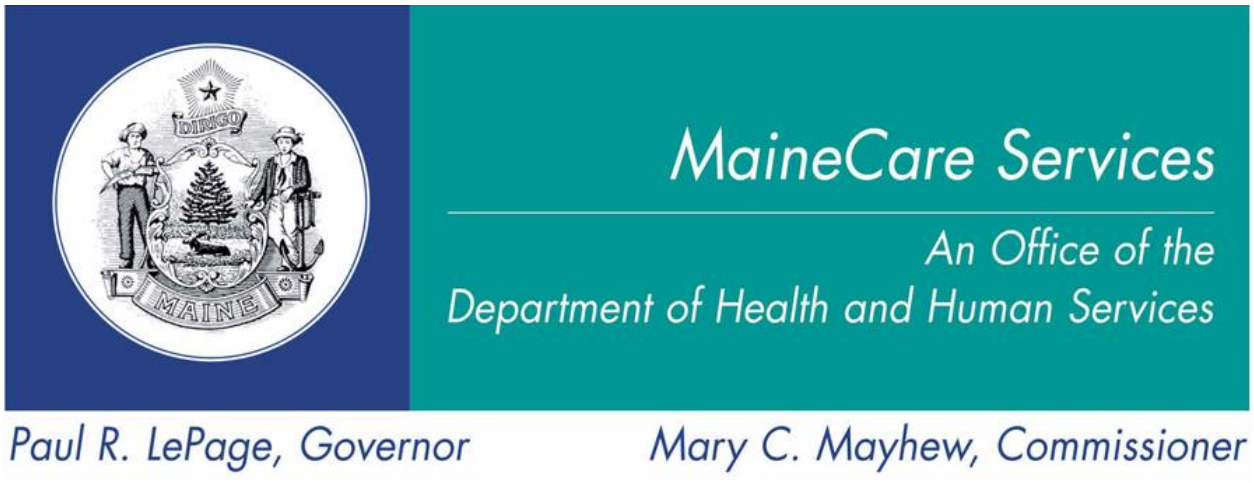


Maine Seal

Quarterly Report

HIV/AIDS 1115 Demonstration Project

SFY 2015 Quarter 4

DY 13 Quarter 2

(4/1/15 - 6/30/15)

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
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)

Maine Seal

August 24, 2015

Mr. Ed Francell, MSW
Division of State Demonstrations and Waivers
Centers for Medicare and Medicaid Services
Mail Stop S2-03-15
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Mr. Francell,

Please find enclosed, the quarterly report for the Maine HIV/AIDS Section 1115 Demonstration Waiver for the quarter ending 6/30/2015. Please contact Emily Bean at (207)-624-4005 if further information is needed.

Sincerely,

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

cc: Julie Sharp, CMS/CMCS
Aimee Campbell-O'Connor, CMS/CMCHO
Sheena Bunnell, PhD

Maine HIV/AIDS Demonstration

Section 1115 Quarterly Report

Demonstration Year: 13 (01/01/2015 - 12/31/2015)

Demonstration Quarter: 2 (4/01/2015 - 6/30/2015)

Maine Fiscal Quarter: 4/2015 (04/01/2015 - 06/30/2015)

Introduction

The MaineCare HIV/AIDS 1115 Demonstration project has completed the second quarter of its thirteenth year. This demonstration was implemented on July 1, 2002 and has been approved through December 31, 2015. The demonstration's goal is to provide critical services to people living with HIV/AIDS in order to delay, prevent, or reverse the progress of their disease.

Enrollment Information

During the second quarter of the thirteenth year, there were 790 MaineCare and demonstration members enrolled in the demonstration project.

Enrollment Counts

There were 493 demonstration enrollees included in the quarter. These members qualified by having a diagnosis of HIV/AIDS and income at, or below, 250% of the Federal Poverty Level (FPL). There were 329 Medicaid members included in the quarter. Medicaid members are identified as either the original cohort of members who are receiving MaineCare, or MaineCare members where 25% or more of their Medicaid claims are HIV-related.

