



MaineCare Services

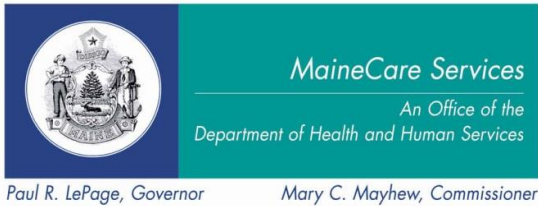
*An Office of the
Department of Health and Human Services*

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services

Annual Report HIV/AIDS 1115 Demonstration Project (01/01/15 - 12/31/15)



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April 27, 2016

Julie Sharp, M.P.P.

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Dear Ms. Sharp,

I am pleased to provide you with the thirteenth 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 thirteenth year. Also enclosed are the analyses from our 2014 provider and member surveys. Please contact Emily Bean at 207-624-4005 or emily.bean@maine.gov if further information is needed.

Sincerely,

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cc: Aimee Campbell-O'Connor, CMS Boston
Beth Ketch, Director of Policy and Provider Services
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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 thirteenth year (DY13). The goal of this waiver is to provide critical services to people living with HIV/AIDS in order to delay, prevent, or reverse the progress of their disease.

At the conclusion of the thirteenth year, there were 544 demonstration enrollees in the program and 388 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 thirteen years of the project, by month.

There has been an increase of 376 demonstration enrollees and an increase of 83

Medicaid members from the first month of DY01 to the last month of DY13.

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

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

Figure 1

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

Figure 2

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

Figure 3

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

Figure 4

Month	Demonstration Enrollees	Medicaid Members	Total	Month	Demonstration Enrollees	Medicaid Members	Total
	DY12				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 5

Out of the 461 demonstration enrollees enrolled at the end of DY13, 405 were male and 56 were female. Out of the 311 Medicaid members enrolled at the end of DY13, 203 were male and 108 were female. A breakdown of gender and age by month shows an increase of 328 demonstration enrollee males from the beginning of the demonstration project (DY01) to the end of DY13, while the number of women increased by 48. In the Medicaid population, there was an increase of 43 males and an increase of 40 females.

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

Distinct member counts by quarter show that 99 of the 132 cohort members were enrolled in the last quarter of DY13. Of these, 88 members were included in the Medicaid group and 11 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 13 years of the demonstration (the original five years plus the additional eight years of reauthorizations). At the end of each month, the algorithm is re-run to determine additional HIV-positive MaineCare members to be included in the cost neutrality cap. The end of the first quarter in DY01 had 211 members in the cohort, while the end of the last quarter of DY13 had 99 members, which is a decrease of 112 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 772 in the month of December 2015, the end of the thirteenth 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 DY13 for this project, as the cost of patient care is not projected to exceed the project allotment. However, the State may institute a cap in the future should the budget estimates indicate costs will exceed the project allotment.

Applications

Applications for the waiver can be filled out in any of the Department of Health and Human Services' (DHHS) seventeen regional offices or by case managers at the Ryan White case management agencies. Applications have also been sent to members' homes by the program coordinator or the eligibility workers in the local offices for members to fill out in the privacy of their own homes. People enrolled in the AIDS Drug Assistance Program (ADAP) are sent letters explaining the demonstration project and encouraging them to apply.

Outreach

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

- Attending the HIVAC meetings. Present were representatives from Ryan White Case Management Agencies, Maine CDC, the Office of MaineCare Services (OMS), the Department of Corrections, the Office of Substance Abuse and Mental Health Services, 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.
- Referring MaineCare members to Maine CDC for ADAP and Ryan White assistance applications.
- Referring more members to Consumers for Affordable Health Care (CAHC) to help with their unmet healthcare needs/coverage – including enrolling in the ACA.
- Referring members and case managers to Private Health Insurance Premium benefit (PHIP) specialists.
- Working with policy, provider relations, and customer service staff to resolve issues.
- Addressing Medicare Part D issues and referring members when appropriate.
- Mailing 740 birthday letters to members in DY13. Birthday letters encourage members to stay in good health by setting up their annual screenings (such as cervical exams, mammograms, and colon exams) and immunizations (such as the Influenza vaccine).

- Mailing introductory letters, PCP inquiry letters, and consent forms to 103 new and re-joining members.
- Giving instructions to providers and case managers on how to access the MaineCare Preferred Drug List and the MaineCare Benefits Manual online.
- Sending the semi-annual clinical data collection letter to Infectious Disease Specialists requesting members' most recent CD4 and viral load results. A second mailing was sent to providers who didn't respond to the first mailing.
- Collaborating with the ME CDC to mail out the 2014 annual member satisfaction survey. The survey was sent to 762 members. We received a forty-five percent (45%) response rate, which was a twelve percent (12%) decrease from 2013.
- Sending monthly informational letters and medication alerts to our Primary Care Provider network. Medication alerts covered medications such as: Stribild, Evotaz, Prezcoibix, Kaletra, Isentress, Epivir, Ziagen, Reyataz, Olysio, Genvoya and Harvoni. Alerts were typically sent to approximately 300 providers.

- Sending the 2014 provider survey to 317 providers, including Primary Care Providers and Infectious Disease Specialists. The 2013 analysis was also included with the survey.
- Completing the second 2014 provider survey mailing. The survey was sent to providers who did not send a survey back after the first mailing. The second mailing went to 231 providers.
- Sending the programs' poster and brochure to approximately 1,017 sites. Sites included: municipalities, homeless shelters, provider offices, case managers, DHHS eligibility offices, soup kitchens, and family planning health centers.
- Sending the programs' poster and brochure to high schools and universities throughout the state. The mailing went to approximately 156 locations.
- Mailing the mammogram reminder letter and palm card to 66 members.
- Mailing the cervical exam reminder letter and palm card to 93 members.
- Starting a new Emergency Department (ED) reporting process that incorporates a daily census from each hospital, in addition to the regular monthly report (which has a two month lag time).

- Sending the program's new authorization form to new members and members whose current form was outdated.
- The Nurse Coordinator and Program Manager attending and presenting at the Positive Living Conference. This conference is for individuals in the state who are living with HIV/AIDS. This conference is put on by the Maine HIV, STD, and Viral Hepatitis Program through the Maine CDC. Included in the conference was a Healthcare Experts Panel with two doctors and a nurse who discussed various medical issues people living with HIV/AIDS may experience. There was also a Community Involvement panel that discussed community matters and resources for the HIV population. A couple of films were shown regarding HIV and stigma and how the virus has manifested into a chronic disease. There was a keynote speaker who addressed Aging and HIV as the population goes through different medical and mental concerns as they age. An HIV advocate also presented on spirituality "Mind, Body and Spirit" and ways that she has used spirituality to enhance her well-being. There was also a presentation by the Special Benefit Waiver Program Manager and Nurse Coordinator that included an overview of the waiver, its goals, what we do and why we call, the differences in the waiver and MaineCare, and some resources. There was also a table with MaineCare Member Handbooks, business cards, brochures, palm cards, and other resources for the conference participants.

- Nurse Coordinator and Program Manager attending training on writing skills. This training covered: knowing your audience, organizing materials, recording observations, plain language, grammar and punctuation, and email etiquette.
- The Nurse Coordinator attending a conference titled “Reasoning with Unreasonable People: Focus on Disorders of Emotional Regulation”. The class outlined strategies to communicate effectively with mood disorders, anxiety, OCD, anger and personality. The course also went over ways of reasoning or having a difficult conversation with people who are experiencing pain, illness, or are vulnerable. Several calming strategies were taught in the class in order to communicate with individuals experiencing strong emotions.
- The Nurse Coordinator attending a collaborative meeting with Positive Health Care and case manager, Jamie-Lynn Kane from Frannie Peabody Center. Megan Evans, NP and Kate Pressey, RN initiated this meeting 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.
- The Nurse Coordinator attended three classes on Leader Effectiveness Training (L.E.T.). The classes discussed some of the roadblocks to communication, active listening skills, confronting others effectively with “I messages,” understanding the

nature of conflicts called “values collisions,” and being aware of the values of others that may differ from our own.

- Program Manager and Nurse Coordinator meeting with Frannie Peabody Center (FPC) case managers and staff to go over updates and discuss care coordination.
- Program Manager and Nurse Coordinator attending ‘Medicare 101: Understanding the Basics’. This training covered the basics of Medicare parts A, B, C, and D as well as resources, such as Legal Services for the Elderly (including their Part D Appeals Unit) and the local Area Agencies on Aging.
- Program Manager and Nurse Coordinator meeting with the Office for Family Independence (OFI) staff who determines waiver eligibility to discuss processes, communication, and collaboration.
- Waiver staff completing the ICD-10 training.
- The Nurse Coordinator attending a conference titled “Managing HIV/HCV in Primary Care Practice.” There were several keynote speakers who spoke about the Affordable Care Act/Ryan White Program, Hepatitis C, HIV, primary care for people living with HIV/AIDS across the decades, Pre-exposure prophylaxis (PrEP) (general guidelines and reproductive options), and Sexually Transmitted Infections (STI). A doctor of psychiatry discussed psychiatric co-morbidities and a spokesman from the

Maine Office of Substance Abuse and Mental Health Services discussed opioids and substance abuse in the State of Maine.

- Program Manager and Nurse Coordinator attending the Maine Quality Counts PCMH/Health Homes, Behavioral Health Homes (BHH), and Community Care Teams (CCT) Learning Session. This session focused on the Critical Link: Defining the Role of Primary Care, Community Care Teams, and Behavioral Health Homes in Improving Care Transitions. The morning breakout session attended was “Engaging Patients in the Conversations about Substance Abuse and Abuse Screening and Treatment and Matching Appropriate Health Care Services to Needs.” Attendees learned about effective talking points to address substance abuse screening and treatment with individuals in primary care settings and to identify strategies to engage individuals in care discussions about substance abuse prevention, screening, and treatment. The afternoon breakout session attended was “Care Transitions, Admissions, Readmissions, and Chronic Conditions: Stories from the Field.” This session helped identify ideas for change as well as strategies to improve communication and coordination of care between care teams, patients, and caregivers.
- The Nurse Coordinator attending a conference titled “Navigating While Building a Complex Care System.” The conference focused on the challenges of complex care and the keynote speaker was Helena Peterson, RN, MPH, CPHQ. Jeff Brenner, MD

and Victoria Defiglio, RN from Camden Coalition of Healthcare Providers discussed ways they enhanced their practice by changing how they distribute job functions to make their facility more aligned with the increasing changes in healthcare. Another keynote speaker, R. Corey Waller, MD's discussed "Lessons Learned in Pain Management and Addiction in Complex Care." There was a panel discussion on opiates which included questions from the audience. A look at future issues for Maine by Lisa Letourneau, MD was discussed and Rhonda Selvin, APRN gave a presentation on what it looks like from a patient perspective (through her own experiences) as she recently underwent surgery on a brain tumor.

Provider Network

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

There are 292 distinct providers (Primary Care Providers and Infectious Disease Specialists) currently seeing our active members. These providers are located throughout all 16 counties.

Some members find the travelling distance from northern Maine to a more populated area (Bangor) for an Infectious Disease Specialist challenging. MaineCare does cover

the cost of transportation, but time and health conditions often make it difficult for some members. Children continue to have access to three pediatric providers in 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 DY13 included:

- Contact data and call tracking – Incoming and outgoing contacts (phone calls, emails, letters, and faxes) to members, case managers, and providers are tracked and maintained in the database, allowing us to determine the types of services being utilized. The total for both incoming and outgoing contacts of all services increased by 5.6% in the thirteenth year over the twelfth. The three highest service contacts in DY13 in order are adherence, eligibility, and other.

Attachment C: Contact Tracking Summary

- Adherence calls are made to members, based on prescription pick-up dates.

- Compliance calls are made to members, based on late or no-show pick-up dates of medications. These calls are grouped by CD4 results.
- Contact with providers, case managers, and the OMS Provider Relations unit to assist with benefit and policy questions and billing issues.
- Survey of all members living with HIV/AIDS in regard to quality of life and satisfaction conducted in March 2015.
- Survey of all providers working with HIV/AIDS MaineCare members regarding provider needs and satisfaction was conducted in March 2015.
- 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 544 distinct demonstration enrollees during DY13. Distinct MaineCare members totaled 388. Distinct member counts are higher than end of the year counts as they capture everyone who was a member during the year.

