



ADVISORY COUNCIL ON AFFORDABLE HEALTH CARE

February 6th, 2024
10:00-12:00

AGENDA

- 10:00-10:10 – Attendance
- 10:10-10:30 – Update on administrative & legislative activities
- 10:30-11:30 – Analytics updates
- 11:30-11:45 – Next steps and closing feedback

UPDATE ON ADMINISTRATIVE ITEMS

- Website is live: www.maine.gov/oahc
- Hiring
 - Posting for Senior Analyst is up, applications close on 2/16
 - Fellowship information is also posted online, applications accepted on a rolling basis
 - Both roles can be viewed at <https://www.maine.gov/oahc/about/work-with-OAHC>
- Remainder of the 2024 meeting schedule has been revised:
 - Bi-monthly on the first Wednesday of the month: 4/3, 6/5, 8/7, 10/2, 12/4
 - 2:30-4:30pm
- Policy forum plans

LEGISLATIVE UPDATES

- The Task Force to Evaluate the Impact of Facility Fees on Patients has reported out to the HCIFS committee: <https://mainelegislature.org/task-force-to-evaluate-the-impact-of-facility-fees-on-patients>
- One recommendation from the Task Force is that the Office of Affordable Health Care review laws in other states and report back to the legislature about whether similar limitations or prohibitions would reduce the cost of care for consumers in Maine.
- An amendment to LD 1829 was approved by the HCIFS committee. The amendment would change the scope of the Prescription Drug Affordability Board, requiring it to report to the legislature on a range of policy models for controlling prescription drug prices, establish a methodology for setting upper payment limits for prescription drugs, and implementing those upper payment limits.



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Defining Terms for Analyses

DEFINING TERMINOLOGY

- “Spending” – Health care spending describes the total amount purchasers spend on health care. Purchasers include employer plan-sponsors, individual households, taxpayers, and the government.
- “Prices” – When used by economists and policymakers, the term “price” refers to the total amount a health care provider or supplier requires as payment for a health care item or service. This is distinct from the use of price to refer to list or charge prices.
- “Costs” – “Health care costs” or “provider costs” refers to the input costs of providing medical services, which may include labor, overhead, energy, capital expenses, supplies, and equipment. The term is often used interchangeably with “spending” especially when referring to purchasers/consumers.



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Preview of Urban Institute
Projections of Consumer Health
Insurance Enrollment and
Spending in Maine

