



Annual Report
HIV/AIDS 1115 Demonstration Project
(01/01/18 - 12/31/18)

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel; (207) 287-2674; Fax (207) 287-2675
TTY: Dial 711 (Maine Relay)

April 25, 2019

Ms. Athena Cymrot
Centers for Medicare & Medicaid Services (CMS)
Center for Medicaid and CHIP Services (CMCS)
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Ms. Cymrot,

I am pleased to provide you with the sixteenth annual report for the Maine HIV/AIDS Section 1115 Demonstration Waiver.

Please find enclosed, data and materials that highlight our activity for this year. Also enclosed are the analyses from our 2017 provider and member surveys. Please contact Emily Bean at 207-624-4005 or emily.bean@maine.gov if further information is needed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michelle Probert'.

Michelle Probert
Director, Office of MaineCare Services

Table of Contents

ATTACHMENTS.....	4
ENROLLMENT.....	5
APPLICATIONS.....	8
OUTREACH.....	8
PROVIDER NETWORK	11
QUALITY ASSURANCE.....	11
WOMEN’S HEALTHCARE	12
TUBERCULOSIS TESTING.....	13
UTILIZATION OF SERVICES	13
HOSPITALIZATION RATES.....	13
ADHERENCE TO THERAPY	14
DEATH RATES	14
DISENROLLMENT	14
ACCOMPLISHMENTS	15
PROJECT STATUS.....	16
POLICY AND ADMINISTRATIVE OVERVIEW	17
COMPLAINTS/GRIEVANCES	17
ATTACHMENT B.....	19
ATTACHMENT E	35

Attachments

- A. Distinct Member Counts by Quarter
- B. Outreach Letters
- C. Contact Tracking Summary
- D. Contact Tracking Detail
- E. Waiver Surveys
- F. Member Counts Enroll Only
- G. Number of Distinct MaineCare IDs and Claims with Opportunistic Infection Diagnosis
- H. Number of Distinct MaineCare IDs and Claims for Women's Healthcare
- I. Amount Spent by Provider Type Claim and the Number of Users
- J. Top 10 Hospitalization Reasons
- K. Number of Distinct Emergency Department Visits, Physician Visits, General Inpatient, Inpatient Behavioral Health Claims and Users
- L. Deceased between SFY2003 and DY13
- M. Disenrollment Tracking for Demonstration Group
- N. Nurse Coordinator Complaint Log
- O. Count of Members by Gender and Age at the End of Each Month
- P. Enrollment and General Inpatient Services Trends
- Q. Amount Spent by Category of Service and the Number of Users (SFY 2003 – SFY 2010)

Introduction

This report is submitted in compliance with the terms and conditions of the Maine HIV/AIDS Section 1115 Demonstration Waiver.

The MaineCare HIV/AIDS 1115 Demonstration Waiver has completed its sixteenth year (DY16). The goal of this waiver is to provide critical services to people living with HIV/AIDS to delay, prevent, or reverse the progress of their disease.

At the conclusion of the sixteenth year, there were 463 demonstration enrollees in the program and 311 MaineCare (Medicaid) members enrolled. The Nurse Coordinator monitors all MaineCare members with HIV/AIDS, in addition to those who receive services through the demonstration.

The attachment section includes samples of materials distributed to members, correspondence, and other pertinent data that is referred to in the narrative portion of this report.

Please note that this report maintains the year-to-year comparisons for consistency in data trending; however, there may be some distortion as DY11 was a six-quarter year.

Enrollment

This is the summary of enrollment over the sixteen years of the project, by month. There has been an increase of 378 demonstration enrollees and an increase of eighty-three Medicaid members from the first month of DY01 to the last month of DY16.

Special Benefit Waiver Demonstration Project Count of Members by Group at the End of Each Month

Figure 1

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	DY01			DY02			DY03		
July	85	228	313	124	280	404	143	301	444
August	94	226	320	125	277	402	141	300	441
September	97	224	321	131	273	404	140	297	437
October	94	244	338	132	292	424	143	298	441
November	94	244	338	134	286	420	146	295	441
December	98	241	339	134	286	420	146	296	442
January	102	258	360	134	295	429	156	305	461
February	108	256	364	140	292	432	160	301	461
March	113	253	366	143	288	431	163	297	460
April	117	264	381	144	288	432	174	308	482
May	119	265	384	142	291	433	179	302	481

June	123	263	386	140	290	430	181	298	479
------	-----	-----	-----	-----	-----	-----	-----	-----	-----

Figure 1

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	DY04			DY05			DY06		
July	191	309	500	272	305	577	293	275	568
August	207	303	510	273	301	574	291	273	564
September	213	301	514	277	300	577	281	269	550
October	224	295	519	292	289	581	284	272	556
November	228	287	515	292	288	580	283	270	553
December	239	280	519	291	285	576	283	267	550
January	248	291	539	298	281	579	289	256	545
February	256	287	543	301	276	577	291	257	548
March	256	283	539	292	276	568	287	262	549
April	263	297	560	298	274	572	288	267	555
May	261	296	557	292	274	566	295	265	560
June	264	292	556	282	274	556	295	263	558

Figure 3

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	DY07			DY08			DY09		
July	286	269	555	331	283	614	382	307	689
August	276	272	548	332	280	612	386	308	694
September	283	269	552	333	281	614	363	295	658
October	288	270	558	337	284	621	371	289	660
November	289	275	564	339	286	625	379	294	673
December	296	282	578	346	290	636	395	288	683
January	300	284	584	348	296	644	396	289	685
February	302	288	590	349	298	647	399	281	680
March	312	290	602	350	301	651	407	289	696
April	315	288	603	355	300	655	413	298	711
May	316	284	600	369	301	670	413	296	709
June	323	280	603	381	313	694	415	290	705

Figure 4

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	DY10			DY11 QRT 1 -4			DY11 QRT 5 -6		
July	416	292	708	416	201	617	420	221	641
August	417	284	701	420	201	621	425	218	643
September	417	284	701	412	196	608	430	215	645
October	420	291	711	417	178	595	443	216	659
November	428	286	714	415	185	600	446	215	661
December	423	283	706	409	197	606	449	211	660
January	414	248	662	408	204	612			
February	420	242	662	414	199	613			
March	413	177	590	411	212	623			
April	419	183	602	418	211	629			
May	417	187	604	421	209	630			

June	417	195	612	420	209	629		
------	-----	-----	-----	-----	-----	-----	--	--

Figure 5

Month	Demonstration Enrollees DY12	Medicaid Members	Total	Month	Demonstration Enrollees	Medicaid Members	Total
					DY 13		
January	445	212	657	January	454	312	766
February	445	214	659	February	456	311	767
March	450	209	659	March	459	312	771
April	447	212	659	April	456	313	769
May	452	206	658	May	448	317	765
June	448	327	775	June	446	317	763
July	449	320	769	July	454	315	769
August	443	320	763	August	457	312	769
September	446	321	767	September	462	320	782
October	443	324	767	October	456	321	777
November	445	319	764	November	464	313	777
December	444	316	760	December	461	311	772

Figure 6

Month	DY14 Demonstration Enrollees	Medicaid Members	Total	DY15			DY16		
				Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
January	464	314	778	450	313	763	446	312	758
February	467	323	790	452	314	766	446	310	756
March	461	316	777	457	317	774	454	308	762
April	461	313	774	456	314	770	456	309	765
May	460	313	773	456	314	770	458	306	764
June	463	307	770	450	320	770	457	312	769
July	457	310	767	453	315	768	458	312	770
August	453	314	767	447	311	758	457	315	772
September	463	316	779	449	312	761	460	317	777
October	462	312	774	449	311	760	465	315	780
November	458	313	771	445	311	756	458	312	770
December	456	312	768	442	314	756	463	311	774

Out of the 463 demonstration members who were enrolled at the end of DY16, 397 were male and sixty-six were female. Out of the 311 Medicaid members enrolled at the end of DY16, 203 were male and 108 were female. A breakdown of gender and age by month shows an increase of 320 demonstration enrollee males from the beginning of the demonstration project (DY01) to the end of DY16, while the number of women increased by fifty-eight. In the Medicaid population, there was an increase of forty-three males and an increase of forty females.

See Attachment O: Count of Members by Gender and Age at the End of Each Month

Distinct member counts by quarter show that eighty-six of the 132 cohort members were enrolled in the last quarter of DY16. Of these, seventy-three members were included in the Medicaid group and thirteen members were moved to the demonstration group.

See Attachment A: Distinct Member Counts by Quarter

Demonstration Cost Neutrality Cap

The algorithm used to determine the existing HIV-positive MaineCare members to be included in the cost-neutrality cap was initially run on July 1, 2002. Two hundred nineteen members were identified and will be the “cohort” of members included in the cost-neutrality cap throughout the sixteen years of the demonstration. At the end of each month, the algorithm is re-run to determine additional HIV-positive MaineCare members to be included in the cost neutrality cap. The end of the first quarter in DY01 had 211 members in the cohort, while the end of the last quarter of DY16 had eighty-six members, which is a decrease of 125 members. Disenrollment, moving to the demonstration group, moving out of the state, and death are the reasons for the decline in the cohort member group.

See Attachment A: Distinct Member Counts by Quarter

Total members under the cap were 774 in the month of December 2018, which was the end of the sixteenth year of the demonstration project.

See Attachment O: Count of Members by Gender and Age at the End of Each Month

Waiting List

The waiting list has not been utilized during DY16 for this project, as the cost of patient care is not projected to exceed the project allotment. However, the State may institute a cap in the future should the budget estimates indicate costs will exceed the project allotment.

Applications

Applications for the waiver can be filled out in any of the Department of Health and Human Services’ (DHHS) seventeen regional offices or by case managers at the Ryan White/Targeted Case Management agencies. Applications can also be sent to individuals’ homes to be filled out in privacy. Individuals enrolled in the AIDS Drug Assistance Program (ADAP) are sent letters explaining the waiver and encouraging them to apply.

Outreach

There were many outreach activities that occurred throughout the year. Outreach activities included:

- Referring MaineCare members to Maine Center for Disease Control and Prevention (CDC) for AIDS Drug Assistance Program (ADAP) and Ryan White assistance.
- The Nurse Coordinator and Program Manager continuing participation on the HIV Advisory Committee (HIVAC). HIVAC’s purpose is to “advise the Office of the Governor and State, federal, and private sector agencies, officials, and committees on HIV-related and AIDS-related policy, planning, budgets, or rules on behalf of those individuals infected by, at-risk for, or affected by the human immunodeficiency virus in Maine.”

- Distributing enrollment applications to all DHHS offices, primary care provider offices, pharmacies, and hospitals in Maine;
- Referring members to Consumers for Affordable Health Care, the Area Agencies on Aging, and Legal Services for the Elderly for help with their unmet healthcare needs/coverage.
- Addressing Medicare Part D issues and referring members when appropriate.
- Continuing with follow up and outreach on Emergency Department (ED) usage that incorporates daily ED data from HealthInfoNet (HIN) in addition to a regular monthly report process that uses claims data.
- The Nurse Coordinator and Program Manager attending the Center for Disease Control and Prevention's Integrated HIV Prevention and Care Planning Body meetings. This planning body serves as the Integrated Planning meeting, the Ryan White Part B advisory meeting, the AIDS Drug Assistance Program (ADAP) advisory meeting, and the HIV Prevention meeting. Meetings discuss the Integrated Plan progress and collaboration, give updates, seek feedback on any relevant aspects of Ryan White Part B and ADAP, and provide updates from HIV Prevention. Discussions and work continued on the five-year plan to reduce HIV/AIDS, continue to improve communication and collaboration across agencies, streamline reporting requirements, ensure timely data reporting, linkage to and retention in care, access to antiretroviral therapy (ART), and reduce stigma.
- Sending 752 birthday letters to members in DY16. Birthday letters encourage members to stay in good health by setting up their annual screenings (such as cervical exams, mammograms, and colon exams) and immunizations (such as the Influenza vaccine);
- Sending introductory letter, PCP inquiry letter, and consent form to ninety-six new and re-joining members;
- Sending quarterly informational letters regarding FDA HIV product approval, safety warnings, product labeling changes and other pertinent information. Letters were sent to our Primary Care Provider Network (approximately 360 providers) via mail or email depending on provider's preference. Medication alerts pertained to Sustiva, Reyataz, Juluca, Tivicay, Triumeq, Isentress, Genvoya, Prezobix, Prezista, Edurant, Symfi Lo Tablets, Biktarvy, Trogarzo, Isentress and Isentress HD, Truvada, Symtuza, Stribild, Tybost, Pifeltro, Odefsey and Complera.
- The Nurse Coordinator attending a webinar titled *Update on Chapter 488*, presented by Gordon Smith, Esq., Maine's Opioid Response Director. The webinar included updates on prescribing opioids, a clause for palliative care, mandated e-prescribing, and waivers for some of the rules for prescribing opioids.
- The Nurse Coordinator attending a webinar titled *Alternative Treatments for Pain* by Elisabeth Fowlie Mock, MD, MPH, FMD. Dr. Mock discussed nonpharmacological treatments and pharmacological treatments (non-opioid) for pain relief. She discussed the importance of a team approach and how the physical, psychological, social and spiritual elements can enhance pain symptoms.

- The Nurse Coordinator attending a webinar titled *Three Steps to Thriving in Chaos* by George Myers. The presenter discussed three ways to manage chaos: exercise, using the strategies and tools to manage the transition process, and being open to deep change. He also showed how different behavior styles manage stress or chaos and ways they may need to be open to deep change.
- Sending the 2017 annual HIV Provider Survey to 337 providers, including primary care providers and infectious disease specialists.
- Sending a second mailing of the 2017 annual HIV Provider Survey to those who didn't respond to the first mailing. This mailing was sent to 249 providers.
- Sending the 2017 annual Member Satisfaction survey to 741 members. We received a fifty percent response rate, which was a four percent increase from 2016. Two hundred sixty-nine follow-up calls were made to members who expressed issues or concerns on their surveys.
- Sending the mammography reminder letter and palm card to sixty-eight members.
- Sending the cervical exam reminder letter and palm card to eighty-five members.
- Sending the first semi-annual lab request letter to twenty-seven infectious disease specialists. This mailing goes to the providers with members for whom MaineCare Services needs CD4 and viral load data (because we were unable to get recent results from the CDC).
- Sending a follow up clinical data collection letter to eight providers who didn't respond to the first mailing.
- Sending the second semi-annual lab request letter to thirty infectious disease specialists. This mailing goes to the providers with members for whom MaineCare Services needs CD4 and viral load data (because we were unable to get recent results from the CDC).
- The Nurse Coordinator and Program Manager attending a meeting at the Health Equity Alliance (HEAL). HEAL is one of Maine's HIV targeted case management agencies. MaineCare staff met with the five case managers, an intern, the case manager supervisor, and the agencies' biller. Discussions included MaineCare and waiver resources, complex members, and future collaboration ideas.
- The Nurse Coordinator attending a webinar through the University of New England/Caring for ME titled *Opioid Use Disorder, Overdose, and Naloxone*. The speakers discussed situations when the clinician should prescribe naloxone and talked about the opioid epidemic pertaining to overdoses in Maine. They also discussed street fentanyl and the fact that it doesn't show up on a routine opioid test.
- The Nurse Coordinator attending a webinar through the Office of Substance Abuse and Mental Health Services (SAMHSA) and Health Resources and Services Administration (HRSA) titled *Providing Comprehensive Mental Health and Healthcare for People Living with HIV over 50*. The webinar focused on the mental and physical health needs of individuals living with HIV as they age. There were speakers both from the behavioral and clinical health fields.

- The Nurse Coordinator attending a webinar titled *A Look at Opioid Prescribing in Maine Following Two Years of Experience with Chapter 488*. The speaker of the webinar was Gordon Smith of the Maine Medical Association who discussed where we have been with the opioid crisis to where we are today. He also reviewed that prescribers have started limiting prescriptions for opioids, but there are still areas where they are still over prescribing. He discussed some exceptions to the Chapter 488 rule.
- Sending seventy-five provider survey follow up education packets to providers who indicated areas of unfamiliarity on their annual provider survey.
- Sending the program’s poster and brochure to 159 high schools and universities.

Provider Network and Transportation Challenges

Demonstration enrollees continued to use the same network of providers as Medicaid members, for both primary care and specialty care providers. There are 384 distinct providers (primary care providers and infectious disease specialists) currently seeing our active members. These providers are located throughout all sixteen counties.

Some members find the traveling distance from northern Maine to a more populated area (Bangor) for an infectious disease specialist challenging. MaineCare does cover the cost of transportation, but time and health conditions often make it difficult for some members. Children continue to have access to two pediatric providers in Maine. One pediatric provider prefers that her patients go to Massachusetts General Hospital one to two times a year for evaluation and follow-up.

Quality Assurance

One of the waiver’s goals is to delay disease progression by following up with members and providers through various activities. **Please note that this report maintains the year-to-year comparisons for consistency in data trending; however, there may be some distortion (especially in the percent increases and decreases) as DY11 was a six-quarter year.**

Activities in DY16 included:

- Contact data and call tracking – Incoming and outgoing contacts (phone calls, emails, letters, and faxes) to members, case managers, and providers are tracked and maintained in the database, allowing us to determine the types of services being utilized. The total of incoming and outgoing contacts decreased by three percent in the sixteenth year over the fifteenth. The three highest service contacts in DY16 in order are case management services, adherence and eligibility.
- Attachment C: Contact Tracking Summary**
- Adherence calls are made to members, based on prescription pick-up dates.
 - Compliance calls are made to members, based on late or no-show pick-up dates of medications. These calls are grouped by CD4 results.

- Contact with providers, case managers, and the OMS Provider Relations unit to assist with benefit and policy questions and billing issues.
- Survey of all members living with HIV/AIDS in regard to quality of life and satisfaction was conducted in March 2018.
- Survey of all providers working with HIV/AIDS MaineCare members regarding provider needs and satisfaction was conducted in March 2018.
- Collected clinical data (viral loads and CD4s) from CDC and providers to show health status and track disease progression.
- Complaint Report.

Additional Information on Data Reported in the Attachments

- Rate Code is the type of eligibility category.
- Cost data reports are based on the Rate Code at time of payment.
- Utilization data reports are based on the Rate Code on the claim.

Opportunistic Infections (OI)

There were 541 distinct demonstration enrollees during DY16. Distinct MaineCare members totaled 390. Distinct member counts are higher than end of the year counts as they capture everyone who was a member during the year.

The most common OI was viral and bacterial pneumonias with nine demonstration enrollees and nineteen (19) MaineCare members, or 1.7% and 4.9%, respectively. The next two most prevalent conditions were strep and staph and gram negative septicemias, as well as herpes zoster and simplex. Strep, staph and gram negative septicemias were seen in nine demonstration enrollees and fourteen MaineCare members, or 1.7% and 3.6%, respectively, and herpes zoster and simplex was seen in five demonstration enrollees and seven Medicaid members, or 0.9% and 1.80% respectively. These top three do not differ from DY15. Additional information is available in: **Attachment G: Number of Distinct MaineCare ID's and Claims with Opportunistic Infection Diagnosis.**

The ten AIDS defining conditions are Actinomycosis, Coccidiosis, Cryptococcosis, cryptosporidiosis, opportunistic mycosis, oral hairy leukoplakia, other named variants of Lymphosarcoma, other specified infections and parasitic diseases, Salmonella diseases, and Strongyloidiasis. Out of the ten AIDS defining conditions, there were two demonstration enrollees who had Cryptococcosis.

Women's Healthcare

Two hundred three distinct women over 18 years of age were enrolled as demonstration enrollees or Medicaid members. Of these, seventy-five were demonstration enrollees, (37%) and 128 were Medicaid members, (63%).

Seventy-three percent of female demonstration enrollees were age 40 or over. Seventy-four percent of female MaineCare members were age 40 or over. Twenty percent of female demonstration enrollees and twenty-six percent of female MaineCare members were screened for breast cancer using mammography. Twenty-two percent of female demonstration enrollees and twenty-four

percent of female MaineCare members were screened for cervical cancer using a pap smear. Many members have other primary coverage (i.e. Medicare or a private plan). For these members, their primary coverage often pays for these services. MaineCare Services has no way to track, monitor, or count those claims.

Refer to attachment H: Number of Distinct MaineCare IDs and Claims for Women's HealthCare

Tuberculosis Testing

This measure is difficult to determine using claims data because providers rarely bill for this service separately. There was one MaineCare Member with a case of tuberculosis in DY16. **Refer to attachment G: Number of Distinct MaineCare IDs and Claims with Opportunistic Infection Diagnosis**

Utilization of Services

Utilization of services was tracked by category of service, number of distinct members and per member per month costs from the beginning of the program to the end of SFY 2010. As of DY09, service utilization has been tracked using allocation provider type claim instead of category of service.

During DY16, the total amount spent on services per demonstration enrollee was \$1,614.03 per month. The total amount spent on services per MaineCare member was \$2,143.85 per month. **Refer to attachment I: Amount Spent by Provider Type Claim and the Number of Users**

Hospitalization Rates

- Emergency Department (ED) Services - 156 (29%) demonstration enrollees received ED services during DY16, compared to 159 (41%) of MaineCare members. The top ED diagnoses were other chest pains, unspecified chest pains and acute bronchitis, unspecified. The Nurse Coordinator and other staff are continuing to work with members, their providers, and their case managers to reduce non-urgent ED utilization.
- Physician Visits - 459 (85%) demonstration enrollees were seen by a physician during DY16, compared to 361 (93%) MaineCare members. Demonstration enrollees had a two percent increase and MaineCare members had a one percent decrease over DY15.
- General Inpatient Services - 43 (8%) demonstration enrollees were admitted to the hospital during DY16, compared to 58 (15%) MaineCare members. Demonstration enrollees' usage decreased by thirty-three percent over DY15, while MaineCare members had a twenty-one percent decrease. The top inpatient diagnoses were Human Immunodeficiency Virus (HIV) disease, and sepsis (unspecified organism).
- Inpatient Behavioral Health Services - There were no demonstration enrollees who utilized inpatient behavioral health services. There was one MaineCare member who used these services during DY16.

Refer to Attachment K: Number of Distinct Emergency Room Visits, Physician Visits, General Inpatient, Inpatient Mental Claims and Users

- The most common reasons for demonstration members' hospital admissions were major depressive disorder, recurrent severe without psychotic features and sepsis, unspecified organism. The most common reasons for MaineCare members' hospital admissions were Human Immunodeficiency Virus (HIV) disease and sepsis (unspecified organism).

Refer to Attachment J: Top 10 Hospitalization Reasons

Adherence to Therapy

Medication compliance calls totaled 383 for DY16. Compliance calls are structured to provide interventions for members in various groups, based on their CD4 count. Medication adherence calls totaled 1,052 for DY16. Barriers continue to be identified and, where possible, removed.

Refer to Attachment C: Contact Tracking Summary

Death Rates

Twelve enrollees or members died during DY16. Of the deceased members, four were demonstration enrollees, a decrease of nine from DY15, and eight were MaineCare members, which represented a decrease of two over DY15. A total of 223 members have died since the beginning of the demonstration project. One hundred and forty-five of the deaths were MaineCare members and seventy-eight were demonstration enrollees.

Refer to Attachment L: Deceased

Disenrollment

Eighteen demonstration enrollees moved to receive full MaineCare services, twenty-nine enrollees re-enrolled as 5Bs (demonstration enrollees), sixty-one demonstration enrollees are no longer enrolled in MaineCare, and four demonstration enrollees died during DY16.

Refer to Attachment M: Disenrollment tracking for Demonstration Group

Summary

Over the course of the sixteen years of this demonstration, the Office of MaineCare Services has continued to improve access to medical services for Maine residents. The 1115(a) Demonstration Waiver has provided medical services to 541 demonstration enrollees. In addition, 390 MaineCare members had the benefit of enhanced care coordination. Personal contacts were made through various meetings with the Center for Disease Control and Prevention – including ADAP and Ryan White Part B, and targeted case management agencies, and the Office for Family Independence. Outreach also involved educational trainings and site visits with providers, including newly hired case managers. Posters and brochures continue to be distributed throughout the state to Office for Family Independence regional offices, pharmacies, physician offices, hospitals, municipalities, soup kitchens, schools, homeless shelters, and family planning agencies, in hopes to broaden awareness within communities and allow for timely access to coverage and care.

Accomplishments

MaineCare Services and the HIV program have undergone several changes in recent years. Some of these changes include: developing new (and changing existing) reports to ensure timely follow-up with members and their providers, access to new data systems that allow for more effective care management, and the development of Key Performance Indicators to measure, track, and trend the program's performance.

The Demonstration has had many accomplishments over the past sixteen years. Some of the accomplishments are listed below.

- Maine has continued to make improvements with care management and cost saving initiatives. Demonstration enrollees had a three percent decrease in Emergency Department (ED) use over last year. In addition, MaineCare members had a seven percent decrease in ED use. Care management efforts have focused on ensuring all members have a primary care doctor and access to other needed services to avoid unnecessary ED use.
- MaineCare monitors and follows up on preventative measures such as mammograms and pap smears. For the demonstration population, there was a fifteen percent increase in mammography screenings for women over forty from SFY16 to SFY17.
- Member satisfaction rates with the program have continued to increase. In 2009, our annual member satisfaction survey showed a satisfaction rate of around seventy-eight percent. In 2011, the satisfaction rate had increased to approximately eighty-four percent, and in 2017 it was ninety-one percent.
- Continued to increase statewide awareness of the existence of the waiver.
- Significantly increased collaboration and interaction among the Office of MaineCare Services, the Office for Family Independence, Maine Center for Disease Control and Prevention (including Ryan White), AIDS service organizations (case management), and the AIDS Drug Assistance Program (ADAP).
- Improved coordination of care, including conducting evaluation, analysis, and follow-up of the member and provider surveys. Educational outreach is provided to respondents of the member and provider surveys.
- Continued to maintain and update a unique database that allows tracking of members' providers, call notes, eligibility information, letters, call notes, and disease progression.
- Improved medication adherence and compliance follow up with members. The Nurse Coordinator is targeting calls to members with high viral loads or low CD4 counts.
- Continued to work with providers to collect members' lab data (CD4 and viral load) when it wasn't available through ME CDC.