The most common OI was viral and bacterial pneumonias with nine (9) demonstration enrollees and nine (9) Medicaid members, or 1.65% and 2.32% respectively. The next two most prevalent conditions were herpes zoster and simplex with seven (7) demonstration enrollees and eight (8) Medicaid members, or 1.29% and 2.06%, respectively and strep and staph and gram negative septicemias with six (6) demonstration enrollees and seven (7) Medicaid members, or 1.10% and 1.80% respectively. These top three OIs are the same as the three highest in DY12. Other OIs occurred at low rates. Only 41 distinct members, or 7.54% of the demonstration enrollees, had an OI as compared to the 42 distinct members, or 10.82% 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, cryptococosis, cryptosporidiosis, opportunistic mycosis, oral hairy leukoplakia, other named variant of lymphosarcoma, other specified Infections and parasitic diseases, salmonella diseases, and strongyloidiasis. Out of the ten AIDS defining conditions, there was one Medicaid member who had actinomycosis. None of the demonstration enrollees had these AIDS defining conditions.

Women's Healthcare

One hundred sixty-one (161) distinct women over 18 years of age were enrolled as demonstration enrollees or Medicaid members in MaineCare. Of the 161, 54 were demonstration enrollees, thirty-four percent (34%), and 107 were Medicaid members, sixty-six percent (66%).

Eighty-Seven percent (87%) (47 of 54) of female demonstration enrollees were at least 40 years old. Seventy-eight percent (78%) (83 of 107) of female Medicaid members were at least 40 years old. Twenty percent (20%) of female demonstration enrollees and twenty-four percent (24%) of female Medicaid members were screened for breast cancer using mammography. Thirty percent (30%) of female demonstration enrollees and thirty-seven percent (37%) 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 Medicaid user with a case of tuberculosis in DY13. **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 DY13, the total amount spent on services per demonstration enrollee was \$1,577.21 per month. The total amount spent on services per Medicaid member was

\$1,769.82 per month. **Refer to attachment I: Amount Spent by Provider Type Claim and the Number of Users**

Hospitalization Rates

- Emergency Department (ED) Services - 133 or twenty-four percent (24%) of demonstration enrollees received ED services during DY13, compared to 173 or forty-five percent (45%) of Medicaid members. Demonstration enrollees had a (12%) decrease in usage from DY12, while Medicaid members had a (5%) increase. The top ED diagnoses are pneumonia organism NOS, abdominal pain NOS, chest pain NEC and Human Immunodeficiency Virus (HIV). 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 - 450 or eighty-three percent (83%) of demonstration enrollees were seen by physicians during DY13, compared to 365 or ninety-four percent (94%) of Medicaid members. Demonstration enrollees and Medicaid members had a one percent (1%) increase over DY12.
- General Inpatient Services – 44, or eight percent (8%) of demonstration enrollees were admitted to the hospital during DY13, compared to 61, or sixteen percent

(16%) of Medicaid members. Demonstration enrollees' usage increased by two percent (2%) over DY12, while the Medicaid members had an eight percent (8%) decrease. The top inpatient diagnoses are Human Immuno Virus (HIV), septicemia NOS and alcohol withdrawal psychosis, initial.

- Inpatient Behavioral Health Services – There was one, or 0.18% demonstration enrollee who utilized inpatient behavioral health services. However, there were three Medicaid members, or 0.8%, who used these services during DY13. 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 (HV), antineoplastic chemotherapy encounter and alcohol withdrawal psychosis.

- The most common reasons for Medicaid members' hospital admissions were Human Immunodeficiency Virus (HIV), obstructive chronic bronchitis with exacerbation and septicemia NOS.

Refer to Attachment J: Top 10 Hospitalization Reasons

Adherence to Therapy

Medication compliance calls totaled 431 for DY13. Compliance calls are structured to provide interventions for members in various groups, based on their CD4 count.

Medication adherence calls totaled 1,204 for DY13. Barriers continue to be identified and, where possible, removed.

Refer to Attachment C: Contact Tracking Summary

Death Rates

Twelve enrollees or members died during DY13. Of the deceased members, six were demonstration enrollees, an increase of one from DY12. Of the deceased members, six were Medicaid members, which represented an increase of three over DY12. A total of 176 members have died since the beginning of the demonstration project. One hundred and eighteen (118) of the deaths were Medicaid members and 58 were demonstration enrollees.

Refer to Attachment L: Deceased

Disenrollment

Ten demonstration enrollees moved to receive full MaineCare services, 13 enrollees re-enrolled as 5bs (Demonstration enrollees), 70 demonstration enrollees are no longer enrolled in MaineCare, and six demonstration enrollees died during DY13.

Refer to Attachment M: Disenrollment tracking for Demonstration Group

Summary

As a result of the thirteenth year 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 544 demonstration enrollees. In addition, 388 Medicaid members had the benefit of enhanced care coordination. Personal contacts were made through meetings with agencies such as the AIDS Drug Assistance Program (ADAP), Ryan White Part B, Physician Advisory Committee (PAC), Office for Family Independence (OFI), Maine Center for Disease Control & Prevention (MeCDC), educational workshops with members, educational trainings with counselors and providers, and visits with the case managers. Posters and brochures continue to be distributed throughout the state to the Office for Family Independence regional offices, pharmacies, physician offices, hospitals, soup kitchens, homeless shelters, high schools, universities, and municipalities. Mailings are done semi-annually to educate

and raise awareness throughout the entire state. We will continue to focus on care coordination and data analysis.

Accomplishments

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

- Increased statewide awareness of the existence of the benefit.
- Working with case managers and ADAP to provide intervention to members in the month of their MaineCare review to prevent members from “cycling off” and losing their health care coverage.
- Significantly increased collaboration and interaction among the Office of MaineCare Services (OMS), Maine CDC (including Ryan White services), AIDS Service Organizations (case management), and the AIDS Drug Assistance Program (ADAP).
- Better coordination of care, evaluation, and analysis of member and provider surveys.
- Continued compilation of a unique database that enables us to monitor and better understand utilization and disease progress in members living with HIV/AIDS.

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

Project Status

The demonstration will continue to monitor quality measurements, clinical outcomes, and disease progression of members. We continuously provide education on preventative health care and cost saving strategies. Our goal is to better the quality of care and life for members living with HIV/AIDS.

Policy and Administrative Overview

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

Complaints/Grievances

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

1. The MaineCare Member Services helpdesk has a toll-free number to answer calls from all demonstration and MaineCare members. Member Services answers the question or resolves the complaint and the contact is noted in a tracking database. If the contact is related to HIV/AIDS and the issue is not resolved, it is referred to the Nurse Coordinator or Program Manager for more detailed assistance.
2. Ryan White Case Management agencies also receive concerns or complaints from demonstration enrollees or MaineCare members via personal contact, calls, or emails and notify the Nurse Coordinator or Program Manager when additional assistance is needed.
3. Direct calls, emails, or written correspondence is also made to the Nurse Coordinator and/or Program Manager.

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

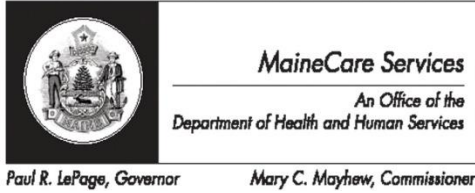
In DY13, there were two complaints. All complaints were resolved.

Attachment N: Nurse Coordinator Complaint Log

System and Reporting Issues

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

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.

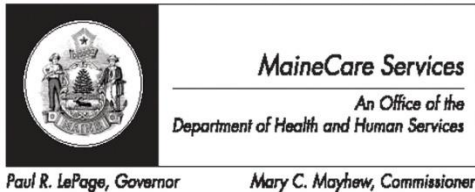
Enclosed is a chart to use with your doctor to determine which exams and vaccinations you need to schedule. Your doctor may recommend a different exam or schedule depending on your health status.

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.

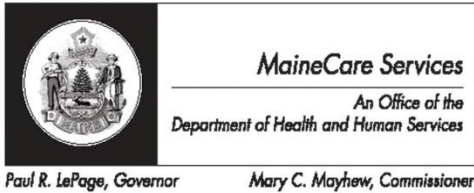
Please call me toll free at 1-866-796-2463 extension 44008. TTY users dial 711. You may also email me at sherry.boochko@maine.gov.

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,

[Redacted signature]

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

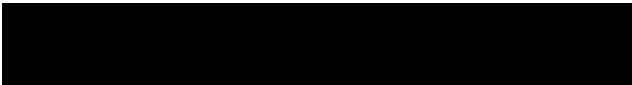
Dear MaineCare Member,

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: _____

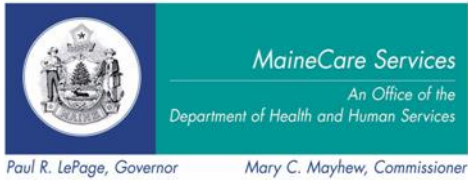
Primary Care Doctor Name: _____

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)

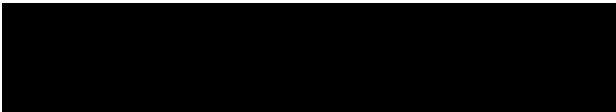
Date

Dear MaineCare Member,

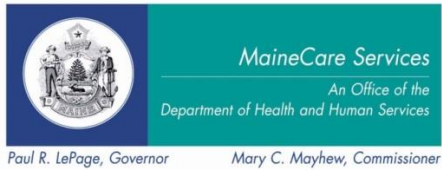
Please fill out and sign the enclosed Special Benefit Waiver Authorization form. We must have your signed form in order to continue your MaineCare benefit. Please return the form to us in the enclosed envelope. If you change your doctor and/or Ryan White Case Management Agency, you will be sent a new 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:	
Street	Town/City
State	Zip Code
Records to be released, including written, electronic and verbal communication:	
<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 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 twelfth 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,

Kevin S. Flanigan, MD
Medical Director
MaineCare Services



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

Date

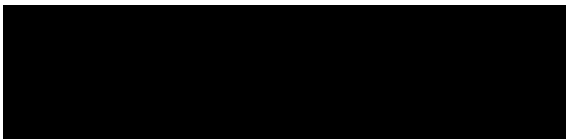
Dear *(insert members name)*,

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

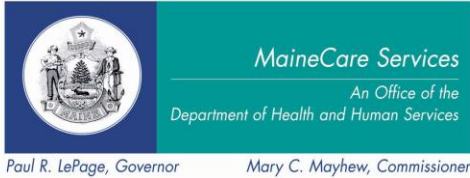
I have been unable to reach you by phone and I would like to speak with you about your health care.

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

Sincerely,



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



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

June 17, 2015

Dear MaineCare Member,

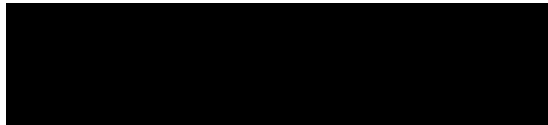
Have you had your routine cervical exam? The Pap test is also called a Pap smear and is part of the cervical exam. If you have not had this exam, please check with your provider to see if you need one. For more information, please see the yellow card included with this letter.

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).

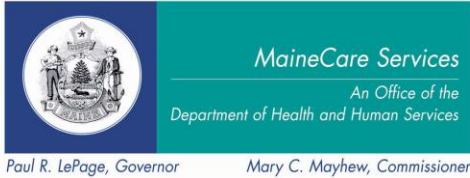
Thank you for your time in this important matter.

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)

June 10, 2015

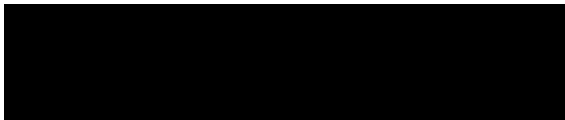
Dear MaineCare Member,

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


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?

 NoYes 

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 \implies **If no, skip question 1b**

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

Comments: _____

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

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

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

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

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

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

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

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

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

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

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

- Less than one year
- Between 1 and 3 years
- Between 3 and 5 years
- More than 5 years

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

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

MaineCare Services
HIV/AIDS Waiver- Member Survey Analysis 2014

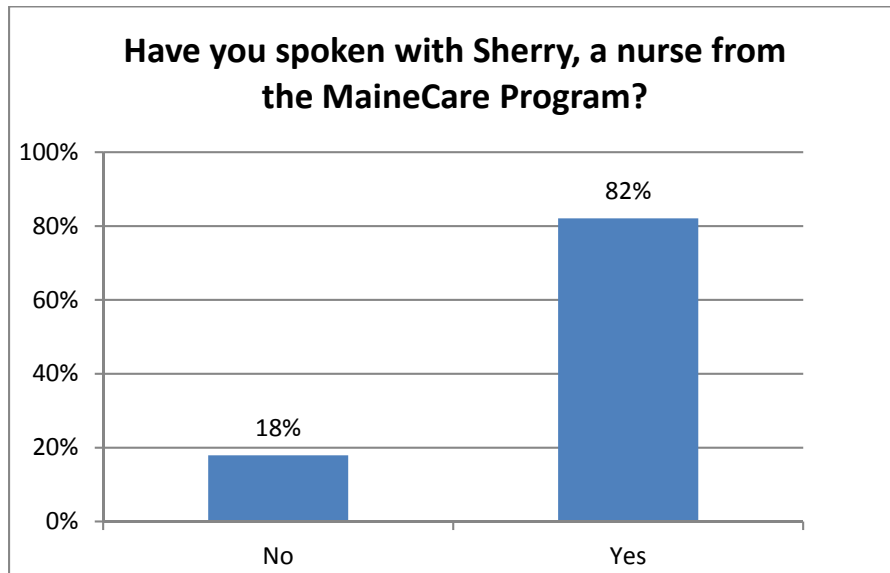
Objective:

The Office of MaineCare Services has been serving Maine’s HIV/AIDS population for thirteen years through its HIV/AIDS demonstration waiver, which is funded by the State and the Centers for Medicare and Medicaid Services (CMS). Every year, MaineCare collaborates with the Maine Center for Disease Control (CDC) to send a survey to all of our members and enrollees who are part of the HIV/AIDS waiver program. The purpose of this survey is to gain feedback on our members’ ability to obtain services and their experiences and satisfaction with waiver staff, MaineCare, and other providers. MaineCare’s survey is coded so we can identify members who may need a follow up call to address concerns, remove barriers, and link to needed services.

