	0.04%	0.01%	0.06%	0.04%	0.01%	0.07%	0.06%	0.05%	0.07%	0.01%	0.04%
Physician - Dental Provider	0.04%	0.05%	0.08%	0.03%	0.07%	0.01%	0.07%	0.03%	0.15%	0.03%	0.28%
GENERAL DENTISTRY											
Dental - Adult - Preventative and Diagnostic	20.14%	18.73%	20.68%	18.30%	21.06%	20.24%	17.77%	22.81%	19.67%	20.17%	21.67%
Dental - Adult - Restorative	5.92%	5.06%	6.05%	4.36%	5.44%	5.65%	5.14%	6.25%	5.17%	5.51%	5.44%
Dental - Child - Preventative and Diagnostic	12.25%	11.99%	11.63%	10.75%	10.62%	10.17%	13.52%	10.66%	11.23%	11.50%	9.93%
Dental - Child - Restorative	3.85%	3.05%	3.10%	3.33%	3.26%	3.22%	3.86%	3.16%	3.32%	3.15%	2.87%
SPECIALTY DENTISTRY											
Dental - Adult - Dentures and Prosthetics	2.70%	2.34%	2.39%	2.72%	2.79%	2.76%	2.61%	3.47%	2.06%	2.74%	3.32%
Dental - Adult - Endodontics	0.18%	0.10%	0.12%	0.17%	0.06%	0.14%	0.11%	0.09%	0.14%	0.07%	0.14%
Dental - Adult - Oral Surgery	5.61%	4.25%	4.99%	4.77%	6.07%	5.48%	5.20%	6.38%	5.24%	5.25%	5.53%
Dental - Adult - Other	0.90%	0.87%	1.44%	1.25%	1.20%	0.55%	0.87%	1.14%	1.44%	1.14%	1.65%

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Dental - Adult - Periodontics	4.25%	3.24%	2.60%	2.92%	2.90%	2.07%	3.29%	2.85%	1.90%	2.68%	2.58%
Dental - Child - Dentures and Prosthetics	0.01%	0.01%	0.01%	0.01%	0.00%	0.01%	0.01%	0.02%	0.01%	0.00%	0.01%
Dental - Child - Endodontics	0.55%	0.42%	0.44%	0.43%	0.43%	0.32%	0.47%	0.52%	0.44%	0.36%	0.40%
Dental - Child - Oral Surgery	1.43%	1.23%	1.24%	1.25%	1.55%	1.17%	1.54%	1.40%	1.17%	1.35%	1.19%
Dental - Child - Orthodontia	0.01%	0.01%	0.01%	0.01%	0.00%	0.01%	0.04%	0.03%	0.00%	0.03%	0.12%
Dental - Child - Other	2.35%	2.31%	2.24%	2.49%	2.50%	2.49%	2.77%	1.94%	2.35%	2.25%	2.30%
Dental - Child - Periodontics	0.19%	0.18%	0.13%	0.13%	0.21%	0.06%	0.17%	0.15%	0.16%	0.17%	0.15%

DENTAL SERVICES CONCLUSIONS

- The overall ratio of members to general dental providers stands at 238.74 to 1.
- The ratio of individuals seeking preventive and diagnostic services is 75.21.
- Of particular concern is the low percentage of children seeking dental services. While this may or may not be attributed to a lack of providers, it shows that access for these specific services may need to be examined in greater detail.

