



*MaineCare Services*

*An Office of the  
Department of Health and Human Services*

*Paul R. LePage, Governor*

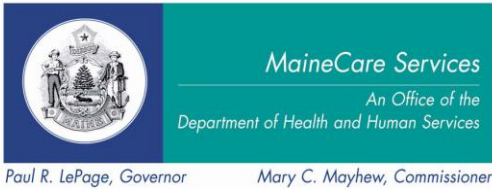
*Mary C. Mayhew, Commissioner*

**Department of Health and Human Services**

## Annual Report

### HIV/AIDS 1115 Demonstration Project

(01/01/14 - 12/31/14)



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)

April 28, 2015

Iris V. Allen, MPH  
Division of State Demonstrations and Waivers  
Centers for Medicaid and CHIP Services, CMS  
Mail Stop S2-01-16  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

Dear Ms. Allen,

I am pleased to provide you with the twelfth Annual Report for the Maine HIV/AIDS Section 1115 Demonstration Project.

Please find enclosed, data and materials that highlight our activity for this project in its twelfth year. Also enclosed are the analyses from our 2013 provider and member surveys. Please contact Dr. Kevin Flanigan at 207-287-1827 if further information is needed.

Sincerely,

Stefanie Nadeau, Director  
Office of MaineCare Services  
11 State House Station, Augusta, ME 04333-0011  
Phone: 207-287-2093

cc: Aimee Campbell-O'Connor, CMS Boston  
Kevin Flanigan, M.D.  
Sheena Bunnell, PhD

# Table of Contents

ATTACHMENTS .....	4
APPLICATIONS .....	10
OUTREACH .....	10
ADDITIONAL INFORMATION ON DATA REPORTED IN THE ATTACHMENTS .....	19
OPPORTUNISTIC INFECTIONS (OI) .....	20
WOMEN'S HEALTHCARE .....	21
TUBERCULOSIS TESTING .....	22
UTILIZATION OF SERVICES .....	22
HOSPITALIZATION RATES .....	23
ADHERENCE TO THERAPY .....	25
DEATH RATES .....	25
DISENROLLMENT .....	26
SUMMARY .....	26
ACCOMPLISHMENTS .....	27
POLICY AND ADMINISTRATIVE OVERVIEW .....	29
COMPLAINTS/GRIEVANCES .....	29
SYSTEM AND REPORTING ISSUES .....	31
ATTACHMENT B .....	32
ATTACHMENT E .....	46

# Attachments

- A. Distinct Member Counts by Quarter
- B. Outreach Letters
- C. Contact Tracking Summary
- D. Contract Tracking Detail
- E. Waiver Surveys
- F. Provider Survey Analysis
- 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 Room Visits, Physician Visits, General Inpatient, Inpatient Behavioral Health Claims and Users
- L. Deceased between SFY2003 and DY12
- 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 twelfth year (DY12). The goal of this waiver is to provide critical services to people living with HIV/AIDS in order to delay, prevent, or reverse the progress of their disease.

At the conclusion of the twelfth year, there were 444 demonstration enrollees in the program and 316 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 twelve years of the project, by month. There has been an increase of 359 demonstration enrollees and an increase of 88 Medicaid members from the first month of DY01 to the last month of DY12.

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

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 2

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 3

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 4

Month	Demonstration Enrollees	Medicaid Members	Total
	DY12		
January	445	212	657
February	445	214	659
March	450	209	659
April	447	212	659
May	452	206	658
June	448	327	775
July	449	320	769
August	443	320	763
September	446	321	767
October	443	324	767

November	445	319	764
December	444	316	760

**Figure 5**

Out of the 444 demonstration enrollees enrolled at the end of DY12, 385 were male and 59 were female. Out of the 316 Medicaid members enrolled at the end of DY12, 203 were male and 113 were female. A breakdown of gender and age by month shows an increase of 308 demonstration enrollee males from the beginning of the demonstration project (DY01) to the end of DY12, while the number of women increased by 51. In the Medicaid population, there was an increase of 43 males and an increase of 45 females.

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

Distinct member counts by quarter show that 100 of the 132 cohort members were enrolled in the last quarter of DY12. Of these, 90 members were included in the Medicaid group and 10 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 (219) members were identified and will be the “cohort” of members included in the cost-neutrality cap throughout the 12 years of the demonstration (the original five years plus the additional seven years of reauthorizations). 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 DY12 had 100 members, which is a decrease of 111 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 760 in the month of December 2014, the end of the twelfth 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 DY12 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 case management agencies. Applications have also been sent to members' homes by the program coordinator or the eligibility workers in the local office for members to fill out in the privacy of their own home. People enrolled in the AIDS Drug Assistance Program (ADAP) are sent letters explaining the demonstration project and encouraging them to apply.

## **Outreach**

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

- Attending the HIVAC meetings. Present were representatives from Ryan White Case Management Agencies, ADAP, Maine CDC, the Office of MaineCare Services (OMS), legislators, people living with HIV/AIDS, and appointed committee members.

- Attending the monthly Ryan White meeting. People present were case managers, members, providers, and representatives from other various agencies.
- Attending weekly Decision Support System (DSS) User Group meetings to discuss the DSS and system issues, workarounds, and resolutions.
- Referring MaineCare members to Maine CDC for ADAP and Ryan White assistance applications.
- Referring more members to Consumers for Affordable Health Care to help with their unmet healthcare needs/coverage.
- Referring members and case managers to Private Health Insurance Premium benefit (PHIP) specialists.
- Working with policy, provider relations, and customer service staff to resolve issues.
- Addressing Medicare Part D issues and referring members when appropriate.
- Mailing 591 birthday letters to members in DY12. 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).

- Mailing introductory letters, PCP inquiry letters, and consent forms to 155 new and re-joining members.
- Giving instructions to providers and case managers on how to access the MaineCare Preferred Drug List and the MaineCare Benefits Manual online.
- Meeting with Molina, Truven, and State staff to discuss changes needed to the DSS care management reports, letters, and the algorithm.
- Mailing the semi-annual clinical data collection letter to 29 Infectious Disease Specialists requesting members' most recent CD4 and viral load data. A second mailing was sent to four providers who didn't respond to the first mailing.
- Collaborating with the ME CDC to mail out the 2013 annual member satisfaction survey. The survey was sent to 656 members. We received a fifty-one percent (51%) response rate which was a six percent (6%) increase from 2012.
- Sending monthly informational letters and medication alerts to our Primary Care Provider network. Medication alerts covered topics such as: a new dosage form of

Isentress for pediatric patients, a new dosage form of Reyataz oral powder, the approval of Lamivudine and Zidovudine tablets (generic of Combivir), the approval of new products such as: Triumeq, Tybost, and Vitekta and label updates to Prezista, Edurant, Complera, Intelence, and Stribild. Alerts were typically sent to approximately 300 providers.

- Sending the 2013 Provider Survey to 282 providers including both Primary Care Providers and Infectious Disease Specialists. The 2012 analysis was also included with the survey.
- Completing the second 2013 Provider Survey mailing. The survey was sent to providers who did not send a survey back after the first mailing. The second mailing went to 216 providers.
- Sending the spring poster and brochure mailing to approximately 981 sites. Sites included: municipalities, homeless shelters, provider offices, case managers, DHHS eligibility offices, soup kitchens, and family planning health centers.
- Sending the fall poster and brochure mailing to high schools and universities throughout the state. The mailing went to approximately 156 sites.

- Referring more members to Consumers for Affordable Health Care (CAHC) to help with their unmet healthcare needs/coverage – including enrolling in the ACA.
- Mailing the mammogram reminder letter and palm card to 55 members.
- Mailing the cervical exam reminder letter and palm card to 76 members.
- Starting a new Emergency Department (ED) reporting process that incorporates a daily census from each hospital, in addition to the regular monthly report (which has a two month lag time).
- The Nurse and Program Coordinator attending the “Health Literacy Plain Language and Cultural Inclusion: Skills for Clear Health Communication” training sponsored by Maine’s CDC Office of Health Equity. Topics covered included: identifying key elements of plain language, applying readability formulas, specific plain language writing, organization, and design and key issues in field testing materials with the target audience.
- The Nurse and Program Coordinator attending training: “Working Effectively with Clients.” The objectives of this training included: understanding the unique nature of culture and its impact on behavior, recognizing and responding to culture differences, understanding the differences between generational and situational poverty,

identifying the challenges to establishing and maintaining roles in a professional relationship, and developing communication skills that allow one to listen and understand, problem solve and empower the individual.

- Viewing a webinar titled “Innovations in Health Literacy.” This webinar described health literacy, individuals at risk for limited health literacy, and its impact on patients and the health care system. We also reviewed plain language techniques and were offered concrete steps that providers can take to improve communication with patients.
- The Nurse Coordinator attending a training on building resiliency. The class consisted of writing a mission statement, defining values, managing conflict by re-evaluating situations, time management, and surviving change.
- The Nurse Coordinator attending a webinar titled “The Eight Dimensions of Wellness” by Kathryn Power M. Ed., Regional Administrator from the (SAMHSA) Substance Abuse and Mental Health Services Administration of Boston, MA. The Eight Dimensions of Wellness include: emotional, environmental, intellectual, physical, occupational, spiritual, social, and financial wellness. In order for individuals to be completely well, there needs to be a balance in all eight dimensions of their health.

- The Nurse Coordinator attending a class titled “Suicide Prevention Gatekeeper Training.” Topics discussed included: the warning signs and risk factors for suicide, how to respond to suicidal behavior, resources for help, family support through crisis, and support after a suicide. The Nurse Coordinator learned how to respond to members in crisis and when to contact the Crisis Hotline.
- Sending the program’s new authorization form to new members and members whose current form was outdated.
- The Nurse Coordinator and Program Manager attending and presenting at the Positive Living Conference. This conference is only for individuals in the state who are living with HIV/AIDS. This conference is put on by the Maine HIV, STD, and Viral Hepatitis Program through Maine CDC. Presentations included: Treatment as Prevention, HealthCare Experts Panel, STD Jeopardy, HIV Services in Maine, Opportunities for Involvement, Mental Health and, Continuum of Care. There was also a presentation by the Special Benefit Waiver Program Manager and Nurse Coordinator that included an overview of the waiver, its goals, what we do and why we call, the differences in the waiver and MaineCare, and some resources.
- The Nurse Coordinator and Program Manager going to Community Health and Counseling Services (CHCS) to meet with the new case manager.



- The Nurse Coordinator and Program Manager attending the Annual Infectious Disease Conference. The keynote speaker was Dr. Nathaniel James, Director, Maine Medical Center's International Clinic. He presented on refugee health: immunizations, HIV, Hepatitis, and Tuberculosis. Other presentations were: HealthInfoNet, Climate Change: Effects on Water and Food Borne Disease, What to do About Ticks, Harm Reduction: Working with Active Drug Users to Prevent Infectious Diseases, and an Ebola panel pertaining to how Maine is preparing.
- The Nurse Coordinator and Program Manager attending the Health Literacy 202 training sponsored by Maine CDC's Office of Health Equity. The objectives of this training included: analyzing and writing plain language materials, learning about and addressing information needs of particular audiences, analyzing and applying principles of clear visual design, using plain numbers in ways that most adults can understand and use, and trying creative writing techniques to develop more interesting materials.

## **Provider Network**

Demonstration enrollees continued to use the same network of providers as Medicaid members, for both primary care and specialty care providers.

There are 315 distinct providers (Primary Care Providers and Infectious Disease Specialists) currently seeing our active members. These providers are located throughout all 16 counties.

Some members find the travelling 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 three pediatric providers in the state of 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 goals of the waiver 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 DY12 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 for both incoming and outgoing contacts of all services decreased by 7.4% in the twelfth year over the eleventh. The three highest service contacts in DY12 in order are adherence, eligibility, and other.

### **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 conducted in February 2014.
- Survey of all providers working with HIV/AIDS MaineCare members regarding provider needs and satisfaction was conducted in February 2014.
- Collected clinical data (viral loads and CD4s) from 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 525 distinct demonstration enrollees during DY12. Distinct MaineCare members totaled 375. 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 Herpes Zoster and Simplex with eight demonstration enrollees and eight Medicaid members, or 1.71% and 2.4% respectively. The next two most prevalent conditions were Strep and Staph with eleven demonstration enrollees and five Medicaid members, or 2.1 % and 1.33%, respectively and Viral and Bacterial Pneumonias with five demonstration enrollees and nine Medicaid members, or 0.95% and 2.4% respectively. These top three OIs are the same as the three highest in DY11. Other OIs occurred at low rates. Only 36 distinct members, or 6.86% of the demonstration enrollees, had an OI as compared to the 43 distinct members, or 11.47% of Medicaid members. 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 Variant of Lymphosarcoma, Other Specified Infections and parasitic Diseases, Salmonella Diseases, and Strongyloidiasis. Out of the ten AIDS defining conditions, there was one Medicaid member who had Actinomycosis and another who had Other Named Variant of Lymphosarcoma. There was one demonstration enrollee that had Actinomycosis.

## **Women's Healthcare**

One hundred sixty two (162) distinct women over 18 years of age were enrolled as demonstration enrollees or Medicaid members in MaineCare. Of the 162, 55 were demonstration enrollees, thirty-four percent (34%), and 107 were Medicaid members, sixty-six percent (66%).