Results:

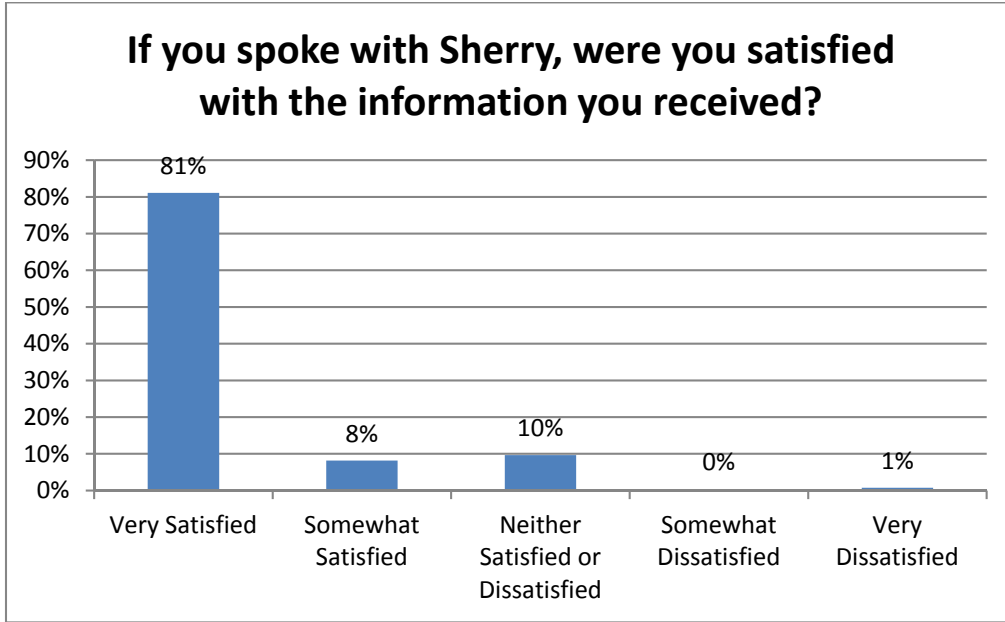
In 2014, the HIV/AIDS MaineCare member satisfaction survey was sent to 762 members and we received 341 responses. This shows a 45% response rate, which is a 12% decrease over the response rate from the previous year (2013).

Figure 1a



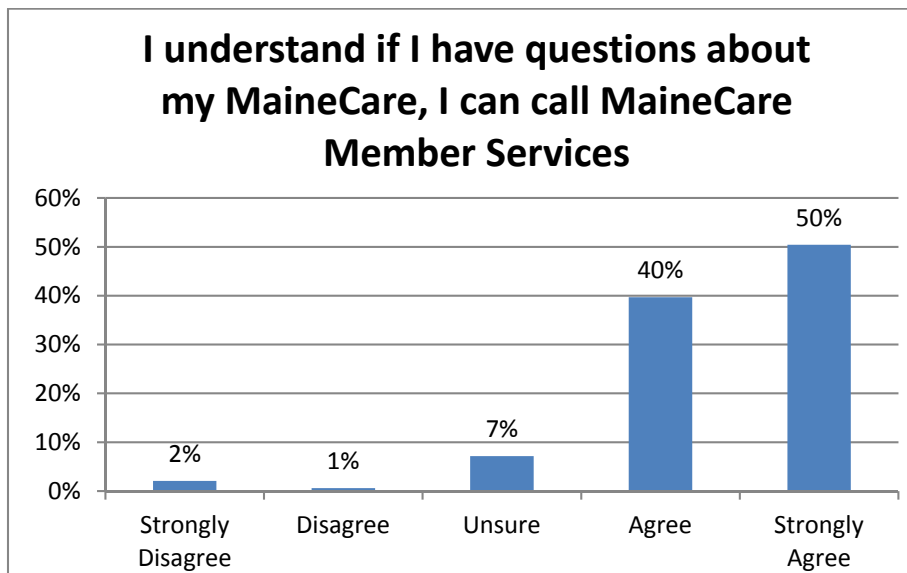
We received a response from 329 out of 341 members (96%). Figure 1a shows that out of 329 responses, 82% of members reported speaking with the MaineCare Nurse Coordinator about their health and benefits (no change from last year). Eighteen percent (18%) of members reported having no contact with the Nurse Coordinator.

Figure 1b



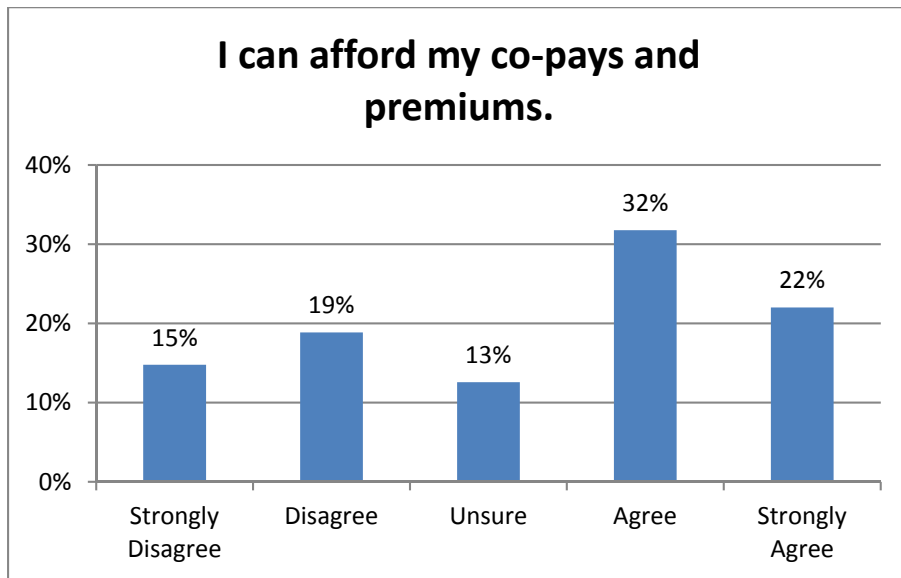
Members who responded that they had spoken with the MaineCare Nurse Coordinator were asked to rate their satisfaction. Figure 1b shows that 81% of members were very satisfied with the information they received from MaineCare’s Nurse Coordinator (a 5% increase from the previous year). Eight percent (8%) of members were somewhat satisfied with the information received and 10% of members were neither satisfied nor dissatisfied. Only 1% of members reported being dissatisfied with the information they received from the MaineCare Nurse Coordinator.

Figure 2a



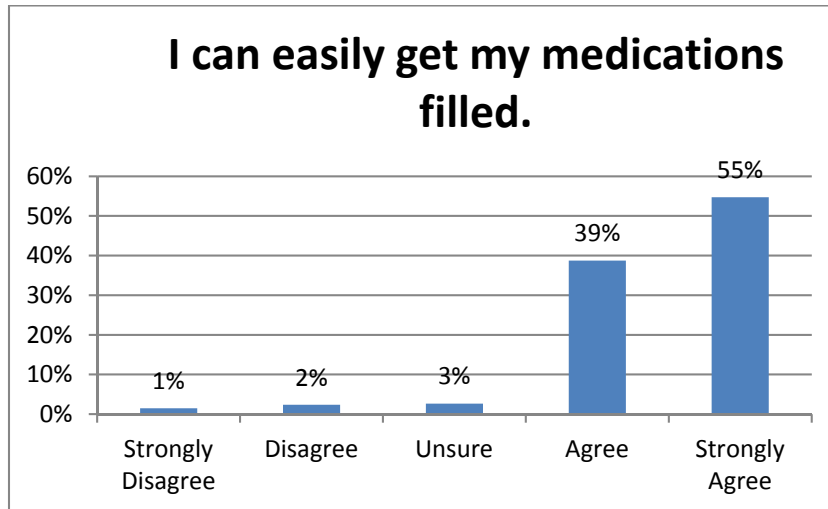
MaineCare is interested in knowing if members understand that they can contact MaineCare Member Services with questions. This was a new question on the 2014 survey. We received a response from 335 out of 341 members (98%). Figure 2a shows that of the 335 members, 50% indicated they strongly agree that they understand they can call MaineCare Member Services with questions, followed by 40% of members who agree. This shows that the majority of members (90%) understand that they can call MaineCare Member Services with questions about their benefits.

Figure 2b



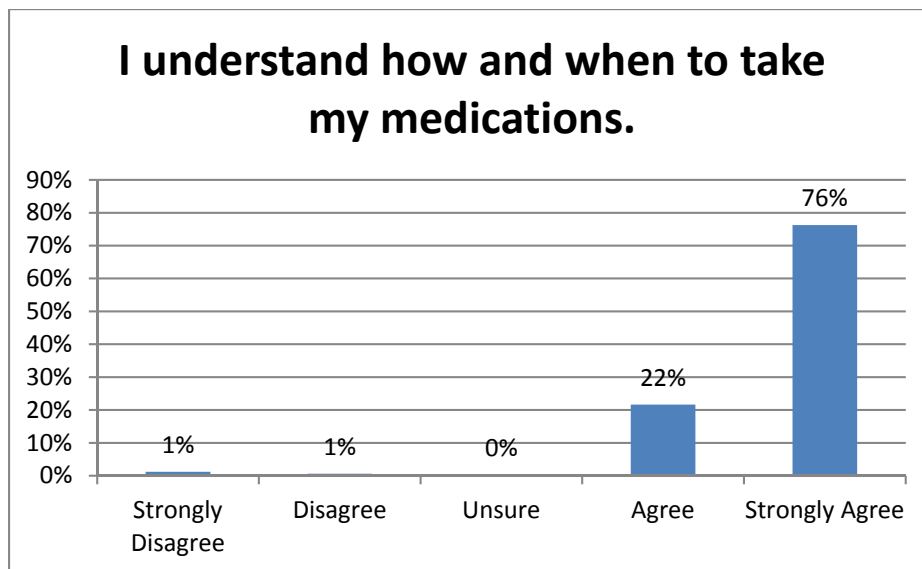
We asked members to rate their co-pay and premium affordability. Three hundred eighteen (318) members replied to this question out of the 341 that returned the survey. Figure 2b shows that approximately 54% of members agree or strongly agree that they are able to afford their co-pays and premiums, 13% of members are unsure whether or not they can afford copays and premiums, and 34% disagree or strongly disagree. Approximately 54% of members state that they can afford their copays and premiums (an 18% decrease from the previous year). MaineCare has continued to work closely with members, the AIDS Drug Assistance Program (ADAP), and pharmacies to ensure proper billing techniques are used and members are not billed for co-pays that they are not responsible for. The ADAP has encouraged MaineCare to tell members to call Good Health Systems (GHS), (MaineCare and the ADAP's Pharmacy Benefit Manager) helpdesk when a co-pay issue occurs. GHS can then investigate the issue and resolve them as they occur. Waiver staff work closely with the PHIP Benefit program as MaineCare members who have premiums for private coverage may be eligible to get assistance through this program. MaineCare has been referring members who need assistance with their MaineCare premiums to the ADAP as they also assist with these.

Figure 2c



Members were also asked to respond about how easily they are able to get their prescriptions filled. We received a response from 338 out of 341 members (99%). Figure 2c shows that out of the 338 responses, 55% of members strongly agree that they can easily have their prescriptions filled, followed by 39% of members who agree that they can easily get their prescriptions filled. This shows that the majority of MaineCare members (94%) have little trouble getting their prescriptions filled (no change from the previous year).