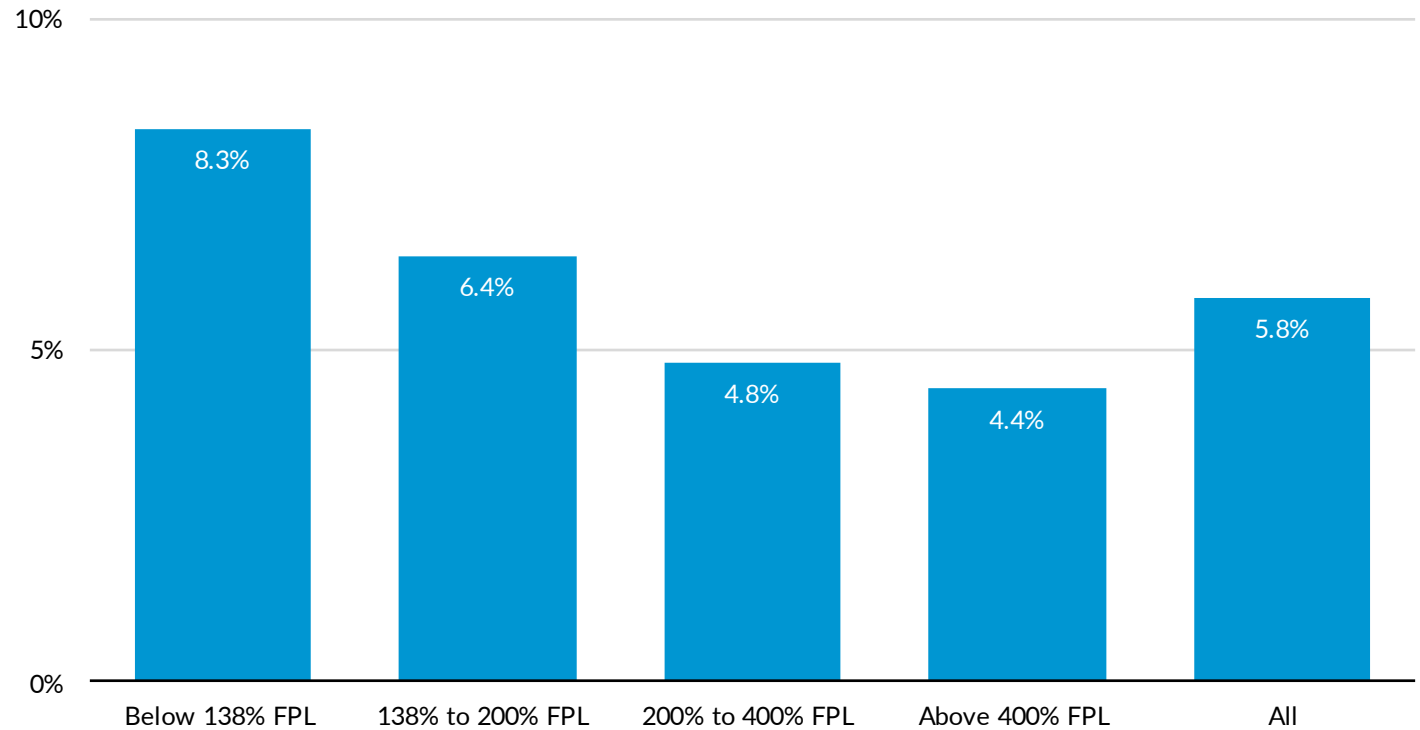
ABOUT THE REPORT

- The following slides are highlights from an analysis produced by the Urban Institute, using the Health Insurance Policy Simulation Model (HIPSM).
- HIPSM is a microsimulation model of the health care system designed to estimate the cost and coverage effects of proposed health care policy options.
- HIPSM is based on American Community Survey (ACS) data and incorporates more timely sources of data for some inputs, including Medicaid and Marketplace enrollment.
- The following projections of coverage and spending in Maine are based on current state and federal law.
- For more detailed information about the HIPSM methodology, visit <https://www.urban.org/research/data-methods/data-analysis/quantitative-data-analysis/microsimulation/health-insurance-policy-simulation-model-hipsm>

HEALTH COVERAGE OF THE NON-ELDERLY, 2025

	People	% of Total
Insured	965,724	94.2%
Employer	561,560	54.8%
Private Nongroup	81,423	7.9%
Marketplace with PTC	63,607	6.2%
Full-Pay Marketplace	8,263	0.8%
Other Nongroup	9,553	0.9%
Medicaid/CHIP	284,241	27.7%
Disabled	54,804	5.3%
Medicaid Expansion	57,333	5.6%
Traditional Nondisabled Adult	59,339	5.8%
Nondisabled Medicaid/CHIP Child	112,764	11.0%
Other Public	38,499	3.8%
Uninsured	59,440	5.8%
Total	1,025,164	100.0%