Demonstration Populations (as hard coded in the CMS-64)	Count of members enrolled at Start of Quarter	Count of members enrolled During the Quarter	Number of Persons Disenrolled during Quarter for non-payment of premiums*	Number of Persons Disenrolled during the Quarter**	Number of Members who Changed FPL	Members who Switched Rate Codes	Count of members enrolled at End of Quarter
Enrollees at or below 100% FPL - Demonstration Enrollees	172	195	N/A	(17)	(6)	(5)	167
Enrollees above 100% FPL - Demonstration Enrollees	284	298	0	(8)	(11)	(0)	279
Members HIV Positive and MaineCare Eligible	313	329	N/A	(9)	N/A	(3)	317
Totals	769	822	0	(34)	(17)	(8)	763

Note: The numbers in the above chart come from different data sources; therefore, they may not reflect accurate enrollment counts, as they are based on FPL.

*Enrollees who fail to pay premiums within the 60-day grace period could lose coverage until premiums are paid. If the coverage is reinstated with no lapse, they will not be considered "disenrolled." (Example: a member has unpaid premiums and their coverage is closed on July 31st. On August 8th, the balance is received and the member is reopened with an August 1st start date. Since the coverage was retroactively opened, they would not be counted as disenrolled).

**Reasons an individual disenrolls could include: moving out of state, going over income, becoming deceased.

Outreach/Innovative Activities

Outreach is ongoing. Methods used for outreach during this period included:

- Attending the monthly Ryan White meetings. People present were case managers, members, providers, and other representatives from various agencies.

- Attending the monthly HIV Advisory Committee (HIVAC) meetings. Present were representatives from case management agencies, the AIDS Drug Assistance Program (ADAP), Maine Center for Disease Control and Prevention (CDC), Office of MaineCare Services (OMS), legislators, people living with HIV/AIDS, and appointed committee members.

- Attending weekly Decision Support System (DSS) User Group meetings to discuss the DSS and system issues, workarounds, and resolutions.

- The Nurse Coordinator making calls to members who had not been contacted in six (6) months or more (see enclosure 5).

- Referring more members to Consumers for Affordable Health Care to help with their unmet healthcare needs/coverage.

- Sending FDA medication alerts to primary care providers regarding Epivir (lamivudine) and Ziagen (abacavir sulfate). Alerts are sent via mail or email depending on provider preference (see Attachment A: Outreach). Alert was sent to approximately 275 providers.

- Continuing with the 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).

- Sending the program's new authorization form to new members and members whose current form was outdated (see Attachment A: Outreach).

- Sending a second follow-up lab request letter to five (5) providers who didn't respond to the first mailing.

- Sending the 2014 provider survey to 231 providers (primary care physicians and infectious disease specialists) who hadn't responded to the first mailing.

- Sending the program's poster and brochure to 1,017 locations including: soup kitchens, homeless shelters, health centers, municipalities, case management agencies, and local Department of Health and Human Services offices.

- The Nurse Coordinator attending three classes for Leader Effectiveness Training (L.E.T.). The main objectives of the classes listed some of the roadblocks to communication, went over active listening skills, showed how to confront others effectively with "I messages," reviewed the nature of conflicts called "values collisions," and being aware of the values of others that may differ from our own.

- The Nurse Coordinator and Program Manager meeting with Frannie Peabody Center case managers and staff to discuss updates and ways to better coordinate care.

- The Nurse Coordinator and Program Manager attending "Medicare 101: Understanding the Basics." This training covered the basics of Medicare Parts A, B, C, and D, as well as discussed resources such as Legal Services for the Elderly (including their Part D Appeals Unit) and the local Area Agencies on Aging.

- The Nurse Coordinator and Program Manager meeting with staff at the Office for Family Independence (OFI) to go over the Special Benefit Waiver (SBW). Typically,

eligibility for the SBW has been determined in one regional OFI office. Beginning June 2015, eligibility for the SBW was moved to four (4) regional offices (dependent on what county the member lives in). With this change, we wanted to provide education on the program and the care management that we do, the importance of maintaining eligibility, and ways we can collaborate (especially with our transient members).

- Sent the mammogram reminder letter to sixty-six (66) members.

- Sent the cervical exam reminder letter to ninety-three (93) members.

- The Nurse Coordinator attending a meeting with Positive Health Care and a Frannie Peabody Center case manager. The NP and RN from Positive Health Care initiated a meeting to discuss collaboration of care for a MaineCare member who was abusing the Emergency Department (ED). Several strategies were discussed with ways to curb the member's tendency to use the ED. The provider would like the member to be linked with an intensive outpatient substance abuse program.

