



PAUL R. LEPAGE
GOVERNOR

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

BETHANY L. HAMM
ACTING COMMISSIONER

Maine Seal

Quarterly Report
HIV/AIDS 1115 Demonstration Project
SFY 2018 Quarter 3
DY 16 Quarter 3
(7/1/18 – 9/30/18)



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November 28, 2018

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

Dear Ms. Cymrot,

Please find enclosed, the quarterly report for the Maine HIV/AIDS Section 1115 Demonstration Waiver for the quarter ending 11/30/2018. Please contact Emily Bean at (207) 624-4005 or emily.bean@maine.gov if further information is needed.

Sincerely,



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

Maine HIV/AIDS Demonstration
Section 1115 Quarterly Report

Demonstration Year: 16 (01/01/2018 - 12/31/2018)
 Demonstration Quarter: 3 (07/01/2018 - 9/30/2018)
 Maine Fiscal Quarter: 4/2018 (07/01/2018 – 9/30/2018)
 Federal Fiscal Year (FFY) 18: (10/01/17 – 09/30/18)

Introduction

The MaineCare HIV/AIDS 1115 Demonstration project has completed the third quarter of its sixteenth year. This demonstration was implemented on July 1, 2002 and has been approved through December 31, 2018. The demonstration’s goal is to provide critical services to people living with HIV/AIDS to delay, prevent, or reverse the progress of their disease.

Enrollment Information

During the third quarter of the sixteenth year, there were 802 MaineCare and demonstration members enrolled in the demonstration project.

Enrollment Counts

There were 477 demonstration enrollees included in the quarter. These members qualified by having a diagnosis of HIV/AIDS and income at, or below, 250% of the Federal Poverty Level (FPL). There were 330 Medicaid members included in the quarter. Medicaid members are identified as either the original cohort of members who are receiving MaineCare, or MaineCare members where 25% or more of their Medicaid claims are HIV-related.

Demonstration Populations (as hard coded in the CMS-64)	Count of members enrolled at Start of Quarter	Count of members enrolled During the Quarter	Number of Persons Disenrolled during Quarter for non-payment of premiums*	Number of Persons Disenrolled during the Quarter**	Number of Members who Changed FPL	Members who Switched Rate Codes	Count of members enrolled at End of Quarter
Enrollees at or below 100% FPL - Demonstration Enrollees	157	10	N/A	25	27	3	166
Enrollees above 100% FPL - Demonstration Enrollees	301	10	0	27	29	1	294
Members HIV Positive and MaineCare Eligible	312	15	N/A	11	N/A	2	317
Totals	770	35	0	63	56	6	777

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

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

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

Outreach/Innovative Activities

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

- The Nurse Coordinator making calls to members who had not been contacted in six (6) months or more (see enclosure 5).
- Referring more members to Consumers for Affordable Health Care to help with their unmet healthcare needs/coverage.
- Sending an FDA medication alert to primary care providers regarding Truvada, Juluca, Tivicay, Triumeq, and Prezcofix. Alerts were sent via mail and email, depending on provider preference (see Attachment A: Outreach). Alerts were sent to approximately 360 providers.
- The Nurse Coordinator attending a webinar titled *A Look at Opioid Prescribing in Maine Following Two Years of Experience with Chapter 488*. The speaker of the webinar was Gordon Smith of the Maine Medical Association who discussed where we have been with the opioid crisis to where we are today. He also reviewed that prescribers have started limiting prescriptions for opioids, but there are still areas where they are still over prescribing. He discussed some exceptions to the Chapter 488 rule.
- Sending seventy-five provider survey follow up education packets to providers who indicated areas of unfamiliarity on their annual provider survey.
- Sending the program’s poster and brochure to 159 high schools and universities.

Operational/Policy Development/Issues

Co-payments and premiums (for waiver enrollees)

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

- Physician visit: co-pay is \$10.00
- Prescription drugs: co-pay is \$10.00/30-day supply for generic medications
- The Maine AIDS Drug Assistance Program (ADAP) pays deductibles, premiums, and co-pays (for medications on the ADAP’s formulary). This coverage wraps around MaineCare, Medicare Part D, and private insurance. The ADAP covers medications to treat: HIV, mental illness, high blood pressure, high cholesterol, hepatitis, diabetes, thyroid disease, heartburn, nausea, diarrhea, antibiotics, contraceptives, estrogen, and vaccines. The full ADAP formulary can be

found at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/provider/documents/adap-quarterly-formulary.pdf>.

