



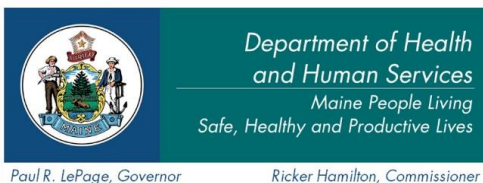
*Department of Health
and Human Services*

*Maine People Living
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

Ricker Hamilton, Commissioner

Annual Report
HIV/AIDS 1115 Demonstration Project
(01/01/17 - 12/31/17)



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

April 13, 2018

Emmett Ruff
Division of State Demonstrations and Waivers
Center for Medicaid and CHIP Services, CMS
Mail Stop S2-01-26
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Ruff,

I am pleased to provide you with the fifteenth 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 fifteenth year. Also enclosed are the analyses from our 2016 provider and member surveys. Please contact Emily Bean at 207-624-4005 or emily.bean@maine.gov if further information is needed.

Sincerely,



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

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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 fifteenth year (DY15). The goal of this waiver is to provide critical services to people living with HIV/AIDS to delay, prevent, or reverse the progress of their disease.

At the conclusion of the fifteenth year, there were four hundred forty-two (442) demonstration enrollees in the program and three hundred fourteen (314) 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 fifteen years of the project, by month. There has been an increase of three hundred fifty-seven (357) demonstration enrollees and an increase of eighty-six (86) Medicaid members from the first month of DY01 to the last month of DY15.

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

Figure 1

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	DY01			DY02			DY03		
July	85	228	313	124	280	404	143	301	444
August	94	226	320	125	277	402	141	300	441
September	97	224	321	131	273	404	140	297	437
October	94	244	338	132	292	424	143	298	441
November	94	244	338	134	286	420	146	295	441
December	98	241	339	134	286	420	146	296	442
January	102	258	360	134	295	429	156	305	461
February	108	256	364	140	292	432	160	301	461
March	113	253	366	143	288	431	163	297	460
April	117	264	381	144	288	432	174	308	482
May	119	265	384	142	291	433	179	302	481
June	123	263	386	140	290	430	181	298	479

Figure 2

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

Figure 3

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

Figure 4

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	DY10			DY11 QRT 1 -4			DY11 QRT 5 -6		
July	416	292	708	416	201	617	420	221	641
August	417	284	701	420	201	621	425	218	643
September	417	284	701	412	196	608	430	215	645
October	420	291	711	417	178	595	443	216	659
November	428	286	714	415	185	600	446	215	661
December	423	283	706	409	197	606	449	211	660
January	414	248	662	408	204	612			
February	420	242	662	414	199	613			
March	413	177	590	411	212	623			
April	419	183	602	418	211	629			
May	417	187	604	421	209	630			
June	417	195	612	420	209	629			

Figure 5

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

Figure 6

DY 14 Month	Demonstration Enrollees	Medicaid Members	Total	DY 15 Month	Demonstration Enrollees	Medicaid Members	Total
February	467	323	790	February	452	314	766
March	461	316	777	March	457	317	774
April	461	313	774	April	456	314	770
May	460	313	773	May	456	314	770
June	463	307	770	June	450	320	770
July	457	310	767	July	453	315	768
August	453	314	767	August	447	311	758
September	463	316	779	September	449	312	761
October	462	312	774	October	449	311	760
November	458	313	771	November	445	311	756
December	456	312	768	December	442	314	756

Out of the four hundred forty-two (442) demonstration members who were enrolled at the end of DY15, three hundred eighty-six (386) were male and fifty-six (56) were female. Out of the three hundred fourteen (314) Medicaid members enrolled at the end of DY15, two hundred seven (207) were male and one hundred seven (107) were female. A breakdown of gender and age by month shows an increase of three hundred nine (309) demonstration enrollee males from the beginning of the demonstration project (DY01) to the end of DY15, while the number of women increased by forty-eight (48). In the Medicaid population, there was an increase of forty-seven (47) males and an increase of thirty-nine (39) females.

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

Distinct member counts by quarter show that eighty-eight (88) of the one hundred thirty-two (132) cohort members were enrolled in the last quarter of DY15. Of these, seventy-six (76) members were included in the Medicaid group and twelve (12) 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 fifteen (15) years of the demonstration. At the end of each month, the algorithm is re-run to determine additional HIV-positive MaineCare members to be included in the cost neutrality cap. The end of the first quarter in DY01 had two hundred eleven (211) members in the cohort, while the end of the last quarter of DY15 had eighty-eight (88) members, which is a decrease of one hundred twenty-three (123) 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 seven hundred fifty-six (756) in the month of December 2017, which was the end of the fifteenth 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 DY15 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 (17) regional offices or by case managers at the Ryan White/Targeted Case Management agencies. Applications can also be sent to individuals’ homes to be filled out in privacy. Individuals enrolled in the AIDS Drug Assistance Program (ADAP) are sent letters explaining the waiver and encouraging them to apply.

