Maine Quality Forum

MEASURING TO IMPROVE

MAINE PRIMARY CARE ADVISORY COUNCIL

February 27, 2026
12:30-3:00 PM
Virtual Meeting

Agenda for the 3rd Meeting of the Primary Care Advisory Council (PCAC)

12:30 – 12:35	I. Welcome and Introductions
12:35 – 12:45	II. Administrative Business • Review and Approve Meeting Notes from 12/19 • Legislative and Agency Updates
12:45 – 1:45	III. Discussion of Value & Attributes of High-Functioning Primary Care
1:45 – 2:45	IV. Primary Care Investment Domain
2:45- – 2:50	V. Next Steps
2:50-2:55	VI. Public Comments
2:55-3:00	VII. Adjournment

Legislative and Agency Updates

LD 2196, *An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care, and Ensure Fair Prices for Health Care,* has three parts to the bill

Part A

- Beginning 1/1/2028, and annually thereafter, limits the annual aggregate growth in hospital prices to a percentage equal to the inpatient prospective payment system hospital market basket established by the federal Medicare program.
- Part A also limits the maximum amount that a hospital may charge or collect for any inpatient or outpatient facility service to no more than 200% of the Medicare rate for the same service in the same geographic area, beginning January 1, 2028, subject to certain exceptions.

Legislative and Agency Updates

Part B

- Requires that a prior authorization for health care services for the treatment of a chronic condition and for diagnostic procedures or tests related to the treatment of a chronic condition remain valid for one year. It prohibits a health insurance carrier from requiring the renewal of a prior authorization more frequently than once every 2 years for treatment of a chronic condition that is necessary for more than one year.
- It also prohibits a health plan from restricting coverage for a health care service or a prescription that was approved under a previous health plan within days of an enrollee's enrollment in the new health plan if the prescribed drug is included on the health plan's formulary at the time of that enrollee's enrollment and requires a health plan to provide at least 90 days' notice to an enrollee prior to restricting coverage of a previously approved health care service or prescription.

Legislative and Agency Updates

Part C

- Requires each rate filing submitted by a carrier for the 2028 plan year and for each plan year thereafter to provide detailed information to the Superintendent of Insurance within the Department of Professional and Financial Regulation related to the experience period and projected trends in utilization and per-unit payment by benefit category and by hospital.
- Requires that the minimum negotiated charge of a health insurance carrier for in-network primary care or behavioral health care services may not be less than 110% of the Medicare rate for the same service in the same geographic area.

Legislative and Agency Updates

LD 2088, *An Act to Increase Access to Primary Care Provided by Physician Associates*

- This bill removes the requirement for a practice agreement with an active physician for a physician associate who is the principal clinical provider in a practice that does not include a physician. The bill also makes optional consultations between a physician associate and a physician or other health care professional and removes the requirement that a physician be accessible at all times for purposes of consultation.

Legislative and Agency Updates

LD 2208, *An Act to Offset Federal Cuts to Health Insurance for Certain Maine Families and Seniors*

The sponsor submitted an amendment to replace the bill that does the following. PH-2/26, WS-TBD

- It establishes the Rural Health Stabilization Program to provide funding to support the Department of Health and Human Services' approved initiatives under the Rural Health Transformation Program established in the federal budget reconciliation bill, H.R. 1 (Section 71401 of Public Law 119-21), specifically those initiatives that benefit rural health providers in this State and that promote access and affordability of health care for residents of the State in rural areas.
- It establishes the Health Care Premium Stabilization Fund to establish a state subsidy to offset the financial impact of the expiration of the enhanced premium tax credits under the American Rescue Plan Act of 2021, Public Law 117-2, to those residents of the State that receive health care coverage under the Maine Health Insurance Marketplace who were previously eligible for subsidies under the federal Affordable Care Act.
- It establishes the MaineCare Federal Response Fund to supplement funding for the MaineCare program in the event of funding revenue shortfalls due to reductions in federal contributions that support MaineCare programs. It provides that the funding is not intended to be used to expand eligibility or services for the MaineCare program.
- It provides one-time funding to the Maine Guaranteed Access Reinsurance Association to increase the reinsurance program for the 2027 coverage year.