Operational/Policy Development/Issues

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	$32.59
200.01% - 250% of Federal Poverty Level	$65.17

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

- In February, it was identified that copayments on medications were being charged to Special Benefit Waiver (SBW) and Medicaid algorithm members incorrectly due to a flaw in the feed to the pharmacy vendor. For the members who were previously charged incorrectly, the SBW Program Manager and Nurse Coordinator are assisting in the recoupment process by contacting providers and working with them to rebill affected claims so the member can be reimbursed. Maine is in the process of resolving this issue. In the meantime, the state is working to ensure that there are no negative impacts to members.

Financial/Budget Neutrality Development/Issues

Member numbers are based on distinct member paid claims of actual participation (refer to enclosure 3), as compared to the enrollment data that is based on member eligibility. Consequently, the number of members calculated in the financial shell does not match exactly to the number of members enrolled.

The figures reported in enclosures 1 and 2 ("Budget Neutrality" and "Overall Service Costs by Demonstration Year," respectively) come from the Medicaid Program Budget and Expenditure System (MBES): "CMS 64 Schedule C Report for 1115 Waivers." The data from previous quarters is updated in each enclosure with approved adjustments.

ADAP funds spent on MaineCare clients for this quarter can be seen in enclosure 4.

Member Month Reporting

Eligibility Group by Month	April 2015	May 2015	June 2015	Total for Quarter Ending 6/2015
Enrollees	456	448	446	1,350
Members	313	317	317	947

Eligibility Group by Disease Stage	1 - ASX (asymptomatic)	2 - SX (symptomatic)	3 – AIDS	Total for Quarter Ending 6/15
Enrollees	851	403	96	1,350
Members	541	296	110	947

Consumer Issues

The MaineCare Member Services help desk is the first point of contact for all MaineCare members, including those living with HIV/AIDS. Based on our monthly reports from Member Services, there were no complaints this quarter.

There was 1 complaint received directly by the MaineCare Nurse Coordinator.

Type	Contact Note	Resolution
Incoming	Member called in to report the inappropriate behavior and actions of LogistiCare's driver.	Nurse Coordinator relayed complaint to the OMS Transportation Unit who reached out to LogistiCare. This driver is no longer approved to do transports for MaineCare. The member also spoke with the complaint Department at LogistiCare.

Quality Assurance/Monitoring Activity

- Quality indicators continue to be monitored through claims data. These indicators include cost data, number and appropriateness of anti-retroviral medications, hospitalization, physician and ED utilization rates, death rates, compliance with guidelines on prophylactic medications for opportunistic infections, ophthalmology exams, and pap smear exams, including visits to provider offices.

- One of the waiver's primary roles is to establish a close link with provider offices in order to obtain disease progression data, including CD4 and viral load results that will allow tracking of disease state progression and targeted interventions.

- An adherence report was designed based on our members' prescription pick-up dates. A link has been established between CD4 data and the adherence report to help target interventions. Based on this report, daily calls are made to members to remind them about their prescription pick-up dates. We project that this proactive

approach will improve our members' compliance with their anti-retroviral medication. There were 252 adherence calls during the quarter (refer to enclosure 5).

- Member compliance with anti-retroviral medication continues to be tracked via their prescription refills. A link has been established between CD4 data and the compliance report to help target interventions. There are three phases of calls. The first phase is of the greatest concern, where calls are made to members whose CD4 counts are below 200 and they are late picking up their medications. In the second phase, calls are made to members whose CD4 counts are between 200 and 350 and they are late picking up their medications. In the third phase, calls are made to members whose CD4 counts are above 350 and they are late picking up their medications. There were 133 compliance calls during the quarter (refer to enclosure 5).

- Frequent address changes and disconnected phones for this population continue to make it difficult to contact members for adherence and compliance interventions. Ongoing efforts continue by contacting the regional Offices for Family Independence (OFI), case managers, pharmacies, and providers for members' most updated addresses and phone numbers.

- A contact tracking system which includes calls, letters, emails, faxes, complaints, and grievances has been underway since February 6, 2003, with daily data entry by the Nurse Coordinator and Program Coordinator. This system allows us to note the number of calls per day, week, month, and year and gives us a detailed map of calls by contact entity and reason.