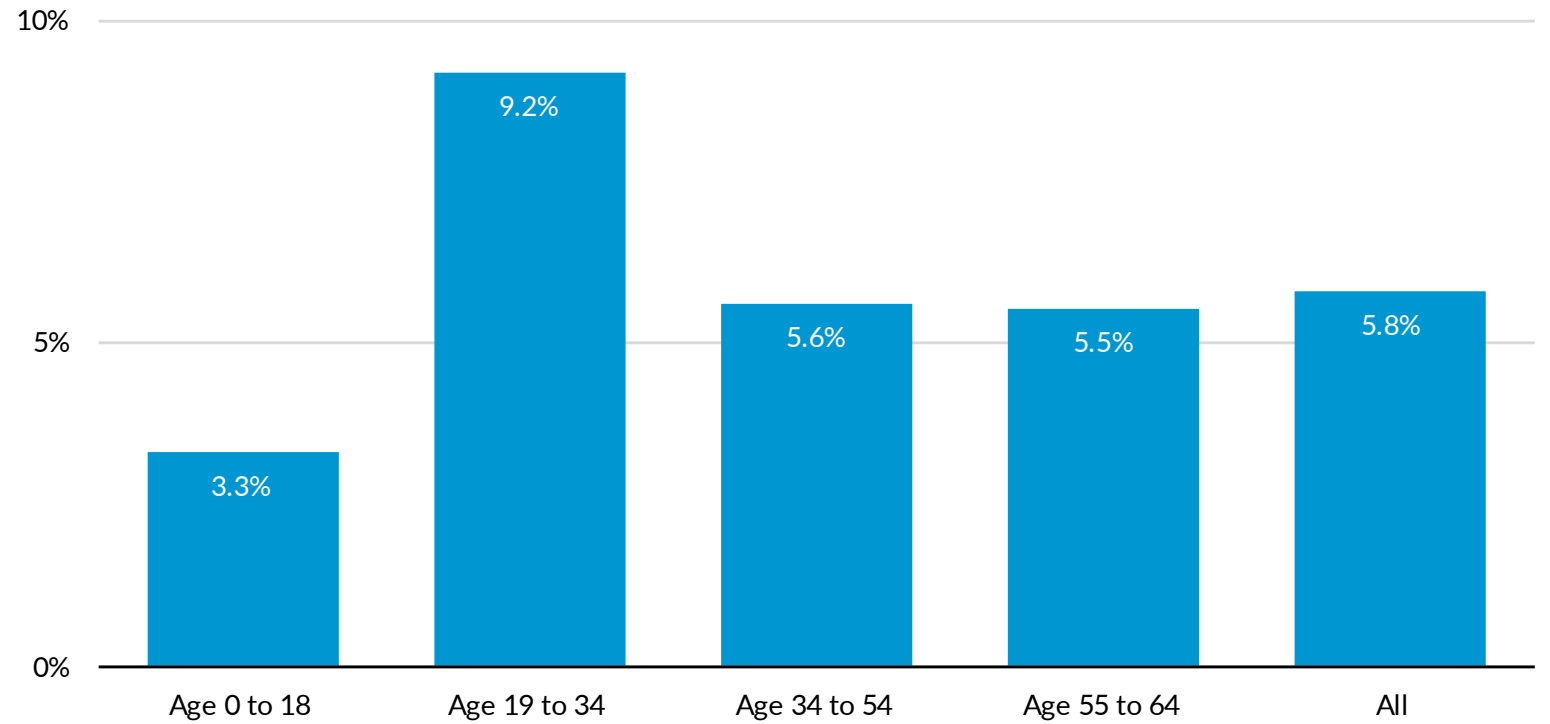
UNINSURANCE RATE BY INCOME GROUP, 2025



Source: The Urban Institute. Health Insurance Policy Simulation Model (HIPSM), 2023.

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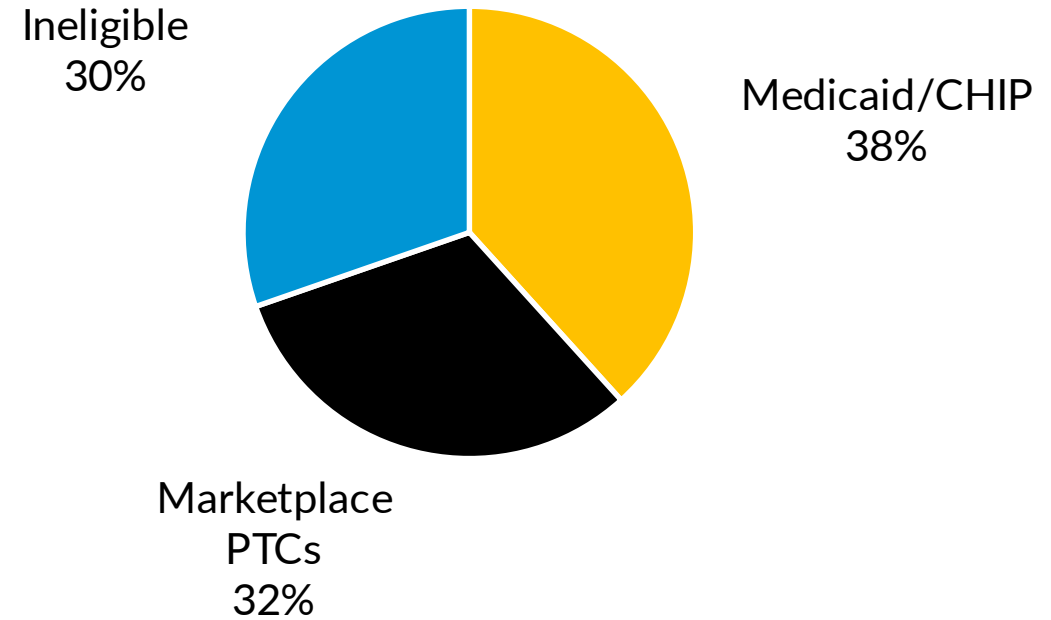
UNINSURANCE RATE BY AGE GROUP, 2025