Legislative and Agency Updates

LD 2151, *An Act to Improve Access to Affordable Prescription Drugs in Underserved Areas*

- This bill directs the Department of Health and Human Services to provide support for federally qualified health centers to develop or expand the centers' capacity to provide access to affordably priced prescription drugs to patients by increasing the centers' ability to deliver pharmacy services to those patients. The bill provides one-time funding of $4,000,000 in fiscal year 2026-27 for that purpose.

Most recent work session held 2/25/26.

Legislative and Agency Updates

Resolve 2025, Chapter 106, *Commission to Evaluate the Scope of Regulatory Review and Oversight Over Health Care Transactions That Impact the Delivery of Health Care Services in the State.*

Specifically, the resolve requires the commission to evaluate:
• Potential changes to the State's certificate of need laws, including, but not limited to, expanding the scope of review to the termination or disruption of health care services and changing the monetary thresholds that trigger review;
• Potential legislative changes to require regulatory review and oversight of substantial health care transactions, such as transfers of ownership or control, among hospitals, health care facilities, **and health care provider organizations**; and
• The role of a private equity company or real estate investment trust taking a direct or indirect ownership interest, operational control or financial control of a hospital in the State.

Copy of Commission's Final Report: https://legislature.maine.gov/doc/12215

HCIFS committee has held several public hearings and work sessions on several bills that are a direct result of the recommendations of the Commission.

Legislative and Agency Updates

On January 19th, MHDO was invited to submit a Foundation-Initiated Grant Application to the Maine Health Access Foundation (MeHAF), due on February 2.

- **Project Title:** Building Maine's Health Care Workforce Survey Data Stream & Reporting Capacity (2-year project)
- The grant funds will support establishing a standardized Minimum Data Set (MDS) for Maine's health care workforce to ensure a well-prepared, sustainable workforce to meet the needs of Maine's population through effective planning and policy reform.
- By the end of the grant period, this project will produce a comprehensive health care workforce dashboard to inform decision-making, and guide initiatives to strengthen Maine's health care system.
- MeHAF funding, if awarded: up to $225,000
- MeHAF Decision: Sometime in March
- **The Rural Health Transformation Program-Grant** includes funding for a Health Care Workforce Data Set and Reporting

Value and Attributes of High-Functioning Primary Care

Review the report summarizing the responses from the PCAC questionnaire

- Discussion

Goal

- Develop the PCAC's statement regarding the core attributes of a high-functioning primary care system in Maine

Primary Care Investment

Legislative Mandate

§6951 A.3.(a)

The advisory council shall: Make recommendations for specific policy changes to address identified gaps that will

- Ensure sufficient **investment** in primary care services that will result in better health for residents of the State and lower overall health expenditures

Investment In Primary Care

Over 20 states, including Maine, measure investment in primary care by defining it as a percentage of total health care expenditures (payments), typically using a mix of fee-for-service claims and non-claims data (e.g., capitation, incentive payments) from Commercial, Medicaid, and sometimes Medicare payers.

- States may use data on primary care spending (payments) to monitor investment, set, and enforce annual targets to increase funding for primary care services.
- States definitions differ in what counts as primary care, including specific practitioner types and services are included, and how total medical expenses is defined, e.g. including/excluding pharmacy.
- The absence of a national, uniform definition leads to inconsistencies across state reports.

Investment In Primary Care

Maine's Approach (for the last seven years)

Public Law 2019, Chapter 244, *An Act to Establish Transparency in Primary Care Health Care Spending*, requires the Maine Quality Forum (MQF) to submit an annual report on **primary care spending in Maine as a percentage of total medical spending** using data from the Maine Health Data Organization (MHDO)

- "Primary care" defined in the law means regular check-ups, wellness and general health care provided by a provider with whom the patient has initial contact for a health issue, not including an urgent care or emergency health issue, and by whom the patient may be referred to a specialist.
- To use the claims data from the MHDO, we needed to further define primary care.

Investment In Primary Care

- For the first three years of MQF's annual reporting (2020-2022), with guidance from the MQF Primary Care Spending Advisory Group, we defined primary care by a Broad and a Narrow definition.
  - Broad includes all services provided by health care practitioners with a primary care taxonomy.
  - Narrow includes only a specific set of services provided by the same primary care practitioners as in the Broad definition.
- MQF's definition of Primary Care includes all services except inpatient hospital services and services provided in an emergency department.
- When we reported primary care spending (claims payments/payor share only) as a range, for all payor categories combined, the percentages were approximately 5-6% (Narrow) and 9-10% (Broad).

