



MaineCare Services

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

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Maine Seal

Quarterly Report
HIV/AIDS 1115 Demonstration Project
SFY 2016 Quarter 3
DY 14 Quarter 3
(7/1/16 - 9/30/16)



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Maine Seal

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 29, 2016

Patricia Hansen

Division of State Demonstrations and Waivers

Center for Medicaid and CHIP Services, CMS

Mail Stop S2-01-26

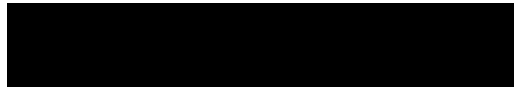
7500 Security Boulevard

Baltimore, MD 21244-1850

Dear Ms. Hansen,

Please find enclosed, the quarterly report for the Maine HIV/AIDS Section 1115 Demonstration Waiver for the quarter ending 9/30/2016. 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

cc: Beth Ketch, Director of Policy and Provider Services
Aimee Campbell-O'Connor, CMS/CMCHO
Sheena Bunnell, PhD

Maine HIV/AIDS Demonstration

Section 1115 Quarterly Report

Demonstration Year: 14 (01/01/2016 - 12/31/2016)

Demonstration Quarter: 3 (07/01/2016 - 09/30/2016)

Maine Fiscal Quarter: 1/2017 (7/01/2016 – 09/30/2016)

Federal Fiscal Year (FFY) 16: 10/01/15 – 09/30/16

Introduction

The MaineCare HIV/AIDS 1115 Demonstration project has completed the third quarter of its fourteenth year. This demonstration was implemented on July 1, 2002 and has been approved through December 31, 2017. The demonstration's goal is to provide critical services to people living with HIV/AIDS in order to delay, prevent, or reverse the progress of their disease.

Enrollment Information

During the third quarter of the fourteenth year, there were 803 MaineCare and demonstration members enrolled in the demonstration project.

Enrollment Counts

There were 506 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 333 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	170	189	N/A	21	10	0	158
Enrollees above 100% FPL - Demonstration Enrollees	287	317	0	12	0	0	305
Members HIV Positive and MaineCare Eligible	310	333	N/A	17	N/A	0	316
Totals	767	839	0	50	10	0	779

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

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

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

Outreach/Innovative Activities

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

- Attending weekly Decision Support System (DSS) User Group meetings to discuss the DSS and system issues, workarounds, and resolutions.
- The Nurse Coordinator making calls to members who had not been contacted in six (6) months or more (see enclosure 5).
- Referring more members to Consumers for Affordable Health Care to help with their unmet healthcare needs/coverage.
- Continuing with the new Emergency Department (ED) reporting process that incorporates a daily census from each hospital, in addition to the regular monthly report (which has a two month lag time).
- The Nurse Coordinator and Program Manager continued to attend and serve on the planning body for the HIV Prevention and Care Integrated Plan. The facilitator of the meetings was Kate Callahan-Myrick, DrPH MPH from the Maine Center for Disease Control and Prevention. Also present were Ryan White Part B & C program representatives, CDC staff – including HIV Prevention and Surveillance, individuals with HIV, the Maine AIDS Education and Training Center (AETC) and other various healthcare and service providers. Discussions and work continued on the five year plan to reduce HIV/AIDS, continue to improve communication and collaboration across agencies, streamline reporting requirements, ensure timely data reporting, linkage to and retention in care, access to antiretroviral therapy (ART), and reducing stigma.
- Sending the mammography reminder letter to seventy-two (72) members.

- Sending the cervical exam reminder letter to eighty-one (81) members.
- The Program Manager and Nurse Coordinator meeting with staff at Frannie Peabody Center to collaborate and provide updates.
- The Program Manager and Nurse Coordinator viewing a webinar titled: Prescription Monitoring Program and Diversion Alert: An Orientation. The purpose of this webinar was to educate and help providers with the new Maine state law that will soon require all prescribers to consult the State's Prescription Monitoring Program when prescribing opioids and benzodiazepines. The webinar also discussed the Diversion Alert, a service to help providers access drug arrest data in the effort to identify and respond to patients at risk for overdose, in need of treatment, or engaged in illegal prescription drug distribution.
- Sending a lab request letter to twenty-three (23) Infectious Disease Specialists to request members' CD4 and viral load results.

Operational/Policy Development/Issues

Co-payments and premiums (for waiver enrollees)

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

Physician visit: co-pay is \$10.00

Prescription drugs: co-pay is \$10.00/30-day supply for generic medications

co-pay is \$20.00/90-day supply for brand name medications

(by mail order only)

- The Maine ADAP pays deductibles, premiums, and co-pays (for medications on the ADAP's formulary). This coverage wraps around MaineCare, Medicare Part D, and private insurance. The ADAP covers medications to treat: HIV, mental illness, high blood pressure, high cholesterol, hepatitis, diabetes, thyroid disease,

heartburn, nausea, diarrhea, antibiotics, contraceptives, estrogen, and vaccines.