Outreach

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

- Referring MaineCare members to Maine CDC for ADAP and Ryan White assistance.
- The Nurse Coordinator and Program Manager continuing participation on the HIV Advisory Committee (HIVAC). HIVAC’s purpose is to “advise the Office of the Governor and State, federal, and private sector agencies, officials, and committees on HIV-related and AIDS-related policy, planning, budgets, or rules on behalf of those individuals infected by, at-risk for, or affected by the human immunodeficiency virus in Maine.”
- Distributing enrollment applications to all DHHS offices, primary care provider offices, pharmacies, and hospitals in Maine;

- Referring members to Consumers for Affordable Health Care, the Area Agencies on Aging, and Legal Services for the Elderly for help with their unmet healthcare needs/coverage.
- Addressing Medicare Part D issues and referring members when appropriate.
- Beginning a new Emergency Department (ED) follow-up process that incorporates daily ED data from HealthInfoNet (HIN) in addition to a regular monthly report process that uses claims data.
- The Nurse Coordinator and Program Manager attending the Center for Disease Control and Prevention's Integrated HIV Prevention and Care Planning Body meetings. This planning body is in the early stages of development and will serve as the Integrated Planning meeting, the Ryan White Part B advisory meeting, the AIDS Drug Assistance Program (ADAP) advisory meeting, and the HIV Prevention meeting. These meetings will discuss the Integrated Plan progress and collaboration, give updates, and seek feedback on any relevant aspects of Ryan White Part B and ADAP, and provide updates from HIV Prevention.
- The Nurse Coordinator and Program Manager continuing to attend and serve on the planning body for the HIV Prevention and Care Integrated Plan. The facilitator of the meetings was Kate Callahan-Myrick, DrPH MPH from the Maine Center for Disease Control and Prevention. Also present were Ryan White Part B & C program representatives, CDC staff – including HIV Prevention and Surveillance, individuals with HIV, the Maine AIDS Education and Training Center (AETC) and other various healthcare and service providers. Discussions and work continued on the five-year plan to reduce HIV/AIDS, continue to improve communication and collaboration across agencies, streamline reporting requirements, ensure timely data reporting, linkage to and retention in care, access to antiretroviral therapy (ART), and reducing stigma.
- Sending seven hundred fifty-four (754) birthday letters to members in SFY17. Birthday letters encourage members to stay in good health by setting up their annual screenings (such as cervical exams, mammograms, and colon exams) and immunizations (such as the Influenza vaccine);
- Sending introductory letter, PCP inquiry letter, and consent form to eighty-four (84) new and re-joining members;
- Collaborating with the CDC to mail out the 2016 annual member satisfaction survey. The survey was sent to seven hundred forty-seven (747) members. We received a forty-eight percent (48%) response rate which was a seven percent (7%) increase from 2015. Three hundred forty-seven (347) follow-up calls were made to members who expressed issues or concerns on their surveys.
- Sending the fall poster and brochure mailing to high schools and universities. Mailing was distributed to approximately one hundred fifty-four (154) sites.
- Sending quarterly informational letters regarding FDA HIV product approval, safety warnings, product labeling changes and other pertinent information. Letters were sent to our Primary Care Provider Network (approximately three hundred thirty (330) providers) via mail or email depending on provider's preference. Medication alerts pertained to Stribild, Evotaz, Sustiva, Lamivudine/Zidovudine and Selzentry.