Source: The Urban Institute. Health Insurance Policy Simulation Model (HIPSM), 2023.

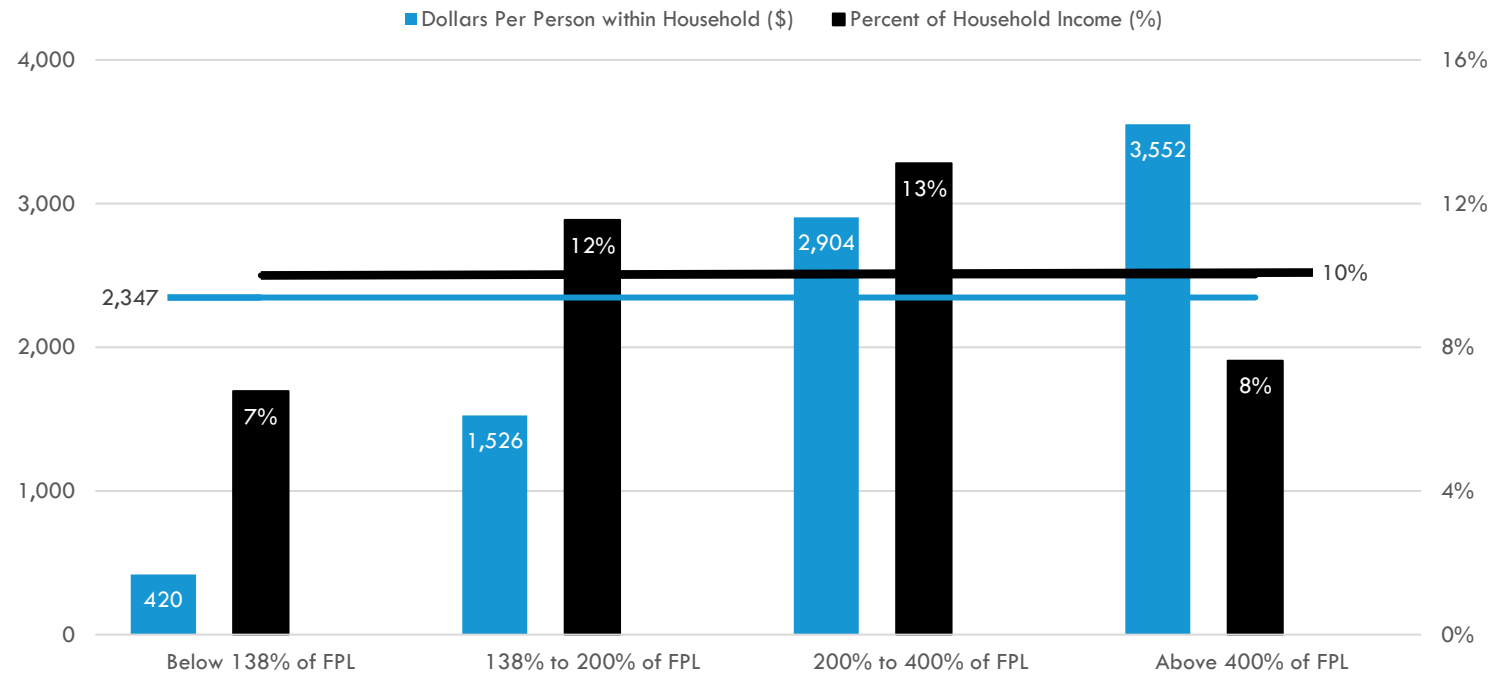
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UNINSURED BY ELIGIBILITY FOR PUBLIC BENEFITS, 2025



Source: The Urban Institute. Health Insurance Policy Simulation Model (HIPSM), 2023 **URBAN** INSTITUTE

HOUSEHOLD HEALTH SPENDING OF THE NONELDERLY IN MAINE, BY INCOME GROUP, 2025



Source : The Urban Institute. Health Insurance Policy Simulation Model (HIPSM), 2023.