- The ADAP assists with co-pays in the following way:
 - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare (up to \$10 per 30-day supply).
 - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare and Medicare Part D (up to \$5 per 30-day supply as this is the maximum co-pay amount).
- Enrollees with an individual income of 150% of the FPL or higher are required to pay a monthly premium to receive services under the waiver. If a member submits their premium bill to the ADAP, the program will assist them with these payments. The premium amounts are as follows:

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

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

Financial/Budget Neutrality Development/Issues

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

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

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

Member Month Reporting

Eligibility Group by Month	July 2018	August 2018	September 2018	Total for Quarter Ending 9/2018
Enrollees	458	457	460	1,375
Members	312	315	317	944

Eligibility Group by Disease Stage	1 - ASX (asymptomatic)	2 - SX (symptomatic)	3 – AIDS	Total for Quarter Ending 09/2018
Enrollees	927	365	83	1,375
Members	592	247	105	944

Consumer Issues

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

There were three complaints received directly by the MaineCare Program Manager and/or Nurse Coordinator.

Auto number	Type	Contact Note	Resolution
70052	Incoming	The case manager (CM) called to report a complaint about one of the State’s transportation brokers. Per the CM, the member’s ride was late picking member up, causing him to be 30 minutes late to appointment. Provider was unable to see member and appointment was rescheduled. This is member’s second issue with broker and the missed appointments are causing the member anxiety.	Program Manager sent the complaint to the transportation unit at MaineCare. This unit outreached the broker and discovered that on this occasion, the driver got a flat tire. The complaint was ruled valid since the driver failed to notify the broker, who could have possibly made other arrangements.
70672	Incoming	Nurse Practitioner (NP) called to report a member’s upsetting experience at Mercy Physical Therapy. NP wanted MaineCare to be aware of providers behavior. Member is going to file a formal complaint. Program Manger will also pass the information to MaineCare’s PT/OT unit.	Program Manager sent complaint to MaineCare’s PT/OT unit. Program Manager also spoke with member and provided two avenues for complaint – the hospital’s patient advocate number and the State’s hospital licensing department.
70657	Incoming	Member spoke to Nurse Coordinator about his experience with moving to Maine and getting into case management and other services. Member stated that his case manager wasn’t knowledgeable about resources and lost some of member’s paperwork. Member struggled to get his meds and couldn’t afford the copayment.	Nurse Coordinator emailed case manager supervisor to alert her of complaint against case manager. Member also reports talking to the supervisor.

Quality Assurance/Monitoring Activity

- Quality indicators continue to be monitored through claims data. These indicators include cost data, number and appropriateness of anti-retroviral medications, hospitalization, physician and ED utilization rates, death rates, compliance with guidelines on prophylactic medications for opportunistic infections, ophthalmology exams, and pap smear exams, including visits to provider offices.
- One of the waiver’s primary roles is to establish a close link with provider offices in order to obtain disease progression data, including CD4 and viral load results that will allow tracking of disease state progression and targeted interventions.
- An adherence report was designed based on our members’ prescription pick-up dates. A link has been established between CD4 data and the adherence report to help target interventions. Based on

this report, daily calls are made to members to remind them about their prescription pick-up dates. We project that this proactive approach will improve our members' compliance with their anti-retroviral medication. There were 147 adherence calls during the quarter (refer to enclosure 5).

- Member compliance with anti-retroviral medication continues to be tracked via their prescription refills. A link has been established between CD4 data and the compliance report to help target interventions. There are three phases of calls. The first phase is of the greatest concern, where calls are made to members whose CD4 counts are below 200 and they are late picking up their medications. In the second phase, calls are made to members whose CD4 counts are between 200 and 350 and they are late picking up their medications. In the third phase, calls are made to members whose CD4 counts are above 350 and they are late picking up their medications. There were 86 compliance calls during the quarter (refer to enclosure 5).
- Frequent address changes and disconnected phones for this population continue to make it difficult to contact members for adherence and compliance interventions. Ongoing efforts continue by contacting the regional Offices for Family Independence (OFI), case managers, pharmacies, and providers for members' most updated addresses and phone numbers.
- A contact tracking system which includes calls, letters, emails, faxes, complaints, and grievances has been underway since February 6, 2003, with daily data entry by the Nurse Coordinator and Program Coordinator. This system allows us to note the number of calls per day, week, month, and year, and gives us a detailed map of calls by contact entity and reason.
- A total of 1,518 contacts were made in this quarter. Phone calls were the most common mode of communication, accounting for 91% of incoming contacts and 81% of outgoing contacts. Emails were the next most common; 7% and 13%, respectively (refer to enclosure 6).
- Case management services were the most common reason for contacts being made, accounting for 29% of incoming contacts and 12% of outgoing contacts (refer to enclosure 5).