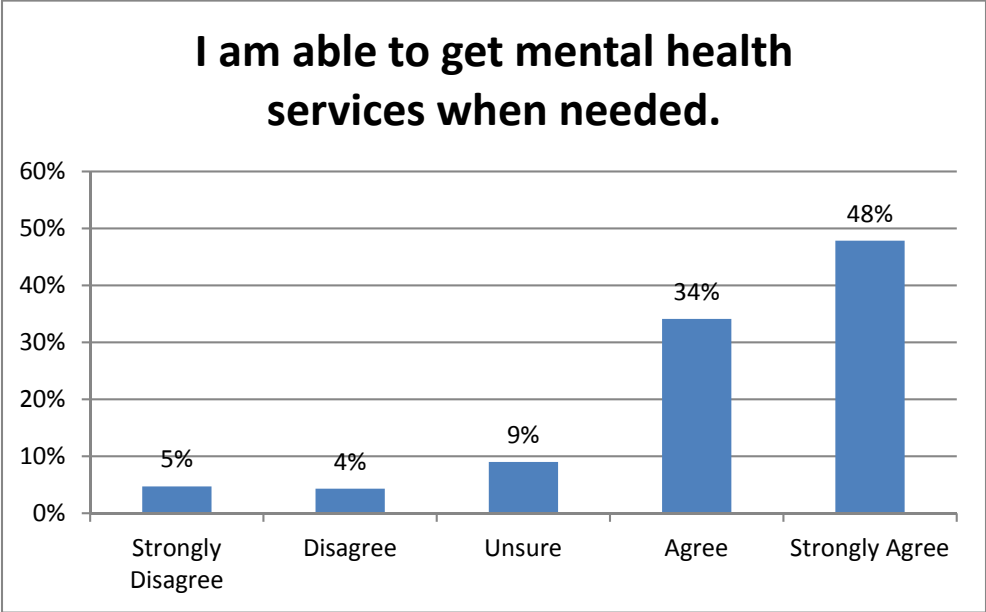
Figure 2d



Members were also asked to indicate whether or not they understand how and when to take their medications. We received a response from 333 out of 341 members (98%). Figure 2d shows that of the 333 responses, 76% of members strongly agree and 22% of members agree that they understand how and when to

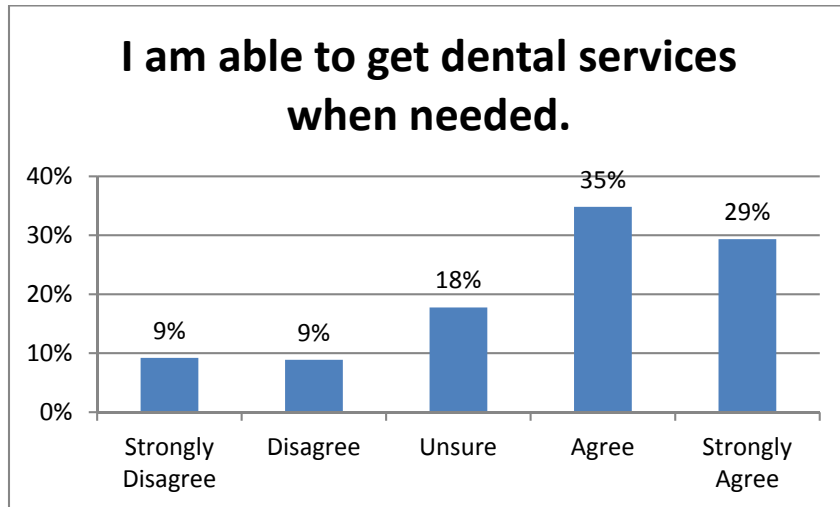
take their medications. The majority of members (98%) indicated that they clearly understand how and when to take their medications (a 1% decrease from the previous year).

Figure 2e



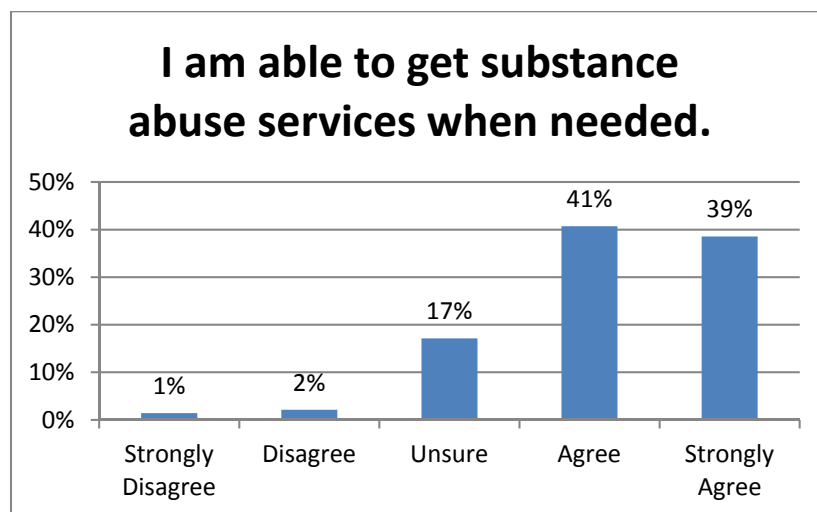
Members were asked to rate their ability to receive mental health services when needed. We received a response from 255 out of 341 members (75%). Figure 2e shows that out of the 255 responses, 48% of members strongly agree that they are able to get mental health services when needed. Thirty-four percent (34%) of members agree that they are able to get mental health services. This shows that the majority of MaineCare members (82%) are able to get mental health services when needed (no change from the previous year).

Figure 2f



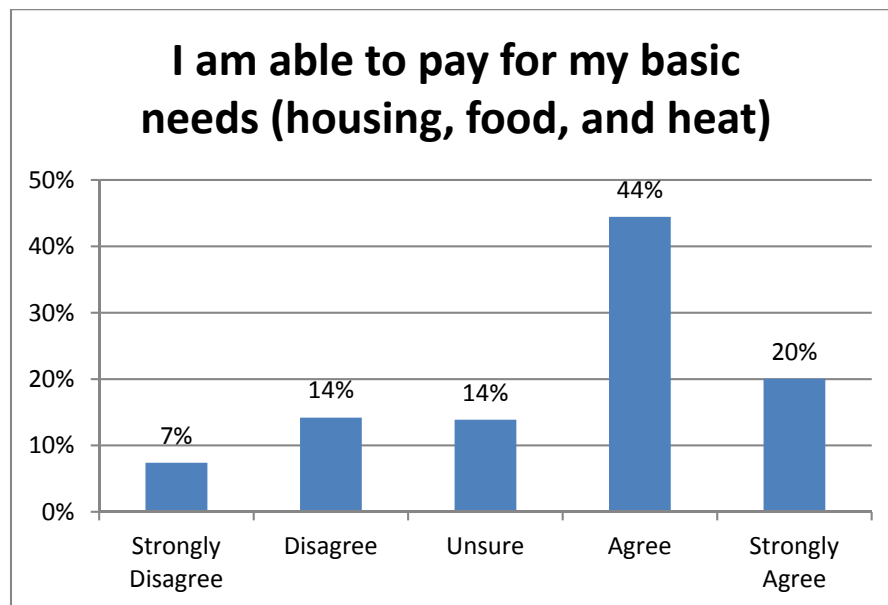
MaineCare is also interested in receiving feedback about the ability of members to receive dental services when needed. We received a response from 293 out of 341 members (86%). Figure 2f shows that out of the 293 responses, 29% of members strongly agree and 35% of members agree that they are able to get dental services. This shows that approximately 64% of members are able to get dental services when needed (a 33% increase from the previous year). Eighteen percent (18%) of members reported that they are unsure if they are able to get dental services. Nine percent (9%) of members disagree and 9% of members strongly disagree and are not able to get dental services when needed. This shows that approximately 18% of members are unable to receive dental services when needed.

Figure 2g



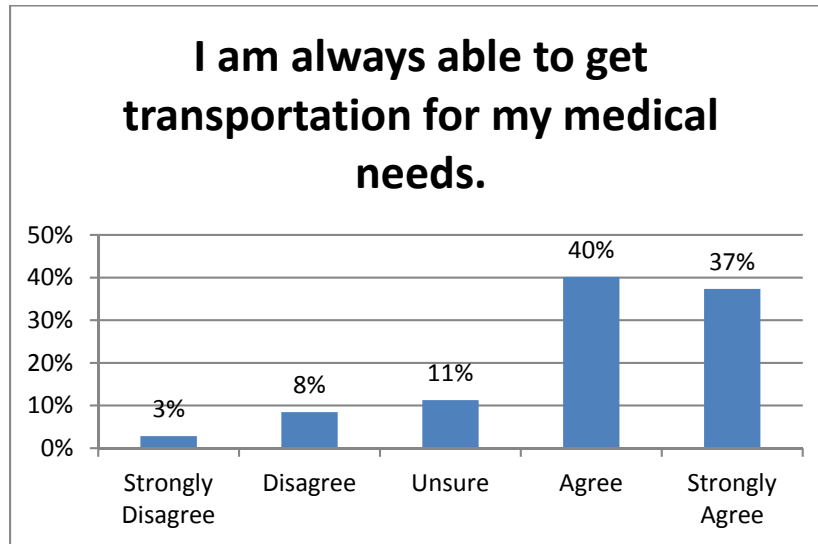
Members were asked to rate their ability to get substance abuse services when needed. We received a response from 140 out of 341 members (41%). Figure 2g shows that of the 140 responses, 41% agree that they are able to get substance abuse services when needed. Thirty-nine percent (39%) of members strongly agree that they are able to get substance abuse services when needed. This shows that the majority of the members (80%) are able to get substance abuse services when needed (a 10% increase from the previous year). Seventeen percent (17%) of members are unsure and 3% disagree or strongly disagree and are not able to get substance abuse services when needed.

Figure 2h



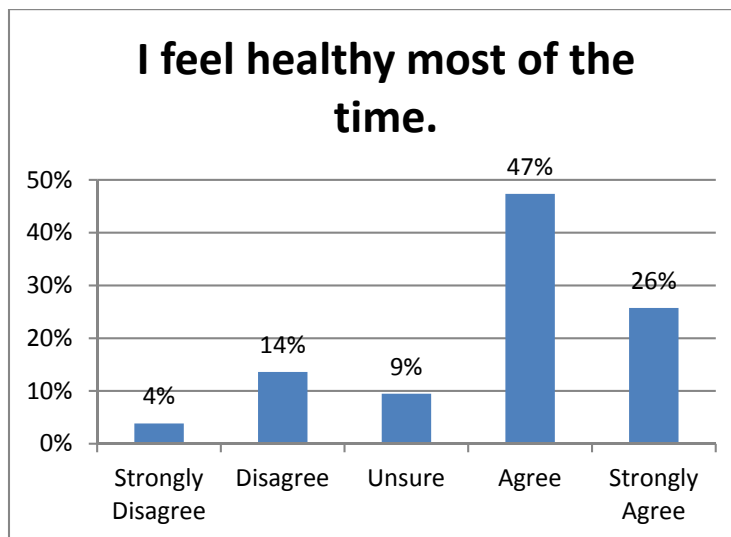
Members were asked about their ability to pay for their basic needs, including housing, food and heat. We received a response from 324 out of 341 members (95%). Figure 2h shows that of the 324 responses, 44% of members agree that they are able to pay for their basic needs, followed by 20% of members who strongly agree that they are able to pay for their basic needs. Fourteen percent (14%) of members disagree and are not able to pay for their basic needs. Fourteen percent (14%) of members are unsure whether they are able to pay for their basic needs and seven percent (7%) of members strongly disagree and are not able to pay for their basic needs. This shows that about 64% of members are able to pay for their basic needs (a 7% decrease from the previous year), while about 21% of members are not able to pay for their basic needs (a 17% increase from the previous year).

Figure 2i



Members were asked to rate their ability to receive transportation for their medical needs. We received a response from 284 out of 341 members (83%). Figure 2i shows that out of the 284 responses, 37% of members strongly agree and 40% of members agree that they are always able to get transportation for medical needs. This shows that the majority of members (77%) who require transportation for their medical needs are always able to get transportation (a 1% decrease from the previous year).