Seventy-eight percent (78%) (43 of 55) of female demonstration enrollees were at least 40 years old. Sixty-nine percent (69%) (74 of 107) of female Medicaid members were at least 40 years old. Thirty-eight percent (38%) of female demonstration enrollees and thirty-eight percent (38%) of female Medicaid members were screened for breast cancer using mammography. Forty percent (40%) of female demonstration enrollees and forty-eight percent (48%) of female Medicaid 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 ID's 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 no case of tuberculosis in DY12. **Refer to**

**attachment G: Number of Distinct MaineCare ID's 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, Utilization of Services is tracked using allocation provider type claim instead of category of service.

During DY12, the total amount spent on services per demonstration enrollee was \$1,434.86 per month. The total amount spent on services per Medicaid member was \$1,632.93 per month. **Refer to attachment I: Amount Spent by Provider Type Claim and the Number of Users**

## Hospitalization Rates

- Emergency Department (ED) Services - 151 or twenty-nine percent (29%) of demonstration enrollees received ED services during DY12, compared to 164 or forty-four percent (44%) of Medicaid members. Demonstration enrollees had a (20%) decrease in usage from DY11, while Medicaid members had a (7%) decrease. The top ED diagnoses are Chest Pain NOS, Abdominal Pain NOS, and Lumbago. 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 - 444 or eighty-four percent (84%) of demonstration enrollees were seen by physicians during DY12, compared to 362 or ninety-six percent (96%) of Medicaid members. Demonstration enrollees had a five percent (5%) decrease over DY11, while Medicaid members had a fifteen percent (15%) increase.
- General Inpatient Services – 43, or eight percent (8%) of demonstration enrollees were admitted to the hospital during DY12, compared to 66, or seventeen percent (17%) of Medicaid members. Demonstration enrollees usage decreased by thirty-nine percent (39%) over DY11, while the Medicaid members had a sixteen percent

(16%) increase. The top inpatient diagnoses are Human Immuno Virus Dis, Alcohol Withdrawal, and Subendocardial Infarction, Initial.

- Inpatient Behavioral Health Services – There were no demonstration enrollees who utilized inpatient behavioral health services. However, there were three Medicaid members, or 0.8%, who used these services during DY12. Note that Inpatient Behavioral Health Services are not a MaineCare covered service for individuals between the ages of 21 – 64; however, Maine is currently part of the Medicaid Emergency Psychiatric Demonstration (MEPD). This demonstration covers inpatient psychiatric hospital services for adults who meet the criteria and are between the age of 21- 64. **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 Human Immuno Virus Disease, Subendocardial Infarction, Initial, and Alcohol Withdrawal.
- The most common reasons for Medicaid members’ hospital admissions were Human Immuno Virus Disease, Alcohol Withdrawal, and Subendocardial Infarction, Initial. **Refer to Attachment J: Top 10 Hospitalization Reasons**



## **Adherence to Therapy**

Medication compliance calls totaled 507 for DY12. Compliance calls are structured to provide interventions for members in various groups, based on their CD4 count.

Medication adherence calls totaled 1321 for DY12. Barriers continue to be identified and, where possible, removed.

**Refer to Attachment C: Contact Tracking Summary**

## **Death Rates**

Eight enrollees or members died during DY12. Of the deceased members, five were demonstration enrollees, which decreased by five from DY11. Of the deceased members, three were Medicaid members, which represented a decrease of two over DY11. A total of 164 members have died since the beginning of the demonstration project. One hundred and twelve (112) of the deaths were Medicaid members and 52 were demonstration enrollees.

**Refer to Attachment L: Deceased**

## **Disenrollment**

Seven demonstration enrollees moved to receive full MaineCare services, 12 enrollees re-enrolled as 5bs (Demonstration enrollees), 65 demonstration enrollees are no longer enrolled in MaineCare, and eight demonstration enrollees died during DY12.

**Refer to Attachment M: Disenrollment tracking for Demonstration Group**

## **Summary**

As a result of the twelfth year of this demonstration, the Office of MaineCare Services has continued to improve access to medical services for Maine residents. The 1115 Demonstration Project has provided medical services to 525 demonstration enrollees. In addition, 375 Medicaid members had the benefit of enhanced care coordination. Personal contacts were made through meetings with agencies such as the AIDS Drug Assistance Program (ADAP), Ryan White Part B, Physician Advisory Committee (PAC), Office for Family Independence (OFI), Maine Center for Disease Control & Prevention (MeCDC), educational workshops with members, educational trainings with counselors and providers, and visits with the case managers. Posters and brochures continue to be distributed throughout the state to the Office for Family Independence regional

offices, pharmacies, physician offices, hospitals, soup kitchens, homeless shelters, high schools, universities, and municipalities. Mailings are done semi-annually to educate and raise awareness throughout the entire state. We will continue to focus on care coordination and data analysis.

## **Accomplishments**

The demonstration project continued to accomplish many goals during the twelfth year of implementation. Among them were:

- Increased statewide awareness of the existence of the benefit.
- Working with case managers and ADAP to provide intervention to members in the month of their MaineCare review to prevent members from “cycling off” and losing their health care coverage.
- Significantly increased collaboration and interaction among the Office of MaineCare Services (OMS), Maine CDC (including Ryan White services), AIDS Service Organizations (case management), and the AIDS Drug Assistance Program (ADAP).
- Better coordination of care, evaluation and analysis of member and provider surveys.

- Continued compilation of a unique database that enables us to monitor and better understand utilization and disease progress in members living with HIV/AIDS.
- Improved medication adherence and compliance with members. The Nurse Coordinator is targeting calls to members with high viral loads or low CD4 counts.
- Collaboration with pharmacy manager and the drug companies to make the Drug Utilization Review (DUR) team aware of the newest HIV medications for MaineCare's formulary.
- Collaboration with Maine CDC to provide care management services.
- Ensuring all members are linked with an Infectious Disease and Primary Care Physician within their area.
- Continuing to work with providers to collect members' lab data (CD4 and viral load).
- Providing education on preventative health care measures, such as cervical examinations, mammograms and necessary vaccinations; monitoring claims data and following up when necessary.
- Monitoring and providing linkage and referral, education, and follow up for non-emergent ER usage.

## **Project Status**

The demonstration will continue to monitor quality measurements, clinical outcomes, and disease progression of members. We continuously provide education on preventative health care 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**

A new MaineCare Pain Management Policy was implemented on January 1, 2013. Members diagnosed with HIV/AIDS are exempt from the policy; however, MIHMS (our claims management system) does not allow pharmacies to identify members with HIV/AIDS who have full MaineCare benefits. In order to avoid inappropriate denials for pain medication for these members, MaineCare suggested a workaround of completing a Prior Authorization (PA) with a diagnosis of HIV/AIDS or the code association with the diagnosis. The PA will be in effect for one (1) year, and prescriptions will need to be completed per policy. The PA will be automatically approved with an HIV/AIDS diagnosis.

## **Complaints/Grievances**

There are three points of contact for demonstration and MaineCare members to access assistance with a question, concern or complaint.

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

In DY12 there were no complaints.

**Attachment N: Nurse Coordinator Complaint Log**

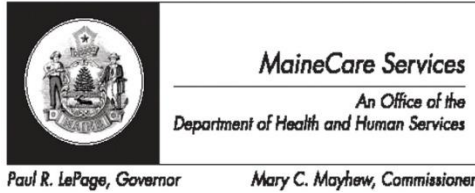
## System and Reporting Issues

In June 2014, several fields in certain HIV reports and the HIV algorithm were changed. All affected reports were those that previously used the Provider Type Claim and/or Provider Specialty Claim fields. The reports now use the Allocation Provider Type and Allocation Provider Specialty Claim fields. This change was made because the Provider Type Claim and Provider Specialty Claim fields would often return missing data. Using Allocation Provider Type and Allocation Provider Specialty as fields returns more accurate data as less claims appear “missing.” As a result, the Medicaid (algorithm) enrollment increased, beginning in June.

In November 2014, it was discovered that the DSS was missing financial data from the first and last week’s financial cycle for October 2014. The missing lines were identified and re-run in a special extract. The extract was delivered along with the normal month-end data delivery thus restoring all of October’s financial data on December 16, 2014.

**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, 2014

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



Vaccines that might be indicated for adults based on medical and other indications — United States, 2009

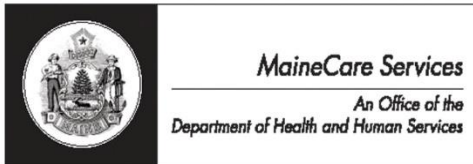
VACCINE ▼	INDICATION ►	Pregnancy	Immuno-compromising conditions (excluding human immunodeficiency virus [HIV]) <sup>13</sup>	HIV infection <sup>3,12,13</sup> CD4+ T lymphocyte count		Diabetes, heart disease, chronic lung disease, chronic alcoholism	Asplenia <sup>12</sup> (including elective splenectomy and terminal complement component deficiencies)	Chronic liver disease	Kidney failure, end-stage renal disease, receipt of hemodialysis	Health-care personnel
				<200 cells/ $\mu$ L	$\geq$ 200 cells/ $\mu$ L					
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>1,*</sup>		Td	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs							
Human papillomavirus (HPV) <sup>2,*</sup>			3 doses for females through age 26 yrs							
Varicella <sup>3,*</sup>		Contraindicated	2 doses							
Zoster <sup>4</sup>		Contraindicated	1 dose							
Measles, mumps, rubella (MMR) <sup>5,*</sup>		Contraindicated	1 or 2 doses							
Influenza <sup>6,*</sup>		1 dose TIV annually								1 dose TIV or LAIV annually
Pneumococcal (polysaccharide) <sup>7,8</sup>		1 or 2 doses								
Hepatitis A <sup>9,*</sup>		2 doses								
Hepatitis B <sup>10,*</sup>		3 doses								
Meningococcal <sup>11,*</sup>		1 or more doses								

\*Covered by the Vaccine Injury Compensation Program.

  For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)
   Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)
   No recommendation

EXAMINATION & COUNSELING	Clinical Indicator	Ages 19-29	Ages 30-39	Ages 40-49	Ages 50-64	Ages 65+
	Physical Exam and Counseling <sup>1</sup>	Frequency of visit as PCP recommends	Frequency of visit as PCP recommends	Frequency of visit as PCP recommends	Frequency of visit as PCP recommends	Annually
	Blood Pressure <sup>2</sup>	At each visit. At least once every two years. Annually for adults with hypertension.				
	Clinical Breast Exam (CBE) <sup>3</sup>	Every three years	Every three years	Annually	Annually	Annually
Screen/Counsel for Tobacco, Alcohol and Substance Abuse	Each visit as appropriate					
SCREENING	Blood Cholesterol (full fasting lipid profile) <sup>4</sup>	Every five years beginning at age 20	Every five years	Every five years	Every five years	Every five years
	Fecal Occult Blood <sup>5</sup>				Annually	Annually
	Sigmoidoscopy <sup>6</sup>				Every five years	Every five years
	Colonoscopy <sup>7</sup>				Every 10 years or as recommended by physician if high risk*	Every 10 years or as recommended by physician if high risk*
	Chlamydia Screen <sup>8</sup>	Annually				
	Mammography <sup>9</sup>			Annually	Annually	Annually
	Pap Smear <sup>10</sup>	Every one to three years based on history and results of HPV testing				
	Human Papilloma Virus (HPV) testing <sup>11</sup>		Every 3 years beginning at age 30	Every 3 years	Every 3 years	Every 3 years up to age 70
	Osteoporosis Screening <sup>12</sup>					Every two years
	Prostate Cancer Screening <sup>13</sup>				Annually	Annually
	Obesity Screening <sup>14</sup>	Height and weight/body mass index (BMI) at each visit				
	Abdominal Aortic Aneurysm Screening <sup>15</sup>					One ultrasound screening for men aged 65 to 75 who have ever smoked and males and females with family history
	Vision, Hearing					Periodically

\* High risk includes African Americans (begin screening at age 45), individuals with a history of familial polyposis or hereditary nonpolyposis colorectal cancer (begin screening at age 40), or a personal history of inflammatory bowel disease. Screening colonoscopy should be performed in patients with ulcerative colitis or Crohn's disease 8–10 years after the onset of symptoms. If negative, surveillance colonoscopy should be performed in 1–2 years and then repeated at recommended intervals by a gastroenterology specialist. (See footnote.)



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 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;

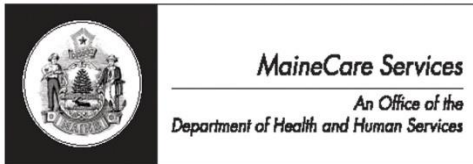
- getting transportation to your medical appointments,
- giving you information about covered services,
- answering questions about your medications,
- any other areas you need help with.

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](mailto: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



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 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: \_\_\_\_\_

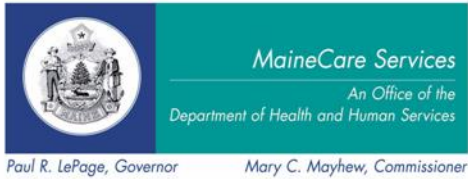
Primary Care Doctor Name: \_\_\_\_\_

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





- This form will not authorize the Department to disclose any psychotherapy notes in my file unless I specifically authorize the disclosure in this form.
- If you have a complaint or concern about how we are handling your health information, you may call:

MaineCare HIPAA Coordinator  
 11 State House Station  
 Augusta, Maine 04333-0011

207-624-6913  
 TTY: Dial 711 (Maine Relay)

In the event you have any questions, please contact the Nurse Coordinator at the following toll-free telephone number: 1-866-796-2463, ext. 74758 or directly at 207-287-4758. TTY users dial 711 (Maine Relay).