Demonstration Evaluation

The HIV/AIDS project is fully operational. Analysis of quality and cost data is continually underway. Enrollment is ongoing with 777 members included in the demonstration project at the end of the third quarter of the sixteenth year. Reports to CMS have been provided as specified in the Special Terms and Conditions.

Enclosures/Attachments

Attachment A: Outreach

Financial

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

Communications

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

State Contact

Emily Bean, Program Manager
Office of MaineCare Services
11 State House Station, Augusta, ME 04330
emily.bean@maine.gov
207-624-4005

Date submitted to CMS: November 28, 2018

Attachment A: Outreach



Department of Health and Human Services
 MaineCare Services
 Nurse Coordinator
 11 State House Station
 Augusta, Maine 04333-0011
 Tel.: (207) 624-4008; Fax: (207) 287-8601
 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 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 type="checkbox"/> Other:
<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:

- All Healthcare, including treatment, services, supplies and medicines
- Billing, payment, income, banking, tax, asset, and/or other information regarding financial eligibility for DHHS program benefits such as MaineCare
- Other: _____

Limit to the following date(s) or type(s) of information:
 (e.g. "lab test dated June 2, 2013" or "hospital records from 1/1/12- 1/15/12")

I authorize the DHHS office(s) checked above to:

Release my information to: Obtain my information from:

Ryan White or named Case Management Agency: _____

Address: _____

Street Town/City State Zip Code Infectious Disease

Specialist: _____

Address: _____

Street Town/City State Zip Code

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

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

Initials _____

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

Legal Insurance Coordination of Care Personal Request Other:

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

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

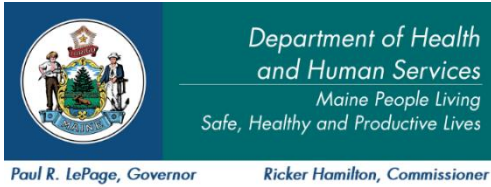
_____ **Substance/Alcohol/drug abuse treatment provider or program**
(initials)

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

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

I further understand and agree that:

- DHHS will not condition my treatment, payment for services, or benefits on whether I sign this form, unless I need to sign this form so that the right offices of DHHS can make eligibility or enrollment decisions.
- I have the right to make a written request to access and copy my healthcare or billing information, and a copy fee will be charged as permitted by law.
- If I want a review of my mental health program or provider records before they are released, I can check here. I understand that the review will be supervised.
- I may take back my permission to share the records listed on this form at any time by contacting the Privacy Officer of the specific DHHS office: Beth Glidden 207-624-6913



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)

July 13, 2018

Dear MaineCare Provider:

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

Enclosed, please find information regarding FDA HIV product approval, safety warnings, product labeling changes and other pertinent information. For more information, please refer to the FDA's website.

If you have any questions, or if you currently have no patients with HIV, please contact the Nurse Coordinator, Sherry A. Boochko, RN at sherry.boochko@maine.gov or 207-624-4008.

Sincerely,



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

The following information is from May and June 2018. For more information, please refer to the FDA's website.

- The Truvada (emtricitabine and tenofovir disoproxil fumarate) label was revised to expand the Pre-Exposure Prophylaxis (PrEP) indication to include adolescents weighing at least 35 kg who are at risk of HIV-1 acquisition. The major labeling changes with respect to this expanded indication can be found in the sections mentioned below. In addition, Section 8 was reformatted per the Pregnancy and Lactation Labeling Rule (PLLR) and includes updated information specific to the use of Truvada for PrEP during pregnancy and breastfeeding. Other sections of labeling were reformatted for consistency with current and best labeling practices, as well as with labeling for other HIV fixed-dose combination products.
 - Section 1: Indications and Usage
 - 1.2: HIV-1 Pre-Exposure Prophylaxis (PrEP)
 - Section 2: Dosage and Administration
 - 2.1: Testing Prior to Initiation of TRUVADA for Treatment of HIV-1 Infection or for HIV-1 PrEP
 - 2.2: HIV-1 Screening for Individuals Receiving TRUVADA for HIV-1 PrEP
 - 2.5: Recommended Dosage for HIV-1 PrEP
 - Section 6: Adverse Reactions, Clinical Trials in Adolescent Subjects
 - Section 8.4: Pediatric Use, HIV-1 PrEP
 - Section 12: **Clinical Pharmacology**