- Collaborated with MaineCare’s pharmacy manager and our contracted Pharmacy Benefit Manager to ensure members, providers, and pharmacies have up-to-date information which allows for the proper prescribing and access to needed medications.
- Ensured all members are linked with an infectious disease specialist and primary care physician within their area.
- Continued to update and maintain a provider listserv where HIV medication updates, Preferred Drug List changes, and training opportunities can be shared with providers.
- There have been quality assurance report improvements:
 - In DY15, a new process and report was created for monitoring and following up on Emergency Department (ED) usage. In addition to using claims data, we started to include daily data from HealthInfoNet. This new process allows for more timely follow-up with members. Several fields were added to the report to make it more informative for the Nurse Coordinator, including a six-month look back which allows for a more complete member profile. We have continued with this new process since it has worked so well.
 - A new report was designed to identify all enrolled members who have not been contacted in the calendar year. This report ensures that every member is being outreached at least once a year.
 - Finally, a report was created to show all members that we have attempted to reach compared to members (or their designees) that we actually reached and spoke with. This allows us to track occurrences of actual conversations rather than attempts where no real contact was made.
- Worked with case managers and the ADAP to provide intervention to members in the month of their MaineCare review to prevent members from “cycling off” and having a lapse in their health care coverage.
- Developed a process for sending educational packets to providers who have indicated a lack of awareness on certain topics like the HIV waiver, Ryan White and the ADAP, and the Maine AIDS Education and Training Center.

Project Status

The demonstration waiver will continue to monitor quality measures, clinical outcomes, and disease progression of its members. Continuous education is provided on preventative healthcare and cost saving strategies. Our goal is to better the quality of care and life for members living with HIV/AIDS.

Policy and Administrative Overview

Co-payments and premiums (for waiver enrollees)

Waiver enrollees pay all of the regular MaineCare co-payments except for:

Physician visit: co-pay is \$10.00

Prescription drugs: co-pay is \$10.00/30-day supply for generic medications
co-pay is \$20.00/90-day supply for brand name medications
(by mail order only)

- The Maine ADAP pays deductibles, premiums, and co-pays (for medications on the ADAP's formulary). This coverage wraps around MaineCare, Medicare Part D, and private insurance. The ADAP covers medications to treat: HIV, mental illness, high blood pressure, high cholesterol, hepatitis, diabetes, thyroid disease, heartburn, nausea, diarrhea, antibiotics, contraceptives, estrogen, and vaccines. The full ADAP formulary can be found at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/provider/documents/adap-quarterly-formulary.pdf>.
- The ADAP assists with co-pays in the following way:
 - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare (up to \$10 per 30-day supply).
 - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare and Medicare Part D (up to \$5 per 30-day supply as this is the maximum co-pay amount).
- Enrollees with an individual income of 150% of the FPL or higher are required to pay a monthly premium to receive services under the waiver. If a member submits their premium bill to the ADAP, the program will assist them with these payments. The premium amounts are as follows:

INCOME LEVEL	MONTHLY PREMIUM
Equal to, or less than, 150% of Federal Poverty Level	0
150.1% - 200% of Federal Poverty Level	\$34.22
200.01% - 250% of Federal Poverty Level	\$68.43

*Note: premiums are inflated by five percent (5%) annually

Complaints/Grievances

There are three points of contact for demonstration and MaineCare members to utilize for assistance.

1. The MaineCare Member Services helpdesk has a toll-free number to answer calls from all demonstration and MaineCare members. Member Services answers the question or resolves the complaint and the contact is noted in a tracking database. If the contact is related to HIV/AIDS and the issue is not resolved, it is referred to the Nurse Coordinator or Program Manager for more detailed assistance.

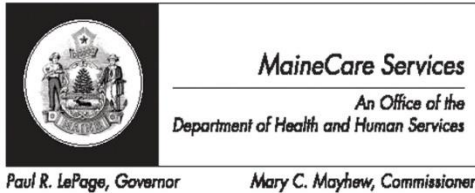
2. Ryan White Case Management agencies also receive concerns or complaints from demonstration enrollees or MaineCare members via personal contact, calls, or emails and notify the Nurse Coordinator or Program Manager when additional assistance is needed.
3. Direct calls, emails, or written correspondence is also made to the Nurse Coordinator and/or Program Manager.

All the complaints, concerns, or questions received are entered into an electronic tracking system for resolution and tracking.

In DY16, there were eight complaints. All eight complaints were resolved.

Attachment N: Nurse Coordinator Complaint Log

Attachment B Outreach Letters



Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-1864
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

December 12, 2015

Dear MaineCare Member,

We wish you a happy birthday!

In order to keep you healthy, we encourage you to contact your provider and set up your annual physical exam and vaccinations if you haven't already done so. The exams **may** include the following:

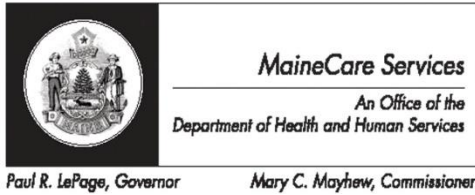
- Medication review
- Immunization review (including Hepatitis A and B, pneumonia, and an annual flu shot)
- Breast exam (mammogram)
- Cervical exam (pap smear)
- Colon exam (colonoscopy)
- Rectal exam (anal pap)
- Prostate
- Cholesterol (LDL, HDL and triglycerides)
- Blood sugar (glucose)
- Skin (dermatologist)
- Teeth (dentist)
- Eyes

Please check with your provider before scheduling any appointments to make sure it is a covered service. You can also call MaineCare Member Services at 1-800-977-6740. Enclosed is a chart to use with your doctor to determine which exams and vaccinations you need to schedule. Your doctor may recommend a different exam or schedule depending on your health status.

If you have any questions or concerns please call me toll free at 1-866-796-2463 ext. 44008 or directly at 207-624-4008. TTY users dial 711 (Maine Relay).

Sincerely,

Sherry Boochko, RN
Nurse Coordinator, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
1-866-796-2463 ext. 44008



Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-1864
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

Date

Dear MaineCare Member,

I am writing to introduce myself. My name is Sherry Boochko and I am a nurse working for MaineCare. I have been hired to help members who need help getting care. These are some of the areas that I can help with;

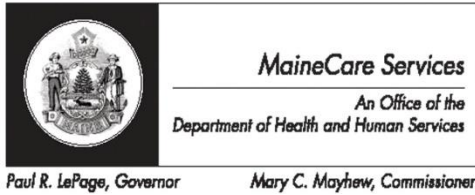
- getting transportation to your medical appointments,
- giving you information about covered services,
- answering questions about your medications,
- any other areas you need help with.

Please call me toll free at 1-866-796-2463 extension 44008. TTY users dial 711. You may also email me at sherry.boochko@maine.gov.

My goal is to work with you and your doctor to make sure you are getting the best healthcare possible. I look forward to working with you.

Sincerely,

Sherry Boochko, RN
Nurse Coordinator, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
1-866-796-2463 ext. 44008



Department of Health and Human Services
 MaineCare Services
 Nurse Coordinator
 11 State House Station
 Augusta, Maine 04333-0011
 Tel.: (207) 624-4008; Fax: (207) 287-1864
 Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

Date _____

Dear MaineCare Member,

My name is Sherry Boochko and I am a nurse working for the MaineCare Program. My role is to help MaineCare members stay healthy.

I do not have record of a primary care doctor or an infectious disease specialist listed for you. It is important to have a provider to help you stay well. Please let me know the name of your doctor or infectious disease specialist by filling out the form below. Mail it back to me in the postage paid envelope provided.

If you do not have a doctor or an infectious disease specialist please call or write to me so that I can help you find one. Please call me at 1-866-796-2463 ext. 44008 or write me at the address below or e-mail me at sherry.boochko@maine.gov. It is very important for you to have a doctor. Regular care will help delay the onset of serious illness related to your condition.

Sincerely,

Sherry Boochko, RN
 Nurse Coordinator, Special Benefit Waiver
 MaineCare Services
 11 State House Station
 Augusta, ME 04333
 1-866-796-2463 ext. 44008

Please return this part of the letter to me

Name: _____ MaineCare Number: _____

Infectious Disease Specialist Name: _____

Infectious Disease Specialist Address: _____

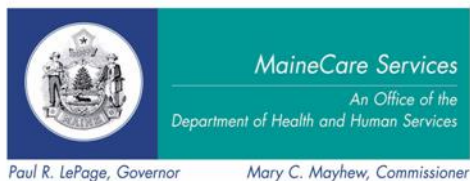
Primary Care Doctor Name: _____

Primary Care Doctor Address: _____

No, I do not have a doctor and would like help getting one.

If you checked above, how can we best reach you? _____

Please return in the postage paid envelope. Thank you!



Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-1864
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

Date

Dear MaineCare Member,

Please fill out and sign the enclosed Special Benefit Waiver Authorization form. We must have your signed form in order to continue your MaineCare benefit. Please return the form to us in the enclosed envelope. If you change your doctor and/or Ryan White Case Management Agency, you will be sent a new form.

If you have any questions, contact the Nurse Coordinator at the toll free number 1-866-796-2463 ext. 44008 or directly at 207-624-4008. TTY users dial 711 (Maine Relay).

Sincerely,

Sherry Boochko, RN
Nurse Coordinator, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
1-866-796-2463 ext. 44008

Infectious Disease

Specialist: _____

Address:

_____ **Street** _____ **Town/City** _____ **State** _____ **Zip Code**

If requesting that electronic information be transmitted by email, please clearly print the email address below

I understand that DHHS systems may not be able to send my information securely through email. I understand that email and the internet have risks that DHHS cannot control and that the information potentially could be read by a third party. I accept those risks and still request that DHHS send my information by email
Initials _____

Please allow the office(s) named above to disclose my information for the following purpose(s):

Legal Insurance Coordination of Care Personal Request Other:

By initialing below, I wish for my release to include the following types of records:

_____ **Mental health treatment provider or program**
(initials)

_____ **Substance/Alcohol/drug abuse treatment provider or program**
(initials)

_____ **HIV infection status or test results:** Maine law requires us to tell you that releasing this information
(initials) may have implications. Positive implications may include giving you more complete care, and negative implications may include discrimination if the data is misused. **DHHS will protect your HIV data, and all your records, as the law requires.**

I (individual/personal representative of individual named above,) give permission to the DHHS office(s) listed above to release and/or share my records as written on this form. This form will remain in effect for one year from the date below. Other releases of my information are permitted during that time unless I revoke this form.

I further understand and agree that:

- DHHS will not condition my treatment, payment for services, or benefits on whether I sign this form, unless I need to sign this form so that the right offices of DHHS can make eligibility or enrollment decisions.
- I have the right to make a written request to access and copy my healthcare or billing information, and a copy fee will be charged as permitted by law.



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station

Augusta, Maine 04333-0011

Tel.: (207) 624-4008; Fax: (207) 287-1864

Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

Date

Dear *Doctor Name*,

The MaineCare HIV/AIDS 1115 Demonstration Waiver has completed its thirteenth year. MaineCare Services is continuing a series of initiatives aimed at improving the care of members who are HIV positive. In order to fulfill the quality care initiatives required by the Centers for Medicare and Medicaid Services (CMS) we collect lab data such as viral loads and CD4 results, which are used to establish baseline data for tracking disease progression.

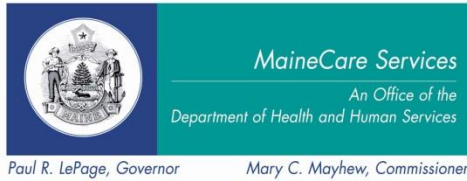
According to our records, you are the provider for the member(s) on the enclosed form. The enclosed form outlines the lab results we need. Please complete all of the requested information with the most recent results, and return it in the enclosed self-addressed envelope. We will repeat this mailing semi-annually to update any necessary information.

If you have any questions call Sherry Boochko, RN, the Nurse Coordinator in the Division of Health Care Management at 207-624-4008.

Thank you in advance for your help with this quality initiative.

Sincerely,

Beth Ketch, Director
Policy and Provider Services
Office of MaineCare Services



Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-4758; Fax: (207) 287-1864
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

May 2016

Dear *Doctor Name*,

We recently sent you a clinical data request for MaineCare members seen in your practice. Our records indicate that we have not received a response from you. In order to fulfill the quality care initiatives required by the Center for Medicare and Medicaid Services (CMS) we need to have lab results such as viral loads and CD4's to use as baseline data to track disease progression for MaineCare members who have HIV/AIDS. Please send us the needed information so we are able to demonstrate our goal's and continue to receive Federal and State funding for our members.

The enclosed form outlines the lab results we need. Please complete all of the requested information with the most recent results and return it in the enclosed self-addressed envelope.

If you have any questions call Sherry Boochko, RN, the Nurse Coordinator in the Division of Health Care Management at 207-624-4008.

Thank you in advance for your help with this quality initiative.

Sincerely,

Beth Ketch, Director
Policy and Provider Services
Office of MaineCare Services



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-1864
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

Date

Dear *(insert members name)*,

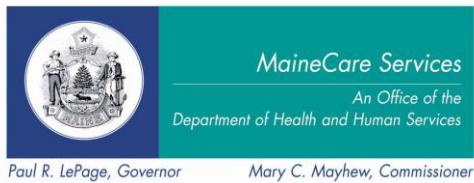
My name is Sherry Boochko and I am a nurse working for the MaineCare program.

I have been unable to reach you by phone and I would like to speak with you about your health care.

Please contact me toll free at 1-866-796-2463 ext. 44008 or directly at 624-4008 and let me know the best time or way to reach you.

Sincerely,

Sherry Boochko, RN
Nurse Coordinator, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
1-866-796-2463 ext. 44008



Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-1864
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

July 1, 2016

Dear MaineCare Member,

Have you had your routine cervical exam? The Pap test is also called a Pap smear and is part of the cervical exam. If you have not had this exam, please check with your provider to see if you need one. For more information, please see the yellow card included with this letter.

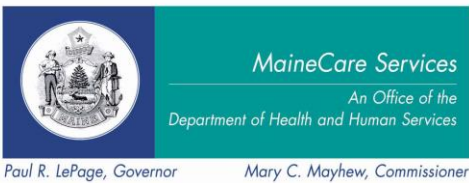
If you have any questions or need help making your medical appointments, call me toll free at 1-866-796-2463 ext. 44008 or directly at (207) 624-4008. TTY users, dial 711 (Maine Relay).

Thank you for your time in this important matter.

Thank you for your time in this important matter.

Sincerely,

Sherry Boochko, RN
Nurse Coordinator, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
1-866-796-2463 ext. 44008



Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-1864
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

July 1, 2016

Dear MaineCare Member,

Have you had your annual mammogram (breast exam)? If not, please check with your provider to see if you need one. For more information, please see the blue card included with this letter.

If you have any questions or need help making your medical appointments, please call me toll free at 1-866-796-2463 ext. 44008 or directly at (207) 624-4008. TTY users, dial 711 (Maine Relay).

Thank you for your time in this important matter.

Sincerely,

Sherry Boochko, RN
Nurse Coordinator, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
1-866-796-2463 ext. 44008



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011

Tel.: (207) 624-4008; Fax: (207) 287-8601
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

November 28, 2016

Dear MaineCare Provider:

You are receiving this informational letter because you have been identified as a provider for one or more MaineCare members living with HIV. The Department of Health and Human Services has developed quality initiatives to improve care for these MaineCare members. One of these quality initiatives is to provide timely, important information to providers on certain aspects of HIV care. The Department finds it important to provide information to you, as a Primary Care Provider (PCP), because not all PCPs who see MaineCare members living with HIV are experienced in the use of anti-retroviral medication.

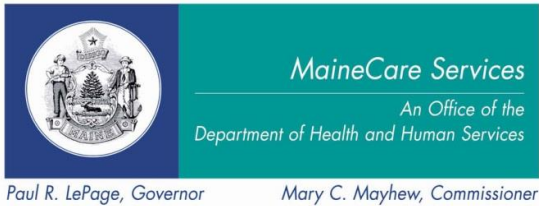
Enclosed, please find information from the FDA regarding HIV medication changes and alerts. For more information, please refer to the FDA's website.

Please contact Sherry Boochko, RN at 207-624-4008 if you currently have no patients with HIV.

If you have any questions, you may contact me by sending an email to beth.ketch@maine.gov or the Nurse Coordinator, Sherry Boochko, RN at sherry.boochko@maine.gov.

Sincerely,

Beth Ketch, Director
Policy and Provider Services
Office of MaineCare Services



Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-8601
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

April 22, 2016

Dear Organization:

MaineCare's Waiver benefit for individuals living with HIV/AIDS now has an enrollment of 464 members. Enclosed is a poster and brochures about the benefit. We would appreciate your assistance in displaying this material in your office or facility.

If you have any questions or need more materials, please call or email me at 207-624-4008 or sherry.boochko@maine.gov.

Thank you in advance for your help with this initiative!

Sincerely,

Sherry Boochko, RN
Nurse Coordinator, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
1-866-796-2463 ext. 44008



Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-8601
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

DATE

Dear *(auto fill provider name)*,

Thank you for responding to our survey!

You indicated on your 2016 MaineCare HIV/AIDS Provider Survey that you had some level of unfamiliarity with programs and resources that are available for people living with HIV/AIDS.

The area(s) you indicated were:

- *(auto fill areas)*
- *(auto fill areas)*

Please find enclosed materials that address the areas of unfamiliarity. If you have any questions, or if you would like specific information about the survey results, please contact Emily Bean at 207-624-4005 or emily.bean@maine.gov.

Thank you,

Emily Bean
Program Manager, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
207-624-4005

Attachment E Waiver Survey's

Provider Name: _____ Email Address: _____

1. Identify your practice specialty:

Family/General Practice Internal Medicine Infectious Disease Pediatrics Other

2. How many patients with HIV/AIDS have you managed or co-managed (for any diagnosis) in the last year?

1-10 11-20 21-40 >40 None  If none, stop survey here.

3. Do you keep up to date with treatment guideline changes and new recommendations for HIV/AIDS patients?

Always Sometimes Never

4. Please identify the top three (3) barriers you feel affect treatment compliance with your HIV/AIDS patients. Label your choices with a 1, 2 and 3 (1 being the biggest barrier)

<input type="checkbox"/> Decreased Cognition	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Co-morbidities
<input type="checkbox"/> Pharmacy Issues	<input type="checkbox"/> Keeping Appointments	<input type="checkbox"/> Regimen Complexity
<input type="checkbox"/> Medication Affordability	<input type="checkbox"/> Transportation	<input type="checkbox"/> Side Effects
<input type="checkbox"/> Access/Affordability to Specialty Care	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Language Barriers
<input type="checkbox"/> Other: _____		

**5. Please indicate your awareness of the following:
HIV training and funding opportunities through the Maine AIDS Education and Training Center (MEAETC).**

Not at all Aware Slightly Aware Moderately Aware Very Aware Extremely Aware

Maine’s waiver for individuals living with HIV/AIDS who are at or below 250% of the Federal Poverty Level (FPL) and do not qualify for regular MaineCare.

Not at all Aware Slightly Aware Moderately Aware Very Aware Extremely Aware

The Ryan White/AIDS Drug Assistance Program (ADAP) and the financial assistance they offer (i.e. dental, housing, food, heat, copayments and premiums).

Not at all Aware Slightly Aware Moderately Aware Very Aware Extremely Aware

6. Would you like to be added to an HIV-specific listserv where FDA medication alerts and changes are sent?

No Yes  If yes, please provide your email address at the top of the survey.

7. Tell us briefly how the HIV/AIDS waiver program can help you and your patients with HIV/AIDS. (use back if needed)

MaineCare Satisfaction Survey

Please complete this survey if you have MaineCare or the MaineCare Special Benefit Waiver.

Please think about your experience with MaineCare over the last year. Circle one answer for each question. If you need help or have questions, please call Sherry at 207-624-4008 or Emily at 207-624-4005. The results of this survey will help us better serve you in the future.

1a. Have you spoken with Sherry, a nurse from the MaineCare Program?

Yes No **If no, skip question 1b**

1b. If you spoke with Sherry, were you satisfied with the information you received?

Comments: _____

2. Please rate your experience: (circle a number)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree	Does Not Apply
a. I understand if I have questions about my MaineCare, I can call MaineCare Member Services at: 1-800-977-6740	1	2	3	4	5	6
b. I can afford my co-pays and premiums.	1	2	3	4	5	6
c. I can easily get my medications filled.	1	2	3	4	5	6
d. I understand how and when to take my medications.	1	2	3	4	5	6
e. I am able to get mental health services when needed.	1	2	3	4	5	6
f. I am able to get dental services when needed.	1	2	3	4	5	6
g. I am able to get substance abuse services when needed.	1	2	3	4	5	6
h. I am able to pay for my basic needs (housing, food, and heat)	1	2	3	4	5	6

i. I am always able to get transportation for my medical needs.	1	2	3	4	5	6
j. I feel healthy most of the time.	1	2	3	4	5	6
k. I see my Infectious Disease doctor as recommended.	1	2	3	4	5	6

Only answer the questions below if you got case management services in the last 12 months. Please check the agencies you got case management from. If you did **not** get case management services, **stop the survey here.**

3. In the last 12 months, check the agencies that you got case management services from.

- Ellsworth Health Equity Alliance (formerly Down East AIDS Network)
- Bangor Health Equity Alliance (formerly Down East AIDS Network)
- Frannie Peabody Center (FPC)
- Horizon Program
- St. Mary's Regional Medical Center
- Community Health and Counseling Services (CHCS)
- Other: _____

4. Please rate your experience with case management: (circle a number)

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
a. I can reach my case manager easily.	1	2	3	4	5
b. I am able to see my case manager when I need to.	1	2	3	4	5
c. My case manager helped me find services I needed.	1	2	3	4	5
d. I would recommend case management to others.	1	2	3	4	5

5. How often do you talk to or see your case manager?

- About once a week
- About once a month
- About once every 3 months
- About twice a year

6. How long have you had a case manager for?

- Less than one year

- Between 1 and 3 years
- Between 3 and 5 years
- More than 5 years

Additional comments: (use back of survey if more space is needed)

Thank you for completing this survey!
Please put your surveys in the postage-paid envelope and drop it in the mail!

MaineCare Services
HIV/AIDS Waiver- Member Survey Analysis 2017

Objective:

The Office of MaineCare Services has been serving Maine's HIV/AIDS population since July 1, 2002 through its HIV/AIDS demonstration waiver, which is funded by the State of Maine and the federal Centers for Medicare and Medicaid Services (CMS). Annually, MaineCare sends a survey to all members and enrollees who are part of the HIV/AIDS waiver program. The purpose of this survey is to gain feedback on our members' ability to obtain services and their experiences and satisfaction with waiver staff, MaineCare, and other providers. Surveys are coded so we can identify members who may need follow up to address concerns, remove barriers, and connect to needed services.

Results:

In 2017, the HIV/AIDS MaineCare member satisfaction survey was sent to 733 members and we received 366 responses. This shows a fifty percent (50%) response rate, which is a four percent (4%) increase in the response rate from the previous year (2016). This document contains data from the 2017-member survey as well as year-to-year comparisons.

On question 1a, we received a response from 355 out of 366 survey respondents (97%). Figure 1a shows that out of 355 responses, eighty-seven percent (87%) of members reported speaking with the MaineCare Nurse Coordinator about their health and benefits (no change from the previous year). Thirteen percent (13%) of members reported having no contact with the Nurse Coordinator. For more year-to-year comparisons, see Figure 1a.1 below.

Figure 1a

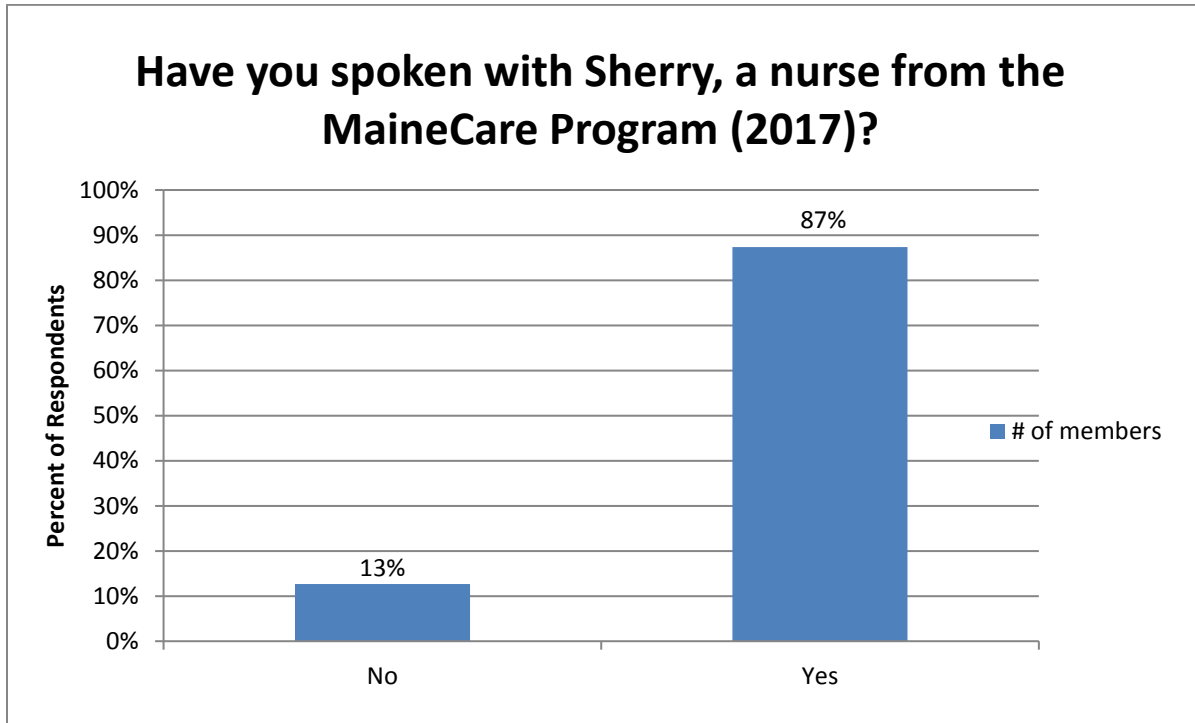
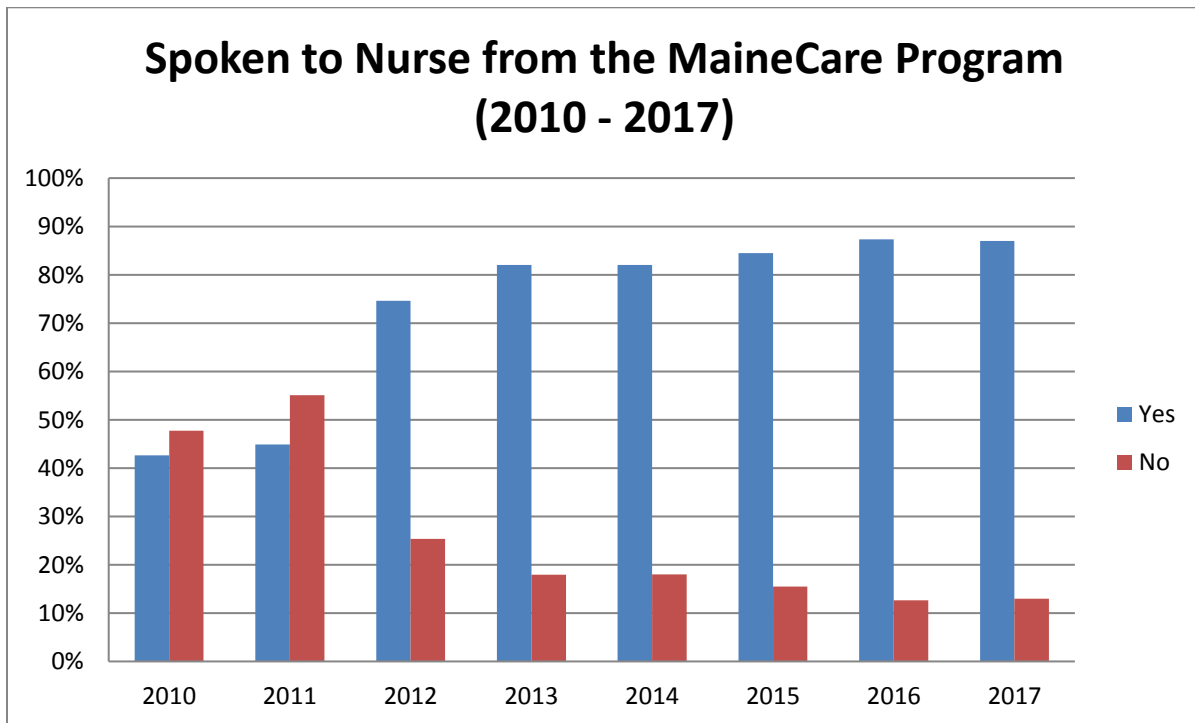


Figure 1a.1



Members who responded that they had spoken with the MaineCare Nurse Coordinator were asked to rate their satisfaction. Figure 1b shows that eighty-four percent (84%) of members were very satisfied with the information they received from MaineCare’s Nurse Coordinator (a 1% increase from the previous year). Seven percent (7%) of members were somewhat satisfied with the information received and six percent (6%) of members were neither satisfied nor dissatisfied. Only two percent (2%) of members reported being dissatisfied with the information they received from the MaineCare Nurse Coordinator. For more year-to-year comparisons, see Figure 1b.1 below.