Primary Care Practitioners Included

All Included in Primary Care Definition	
Family Medicine (including subspecialties of Geriatric, Adult and Adolescent medicine)	Naturopathic/homeopathic medicine
Internal Medicine	Physician assistants
General Medicine	Nurse practitioners (family, pediatrics, primary care, general medicine, adult health, and gerontology)
Pediatrics (including adolescent medicine)	Federally Qualified Health Centers (FQHCs) or Rural health centers (RHCs)
Geriatric medicine	Preventive medicine

Limited to a Specific List of Primary Care Services in Primary Care Definition
Obstetrics and gynecology providers (including Nurse Practitioners)
Attending practitioners in an outpatient hospital setting with any of the above primary care specialties

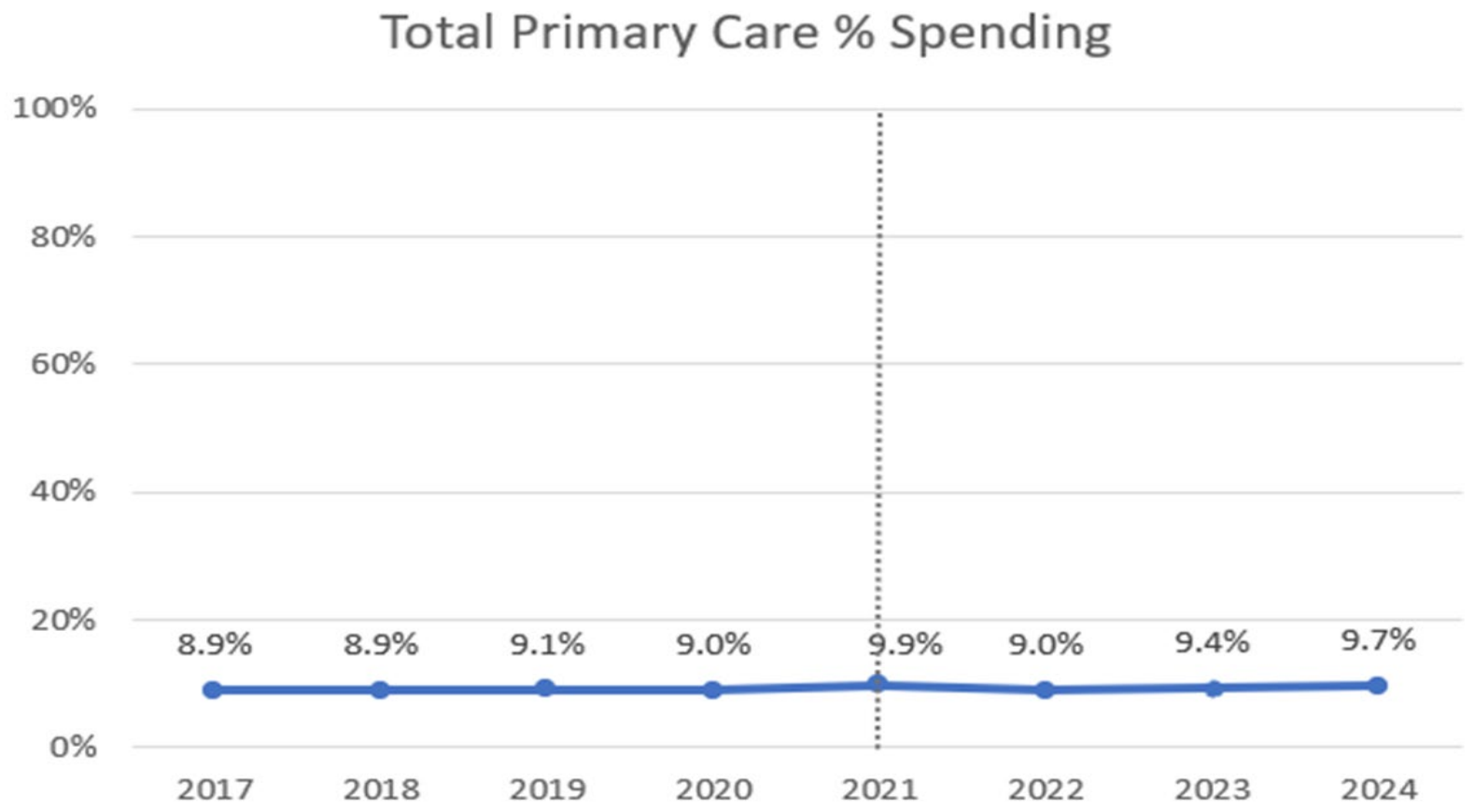
Investment in Primary Care

In addition, due to improvements in MHDO's data submission requirements, our estimates are now more comprehensive and include both claims, non-claims-based, and supplemental (aggregated 42 CFR part 2 substance use disorder) payments.

- Non-claims-based aggregate payments are for something other than a fee-for-service claim. Some examples include:
  - Capitation Payments
  - Care Management/Care Coordination/Population Health Payments
  - Pay-for-Performance Payments

- When we added non-claims we dropped the Narrow definition of primary care. The Broad definition became our new baseline.

% Primary Care of Total Spending in Maine Across Payors, Broad Definition, CY 2017-2024



New baseline in 2021 forward includes both APCD and non-claims

Data Source: MHDO APCD claims and non-claims data

Primary Care Spending in Maine

- % primary care payments of total medical payments made by payor category (Commercial, MaineCare, Medicare), age, and geography
  - Total payments for both primary care and all other health care payments (excludes Rx and member cost share)
- % of primary care spending for telehealth by payor/geography
- % of patient cost share for commercially insured patients
- Number of members enrolled by payor category and % of members with at least one PC visit (added 2025)
- % of behavioral health care payments provided by primary care providers

Investment In Primary Care

Most Recent Findings:

- On average, across CY 2022 to CY 2024, primary care spending (as a percent of total medical spending by all payor categories combined has remained relatively constant at between 9-10%.

- Rates of primary care spending as a percentage of total medical care spending by payor category have remained constant, with MaineCare having the highest percentage (10-11%), followed by Medicare (9-10%) and Commercial payors (7-8%).