- A total of 1,618 contacts were made in this quarter. Phone calls were the most common mode of communication, accounting for 92% of incoming contacts and 82% of outgoing contacts. Emails were the next most common; 7% and 10%,

respectively (refer to enclosure 6).

- Adherence was the most common reason for contacts being made, accounting for 13 % of incoming contacts and 16% of outgoing contacts (refer to enclosure 5).

- Demonstration Evaluation

The HIV/AIDS Project is fully operational. Analysis of quality and cost data is continually underway. Enrollment is ongoing with 763 members included in the demonstration project at the end of the second quarter of the thirteenth year. Reports to CMS have been provided as specified in the Special Terms and Conditions.

Enclosures/Attachments

Attachment A: Outreach

Financial

Enclosure 1: Budget Neutrality Assessment
Enclosure 2: Overall Service Costs by Demonstration Year
Enclosure 3: Actual Participation by Demonstration Quarter
Enclosure 4: ADAP Funds Spent on MaineCare Clients

Communications

Enclosure 5: Contact Tracking by Reason
Enclosure 6: Contact Tracking by Method Used

State Contact

Emily Bean, Program Manager

Office of MaineCare Services

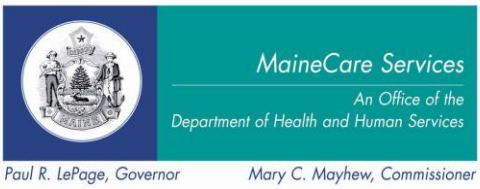
11 State House Station, Augusta, ME 04330

emily.bean@maine.gov

207-624-4005

Date submitted to CMS: August 24, 2015

Attachment A: Outreach



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)

May 20, 2015

Dear MaineCare Provider:

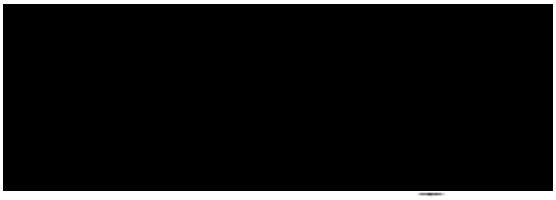
You are receiving this informational letter because you have been identified as a provider for one or more MaineCare members living with HIV. The Department of Health and Human Services has developed quality initiatives to improve care for these MaineCare members. One of these quality initiatives is 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 kevin.flanigan@maine.gov or the Nurse Coordinator, Sherry Boochko, RN at sherry.boochko@maine.gov.

Sincerely,



Kevin Flanigan, MD
Medical Director
MaineCare Services
11 State House Station
Augusta, ME 04333-0011

On March 23, 2015, FDA approved revisions to the Epivir (lamivudine) and Ziagen (abacavir sulfate) labels to each provide for once-daily dosing in pediatric patients 3 months of age and older in combination with other antiretroviral agents for the treatment of HIV-1 infection. The specific changes to each label are summarized below.

Epivir (lamivudine)

Section 2 **DOSAGE AND ADMINISTRATION** was updated as follows:

2.2 Pediatric Patients

The recommended oral dose of EPIVIR oral solution in HIV 1-infected pediatric patients aged 3 months and older is 4 mg per kg twice daily or 8 mg per kg once daily (up to a maximum of 300 mg daily), administered in combination with other antiretroviral agents. Consider HIV-1 viral load and CD4+ cell count/percentage when selecting the dosing interval for patients initiating treatment with oral solution [see Clinical Pharmacology (12.3)].

EPIVIR is also available as a scored tablet for HIV 1-infected pediatric patients who weigh at least 14 kg and for whom a solid dosage form is appropriate. Before prescribing EPIVIR tablets, children should be assessed for the ability to swallow tablets. If a child is unable to reliably swallow EPIVIR tablets, the oral solution formulation should be prescribed. The recommended oral dosage of EPIVIR tablets for HIV 1-infected pediatric patients is presented in Table 1.