- Sending the 2016 Provider Survey to three hundred sixteen (316) providers, including primary care providers and infectious disease specialists.
- Sending a second mailing of the 2016 annual HIV Provider Survey to those who didn't respond to the first mailing. This mailing was sent to two hundred twenty-eight (228) providers.
- Sending the mammography reminder letter and palm card to seventy-two (72) members.
- Sending the cervical exam reminder letter and palm card to eighty-one (81) members.
- Sending the program's poster and brochure to approximately nine hundred ninety-seven (997) sites. Sites included soup kitchens, homeless shelters, doctor offices, case management agencies, hospitals, and local DHHS offices.
- The Program Manager and Nurse Coordinator meeting with staff at two targeted case management agencies (Frannie Peabody Center and the Horizon program) to collaborate and provide updates.
- The Program Manager and Nurse Coordinator viewing a webinar titled: *Prescription Monitoring Program and Diversion Alert: An Orientation*. The purpose of this webinar was to educate and help providers with the new Maine state law that will soon require all prescribers to consult the State's Prescription Monitoring Program when prescribing opioids and benzodiazepines. The webinar also discussed the Diversion Alert, a service to help providers access drug arrest data in the effort to identify and respond to patients at risk for overdose, in need of treatment, or engaged in illegal prescription drug distribution.
- The Nurse Coordinator and Program Manager attending and displaying program materials at four provider summits. The provider summits were organized by the Department of Health and Human Services' Health Homes (HH), Behavioral Health Homes (BHH), and ED Care Management Collaborative programs. The goal of the summit was to transition MaineCare members with high costs and over-utilization of services from the ED Care Management Collaborative to HHs and BHHs by January 1, 2017.
- The Nurse Coordinator attending a Quality Counts webinar titled *Get to Know the New PMP: An Orientation to Maine's Updated Prescription Monitor Program*. The webinar discussed Maine's newly enacted law (Chapter 488) which requires prescribers of opioids and benzodiazepines to keep track of the medications their patients are on by updating the statewide Prescription Monitoring Program (PMP) prior to prescribing opioids or benzodiazepines. The webinar showed what changed and what to expect on the new PMP.
- The Nurse Coordinator attending a Quality Counts webinar titled *Naloxone and Compassionate Care*. This webinar examined Maine's opioid overdose epidemic, how to prescribe naloxone, how to talk to patients about the importance of having – and knowing how to use – naloxone, and how to access naloxone affordably.
- The Nurse Coordinator attending a Quality Counts webinar titled *Caring for ME: Compassionate Opioid Tapering: Case Studies*. This webinar explored case studies of common tapering scenarios, challenges, and techniques for effectively and compassionately tapering opioid

dosages.

- The Nurse Coordinator attending a Quality Counts webinar titled *Opioid Dependence vs. Addiction: Different Conditions, Different Approaches*. This webinar examined the difference between addiction and dependence of opioids.
- The Nurse Coordinator attending a Quality Counts webinar titled *Understanding & Using MMEs to Comply with Maine's Opioid Prescribing Law*. Under Maine's new opioid-prescribing law, Chapter 488, there are limits on how much opioids can be prescribed. The webinar showed how providers can keep track of Morphine Milligram Equivalents (MME) that they prescribe to patients, while staying within the guidelines.
- The Nurse Coordinator attending a Quality Counts webinar titled *Marijuana: Medicinal or Malevolent*. The webinar explored the impacts that cannabinoids have on the developing brain, medicinal use of marijuana, and harm versus benefits.
- The Program Manager and Nurse Coordinator attending the Annual Infectious Disease Conference. Presentations included: The Opioid Epidemic in Maine: Implications for Infectious Disease, Drug Diversion: Impacts and Challenges, The Rise of Antimicrobial Resistance and Antimicrobial Stewardship, and Environmental Changes and Their Impact on Infectious Diseases. Attended breakout sessions included: STDs in the US: Top 10 Updates and Epidemiology of STDs in Maine; The Bugs We Thought We'd Never See; and Pre-Exposure Prophylaxis (PrEP) for HIV Prevention: Evidence, Guidelines, and Applications to Clinical Practice. The conference also included many exhibitors and poster topics.
- The Nurse Coordinator and Program Manager attending a webinar titled *Compassionate Opioid Tapering: Case Studies*.
- The Nurse Coordinator and Program Manager attending a webinar titled *Caring for ME Pharmacy Webinar: Chapter 488 Implementation and Rulemaking Updates*. This webinar reviewed updates on the implementation timeline, as well as an exploration of the rulemaking and exception process. Also included was an overview of the law and associated rules on Maine's pharmacy community.
- The Nurse Coordinator attending a Quality Counts webinar titled *MAT and Compassionate Buprenorphine Tapering*. The speaker discussed her experience in tapering opioids with Medication Assisted Treatment. She discussed ways she tapered compassionately.
- The Nurse Coordinator attending a conference titled *Confronting Maine's Opioid Crisis*. Chapter 488, Maine's new opioid prescribing law, was apprised. Mary C. Mayhew, then Commissioner of DHHS, provided the opening remarks regarding the change in law and the effects that opioids are having on the people of Maine. There were several keynote speakers and breakout sessions that reviewed the latest research and information regarding how different medical practices are implementing the recent law and the new Prescription Monitoring Program (PMP) with success. The nurse attended two breakout sessions titled: *A Step by Step guide – Appriss PMP System* and *Tackling Pain Management*.