Access Review Findings

OVERALL RECOMMENDATIONS

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. It should be expected that in the next iteration of this report, nurse practitioner utilization will increase as they were established as potential Primary Care Providers in 2016.
2. *Improve Dental Services Utilization in Children* – Many of the children with coverage through IHCP are covered by a managed care entity; however, the dental benefits are carved-out of the MCE and provided by fee-for-service. Additionally, the IHCP FFS population continues to include a sizable portion of children, and the percentage of children receiving preventative and diagnostic dental services was low across all regions. While there are a number of general dentists across most regions of the State, the State may need to look at ways at increasing the number of pediatric dentists. The State will soon be allowing physicians to provide fluoride varnish to children as an additional means of improving access to preventive and diagnostic dental services. Additionally, the State expects better health outcomes for the managed care population as all dental benefits will be carved in for Hoosier Healthwise on January 1, 2017.
3. *Improve Call Center Tracking System* – IHCP FFS member complaints continue to come primarily through the IHCP call center system. The State would be able to understand access concerns directly from members by installing a more robust tracking system specific to access to care. The State will identify a more complete list of terms for provider searches in the near future.
4. *Increase Common Carrier Provider Enrollment* – A total of 27,824 members utilized this service, but only 199 providers are currently enrolled. Taken into consideration along with transportation being the highest single category (disregarding “Other”) by call volume to the call center, it can be deduced that this presents difficulty in access for non-emergency transportation services. The State is in the process of procuring a non-emergency medical transportation broker for the FFS members. This will help alleviate concerns about the lack of sophistication and inadequacy of this provider type.

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Future Review

ACCESS MONITORING REVIEW PLAN TIMEFRAME

Moving forward, the Indiana Family and Social Services Administration will submit updates to the plan by October 1 for each subsequent review period of three years. The plan and subsequent updates will include an analysis of data collected and analysis of each of the following services:

- Primary Care Services
- Physician Specialists
- Behavioral Health Specialists
- Home Health Systems
- Pre- and Post-Natal Obstetric Services
- Transportation Services
- Dental Services

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.

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Public Comments

SUMMARY:

The Office of Medicaid Policy and Planning (OMPP) solicited comments on Indiana's Access Monitoring Review Plan. The comments did not result in changes to the Access Monitoring Review Plan.

PUBLIC COMMENTS:

Comment: The commenter urged OMPP to utilize four methods to analyze access to services and believes that they should be applied separately for adults and children. The four methods are; 1) billing for behavioral health screens in primary care, 2) receiving therapy in addition to medication, 3) billing for new client intake and timely follow-up, and 4) billing immediately after institutionalization.

Response: Indiana Medicaid will continue to refine our data methodology with future iterations of the Access Monitoring Review Plan so that the State as well as the member and provider community can continue to find utility from the report.

Comment: Two commenters stated that a true measure of network adequacy would need to consider the panel size of providers.

Response: Indiana Medicaid will take this suggestion under advisement for future iterations of the report.

Comment: One commenter stated that reviews of billing codes versus plans of care often reveal huge gaps of service.

Response: Thank you for the valuable feedback.

Comment: One commenter stated the access measurement methodology does not include specific information about vulnerable populations who have historically suffered access to care issues, namely persons with developmental disabilities, including autism, and persons with intellectual disabilities. Many providers will not see these members and the commenter request that future measurement address this area of concern.

Response: Indiana Medicaid believes it is critical to consider access to care for all populations within the Access Monitoring Review Plan. We will devote extra attention to individuals with developmental disabilities in future iterations of the report.

Comment: The commenter disagrees that low utilization is an indicator of adequate access to providers. They believe that low utilization may actually be a symptom of access issues and barriers to care.

Response: Thank you for the valuable feedback.

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Comment: Two commenters stated concern about network adequacy regarding home health agencies. While a region may have an adequate number of agencies, there are extreme access issues in rural parts of Indiana.

Response: Indiana Medicaid will continue to refine our data methodology in future iterations of the report.

Comment: Commenter recommends increases in reimbursement for mental health to be in line with the level of increases given to physical health services.

Response: Thank you for the valuable feedback.

Comment: Reimbursement for primary care providers lags behind over provider categories. Improving reimbursement rates for PCPs will help to improve access and utilization of PCP services.

Response: Thank you for the valuable feedback.

Comment: Commentator suggested that OMPP use provider taxonomies rather than provider specialties to capture access to care.

Response: Indiana Medicaid will take this suggestion under advisement for future iterations of the report.

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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.