Table 1. Dosing Recommendations for EPIVIR Scored (150-mg) Tablets in Pediatric Patients

Weight (kg)	Once-daily Dosing Regimen[a]	Twice-daily Dosing Regimen Using Scored 150-mg Tablet		
		AM Dose	PM Dose	Total Daily Dose
14 to <20	1 tablet (150 mg)	½ tablet (75 mg)	½ tablet (75 mg)	150 mg
· 20 to <25	1½ tablets (225 mg)	½ tablet (75 mg)	1 tablet (150 mg)	225 mg
· 25	2 tablets (300 mg)[b]	1 tablet (150 mg)	1 tablet (150 mg)	300 mg

[a] Data regarding the efficacy of once-daily dosing is limited to subjects who transitioned from twice-daily dosing to once-daily dosing after 36 weeks of treatment *[see Clinical Studies (14.2)]*.

[b] Patients may alternatively take one 300-mg tablet, which is not scored.

Section 6 **ADVERSE REACTIONS** was updated to include results from trial COL105677 as follows:

Pediatric Subjects Once-daily vs Twice-daily Dosing (COL105677).

The safety of once-daily compared with twice-daily dosing of EPIVIR was assessed in the ARROW trial. Primary safety assessment in the ARROW trial was based on Grade 3 and Grade 4 adverse events. The frequency of Grade 3 and 4 adverse events was similar among subjects randomized to once-daily dosing compared with subjects randomized to twice-daily dosing. One event of Grade 4 hepatitis in the once-daily cohort was considered as uncertain causality by the investigator and all other Grade 3 or 4 adverse events were considered not related by the investigator.

Ziagen (abacavir sulfate)

Section 2 DOSAGE AND ADMINISTRATION was updated as follows:

2.2 Pediatric Patients

The recommended oral dose of ZIAGEN oral solution in HIV 1 infected pediatric patients aged 3 months and older is 8 mg per kg twice daily or 16 mg per kg once-daily (up to a maximum of 600 mg daily) in combination with other antiretroviral agents.

ZIAGEN is also available as a scored tablet for HIV 1 infected pediatric patients weighing greater than or equal to 14 kg for whom a solid dosage form is appropriate. Before prescribing ZIAGEN tablets, children should be assessed for the ability to swallow tablets. If a child is unable to reliably swallow ZIAGEN tablets, the oral solution formulation should be prescribed. The recommended oral dosage of ZIAGEN tablets for HIV 1 infected pediatric patients is presented in Table 1.

Table 1. Dosing Recommendations for ZIAGEN Scored Tablets in Pediatric Patients

Weight (kg)	Once-daily Dosing Regimen[a]	Twice-daily Dosing Regimen		
		AM Dose	PM Dose	Total Daily Dose
14 to <20	1 tablet (300 mg)	½ tablet (150 mg)	½ tablet (150 mg)	300 mg
· 20 to <25	1½ tablets (450 mg)	½ tablet (150 mg)	1 tablet (300 mg)	450 mg
· 25	2 tablets (600 mg)	1 tablet (300 mg)	1 tablet (300 mg)	600 mg

[a] Data regarding the efficacy of once-daily dosing is limited to subjects who transitioned from twice-daily dosing to once daily dosing after 36 weeks of treatment *[see Clinical Studies (14.2)]*.

Section 6 **ADVERSE REACTIONS** was updated to include results from trial COL105677 as follows:

Pediatric Subjects Once-daily vs Twice-daily Dosing (COL105677)

The safety of once-daily compared with twice-daily dosing of EPIVIR was assessed in the ARROW trial. Primary safety assessment in the ARROW trial was based on Grade 3 and Grade 4 adverse events. The frequency of Grade 3 and 4 adverse events was similar among subjects randomized to once-daily dosing compared with subjects randomized to twice-daily dosing. One event of Grade 4 hepatitis in the once-daily cohort was considered as uncertain causality by the investigator and all other Grade 3 or 4 adverse events were considered not related by the investigator.

Section 14 **CLINICAL STUDIES** was updated with results from trial COL105677.

The completed and revised product label will be available soon at the FDAs website.

Richard Klein
Office of Health and Constituent Affairs
Food and Drug Administration

Kimberly Struble
Division of Antiviral Products
Food and Drug Administration

Steve Morin
Office of Health and Constituent Affairs
Food and Drug Administration

Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
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Tel.: (207) 624-4008; Fax: (207) 287-1864
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.