- The FDA has alerted the public that serious cases of neural tube birth defects involving the brain, spine, and spinal cord have been reported in babies born to women treated with dolutegravir (**Juluca, Tivicay, Triumeq**) used to treat human immunodeficiency virus (HIV). Preliminary results from an ongoing observational study in Botswana found that women who received dolutegravir at the time of becoming pregnant or early in the first trimester appear to be at higher risk for these defects.

Please see the Drug Safety Communication for a complete list of recommendations.

Patients should not stop taking dolutegravir without first talking to your health care professional because stopping your medicine can cause the HIV infection to worsen. In addition:

- If you are already pregnant, stopping your dolutegravir-containing regimen without switching to alternative HIV medicines could cause the amount of virus to increase and spread HIV to your baby.
- If you take a dolutegravir-containing regimen at the time of becoming pregnant and during the first trimester of pregnancy, there is a risk that your baby may develop neural tube defects. Neural tube defects happen early in pregnancy, before many women even know they are pregnant. For this reason, women of childbearing age should talk to their health care professional about other non-dolutegravir-containing antiretroviral medicines.
- Women of childbearing age who decide to take a dolutegravir-containing regimen should consistently use effective birth control (contraception) while on HIV treatment.

Health care professionals should inform women of childbearing age about the potential risk of neural tube defects when a dolutegravir-containing regimen is used at the time of conception and early in pregnancy. In addition:

- Health care professionals should weigh the benefits and the risks of dolutegravir when prescribing antiretroviral medicines to women of childbearing age. Alternative antiretroviral medicines should be considered. Discuss the relative risks and benefits of appropriate alternative antiretroviral therapies.
- Perform pregnancy testing before initiating a dolutegravir-containing regimen in women of childbearing age to exclude pregnancy.

To read the complete Drug Safety Communication posted on 05/18/2018 visit:

<https://www.fda.gov/Drugs/DrugSafety/ucm608112.htm>

- The Prezcobix (darunavir and cobicistat) label was updated to state Prezcobix is not recommended for use in pregnant women because of substantially lower exposures of darunavir and cobicistat during pregnancy. The major labeling changes can be found in the sections mentioned below.
 - Section 2.5: Dosage and Administration, Not Recommended During Pregnancy
 - Section 8.1: Use in Specific Populations, Pregnancy
 - Section 12: Clinical Pharmacology



PAUL R. LEPAGE
GOVERNOR

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

BETHANY L. HAMM
ACTING COMMISSIONER

October 1, 2018

Dear Organization:

MaineCare's waiver benefit for individuals living with HIV/AIDS now has an enrollment of 457 members. Enclosed is a poster and brochures about the benefit. We would appreciate your assistance in displaying this material in your office or facility.

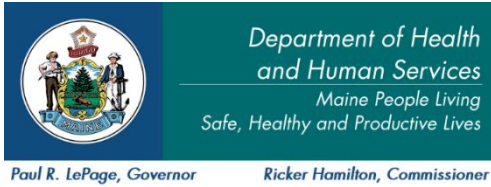
If you have any questions or need more materials, please call or email me at 207-624-4008 or sherry.boochko@maine.gov.

Thank you in advance for your help with this initiative!

Sincerely,



Sherry A. 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)

November 8, 2018

Dear :

Thank you for responding to our survey!

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

The area(s) you indicated were:

- Maine AIDS Education and Training Center
- MaineCare's Special Benefit Waiver
- The Ryan White/AIDS Drug Assistance Program (ADAP)
- HIV/AIDS treatment guidelines and recommendations

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

Thank you,



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

Budget Neutrality Assessment
(This page automatically calculates entered data.)