The full ADAP formulary can be found at:

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

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

INCOME LEVEL	MONTHLY PREMIUM
Equal to, or less than, 150% of Federal Poverty Level	0
150.1% - 200% of Federal Poverty Level	\$32.59
200.01% - 250% of Federal Poverty Level	\$65.17

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

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	July2016	August2016	September2016	Total for Quarter Ending 9/2016
Enrollees	457	453	463	1373
Members	310	314	316	940

Eligibility Group by Disease Stage	1 - ASX (asymptomatic)	2 - SX (symptomatic)	3 – AIDS	Total for Quarter Ending 3/16
Enrollees	895	370	108	1373
Members	537	320	83	940

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 no complaints received directly by the MaineCare Nurse Coordinator.

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 279 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 69 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 1,528 contacts were made in this quarter. Calls were the most common mode of communication, accounting for 90% of incoming contacts and 82% of outgoing contacts. Emails were the next most common; 9% and 13%, respectively (refer to enclosure 6).
- Eligibility was the most common reason for contacts being made, accounting for 18% of incoming contacts and 19% 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 779 members included in the demonstration project at the end of the third quarter of the fourteenth 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 29, 2016

Attachment A: Outreach



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

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:	
<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.

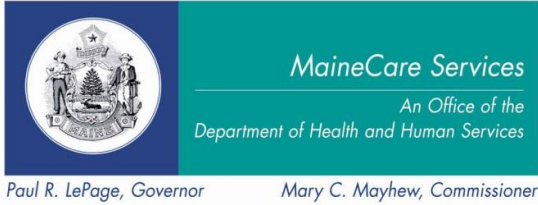
I further understand and agree that:

- 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: _____



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 01, 2016

Dear MaineCare Member,

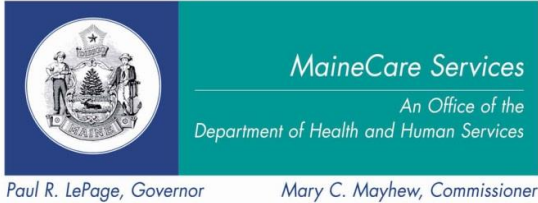
Have you had your annual mammogram (breast exam)? If not, please check with your provider to see if you need one. For more information, please see the blue card included with this letter.

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

Thank you for your time in this important matter.

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.



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 01, 2016

Dear MaineCare Member,

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

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

Thank you for your time in this important matter.

Sincerely,



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

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

Annual Assessment														DY - 13: 1/1/15 - 12/31/15	DY - 14: 1/1/16 - 12/31/16
	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	Total Computable Ceiling
Cumulative Expenditure Targets	\$8,706,056.00	\$18,949,248.00	\$30,707,947.00	\$43,937,686.00	\$58,571,556.00	\$67,382,817.00	\$78,965,794.00	\$93,255,027.00	\$104,436,521.00	\$118,909,175.00	\$141,146,776.00	\$154,141,747.00	\$154,141,747.00	\$154,141,747.00	\$1,227,393,844.00
Population Group(s) (as identified in MBES From CMS 64 Waiver Expenditure Report Schedule C Summary) Total Demo & Medicaid Costs	\$5,082,618.00	\$7,737,499.00	\$6,625,681.00	\$5,139,905.00	\$7,816,713.00	\$8,068,145.00	\$7,630,086.00	\$5,531,591.00	\$7,508,823.00	\$7,693,624.00	\$7,835,113.00	\$8,251,795.00	\$8,917,974.00	\$5,666,266.00	\$99,505,833.00
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	-\$43,295,460.00	-\$50,074,490.00	-\$64,476,978.00	-\$69,220,154.00	-\$60,302,180.00	-\$54,635,914.00	-\$1,127,888,011.00

Note - FFY15 Q3 (Waiver DY 12 2014): Updated the "Annual Expenditure Targets" with the figures provided in an email from CMS forwarded by Emily Bean on 5/20/2015

Date: 11/16/2016

Maine HIV/AIDS: Overall Service Costs by Demonstration Year

Date Submitted to CMS:

Quarter Report Period: 01/01/2016 - 09/30/2015
 MBES (Federal Fiscal Year) FFY 2016

DY - 13: 1/1/15 - 12/31/15	DY - 14: 1/1/16 - 12/31/16
-----------------------------------------	-----------------------------------------

Population Group(s) (as identified in the MBES)	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	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	\$ 3,506,408	\$ 5,087,912	\$ 4,970,148	\$ 4,995,603	\$ 3,061,175	\$40,246,688
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	\$ 3,823,497	\$ 4,187,216	\$ 2,747,201	\$ 3,281,647	\$ 3,922,371	\$ 2,605,091	\$59,259,145
	\$ 5,082,618	\$ 7,737,499	\$ 6,625,681	\$ 5,139,905	\$ 7,816,713	\$ 8,068,145	\$ 7,630,086	\$ 5,531,591	\$ 7,508,823	\$ 7,693,624	\$ 7,835,113	\$ 8,251,795	\$ 8,917,974	\$ 5,666,266	\$99,505,833

