



# Maine Medicaid Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS

Annual Report  
(01/01/21 - 12/31/21)

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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

April 15, 2022

Ms. Wanda Boone-Massey  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Boone-Massey:

I am pleased to provide you with the nineteenth annual report for the Maine HIV/AIDS Section 1115 Demonstration Waiver.

We have included data and materials that highlight our activity for Demonstration Year 19, including the analysis from our 2020 provider survey. We will share the 2020 member survey analysis as soon as its completed. Please contact Emily Bean at 207-624-4005 or [emily.bean@maine.gov](mailto:emily.bean@maine.gov) if you need further information.

Sincerely,



Michelle Probert  
Director, Office of MaineCare Services  
11 State House Station. Augusta, ME 04333-0011  
Phone: 207-287-5875

## Table of Contents

<b>ATTACHMENTS.....</b>	<b>4</b>
<b>ENROLLMENT.....</b>	<b>6</b>
<b>OUTREACH.....</b>	<b>8</b>
<b>STAFF TRAINING AND CONTINUING EDUCATION.....</b>	<b>10</b>
<b>PROVIDER NETWORK.....</b>	<b>14</b>
<b>QUALITY ASSURANCE .....</b>	<b>15</b>
<b>WOMEN’S HEALTHCARE.....</b>	<b>16</b>
<b>TUBERCULOSIS TESTING .....</b>	<b>17</b>
<b>UTILIZATION OF SERVICES.....</b>	<b>17</b>
<b>HOSPITALIZATION RATES .....</b>	<b>17</b>
<b>ADHERENCE TO THERAPY .....</b>	<b>19</b>
<b>DEATH RATES.....</b>	<b>20</b>
<b>DISENROLLMENT.....</b>	<b>20</b>
<b>POLICY AND ADMINISTRATIVE OVERVIEW.....</b>	<b>20</b>
<b>COMPLAINTS/GRIEVANCES .....</b>	<b>23</b>
<b>EVALUATION ACTIVITIES.....</b>	<b>24</b>
<b>AUDITS, INVESTIGATIONS AND LAWSUITS.....</b>	<b>28</b>
<b>FINANCIAL PERFORMANCE.....</b>	<b>28</b>
<b>LEGISLATIVE DEVELOPMENTS.....</b>	<b>30</b>
<b>ACCOMPLISHMENTS.....</b>	<b>30</b>
<b>ATTACHMENT B.....</b>	<b>34</b>
<b>ATTACHMENT E.....</b>	<b>51</b>

## **Attachments**

- A. Member Counts by Quarter
- B. Outreach Letters
- C. Contact Tracking Summary
- D. Contact Tracking Detail
- E. Waiver Surveys
- F. Member Counts Enroll Only
- G. Opportunistic Infection
- H. Women's Healthcare
- I. Utilization of Service
- J. Hospitalization Reasons
- K. Emergency Department Visits, Physician Visits, General Inpatient, and Inpatient Behavioral Health
- L. Deceased between SFY2003 and DY19
- M. Disenrollment Tracking for Demonstration Group
- N. Nurse Coordinator Complaint Log
- O. Count of Members by Gender and Age at the End of Each Month
- P. Enrollment and General Inpatient Services Trends
- Q. Amount Spent by Category of Service and the Number of Users (SFY 2003 – SFY 2010)

## Introduction

We submit this report in compliance with the terms and conditions of the Maine Medicaid Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS. This waiver has been operational since July 1, 2002 and was reapproved in April 2019 for 10 years (through December 2028.)

This section 1115(a) demonstration is designed to test whether providing a limited but comprehensive package of services, including anti-retroviral therapies, to individuals with HIV/AIDS improves outcomes for this population. Specifically, the state's goal is to improve the health status of individuals living with HIV/AIDS in Maine by:

- Enhancing access to continuous health care services;
- Arresting progression of HIV/AIDS status by providing early and optimal care coupled with high quality and cost efficiency; and
- Expanding coverage to additional low-income individuals living with HIV with the savings generated from disease prevention and the delayed onset of AIDS.

This demonstration includes two groups, HIV-positive individuals who are at or below 133 percent of the federal poverty level (FPL) who are MaineCare eligible, and demonstration enrollees who do not meet the eligibility requirements of MaineCare, but who are HIV-positive and are at or below 250 percent of the FPL.