DY - 13: 1/1/15 - 12/31/15	DY - 14: 1/1/16 - 12/31/16	DY - 15: 1/1/17 - 12/31/17	DY - 16: 1/1/18 - 12/31/18
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Annual Assessment															Total Computable Ceiling	
DY - 1 FFY: 10/01/02 - 9/30/03	DY - 2 FFY: 10/01/03 - 9/30/04	DY - 3 FFY: 10/01/04 - 9/30/05	DY - 4 FFY: 10/01/05 - 9/30/06	DY - 5 FFY: 10/01/06 - 9/30/07	DY - 6 FFY: 10/01/07 - 9/30/08	DY - 7 FFY: 10/01/08 - 9/30/09	DY - 8 FFY: 10/01/09 - 9/30/10	DY - 9 FFY: 10/01/10 - 9/30/11	DY - 10 FFY: 10/01/11 - 9/30/12	DY - 11 FFY: 10/01/12 - 9/30/13	DY - 12 FFY: 10/01/13 - 9/30/14	DY - 13 FFY: 10/1/14 09/30/15	DY - 14 FFY: 10/1/15 09/30/16	DY - 15 FFY: 10/1/16 09/30/17		DY - 16 FFY: 10/1/17 09/30/18
Cumulative Expenditure Targets	\$8,706,056.00	\$18,949,248.00	\$30,707,947.00	\$43,937,686.00	\$58,571,556.00	\$67,382,817.00	\$78,965,794.00	\$93,255,027.00	\$104,436,521.00	\$118,909,175.00	\$141,146,776.00	\$154,141,747.00	\$154,141,747.00	\$154,141,747.00	\$154,141,747.00	\$154,141,747.00
Total Demo Costs	\$5,082,618.00	\$7,737,499.00	\$6,625,681.00	\$5,139,905.00	\$7,816,713.00	\$8,068,145.00	\$7,630,086.00	\$5,531,591.00	\$7,508,833.00	\$7,693,637.00	\$7,830,655.00	\$8,251,541.00	\$8,947,814.00	\$9,258,472.00	\$9,400,547.00	\$10,023,012.00
Costs Over/Under Target	-\$3,623,438.00	-\$6,129,131.00	-\$11,262,149.00	-\$19,351,983.00	-\$26,169,140.00	-\$26,912,256.00	-\$30,865,147.00	-\$39,622,789.00	-\$43,295,450.00	-\$50,074,467.00	-\$64,481,413.00	-\$69,224,843.00	-\$60,277,029.00	-\$51,018,557.00	-\$41,618,010.00	-\$31,594,998.00

Note - FFY15 Q2 (Waiver DY 12 2014): Updated the "Annual Expenditure Targets" with the figures provided in an email from CMS forwarded by Emily Bean on 5/20/015

Date: 11/07/2018

Maine HIV/AIDS: Overall Service Costs by Demonstration Year

Date Submitted to CMS:

Quarter Report Period: 7/1/2018 - 9/30/2018
 MBES (Federal Fiscal Year) FFY 2018

DY - 13: 1/1/15 - 12/31/15	DY - 14: 1/1/16 - 12/31/16	DY - 15: 1/1/17 - 12/31/17	DY - 16: 1/1/18 - 12/31/18
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Population Group(s) <small>(as identified in the MBES)</small>	DY - 1 FFY: 10/01/02 - 9/30/03	DY - 2 FFY: 10/01/03 - 9/30/04	DY - 3 FFY: 10/01/04 - 9/30/05	DY - 4 FFY: 10/01/05 - 9/30/06	DY - 5 FFY: 10/01/06 - 9/30/07	DY - 6 FFY: 10/01/07 - 9/30/08	DY - 7 FFY: 10/01/08 - 9/30/09	DY - 8 FFY: 10/01/09 - 9/30/10	DY - 9 FFY: 10/01/10 - 9/30/11	DY - 10 FFY: 10/01/11 - 9/30/12	DY - 11 FFY: 10/01/12 - 9/30/13	DY - 12 FFY: 10/01/13 - 9/30/14	DY - 13 FFY: 10/1/14 - 09/30/15	DY - 14 FFY: 10/1/15 - 09/30/16	DY - 15 FFY: 10/1/16 - 09/30/17	DY - 16 FFY: 10/1/17 - 09/30/18	Total Demo Year Costs
Expansion	\$ 864,930	\$ 1,443,819	\$ 2,633,167	\$ 765,645	\$ 1,721,128	\$ 2,381,941	\$ 2,341,356	\$ 2,788,130	\$ 3,685,326	\$ 3,506,421	\$ 5,083,460	\$ 4,969,857	\$ 4,999,465	\$ 5,765,238	\$ 5,410,467	\$ 5,413,254	\$ 53,773,604
Medicaid	\$ 4,217,688	\$ 6,293,680	\$ 3,992,514	\$ 4,374,260	\$ 6,095,585	\$ 5,686,204	\$ 5,288,730	\$ 2,743,461	\$ 3,823,507	\$ 4,187,216	\$ 2,747,195	\$ 3,281,684	\$ 3,948,349	\$ 3,493,234	\$ 3,990,080	\$ 4,609,758	\$ 68,773,145
	\$ 5,082,618	\$ 7,737,499	\$ 6,625,681	\$ 5,139,905	\$ 7,816,713	\$ 8,068,145	\$ 7,630,086	\$ 5,531,591	\$ 7,508,833	\$ 7,693,637	\$ 7,830,655	\$ 8,251,541	\$ 8,947,814	\$ 9,258,472	\$ 9,400,547	\$ 10,023,012	\$ 122,546,749