\_\_\_\_\_

MaineCare ID

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

MaineCare member signature

\_\_\_\_\_

Date

\_\_\_\_\_

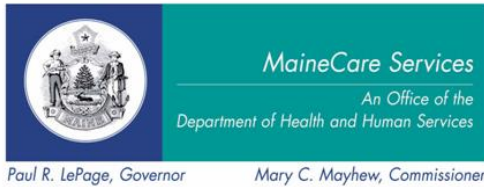
Representative of MaineCare member  
signature

\_\_\_\_\_

Date

In the event a representative acting on behalf of the MaineCare member signs the authorization, the authority of the person acting on behalf of the MaineCare member is as follows: \_\_\_\_\_

\_\_\_\_\_



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 is currently in the fourth quarter of its eleventh 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 that are needed for baseline data to track disease progression for MaineCare members who have HIV/AIDS.

According to our claims data, we have received bills from you regarding HIV testing for some MaineCare 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. 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,

Kevin S. Flanigan, MD  
Medical Director  
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) 287-1864  
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

Date

Dear *(insert members name)*,

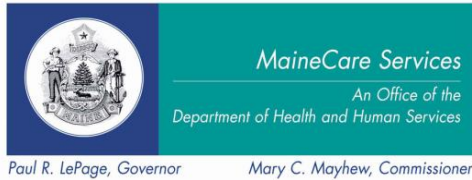
My name is Sherry Boochko and I am a nurse working for the MaineCare program.

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)

June 18, 2013

Dear MaineCare Member,

Our records show that you have not had your annual Pap smear (cervical exam). To stay in good health, we suggest you schedule this exam. For more information, please see the yellow card included with this letter.

We also encourage you to have your annual flu shot (Influenza Vaccine).

If you have any questions or concerns please call me at the toll free number 1-866-796-2463 ext. 44008 or directly at 207-624-4008. TTY users dial 711 (Maine Relay). I can also help you make your appointments.

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)

June 18, 2013

Dear MaineCare Member,

Our records show that you have not had your annual Mammogram (breast exam). To stay in good health, we suggest you schedule this exam. For more information, please see the blue card included with this letter.

We also encourage you to have your annual flu shot (Influenza Vaccine).

If you have any questions or concerns please call me at the toll free number 1-866-796-2463 ext. 44008 or directly at 207-624-4008. TTY users dial 711 (Maine Relay). I can also help you make your appointments.

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

Attachment E  
Waiver Survey's

# MaineCare Satisfaction Survey

Please complete this survey if you have MaineCare or the MaineCare 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: 207-624-4008 or Emily: 207-624-4005. The results of this survey will help us better serve you in the future.

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

- Yes       No

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

- Very satisfied       Somewhat satisfied       Neither dissatisfied nor satisfied  
 Somewhat dissatisfied       Very dissatisfied

**Comment** \_\_\_\_\_

<b>2. Please rate your experience:</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Does Not Apply</b>
a. Applying for MaineCare was easy for me.	1	2	3	4	5	6
b. I understand my available benefits and covered services.	1	2	3	4	5	6
c. I can afford my co-pays and premiums.	1	2	3	4	5	6
d. I can easily get my prescriptions filled.	1	2	3	4	5	6
e. I am always able to get transportation for my medical needs.	1	2	3	4	5	6
f. I am able to get mental health services when needed.	1	2	3	4	5	6
g. I am able to get dental services when needed.	1	2	3	4	5	6
h. I am able to get substance abuse services when needed.	1	2	3	4	5	6
i. I am able to pay for my basic needs (housing, food, and heat)	1	2	3	4	5	6
j. I understand how and when to take my medications.	1	2	3	4	5	6
k. I take my HIV medications as prescribed.	1	2	3	4	5	6
l. I feel healthy most of the time.	1	2	3	4	5	6

**3. List any major concerns with your overall health care (use back of page 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!**



Provider Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

**1. Identify your practice specialty:**

- Family/General Practice     Internal Medicine     Infectious Disease     Pediatrics

Other \_\_\_\_\_

**2. Please specify your level of care for your HIV/AIDS patients:**

- Most or All Care     Some Care     Little Care with Consultation     No Care

**3. 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

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

- Always     Sometimes     Never

**5. Are you easily able to consult with HIV/AIDS experts when needed?**

- Always     Sometimes     Never

**6. If you are a Specialist caring for HIV/AIDS patients, are you willing to serve as a resource for Primary Care Physicians?**    Yes     No     Not Applicable

**7. In the past, treatment compliance has always been the greatest perceived problem with HIV/AIDS patients.**

**Please identify the barriers you feel affect treatment compliance:**

- Decreased Cognition     Mental Health     Co-morbidities  
 Pharmacy Issues     Keeping Appointments     Regimen

Complexity

- Medication Affordability     Transportation     Side Effects  
 Access/Affordability to Specialty Care     Substance Abuse     Language

Barriers

Other: \_\_\_\_\_

---

**8. Would you like to be on an HIV specific listserv to receive information regarding FDA HIV medication updates and training opportunities?**

- Yes     No

**IF YES, PLEASE PROVIDE YOUR EMAIL ADDRESS AT THE TOP OF THE SURVEY.**

**9a. Are you receiving the FDA medication alert and update letters we mail?**

- Yes     No

**9b. Do you find value in these letters?**

- Yes     No

**9c. Would you prefer to receive these via listserv?**

Yes       No

**10. Do you have concerns regarding your patients' dental health?**

Yes       No

**11a. Are you aware of the MaineCare Preferred Drug List (formulary)?**

Yes       No

**11b. If yes, do you use it when prescribing medications?**

Yes       No       N/A



Total	\$4,859,811.31	\$953.84	\$4,906,120.99	\$1,086.87	\$6,592,829.55	\$1,228.40	\$6,194,108.56	\$1,514.82	\$11,845,302.65	\$1,418.60	\$7,846,144.68	\$1,432.56	\$8,078,253.39	\$1,434.86	\$6,859,928.25	\$1,632.93
-------	----------------	----------	----------------	------------	----------------	------------	----------------	------------	-----------------	------------	----------------	------------	----------------	------------	----------------	------------

\* Members from Initial Group and Cost Neutralization Group Combined. This report has not been filtered by Recipient Aid Categories and contains members Member Enrolled and claims paid by other Waivers. Therefore, enrollment and number of claims may be slightly higher compared to CMS Financial reports.

\*\* -Missing allocation provider type indicates reversed claims (negative dollars). This is due to an issue where the allocation provider type on reversed claims is assigned a "-Missing" value.

**MaineCare Services**  
**HIV/AIDS Waiver- Member Survey Analysis 2013**

**Objective:**

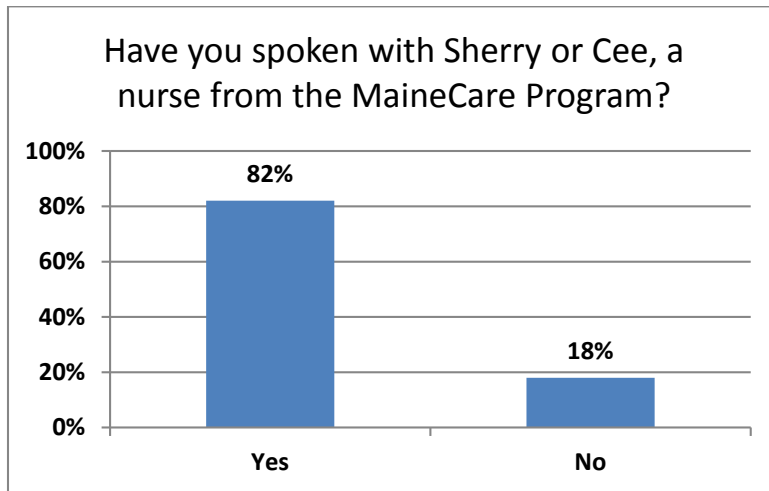
The Office of MaineCare Services has been serving Maine’s HIV/AIDS population for over eleven years through its HIV/AIDS Demonstration Waiver, which is funded by the State and the Centers for Medicare and Medicaid Services (CMS). Every year, MaineCare collaborates with the Maine Center for Disease Control (CDC) to send a survey to all of our 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. MaineCare’s survey is coded in order to identify members who need follow up care management calls.

**Results:**

In 2013, the HIV/AIDS MaineCare member satisfaction survey was sent to 656 members and we received 333 responses. This shows a 51% response rate by MaineCare’s HIV/AIDS waiver population, which is a 6% increase over the response rate from last year (2012).

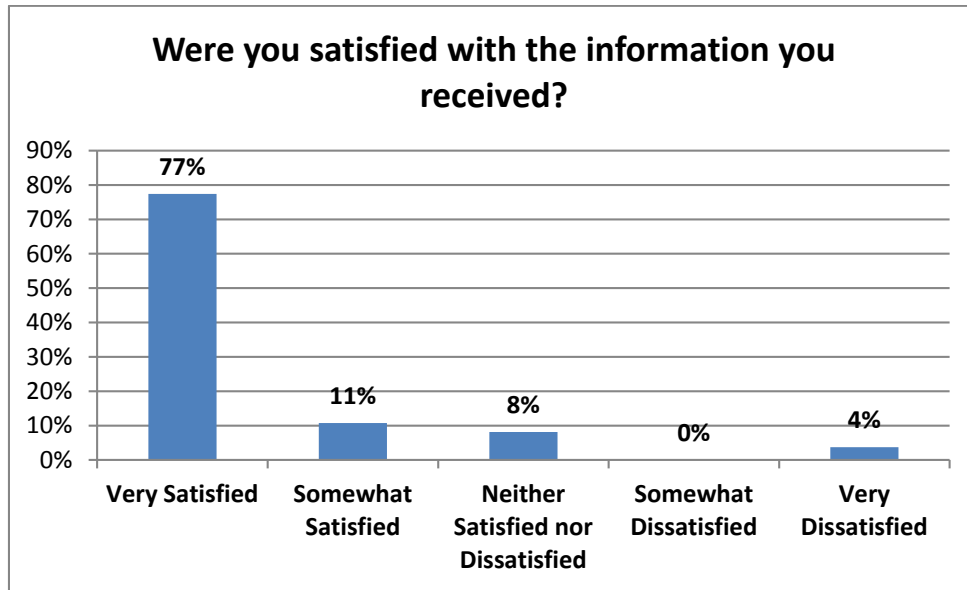
We received a response from 323 out of 333 members (97%). Figure 1a shows that out of 323 responses, 82% of members reported speaking with the MaineCare Nurse Coordinator about their health and benefits (a 9% increase from last year). Eighteen percent (18%) of members reported having no contact with the Nurse Coordinator.

**Figure 1a**



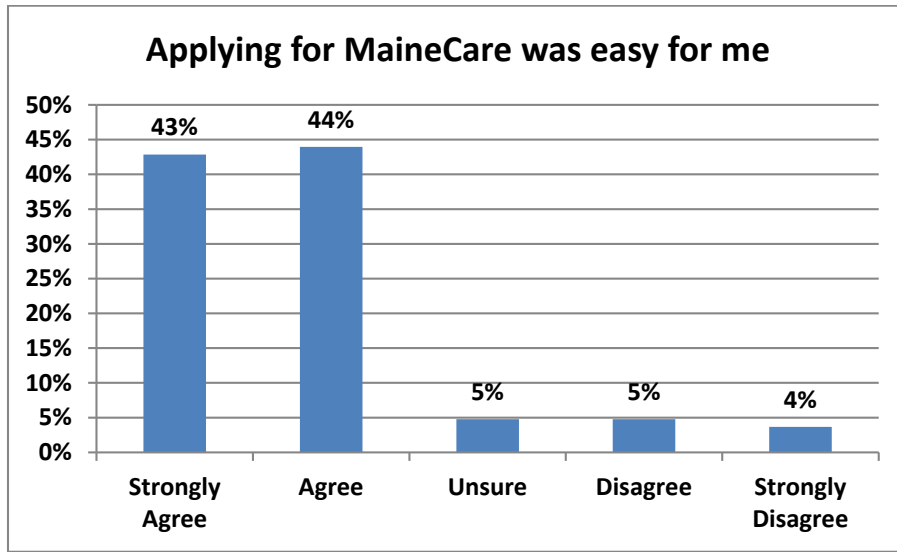
Members who responded that they had spoken with the MaineCare Nurse Coordinator were asked to rate their satisfaction. Figure 1b shows that 77% of members were very satisfied with the information they received from MaineCare’s Nurse Coordinator (no change from last year). Eleven percent (11%) of members were somewhat satisfied with the information received and 8% of members were neither satisfied nor dissatisfied. Only 4% of members reported being dissatisfied with the information they received from the MaineCare Nurse Coordinator.

**Figure 1b**



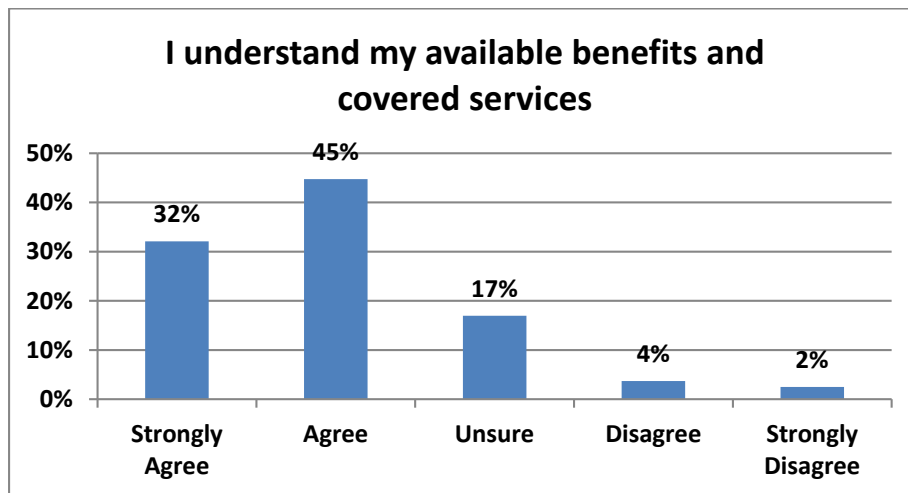
MaineCare is interested in knowing how members rate their experience with applying for benefits. We received a response from 273 out of 333 members (82%). Figure 2a shows that of the 273 members, 44% indicated they agree that it was easy to apply for MaineCare benefits, followed by 43% of members who strongly agree that it was easy to apply for benefits. This shows that the majority of members (87%) found it easy to apply for MaineCare benefits (a 2% increase from last year).