The goal of early treatment and case management services is to create efficiencies that allow MaineCare to help individuals maintain access to critical treatments, preventing disease progression, and therefore decreasing morbidity and mortality. Maine remains committed to continuing this important work to sustain these services for this population.

The MaineCare HIV/AIDS 1115 Demonstration waiver completed its nineteenth demonstration year (DY19) in December 2021. This report includes data and materials that highlight our activities for this demonstration year. The attachment section includes samples of materials distributed to members, providers, and community partners, as well as other pertinent data that is referred in the narrative portion of this report.

Please note that some enclosures with this report maintain the year-to-year comparisons for consistency in data trending; however, there may be some distortion in the historical data as CMS requested that DY11 be reported as a six-quarter year.

## Enrollment

Below is a summary of enrollment, by month, from DY14 to DY19 (calendar years 2016 – 2021). At the conclusion of the nineteenth year, there were 292 demonstration enrollees in the program and 505 MaineCare members enrolled.

In DY17, the demonstration waiver transitioned approximately 30% of its enrollees to full MaineCare through MaineCare expansion, which was implemented on January 1, 2019, with retroactive coverage back to July 1, 2018. Although the total number of members has not measurably changed with MaineCare expansion, there was a large shift between the two eligibility groups evident in both DY17 and DY18 data. In DY16, just over 40% of enrollees were on MaineCare each month. This percentage increased steadily, reaching over 57% by the end of DY17, and almost 62% by the end of DY18. Maintenance of Effort requirements associated with the COVID-19 Public Health Emergency declared in March of 2020 have likely also have contributed to the shift in enrollment, as members who may have otherwise been disenrolled from MaineCare and shifted to the demonstration group maintained their MaineCare eligibility. There was no month-to-month decrease in the number of MaineCare members enrolled at any point in DY19.

**Count of Members by Group at the End of Each Month**

Month	DY14 Demonstration Enrollees	DY14 MaineCare Members	DY14 Total	DY15 Demonstration Enrollees	DY15 MaineCare Members	DY15 Total	DY16 Demonstration Enrollees	DY16 MaineCare Members	DY16 Total
January	464	314	778	450	313	763	446	312	758
February	467	323	790	452	314	766	446	310	756
March	461	316	777	457	317	774	454	308	762
April	461	313	774	456	314	770	456	309	765
May	460	313	773	456	314	770	458	306	764
June	463	307	770	450	320	770	457	312	769
July	457	310	767	453	315	768	458	312	770
August	453	314	767	447	311	758	457	315	772
September	463	316	779	449	312	761	460	317	777
October	462	312	774	449	311	760	465	315	780
November	458	313	771	445	311	756	458	312	770
December	456	312	768	442	314	756	463	311	774
Annual Unduplicated Count	561	386	903	537	377	860	541	380	872

*\*Unduplicated counts do not account for retroactive eligibility changes*

Month	DY17 Demonstration Enrollees	DY17 MaineCare Members	DY17 Total	DY18 Demonstration Enrollees	DY18 MaineCare Members	DY18 Total	DY19 Demonstration Enrollees	DY19 MaineCare Members	DY19 Total
January	458	313	771	314	438	752	297	479	776
February	448	324	772	310	437	747	293	487	780
March	428	338	766	310	444	754	291	497	788
April	403	362	765	308	450	758	294	497	791
May	398	375	773	296	457	753	294	497	791
June	334	420	754	299	460	759	290	500	790
July	336	426	762	301	467	768	288	501	789
August	331	421	752	303	461	764	290	503	793
September	334	428	762	304	464	768	291	504	795
October	327	436	763	302	470	772	291	505	796
November	324	437	761	298	481	779	292	506	798
December	322	436	758	298	484	782	292	505	797
Annual Unduplicated Count	478	519	857	336	548	838	344	555	899

*\*Unduplicated counts do not account for retroactive eligibility changes*

At the end of DY19, of the 292 demonstration enrollees, 246 (84%) were male and 46 were female. Out of the 505 MaineCare members enrolled at the end of DY19, 374 (74%) were male and 131 were female. A breakdown of gender and age by month shows a decrease of 151 demonstration waiver enrollee males from the end of DY14 to the end of DY19, while the number of women decreased by 13. In the MaineCare population, there was an increase of 167 males and an increase of 26 females. MaineCare enrollment and claims data indicate 78% of MaineCare members living with HIV/AIDS are White/Caucasian; Maine Center for Disease Control and Prevention (CDC) data (2019 Enhanced HIV/AIDS Reporting System) shows 72% of people living with HIV in Maine are White/non-Hispanic. Further analysis is needed, but this data may indicate that MaineCare is underserving BIPOC populations with HIV/AIDS.