☒ Office of Maine Care Services	❒ Substance Abuse and Mental Health Services
❒ Office for Family Independence	❒ Office of Child and Family Services
❒ Maine Centers for Disease Control and Prevention	❒ Office of Aging and Disability Services
❒ Dorothea Dix Psychiatric Center	❒ Other:
❒ Riverview Psychiatric Center	

Your Name:	Your Date of Birth: Your Social Security Number:

Your Address:

Street Town/City State Zip Code

Records to be released, including written, electronic and verbal communication:

☒ All Healthcare, including treatment, services, supplies and medicines

☒ Billing, payment, income, banking, tax, asset, and/or other information regarding financial eligibility for DHHS program benefits such as MaineCare

❒Other:_____

❒ 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 be

_____

☒ 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 poter could be read by a third party. I accept those risks and still request that DHHS send my information by en 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: _____

Budget Neutrality Assessment

(This page automatically calculates entered data.)

	Annual Assessment													
	DY - 1 7/01/02 - 6/30/03	**DY - 2 7/1/03 - 6/30/04**	**DY - 3 7/1/04 - 6/30/05**	**DY - 4 7/1/05 - 6/30/06**	**DY - 5 7/1/06 - 6/30/07**	**DY - 6 7/1/07 - 6/30/08**	**DY - 7 7/1/08 - 6/30/09**	**DY - 8 7/1/09 - 6/30/10**	**DY - 9 7/1/10 - 6/30/11**	**DY - 10 7/1/11 - 6/30/12**	**DY - 11 7/1/12 - 12/31/13**	**DY - 12 1/1/14 - 12/31/14**	**DY - 13 1/1/15 - 12/31/15**	**Total Computable Ceiling**
Cumulative Expenditure Targets	$8,706,056.00	$18,949,248.00	$30,707,947.00	$43,937,686.00	$58,571,556.00	$67,382,817.00	$78,965,794.00	$93,255,027.00	$104,436,521.00	$118,909,175.00	$141,146,776.00	$154,141,747.00	$154,141,747.00	$154,141,747.00
Population Group(s) (as identified in MBES From CMS 64 Waiver Expenditure Report Schedule C Summary) **Total Demo & Medicaid Costs**	$5,082,618.00	$7,737,499.00	$6,625,681.00	$5,139,905.00	$7,816,713.00	$8,068,145.00	$7,630,086.00	$5,531,591.00	$7,509,121.00	$7,694,133.00	$7,827,995.00	$8,208,465.00	$3,919,229.00	$88,791,181.00
Costs Over/Under Target	-$3,623,438.00	-$6,129,131.00	-$11,262,149.00	-$19,351,983.00	-$26,169,140.00	-$26,912,256.00	-$30,865,147.00	-$39,622,789.00	-$43,295,162.00	-$50,073,683.00	-$64,483,289.00	-$69,269,795.00	-$65,350,566.00	-$65,350,566.00

Note - FFY15 Q2 (Waiver DY 12 2014): Updated the "Annual Expenditure Targets" with the figures provided in an email from CMS forwarded by Emily Bean on 5/20/2015.

Maine HIV/AIDS: Overall Service Costs by Demonstration Year

Date Submitted to CMS:

Quarter Report Period: 01/01/2015 - 03/31/2015
MBES (Federal Fiscal Year)
Report Quarter: 2/15

Population Group(s) (as identified in the MBES)	DY - 1 7/01/02 - 6/30/03	DY - 2 7/1/03 - 6/30/04	DY - 3 7/1/04 - 6/30/05	DY - 4 7/1/05 - 6/30/06	DY - 5 7/1/06 - 6/30/07	DY - 6 7/1/07 - 6/30/08	DY - 7 7/1/08 - 6/30/09	DY - 8 7/1/079 - 6/30/10	DY - 9 7/1/10 - 6/30/11	DY - 10 7/1/11 - 6/30/12	DY - 11 7/1/12 - 12/31/13	DY - 12 1/1/14 - 12/31/14	DY - 13 1/1/15 - 12/31/15	Total Demo Year Costs
Expansion	$ 864,930	$ 1,443,819	$ 2,633,167	$ 765,645	$ 1,721,128	$ 2,381,941	$ 2,341,356	$ 2,788,130	$ 3,685,298	$ 3,506,591	$ 5,083,494	$ 4,943,456	$ 2,290,788	$34,449,743
Medicaid	$ 4,217,688	$ 6,293,680	$ 3,992,514	$ 4,374,260	$ 6,095,585	$ 5,686,204	$ 5,288,730	$ 2,743,461	$ 3,823,823	$ 4,187,542	$ 2,744,501	$ 3,265,009	$ 1,628,441	$54,341,438
	$ 5,082,618	$ 7,737,499	$ 6,625,681	$ 5,139,905	$ 7,816,713	$ 8,068,145	$ 7,630,086	$ 5,531,591	$ 7,509,121	$ 7,694,133	$ 7,827,995	$ 8,208,465	$ 3,919,229	$88,791,181