Notes: Spending includes premiums paid by households, adjusted for taxes, and other out-of-pocket health spending

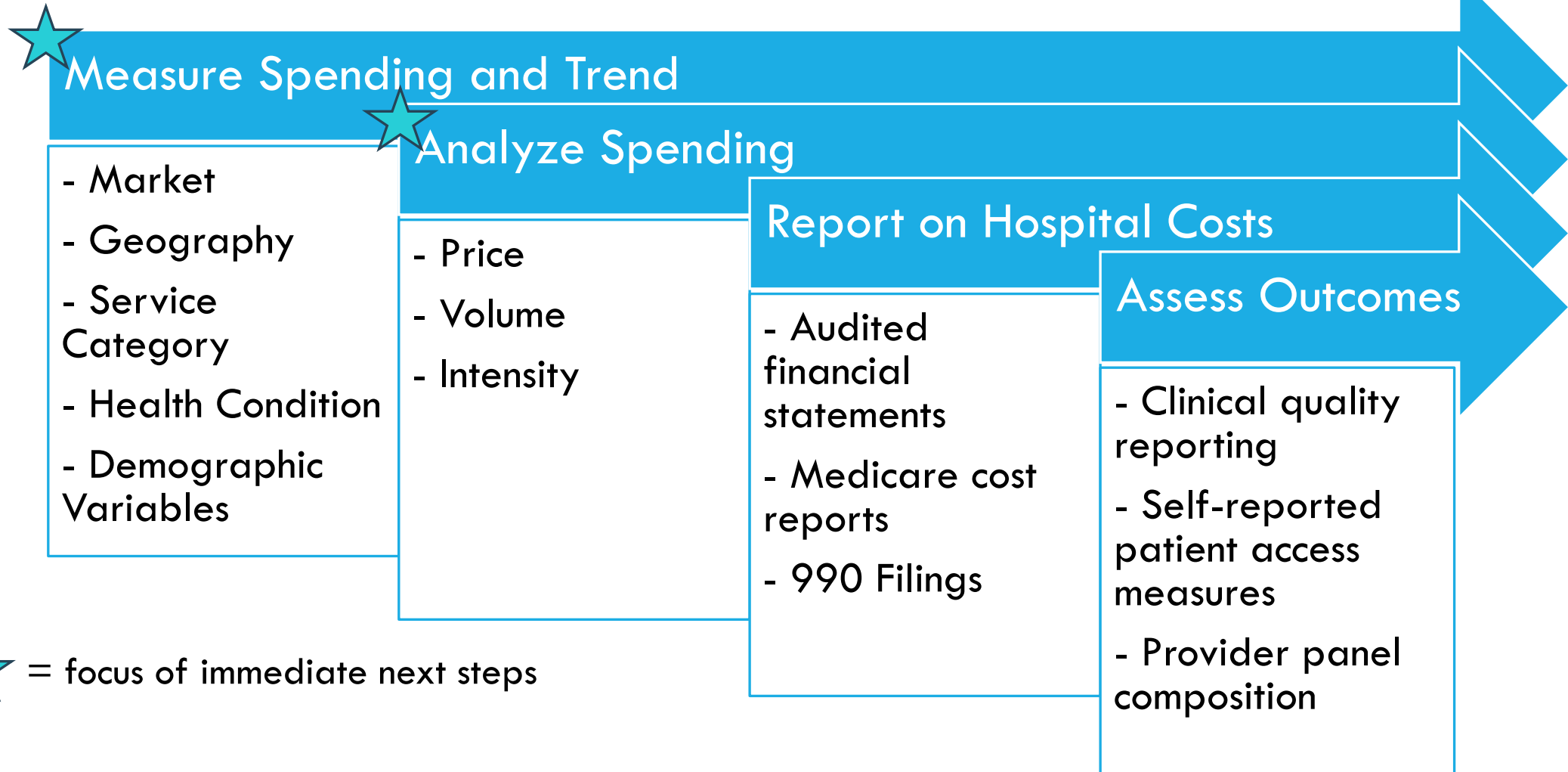
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Health Spending Analyses