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

Distinct member counts by quarter show that 76 (36%) of the original 211 cohort members (from DY1) were enrolled in the last quarter of DY19. Of these, 66 members were included in the MaineCare group and 10 members were in 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 included in the cost-neutrality cap was initially utilized on July 1, 2002. Two hundred eleven members were identified at that time and if eligible will continue to be part of the cohort of members included in the cost-neutrality cap throughout the years of the demonstration. The monthly algorithm run on claims data identifies new members to include in the cost-neutrality cap along with the original cohort. The end of the first quarter in DY01 had 211 members in the cohort, while the end of the last quarter of DY19 had 76 members, which is a decrease of 135 members (64%).

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.**

In December 2021, there were 797 members covered by the program. **See Attachment O: Count of Members by Gender and Age at the End of Each Month.**

## Waiting List

The demonstration waiver waiting list has not been utilized during DY19 as the cost of patient care is not projected to exceed the project allotment; however, the State may institute a cap in the future if the budget estimates indicate costs will exceed the project allotment.

## Outreach and Engagement

There were many outreach activities that MaineCare staff conducted throughout the year to encourage enrollment and full utilization of demonstration benefits and services. Outreach activities made by the HIV waiver program included:

- Referring MaineCare members to Maine Center for Disease Control and Prevention (CDC) for the AIDS Drug Assistance Program (ADAP) and Ryan White assistance.
- Participating on the HIV Advisory Committee (HIVAC). HIVAC's purpose is to "advise the Office of the Governor and State, federal, and private sector agencies, officials, and committees on HIV-related and AIDS-related policy, planning, budgets, or rules on behalf of those individuals infected by, at-risk for, or affected by the human immunodeficiency virus in Maine." The Nurse Coordinator and the Program Manager represent OMS on the HIVAC with the purpose of providing updates on the waiver, participating in peer-to-peer learning opportunities, and looking for areas of alignment and collaboration.
- Distributing enrollment applications to all DHHS offices, Primary Care Provider (PCP) offices, pharmacies, and hospitals in Maine.



- Referring members to Consumers for Affordable Health Care, the Area Agencies on Aging, and Legal Services for the Elderly for help with their unmet healthcare needs and coverage.
- Continuing with follow up and outreach to members, case managers, and providers on Emergency Department (ED) utilization that incorporates daily ED data from HealthInfoNet (HIN), Maine's designated state Health Information Exchange, in addition to a regular monthly report process that uses claims data to track ED utilization.
- Participating in the Center for Disease Control and Prevention's (CDC) Maine HIV/AIDS Advisory Board (MeHAAB) meetings. CDC is required to have a planning process that includes development of a comprehensive plan and the establishment of a "planning body." This committee contributes to HIV prevention, care, and treatment service delivery through developing strategic collaboration among stakeholders. MeHAAB is a broad group of partners and stakeholders including federal, state, and local HIV/AIDS government entities, programs, organizations, and other stakeholders that are engaged in prevention planning, improving the scientific basis of program decisions, targeting resources to those communities at highest risk for HIV transmission and acquisition, and addressing disparities in health outcomes along the HIV Care Continuum.
- Participating in the Office of Minority Health - Community Program to Improve Minority Health Maine DHHS Collaborative Partnership. One goal of this grant is to employ Community Health Workers to increase the percentage of Black or African American people living with HIV who are linked to and retained in HIV medical care and are virally suppressed. Partners on this grant include the Maine Access Immigrant Network (MAIN), Ryan White Part B Case Management Providers, Ryan White Part C Providers and the Office of MaineCare Services.
- Participating in the CDC's Clinical Quality Management (CQM) committee. This committee meets quarterly and is a Health Resources and Services Administration (HRSA) requirement to improve care, health outcomes and satisfaction.
- Sending 771 birthday letters to members in DY19. Birthday letters encourage members to stay in good health by setting up their necessary cancer screenings and immunizations (such as the Influenza vaccine).
- Sending introductory letter, PCP inquiry letter, and consent form to 85 new and re-joining members.
- The Nurse Coordinator placing 128 phone calls and/or faxes to members' Infectious Disease Specialists to collect CD4 and viral load lab results to accompany the semiannual data we get from the CDC. Sometimes, there are gaps in CDC's data due to a data entry backlog, timing of the lab draw, or some providers not reporting to CDC timely or at all (e.g. the VA).
- Sending the program's poster and brochure to approximately 1,000 sites across the State. Sites included soup kitchens, homeless shelters, doctor offices, case management agencies, hospitals, and local DHHS offices.