Figure 1b

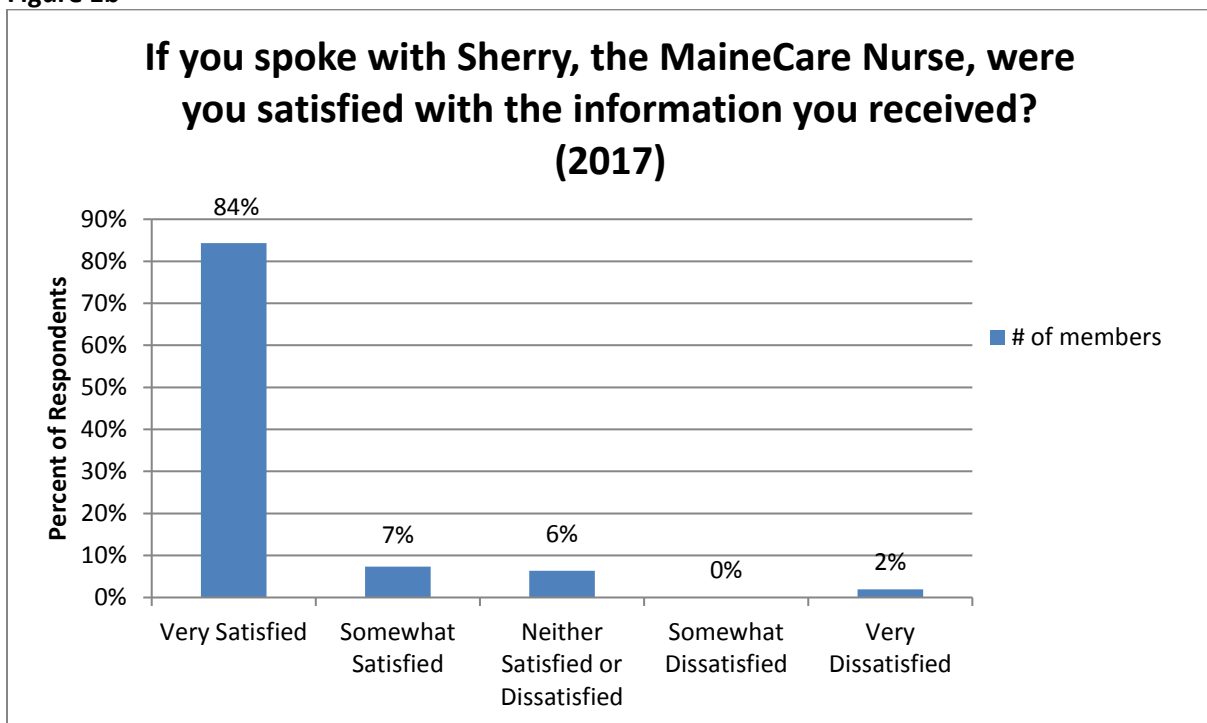
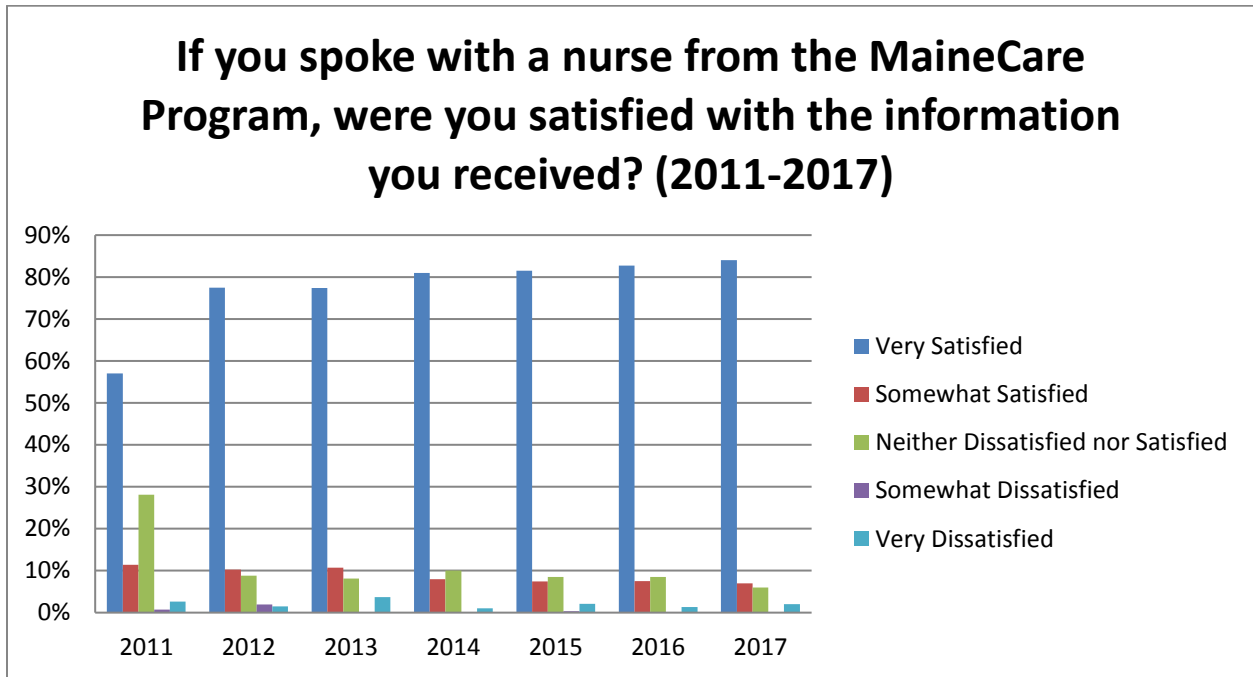


Figure 1b.1



MaineCare is interested in knowing if members understand that they can contact MaineCare Member Services with questions. We received a response from 365 out of 366 members (99%). Figure 2a shows that of the 365 members, fifty-six percent (56%) indicated they strongly agree that they understand they can call MaineCare Member Services with questions, followed by thirty-six percent (36%) of members who agree. This shows that most members (92%) understand that they can call MaineCare Member Services with questions about their benefits (no change from the previous year). For more year-to-year comparisons, see Figure 2a.1 below.

Figure 2a

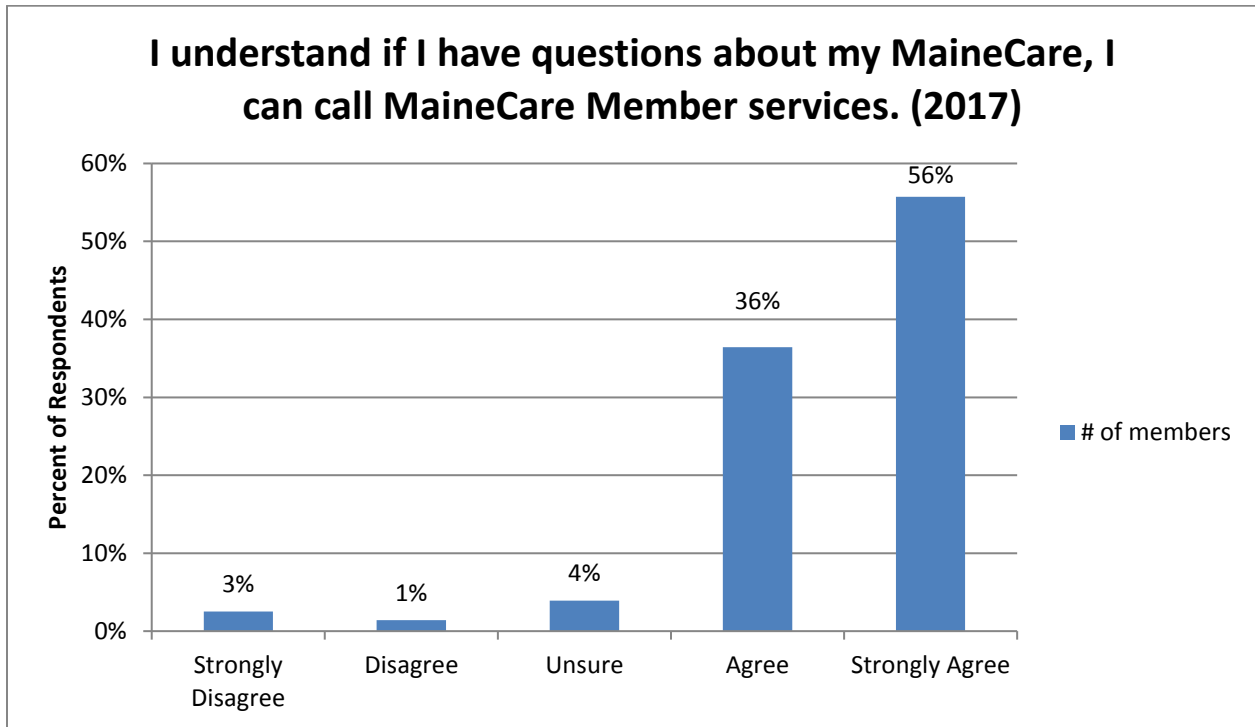
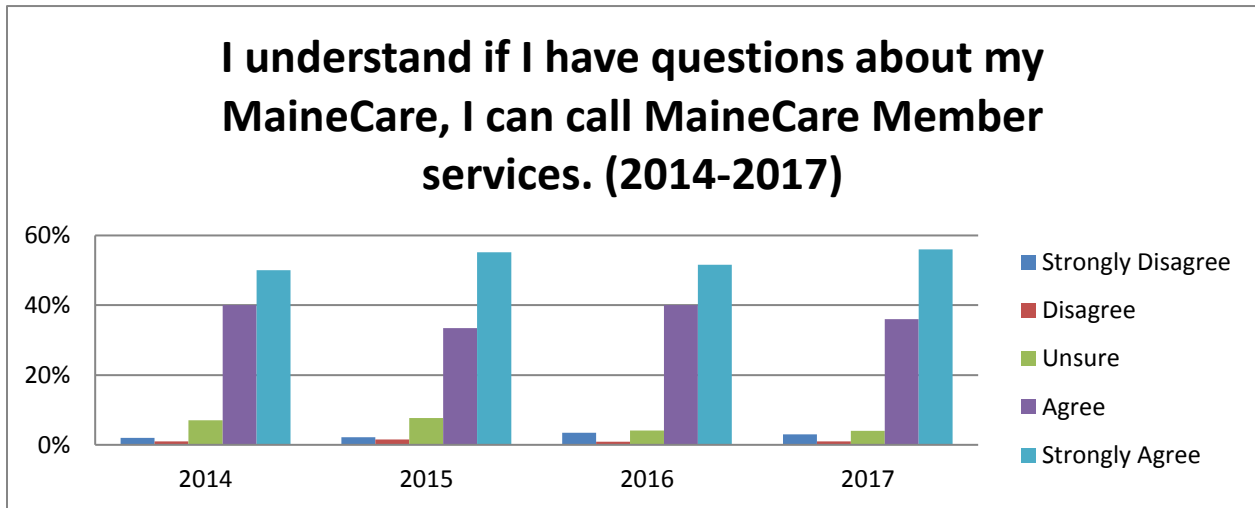


Figure 2a.1



We asked members to rate their co-pay and premium affordability. Three hundred thirty-one (331) members replied to this question out of the 366 who returned the survey (90%). Figure 2b shows that approximately sixty-five percent (65%) of members agree or strongly agree that they can afford their co-pays and premiums (a 23% increase from the previous year), thirteen percent (13%) of members are unsure whether or not they can afford copays and premiums, and twenty-two percent (22%) disagree or

strongly disagree (a 29% decrease from the previous year). For more year-to-year comparisons, see Figure 2b.1 below.

Figure 2b

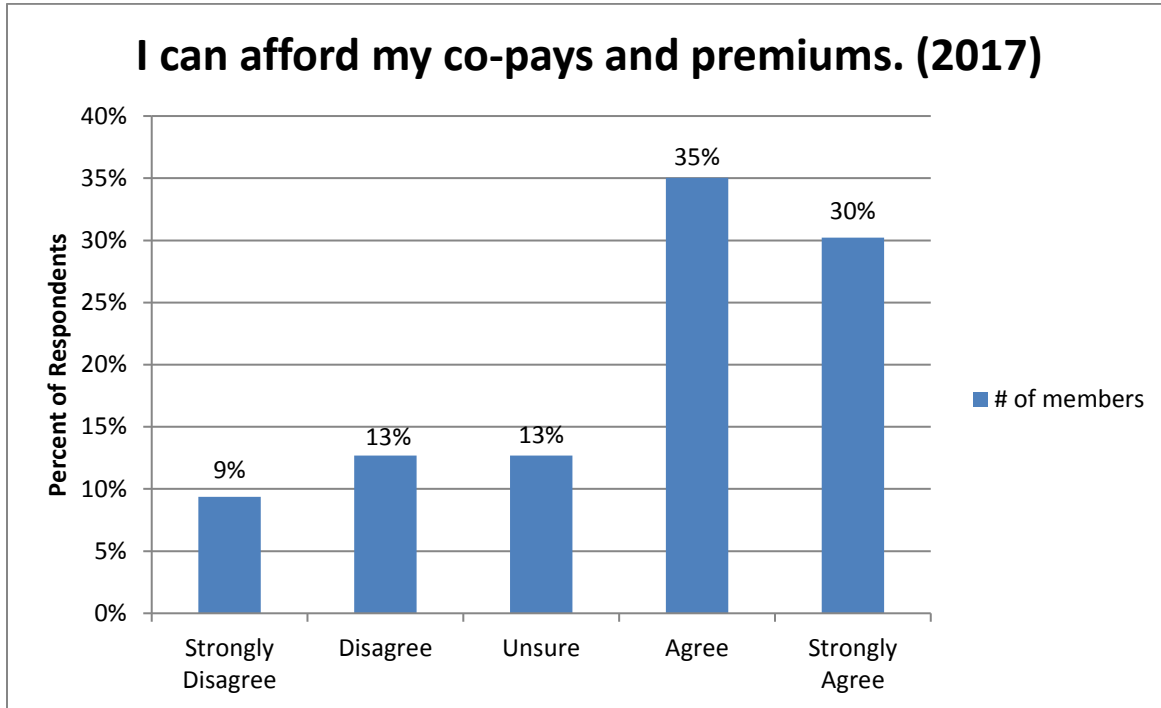
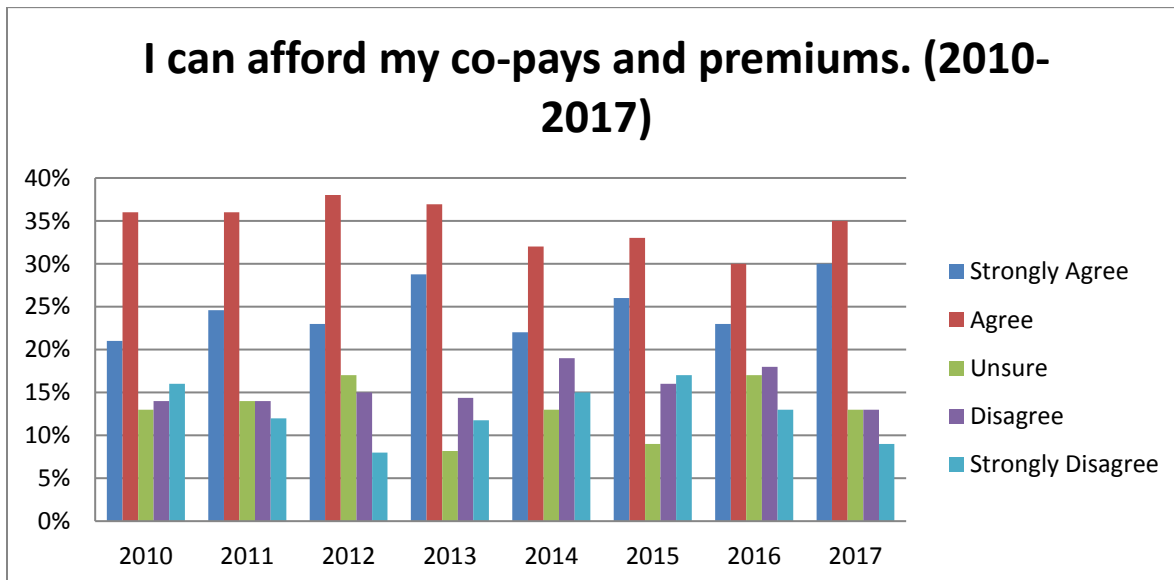


Figure 2b.1



Members were also asked to respond about how easily they can get their prescriptions filled. We received a response from 360 out of 366 members (98%). Figure 2c shows that out of the 366 responses, fifty-three percent (53%) of members strongly agree that they can easily have their prescriptions filled, followed by thirty-eight percent (38%) of members who agree that they can easily get their prescriptions filled. This shows that the majority of MaineCare members (91%) have little trouble getting their prescriptions filled (a 1% decrease from the previous year). For more year-to-year comparisons, see Figure 2c.1 below.

Figure 2c

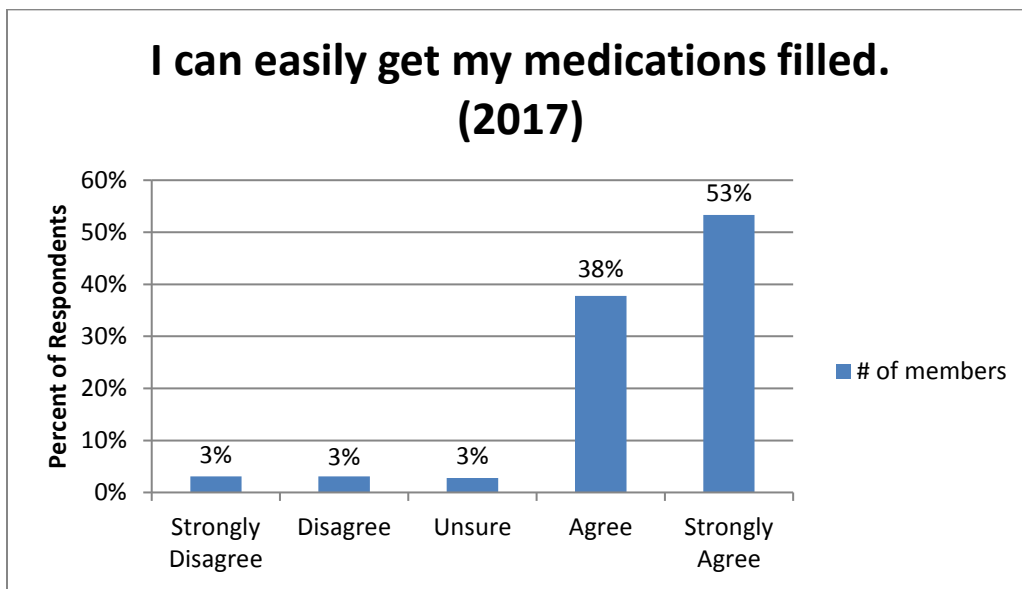
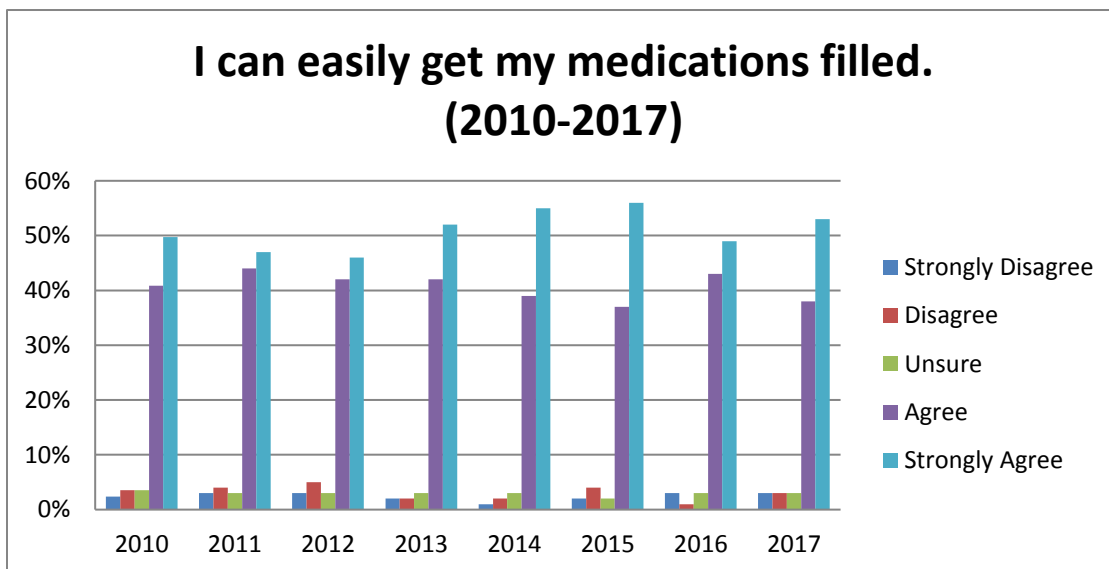


Figure 2c.1



Members were also asked to indicate if they understand how and when to take their medications. We received a response from 354 out of 366 members (97%). Figure 2d shows that of the 354 responses, seventy-seven percent (77%) of members strongly agree and twenty-one percent (21%) of members agree that they understand how and when to take their medications. Most members (98%) indicated that they clearly understand how and when to take their medications (no change from the previous year). For more year-to-year comparisons, see Figure 2d.1 below.

Figure 2d

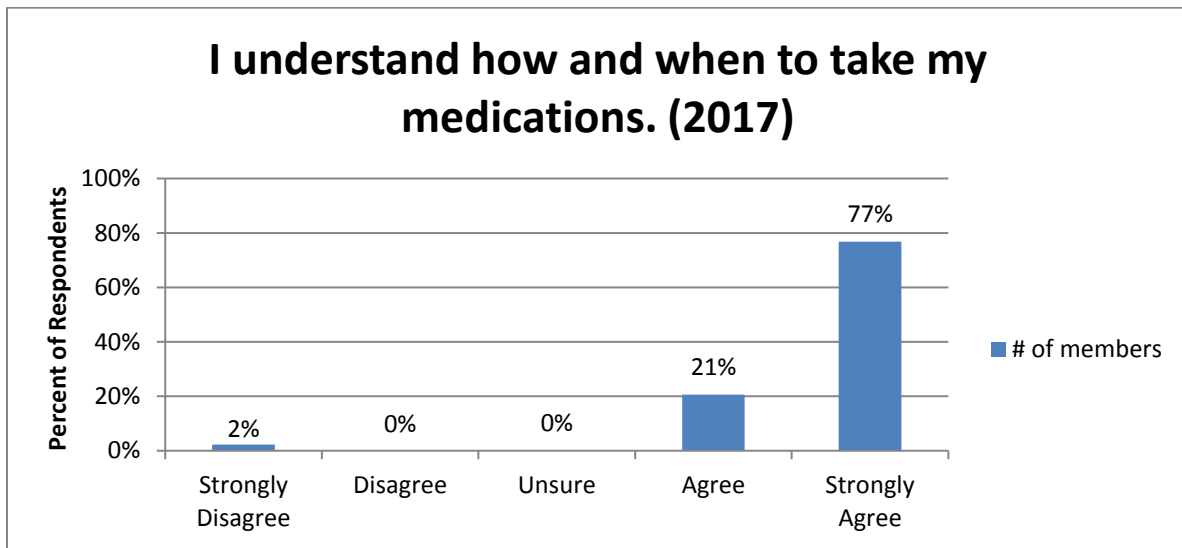
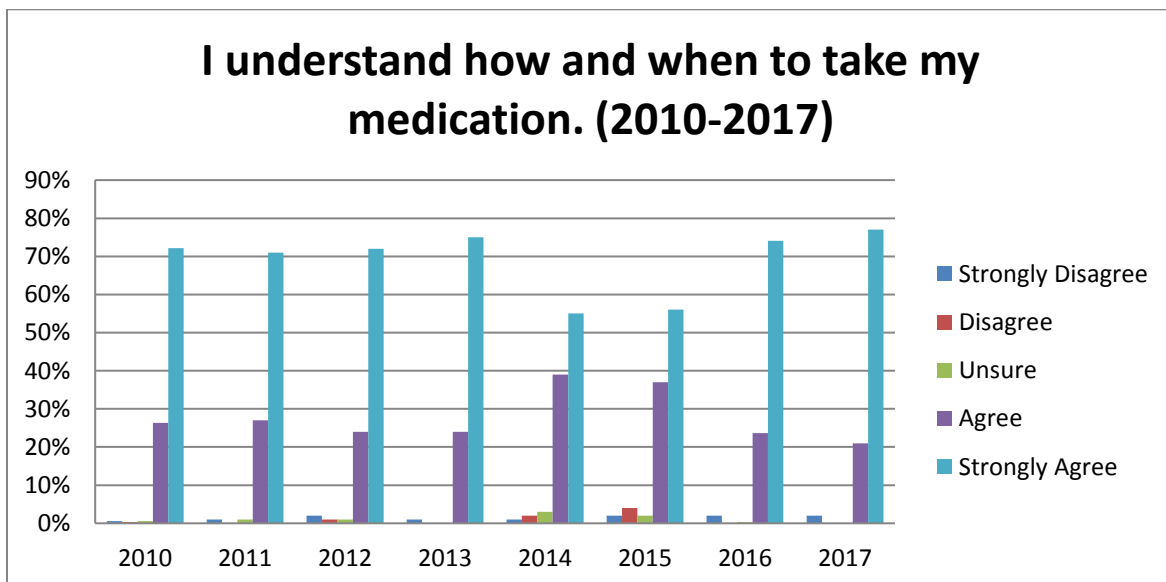


Figure 2d.1



Members were asked to rate their ability to receive mental health services when needed. We received a response from 257 out of 366 members (70%). Figure 2e shows that out of the 257 responses, forty-nine percent (49%) of members strongly agree that they can get mental health services when needed. Thirty-five percent (35%) of members agree that they can get mental health services. This shows that the majority of MaineCare members (84%) are able to get mental health services when needed (a 2% increase from the previous year). For more year-to-year comparisons, see Figure 2e.1 below.