UPDATED FRAMEWORK FOR “PHASE I” SPENDING ANALYSIS




DATA ANALYSIS NEXT STEPS

- Finalizing an MOU with MDHO to develop annually replicable dashboards displaying the following:
 - Spending by market and by medical and prescription drug benefit
 - Medical spending by market, by service category, **and price/utilization/intensity.**
 - Retail pharmaceutical spending by market, drug category, brand/generic, individual drug, **and price/utilization.**
 - Medical pharmaceutical spending by market, drug category, brand/generic, individual drug, **and price/utilization.**
 - Hospital spending by inpatient and outpatient service types, **and by DRG and/or CPT code.**
 - **Display of data on select quality and patient access measures, as identified collaboratively by OAHC, MHDO, and Maine Quality Forum.**

EXAMPLE: RHODE ISLAND'S OHIC DATA HUB

<https://ohic.ri.gov/data-reports/ohic-data-hub>

[Drivers - PPU](#) | [Map - PPU](#) | [Cost Drivers - Utilization](#) | [Map - UPK](#) | [Cost Drivers Summary](#) | [Cost Drivers by Service Catego...](#) | [Glossary & Guide](#)



Medical and Pharmacy Spending

by market, year, demographics, service category, and geography

Age Group: (All) | Gender: (All) | County: (All) | Claim Category: (All)

Market	Claim Cat	Year	PMPM	% Diff in PMPM	PPU	% Diff in PPU	UPK	% Diff in UPK
Commercial	Medical	2021	\$441		\$342		2,852	
		2019	\$411	-6.8%	\$349	1.8%	2,615	-8.3%
		2020	\$397	-3.5%	\$340	-2.5%	2,564	-2.0%
		2018	\$394	-0.9%	\$340	0.1%	2,559	-0.2%
		2017	\$382	-2.9%	\$335	-1.6%	2,531	-1.1%
	Rx	2017	\$112		\$101		13,279	
		2018	\$116	3.3%	\$106	4.5%	13,121	-1.2%
		2019	\$119	2.9%	\$117	10.4%	12,223	-6.8%
		2021	\$140	17.2%	\$145	24.7%	11,485	-6.0%
		2020	\$129	-7.8%	\$134	-7.6%	11,455	-0.3%
Medicaid	Medical	2019	\$727		\$376		4,265	
		2018	\$667	-8.2%	\$362	-3.7%	4,078	-4.4%
		2017	\$638	-4.4%	\$359	-0.8%	3,941	-3.4%
		2021	\$649	1.8%	\$370	3.0%	3,866	-1.9%
		2020	\$680	4.7%	\$399	7.7%	3,705	-4.2%
	Rx	2018	\$126		\$75		19,674	
		2017	\$112	-11.1%	\$68	-8.9%	19,281	-2.0%
		2019	\$115	2.9%	\$74	7.5%	18,357	-4.8%
		2020	\$121	5.5%	\$81	10.0%	17,562	-4.3%
		2021	\$122	0.1%	\$81	0.7%	17,457	-0.6%
Medicare	Medical	2021	\$857		\$370		5,448	
		2019	\$834	-2.7%	\$379	2.5%	5,171	-5.1%
		2018	\$829	-0.6%	\$379	0.0%	5,138	-0.6%
		2017	\$840	1.4%	\$408	7.7%	4,833	-5.9%

This table shows average per member per month spending, price per unit, and units per 1,000 members by market and sub-market. Results are presented separately for medical and pharmacy services for the most recent five years along with percent changes from the prior year. Optional filters include age group, gender, and county. Submarket detail is shown by hovering over the market column header and selecting the + symbol. Results can be sorted by hovering over a column header and using the sort icon.



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Closing

APRIL MEETING AGENDA ITEMS

- Invited speakers from states that have developed affordability agendas
- Legislative update
- Other items?