Figure 2a



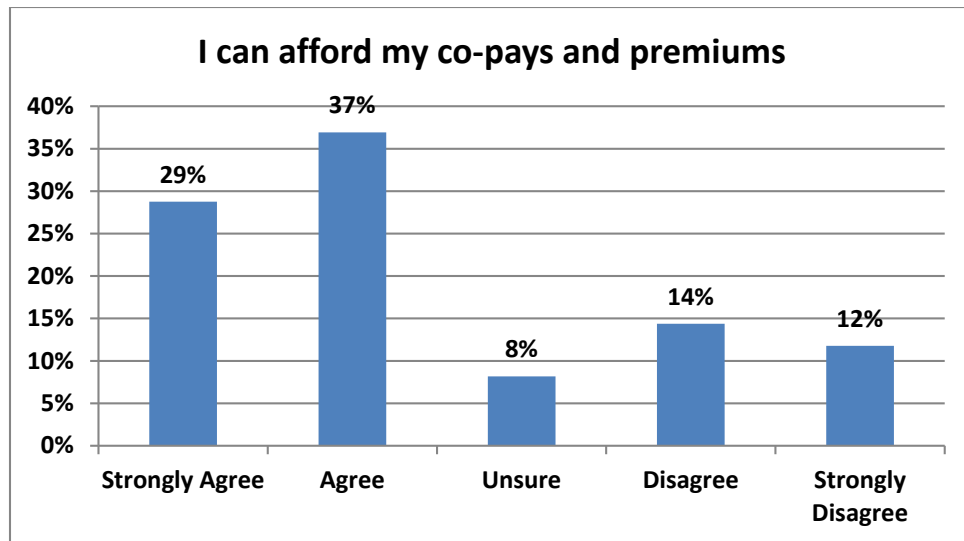
Members were asked to rate how well they understand their available benefits and covered services. We received a response from 324 out of 333 members (97%). Figure 2b shows that of the 324 members, 45% agree that they understand their available benefits and covered services. Thirty two percent (32%) of members strongly agree that they understand their benefits and services. This shows that the majority of members (77%) feel that they clearly understand the benefits and services available to them through MaineCare (a 3% increase from last year). Seventeen percent (17%) of members are unsure if they understand available benefits and covered services, while 6% disagree and do not understand available benefits and covered services.

Figure 2b



Members were asked to indicate whether or not they can afford their co-pays and premiums. We received a response from 306 out of 333 members (92%). Figure 2c shows that of the 306 members, 37% agree that they can afford their co-pays and premiums. Twenty nine percent (29%) of members strongly agree that they can afford their co-pays and premiums. Eight percent (8%) of members are unsure if they can afford co-pays and premiums and 14% disagree and cannot afford their co-pays and premiums. About 66% of members are able to afford their co-pays and premiums (an 8% increase from last year), while approximately 26% of members indicate that they cannot afford to pay for their co-pays and premiums (a 13% increase from last year).

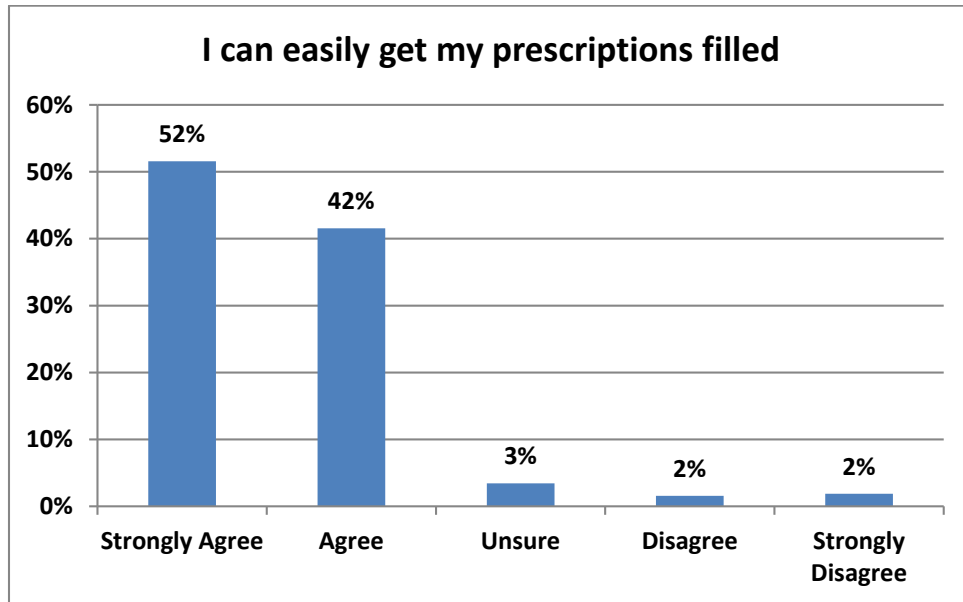
**Figure 2c**



Members were also asked to respond about how easily they are able to get their prescriptions filled. We received a response from 320 out of 333 members (96%). Figure 2d shows that out of the 320 responses, 52% of members strongly agree that they can easily have their prescriptions filled, followed by 42% of members who agree that they can easily get their prescriptions filled. This shows that the majority of MaineCare members (94%) have little trouble getting their prescriptions filled (a 7% increase from last year).

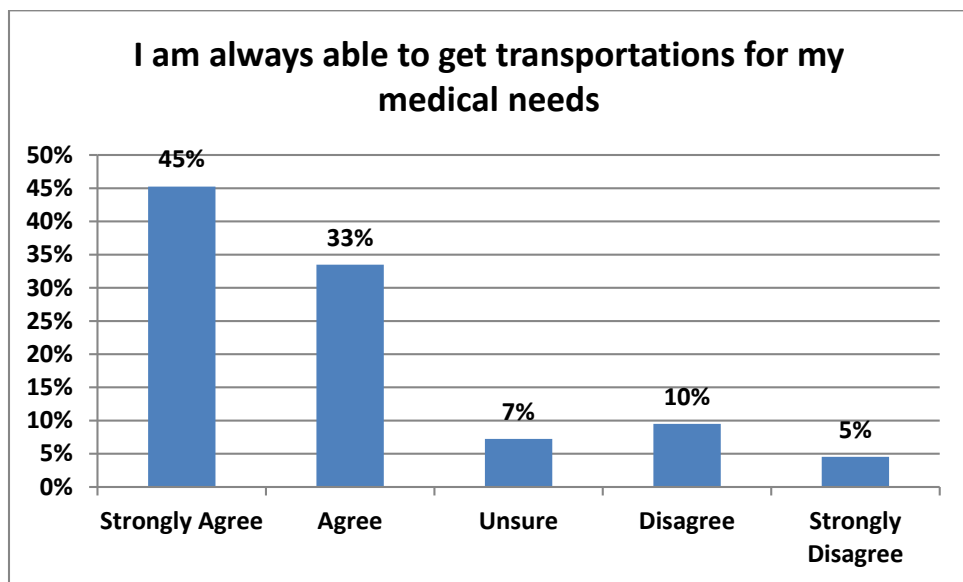


Figure 2d



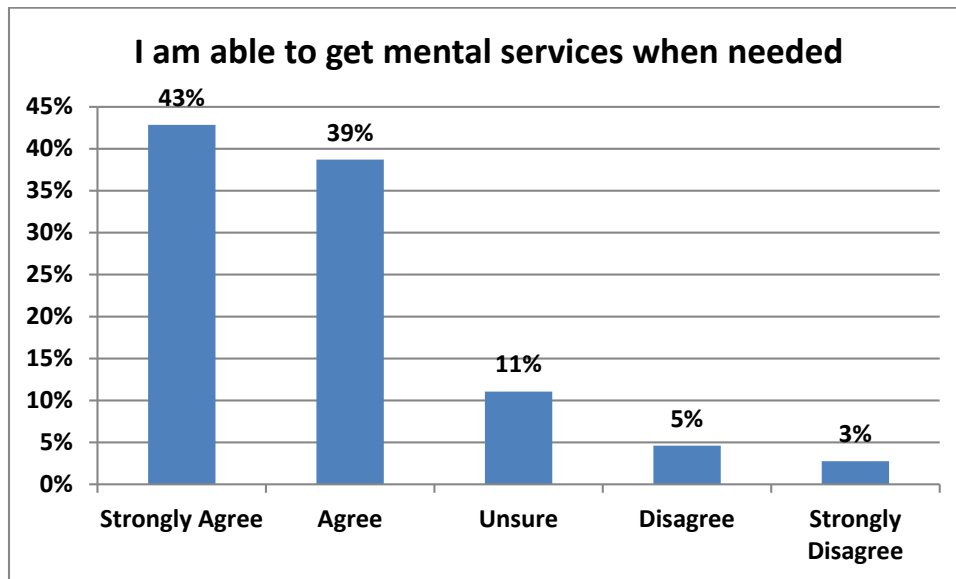
Members were asked to rate their ability to receive transportation for their medical needs. We received a response from 221 out of 333 members (66%). Figure 2e shows that out of the 221 responses, 45% of members strongly agree and 33% of members agree that they are always able to get transportation for medical needs. This shows that the majority of members (78%) who require transportation for their medical needs are always able to get transportation (a 3% decrease from last year).

Figure 2e



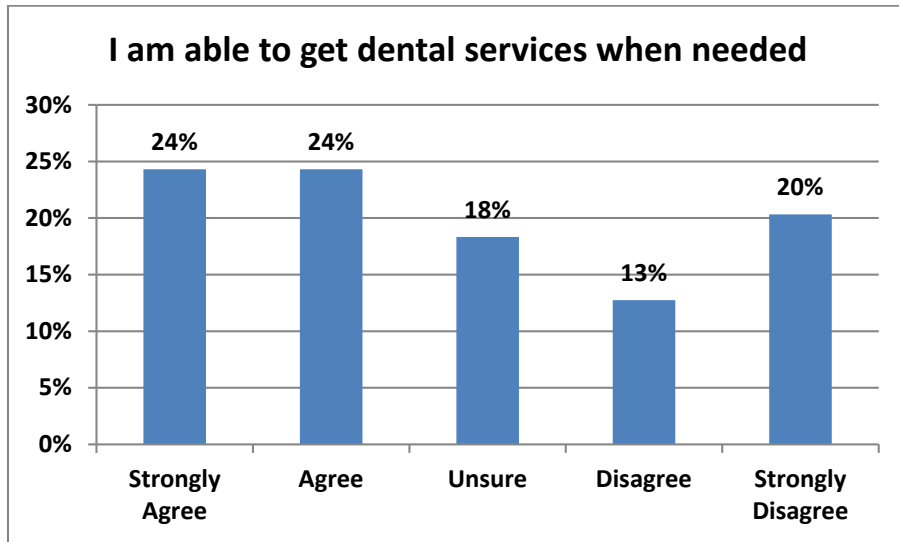
Members were asked to rate their ability to receive mental health service when needed. We received a response from 217 out of 333 members (65%). Figure 2f shows that out of the 217 responses, 43% of members strongly agree that they are able to get mental health services when needed. Thirty-nine percent (39%) of members agree that they are able to get mental health services. This shows that the majority of MaineCare members (82%) are able to get mental health services when needed (a 1% increase from last year).

**Figure 2f**



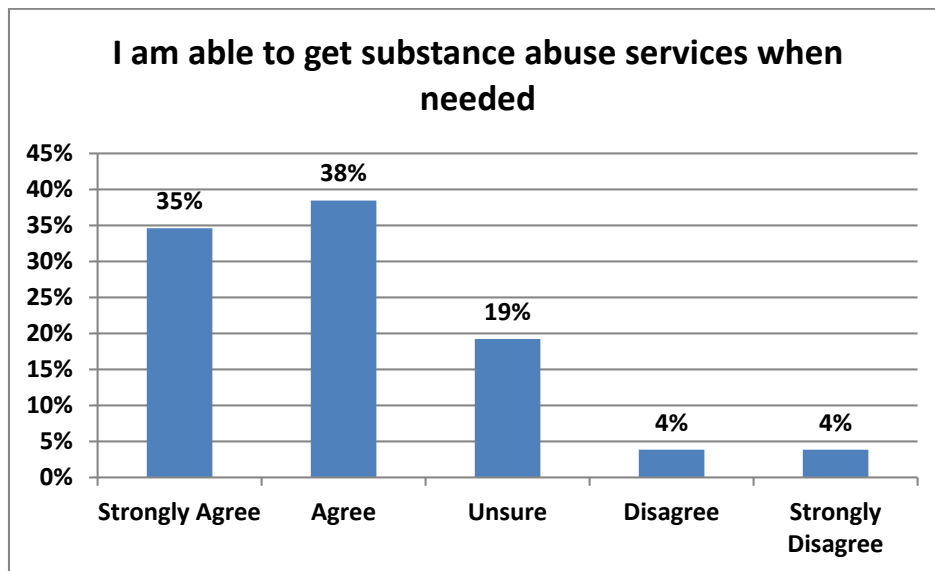
MaineCare is also interested in receiving feedback about the ability of members to receive dental services when needed. We received a response from 251 out of 333 members (75%). Figure 2g shows that out of the 251 responses, 24% of members strongly agree and 24% of members agree that they are able to get dental services. This shows that only around 48% of members are able to get dental services when needed (a 4% increase from last year). Eighteen percent (18%) of members reported that they are unsure if they are able to get dental services. Thirteen percent (13%) of members disagree and 20% of members strongly disagree and are not able to get dental services when needed. This shows that around 33% of members are unable to receive dental services when needed.