- Sending informational COVID vaccination letters to program members, by age group, as their age group became available for vaccination, starting with age 70+.

#### **Provider survey outreach:**

- Sending the annual HIV Provider Survey to 309 providers, including PCPs and infectious disease specialists. This year, we added several questions designed to enable analysis of health disparities, barriers to accessing timely and necessary care, and potential tools to address disparities in the HIV/AIDS population.
- Sending a second mailing of the annual HIV Provider Survey to those who did not respond to the first mailing. In total, we received a 25% response rate, compared to 34% in 2019.
- Sending 49 provider survey follow up education packets to providers who indicated areas of unfamiliarity on their annual provider survey.

#### **Member survey outreach:**

- Sending the 2020 annual Member Satisfaction Survey to 748 members. We changed the survey considerably in 2019 to gather new data from participants to help guide internal care management efforts and to use in the waiver's evaluation plan. We reorganized many questions to track differential experiences by race, ethnicity, gender, sexual orientation, and language. In addition, we redesigned the survey to make it more visually appealing and easier to complete.
- Sending a second mailing of the 2020 Member Satisfaction Survey to members who did not respond to the first mailing. Due to the relatively low rate of response to the first mailing we completed a second mailing in attempt to improve the original response rate. This approach increased the sample size to a much more adequate number of 364 respondents. In total, we received a 49% response rate, compared to a 53% response rate in 2019. The nurse coordinator made 288 follow-up calls to members who expressed issues or concerns on their surveys.

## **Staff Training and Continuing Education**

Waiver staff often participate in trainings, webinars, and continuing education activities as a means of networking and to help stay current with new developments, skills, and resources that are pertinent to the members and providers we serve.

- The Program Manager and Nurse Coordinator attended the monthly Governor's Office Opioid Response Seminar Series. The monthly series covered topics such as prevention of substance use disorders and programs in Maine that are available to help individuals with substance use disorder. The one-hour series is moderated by Gordon Smith, Director of Opioid Response for

the State. Substance use disorders are more common in individuals with HIV than in the general population, making this topic particularly relevant.

- The Nurse Coordinator and Program Manager attended a webinar titled *Maximizing Medicaid's Potential to Close the Disparities Gap and Improve Health Equity*. This webinar examined how systemic racism plays out in our nation's health care system and explored crucial opportunities for Medicaid to take a more proactive role to identify, address, and reduce health disparities and contribute to broader societal efforts to address racism. Experts and leaders from across the nation representing Medicaid, federal, and provider perspectives shared their insights on how Medicaid can use its policy and program levers to address the social drivers of health and improve the long-term prospects for healthier communities across the US.
- The Nurse Coordinator attended a webinar titled *Free Mind Emotional Intelligence*. This webinar was designed to help participants understand individuals' fears associated with the pandemic. The speaker gave several strategies to help with that fear and to encourage relaxation, such as: meditation, exercise, and getting back to doing things that brought you happiness before the pandemic. The speaker discussed "the self-protector" that we all have inside and spoke of how to set the self-protector at ease and enjoy each day by having at least one soothing, happy thought.
- The Nurse Coordinator attended a webinar titled *COVID-19 Workforce Protection Training*. This training focused on the Centers for Disease Control and Prevention's recommendations for stopping the spread of coronavirus in home and community-based settings. It discussed the importance of direct care workers and the role they play in supporting vulnerable people and their families during this pandemic.
- The Nurse Coordinator attended a webinar that discussed mind-altering drugs, addictive behaviors, and mental illnesses and their profound effects on brain structure and function. The presenter explored areas where biology meets psychology in these disorders and suggested interventions and strategies for treatment in both realms. Participants learned how humans deal with stress and how adverse life incidents can establish pathways and coping mechanisms that progress into dysfunctional behaviors. While addiction and other mental health disorders have autonomous lives of their own, the development, course, and outcome of each affects the other. Prevalence of Substance Use Disorders in individuals living with HIV/AIDS is estimated at 48%<sup>1</sup>, making this topic relevant and important for the program to address.
- The Nurse Coordinator attended a webinar titled *Methamphetamine 2021: Focus on HIV*. This webinar covered a variety of populations (e.g. gay, lesbian, bisexual, transgender, or other gender, homelessness or unstably housed). Topics discussed were retention and/or re engagement in care and substance disorders. The use of methamphetamine (MA) is increasing in many parts of the US, including New England. This webinar discussed substantial new information on the role of MA in the overdose crisis, new information on effects of MA on the body and brain, and a recognition of the clinical challenges and evidence-based treatments. MA use plays a unique role in transmission of HIV as a function of its promotion of high-risk sexual behavior, particularly among men who have sex with men. This webinar

reviewed these areas and some strategies for improving outcomes and reducing harm with individuals who use MA.