Date: 11/17/2018

Actual Participation by Demonstration Quarter

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/02 - 9/30/02	10/01/02 - 12/31/02	1/01/03 - 3/31/03	4/01/03 - 6/30/03	Total Demo Year Participation
Expansion	79	89	110	112	488
Medicaid	244	249	252	254	288

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/03 - 9/30/03	10/01/03 - 12/31/03	1/01/04 - 3/31/04	4/01/04 - 6/30/04	Total Demo Year Participation
Expansion	122	125	136	138	521
Medicaid	255	254	255	253	303

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/04 - 9/30/04	10/01/04 - 12/31/04	1/01/05 - 3/31/05	4/01/05 - 6/30/05	Total Demo Year Participation
Expansion	132	130	164	189	615
Medicaid	270	272	304	310	332

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/05 - 9/30/05	10/01/05 - 12/31/05	1/01/06 - 3/31/06	4/01/06 - 6/30/06	Total Demo Year Participation
Expansion	173	210	225	251	859
Medicaid	311	309	317	324	365

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/06 - 9/30/06	10/01/06 - 12/31/06	1/01/07 - 3/31/07	4/01/07 - 6/30/07	Total Demo Year Participation
Expansion	263	275	268	325	1131
Medicaid	318	302	264	269	375

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/07 - 9/30/07	10/01/07 - 12/31/07	1/01/08 - 3/31/08	4/01/08 - 6/30/08	Total Demo Year Participation
Expansion	296	305	310	306	1217
Medicaid	249	263	261	269	330

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/08 - 9/30/08	10/01/08 - 12/31/08	1/01/09 - 3/31/09	4/01/09 - 6/30/09	Total Demo Year Participation
Expansion	330	306	317	329	1282
Medicaid	290	275	281	270	337

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/09 - 9/30/09	10/01/09 - 12/31/09	1/01/10 - 3/31/10	4/01/10 - 6/30/10	Total Demo Year Participation
Expansion	340	351	354	367	1412
Medicaid	271	267	281	316	362

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/10 - 9/30/10	10/01/10 - 12/31/10	1/01/11 - 3/31/11	4/01/11 - 6/30/11	Total Demo Year Participation
Expansion	383	401	403	408	1595
Medicaid	313	270	274	283	367

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/11 - 9/30/11	10/01/11 - 12/31/11	1/01/12 - 3/31/12	4/01/12 - 6/30/12	Total Demo Year Participation
Expansion	428	460	469	448	1805
Medicaid	275	281	167	187	323

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/12 - 9/30/12	10/01/12 - 12/31/12	1/01/13 - 3/31/13	4/01/13 - 6/30/13	Total Demo Year Participation YTD
Expansion	399	408	409	418	1634
Medicaid	203	196	212	206	269

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

	Quarter 5	Quarter 6			
Population Group(s)	7/01/13 - 9/30/13	10/01/13 - 12/31/13			Total Demo Year Participation YTD
Expansion	408	449	0	0	1792
Medicaid	218	242	0	0	257

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

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)					

Population Group(s)	1/01/14 - 3/31/14	4/01/14 - 6/30/14	7/01/14 - 9/30/14	10/01/14 - 12/31/14	Total Demo Year Participation YTD
Expansion <=100% FPL	186	184	165	157	188
Expansion >100% FPL	245	256	245	240	265
Expansion Unknown FPL	34	37	43	49	77
Medicaid	236	289	315	333	361