Figure 2e

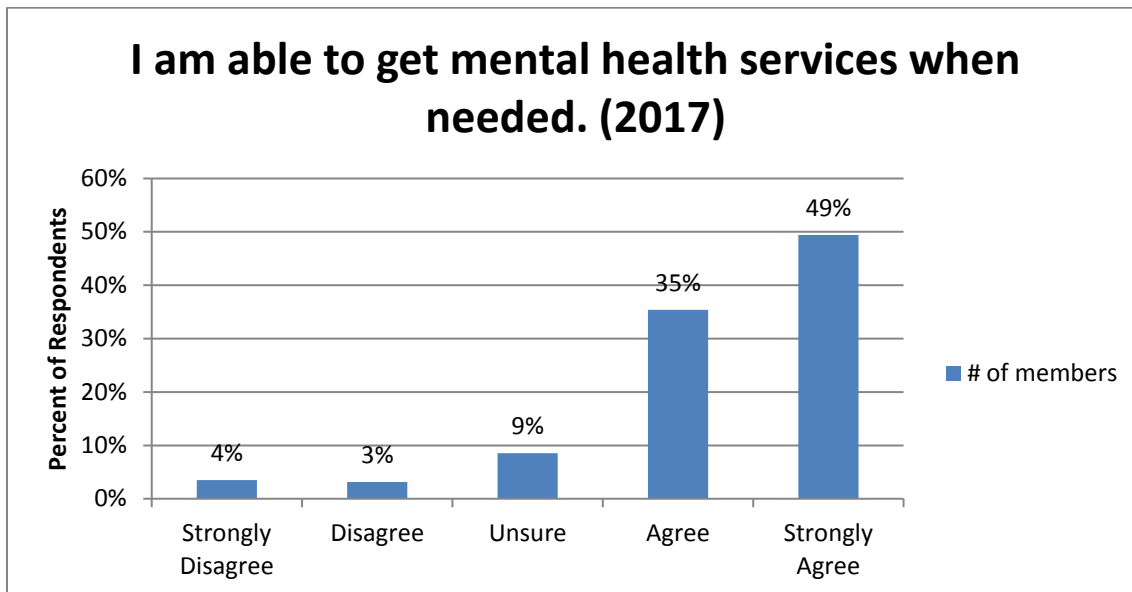
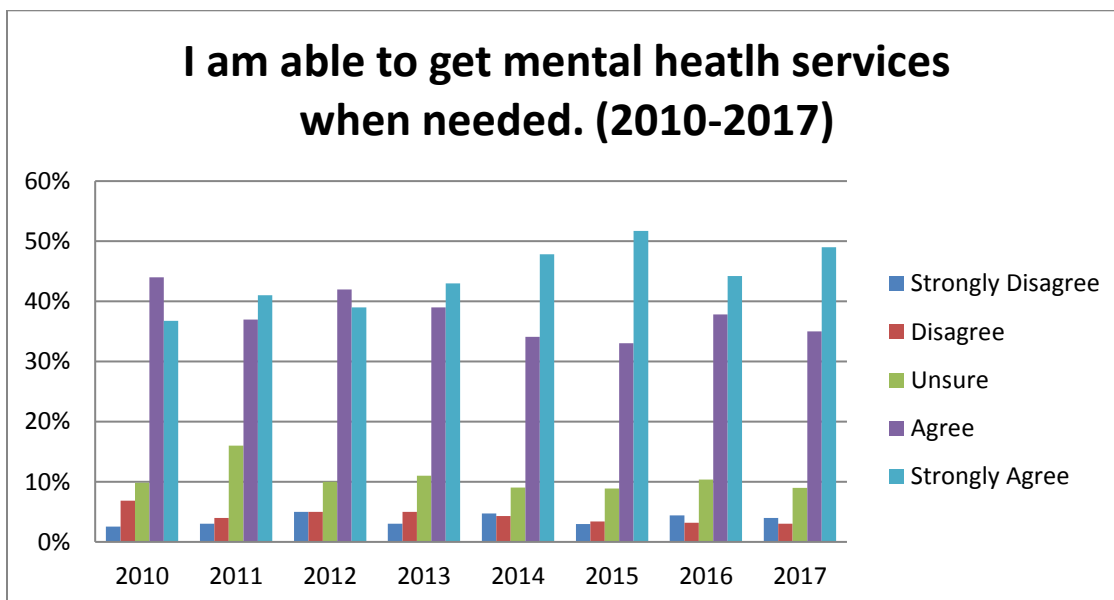


Figure 2e.1



MaineCare is also interested in receiving feedback about members' ability to receive dental services when needed. We received a response from 325 out of 366 members (89%). Figure 2f shows that out of the 325 responses, forty-one percent (41%) of members strongly agree and thirty-three percent (33%) of members agree that they can get dental services. This shows that approximately seventy-four percent (74%) of members are able to get dental services when needed (10% increase from the previous year). Fourteen percent (14%) of members reported that they are unsure if they are able to get dental services. Five percent (5%) of members disagree and six percent (6%) of members strongly disagree and are not able to get dental services when needed. This shows that approximately eleven percent (11%) of members are unable to receive dental services when needed (35% decrease from last year). For more year-to-year comparisons, see Figure 2f.1 below.

Figure 2f

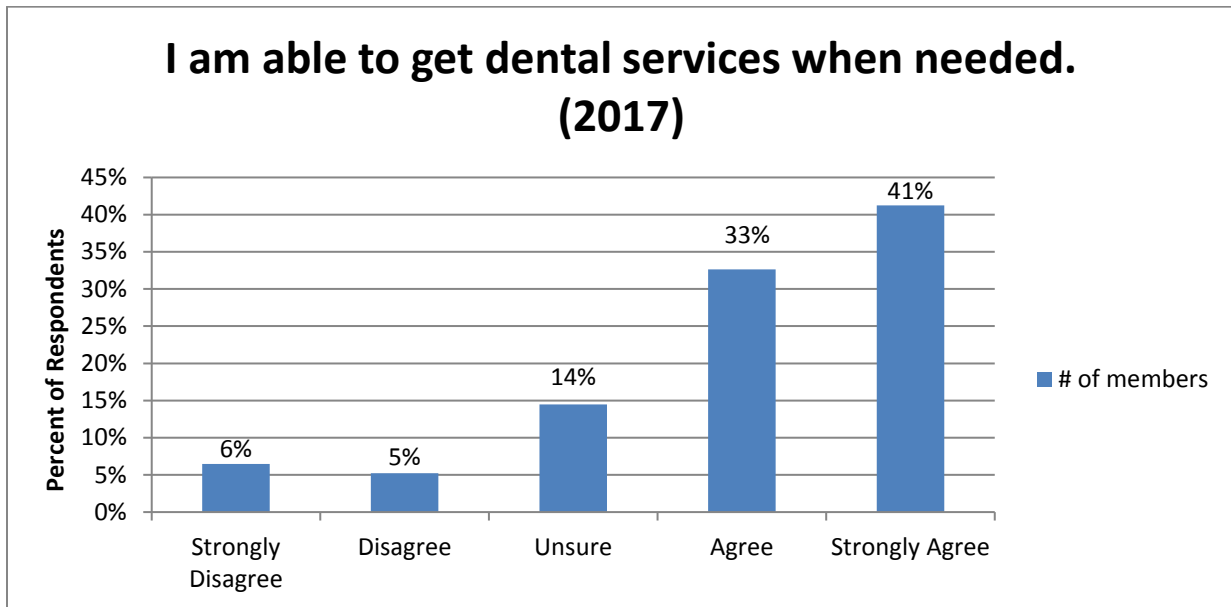
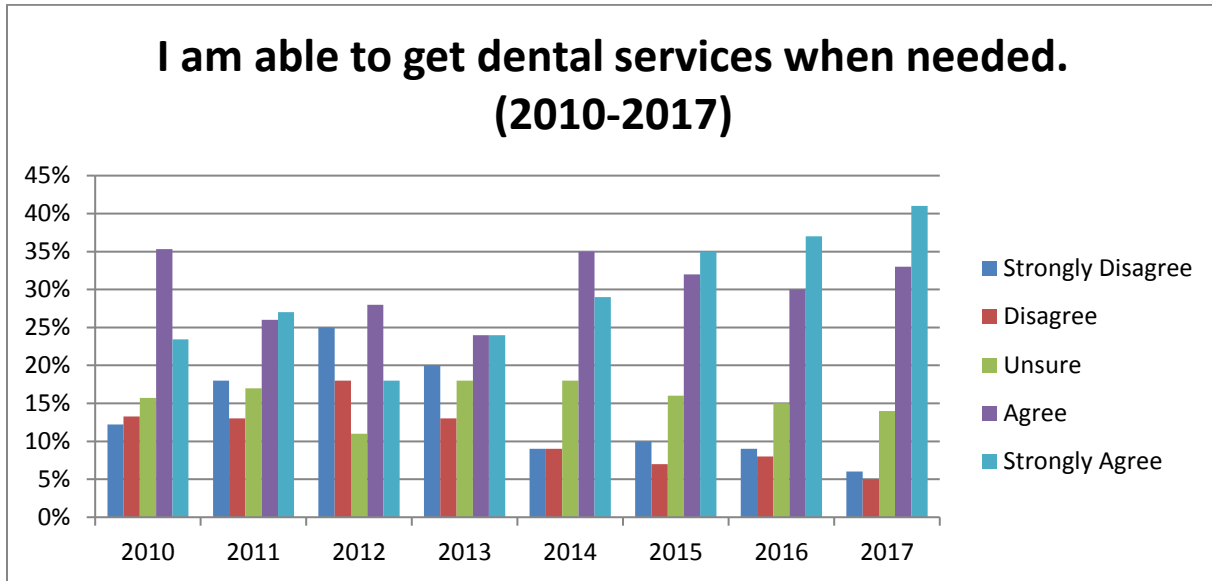


Figure 2f.1



Members were asked to rate their ability to get substance abuse services when needed. We received a response from 152 out of 366 members (42%). Figure 2g shows that of the 152 responses, forty-one percent (41%) of members strongly agree and forty-one percent (41%) agree that they can get substance abuse services when needed. This shows that most of the members (82%) are able to get substance abuse services when needed (a 4% increase from the previous year). Fourteen percent (14%) of members are unsure, three percent (3%) disagree, and two percent (2%) strongly disagree and are not able to get substance abuse services when needed. For more year-to-year comparisons, see Figure 2g.1 below.

Figure 2g

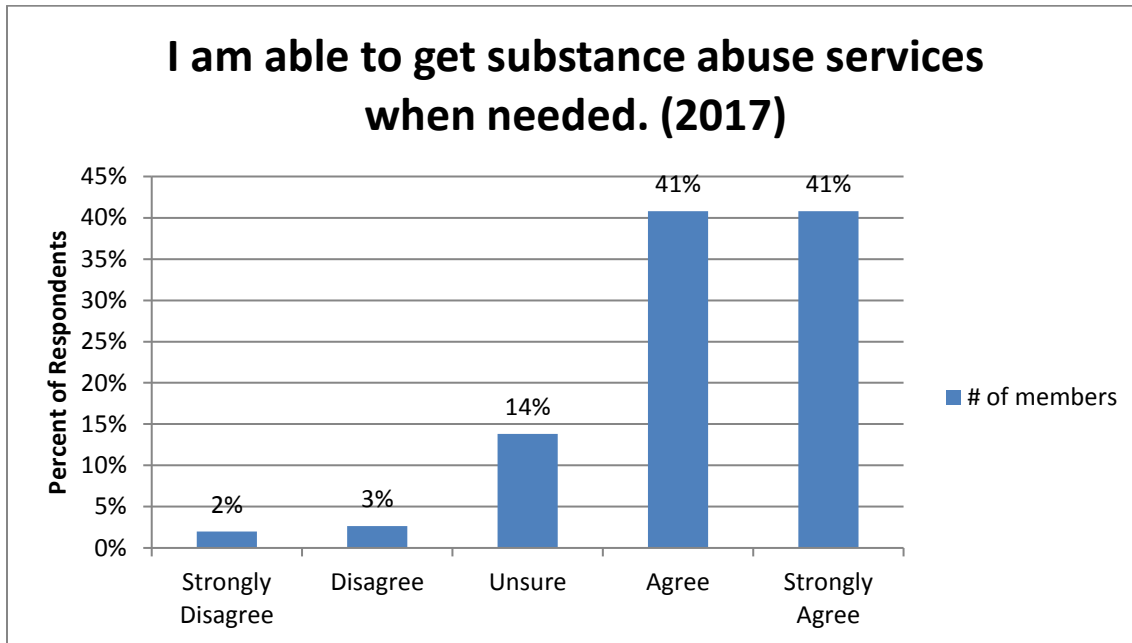
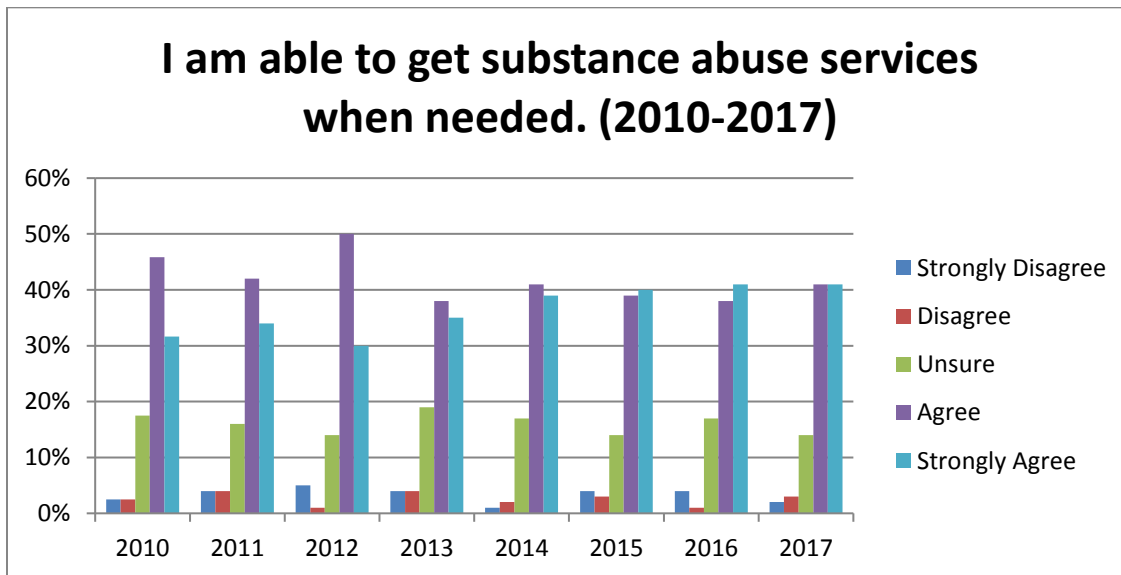


Figure 2g.1



Members were asked about their ability to pay for their basic needs, including housing, food, and heat. We received a response from 347 out of 366 members (95%). Figure 2h shows that of the 347 responses, forty-five percent (45%) of members agree that they are able to pay for their basic needs, followed by twenty-seven percent (27%) of members who strongly agree that they are able to pay for their basic needs. Twelve percent (12%) of members disagree and are not able to pay for their basic needs. Ten percent (10%) of members are unsure whether they can pay for their basic needs and seven

percent (7%) of members strongly disagree and are not able to pay for their basic needs. This shows that approximately seventy-two percent (72%) of members are able to pay for their basic needs (a 11% increase from the previous year), while about nineteen percent (19%) of members are not able to pay for their basic needs (a 10% decrease from the previous year). For more year-to-year comparisons, see Figure 2h.1 below.

Figure 2h

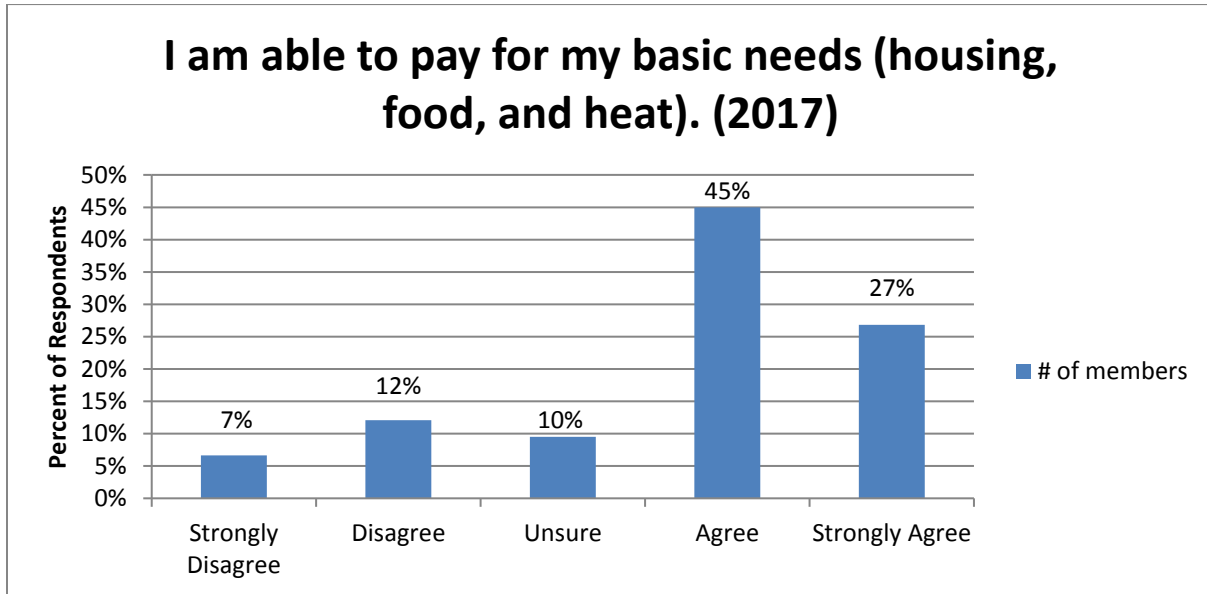
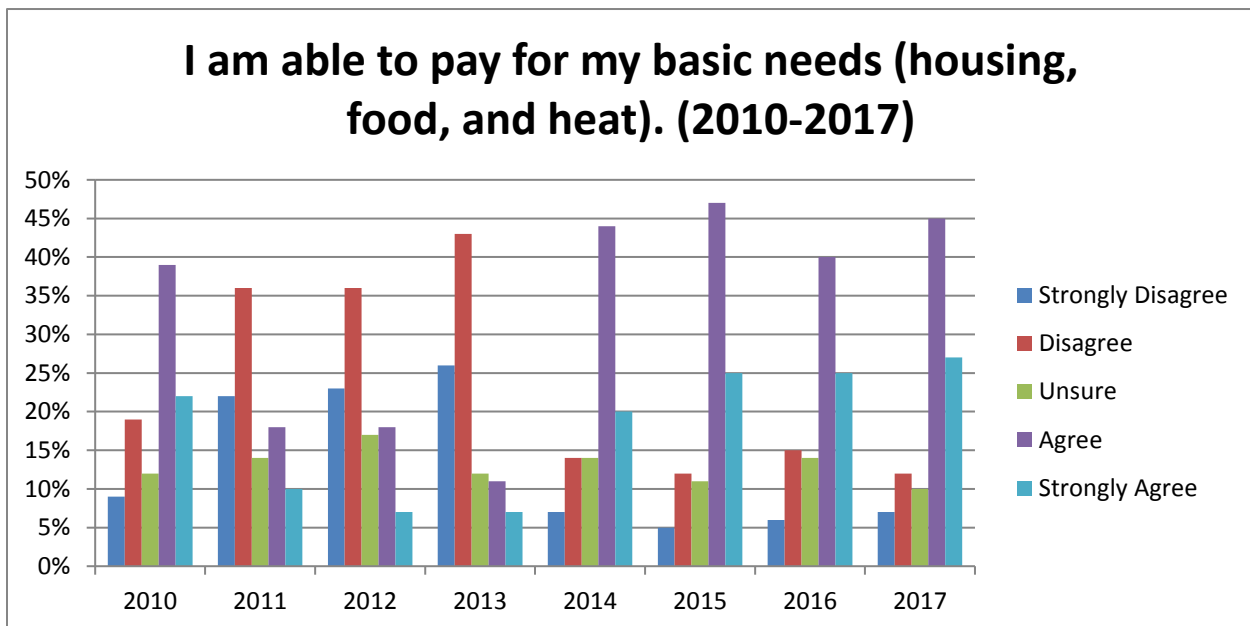


Figure 2h.1



Members were asked to rate their ability to receive transportation for their medical needs. We received a response from 319 out of 366 members (83%). Figure 2i shows that out of the 319 responses, forty percent (40%) of members strongly agree and forty percent (40%) of members agree that they are always able to get transportation for medical needs. This shows that the majority of members (80%) who require transportation for their medical needs are always able to get transportation (a 2% decrease from the previous year). For more year-to-year comparisons, see Figure 2i.1 below.

Figure 2i

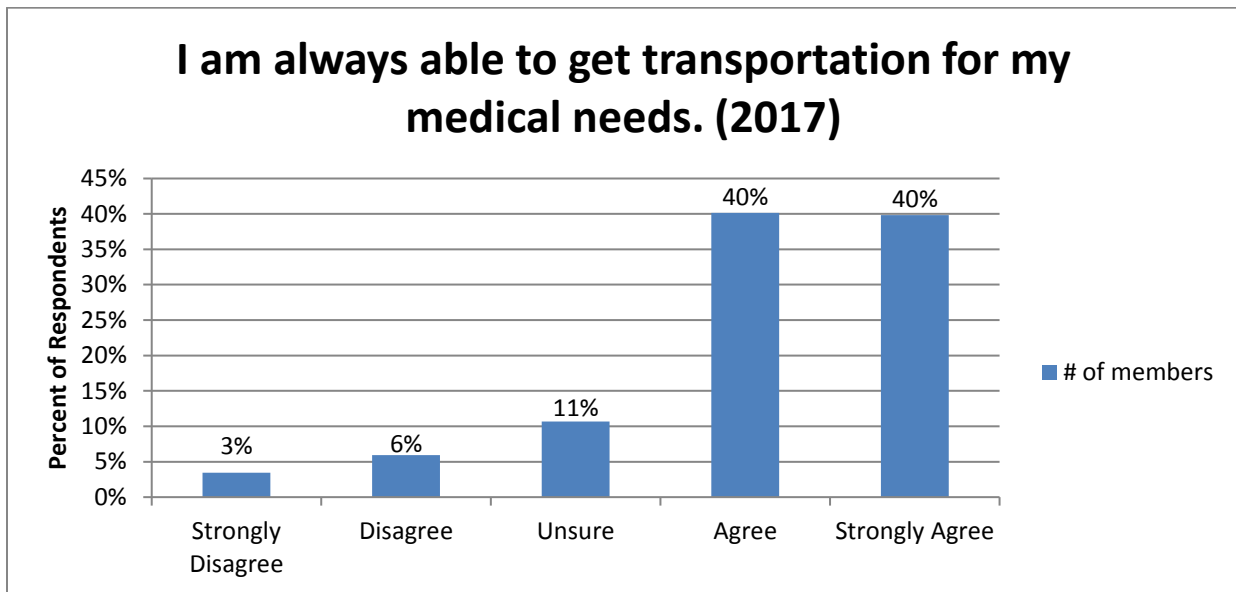
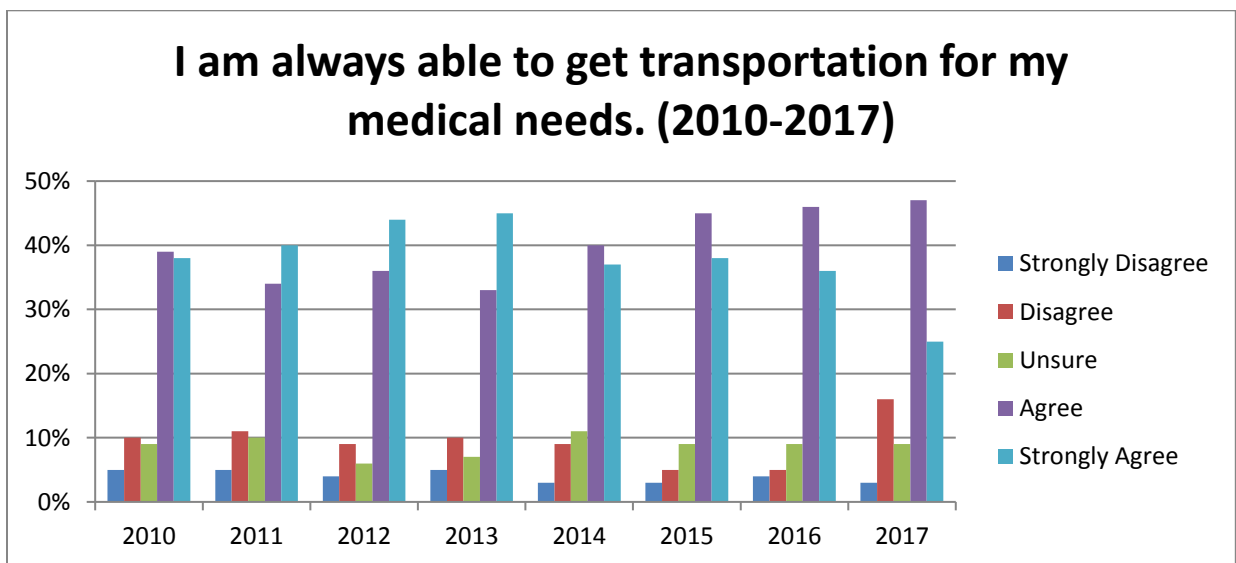