Figure 2g



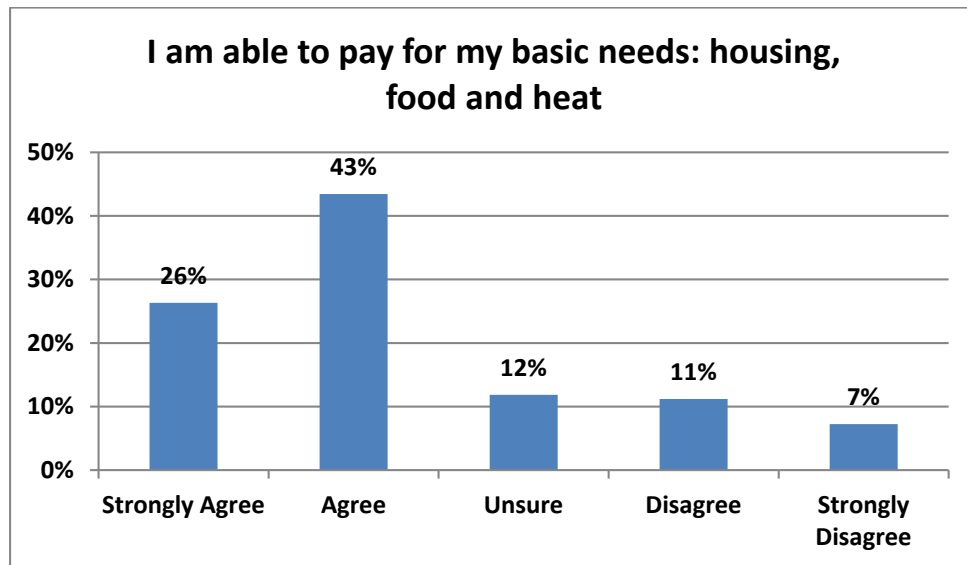
Members were asked to rate their ability to get substance abuse services when needed. We received a response from 104 out of 333 members (31%). Figure 2h shows that of the 104 responses, 38% agree that they are able to get substance abuse services when needed. Thirty-five percent (35%) of members strongly agree that they are able to get substance abuse services when needed. This shows that the majority of the members (73%) are able to get substance abuse services when needed (a 9% decrease from last year). Nineteen percent (19%) of members are unsure and 8% disagree and are not able to get substance abuse services when needed.

Figure 2h



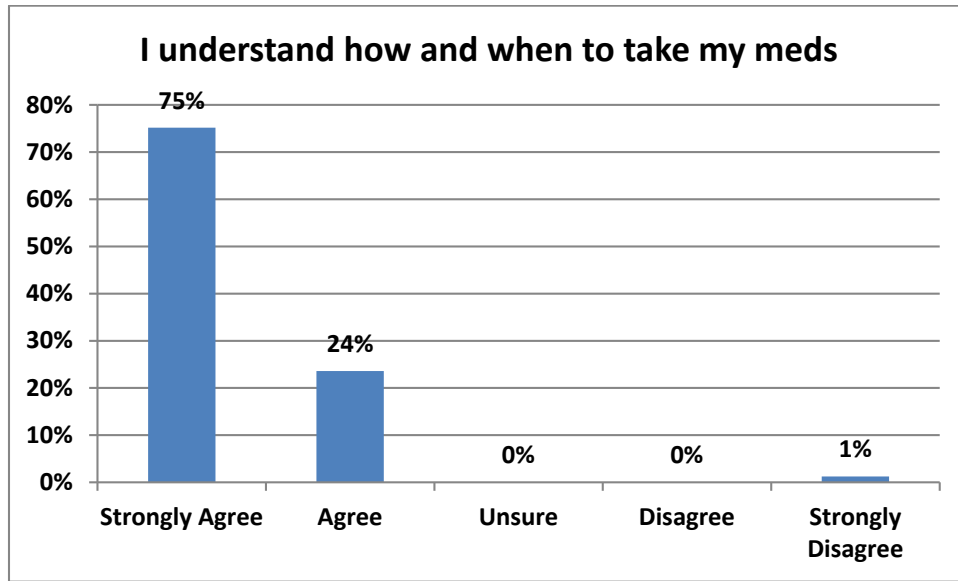
Members were asked about their ability to pay for their basic needs, including housing, food and heat. We received a response from 304 out of 333 members (91%). Figure 2j shows that of the 304 responses, 43% of members agree that they are able to pay for their basic needs followed by 26% of members who strongly agree that they are able to pay for their basic needs. Eleven percent (11%) of members disagree and are not able to pay for their basic needs. Twelve percent (12%) of members are unsure whether they are able to pay for their basic needs. Seven percent (7%) of members strongly disagree and are not able to pay for their basic needs. This shows that about 69% of members are able to pay for their basic needs (a 17% increase from last year), while about 18% of members are not able to pay for their basic needs (a 25% decrease from last year).

**Figure 2i**



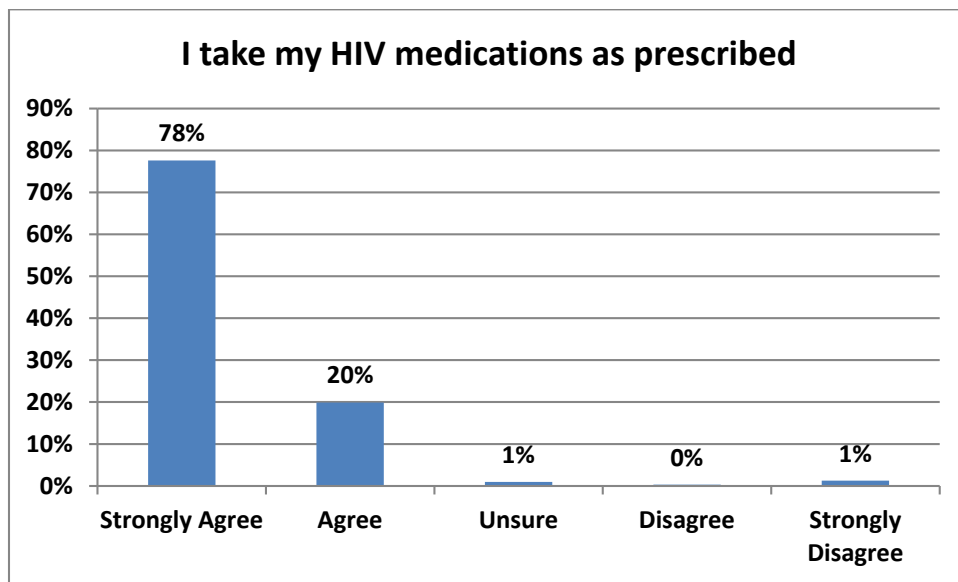
Members were also asked to indicate whether or not they understand how and when to take their medications. We received a response from 318 out of 333 members (95%). Figure 2j shows that of the 318 responses, 75% of members strongly agree and 24% of members agree that they understand how and when to take their medications. The majority of members (99%) indicated that they clearly understand how and when to take their medications (a 3% increase from last year).

Figure 2j



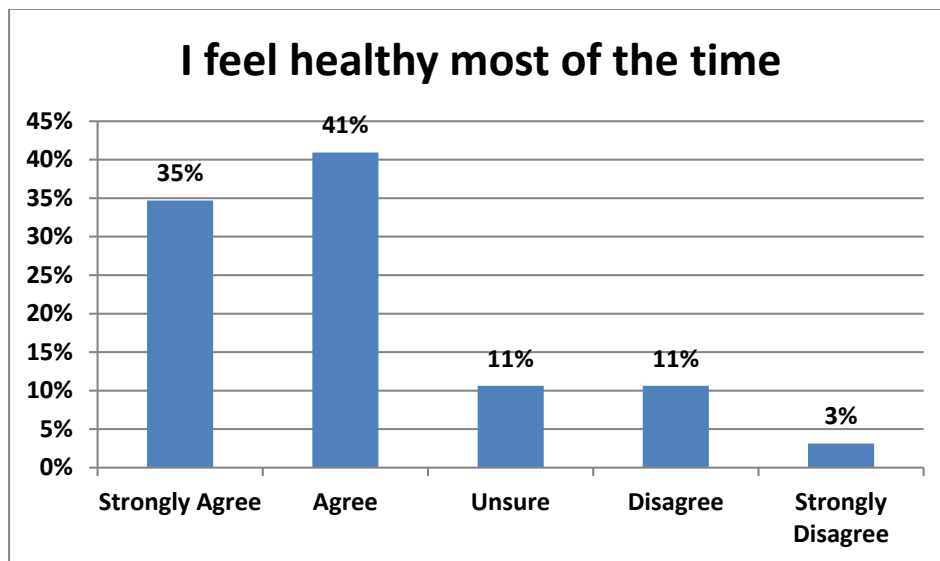
Members were asked to indicate whether or not they take their HIV medications as prescribed. We received a response from 317 out of 333 members (95%). Figure 2k shows that of the 317 responses, 78% of members strongly agree and 20% of members agree that they take their HIV medications as prescribed. This shows that the majority of members (98%) state they take their HIV medications as prescribed.

Figure 2k



Members were asked to indicate if they felt healthy most of the time. We received a response from 320 out of 333 members (96%). Figure 2I shows that of the 320 responses, 41% of members agree and 35% of members strongly agree that they feel healthy most of the time. This shows that the majority of members (76%) feel healthy most of the time. Fourteen percent (14%) of members disagree and do not feel healthy most of the time.

**Figure 2I**



**Discussion:**

Due to the low amount of online responses through surveymonkey.com in 2012 (only 10), the 2013 survey was mailed to all members without the online option. MaineCare had hoped that the online option would increase the response rate, but it did not. As Maine CDC received surveys back, the data was entered into Excel. MaineCare was able to get occasional spreadsheets with survey results which allowed the Nurse Coordinator to respond to members in a timelier manner than previous years. Previously, the Nurse Coordinator had to wait until the deadline and possibly a second survey mailing before contacting members.

Question 1a asked members if they had spoken with the Nurse Coordinator regarding their health and benefits. Eighty-two (82%) of members reported speaking with the Nurse Coordinator, a 9% increase from 2012. Question 1b asked members who responded that they had spoken with the Nurse Coordinator to rate their satisfaction with the information they received. The majority of members

(77%) were very satisfied with the information they received (no change from 2012). The HIV Program has changed the structure and process of program reports and calls to allow the Nurse Coordinator to reach more members more frequently.

Question 2a asked members to rate their experience with applying for benefits. The majority of members (87%) found it easy to apply for MaineCare benefits, which is a 2% increase from last year. Our program poster and brochure, which is distributed annually to over 1,000 sites, lists each regional Department of Health and Human Services office and associated contact information. Members are able to contact their local office for an application which can be filled out with a case manager or by the individual in their own home. The Special Benefit Waiver and MaineCare application can also be found online. Individuals are often referred to a Ryan White Part B case management agency for assistance with applying for benefits.

Question 2b asked members to rate how well they understand their available benefits and covered services. The majority of members (77%) feel that they clearly understand the benefits and services available to them through the MaineCare program, which is a 3% increase from last year. Individuals who are granted coverage under the waiver are sent a basic “covered versus non-covered services list”. Members on full MaineCare are sent a welcome packet which includes the MaineCare member handbook. The handbook lists examples of covered and non-covered services. In addition, on the back of the MaineCare card, it states that members can contact MaineCare Member Services if they have questions regarding their benefits or covered services.

Question 2c asked members to rate their co-pay and premium affordability. Approximately 66% of members are able to afford their co-pays and premiums (8% increase from last year), while around 26% of members indicate that they cannot afford their co-pays and premiums (a 13% increase from last year). MaineCare has continued to work closely with members, the AIDS Drug Assistance Program (ADAP), and pharmacies, to ensure proper billing techniques are used and members are not billed for co-pays that they are not responsible for. The ADAP has encouraged MaineCare to tell members to call the Good Health Systems (GHS), MaineCare and the ADAP’s Pharmacy Benefit Manager, helpdesk when a co-pay issue occurs. GHS can then 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 PHIP Benefit program.

MaineCare members who have premiums for private coverage may be eligible to get assistance through the PHIP Benefit program.

Question 2d asked members to rate their experiences with getting their prescriptions filled. The majority of members (94%) have little trouble getting their prescriptions filled (a 7% increase from last 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 improved medication compliance.

Question 2e asked members to rate their ability with receiving transportation for their medical needs. The majority of members (78%) who require transportation for their medical needs are always able to get transportation, which is a 3% decrease from last year. One barrier that some members encounter is finding transportation to get their prescriptions filled as MaineCare does not provide transportation to pharmacies. MaineCare encourages members and doctors to work together to get as many prescriptions filled on the same day as possible to save members from going to the pharmacy multiple times in a month. Both MaineCare and the waiver cover transportation to and from MaineCare covered services.