- The Program Manager and Nurse Coordinator attended *Governor Mills 3rd Annual Opioid Response Summit: Perseverance, Prevention and Promise*. This summit included voices of recovery as well as many breakout sessions such as: *An Evaluation of the Maine Treatment Courts and their Impact on Reducing Recidivism and Lowering Costs*, *Examining the Link Between Suicide and Opioid Misuse*, *Preventing Substance Use Disorders by Mitigating Adverse Childhood Events and Promoting Health Equity and Prevention through Youth Engagement Best Practices*. Also included was a viewing of *Jacinta* - a deeply intimate portrait of mothers and daughters and the effects of trauma. *Jacinta* follows a young woman in and out of prison as she attempts to break free from an inherited cycle of addiction, incarceration, and crime. Following the viewing was a panel discussion which included *Jacinta*, the film director, and other leaders in the Maine recovery community.
- The Program Manager and Nurse Coordinator attended a clinical presentation on Alzheimer's disease and the recent drug approval of Aduhelm. The presentation was done by Dr. Jeffrey Barkin, Associate Chief Medical Officer for Change Healthcare. Covered topics included: diagnosis and etiology of Alzheimer's disease, drug development, the recent Biogen controversies, and prevention strategies for those of us where there may be hope.
- The Nurse Coordinator attended a webinar titled *Sexual Orientation and Gender Identity*. This workshop highlighted current information regarding sexual orientation, gender identity and anti-discrimination. The workshop provided information on the basic concepts, definitions, and issues that may arise in relation to sexual orientation and gender identity. Workshop content included: definitions, applicable laws, Kinsey scale of sexuality, orientation and identity issues, and orientation and identity in the workplace.
- The Program Manager and Nurse Coordinator attended a Section 13, adult Targeted Case Management training session. This training session was held by the Office of MaineCare Services in coordination with Kepro. The training covered provider enrollment, MaineCare policy, and submitting authorization requests.
- Program Manager and Nurse Coordinator attended a webinar titled *Managing Worry & Anxiety*. This webinar discussed the approaching holiday season – which can bring many expectations. Often this makes individuals feel like they are being pulled in a hundred different directions (office parties to attend, family get-togethers to schedule, children's holiday recitals and gifts to buy, etc.). Maintaining balance and keeping stress from overwhelming you are the keys to an enjoyable holiday season. This workshop provided an overview of common stressors people encounter during the holidays and offers “stress buster” tips to help get the most possible enjoyment out of the season. Workshop objectives included: identifying ways to cope with emotional stressors of the holidays, tips for handling family conflicts, practicing positive self-talk, identifying opportunities to laugh more, learning how to control unrealistic expectations, identifying your own limits, identifying what holiday tasks you can delegate, the importance of a holiday budget, how to involve the family in money

conversations, creating a plan for how to “eat right” during the holidays, and identifying ways to get exercise during the holidays.