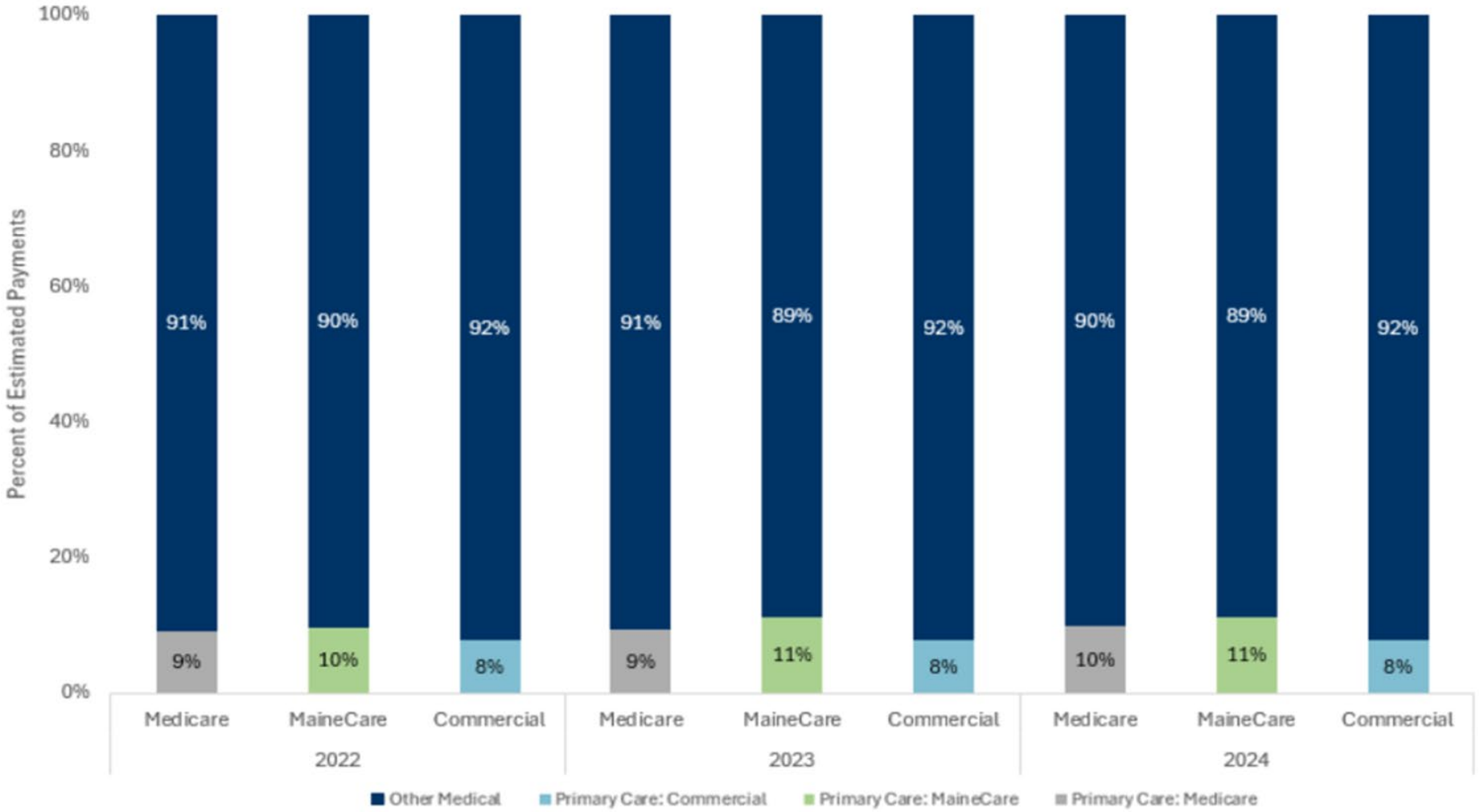
Investment In Primary Care

Payor Category	2023			2024		
	Total Dollars (M millions B billions)	Primary Care (M millions)	% Primary Care	Total Dollars (M millions B billions)	Primary Care (M millions)	% Primary Care
Total (Commercial, MaineCare, Medicare)						
Claims	$7.34B	$676M	9.2%	$7.95B	$747M	9.4%
Non-claims	$750M	$87M	11.6%	$816M	$105M	12.8%
Total	$8.09B	$763M	9.4%	$8.76B	$851M	9.7%