Figure 2i.1



Members were asked to indicate if they felt healthy most of the time. We received a response from 362 out of 366 members (99%). Figure 2j shows that of the 362 responses, forty percent (40%) of members agree and twenty-nine percent (29%) of members strongly agree that they feel healthy most of the time. This shows that the majority of members (69%) feel healthy most of the time (a 4% decrease from the previous year). Fourteen percent (14%) of members disagree and do not feel healthy most of the time (13% decrease from previous year) and six percent (6%) of members strongly disagree that they feel healthy most of the time (compared to 3% the previous year). For more year-to-year comparisons, see Figure 2j.1 below

Figure 2j

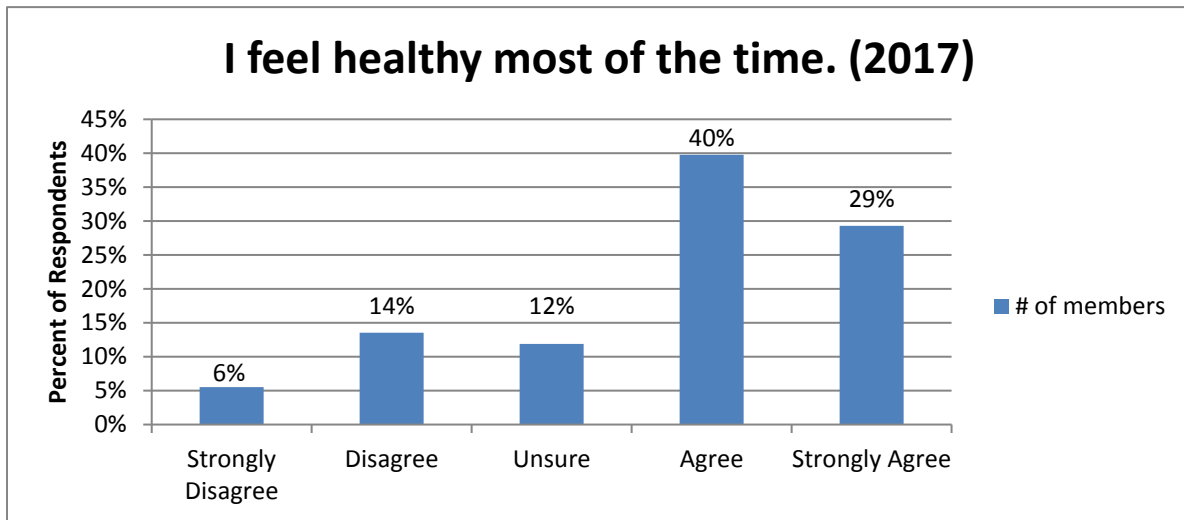
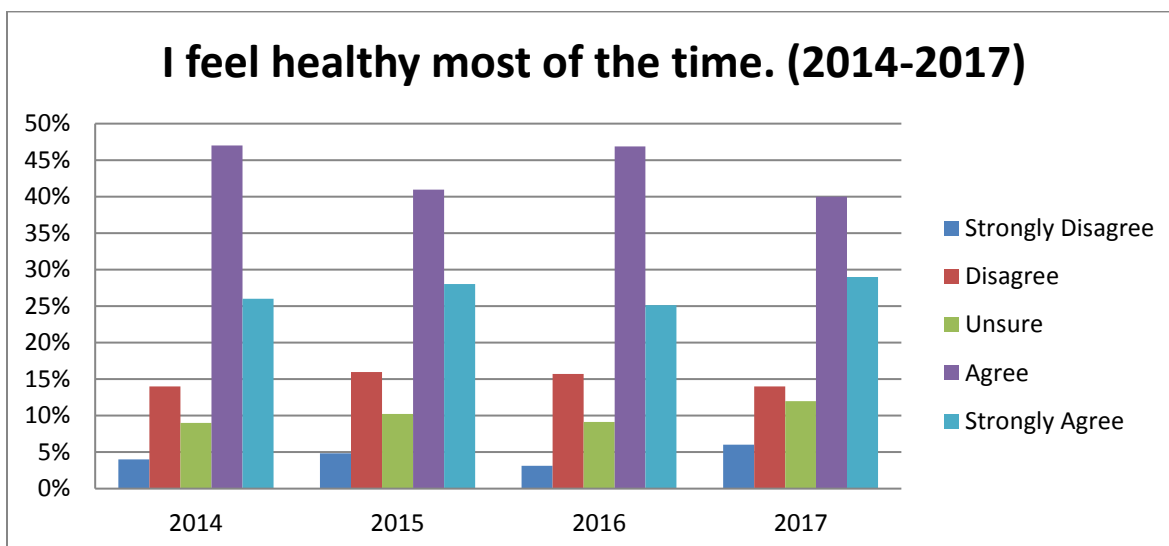


Figure 2j.1



Members were asked if they see their infectious disease doctor as recommended. We received a response from 354 out of 366 members (97%). Figure 2k shows that seventy percent (70%) of the members strongly agree that they see their infectious disease doctor as recommended and twenty-six percent (26%) of members agreed. This shows that the majority of members (96%) see their infectious disease doctor as recommended. One percent (1%) of members are unsure, and approximately four percent (4%) indicated that they do not see their infectious disease doctor as recommended (compared to 3% last year). For more year-to-year comparisons, see Figure 2k.1 below.

Figure 2k

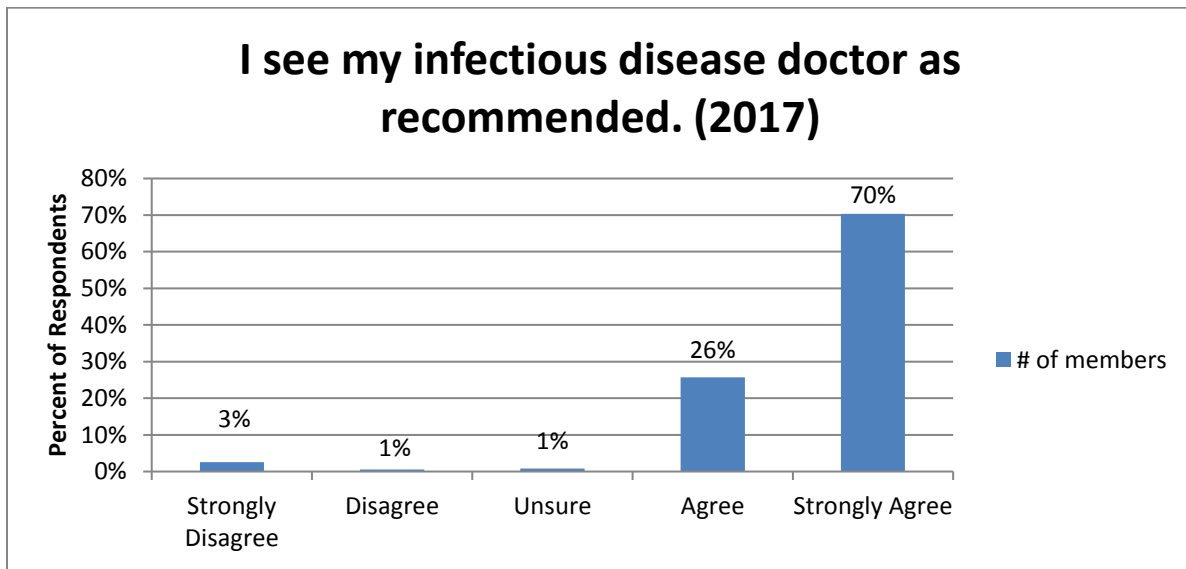
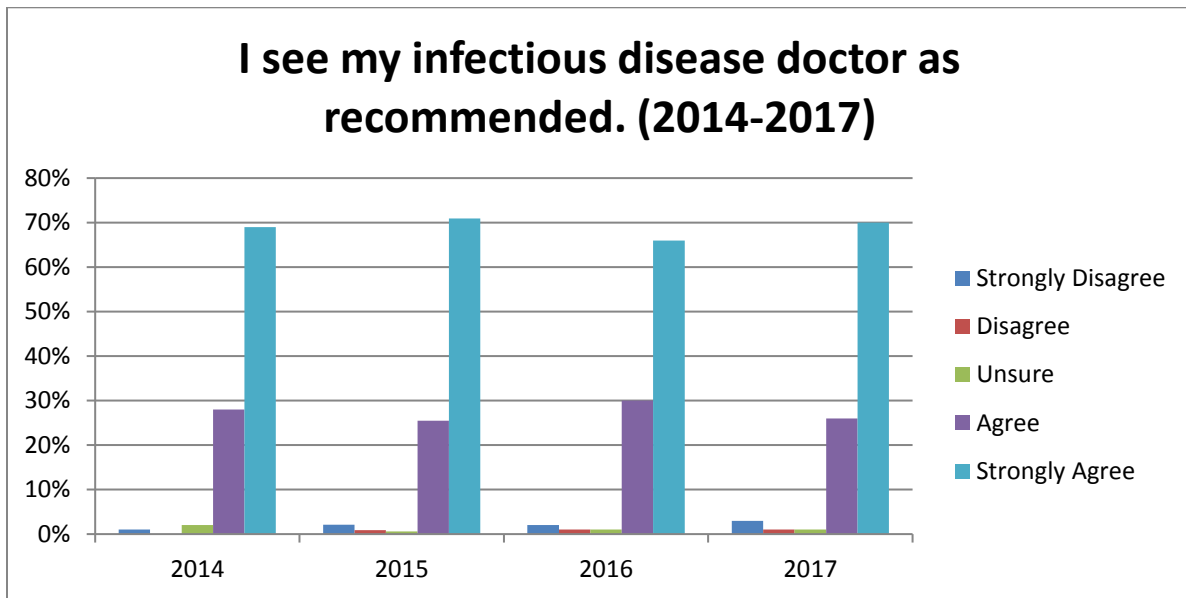


Figure 2k.1



Members were asked if they had case management services in the past 12 months, and if so, where. Out of the 366 members who responded to the survey, 274 indicated that they had received services at one of the agencies listed below. Figure 3 shows that of those 274, 26 members received case management services from Down East AIDS Network (DEAN) in Ellsworth, 50 members at DEAN in Bangor, 95 members from Frannie Peabody Center (FPC), 45 members from Horizon, 44 members from St. Mary's, 10 members from Community Health and Counseling Services (CHCS) and 4 members from Machias Health Equity Alliance. For year-to-year comparisons, see Figure 3a below.

Figure 3

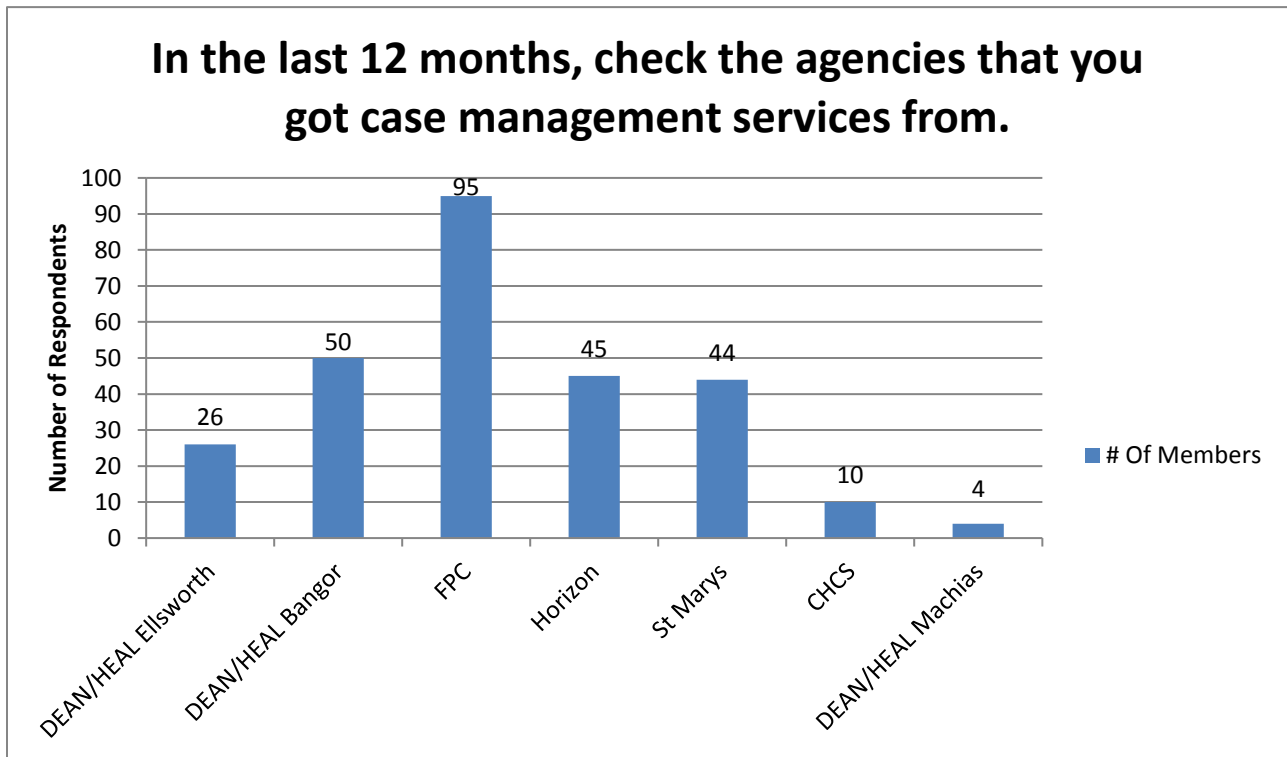
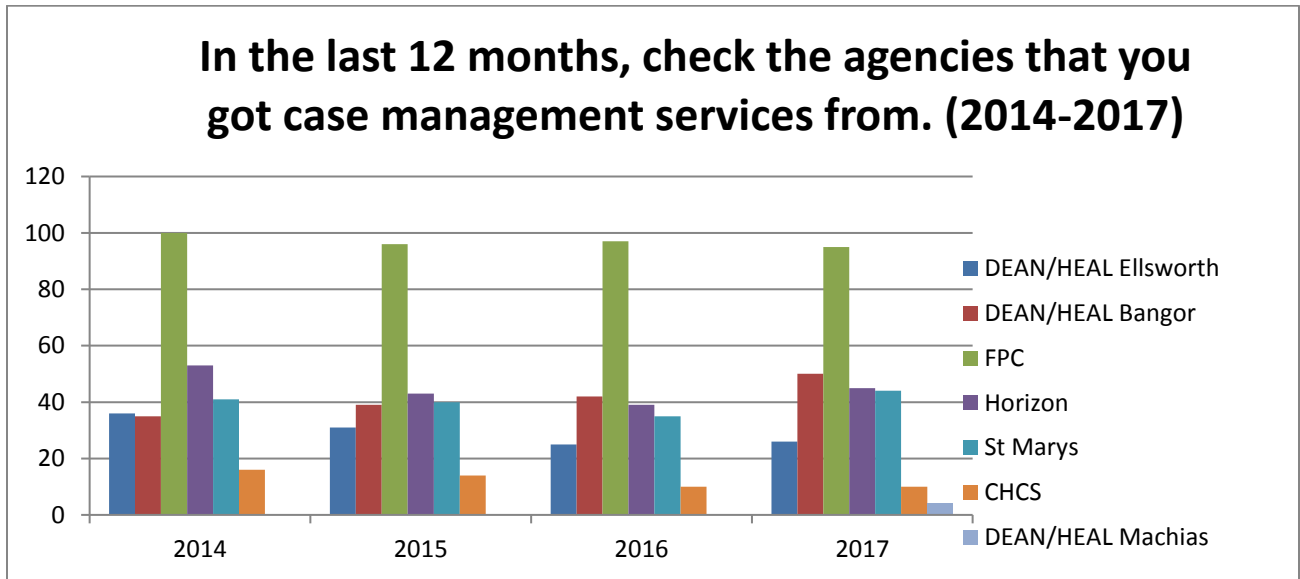


Figure 3a



Members were asked if they can reach their case manager easily. There were 268 responses to this question. Figure 4a shows that fifty-four percent (54%) of members strongly agree and thirty-two percent (32%) of members agree that they are able to reach their case manager easily. This shows that the majority of members (86%) are able to reach their case managers easily. Approximately 9% indicated that they cannot reach their case managers easily (an 80% increase from the previous year) and five percent (5%) of members were unsure. Figure 4a.1 shows members responses broken down by agency. For more year-to-year comparisons, see Figure 4a.2 below.

Figure 4a

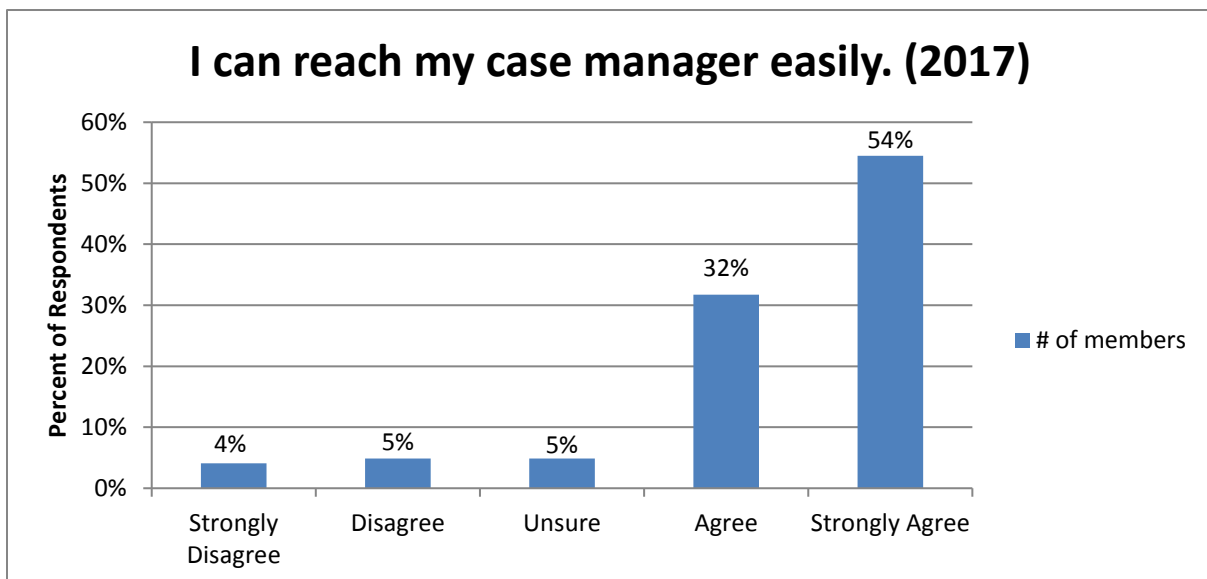


Figure 4a.1

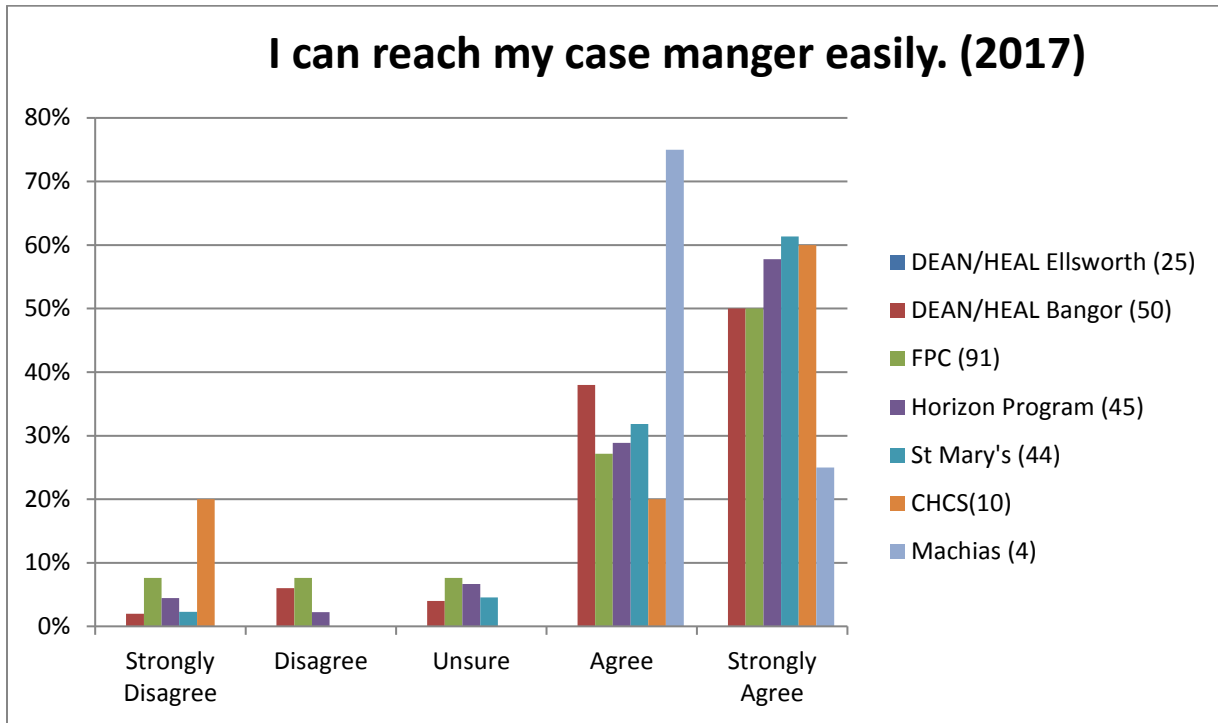
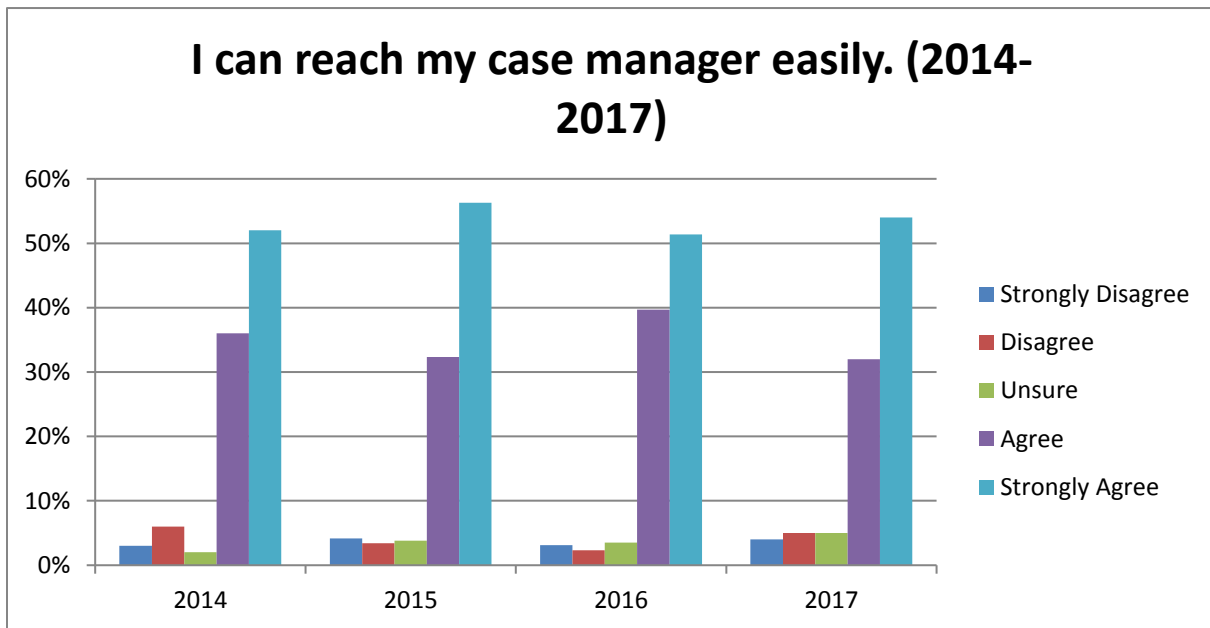


Figure 4a.2



Members were asked if they are able to see their case managers when they need to. We received responses from 266 members. Figure 4b shows that fifty-five percent (55%) of members strongly agree that they are able to see their case manager when they need to. Thirty-one percent (31%) agreed, seven percent (7%) are unsure and the other eight percent (8%) disagree or strongly disagree. The majority of members (86%) are able to see their case manager when they need to (a 4% decrease from the previous year). Figure 4b.1 shows members responses broken down by agency. For more year-to-year comparisons, see Figure 4b.2 below.