Demonstration Year 13 01/01/15 - 12/31/15
Quarter 1 Quarter 2 Quarter 3 Quarter 4

Population Group(s)	1/01/15 - 3/31/15	4/01/15 - 6/30/15	7/01/15 - 9/30/15	10/01/15 - 12/31/15	Total Demo Year Participation YTD
Expansion <=100% FPL	155	157	156	145	174
Expansion >100% FPL	235	230	224	206	253
Expansion Unknown FPL	68	76	93	102	129
Medicaid	312	314	338	326	378

Demonstration Year 14 01/01/16 - 12/31/16
Quarter 1 Quarter 2 Quarter 3 Quarter 4

Population Group(s)	1/01/16 - 3/31/16	4/01/16 - 6/30/16	7/01/16 - 9/30/16	10/01/16 - 12/31/16	Total Demo Year Participation YTD
Expansion <=100% FPL	143	145	135	129	165
Expansion >100% FPL	208	206	187	182	224
Expansion Unknown FPL	119	126	132	138	172
Medicaid	335	339	319	299	386

Demonstration Year 15 01/01/17 - 12/31/17
Quarter 1 Quarter 2 Quarter 3 Quarter 4

Population Group(s)	1/01/17 - 3/31/17	4/01/17 - 6/30/17	7/01/17 - 9/30/17	10/01/17 - 12/31/17	Total Demo Year Participation YTD
Expansion <=100% FPL	131	124	118	117	142
Expansion >100% FPL	180	174	168	165	194
Expansion Unknown FPL	141	147	150	162	201
Medicaid	312	323	320	319	377

Demonstration Year 16 01/01/18 - 12/31/18
Quarter 1 Quarter 2 Quarter 3 Quarter 4

Population Group(s)	1/01/18 - 3/31/18	4/01/18 - 6/30/18	7/01/18 - 9/30/18	10/01/18 - 12/31/18	Total Demo Year Participation YTD
Expansion <=100% FPL	129	161	164		129
Expansion >100% FPL	303	273	265		303
Expansion Unknown FPL	17	15	1		17
Medicaid	318	318	314		318

Date: 11/07/2018

ADAP Funds Spent on MaineCare Clients

July 1, 2018 - September 30, 2018

Demonstration Populations	FEDERAL DOLLARS				STATE DOLLARS	
	Average ADAP Expenditures for Prescription Drugs	Total ADAP Expenditures for Prescription Drugs	Average ADAP Expenditures for Premiums	Total ADAP Expenditures for Premiums	Average ADAP Expenditures for Copay Reimbursement	Total ADAP Expenditures for Copay Reimbursement
"Enrollees" at or below 100% FPL: Demonstration "Enrollees"	\$21.35	\$1,216.89	\$430.81	\$2,154.06	N/A	\$0.00
"Enrollees" above 100% FPL: Demonstration "Enrollees"	\$19.03	\$856.15	\$549.72	\$22,538.39	\$45.60	\$228.00
"Members": HIV Positive and MaineCare eligible	\$7.94	\$1,007.76	N/A	\$0.00	N/A	\$0.00

Enclosure 5: Contact Tracking by Reason

Contact Reason	Total Contacts	Incoming	Outgoing
Adherence	147	29	118
Ambulance/Transportation	16	3	13
Case Management Services	260	133	127
Collaboration Care coordination	59	30	29
Compliance	86	13	73
Eligibility	229	60	169
ER	110	23	87
Family Planning	0	0	0
Inpatient	19	5	14
Introductory Call	41	10	31
Laboratory/X-ray	17	3	14
Medications	69	31	38
Member Survey	181	45	136
Mental Health/Substance Abuse	2	0	2
Other	131	58	73
Out Dated Contact	2	0	2
Pharmacy	44	4	40
Phone Call Follow Up	58	1	57
Policy	0	0	0
Provider Services	28	7	21
Readmission	0	0	0
Unpaid Claim	19	6	13
Viral Loads	0	0	0
	1518	461	1057

6-Nov-18

Enclosure 6: Contact Tracking by Method Used

Method Used	Total Contacts	Incoming	Outgoing
Call	1276	421	855
Email	165	31	134
Fax	1	1	0
Letter	76	8	68

6-Nov-18