In August 2013, MaineCare implemented a new brokerage system for Non-Emergency Transportation. The State of Maine was broken into eight regions and the regions were awarded to three brokers. This transition had many challenges and caused disruption in transportation for many members. In January, the State announced that the Department would not renew its contract with one of the brokers (the contract was due to expire June 30, 2014), which provides services to six regions: Cumberland, Western, Midcoast, Central, Downeast and Aroostook. The Department has continued to monitor the brokers' performance against their contractual requirements to ensure members are receiving necessary and appropriate services.

Question 2f asked members to rate their ability to receive mental health services when needed. The majority of members (82%) are able to get mental health services when needed, which is a 1% increase



from last year. Some services have limits and require prior authorizations. Inpatient psychiatric services are not covered by MaineCare for individuals between the ages of 21 – 64.

Question 2g asked members to rate their ability to receive dental services when needed. Approximately 48% of members are able to receive dental services when needed, which is a 4% increase from last 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. Typically, the Ryan White Part B case management agencies are able to pay for members' transportation to 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 and satisfaction decreases every year. This is the first year that there was an increase in satisfaction (a 4% increase). Maine CDC, through the Ryan White program, plans to make some funds available in the summer of 2014, to assist members with their dental needs (in addition to housing and food).

Question 2h asked members to rate their ability to receive substance abuse services when needed. The majority of members (73%) are able to get substance abuse services when needed, which is a 9% decrease from last 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.

Question 2i asked members to rate their ability to pay for their basic needs including housing, food, and heat. Nearly 69% of members are able to pay for their basic needs, which is a 17% increase from last year. Eighteen percent (18%) of members are not able to pay for their basic needs, which is a 25% decrease from last 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.

Question 2j asked members to indicate whether or not they understand how and when to take their medications. The majority of members (99%) indicate that they clearly understand how and when to take their medications, which is a 3% increase from last year.

Question 2k is a new question and it asked members if they take their HIV medications as prescribed. The majority of members (98%) indicate that they take their HIV medications as prescribed. Our data suggests that some of these members may have actually been out of compliance and received a call from the Nurse Coordinator. In 2013, the Nurse Coordinator contacted 179 members about medication compliance.

Question 2l is also new and it asked members to rate if they feel healthy most of the time. The majority of members (76%) say that they feel healthy most of the time. Fourteen percent (14%) of members say they do not feel healthy most of the time.

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: dental, vision, staying healthy and being fatigued, understanding benefits and covered services (and maintaining those benefits), affordability of co-pays and basic needs, and transportation. When the Nurse and Program Coordinator make follow-up calls to members, the member's individual concerns are discussed and barriers removed, where possible.

# MaineCare 1115 HIV Waiver Provider Survey Analysis 2013

**Background:** The State of Maine's Medicaid Program, also 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). The program covers both existing MaineCare members who are HIV-positive, and an additional group of HIV-positive Maine residents who meet certain income guidelines but are not eligible for full MaineCare benefits. The program became operational in July 2002, has been renewed three times, and is due to expire on December 31, 2014.

**Survey Objective:** Thanks to our collaboration of services 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 created a new survey 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 tenth annual provider survey was conducted at the start of 2014. It has been changed from the previous years to make the process faster and simpler for HIV/AIDS providers. Surveys were mailed to physicians and nurse practitioners who provided medical care to MaineCare and waiver members who were enrolled during 2013. A total of 283 surveys were mailed to service providers and 112 providers responded. This data shows a response rate of approximately 40%, which is a 5.3% increase over the response rate from 2012.

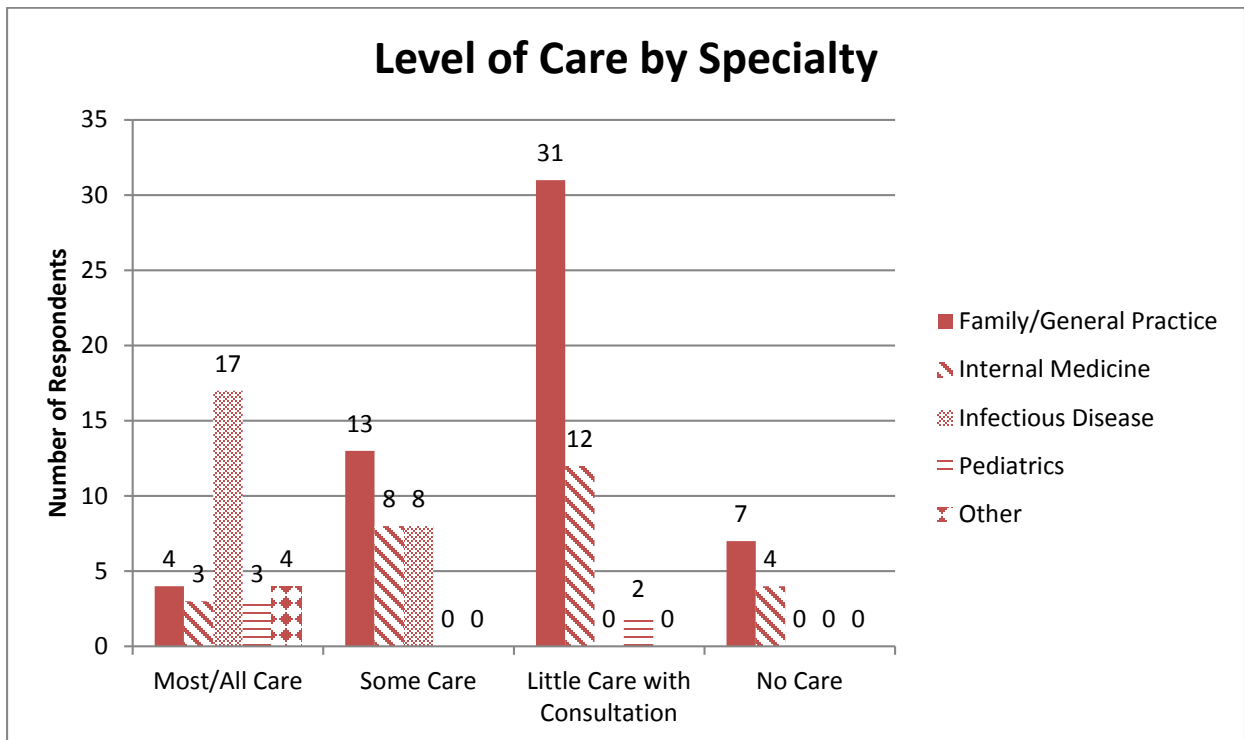
The survey questions covered the following areas:

- Medical practice specialty
- Level of care provided for HIV/AIDS patients
- Number of HIV/AIDS patients managed or co-managed
- Provider awareness of current treatment guidelines and new recommendations for HIV/AIDS patients
- Providers' accessibility to consult with HIV/AIDS experts
- Specialists interest in becoming a resource for primary care physicians
- Barriers affecting adherence/compliance with medication
- Provider awareness of MaineCare Preferred Drug List (formulary)
- Providers' preferences on receiving letters and updates via a HIV specific listserv
- FDA medication alert and update letters
- Concerns regarding patient's dental health

Note: Not all participants answered all questions. 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 physicians and infectious disease specialists who provided care to HIV-positive MaineCare members. Infectious disease specialists have the most experience in caring for and treating HIV-positive patients. Primary care physicians have a small number of HIV-positive patients in their practices and they worked in collaboration with infectious disease specialists to give MaineCare members the best care possible. Figure 1 below shows the variation in practice specialties and the level of HIV care provided.

**Figure 1: Level of Care by Specialty**



**Figure 2: Awareness of Current Treatment Guidelines and New HIV/AIDS Recommendations**

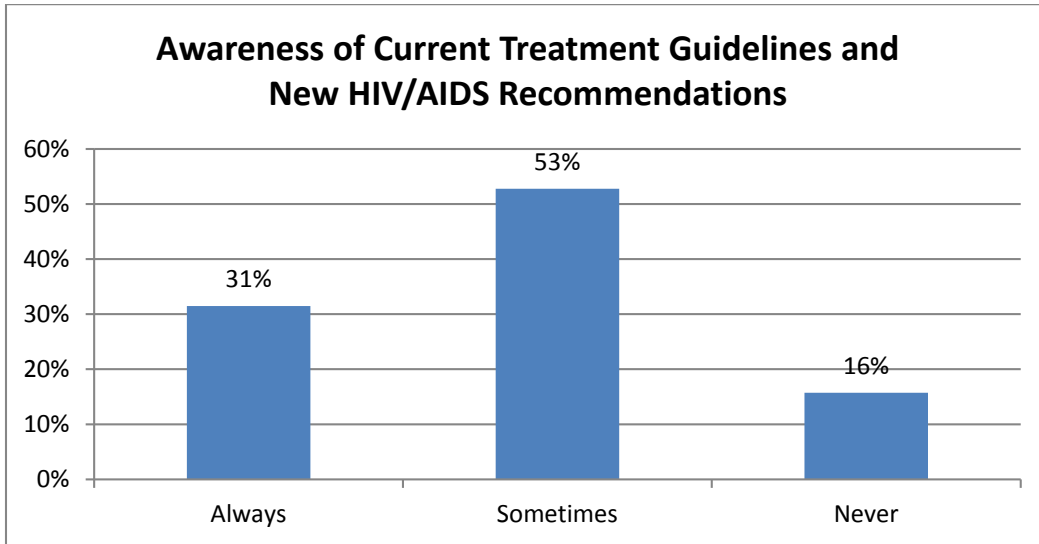


Figure 2 shows provider awareness of the current treatment guidelines and new recommendations for HIV/AIDS patients. The majority of providers (53%) indicate they are “sometimes” aware of current treatment guidelines and new recommendations, compared to 31% of providers who indicate they are “always” aware of these guidelines and new recommendations. Sixteen percent (16%) of all respondents say they are “never” aware of current treatment guidelines and new recommendations.

**Figure 3: Practice Type and Awareness of new HIV/AIDS Guidelines and Recommendations**

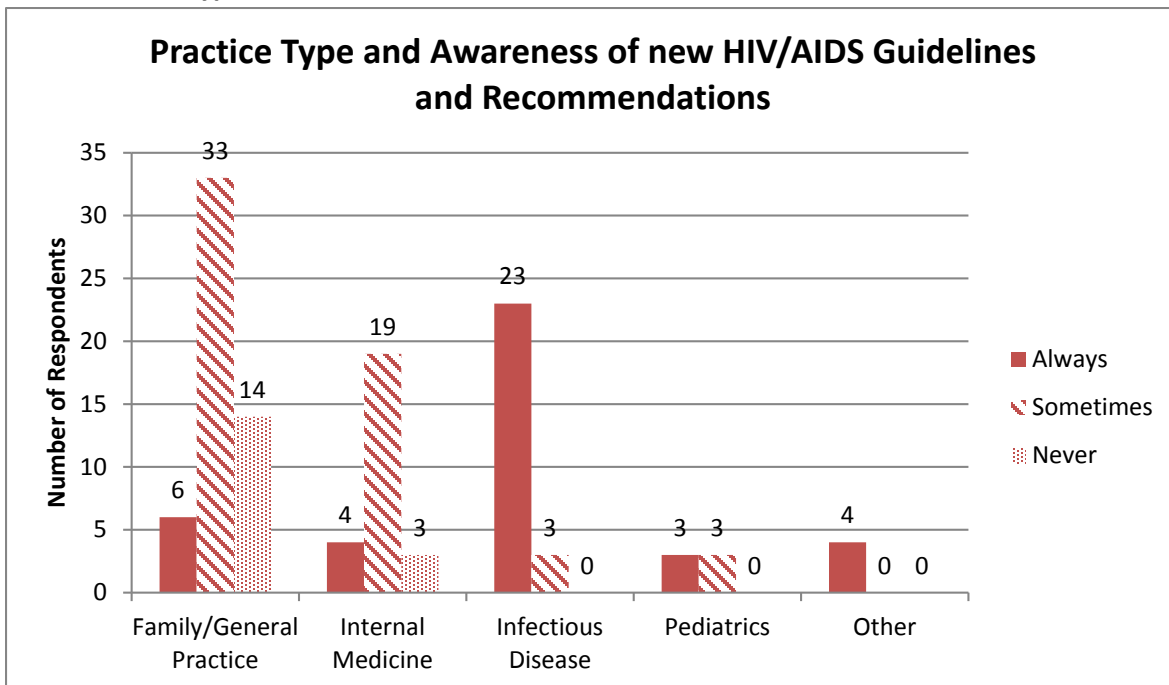


Figure 3 indicates that the majority of providers who are “sometimes” or “never” aware of new treatment guidelines and new recommendations are family/general practice providers. Figure 1 indicates that these providers are likely those whose level of care is little care with consultation.