- The Nurse Coordinator attended a webinar titled *Sleep Disorders and Sleep Assessment, in People with HIV*. This webinar discussed common sleep disturbances and approaches to improve sleep. Specifically, in people with HIV, this webinar reviewed the epidemiology, evaluation, and treatment of sleep disorders. Seventy percent of people living with HIV have sleep problems with over 50% having insomnia.
- The Program Manager and Nurse Coordinator attended a webinar titled *Mental Health Awareness*. The target audience for this webinar was employees interested in gaining a better understanding of mental health and supporting one another. The workshop objectives included: understanding the universality of mental health issues in the workplace, recognizing the most common symptoms of mental illness, identifying the most common unhelpful reactions to symptoms, why they occur and how to avoid them, identifying ways of expressing compassion and support to a distressed co-worker, recognizing the warning signs of suicide, becoming familiar with “Ask, Agree and Arrange” intervention and identifying support services and resources for all employees.
- The Nurse Coordinator attended a webinar titled *Addressing Barriers to Employment for Individuals in Substance Use Disorder Recovery*. This training was put on by the Department of Labor/Opioid Response Team. This webinar discussed Connecting with Opportunities, a Maine Department of Labor initiative for Mainers impacted by the opioid crisis. This webinar provided helpful tools, resources, and information to support provider/supporter conversations with individuals seeking employment and facing challenges.
- The Program Manager and Nurse Coordinator attended a webinar on the MaineMOM initiative. MaineMOM is a MaineCare initiative funded by the Centers for Medicare and Medicaid Services to enhance the care-delivery system for pregnant and postpartum patients with Opioid Use Disorder, and their infants, through comprehensive case management integrated with maternity and OUD treatment services. MaineMOM services initially launched at 17 healthcare sites across Maine in July 2021 (see [MaineMOM.org](http://MaineMOM.org) for service and location information), and in 2022 will expand to more sites statewide after implementation into the Medicaid State Plan.
- The Program Manager attended a two-part workshop titled *De-Escalation*. The objectives of this workshop were to recognize factors that impact why escalation happens, learn strategies to remain calm and keep a situation from intensifying, and identifying helpful mindsets before, during and after escalated situations.
- The Nurse Coordinator attended the two-day *Maternal and Child Health and Substance Exposure Infant* virtual conference. Some topics of this conference included supporting newborns experiencing neonatal opioid withdrawal syndrome and women living with opioid use disorder, why Children with fetal alcohol neurodevelopmental disorder have not been diagnosed and treated, motivational interviewing skills: supporting collaborative conversations between service providers, family and friends, infant safety: what caregivers

need to know, and the family first prevention services initiative. Information about the programs was shared and there was a panel discussion that discussed how the programs have helped, including recovery stories.

- The Nurse Coordinator attended a webinar titled *HIV and Injectible Drugs*. This webinar discussed the injectable treatment for HIV (and the possibility of it being used for prevention), evidence of how the injectable treatment could be more effective, and how it could improve a patient's mental health.
- The Program Manager attended a webinar titled *Informed Shared Decision making for HIV Treatment and Care*. Topics covered included: behavioral prevention, acute HIV, aging and HIV, antiretroviral treatment adherence (including viral suppression), basic science, cultural competence, health literacy, case management, coordination of care, and relationship building. The objectives of this webinar included identifying and explaining how to help individuals with HIV actively participate in decisions about their health care, understanding the strategy of informed shared decision-making and how it can improve outcomes for individuals with HIV, and applying strategies to help individuals with HIV start treatment conversations to address individual needs and goals.
- The Nurse Coordinator attended a webinar titled *The Current and Future Epidemiology of COVID-19*. The webinar provided updates on the COVID-19 variants and recommendations for how to protect yourself and others.

## **Provider Network and Transportation Challenges**

Demonstration enrollees continued to use the same network of providers as MaineCare members, for both primary care and specialty care. There are 425 distinct providers (primary care providers and infectious disease specialists) currently seeing the enrollees and active members. These providers are located throughout all sixteen counties in Maine and a few in New Hampshire.

We have learned from our surveys that some members find the traveling distance from rural Maine to a more populated area, such as Bangor, for an infectious disease specialist very challenging. MaineCare covers the cost of Non-Emergency Transportation for both members and demonstration enrollees, but time and health conditions make travel difficult for some members. Children continue to have access to two of the most widely used infectious disease pediatric practices in Maine. Both pediatric providers can refer their patients to Massachusetts General Hospital for a consult, should a complication or need arise.

## Quality Assurance

One of the demonstration 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.**

Activities in DY19 included:

- Contact data and call tracking – we track and maintain in the database incoming and outgoing contacts (phone calls, emails, letters, and faxes) to members, case managers, and providers, allowing us to determine the types of services utilized. The total of incoming and outgoing contacts decreased by approximately 15% in the nineteenth year. The two highest contact categories in DY19 were adherence, and case management services respectively. **Attachment C: Contact Tracking Summary.**
- The Nurse Coordinator receives two medication adherence reports from our Pharmacy Benefit Manager, Change HealthCare. The Nurse uses these reports to follow up with members and their pharmacies, case managers, and providers as necessary. These reports are detailed below.
  - The first medication adherence report is a prospective report that shows prescription medications that will soon be due to be picked up. The Nurse's focus on these calls is to remind members to pick up medications. The Nurse addresses any anticipated barriers with the goal of ensuring timely medication pick-ups. The Nurse Coordinator also reminds members of the importance of taking their medications as prescribed.
  - The second medication adherence report shows prescriptions that have not been picked up. The members on this report are grouped by CD4 results so the Nurse Coordinator can prioritize her calls to those with the lowest CD4 count. The Nurse's focus on these calls is to identify and remove the barriers that prevented the member from picking up their prescriptions. The Nurse Coordinator also reminds members of the importance of taking their medications as prescribed. In some circumstances, the Nurse Coordinator works with the member's case manager and provider to brainstorm and remove barriers.
- Contact with providers and case managers, as well as the Office of MaineCare Services Provider Relations and Policy units to assist with benefit and policy questions and billing issues.
- Conducted survey in September 2021 of all members living with HIV/AIDS regarding quality of life and satisfaction.
- Conducted Survey in May 2021 of all providers working with HIV/AIDS MaineCare members regarding provider needs and satisfaction.

- Collected clinical data (viral loads and CD4s) from CDC and providers to show health status and track disease progression.
- Compiled data for Complaint Report. See the Complaint/Grievance section of this report on page 17 and Attachment N for more information.

## **Opportunistic Infections (OI)**

The most common OI was streptococcal and staphylococcal and gram-negative septicemias with five demonstration enrollees and 13 MaineCare members diagnosed, or 1.51% and 2.17%, respectively. The next most prevalent condition was candidiasis. The third most prevalent was herpes zoster and herpes simplex. Candidiasis was seen in six demonstration enrollees and nine MaineCare members, or 1.81% and 1.50%, respectively. Viral and bacterial pneumonias were seen in two demonstration enrollees and 11 MaineCare members, or 0.60% and 1.84%, respectively. These top three OIs only differ from the top OIs in DY18s in that candidiasis was the second most prevalent to herpes zoster and simplex in DY18. Additional information is available in **Attachment G: Number of Distinct MaineCare ID's and Claims with Opportunistic Infection Diagnosis.**

In addition to opportunistic infections, we also monitor AIDS defining illnesses. In DY19, 32 MaineCare members and 13 waiver members had an AIDS defining illness as a primary diagnosis on a claim.

## **Women's Healthcare**

Two hundred and eight distinct women, 18 years and over, were enrolled as demonstration enrollees or MaineCare members. Of these, fifty were demonstration enrollees (24%), and 158 were MaineCare members (76%).

Eighty-six percent of female demonstration enrollees were age 40 or over. Seventy-three percent of female MaineCare members were age 40 or over. Fourteen percent of female demonstration enrollees and 16% of female MaineCare members were screened for breast cancer using mammography. Twelve percent of female demonstration enrollees and 16% of female MaineCare members were screened for cervical cancer. Many MaineCare members have other primary coverage, either Medicare or a private plan. For these members, their primary coverage often pays for these services, so these percentages are likely artificially low. 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**

There were 65 MaineCare members and 13 demonstration enrollees who had a claim for a tuberculosis test in DY19, as compared to 52 MaineCare members and 18 demonstration enrollees in DY18.