- The Nurse Coordinator and Program Manager meeting with the Chief Program and Quality Officer and CFO at Greater Portland Health (GPH). GPH, a Federally Qualified Health Center, began treating several patients who were previously seen at Positive Health Care/India Street Clinic, which closed in December 2016.
- The Nurse Coordinator and Program Manager attending training on Motivational Interviewing (MI). This training discussed the core skills of MI, communication styles and skills, stages of change, active listening, ambivalence, change talk, discord, directing client speech, forming reflections, and strategic responses.
- The Nurse Coordinator and Program Manager meeting with the AIDS Drug Assistance Program (ADAP) Coordinator and a new case manager at the Frannie Peabody Center to provide information and discuss methods of collaboration.
- Sending the first semi-annual lab request letter to thirty-one (31) providers. This mailing goes to the providers with members for whom MaineCare Services needs CD4 and viral load data (because we were unable to get recent results from the CDC).
- Sending a follow-up lab request letter to seventeen (17) providers who did not respond to the first mailing.
- Sending the second semi-annual lab request letter to twenty-three (23) providers. This mailing goes to the providers with members for whom MaineCare Services needs CD4 and viral load data (because we were unable to get recent results from the CDC).
- Sending a follow up lab request letter to seven (7) providers who did not respond to the first mailing.

Provider Network and Transportation Challenges

Demonstration enrollees continued to use the same network of providers as Medicaid members, for both primary care and specialty care providers. There are three hundred two (302) distinct providers (primary care providers and infectious disease specialists) currently seeing our active members. These providers are located throughout all sixteen counties.

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

Quality Assurance

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

Activities in DY15 included:

- Contact data and call tracking – Incoming and outgoing contacts (phone calls, emails, letters, and faxes) to members, case managers, and providers are tracked and maintained in the database, allowing us to determine the types of services being utilized. The total of incoming and outgoing contacts increased by 1.93% in the fifteenth year over the fourteenth. The three highest service contacts in DY15 in order are Eligibility, Adherence, and Case Management.
- Attachment C: Contact Tracking Summary**
- Adherence calls are made to members, based on prescription pick-up dates.
 - Compliance calls are made to members, based on late or no-show pick-up dates of medications. These calls are grouped by CD4 results.
 - Contact with providers, case managers, and the OMS Provider Relations unit to assist with benefit and policy questions and billing issues.
 - Survey of all members living with HIV/AIDS in regard to quality of life and satisfaction was conducted in February 2017.
 - Survey of all providers working with HIV/AIDS MaineCare members regarding provider needs and satisfaction was conducted in February 2017.
 - 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 five hundred forty-seven (547) distinct demonstration enrollees during DY15. Distinct MaineCare members totaled three hundred eighty-nine (389). Distinct member counts are higher than end of the year counts as they capture everyone who was a member during the year.

The most common OI was viral and bacterial pneumonias with twenty-four (24) demonstration enrollees and eleven (11) Medicaid members, or 4.40% and 2.80%, respectively. The next two most prevalent conditions were strep and staph and gram negative septicemias, as well as herpes zoster and simplex. Strep, staph and gram negative septicemias were seen in eleven (11) demonstration enrollees and ten (10) Medicaid members, or 2.00% and 2.60%, respectively, and herpes zoster and simplex was seen in seven (7) demonstration enrollees and five (5) Medicaid members, or 1.30% and 1.30% respectively. These top three OIs only differ slightly from the three highest in DY14. Viral and bacterial pneumonias and strep and staph and gram negative septicemias appeared in the top three most common OIs in DY14; however, herpes zoster and simplex did not (other specified infection and parasitic diseases did). Other OIs occurred at low rates. Sixty-three (63) distinct members, or 11.53% of the demonstration enrollees, had an OI compared to the thirty-eight (38) distinct members, or 9.74% 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 variants of Lymphosarcoma, other specified infections and parasitic diseases, Salmonella diseases, and Strongyloidiasis. Out of the ten AIDS defining conditions, there was one (1) Medicaid member who had Cryptococcosis and one (1) Medicaid member who had other specified infection and parasitic disease. Five (5) demonstration enrollees had other specified infection and parasitic disease.

Women's Healthcare

One hundred ninety-eight (198) distinct women over 18 years of age were enrolled as demonstration enrollees or Medicaid members. Of the one hundred ninety-eight (198), seventy-two (72) were demonstration enrollees, (36%) and one hundred twenty-six (126) were Medicaid members, (64%).