Actual Participation by Demonstration Quarter

Demonstration Year 1: 7/01/02 - 6/30/03

Population Group(s)	Quarter 1 7/01/02 - 9/30/02	Quarter 2 10/01/02 - 12/31/02	Quarter 3 1/01/03 - 3/31/03	Quarter 4 4/01/03 - 6/30/03	Total Demo Year Participation
Expansion	79	89	110	112	133
Medicaid	244	249	252	254	288

Demonstration Year 2: 7/1/03 - 6/30/04

Population Group(s)	Quarter 1 7/01/03 - 9/30/03	Quarter 2 10/01/03 - 12/31/03	Quarter 3 1/01/04 - 3/31/04	Quarter 4 4/01/04 - 6/30/04	Total Demo Year Participation
Expansion	122	125	136	138	166
Medicaid	255	254	255	253	303

Demonstration Year 3: 7/01/04 - 6/30/05

Population Group(s)	Quarter 1 7/01/04 - 9/30/04	Quarter 2 10/01/04 - 12/31/04	Quarter 3 1/01/05 - 3/31/05	Quarter 4 4/01/05 - 6/30/05	Total Demo Year Particpation
Expansion	132	130	164	189	187
Medicaid	270	272	304	310	332

Demonstration Year 4: 7/1/05 - 6/30/06

Population Group(s)	Quarter 1 7/01/05 - 9/30/05	Quarter 2 10/01/05 - 12/31/05	Quarter 3 1/01/06 - 3/31/06	Quarter 4 4/01/06 - 6/30/06	Total Demo Year Participation
Expansion	173	210	225	251	280
Medicaid	311	309	317	324	365

Demonstration Year 5: 7/1/06 - 6/30/07

Population Group(s)	Quarter 1 7/01/06 - 9/30/06	Quarter 2 10/01/06 - 12/31/06	Quarter 3 1/01/07 - 3/31/07	Quarter 4 4/01/07 - 6/30/07	Total Demo Year Partcipation
Expansion	263	275	268	325	363
Medicaid	318	302	264	269	375

Demonstration Year 6: 7/1/07 - 6/30/08

Population Group(s)	Quarter 1 7/01/07 - 9/30/07	Quarter 2 10/01/07 - 12/31/07	Quarter 3 1/01/08 - 3/31/08	Quarter 4 4/01/08 - 6/30/08	Total Demo Year Partcipation
Expansion	296	305	310	306	380
Medicaid	249	263	261	269	330

Demonstration Year 7: 7/1/08 - 6/30/09

Population Group(s)	Quarter 1 7/01/08 - 9/30/08	Quarter 2 10/01/08 - 12/31/08	Quarter 3 1/01/09 - 3/31/09	Quarter 4 4/01/09 - 6/30/09	Total Demo Year Partcipation
Expansion	330	306	317	329	395
Medicaid	290	275	281	270	337

Demonstration Year 8: 7/1/09 - 6/30/10

Population Group(s)	Quarter 1 7/01/09 - 9/30/09	Quarter 2 10/01/09 - 12/31/09	Quarter 3 1/01/10 - 3/31/10	Quarter 4 4/01/10 - 6/30/10	Total Demo Year Partcipation
Expansion	340	351	354	367	428
Medicaid	271	267	281	316	362

Demonstration Year 9: 7/1/10 - 6/30/11

Population Group(s)	Quarter 1 7/01/10 - 9/30/10	Quarter 2 10/01/10 - 12/31/10	Quarter 3 1/01/11 - 3/31/11	Quarter 4 4/01/11 - 6/30/11	Total Demo Year Partcipation
Expansion	383	401	403	408	471
Medicaid	313	270	274	283	367