Data Source: MHDO 2023-2024 APCD claims and non-claims data

See MQF's Primary Care Spending Report for more information

% Primary Care of Total Spending in Maine by Payor, 2022-2024



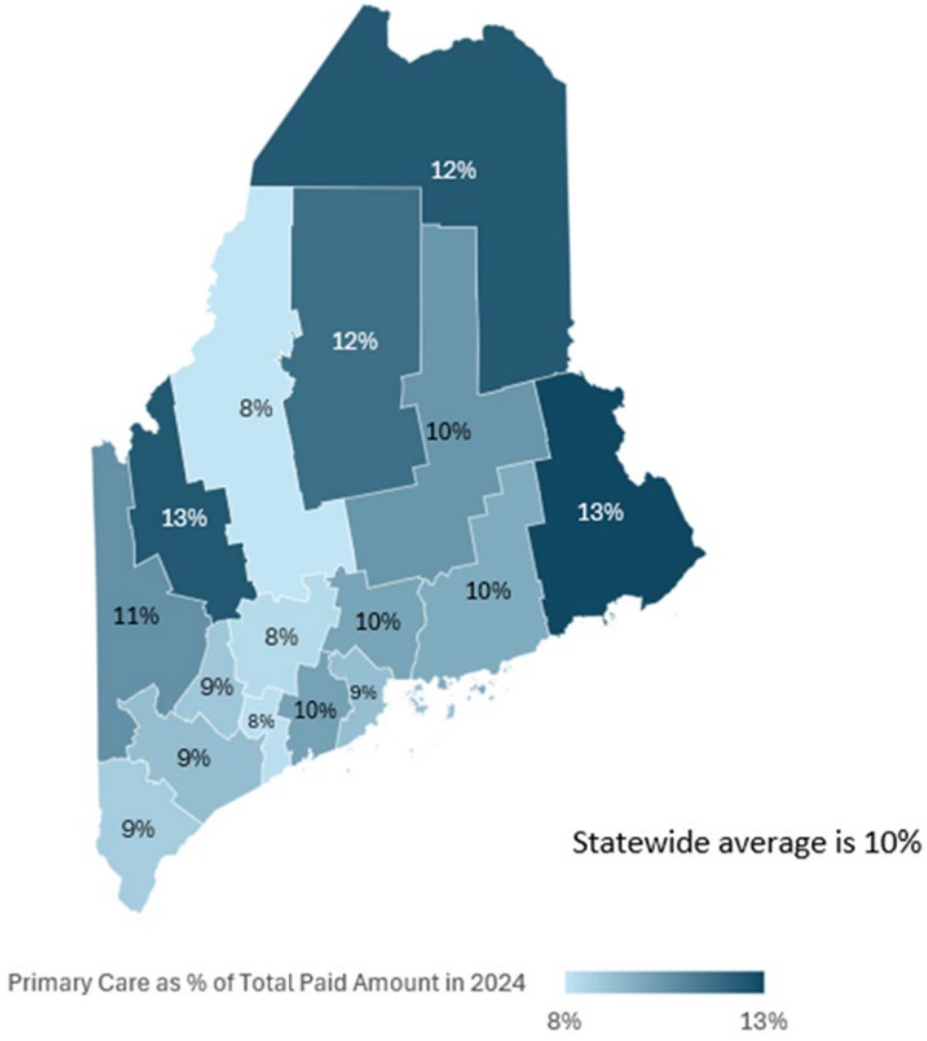
Data Source: MHDO 2022-2024 APCD claims and non-claims data

Investment In Primary Care

Most Recent Findings:

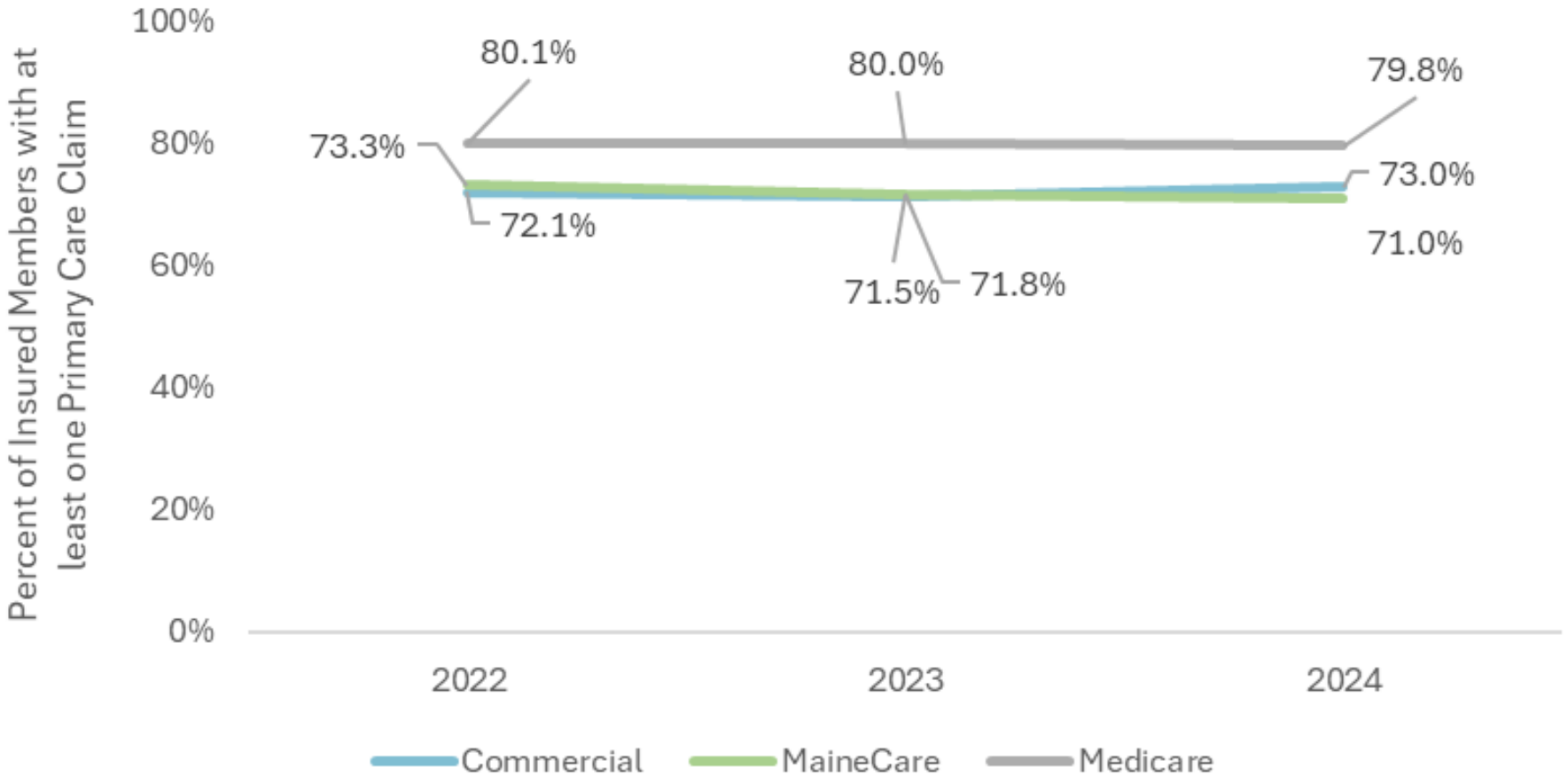
- By county of patient residence, primary care spending rates varied, ranging from a low of 8% in Kennebec, Somerset, and Sagadahoc counties to 13% in Franklin and Washington counties.
- Commercially-insured patients' out-of-pocket share of total primary care payments increased from 16.4% in 2022 to 17.9% in 2024.
- In 2024, approximately 4% of Commercial and Medicare and 26% MaineCare primary care payments were for treatment of behavioral health conditions.