Figure 4b

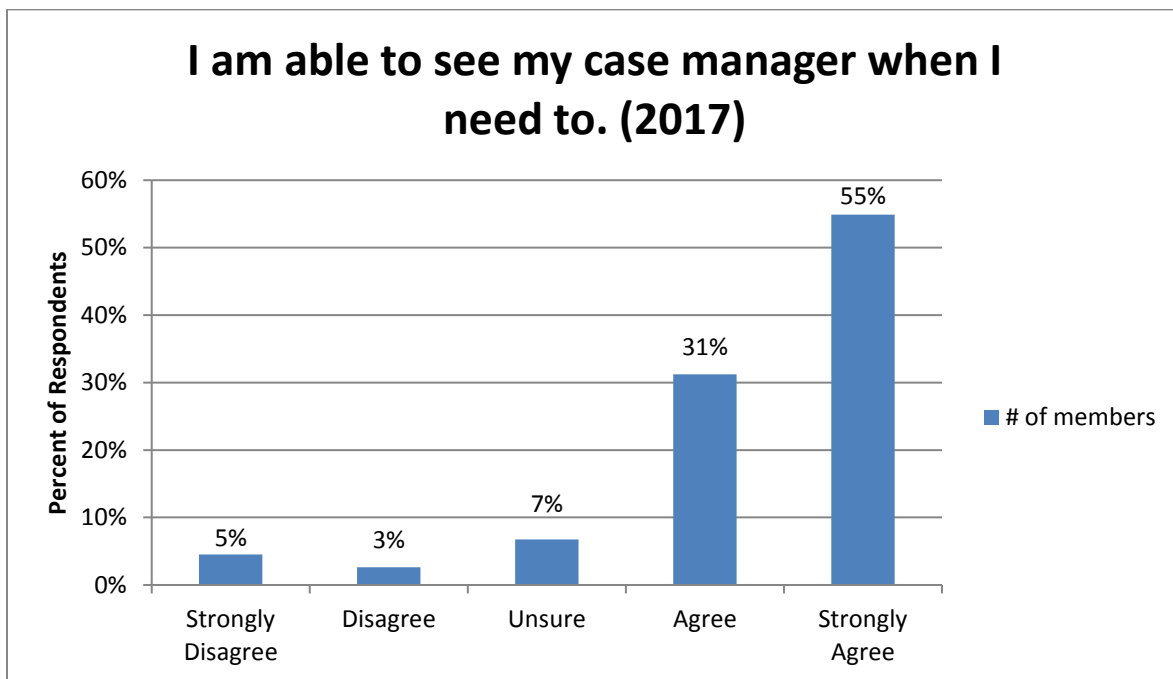


Figure 4b.1

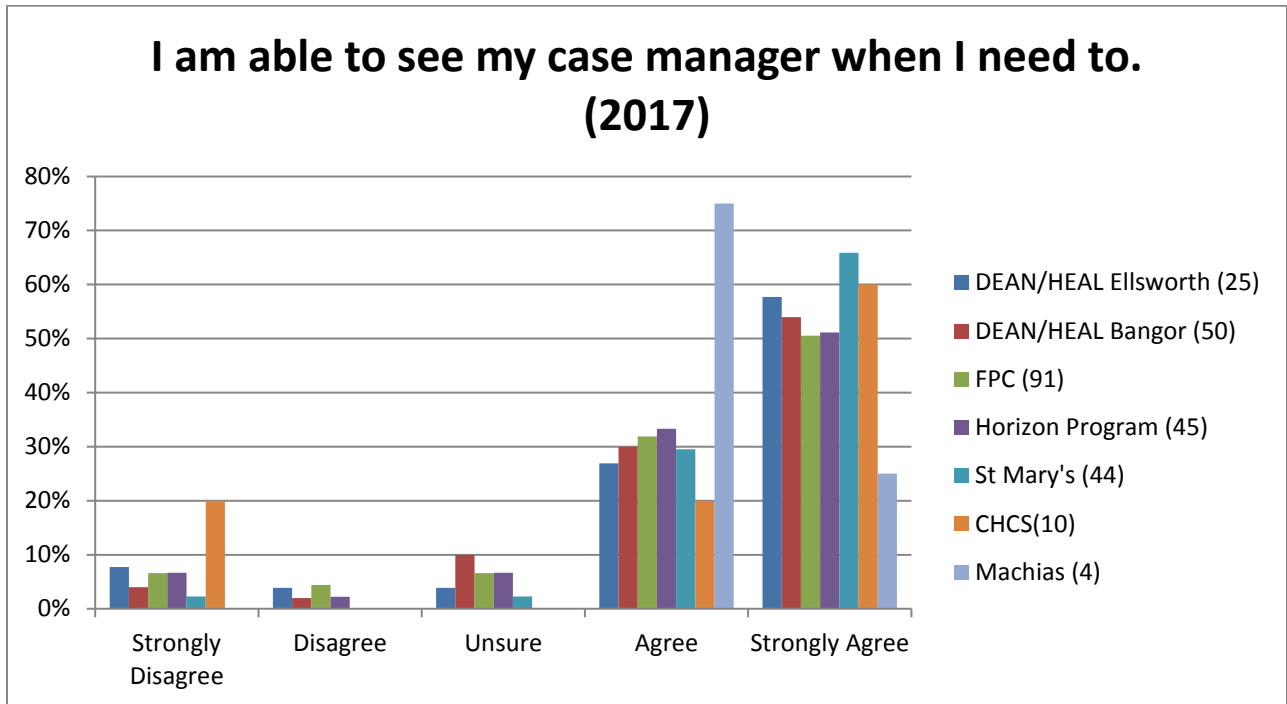
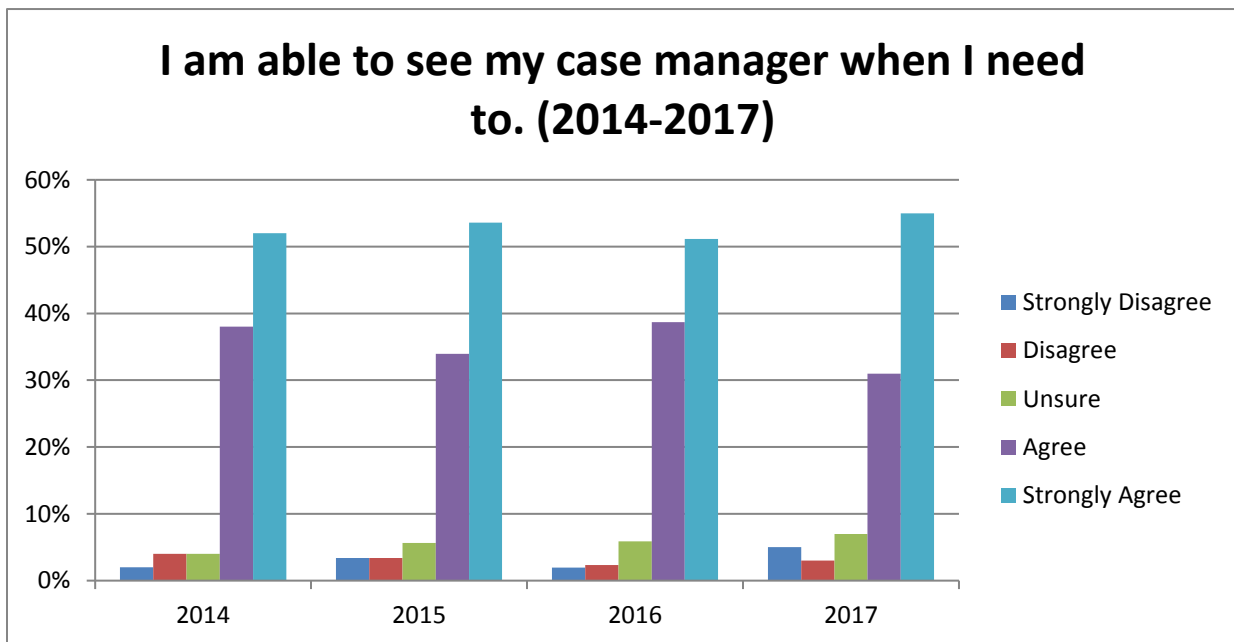


Figure 4b.2



Members were asked if their case manager helped them find the services they needed. We received a response from 266 members. Figure 4c shows that sixty percent (60%) of members strongly agreed, twenty-nine percent (29%) agreed, six percent (6%) were unsure, and approximately 5% disagreed or strongly disagreed that their case manager helped them find the services that they needed. The majority of members (89%) agreed that their case manager helped them find the services they needed (a 4% decrease from the previous year). Figure 4c.1 shows members responses broken down by agency. For more year-to-year comparisons, see Figure 4c.2 below.

Figure 4c

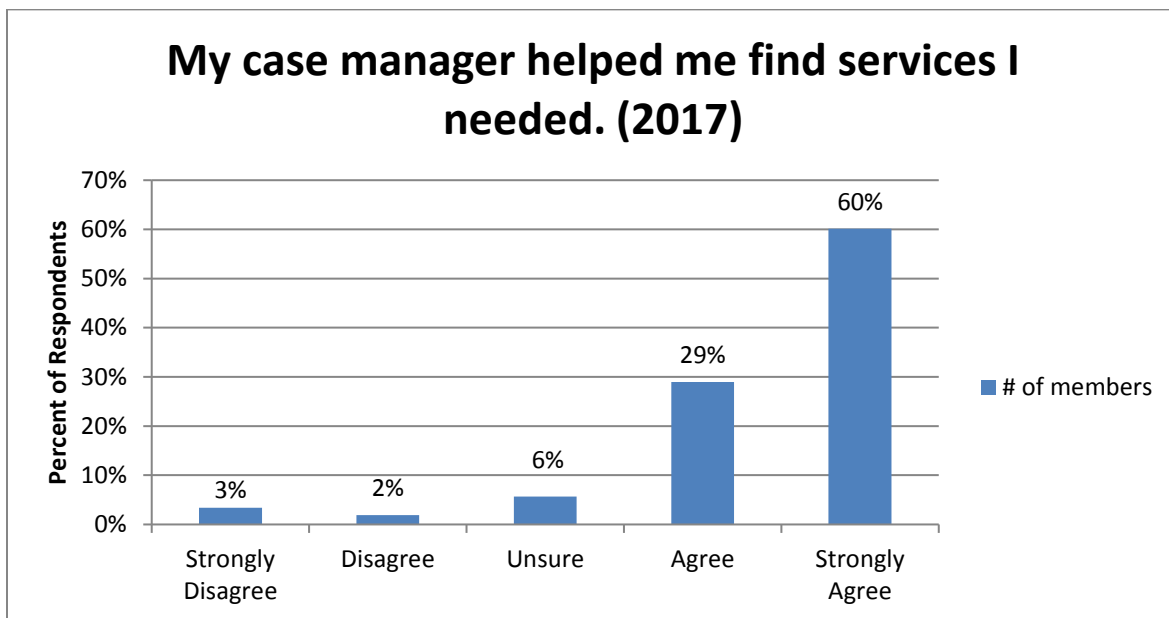


Figure 4c.1

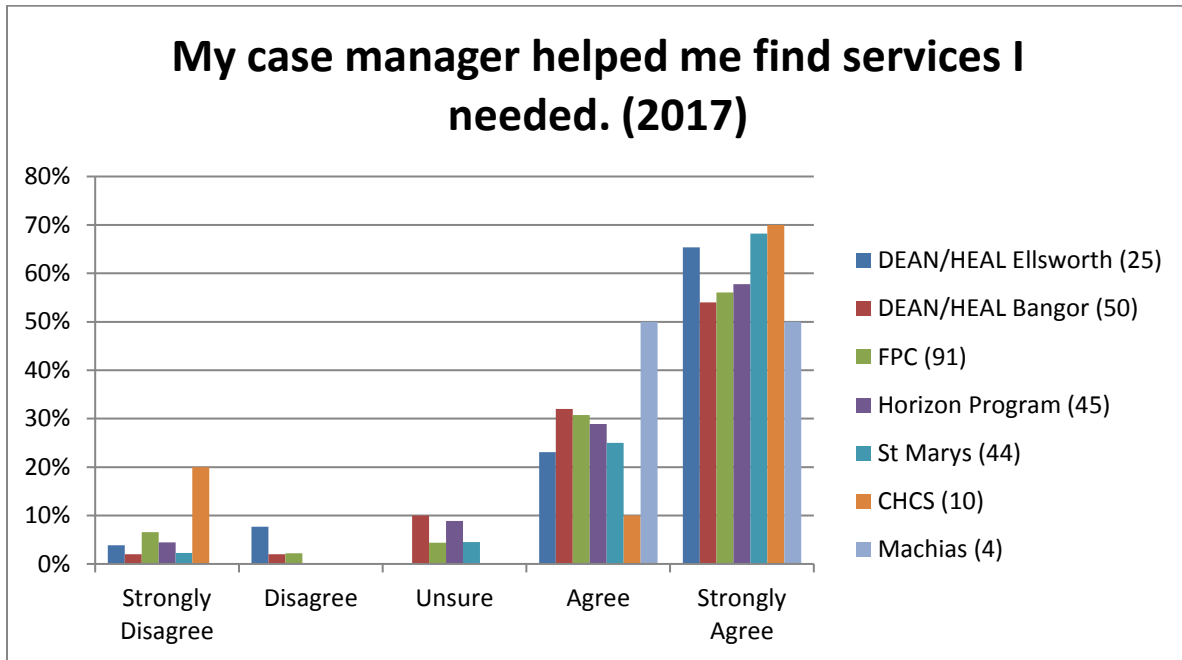
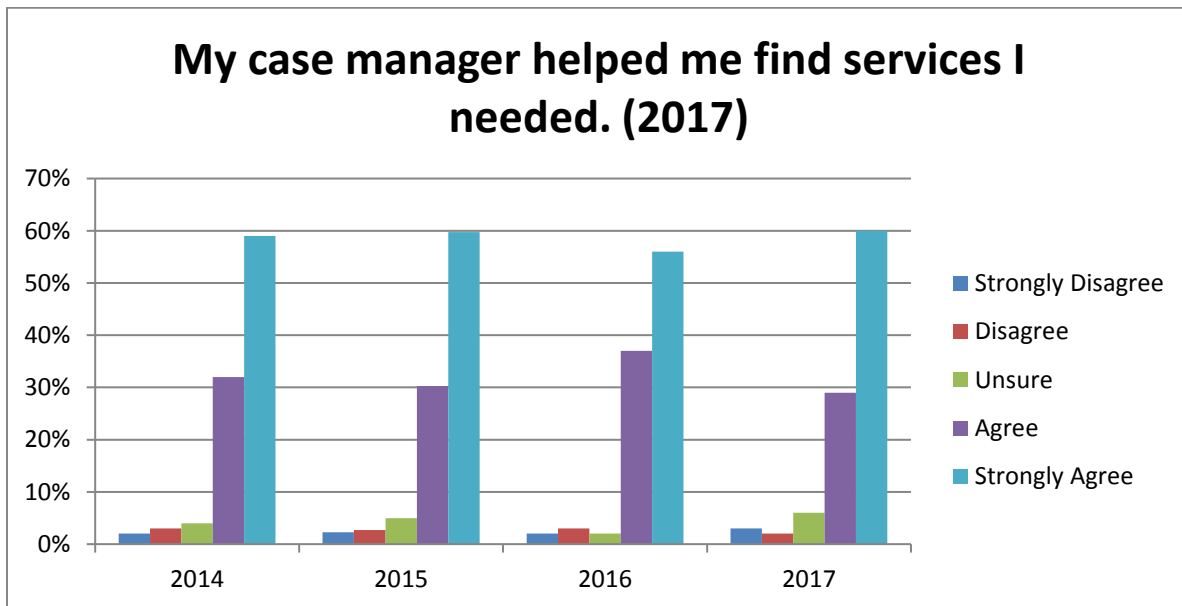


Figure 4c.2



Members were asked if they would recommend case management to others. We received a response from 266 members. Figure 4d shows that sixty-three percent (63%) of members strongly agreed and twenty-six percent (26%) agreed. This shows that most members (89%) agree that they would recommend case management to others (a 6% decrease from the previous year). Approximately five percent (5%) were unsure and the other six percent (6%) disagreed or strongly disagreed. Figure 4d.1 shows members responses broken down by agency. For more year-to-year comparisons, see Figure 4d.2 below.

Figure 4d

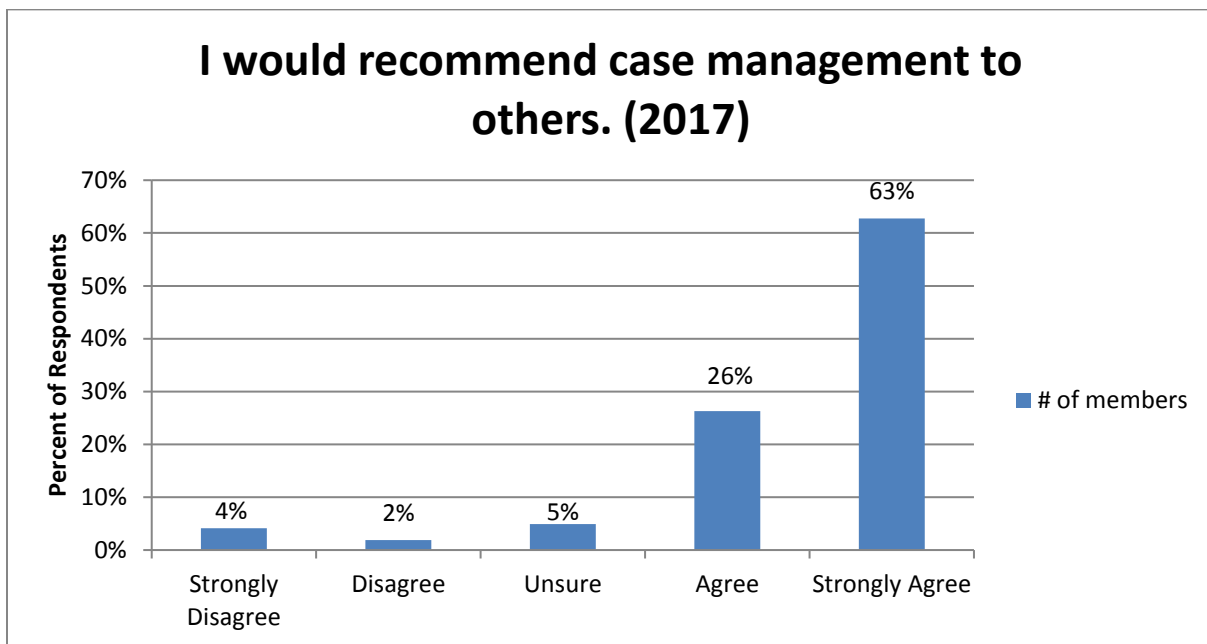


Figure 4d.1

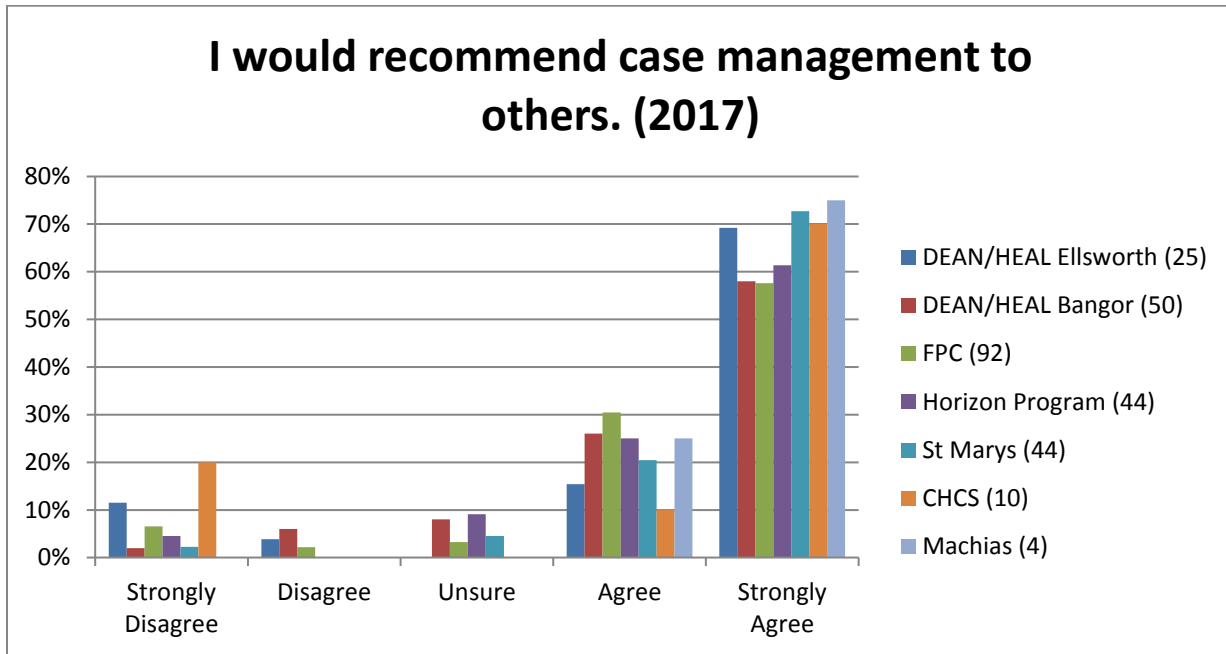
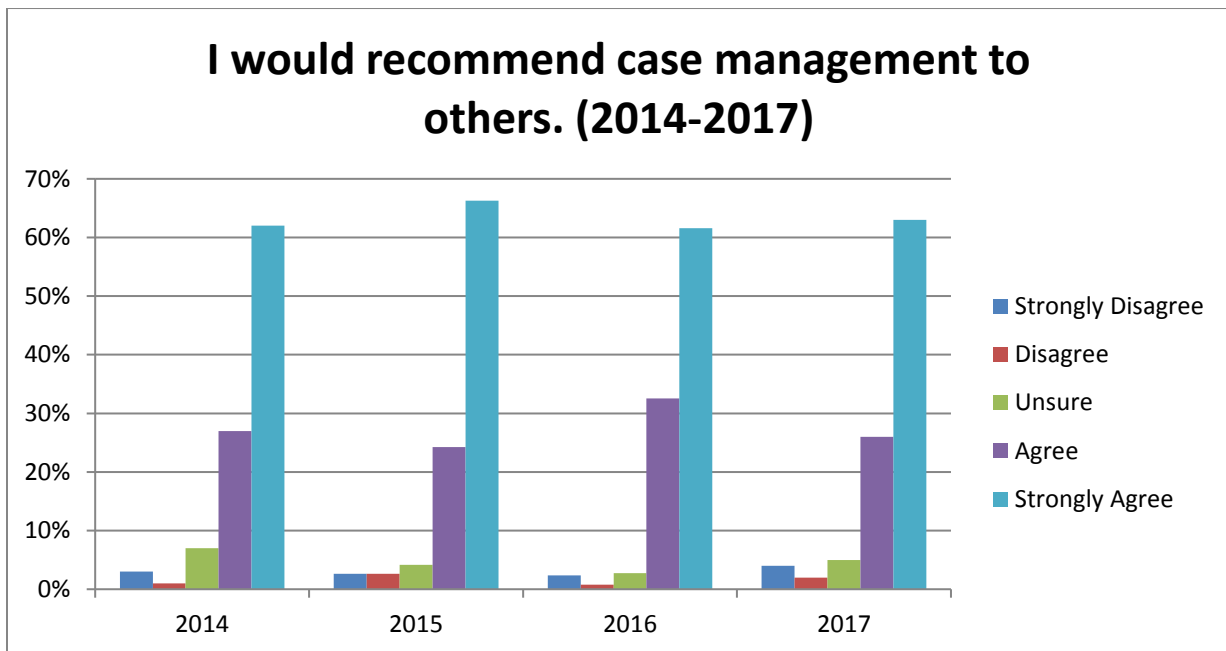


Figure 4d.2



Members were asked how often they talk to or see their case manager. We received a response from 257 members. Figure 5 shows that twenty-three percent (23%) said about once a week, thirty-seven percent (37%) said about once a month, twenty-six percent (26%) said about once every three months, and thirteen percent (13%) said about twice a year (compared to the previous year: 16%, 44%, 22%, and 18%, respectively). Figure 5b shows members responses broken down by agency. For more year-to-year comparisons, see Figure 5c below.

Figure 5a

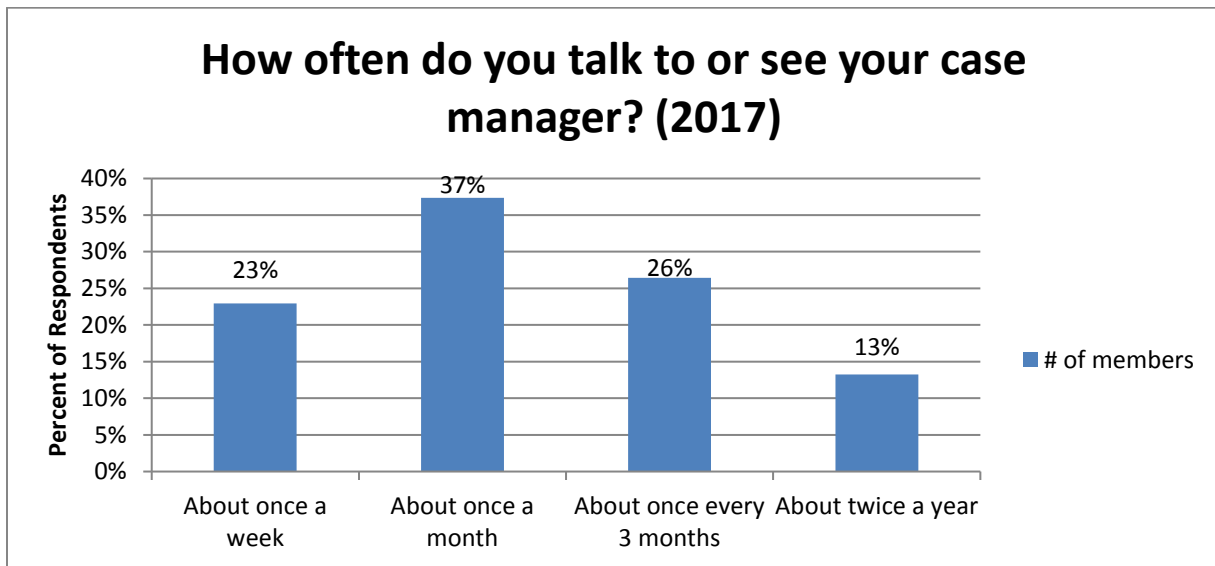


Figure 5b

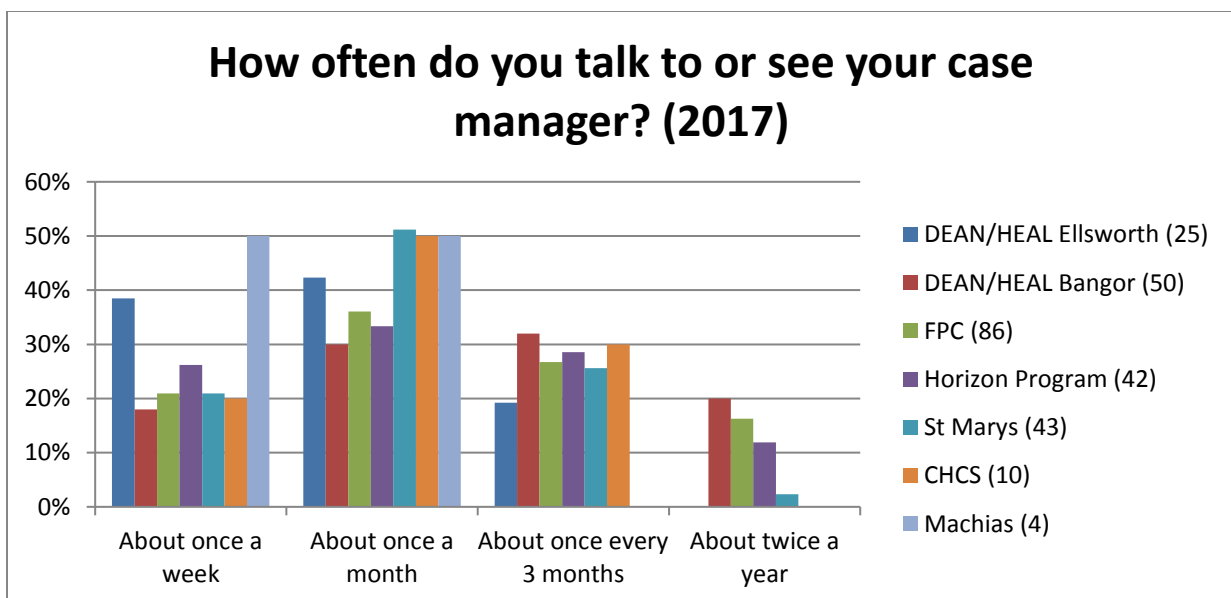
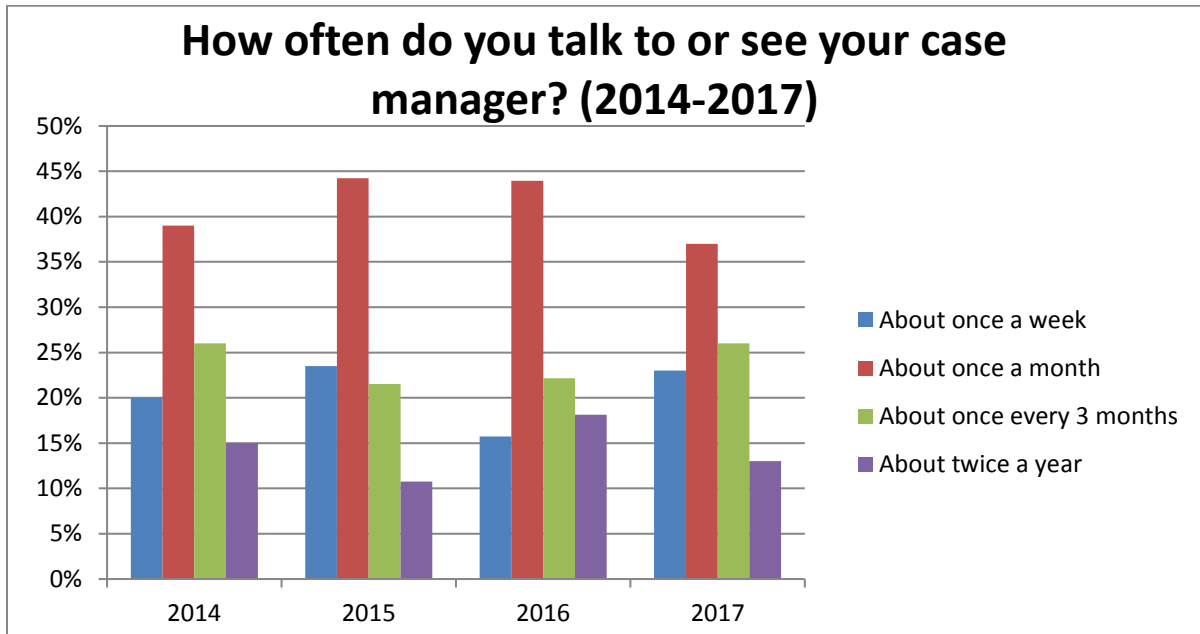


Figure 5c



Members were asked how long they have had their case manager. We received a response from 264 members. Figure 6a shows that fourteen percent (14%) of the members said they have had their case manager for less than one year, nineteen percent (19%) said between 1-3 years, twelve percent (12%) said between 3-5 years, and fifty-six percent (56%) said more than five years (compared to the previous year: 9%, 17%, 14%, and 59%, respectively). Figure 6b shows members responses broken down by agency. For more year-to-year comparisons, see Figure 6c below.