Date: 11/16/2016

Actual Participation by Demonstration Quarter

Demonstration Year 1:	7/01/02 - 6/30/03				Total Demo Year Participation
	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	
Expansion	79	89	110	112	133
Medicaid	244	249	252	254	288

Demonstration Year 2:	7/1/03 - 6/30/04				Total Demo Year Participation
	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	
Expansion	122	125	136	138	166
Medicaid	255	254	255	253	303

Demonstration Year 3:	7/01/04 - 6/30/05				Total Demo Year Participation
	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	
Expansion	132	130	164	189	187
Medicaid	270	272	304	310	332

Demonstration Year 4:	7/1/05 - 6/30/06				Total Demo Year Participation
	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	
Expansion	173	210	225	251	280
Medicaid	311	309	317	324	365

Demonstration Year 5:	7/1/06 - 6/30/07				Total Demo Year Participation
	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	
Expansion	263	275	268	325	363
Medicaid	318	302	264	269	375

Demonstration Year 6:	7/1/07 - 6/30/08				Total Demo Year Participation
	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	
Expansion	296	305	310	306	380
Medicaid	249	263	261	269	330

Demonstration Year 7:	7/1/08 - 6/30/09				Total Demo Year Participation
	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	
Expansion	330	306	317	329	395
Medicaid	290	275	281	270	337

Demonstration Year 8:	7/1/09 - 6/30/10				Total Demo Year Participation
	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	
Expansion	340	351	354	367	428
Medicaid	271	267	281	316	362

Demonstration Year 9:	7/1/10 - 6/30/11				Total Demo Year Participation
	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	
Expansion	383	401	403	408	471
Medicaid	313	270	274	283	367

Demonstration Year 10:	7/1/11 - 6/30/12				Total Demo Year Participation
	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	
Expansion	428	460	469	448	548
Medicaid	275	281	167	187	323

Demonstration Year 11	7/1/12 - 6/30/13				Total Demo Year Participation YTD
	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	
Expansion	399	408	409	418	488
Medicaid	203	196	212	206	269

Demonstration Year 11 plus	7/1/13 - 12/31/13				Total Demo Year Participation YTD
	Quarter 5	Quarter 6			
Population Group(s)	7/01/13 - 9/30/13	10/01/13 - 12/31/13			
Expansion	408	449			
Medicaid	218	242			

Demonstration Year 12	01/01/14 - 12/31/14				Total Demo Year Participation YTD
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
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	
Expansion <=100% FPL	186	184	165	157	
Expansion >100% FPL	245	256	245	240	
Expansion Unknown FPL	33	37	43	49	
Medicaid	236	289	315	333	

Demonstration Year 13	01/01/15 - 12/31/15				Total Demo Year Participation YTD
	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	
Expansion <=100% FPL	155	157	156	145	
Expansion >100% FPL	235	230	224	206	
Expansion Unknown FPL	68	76	93	102	
Medicaid	312	314	338	326	

Demonstration Year 14	01/01/16 - 12/31/16				Total Demo Year Participation YTD
	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	
Expansion <=100% FPL	143	145	135		
Expansion >100% FPL	208	206	187		
Expansion Unknown FPL	119	126	132		
Medicaid	335	339	319		

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

ADAP Funds Spent on MaineCare Clients

July 1, 2016 - September 30, 2016

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"	\$53.13	\$2,922.04	N/A	N/A	\$0.00	\$0.00
"Enrollees" above 100% FPL: Demonstration "Enrollees"	\$21.58	\$3,280.72	\$860.63	\$20,655.22	\$69.13	\$553.00
"Members": HIV Positive and MaineCare eligible	\$6.01	\$769.36	N/A	N/A	\$0.00	\$0.00

Enclosure 5: Contact Tracking by Reason

Contact Reason	Total Contacts	Incoming	Outgoing
Adherence	279	70	209
Ambulance/Transportation	16	5	11
Case Management Services	208	99	109
Collaboration Care coordination	64	26	38
Compliance	69	14	55
Eligibility	282	89	193
ER	114	25	89
Family Planning	0	0	0
Inpatient	31	8	23
Introductory Call	28	8	20
Laboratory/X-ray	12	4	8
Mental Health/Substance Abuse	4	0	4
Medications	36	16	20
Member Survey	47	9	38
Other	182	86	96
Out Dated Contact	7	0	7
Pharmacy	14	0	14
Phone Call Follow Up	81	3	78
Policy	0	0	0
Provider Services	19	10	9
Unpaid Claim	33	12	21
Viral Loads	2	1	1

Enclosure 6: Contact Tracking by Method Used

Method Used	Total Contacts	Incoming	Outgoing
Call	1287	435	852
Email	179	42	137
Fax	1	1	0
Letter	61	7	54