**Figure 4: Ability to Easily Consult with HIV/AIDS Experts**

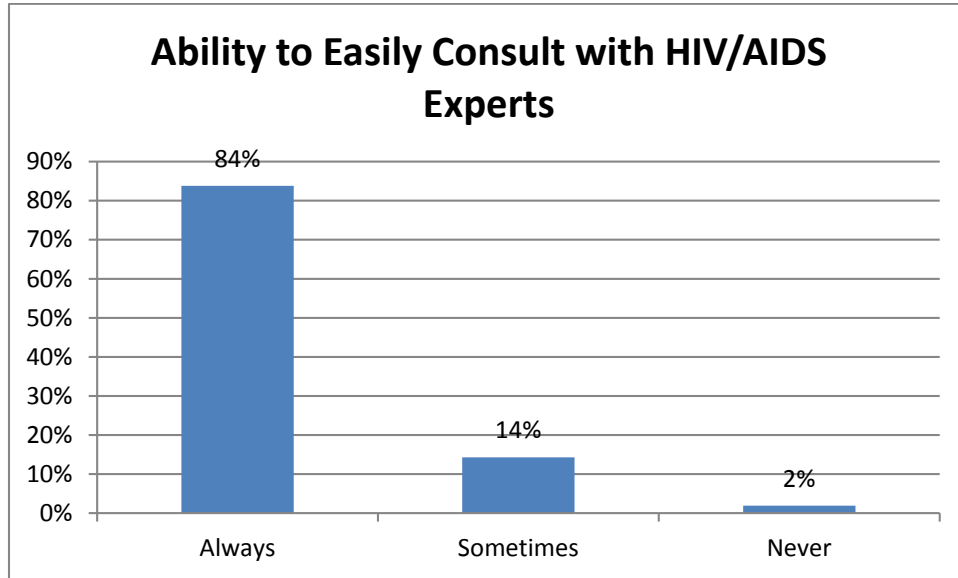


Figure 4 shows providers’ ability to easily consult with HIV/AIDS experts when needed. The majority of providers (84%) indicate they are “always” able to consult with experts as needed, whereas 14% of providers are “sometimes” able. Only 2% of all respondents say they “never” have the ability to easily consult with HIV/AIDS experts.

**Comparisons of Figures 2 and 4:** 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. Results from Figure 2 show that the majority of providers (53%) are only “sometimes” aware of current and newly recommended treatment guidelines, however, 98% of all respondents feel they have the ability to easily access consultation from HIV/AIDS experts.

**Figure 5: Adherence/Compliance Barriers for Medication**

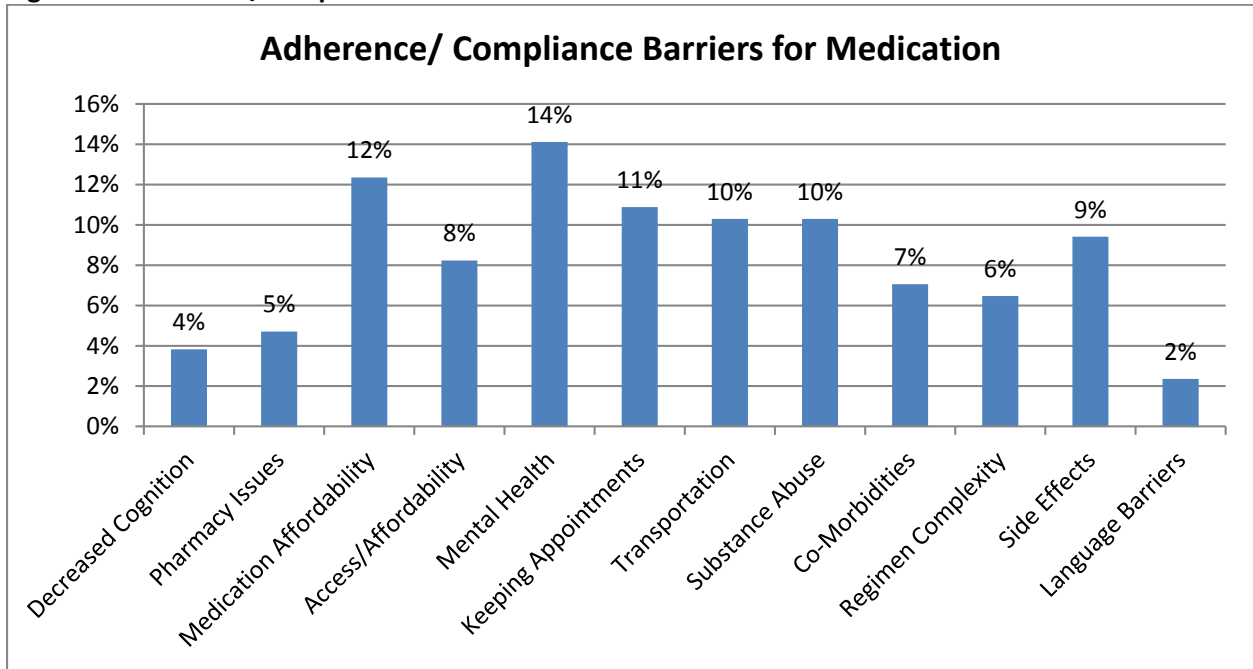


Figure 5 shows the most common medication adherence/compliance related barriers encountered by providers for their patients with HIV/AIDS. The majority of providers (14%) indicated mental health as the number one adherence/compliance barrier. The second highest barrier, at 12%, was medication affordability, followed by keeping appointments at 11%.

**Figure 6: Providers Receiving FDA Alert**

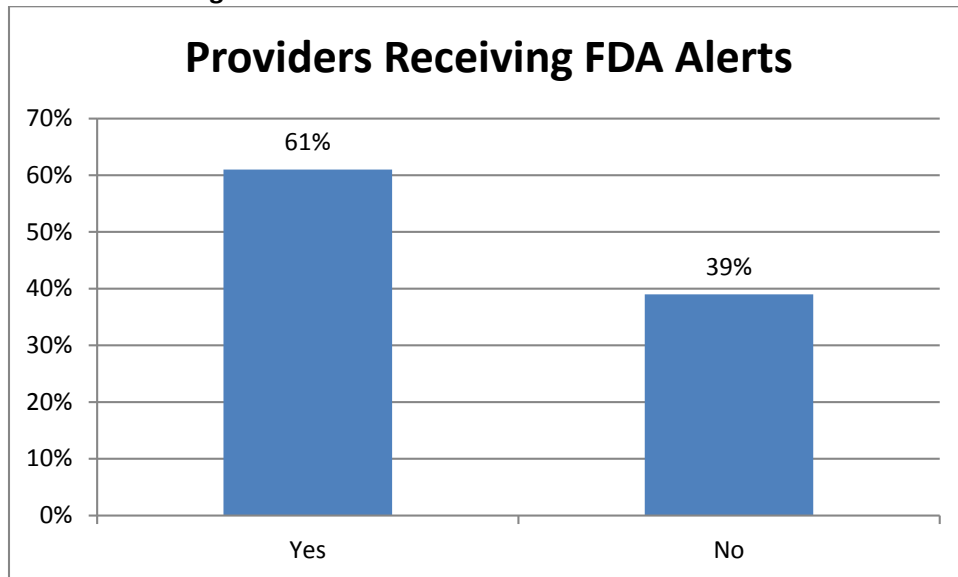


Figure 6 shows the percentage of providers who have received FDA alerts. These letters inform the providers of FDA HIV medication drug alerts. About two-thirds of providers (61%) have received FDA

alerts from MaineCare. Note: FDA Alerts are only sent to primary care physicians of members enrolled at the time of the mailing.

**Figure 6a: FDA Alerts: Value and Preferred Mode of Delivery**

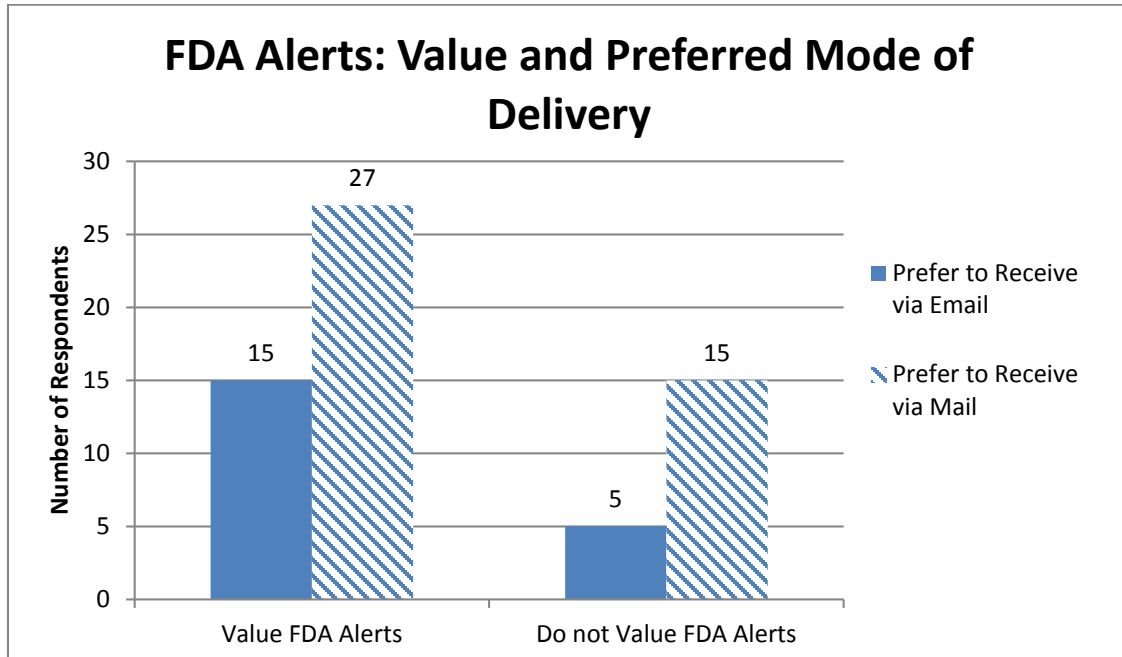


Figure 6a shows how valuable the FDA alerts are to providers and their preferred mode of delivery. The majority of providers receiving FDA alerts from MaineCare find them valuable. Only twenty (20) providers indicated that they do not find value in the FDA alerts. Most providers prefer to continue receiving these alerts via mail, though about a third of providers indicated that they would rather receive them through an email listserv.

**Figure 7: Interest in Receiving HIV/AIDS Information via Listserv**

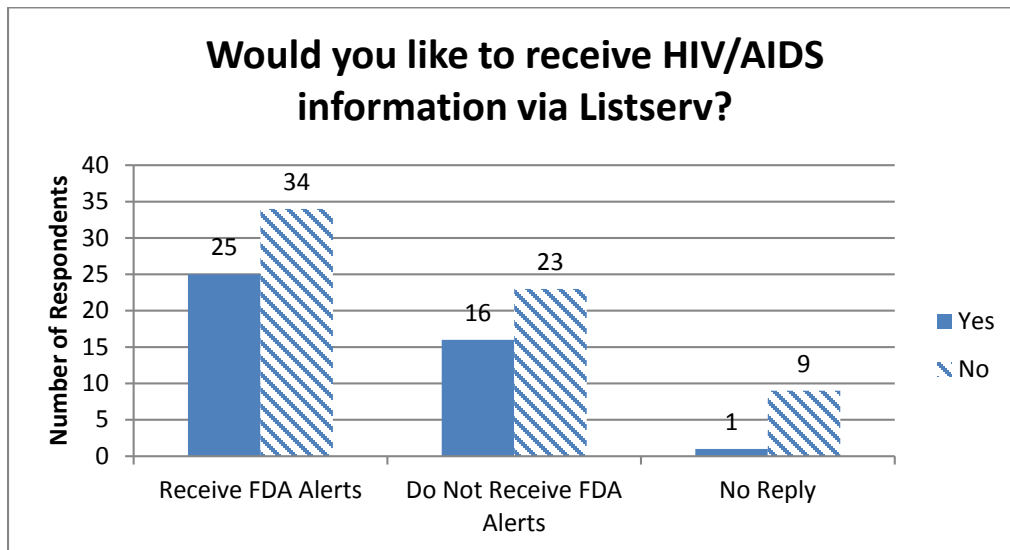




Figure 7 shows provider interest in receiving information regarding FDA HIV medication updates and training opportunities via listserv. Overall, providers have an interest in implementing a listserv for communication purposes.

**Figure 8: Level of Care by Number of Patients**

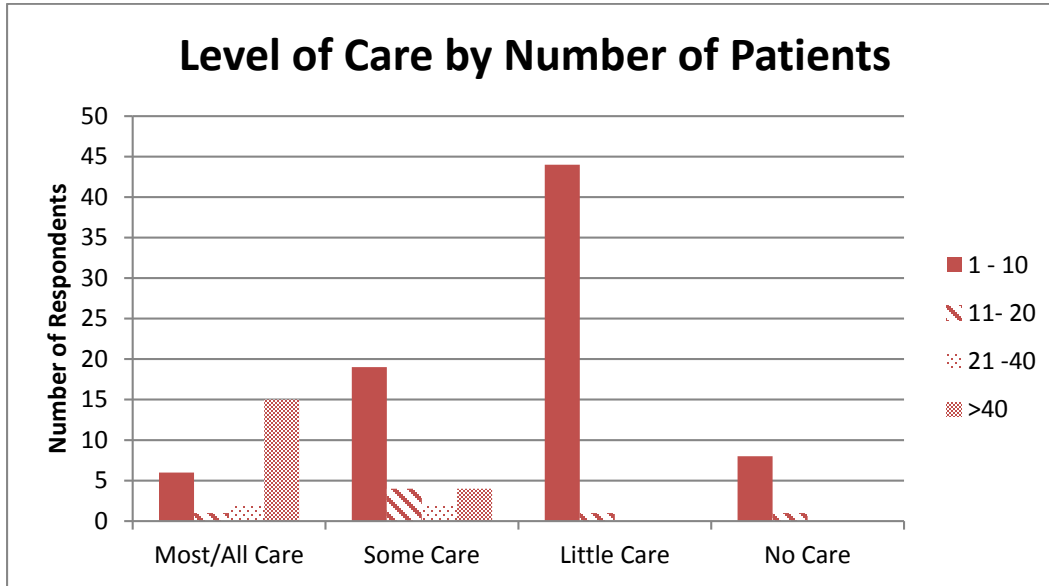


Figure 8 shows the number of patients that providers treat by the provider’s level of care. Providers who serve larger amounts of patients provide most, or all, care. Providers who treat a range of patients provide some care, though most of these providers serve one to ten (1-10) patients. The providers who provide “little care with consultation” and “no care” have between one to ten (1-10) patients.