Category of Service (CoS): A division of services automatically applied for reporting and data collection. Each claim is categorized into a category of service based on billing/rendering provider specialty, claim type, revenue code, or a variety of other factors. Each claim line can only be grouped into one category of service.

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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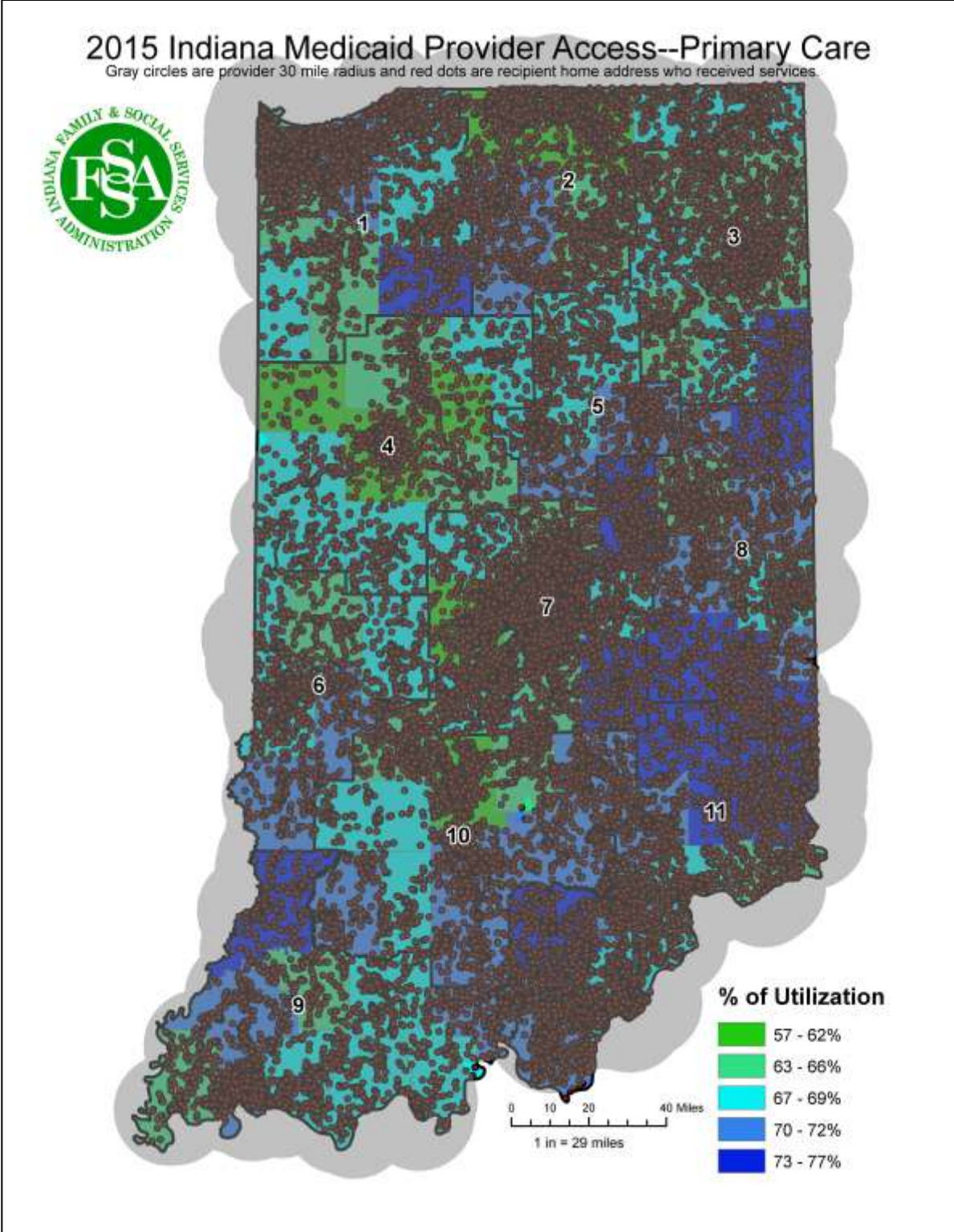
Appendix B