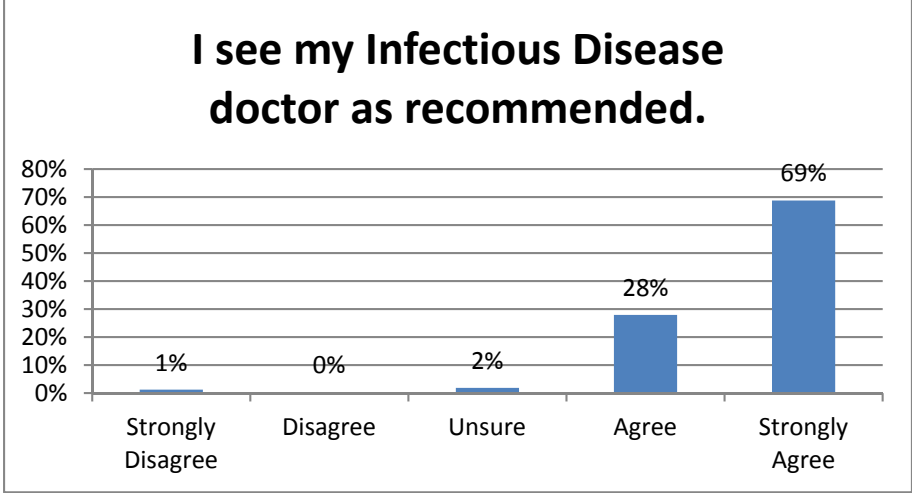
Figure 2j



Members were asked to indicate if they felt healthy most of the time. We received a response from 338 out of 341 members (99%). Figure 2j shows that of the 338 responses, 47% of members agree and 26% of members strongly agree that they feel healthy most of the time. This shows that the majority of members (73%) feel

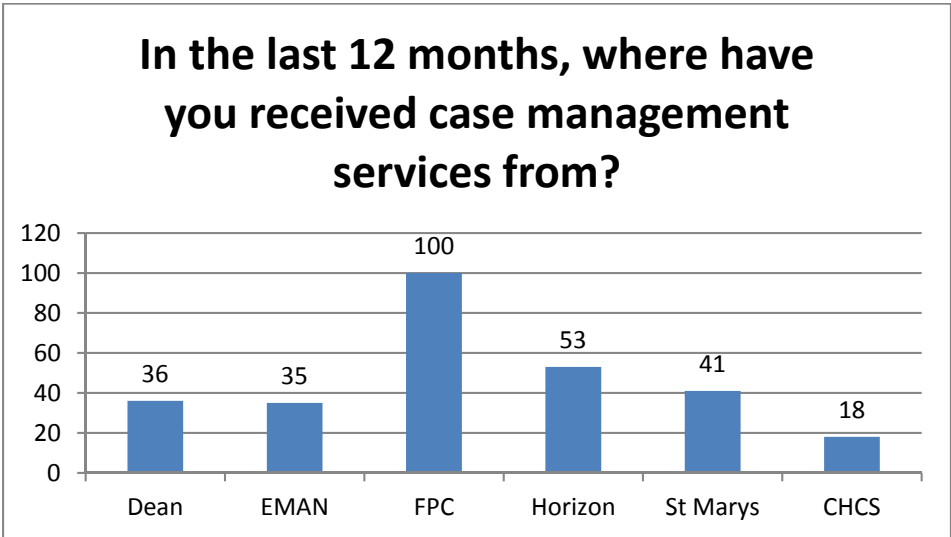
healthy most of the time. Fourteen percent (14%) of members disagree and do not feel healthy most of the time. This is a 4% decrease from the previous year.

Figure 2k



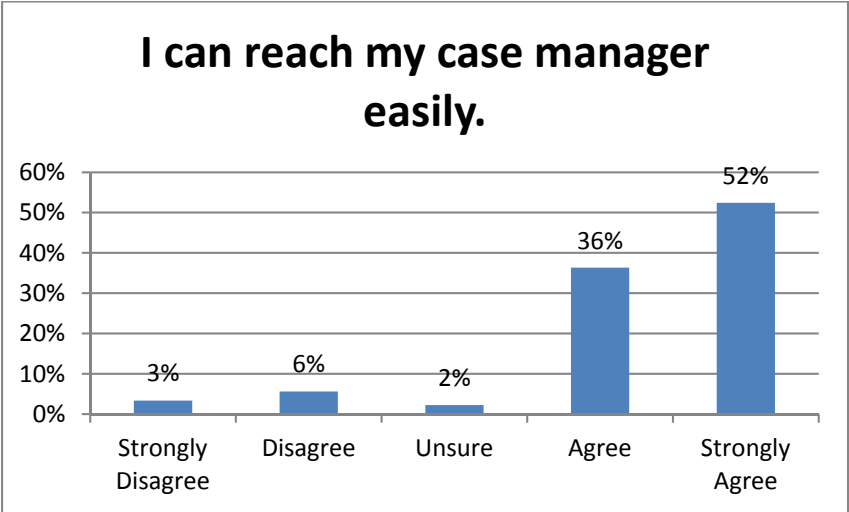
Members were asked if they see their Infectious Disease doctor as recommended. This was a new question on the 2014 survey. Figure 2k shows that 69% of the members strongly agree that they see their infectious disease doctor as recommended and 28% of members agreed. This shows that the majority of members (97%) see their infectious disease doctor as recommended. Two percent (2%) of members are unsure, and approximately one percent (1%) indicated that they do not see their infectious disease doctor as recommended.

Figure 3



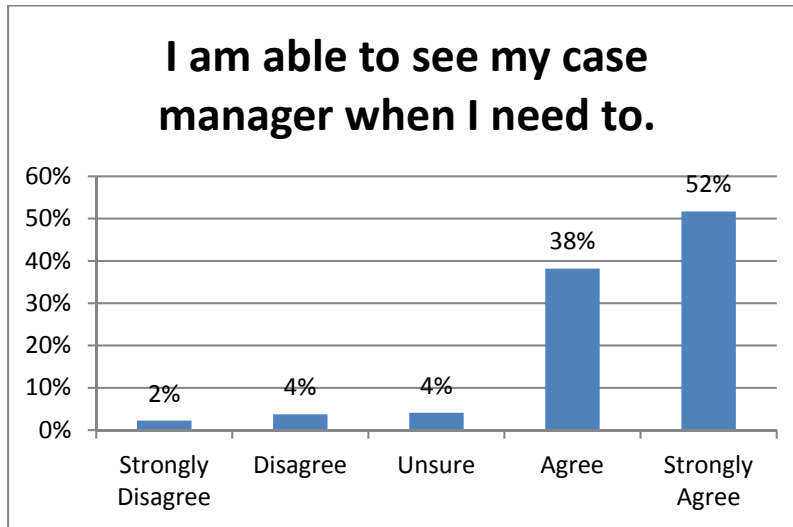
Members were asked if they had case management services in the past 12 months, and if so, where. Out of the 341 members that responded to the survey, 283 indicated that they had received services at one of the listed agencies. Of those 283, 36 members received case management services from DEAN, 35 members at EMAN, 100 members from Fannie Peabody Center, 53 members from Horizon, 41 members from St. Marys, and 18 members from Community Health and Counseling Services (CHCS).

Figure 4a



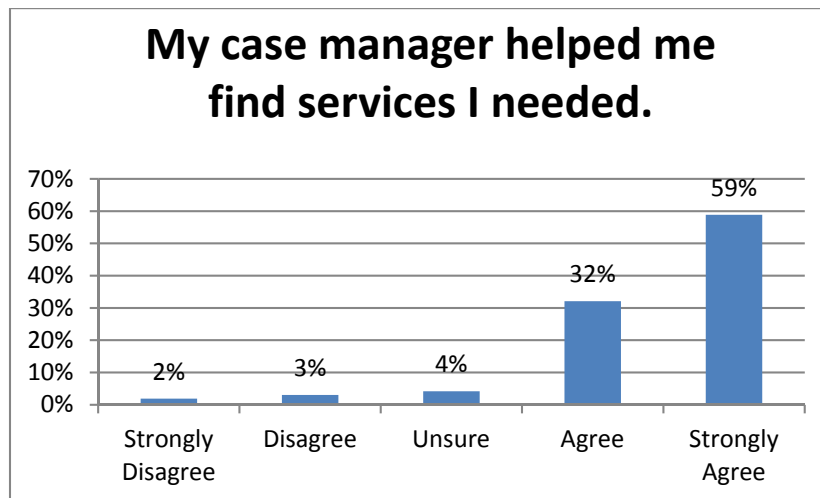
Members were asked if they can reach their case manager easily. We received a response from 267 out of 341 members (78%). Figure 4a shows that 52% of members strongly agree that they are able to reach their case manager easily. Thirty-six percent (36%) agreed, which means that the majority of members (88%) are able to reach their case managers easily. Approximately 9% indicated that they cannot reach their case managers easily and 2% of members were unsure.

Figure 4b



Members were asked if they are able to see their case managers when they need to. We received response from 267 out of 341 members (78%). Figure 4b shows that 52% of members strongly agreed that they are able to see their case manager when they need to. Thirty-eight percent (38%) agreed, four percent (4%) are unsure and the other six percent (6%) disagree or strongly disagree. The majority of members (90%) are able to see their case manager when they need to.

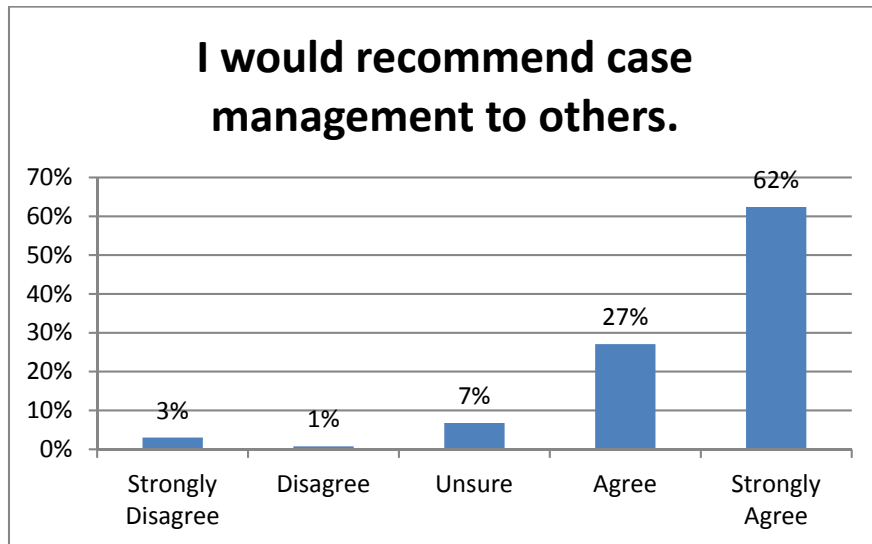
Figure 4c



Members were asked if their case manager helped them find the services they needed. We received a response from 265 out of the 341 members (78%). Figure 4c shows that 59% of members strongly agreed, 32% agreed, 4% were unsure, and approximately 5% disagreed or strongly disagreed that their case manager

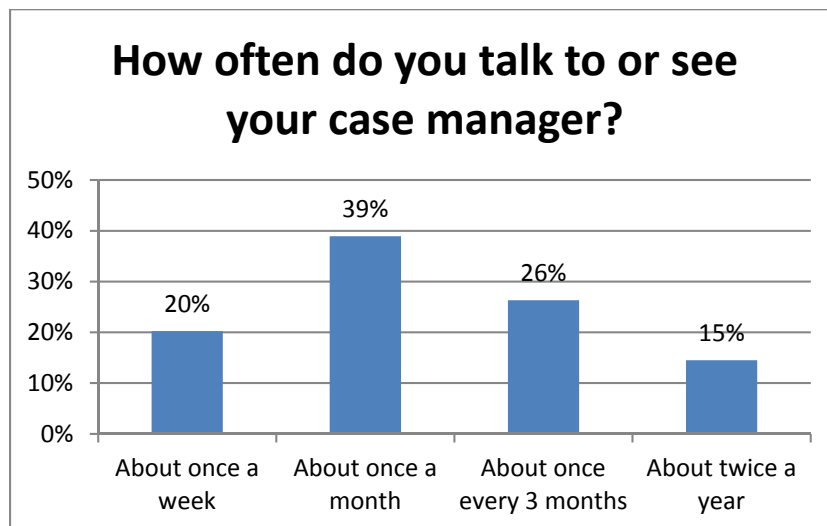
helped them find the services that they needed. The majority of members (91%) agreed that their case manager helped them find the services they needed.

Figure 4d



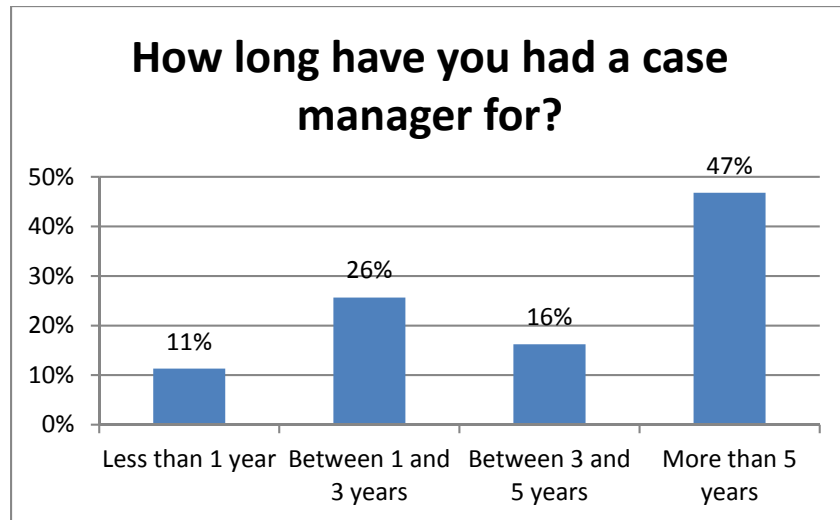
Members were asked if they would recommend case management to others. We received a response from 266 out of 341 members that returned the survey (78%). Figure 4d shows that 62% of members strongly agreed and 27% agreed. This shows that the majority of members (89%) agree that they would recommend case management to others. Approximately 7% were unsure and the other 4% disagreed or strongly disagreed.