**Figure 9a: Dental Concerns**

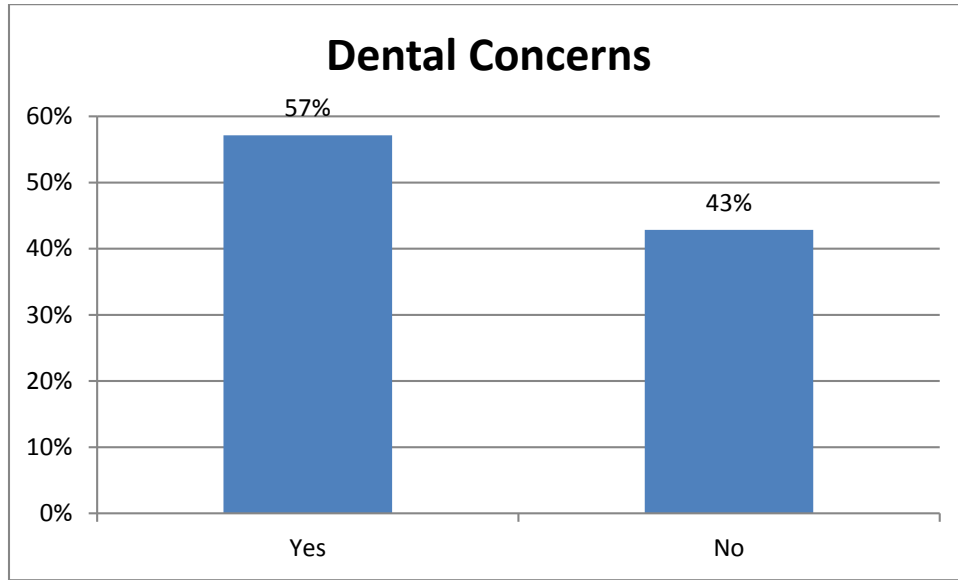


Figure 9a shows the percentage of providers who have concerns regarding their patients' dental health. Over one half (57%) of providers have dental concerns for their patients.

**Figure 9b: Number of patients and Dental Concern**

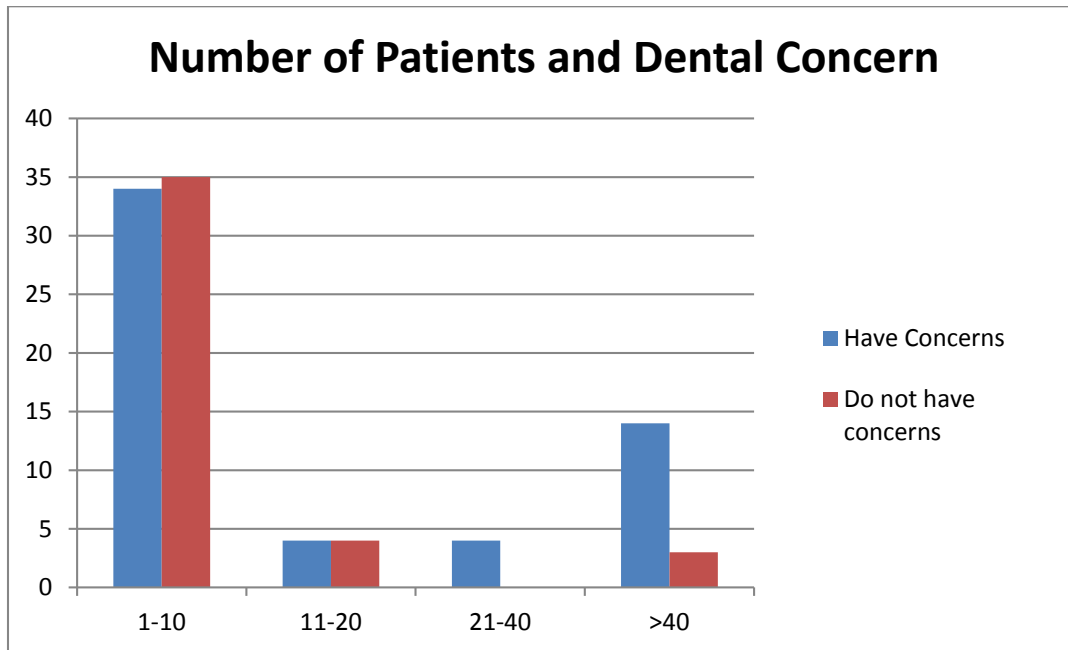


Figure 9b shows providers who have dental concerns and the number of patients they see. The majority of providers have concerns regarding their patients' dental health. The majority of providers who do not have dental concerns serve one to ten (1-10) patients.

**Figure 10: Awareness of MaineCare Preferred Drug List**

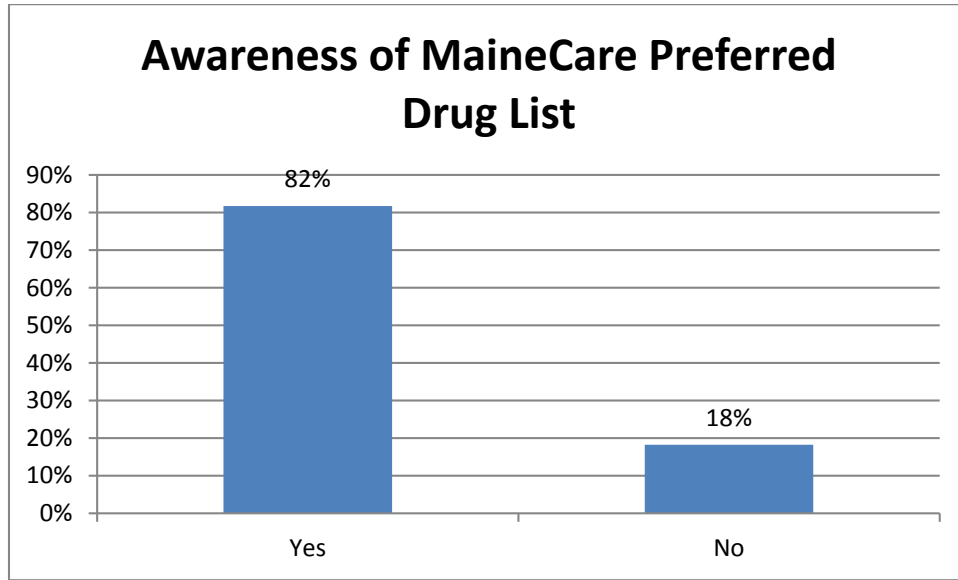


Figure 10 shows provider awareness of the MaineCare Preferred Drug List (PDL). Eighty two percent (82%) of providers are aware of this drug list.

**Figure 11: Usage of MaineCare Preferred Drug List**

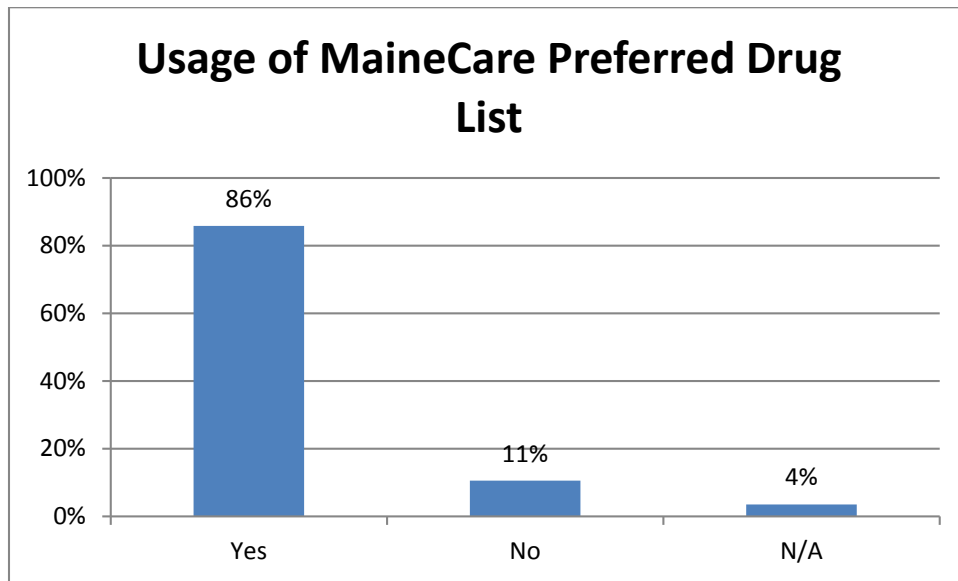


Figure 11 shows usage of the MaineCare Preferred Drug List (PDL). Out of those providers who are aware of the PDL, 86% of them use this list when prescribing medications. Eleven percent (11%) of providers report that they do not use the PDL.

**Figure 12: Specialists Interested in Becoming a Primary Care Physician Resource**

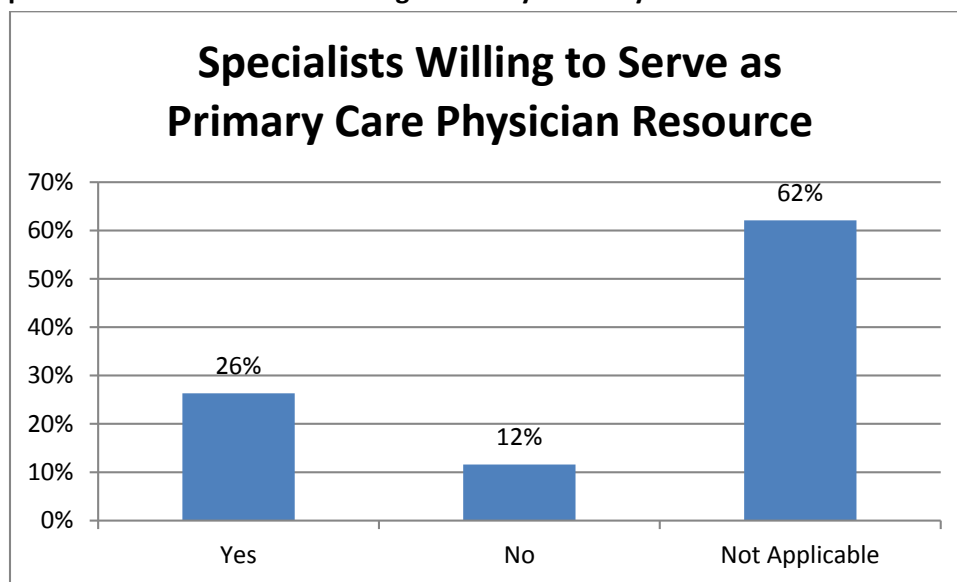


Figure 12 shows HIV specialists’ interest in becoming a consultation resource for primary care physicians (PCP) who treat patients with HIV/AIDS. Twenty six percent (26%) of HIV specialists are interested in becoming a resource for PCPs. Sixty two percent (62%) of providers were not applicable.

**Discussion:** Providers who listed their email address and indicated they would like to receive email correspondence have been added to the MaineCare HIV/AIDS listserv and will receive all communications via the listserv starting mid-2014. In 2014, there was a 5.3% increase in the response rate from the prior year. Thirty seven and a half percent (37.5%) of respondents indicated that they would like to be on an HIV specific listserv.

MaineCare Services found that the providers who responded to the survey perceive that the largest barriers to patient adherence/compliance are mental health, keeping appointments, and medication affordability. Adherence and compliance calls are made by the Nurse Coordinator each month to identify barriers and encourage compliance with care regimens. MaineCare has been working closely with Ryan White case managers to ensure members are referred to and linked with needed services, such as behavioral health services. MaineCare also collaborates with the AIDS Drug Assistance Program (ADAP) to ensure members are linked with and utilizing the services available to them through this program. The ADAP provides co-pay assistance on all ADAP-covered medications. MaineCare Services’ Non-Emergency Transportation (NET) system does not provide transportation to pharmacies. Some members receive gas cards from their case managers for this.

Figure 2 shows that some providers report “never” being aware of current treatment guidelines and Figure 3 shows that most of these providers are family/general practice providers. MaineCare Services sends monthly letters to our network of PCPs that provide care to our HIV members. These letters inform the providers of FDA HIV medication drug alerts. The letters include such things as medication

changes, drug to drug interactions, and newly approved drugs. In addition, Figure 4 shows that almost all providers (98%) have the ability to easily consult with HIV/AIDS experts (or infectious disease specialists) when needed, and Figure 12 shows that 26% of infectious disease specialists are willing to serve as a resource.

Figures 9a and 9b show that 57% of providers have dental concerns for their patients. The majority of these providers serve one to ten (1-10) patients. From the 2013 member survey, 48% of members stated that they were able to get dental services when needed. In addition to the Nurse Coordinator referring members to Boston University or local community dental clinics (that have sliding scales and take Care Credit), Maine's Ryan White program will have funding (limited per member) to help members with their dental needs beginning July 1, 2014.

MaineCare also provides an opportunity for service providers to add additional comments to their survey. Additional comments allow MaineCare Services the ability to gain insight on more advanced issues for individual providers. Providers expressed some additional concerns regarding adherence and compliance barriers. These concerns included a lack of physicians treating HIV/AIDS in northern Maine and beliefs around medications and illness.

This survey and 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 AETC 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 and the Ryan White Advisory Committee.