Figure 6a

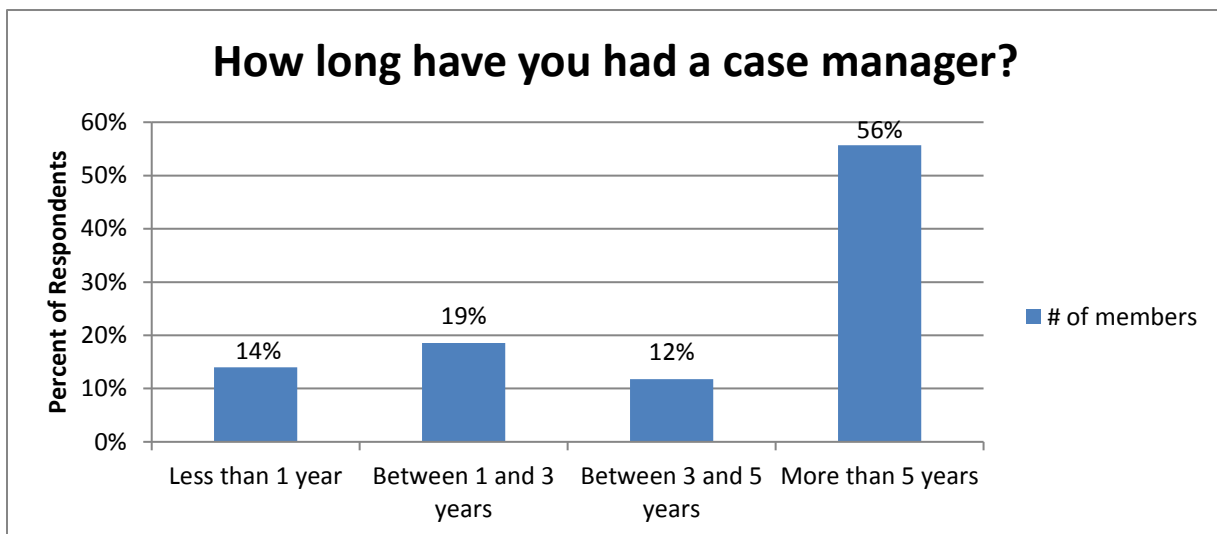


Figure 6b

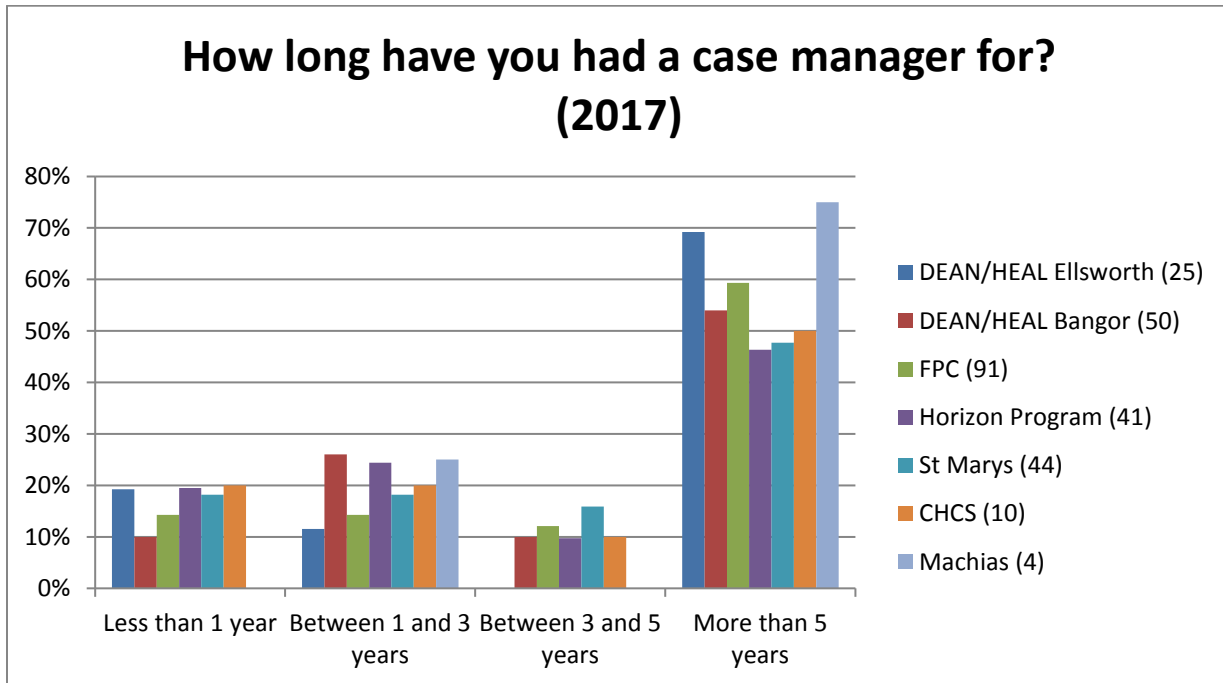
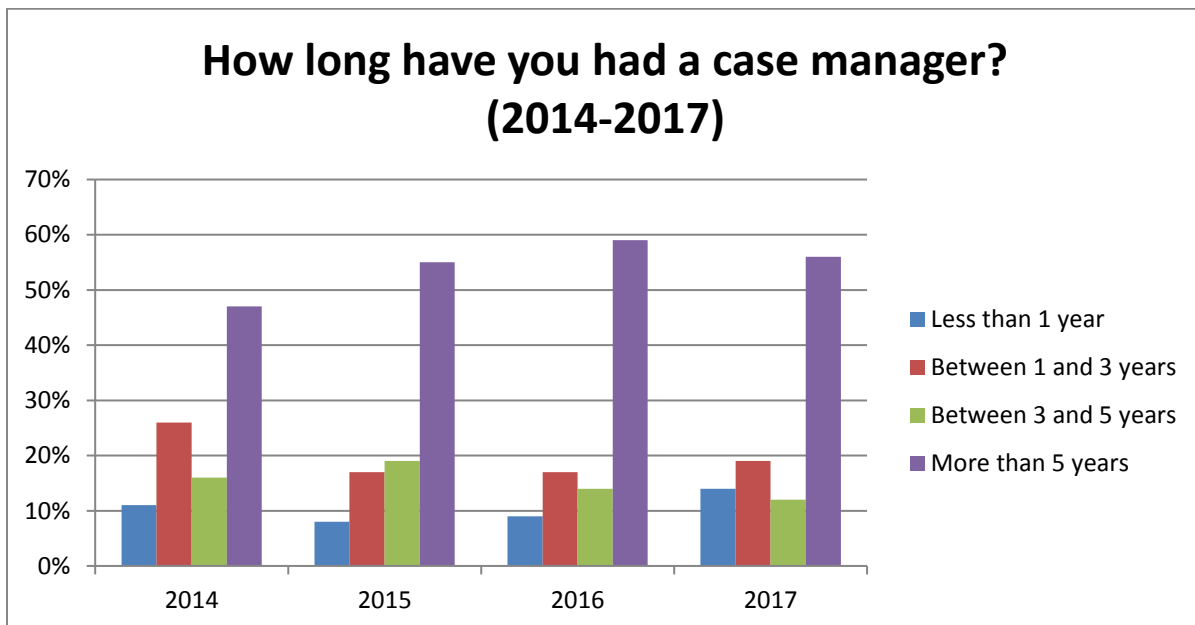


Figure 6c



Discussion:

Question 1a asked members if they had spoken with the Nurse Coordinator regarding their health and benefits. Eighty-seven percent (87%) of members reported speaking with the Nurse Coordinator, which indicated no change from last year. Question 1b asked members who had spoken with the Nurse Coordinator to rate their satisfaction with the information they received. Most members (84%) were very satisfied with the information they received, which indicated a one percent (1%) increase from last year. The HIV program continues to prioritize and structure reports and outreach (calls) in a manner that allows the Nurse Coordinator the ability to attempt to reach more members.

Question 2a asked members to rate their understanding of being able to call MaineCare Member Services if they have questions about their benefits. Most members (92%) understand that they can call MaineCare Member Services with benefit questions. This was no change from last year. New MaineCare members are sent a MaineCare card and a letter with information on how to access the MaineCare Member handbook. Both documents have information and the contact number for MaineCare Member Services. The Nurse Coordinator continues to educate members and encourages them to call her or MaineCare Member Services with questions about their benefits.

Question 2b asked members to rate their ability to afford co-pays and premiums. Approximately sixty-five percent (65%) of members can afford their co-pays and premiums (a 23% increase from the previous year), while around twenty-two percent (22%) of members indicated that they cannot afford their co-pays and premiums (a 29% decrease from the previous year). MaineCare has continued working closely with members, the AIDS Drug Assistance Program (ADAP), pharmacies, and our Pharmacy Benefit Manager (PBM) to ensure proper billing techniques are used and members are not billed for co-pays that they are not responsible for. The ADAP encourages members to call the PBM helpdesk when a co-pay issue occurs. The PBM can investigate the issue and resolve them as they occur. MaineCare has been referring members who need assistance with their MaineCare premiums to the ADAP as they also assist with these. Waiver staff also work closely with members of the Private Health Insurance Premium (PHIP) benefit program. MaineCare members who have premiums for private coverage may be eligible to get assistance through the PHIP benefit program.

Question 2c asked members to rate their experiences with getting their prescriptions filled. Most members (91%) have little trouble getting their prescriptions filled (a 1% decrease from the previous

year). MaineCare Services and the ADAP work with members and pharmacies to ensure proper billing processes are used and to ensure medications are approved and dispensed in a timely manner. Waiver staff and the pharmacy helpdesk are available to assist members and pharmacies with coverage and billing issues. MaineCare tries to remove barriers where possible to ensure medication compliance.

Question 2d asked members to indicate whether they understand how and when to take their medications. Most members (98%) indicated that they clearly understand how and when to take their medications (this is no change from the previous year). When completing adherence and compliance calls, the Nurse Coordinator checks with members regarding their medication regimens. She assists members, provides education, reinforces compliance, and directs members back to their providers when needed.

Question 2e asked members to rate their ability to receive mental health services when needed. Most members (84%) can get mental health services when needed. This is a two percent (2%) increase from the previous year. Some behavioral health services have limits and require prior authorizations. Inpatient psychiatric services are not covered by MaineCare for individuals between the ages of 21 – 64. MaineCare does cover residential treatment services at Private Non-Medical Institutes (PNMIs). The waiver does not cover services at PNMIs.

Question 2f asked members to rate their ability to receive dental services when needed. Approximately seventy-four percent (74%) of members indicated that they can receive dental services when needed, which is a 10% increase from the previous year. MaineCare's dental coverage is very limited and the waiver does not cover any dental services. Since dental coverage is so limited, MaineCare Services looks for other resources for our members. Occasionally, case management agencies have funds available that allow them to assist members with transportation costs to the Boston University where they can receive free dental care. For members willing to travel, this has been an excellent resource. MaineCare often refers members to Community Dental or other dental clinics that accept Care Credit and sliding scale fees. These resources have helped fill some of the gaps, but members often still find it difficult to access dental services. Maine CDC, through the Ryan White program, began providing financial assistance to eligible members for some dental services in July 2014. The funds available are limited and there is an individual cap, but this resource has allowed members to get services ranging from cleanings and x-rays to dentures, root canals, and crowns. An individual can also use this financial assistance to help purchase

dental insurance. We attribute the increase in ability to get dental services from previous years to the Ryan White program's funding assistance.

Question 2g asked members to rate their ability to receive substance abuse services when needed. Most members (82%) indicated they can get substance abuse services when needed (which is a 4% increase from the previous year). Through the Nurse Coordinator's follow-up calls, we were not able to identify any members with specific unmet substance abuse needs, and members who indicated they had concerns have had their issues resolved. A few members were unsure about substance abuse coverage under their MaineCare benefit. Waiver members are not eligible for inpatient substance abuse services (for example, Private Non-Medical Institutes). For members who need more than outpatient or intensive outpatient services, the Nurse Coordinator provides resources through the Office of Substance Abuse and Mental Health Services where members can try to access grant funds to pay for inpatient services.

Question 2h asked members to rate their ability to pay for their basic needs including housing, food, and heat. Seventy-two percent (72%) of members can pay for their basic needs, which is an eleven percent (11%) increase from the previous year. Nineteen percent (19%) of members are not able to pay for their basic needs, which is a ten percent (10%) decrease from the previous year. Ryan White Part B case management agencies often have resources such as fuel assistance and food pantry access that can help members afford their basic needs. In July 2014, the Maine CDC, through the Ryan White program, began providing financial assistance to eligible members for food and housing. Eligible members can get a \$50 grocery food card once a month if their yearly maximum individual cap has not been reached. Eligible members can also get help paying for rent, security deposits, temporary/transitional housing, heat, or electricity (if the yearly maximum individual cap has not been reached). Even with this additional resource, we are still finding that some members continue to have difficulty paying for their basic needs (housing, food, and heat). Through follow-up phone calls, the Nurse Coordinator discovered that several members in case management were unaware of the available Ryan White funds. The Nurse Coordinator also refers member to the Housing Opportunities for Persons with AIDS (HOPWA) program. Through this program, members may be able to access rent, mortgage, or utility assistance.

Question 2i asked members to rate their ability to receive transportation for their medical needs. Eighty percent of members (80%) who require transportation for their medical needs are always able to get it, which is a two percent (2%) decrease from the previous year. Both MaineCare and the waiver cover

transportation to and from MaineCare covered services. The Nurse Coordinator is often the first point of contact at MaineCare for waiver members who have transportation concerns or complaints. We often find that members aren't aware of the Non-Emergency Transportation (NET) available to them or, they have used the service in the past and, due to issues, are hesitant to try it again. When complaints are received, they are brought directly to MaineCare's NET unit. This unit works directly with the NET brokers who arrange transportation to research and resolve concerns.

Question 2j asked members to rate if they feel healthy most of the time. Most members (69%) say that they feel healthy most of the time. This is a four percent (4%) decrease from last year. Twenty percent (20%) of members say they do not feel healthy most of the time (compared to 19% the previous year). Through the Nurse Coordinators follow up calls, we have found that most members who do not feel healthy have chronic health and pain issues, fatigue, side effects from their medications and other complications from the progression of HIV. The Nurse Coordinator suggests that these members work with their doctors, access specialty care, and/or have an assessment completed to see if they are eligible for more services. The Nurse Coordinator also provides education and alternative approaches to feeling healthy, like exercise and healthy eating habits.

Question 2k asked members to rate if they see their infectious disease doctor as recommended. Ninety-six percent (96%) of members stated that they see their infectious disease doctor as recommended. This is no change from last year. The Nurse Coordinator and Program Manager continue to collaborate with our network of providers and members to ensure there is access to care and that members are using services appropriately and as recommended.

Questions 3 through 6 asked members about their case management services (where applicable). Out of 366 survey respondents, 274 indicated that they had received case management services in the past 12 months. Most members (86%) indicated that they can reach their case manager and eighty-six percent (86%) said they can see their case manager when they need to. Eighty-nine percent (89%) of members indicated that their case manager helped them find services they needed and eighty-nine percent (89%) of members said they would recommend case management to others. Approximately thirty-seven percent (37%) of members reported seeing or talking to their case manager about once a month as opposed to thirteen percent (13%) of members who reported only talking to or seeing their case manager twice a year (compared to 2016, forty-four percent (44%) and eighteen percent (18%),

respectively). Fifty-six percent (56%) of members reported having case management services for more than five years (a 5% decrease from the previous year).

The last part of the survey allows members to comment on any major concerns that they have with their overall health care. We received a variety of responses, but the most common concerns were regarding case management, dental services, and the ability to afford basic needs. When the Nurse Coordinator makes follow-up calls to members, the member's individual concerns are discussed, resources are given, and where possible, barriers are removed.

MaineCare Services

HIV/AIDS Waiver – 2017 Provider Survey Analysis

Background: The State of Maine’s Medicaid Program, known as MaineCare, is responsible for administering Maine’s medical insurance program. MaineCare has applied for, and received, a waiver from the U.S. Centers for Medicare and Medicaid Services (CMS). This waiver provides limited MaineCare coverage to HIV-positive Maine residents who have an individual gross income less than, or equal to, 250% of the Federal Poverty Level (FPL). This program provides care management to its members, as well as HIV positive individuals who qualify for traditional MaineCare. The program became operational in July 2002 and is due for renewal on December 31, 2018.

Survey Objective: Due to collaboration with all of our healthcare providers, we can strongly make a case that we are fulfilling the waiver goals by continuing a series of initiatives aimed at improving the care of members who are HIV-positive. MaineCare Services continues to make improvements to the provider survey, data analysis, and follow-up outreach activities in an attempt to receive a higher response rate and determine areas of weakness within the delivery of healthcare services. This survey is used as a tool to improve the healthcare of members who are HIV-positive.

Survey Process: The thirteenth annual provider survey was conducted at the beginning of 2018. Surveys were mailed to infectious disease specialists and primary care providers who, at the time of the mailing, were treating MaineCare and waiver members with HIV/AIDS. A total of 332 surveys were mailed to service providers, and 121 providers responded. This data shows a response rate of approximately 36%, which is a four percent decrease in the response rate from the 2016 provider survey. The survey questions covered the following areas:

- Medical practice specialty
- Number of HIV/AIDS patients managed or co-managed
- Provider awareness of current treatment guidelines and new recommendations for HIV/AIDS patients
- Barriers affecting adherence/compliance with medication
- Provider awareness of funding and training opportunities through the Maine AIDS Education and Training Center (MEAETC)
- Provider awareness of the MaineCare HIV/AIDS waiver
- Provider awareness of the AIDS Drug Assistance Program (ADAP)
- Providers' preferences on receiving letters and updates via an HIV-specific listserv

Note: Not all participants answered all questions, and some participants selected multiple answers on a question. Therefore, the total number of responses varies from question to question. The percentages in the charts are rounded to the nearest whole number based on number of responses.

Results: Provider surveys were sent to primary care providers and infectious disease specialists who provided care to HIV-positive MaineCare members. Figure 1 shows that of the providers who responded, the majority (60%) were family/general practice, a 15% increase from the previous year.

Figure 1: Practice Specialty

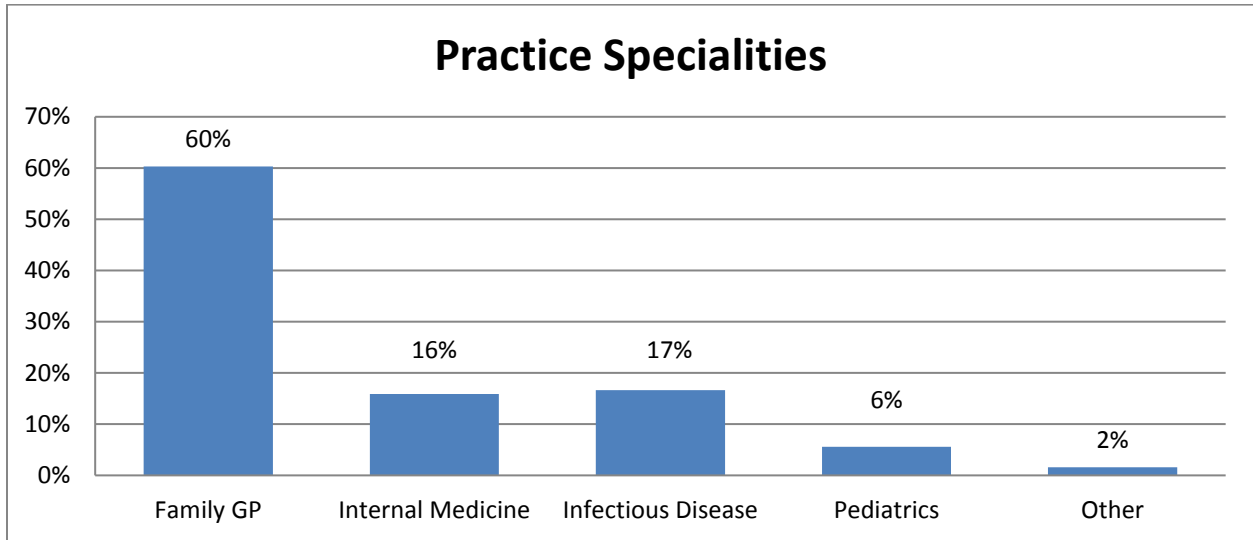


Figure 2 shows that regardless of specialty, the majority of providers (65%) indicated that they currently manage between one and ten patients with HIV/AIDS, a three percent increase from the previous year.

Figure 2: Number of Current HIV/AIDS Patients

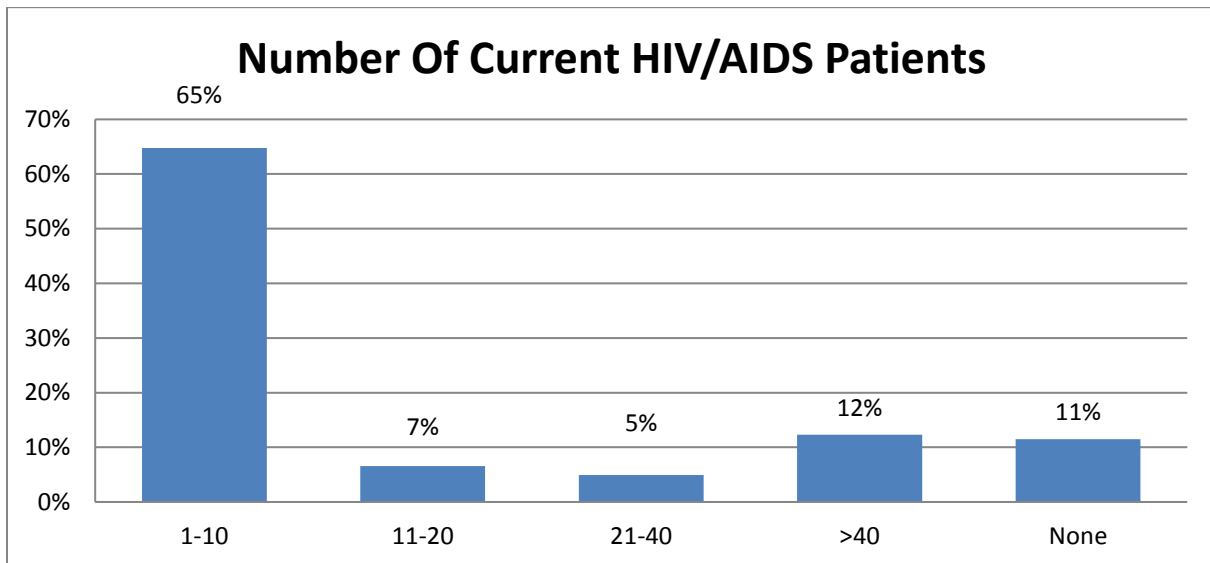


Figure 3 shows providers' timeframe for consulting current treatment guidelines and new recommendations for HIV/AIDS patients. The majority of providers (63%) indicate they have reviewed the guidelines in the last 12 months. Nineteen percent of all respondents indicated that they have reviewed guidelines in the last 1-2 years. Six percent of respondents indicated that it had been 3-4 years, and 12% indicated that it had been five or more years since their last review of the current guidelines. Compared to last year's survey, this year's question had a very similar response.

Figure 3: Consultation of Current Treatment Guidelines and New HIV/AIDS Recommendations

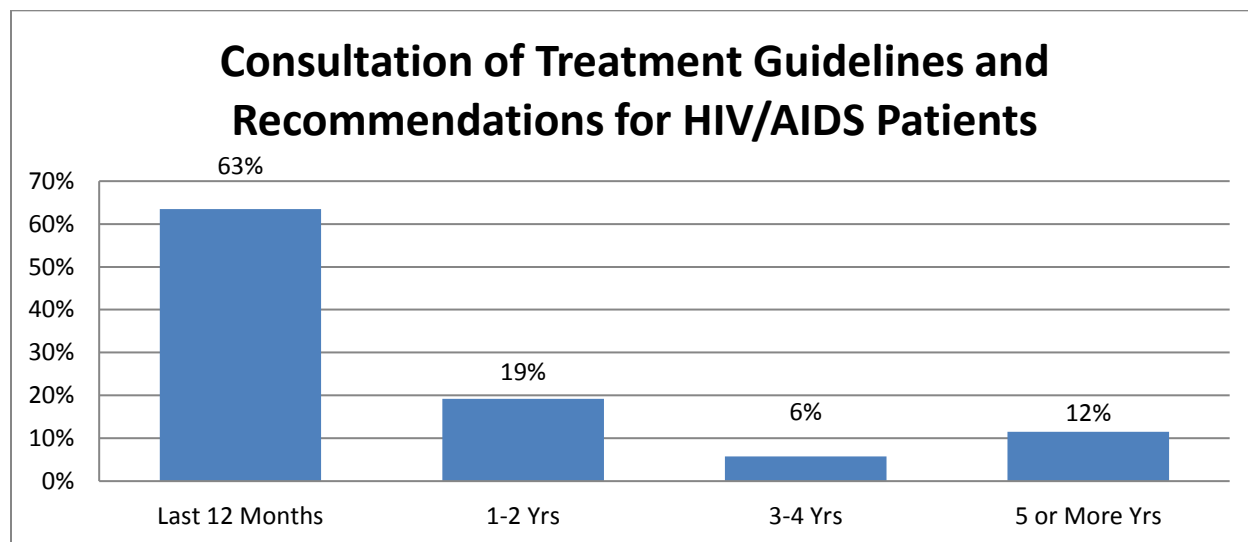


Figure 3A shows providers' timeframe for consulting current treatment guidelines and new recommendations for HIV/AIDS patients by provider specialty. Twelve family practice/general practice providers have not reviewed the guidelines in five or more years. Of the 20 infectious disease specialists who responded, all indicated that they had reviewed the new HIV/AIDS guidelines and recommendations within the last 12 months. HIV/AIDS providers need to be aware of current and newly recommended treatment guidelines for their patients. Infectious disease specialists have the most knowledge and are utilized by primary care physicians when they have questions regarding guidelines and recommendations.