GEOACCESS MAPPING, FIGURE 11.0 – MEDICAID REGIONS

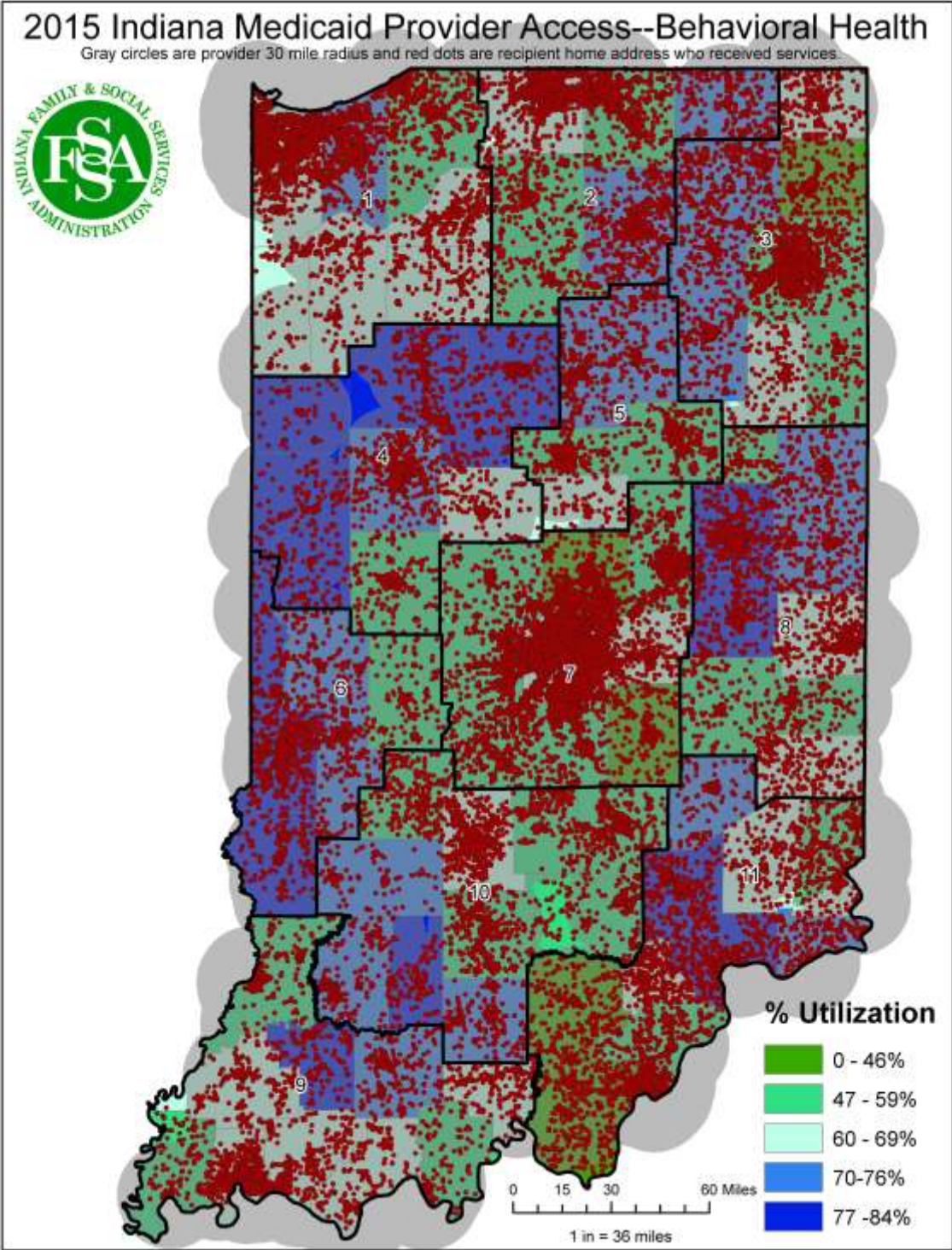
Medicaid Provider