Figure 5



Members were asked how often they talk to or see their case managers. We received a response from 262 out of 341 members (77%) that took the survey. Figure 5 shows that 20% said about once a week, 39% said about once a month, 26% said about once every three months, and 15% said about twice a year.

Figure 6



Members were asked how long they have had their case manager. We received a response from 265 out of 341 members (78%). Figure 6 shows that 11% of the members said they have had their case manager for less than one year, 26% said between 1-3 years, 16% said between 3-5 years, and 47% said more than five years.

Discussion:

Due to the low amount of online responses through surveymonkey.com in 2012 (only 10), the 2013 and 2014 survey was mailed to all members without the online option. MaineCare had hoped that the online option would increase the response rate, but it did not. As Maine CDC received surveys, the data was entered into Excel. MaineCare was able to access spreadsheets with survey results which allowed the Nurse Coordinator to respond to members in a timelier manner than previous years. Previously, the Nurse Coordinator had to wait until the survey deadline and possibly a second survey mailing before contacting members.

Question 1a asked members if they had spoken with the Nurse Coordinator regarding their health and benefits. Eighty-two (82%) of members reported speaking with the Nurse Coordinator, which indicated no change from last year. Question 1b asked members who responded that they had spoken with the Nurse Coordinator to rate their satisfaction with the information they received. The majority of members (81%) were very satisfied with the information they received (a 5% increase from the previous year). The HIV

Program has changed the structure and process of program reports and outreach/calls to allow the Nurse Coordinator to reach more members more frequently.

Question 2a asked members to rate their understanding of being able to call MaineCare Member Services if they have questions about their benefits. This was a new question on the 2014 survey. The majority of members (90%) understand that they can call MaineCare Member Services with benefit questions. New MaineCare members are sent a MaineCare Member handbook and a MaineCare card, both of which have the contact numbers for Member Services and explain that Member Services can be contacted with benefit questions.

Question 2b asked members to rate their co-pay and premium affordability. Approximately 54% of members are able to afford their co-pays and premiums (an 18% decrease from the previous year), while around 34% of members indicated that they cannot afford their co-pays and premiums (a 30% increase from the previous year). MaineCare has continued to work closely with members, the AIDS Drug Assistance Program (ADAP), and pharmacies, to ensure proper billing techniques are used and members are not billed for co-pays that they are not responsible for. The ADAP has encouraged MaineCare to tell members to call the Good Health Systems (GHS), helpdesk when a co-pay issue occurs. GHS can then investigate the issue and resolve them as they occur. MaineCare has been referring members who need assistance with their MaineCare premiums to the ADAP as they also assist with these. Waiver staff also works closely with members of the PHIP Benefit program. MaineCare members who have premiums for private coverage may be eligible to get assistance through the PHIP Benefit program.

Question 2c asked members to rate their experiences with getting their prescriptions filled. The majority of members (94%) have little trouble getting their prescriptions filled (no change from the previous year). MaineCare Services and the ADAP work with members and pharmacies to ensure proper billing processes are used and to ensure medications are approved and dispensed in a timely manner. Waiver staff and the pharmacy helpdesk are available to assist members and pharmacies with coverage and billing issues. MaineCare tries to remove barriers where possible to ensure improved medication compliance.

Question 2d asked members to indicate whether they understand how and when to take their medications. The majority of members (98%) indicated that they clearly understand how and when to take their medications. This is a 1% decrease from the previous year.

Question 2e asked members to rate their ability to receive mental health services when needed. The majority of members (82%) are able to get mental health services when needed. This is no change from the previous year. Some behavioral health services have limits and require prior authorizations. Inpatient psychiatric services are not covered by MaineCare for individuals between the ages of 21 – 64.

Question 2f asked members to rate their ability to receive dental services when needed. Approximately 64% of members are able to receive dental services when needed, which is a 33% increase from the previous year. MaineCare's dental coverage is very limited and the waiver does not cover any dental services. Since dental coverage is so limited, MaineCare Services looks for other resources for our members. Typically, the Ryan White Part B case management agencies are able to pay for members' transportation to Boston University where they can receive free dental care. For members willing to travel, this has been an excellent resource. MaineCare often refers members to Community Dental or other dental clinics that accept Care Credit and sliding scale fees. These resources have helped fill some of the gaps, but members often still find it difficult to access dental services and satisfaction decreased every year until 2014. Maine CDC, through the Ryan White program, began providing financial assistance to eligible members for some dental services in July 2014. The funds available are limited and there is an individual cap, but this resource has allowed members to get services from a cleaning and x-rays to dentures, root canals, and crowns. An individual can also use this financial assistance to help purchase dental insurance. We attribute the increase in ability to get dental services to the Ryan White programs funding assistance.

Question 2g asked members to rate their ability to receive substance abuse services when needed. The majority of members (80%) are able to get substance abuse services when needed, which is a 10% increase from the previous year. Through the Nurse Coordinator's follow-up calls, we were not able to identify any members with specific unmet substance abuse needs, and members who indicated they had concerns have had their issues resolved.

Question 2h asked members to rate their ability to pay for their basic needs including housing, food, and heat. Sixty four percent (64%) of members are able to pay for their basic needs, which is a 7% decrease from the previous year. Twenty one percent (21%) of members are not able to pay for their basic needs, which is a 17% increase from the previous year. Ryan White Part B case management agencies often have resources such as fuel assistance and food pantry access that can help members afford their basic needs. In July 2014 the Maine CDC, through the Ryan White program, began providing financial assistance to eligible members for food and housing. Eligible members are able to get a \$50 grocery food card once a month as long as their yearly maximum individual cap has not been reached. Eligible members can also get help paying for rent, security

deposits, temporary/transitional housing, heat, or electricity (as long as the yearly maximum individual cap has not been reached). Even with this additional resource, we are still finding that members continue to have a hard time paying for their basic needs (housing, food, and heat).

Question 2i asked members to rate their ability with receiving transportation for their medical needs. The majority of members (77%) who require transportation for their medical needs are always able to get transportation, which is a 1% decrease from the previous year. Both MaineCare and the waiver cover transportation to and from MaineCare covered services.

Question 2j is a new question which asked members to rate if they feel healthy most of the time. The majority of members (73%) say that they feel healthy most of the time. Eighteen percent (18%) of members say they do not feel healthy most of the time.

Question 2k asked members to rate if they see their infectious disease doctor as recommended. This was a new question on the 2014 survey. Ninety seven percent (97%) of members stated that they see their Infectious Disease doctor as recommended. The Nurse Coordinator and Program Manager continue to collaborate with our network of providers and members to ensure there is access to care and that members are using services appropriately and as recommended.

Questions 3 through 6 asked members about their case management services (where applicable). Out of 341 survey respondents, 283 indicated that they had received case management services in the past 12 months. The majority of members (88%) indicated that they are able to reach their case manager easily and 90% indicated that they can see their case manager when they need to. Ninety one percent (91%) of members indicated that their case manager helped them find services they need and 89% of members said they would recommend case management to others. Approximately 39% of members reported seeing or talking to their case manager about once a month as opposed to 15% of members who reported only talking to or seeing their case manager twice a year. Forty seven percent (47%) of members reported having case management services for more than five years.

The last part of the survey allows members to comment on any major concerns that they have with their overall health care. We received a variety of responses, but the most common concerns were regarding: dental, prior authorizations, case management, a lack of support groups, transportation, housing, and vision. When the Nurse Coordinator makes follow-up calls to members, the member's individual concerns are discussed and barriers removed, where possible.

MaineCare 1115 HIV Waiver Provider Survey Analysis 2014

Background: The State of Maine's Medicaid Program, also known as MaineCare, is responsible for administering Maine's medical insurance program. MaineCare has applied for, and received, a waiver from the U.S. Centers for Medicare and Medicaid Services (CMS). This waiver provides limited MaineCare coverage to HIV-positive Maine residents who have an individual gross income less than, or equal to, 250% of the Federal Poverty Level (FPL). The program covers existing MaineCare members who are HIV-positive, and an additional group of HIV-positive Maine residents who meet certain income guidelines but are not eligible for full MaineCare benefits. The program became operational in July 2002 and will be up for renewal on December 31, 2016.

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

Survey Process: The tenth annual provider survey was conducted at the start of 2014. It has been changed from the previous years to make the process faster and simpler for HIV/AIDS providers. Surveys were mailed to physicians and nurse practitioners who provided medical care to MaineCare and waiver members who were enrolled during 2014. A total of 313 surveys were mailed to service providers and 125 providers responded. This data shows a response rate of approximately 40%, which is the same as the response rate from 2013. The survey questions covered the following areas:

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

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

Results: Provider surveys were sent to primary care physicians and infectious disease specialists who provided care to HIV-positive MaineCare members. Out of the providers that responded, the majority (49%) were Family/General Practice.

Figure 1: Practice Specialty

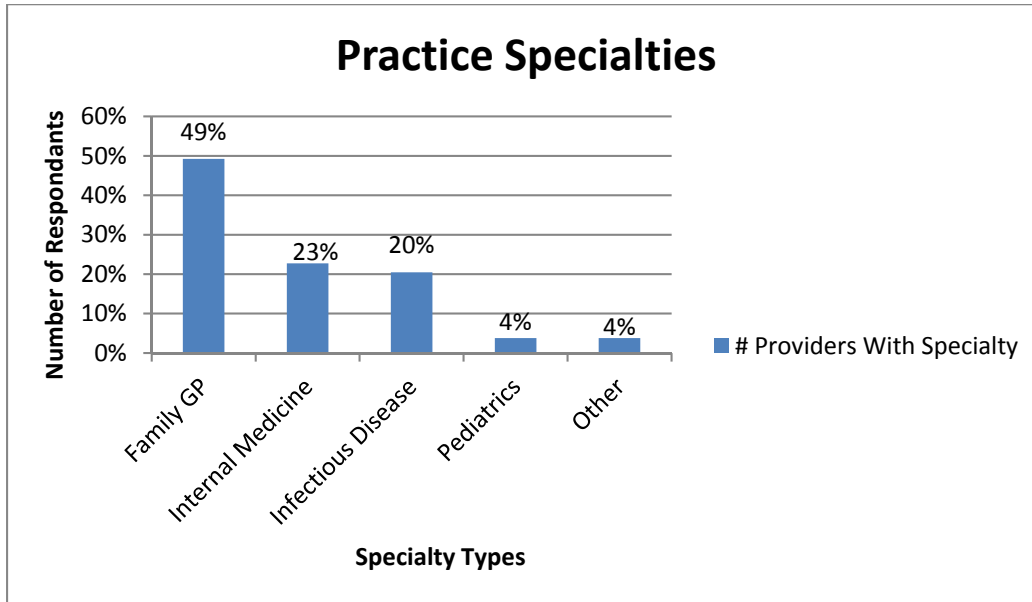
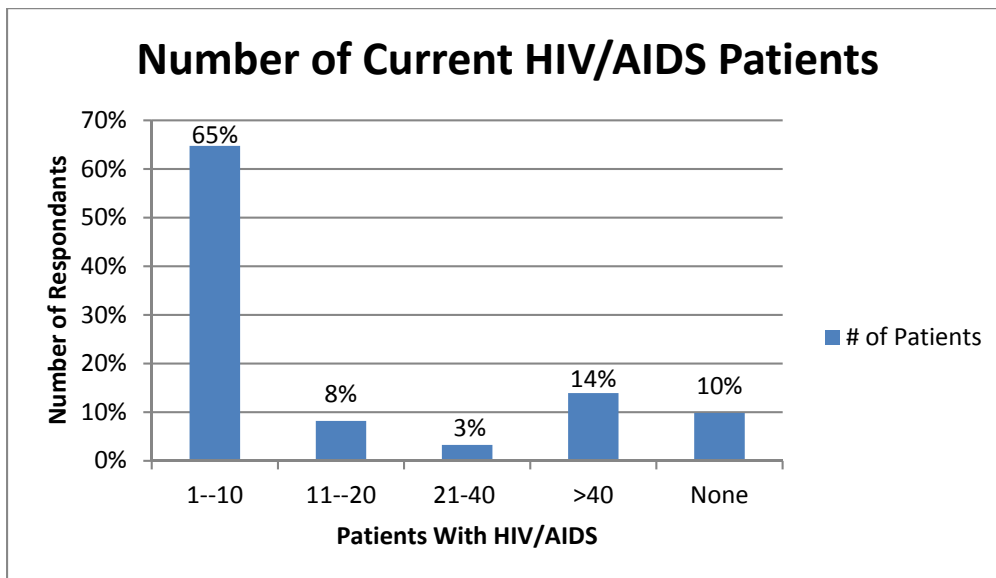


Figure 2: Number of Current HIV/AIDS Patients



Regardless of specialty, the majority of providers (65%) indicated that they currently manage between one and ten patients with HIV/AIDS.