Sixty-nine percent (69%) (50 of 72) of female demonstration enrollees were age 40 or over. Seventy-two percent (72%) (91 of 126) of female Medicaid members were age 40 or over. Eighteen percent (18%) (13 of 72) of female demonstration enrollees and fourteen percent (14%) (18 of 126) of female Medicaid members were screened for breast cancer using mammography. Thirty-three percent (33%) (24 of 72) of female demonstration enrollees and twenty-eight percent (28%) (35 of 126) 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 IDs and Claims for Women's HealthCare

Tuberculosis Testing

This measure is difficult to determine using claims data because providers rarely bill for this service separately. There was one demonstration enrollee with a case of tuberculosis in DY15. **Refer to attachment G: Number of Distinct MaineCare IDs and Claims with Opportunistic Infection Diagnosis**

Utilization of Services

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

During DY15, the total amount spent on services per demonstration enrollee was \$1,771.95 per month. The total amount spent on services per Medicaid member was \$1,712.72 per month. **Refer to attachment I: Amount Spent by Provider Type Claim and the Number of Users**

Hospitalization Rates

- Emergency Department (ED) Services - 191 (30%) of demonstration enrollees received ED services during DY15, compared to 170 (44%) of Medicaid members. The top ED diagnoses were nausea with vomiting (unspecified), acute bronchitis, and acute upper respiratory infection (unspecified). The Nurse Coordinator and other staff are continuing to work with members, their providers, and their case managers to reduce non-urgent ED utilization.
- Physician Visits - 452 (83%) of demonstration enrollees were seen by a physician during DY15, compared to 366 (94%) of Medicaid members. Demonstration enrollees had a 2% decrease and Medicaid members had a 15% increase over DY14.
- General Inpatient Services - 74 (12%) of demonstration enrollees were admitted to the hospital during DY15, compared to 72 (19%) of Medicaid members. Demonstration enrollees' usage increased by two percent (2%) over DY14, while Medicaid members had a four percent (4%) increase. The top inpatient diagnoses were Human Immunodeficiency Virus (HIV) disease, sepsis (unspecified organism) and alcohol dependence with withdrawal (unspecified).
- Inpatient Behavioral Health Services - There were no demonstration enrollees who utilized inpatient behavioral health services. However, there was one Medicaid member, or 0.26% who used these services during DY15. 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 ages 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 Immunodeficiency Virus (HIV) disease, alcohol dependence with withdrawal (unspecified), sepsis (unspecified organism), and chronic obstructive pulmonary disease with acute exacerbation.
- The most common reasons for Medicaid members' hospital admissions were sepsis (unspecified organism), Human Immunodeficiency Virus (HIV) disease, and Chronic Obstructive Pulmonary Disease with acute exacerbation.

Refer to Attachment J: Top 10 Hospitalization Reasons

Adherence to Therapy

Medication compliance calls totaled two hundred sixty-six (266) for DY15. Compliance calls are structured to provide interventions for members in various groups, based on their CD4 count. Medication adherence calls totaled one thousand ten (1,010) for DY15. Barriers continue to be identified and, where possible, removed.

Refer to Attachment C: Contact Tracking Summary

Death Rates

Twenty-three (23) enrollees or members died during DY15. Of the deceased members, thirteen (13) were demonstration enrollees, an increase of twelve (10) from DY14. Of the deceased members, ten (10) were Medicaid members, which represented an increase of one over DY14. A total of 213 members have died since the beginning of the demonstration project. One hundred and thirty-seven (137) of the deaths were Medicaid members and seventy-six (76) were demonstration enrollees.

Refer to Attachment L: Deceased

Disenrollment

Twenty-seven (27) demonstration enrollees moved to receive full MaineCare services, twenty-one (21) enrollees re-enrolled as 5Bs (demonstration enrollees), eighty-two (82) demonstration enrollees are no longer enrolled in MaineCare, and thirteen (13) demonstration enrollees died during DY15.

Refer to Attachment M: Disenrollment tracking for Demonstration Group

Summary

Over the course of the fifteen years of this demonstration, the Office of MaineCare Services has continued to improve access to medical services for Maine residents. The 1115(a) Demonstration Project has provided medical services to five hundred forty-seven (547) demonstration enrollees. In addition, three hundred eighty-nine (389) Medicaid members had the benefit of enhanced care coordination. Personal contacts were made through various meetings with the Center for Disease Control and Prevention – including ADAP and Ryan White Part B, and targeted case management agencies, and the Office for Family Independence. Outreach also included educational trainings and site visits with providers, including newly hired case managers. Posters and brochures continue to be distributed throughout the state to Office for Family Independence regional offices, pharmacies, physician offices, hospitals, municipalities, soup kitchens, schools, homeless shelters, and family planning agencies, in hopes to broaden awareness within communities and allow for timely access to coverage and care.