Figure 3A: Practice Type and Consultation of New HIV/AIDS Guidelines and Recommendations

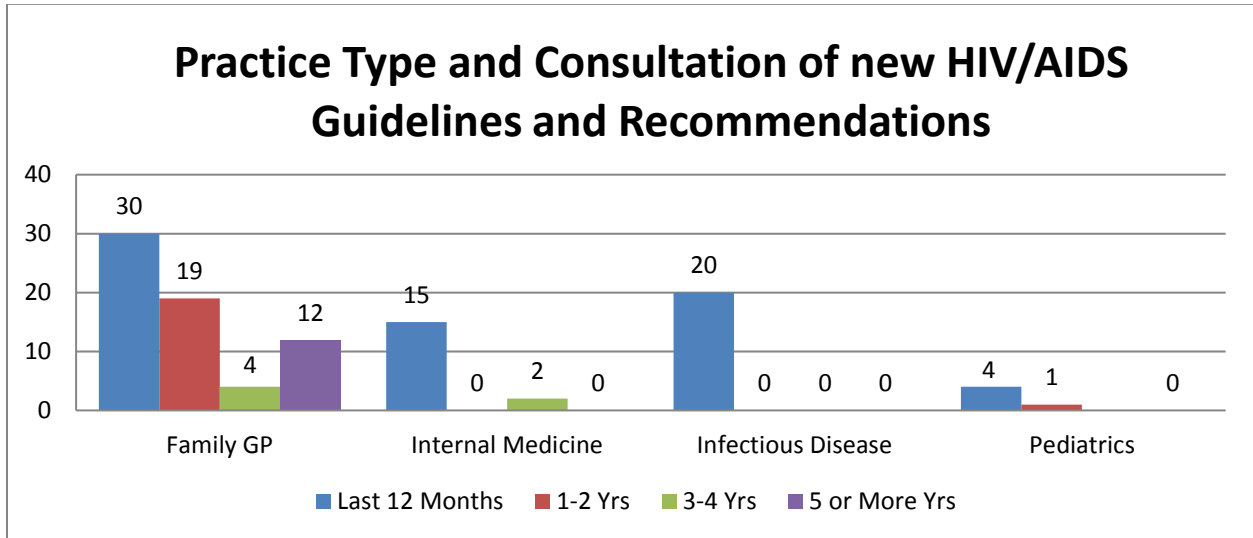


Figure 3B shows how many patients are managed by the infectious disease specialists who responded. Eleven infectious disease specialists indicated that they currently manage over 40 patients (compared to thirteen the previous year).

Figure 3B: Current HIV/AIDS Patients for Infectious Disease Specialists

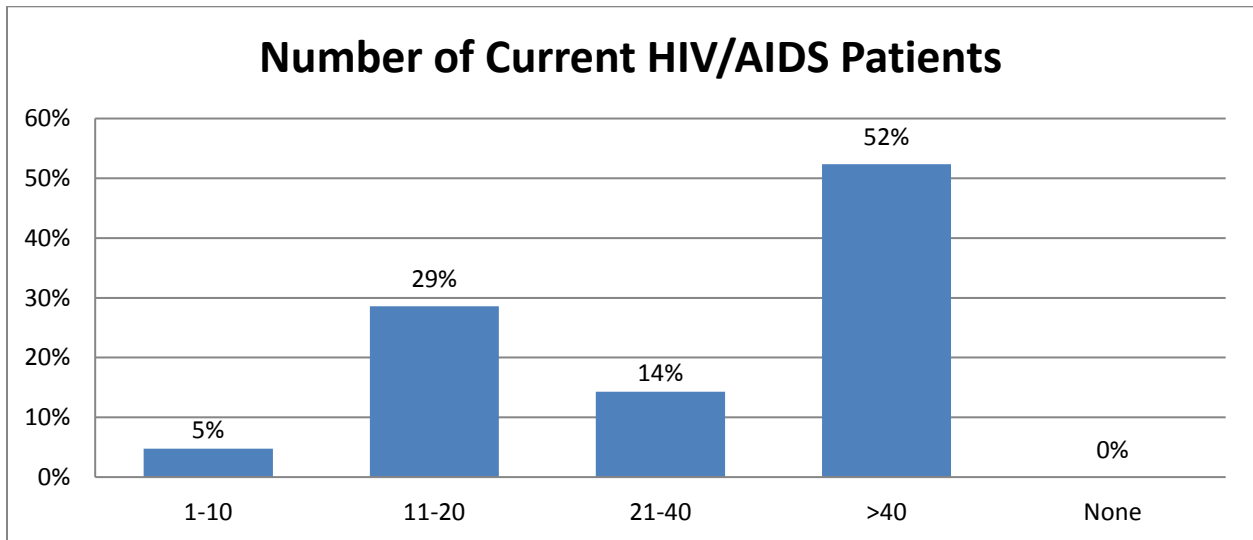


Figure 3C shows the number of patients who the family/general practice respondents treat. The majority (83%) of family/general practice respondents indicated that they currently manage 1-10 patients with HIV/AIDS (a 2% increase from the previous year). One percent of the general/family practice providers who responded indicated that they currently manage over 40 patients with HIV/AIDS (no change from the previous year).

Figure 3C: Current HIV/AIDS Patients for General/Family Practice

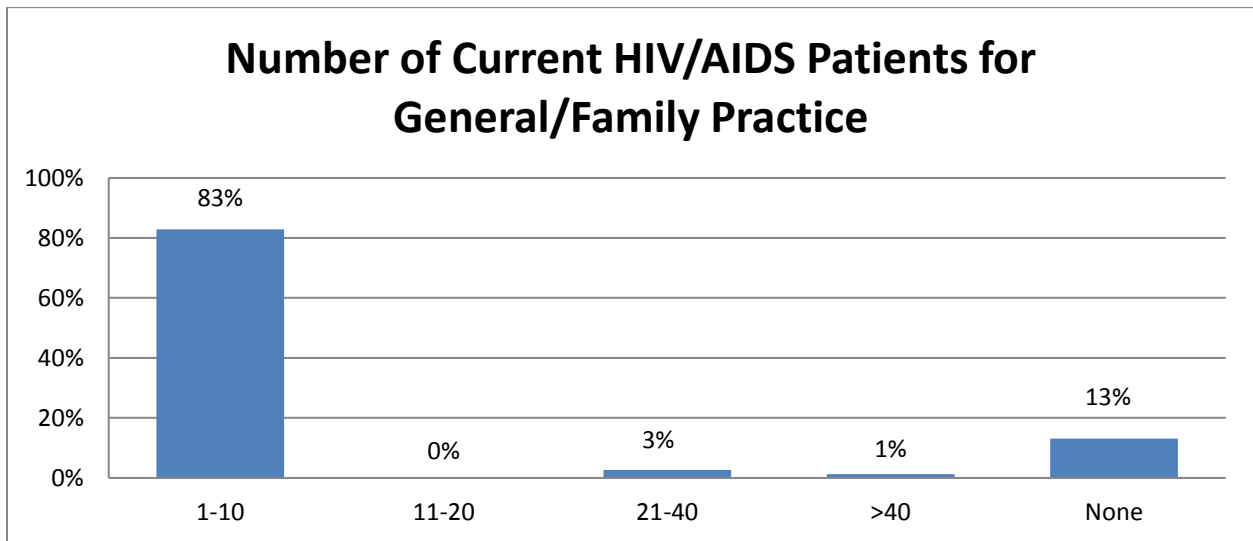


Figure 4 shows what providers feel are the most common medication adherence/compliance related barriers for their patients with HIV/AIDS. Twenty percent of providers indicated behavioral health as an adherence/compliance barrier, thirteen percent indicated keeping appointments, eleven percent indicated substance use, and eleven percent indicated comorbidities. These top barriers varied slightly from those which providers identified last year, which were behavioral health (20%), transportation (10%), and medication affordability (14%).

Figure 4: Adherence/Compliance Barriers for Medication

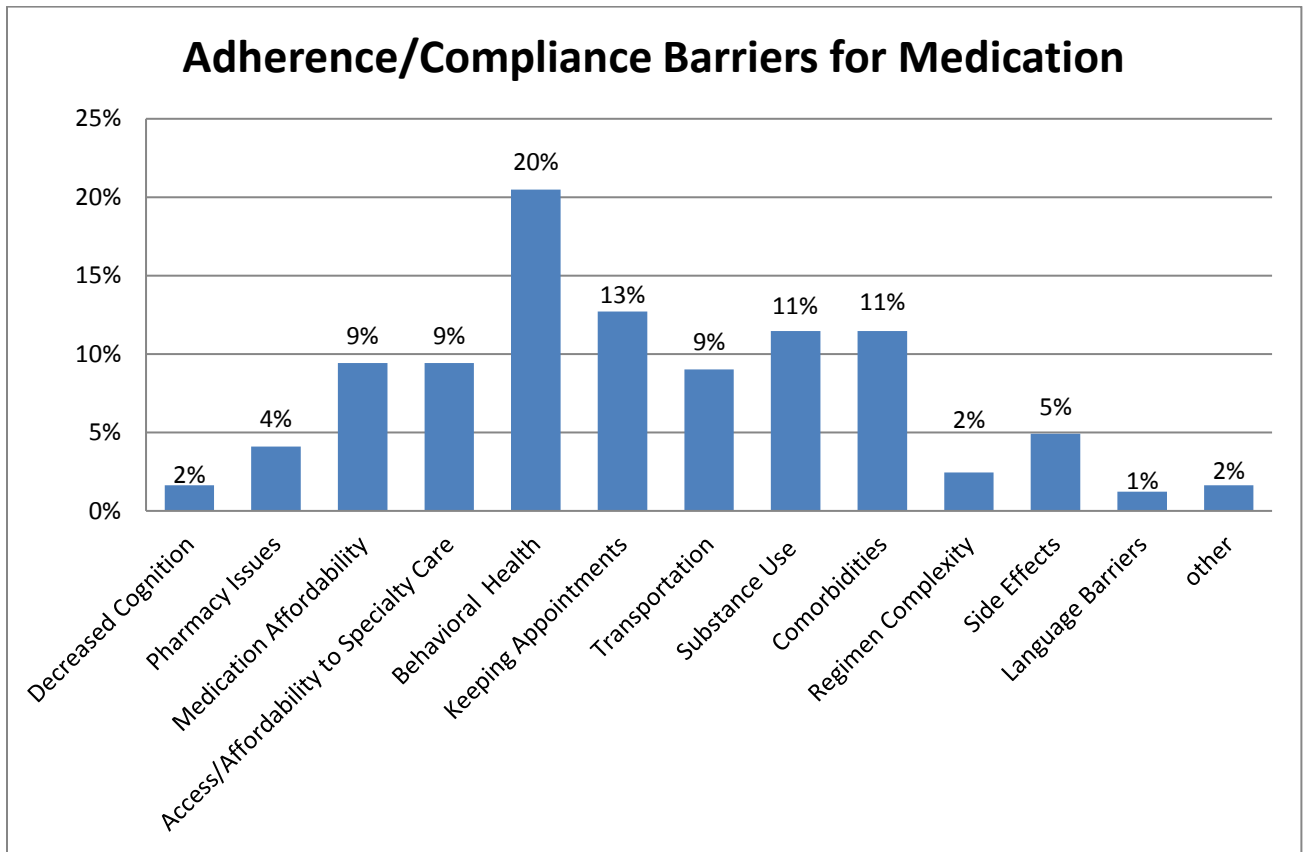


Figure 5 shows that 63% of providers have some sort of familiarity with HIV training and funding opportunities through the Maine AIDS Education and Training Center (MEAETC) (a 17% increase from the previous year). Thirty-eight percent of providers were not at all aware of the MEAETC (a 17% decrease from the previous year).

Figure 5: Awareness of HIV Training and Funding Opportunities

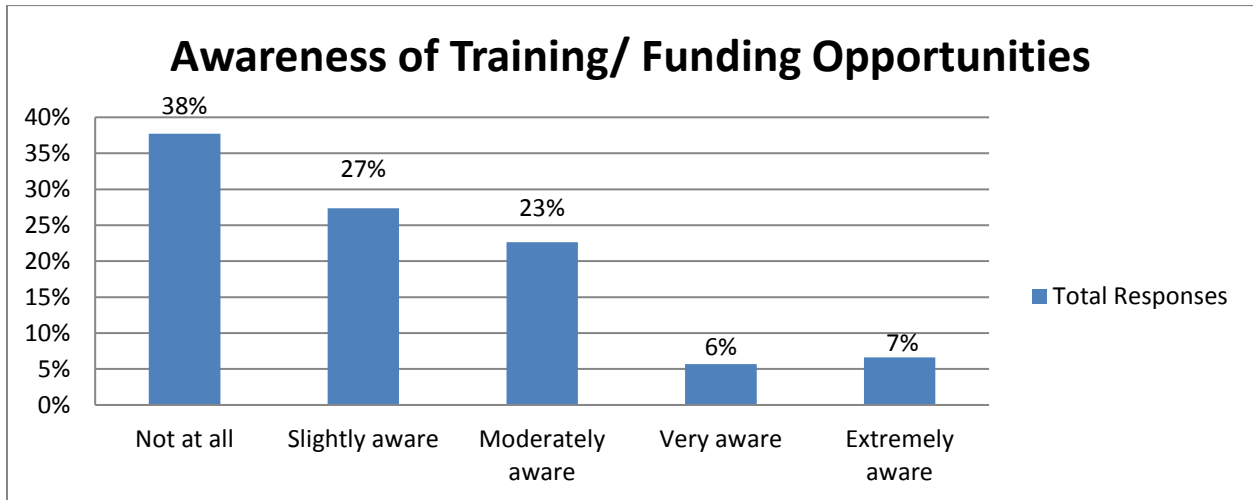


Figure 6 shows that the majority of providers (62%) have some familiarity of Maine’s waiver that provides benefits for individuals living with HIV/AIDS who are at or below 250% of the Federal Poverty Level (FPL) and do not qualify for regular MaineCare. Thirty-eight percent of providers were not at all aware of the waiver program. This compares to last year where providers indicated 65% and 35%, respectively.

Figure 6: Awareness of the Special Benefit Waiver

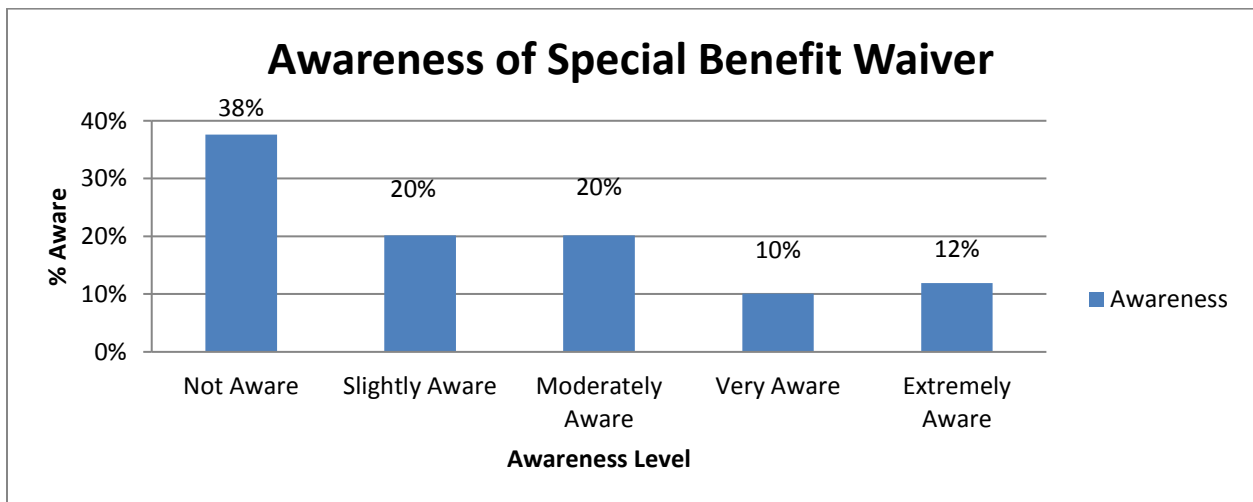


Figure 7 shows that seventy percent of providers are familiar with the Ryan White/AIDS Drug Assistance (ADAP) program and the financial assistance it offers (compared to 64% last year). Thirty percent of providers indicated that they are not at all aware of this program (compared to 36% from last year).

Figure 7: Awareness of Ryan White/ADAP Programs

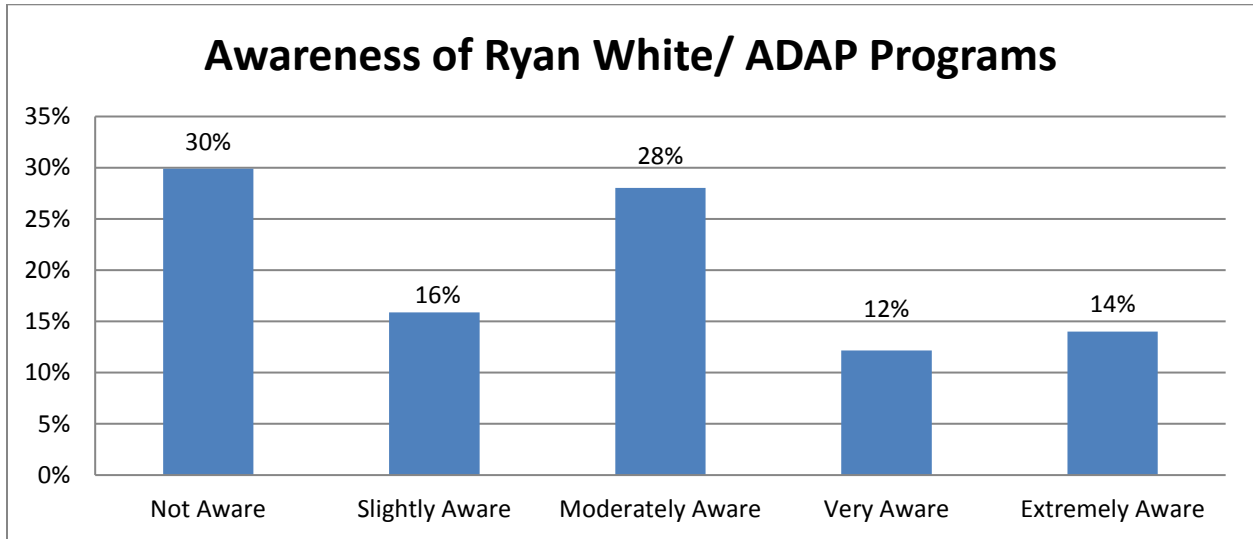
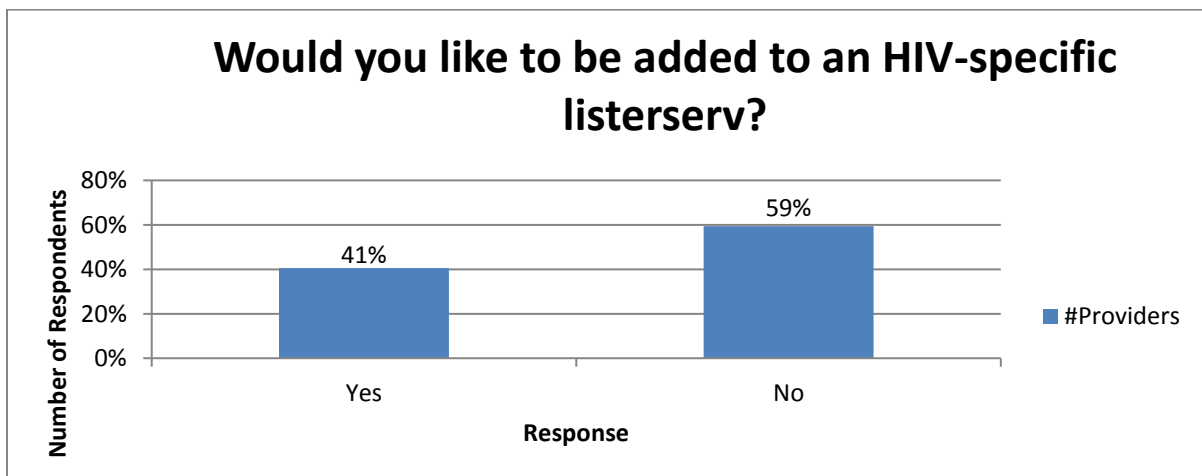


Figure 8 shows which providers are interested in being added to an HIV-specific listserv where FDA medication alerts and changes are sent. Of those who responded, forty-one percent indicated that they wanted to be added to this listserv.

Figure 8: Interest in HIV/AIDS Related Listserv for FDA Alerts and Changes



Discussion: Providers who listed their email addresses and indicated they would like to receive email correspondence will be added to the MaineCare HIV/AIDS listserv and begin to receive all communications via the listserv in mid-2018. In 2018, there were 43 providers who wanted to be added to the existing listserv.

MaineCare Services found that the providers who responded to the survey perceive that the largest barriers to patient adherence/compliance are behavioral health, keeping appointments, substance abuse, and comorbidities. Below, is more information pertaining to these four identified barriers.

The Special Benefit Waiver (SBW) Nurse Coordinator makes monthly adherence and compliance calls to members to identify and remove barriers and to encourage compliance with care regimens. MaineCare continues to work closely with Ryan White and HIV Targeted Case Managers (TCM) to ensure members are referred to and linked with needed services, such as behavioral health services. Many members with unmet needs are identified in the waiver's annual member satisfaction survey. The Nurse Coordinator follows up individually with members who have identified a concern or unmet need.

The 2017 member satisfaction survey showed that 84% of members reported being able to get behavioral health services when needed. Only seven percent of member survey respondents disagreed or strongly disagreed that they could get behavioral health services when needed. Some behavioral health services have limits and require prior authorizations. Inpatient psychiatric services are not covered by MaineCare for individuals between the ages of 21–64. MaineCare does cover residential treatment services at Private Non-Medical Institutions (PNMIs). However, the waiver does not cover services at PNMIs.

In addition, the member survey showed that 82% of respondents could get substance abuse services when needed. This was a four percent increase from the previous year. Only five percent of members who responded reported that they disagreed or strongly disagreed with

being able to get substance abuse services when needed. Both MaineCare and the waiver cover substance abuse services. Some of the services that are covered include: outpatient therapy, group outpatient, intensive outpatient, medication management, and opioid treatment. Medicaid also covers Private Non-Medical Institutions (PNMIs), although these services are not covered for waiver members. Through the Nurse Coordinator's follow up calls, she was able to identify that some members needed inpatient services that weren't covered by their benefit. The nurse linked a few members to other resources, such as outside scholarships and grant funds through the Office of Substance Abuse and Mental Health Services (SAMHS).

MaineCare Services doesn't normally keep, monitor, or follow up with members who have missed appointments, mainly because we don't have access to information pertaining to scheduled/missed appointments. If a provider reports no shows on an individual basis to the Nurse Coordinator, she can follow up with members as needed. The Nurse Coordinator often finds that members have missed appointments due to behavioral health issues, a lack of transportation, and/or poor health. A member's ability to keep their appointments is directly impacted by the other barriers that providers identified on this survey (behavioral health, substance abuse, and comorbidities).

Providers also identified that they perceive comorbidities as one of the top barriers for their patients' treatment compliance. MaineCare services does not have access to members' medical charts. The Nurse Coordinator can review Medicaid claims data and often learns about comorbidities and complex health issues through the claims data and/or direct outreach with the member (phone calls). If a member is having side effects, health concerns, or an unmet health need, they are referred to their provider or a specialist.

Additional considerations

Figure 5 shows that 38% of providers are not at all aware of HIV training and funding opportunities through the Maine AIDS Education and Training Center (MEAETC), and 27% of providers are only slightly aware. The other providers (36%) are moderately, very, or extremely

aware of the MEAETC. The goal of the MEATC is to provide education and clinical training opportunities for healthcare providers that address effective counseling, diagnosis, treatment, care management of individuals living with HIV/AIDS, as well as assistance with prevention efforts.

Figure 6 shows that the majority of providers (62%) have some familiarity with MaineCare's waiver for individuals living with HIV/AIDS (the Special Benefit Waiver). The other providers (38%) have no awareness of this waiver.

Figure 7 shows that the majority of providers (70%) have some familiarity with the Ryan White/AIDS Drug Assistance Program (ADAP) and the financial assistance offered by the program. The Ryan White Part B Program provides help for low-income individuals living with HIV/AIDS in Maine. Services include the ADAP; limited help with dental care, housing, and food; and medical case management for people who are ineligible for other case management programs.

Since there are many providers (an average of 43%) who have no awareness of the MEAETC funding and training opportunities, the MaineCare waiver, and/or the Ryan White/ADAP financial assistance, we have begun reaching out to individual providers/practices to provide education on the programs and resources that are available to individuals living with HIV/AIDS.

MaineCare also offers an opportunity for service providers to add comments to their survey. This allows MaineCare Services the ability to gain insight on more advanced issues for individual providers and helps us understand how we can better assist providers and their patients. Providers expressed some additional concerns regarding support groups, cultural differences, and individual compliance issues.

This survey and its analysis serve as a tool to find areas where information is needed and to develop resources that can be used to strengthen our provider network. Data is also used by

the MEAETC to show provider network statistics which are used when applying for program grants. This survey analysis is shared with the Centers for Medicare and Medicaid Services (CMS) as part of MaineCare's demonstration waiver annual report. This analysis is also shared with the HIV Advisory Committee (HIVAC) and the Center for Disease Control and Prevention's Integrated HIV Prevention and Planning committee.