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

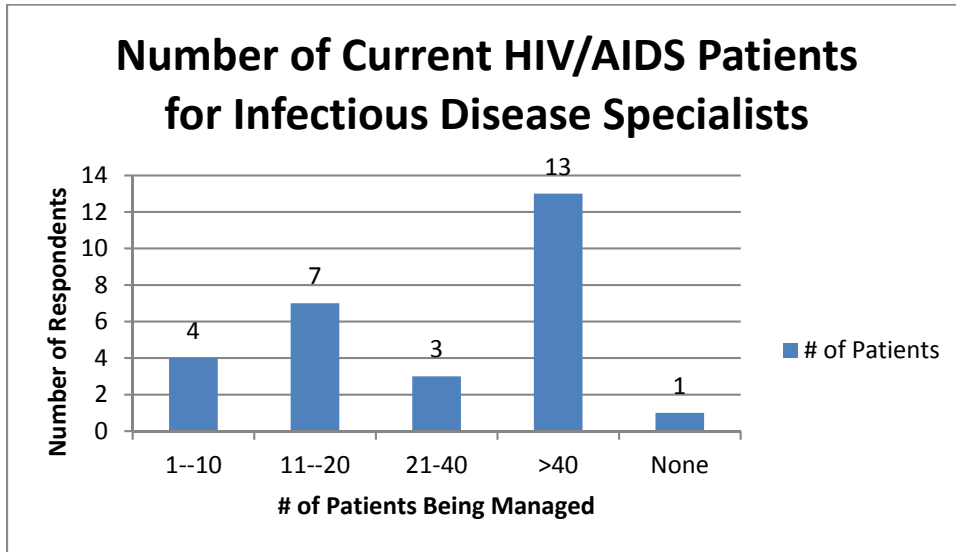


Figure 3B shows how many patients are managed by the infectious disease specialists who responded. Thirteen (13) infectious disease specialists indicated that they currently have over 40 patients.

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

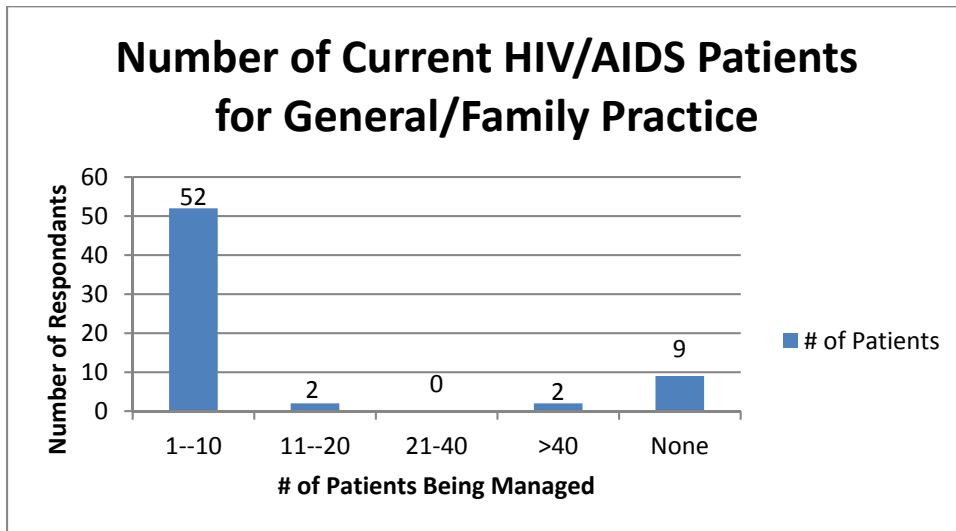


Figure 3C shows the number of patients that the Family/General Practice respondents treat. The majority (80%) of Family/General Practice respondents indicated that they currently manage 1-10 patients with HIV/AIDS.

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

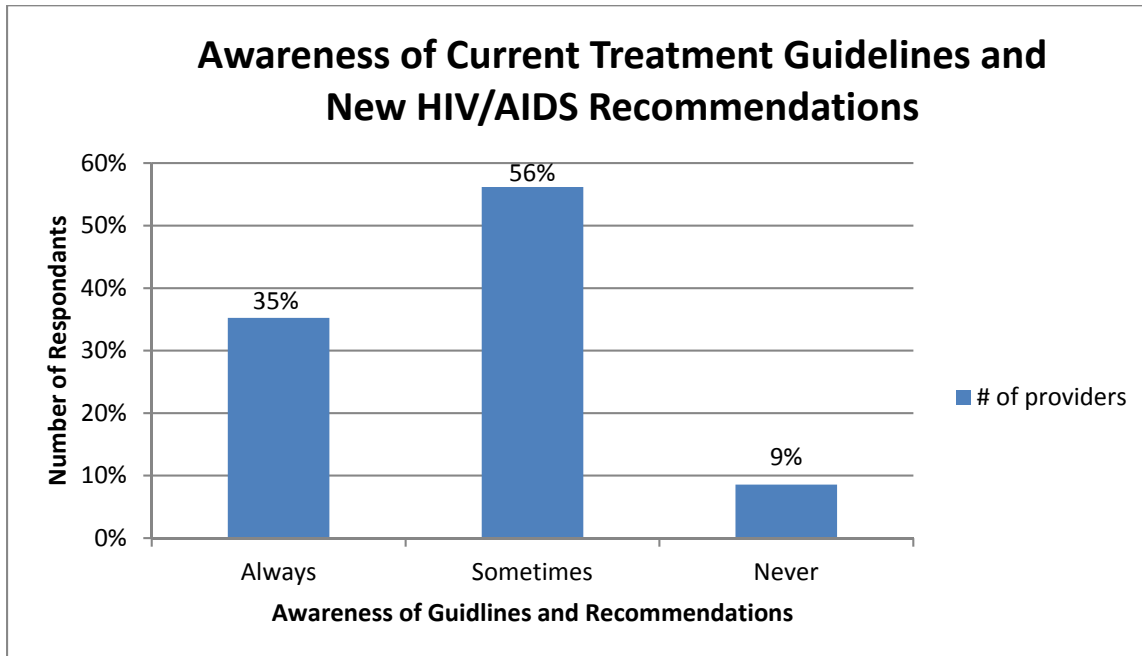


Figure 3 shows provider awareness of the current treatment guidelines and new recommendations for HIV/AIDS patients. The majority of providers (56%) indicate they are “sometimes” aware of current treatment guidelines and new recommendations, compared to 35% of providers who indicate they are “always” aware of these guidelines and new recommendations. Nine percent (9%) of all respondents say they are “never” aware of current treatment guidelines and new recommendations.

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

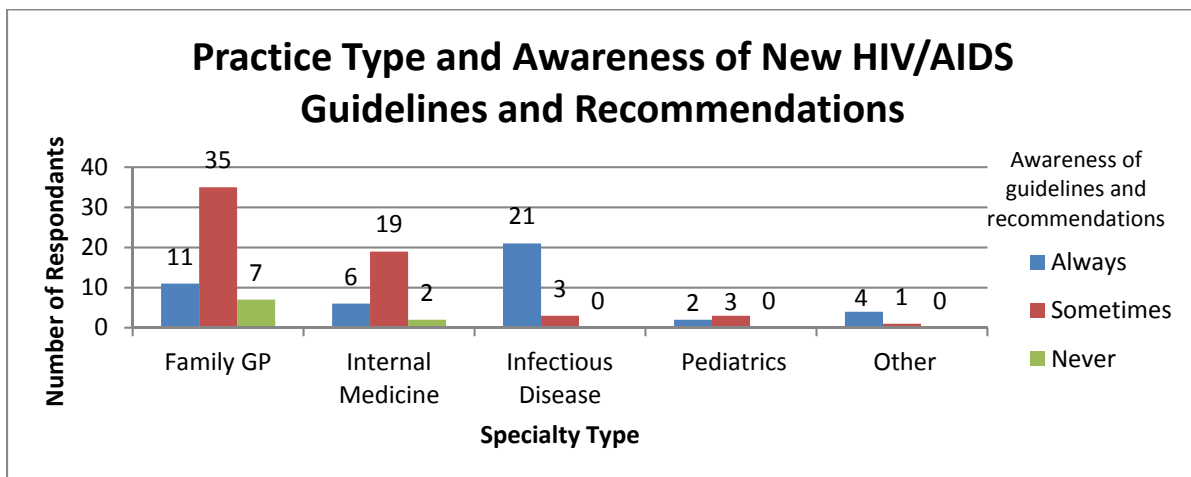


Figure 3A shows provider awareness of the current treatment guidelines and new recommendations for HIV/AIDS patients by provider specialty. Of the 24 Infectious Disease Specialists who responded, 21

indicated that they are always aware. HIV/AIDS providers need to be aware of current and newly recommended treatment guidelines for their patients. Infectious disease specialists have the most knowledge and are utilized by primary care physicians when they have questions regarding guidelines and recommendations.

Figure 4: Adherence/Compliance Barriers for Medication

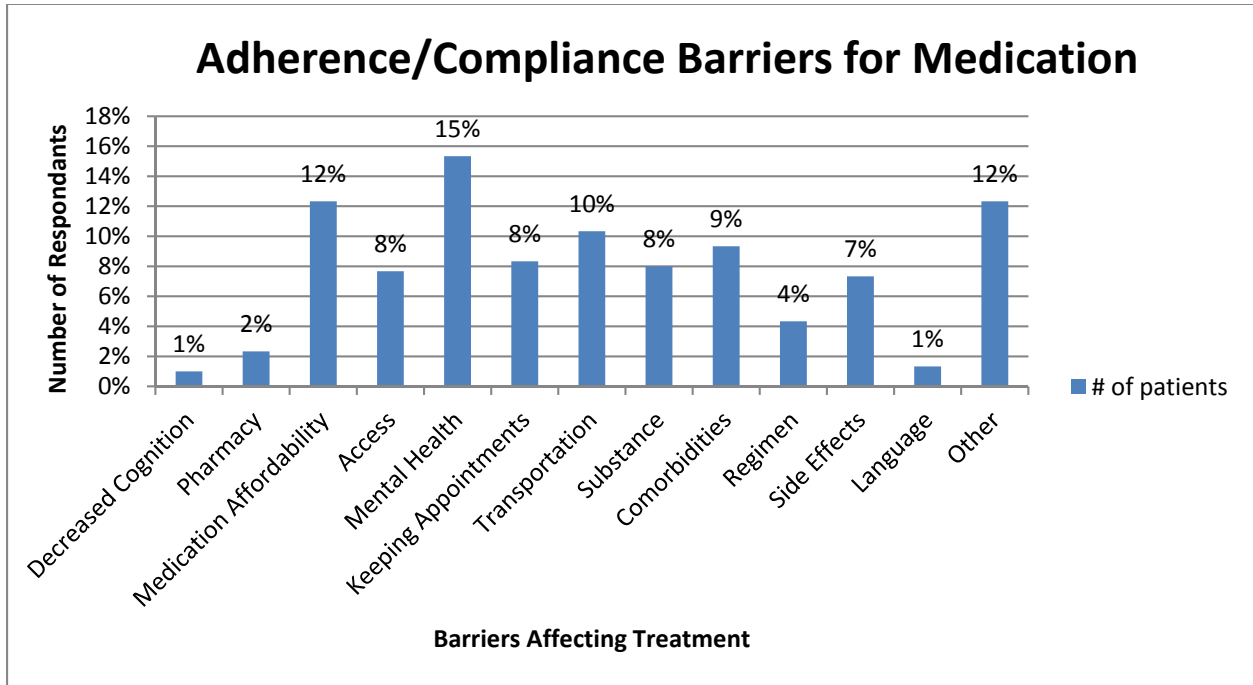


Figure 4 shows what providers feel are the most common medication adherence/compliance related barriers for their patients with HIV/AIDS. Fifteen percent (15%) of providers indicated mental health as an adherence/compliance barrier, 12% indicated medication affordability and 10% indicated transportation. These top three barriers were almost identical to the ones providers identified last year, which were mental health (14%), medication affordability (12%) and transportation (10%).