% Primary Care Spending by County of Member Residence, 2024



Data Source: MHDO 2024 APCD claims data

% of Insured Members with One or More Primary Care Visit by Payor, 2022-2024



Data Source: MHDO 2022-2024 APCD claims data

Primary Care Investment: Measures from Maine & Other States

Measure	ME	CA	CO	CT	DE	MA	OR	RI	VA	VT
PC Spending Target		15% all payors	15.1% commercial	10% all payors	11.5% all payors	15% (proposed)	12% all payors	10% commercial	TBD in 2026	15% (proposed)
% PC Spending	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
% Spend by PC Specialty									✓	
% Spend by Geography	✓								✓	
Per Member Per Month Spend		✓	✓	✓	✓	✓	✓	✓	✓	
Per Member Per Year										✓
Dollars Spent	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Unit Cost								✓		
Member Month Paid under Alternate Payment Model (APM)			✓			✓				
Member Cost Share	✓	✓	✓	✓		✓	✓	✓	✓	
Prospective Payments			✓							
Investment by Carrier				✓	✓		✓	✓		

Primary Care Investment-Summary/Discussion

Mandate:

Ensure sufficient **investment** in primary care services that will result in better health for residents of the State and lower overall health expenditures.

Most states equate measuring investment with calculating the amount of spending (payments) on primary care services compared to all other services.

- Reaction from Council Members
- Do we need to expand on how and what we measure in this domain for the Maine primary care dashboard?

Primary Agenda Item for Remainder of Year

Determine Measurement(s) in the 5 Domains for Maine's Primary Care Dashboard

1. Investment
2. Timely Access to Primary Care Services
3. Utilization of Primary Care Services
4. Quality of Care & Equity
5. Adequacy and Sustainability of the Primary Care Workforce

2026 Meeting Calendar

Meeting (12:30 – 3:00 PM)	Location	Tentative Topic
February 27	Virtual	Investment Measurement
May 1	Virtual	Investment Policy Access & Utilization Measurement
July 10	Virtual	Access & Utilization Policy Workforce Measurement
September 25	In person?	Workforce Policy Quality of Care & Equity Measurement
November 20	Virtual	Quality of Care & Equity Policy Annual Report Preparation

Public Comments

- Public Comments

- Adjourn