Accomplishments

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

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

- Maine has continued to make improvements with care management and cost saving initiatives. Demonstration enrollees had a three percent (3%) decrease in Emergency Department (ED) use over last year. In addition, Medicaid members had a four percent (4%) decrease in ED use. We have worked hard to ensure all members have a primary care doctor and access to other needed services to avoid unnecessary ED use.

- MaineCare monitors and follows up on preventative measures such as mammograms and pap smears. For the demonstration population, there was a twenty six percent (26%) increase in mammography screenings for women over forty (40) from SFY16 to SFY17.
- Member satisfaction rates with the program have continued to increase. In 2009, our annual member satisfaction survey showed a satisfaction rate of around seventy-eight percent (78%). In 2011, the satisfaction rate had increased to approximately eighty-four percent (84%), and in 2016 it was ninety percent (90%).
- Continued to increase statewide awareness of the existence of the waiver.
- Significantly increased collaboration and interaction among the Office of MaineCare Services, the Office for Family Independence, Maine Center for Disease Control and Prevention (including Ryan White), AIDS service organizations (case management), and the AIDS Drug Assistance Program (ADAP).
- Better coordination of care, including evaluation, analysis, and follow-up of the member and provider surveys.
- Continued to maintain and update a unique database that allows tracking of members' providers, call notes, eligibility information, letters, call notes, and disease progression.
- Improved medication adherence and compliance follow up with members. The Nurse Coordinator is targeting calls to members with high viral loads or low CD4 counts.
- Continued to work with providers to collect members' lab data (CD4 and viral load) when it wasn't available through ME CDC.
- Collaborated with MaineCare's pharmacy manager and our contracted Pharmacy Benefit Manager to ensure members, providers, and pharmacies have up-to-date information and the ability to prescribe and access needed medications.
- Ensured all members are linked with an infectious disease specialist and primary care physician within their area.
- Continued to update and maintain a provider listserv where HIV medication updates, Preferred Drug List changes, and training opportunities can be shared with providers.
- There have been some quality assurance report improvements.
 - A new process and report was created for monitoring and following up on Emergency Department (ED) usage. In addition to using claims data, we now access daily data from HealthInfoNet. This new process allows for more timely follow up with members. Several fields were added to the report to make it more informative for the Nurse Coordinator, including a six-month look back which allows for a more complete member profile.

- A new report was designed to identify all enrolled members who have not been contacted in the calendar year. This report ensures that every member is being outreached to at least once a year.
- Finally, a report was created to show all members that we have attempted to reach as compared to members (or their designees) that we reached and spoke with. This allows us to track occurrences of actual conversations rather than attempts where no real contact is made.
- Worked with case managers and the ADAP to provide intervention to members in the month of their MaineCare review to prevent members from “cycling off” and having a lapse in their health care coverage.
- Developed a process for sending educational packets to providers who have indicated a lack of awareness on certain topics like the HIV waiver, Ryan White and the ADAP, and the Maine AIDS Education and Training Center.

Project Status

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

Policy and Administrative Overview

Co-payments and premiums (for waiver enrollees)

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

Physician visit: co-pay is \$10.00

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

- The Maine ADAP pays deductibles, premiums, and co-pays (for medications on the ADAP’s formulary). This coverage wraps around MaineCare, Medicare Part D, and private insurance. The ADAP covers medications to treat: HIV, mental illness, high blood pressure, high cholesterol, hepatitis, diabetes, thyroid disease, heartburn, nausea, diarrhea, antibiotics, contraceptives, estrogen, and vaccines. The full ADAP formulary can be found at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/provider/documents/adap-quarterly-formulary.pdf>.
- The ADAP assists with co-pays in the following way:
 - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare (up to \$10 per 30-day supply).
 - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare and Medicare Part D (up to \$5 per 30-day supply as this is the maximum co-pay amount).

- Enrollees with an individual income of 150% of the FPL or higher are required to pay a monthly premium to receive services under the waiver. If a member submits their premium bill to the ADAP, the program will assist them with these payments. The premium amounts are as follows:

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

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

Complaints/Grievances

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

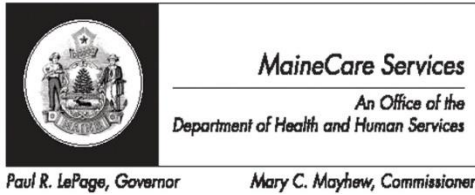
All the complaints, concerns, or questions received are entered into an electronic tracking system for resolution and tracking.