Access Regions



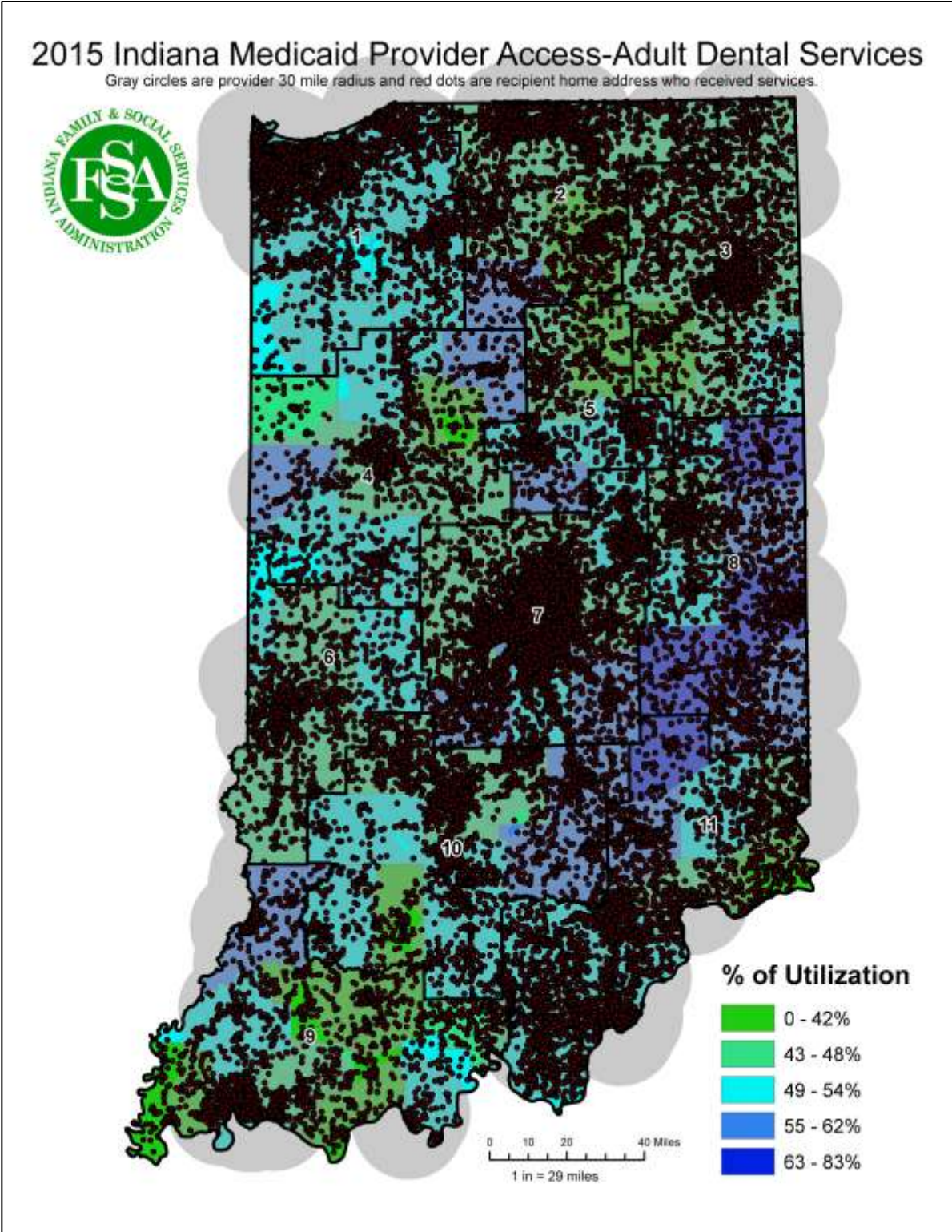
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