Demonstration Year 10: 7/1/11 - 6/30/12

Population Group(s)	Quarter 1 7/01/1 - 9/30/11	Quarter 2 10/01/11 - 12/31/11	Quarter 3 1/01/12 - 3/31/12	Quarter 4 4/01/12 - 6/30/12	Total Demo Year Partcipation
Expansion	428	460	469	448	548
Medicaid	275	281	167	187	323

Demonstration Year 11 7/1/12 - 6/30/13

Population Group(s)	Quarter 1 7/01/12 - 9/30/12	Quarter 2 10/01/12 - 12/31/12	Quarter 3 1/01/13 - 3/31/13	Quarter 4 4/01/13 - 6/30/13	Total Demo Year Partcipation YTD
Expansion	399	408	409	418	488
Medicaid	203	196	212	206	269

Demonstration Year 11 plus 7/1/13 - 12/31/13

Population Group(s)	Quarter 5 7/01/13 - 9/30/13	Quarter 6 10/01/13 - 12/31/13			Total Demo Year Partcipation YTD
Expansion	408	449			
Medicaid	218	242			

Demonstration Year 12 01/01/14 - 12/31/14

Population Group(s)	Quarter 1 1/01/14 - 3/31/14	Quarter 2 4/01/14 - 6/30/14	Quarter 3 1/01/14 - 3/31/14	Quarter 4 4/01/14 - 6/30/14	Total Demo Year Partcipation YTD
Expansion <=100% FPL	186	184	165	157	
Expansion >100% FPL	245	256	245	240	
Expansion Unknown FPL	33	37	43	49	
Medicaid	236	289	315	333	

Demonstration Year 13 01/01/15 - 12/31/15

Population Group(s)	Quarter 1 1/01/15 - 3/31/15	Quarter 2 4/01/15 - 6/30/15	Quarter 3 7/01/15 - 9/30/15	Quarter 4 10/01/15 - 12/31/15	Total Demo Year Partcipation YTD
Expansion <=100% FPL	155	157			
Expansion >100% FPL	235	230			
Expansion Unknown FPL	68	76			
Medicaid	312	314			

*Some expansion members have an unknown FPL. This is due to the fact that the query for financial reporting is based on claims paid during the quarter. Therefore the service date on the claim can be from any point in time. We only have FPL data for claims with a service date of 1/1/2014 (the beginning of DY12) on. These financials are then reported based on the date of service.

ADAP Funds Spent on MaineCare Clients

April 1, 2015 - June 30, 2015

	FEDERAL DOLLARS				STATE DOLLARS	
Demonstration Populations	**Average ADAP Expenditures for Prescription Drugs**	**Total ADAP Expenditures for Prescription Drugs**	**Average ADAP Expenditures for Premiums**	**Total ADAP Expenditures for Premiums**	**Average ADAP Expenditures for Copay Reimbursement**	**Total ADAP Expenditures for Copay Reimbursement**
"Enrollees" at or below 100% FPL: Demonstration "Enrollees"	$85.71	$18,770.07	N/A	N/A	$0.00	$0.00
"Enrollees" above 100% FPL: Demonstration "Enrollees"	$67.32	$14,339.22	$463.70	$23,648.65	$59.12	$768.60
"Members": HIV Positive and MaineCare eligible	$114.20	$15,188.23	N/A	N/A	$0.00	$0.00

Enclosure 5: Contact Tracking by Reason

Contact Reason	Total Contacts	Incoming	Outgoing
Adherence	252	61	191
Ambulance/Transportation	7	2	5
Case Management Services	169	80	89
Collaboration Care coordination	45	19	26
Compliance	133	35	98
Eligibility	188	32	156
ER	107	22	85
Family Planning	0	0	0
Inpatient	1	0	1
Introductory Call	45	11	34
Laboratory/X-ray	33	9	24
Mental Health/Substance Abuse	0	0	0
Medications	26	14	12
Member Survey	190	42	148
Other	221	97	124
Out Dated Contact	0	0	0
Pharmacy	38	1	37
Phone Call Follow Up	70	2	68
Policy	0	0	0
Provider Services	34	12	22
Unpaid Claim	57	18	39
Viral Loads	2	1	1

Enclosure 6: Contact Tracking by Method Used

Method Used	Total Contacts	Incoming	Outgoing
Call	1373	420	953
Email	147	31	116
Fax	3	2	1
Letter	95	5	90