Figure 5: Awareness of HIV Training and Funding Opportunities

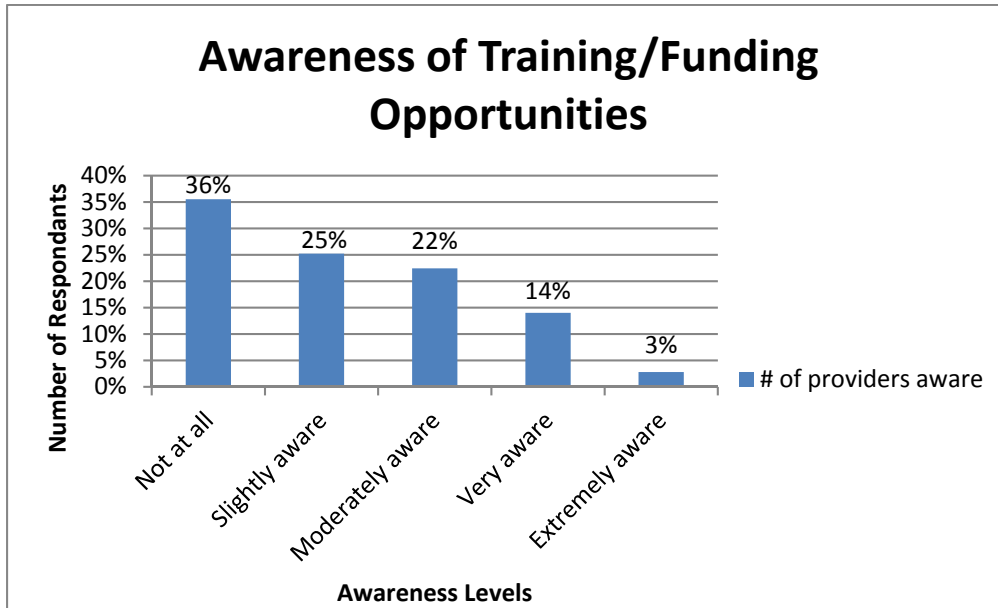


Figure 5 shows that the majority of providers (64%) are at least familiar with HIV training and funding opportunities through the Maine AIDS Education and Training Center (MEAETC). Thirty-six percent (36%) of providers were not at all aware of the MEAETC.

Figure 6: Awareness of the Special Benefit Waiver

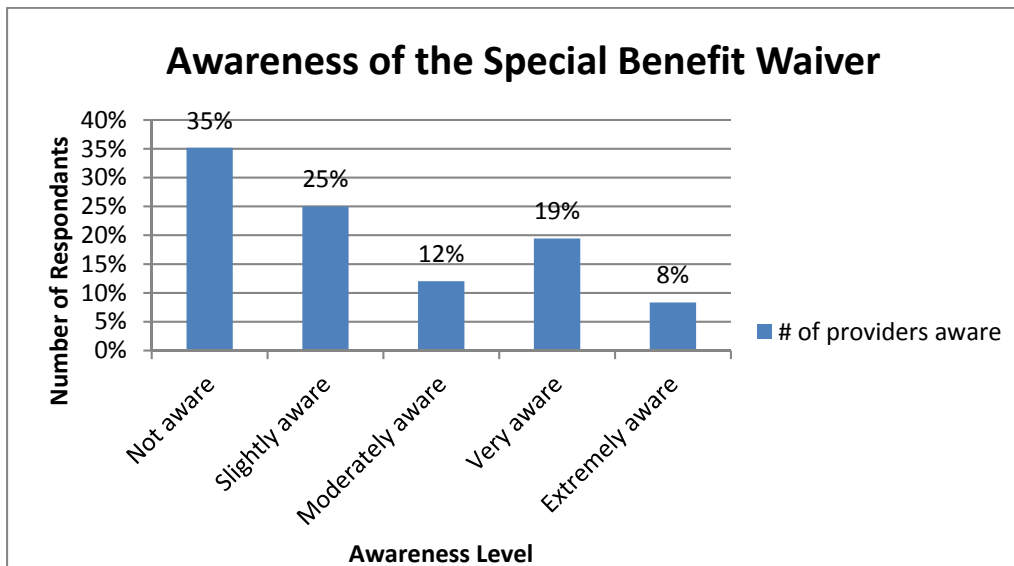


Figure 6 shows that the majority of providers (64%) have some familiarity of Maine's waiver that provides benefits for individuals living with HIV/AIDS who are at or below 250% of the Federal Poverty

Level (FPL) and do not qualify for regular MaineCare. Thirty five percent (35%) of providers were not at all aware of this waiver program.

Figure 7: Awareness of Ryan White/ADAP Programs

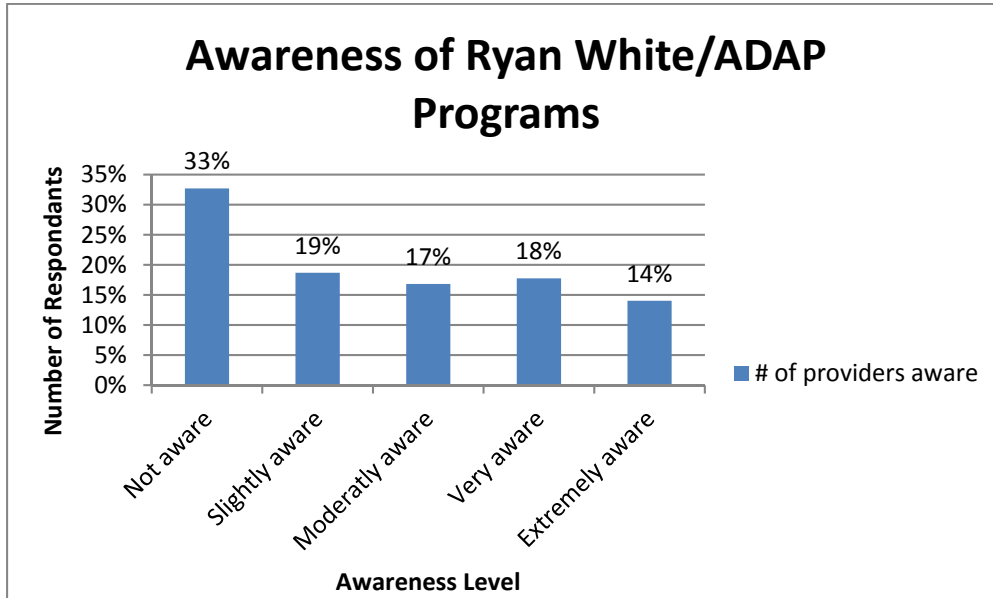


Figure 7 shows that the majority of providers (68%) are familiar with the Ryan White/AIDS Drug Assistance (ADAP) program and the financial assistance that they offer. Thirty-three percent (33%) of providers indicated that they are not at all aware of this program.

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

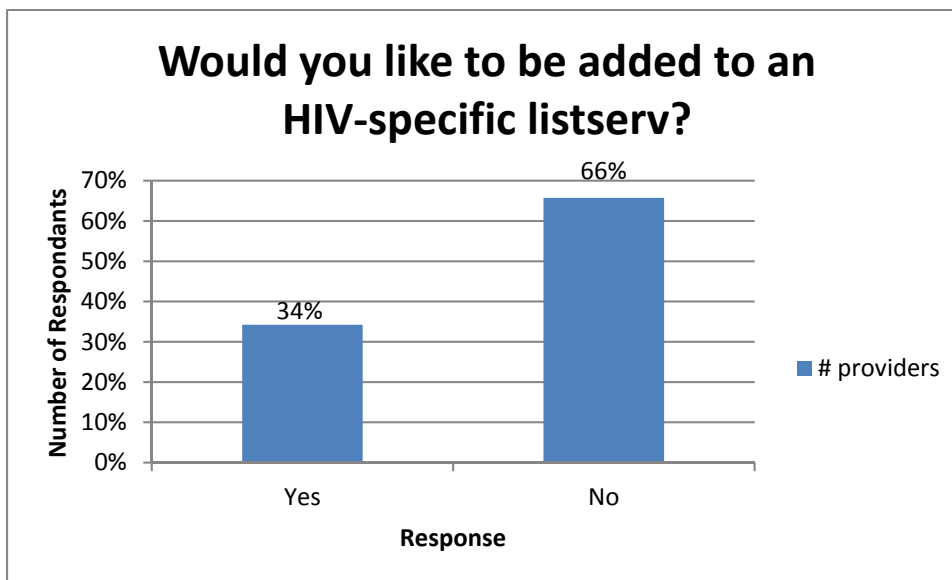


Figure 8 shows which providers are interested in being added to an HIV-specific listserv where FDA medication alerts and changes are sent. Fifteen providers did not respond to this question. Out of those who did, the majority of providers (66%) indicated that they did not want to be added to this listserv.

Discussion: Providers who listed their email address and indicated they would like to receive email correspondence have been added to the MaineCare HIV/AIDS listserv and began to receive all communications via the listserv in mid-2015. In 2015, there were 38 providers that wanted to be added to the already existing listserv.

MaineCare Services found that the providers who responded to the survey perceive that the largest barriers to patient adherence/compliance are mental health, medication affordability, and transportation.

Mental health:

The Special Benefit Waiver (SBW) Nurse Coordinator makes monthly adherence and compliance calls to members to identify and remove barriers and to encourage compliance with care regimens. MaineCare continues to work closely with Ryan White and HIV Targeted Case Managers (TCM) to ensure members are referred to and linked with needed services, such as behavioral health services. Many members with unmet behavioral health needs are identified on the annual MaineCare member satisfaction survey. The Nurse Coordinator is able to follow up with these members individually.

Medication affordability:

MaineCare collaborates with the AIDS Drug Assistance Program (ADAP) to ensure members are linked with and utilizing the services available to them through this program. The ADAP helps individuals get medications that treat HIV and its related conditions as well as medications that prevent infections. The ADAP will pay the cost that is left after insurance pays and if an individual can't get insurance, the ADAP will pay the full cost of medications on their formulary. The ADAP also helps pay for insurance premiums and deductibles.

Transportation:

MaineCare Services' Non-Emergency Transportation (NET) brokers can help provide members with transportation assistance to pharmacies to pick up prescriptions. This transport is considered covered by MaineCare. Members must arrange the ride two (2) business days prior to the medication pick up and the pharmacy also needs to be within 15 miles (urban) or 30 miles (rural) radius from the member's home (unless a letter of medical necessity indicates the member needs to go somewhere specific, or there is no pharmacy closer).

As referenced earlier, Figure 3 shows that some providers report "never" being aware of current treatment guidelines and Figure 3A shows that almost all of these providers are family/general practice providers. MaineCare Services sends monthly letters to our network of PCPs that provide care to our HIV members. These letters inform the providers of FDA HIV medication drug alerts. The letters include such things as medication changes, drug to drug interactions, and newly approved drugs. We attribute the increase in Family/General Practice provider's awareness to these monthly letters that we send.

Figure 5 shows that 36% of providers are not at all aware of HIV training and funding opportunities through the Maine AIDS Education and Training Center (MEAETC) and twenty five percent (25%) of providers are only slightly aware. The other providers (39%) are moderately, very, or extremely aware of the MEAETC. The goal of the MEAETC is to provide education and clinical training opportunities for health care providers that address effective counseling, diagnosis, treatment, care management of individuals living with HIV/AIDS, as well as to assist in prevention efforts.

Figure 6 shows that the majority of providers (64%) have some familiarity with MaineCare's waiver for individuals living with HIV/AIDS (the Special Benefit Waiver). The other providers (35%) have no awareness of this waiver.

Figure 7 shows that the majority of providers (68%) have some familiarity with the Ryan White/AIDS Drug Assistance (ADAP) program and the financial assistance the program has available.

Since there are a number of providers (an average of 35%) who have no awareness of the MEAETC funding and training opportunities, the MaineCare waiver, and/or the Ryan White/ADAP financial assistance, we have begun to reach out to providers/practices individually to educate them on the programs and the resources that are available to individuals living with HIV/AIDS.

MaineCare also provides an opportunity for service providers to add additional comments to their survey. Additional comments allow MaineCare Services the ability to gain insight on more advanced issues for individual providers and to help us understand how we can better assist providers and their patients. Providers expressed some additional concerns regarding medication affordability, more dental, vision, transportation, and mental health support/coverage, getting information on programs available, and the primary care aspect/role for a patient with HIV (i.e. pap screening recommendations, common comorbidities, etc.)

This survey and analysis serve as a tool to find areas where information is needed and to develop resources that can be used to strengthen our provider network. Data is also used by the Maine AETC to show provider network statistics which are used when applying for program grants. This survey analysis is shared with the Centers for Medicare and Medicaid Services (CMS) as part of MaineCare's Demonstration waiver annual report. This analysis is also shared with the HIV Advisory Committee (HIVAC).