In DY15, there were eight complaints. All thirteen complaints were resolved.

Attachment N: Nurse Coordinator Complaint Log

Attachment B

Outreach Letters



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

December 12, 2015

Dear MaineCare Member,

We wish you a happy birthday!

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

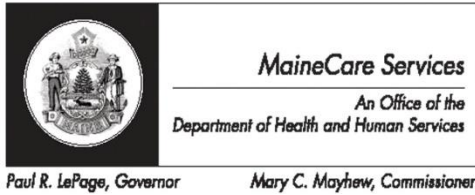
- Medication review
- Immunization review (including Hepatitis A and B, pneumonia, and an annual flu shot)
- Breast exam (mammogram)
- Cervical exam (pap smear)
- Colon exam (colonoscopy)
- Rectal exam (anal pap)
- Prostate
- Cholesterol (LDL, HDL and triglycerides)
- Blood sugar (glucose)
- Skin (dermatologist)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

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

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

Sincerely,

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



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

Date

Dear MaineCare Member,

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

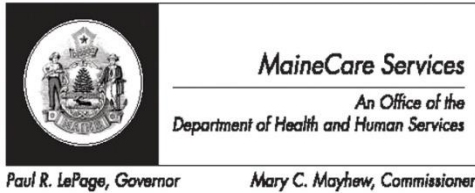
- getting transportation to your medical appointments,
- giving you information about covered services,
- answering questions about your medications,
- any other areas you need help with.

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

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

Sincerely,

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



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

Date

Dear MaineCare Member,

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

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

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

Sincerely,

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

Please return this part of the letter to me

Name: _____ MaineCare Number: _____

Infectious Disease Specialist Name: _____

Infectious Disease Specialist Address: _____

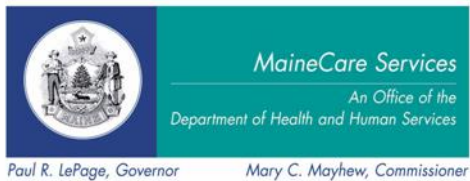
Primary Care Doctor Name: _____

Primary Care Doctor Address: _____

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

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

Please return in the postage paid envelope. Thank you!



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

Date

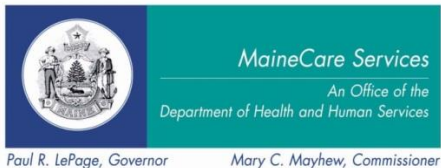
Dear MaineCare Member,

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

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

Sincerely,

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



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

Authorization to Release Information

We are committed to the privacy of your health information. Please read this form carefully.

<input checked="" type="checkbox"/> Office of Maine Care Services	<input type="checkbox"/> Substance Abuse and Mental Health Services
<input checked="" type="checkbox"/> Office for Family Independence	<input type="checkbox"/> Office of Child and Family Services
<input type="checkbox"/> Maine Centers for Disease Control and Prevention	<input type="checkbox"/> Office of Aging and Disability Services
<input type="checkbox"/> Dorothea Dix Psychiatric Center	<input checked="" type="checkbox"/> Other: MaineCare Member Services
<input type="checkbox"/> Riverview Psychiatric Center	

Your Name: 	Your Date of Birth: Your Social Security Number: 				
Your Address: <hr/> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Street</td> <td style="border: none;">Town/City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> </table>		Street	Town/City	State	Zip Code
Street	Town/City	State	Zip Code		
Records to be released, including written, electronic and verbal communication: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> All Healthcare, including treatment, services, supplies and medicines <input checked="" type="checkbox"/> Billing, payment, income, banking, tax, asset, and/or other information regarding financial eligibility for DHHS program benefits such as MaineCare <input type="checkbox"/> Other: _____ <input type="checkbox"/> Limit to the following date(s) or type(s) of information: (e.g. “lab test dated June 2, 2013” or “hospital records from 1/1/12- 1/15/12”) 					

I authorize the DHHS office(s) checked above to:
 Release my information to: Obtain my information from:

Ryan White or named Case Management Agency:

Address:

Street	Town/City	State	Zip Code
---------------	------------------	--------------	-----------------

Infectious Disease

Specialist: _____

Address:

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

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

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

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

- Legal Insurance Coordination of Care Personal Request Other:

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

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

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

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

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

I further understand and agree that:

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

- If I want a review of my mental health program or provider records before they are released, I can check here. I understand that the review will be supervised.
- I may take back my permission to share the records listed on this form at any time by contacting the Privacy Officer of the specific DHHS office: Beth Glidden 207-624-6913
- I understand that taking back my permission does not apply to the information that was already shared, as a result of my signing this form. If I revoke my permission, it may be the basis for denial of health benefits or other insurance coverage.
- I may refuse to disclose all or some health care information, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits or other insurance, or other adverse consequences.
- DHHS offices will keep my information confidential as required by law. If I give my permission to share my records with people who are not required by law to keep them private, they may no longer be protected by confidentiality laws.
- If alcohol or drug provider or program records are included in this release, DHHS will tell the person receiving the records that they may not be shared with others who are not on this form without my written permission, unless required or permitted by law.
- I am signing this form voluntarily, and I have the right to a signed copy of this form if I request one.

Date: _____ Signature _____

Personal Representative's authority to sign: _____



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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

Augusta, Maine 04333-0011

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

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

Date

Dear *Doctor Name*,

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

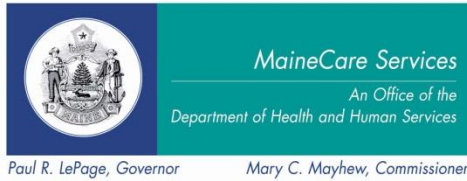
According to our records, you are the provider for the member(s) on the enclosed form. The enclosed form outlines the lab results we need. Please complete all of the requested information with the most recent results, and return it in the enclosed self-addressed envelope. We will repeat this mailing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

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

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

Sincerely,

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



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

May 2016

Dear *Doctor Name*,

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

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

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

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

Sincerely,

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



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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

Date

Dear *(insert members name)*,

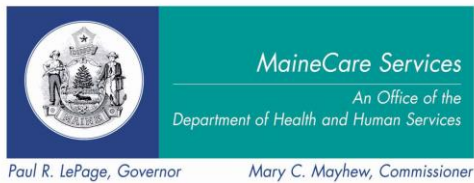
My name is Sherry Boochko and I am a nurse working for the MaineCare program.

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

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

Sincerely,

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



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

July 1, 2016

Dear MaineCare Member,

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

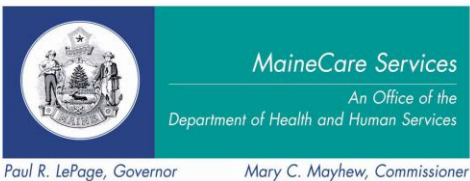
If you have any questions or need help making your medical appointments, call me toll free at 1-866-796-2463 ext. 44008 or directly at (207) 624-4008. TTY users, dial 711 (Maine Relay).

Thank you for your time in this important matter.

Thank you for your time in this important matter.

Sincerely,

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



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

July 1, 2016

Dear MaineCare Member,

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

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

Thank you for your time in this important matter.

Sincerely,

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



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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

November 28, 2016

Dear MaineCare Provider:

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

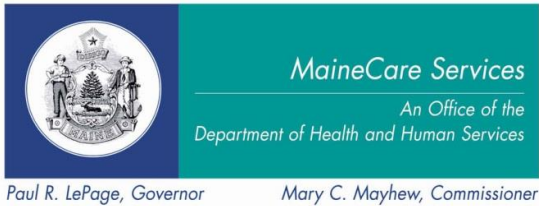
Enclosed, please find information from the FDA regarding HIV medication changes and alerts. For more information, please refer to the FDA's website.

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

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

Sincerely,

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



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

April 22, 2016

Dear Organization:

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

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

Thank you in advance for your help with this initiative!

Sincerely,

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



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

DATE

Dear *(auto fill provider name)*,

Thank you for responding to our survey!

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

The area(s) you indicated were:

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

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

Thank you,

A handwritten signature in cursive script that reads "Emily Bean".

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

Attachment E Waiver Survey's

Provider Name: _____ Email Address: _____

1. Identify your practice specialty:

Family/General Practice Internal Medicine Infectious Disease Pediatrics Other

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

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

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

Always Sometimes Never

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

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

5. Please indicate your awareness of the following:

HIV training and funding opportunities through the Maine AIDS Education and Training Center (MEAETC).

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

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

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

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

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

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

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

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

MaineCare Satisfaction Survey

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

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

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

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

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

Comments: _____

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

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

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

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

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

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

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

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

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

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

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

- Less than one year

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

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

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