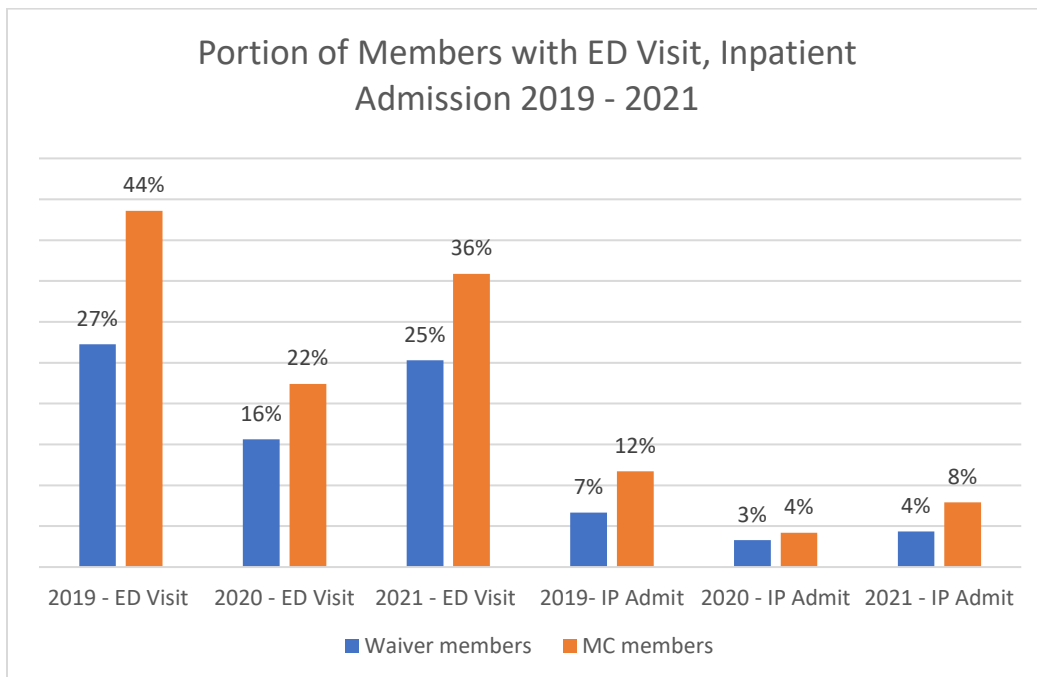
## **Utilization of Services**

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, service utilization has been tracked using allocation provider type claim instead of category of service.

During DY19, the total amount spent on services per demonstration enrollee was \$963 per month, a 20% decrease over DY18. The total amount spent on services per MaineCare member was \$2,480 per month (a 3% increase over DY18). **Refer to attachment I: Amount Spent by Provider Type Claim and the Number of Users**

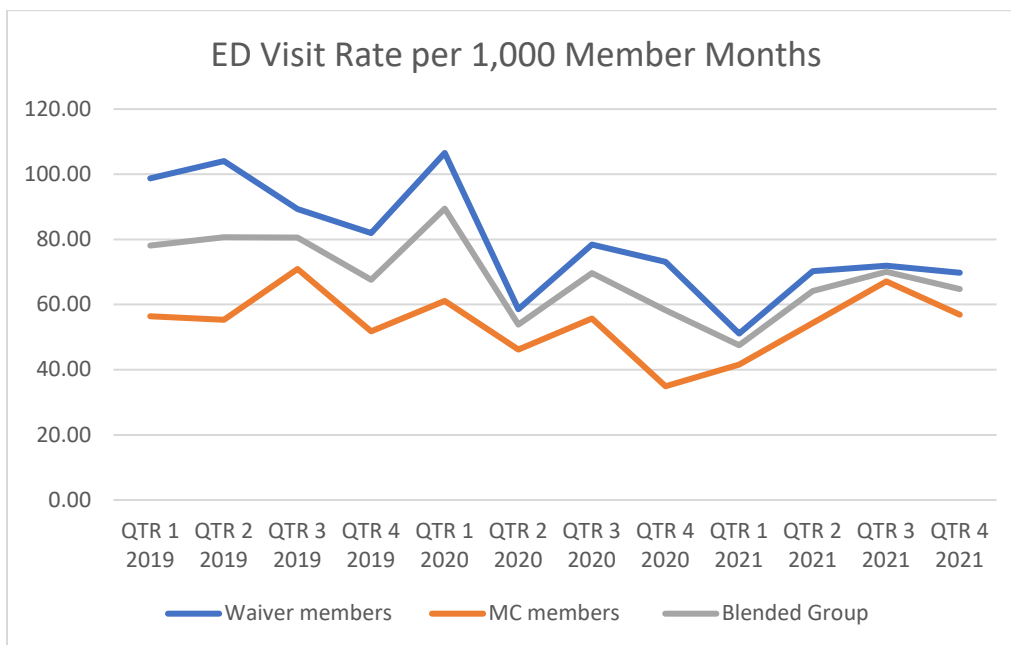
## **Hospital Utilization Rates**

The graph below summarizes the portion of demonstration enrollees and MaineCare members with HIV who had an Emergency Department (ED) visit and those who had an inpatient hospital stay. While both groups showed a decrease in ED and inpatient utilization from 2019 to 2020, consistent with the MaineCare population as a whole, MaineCare members involved in the waiver program had a larger decrease than demonstration enrollees. For both ED and inpatient stays, MaineCare members are consistently higher users than demonstration enrollees. The independent program evaluation will explore the impact of the COVID-19 pandemic on use of these services, and why there are different trends or magnitudes of trends for demonstration vs MaineCare members.



Graph 1: Portion of Members with ED Visit, Inpatient Admission 2019 – 2021

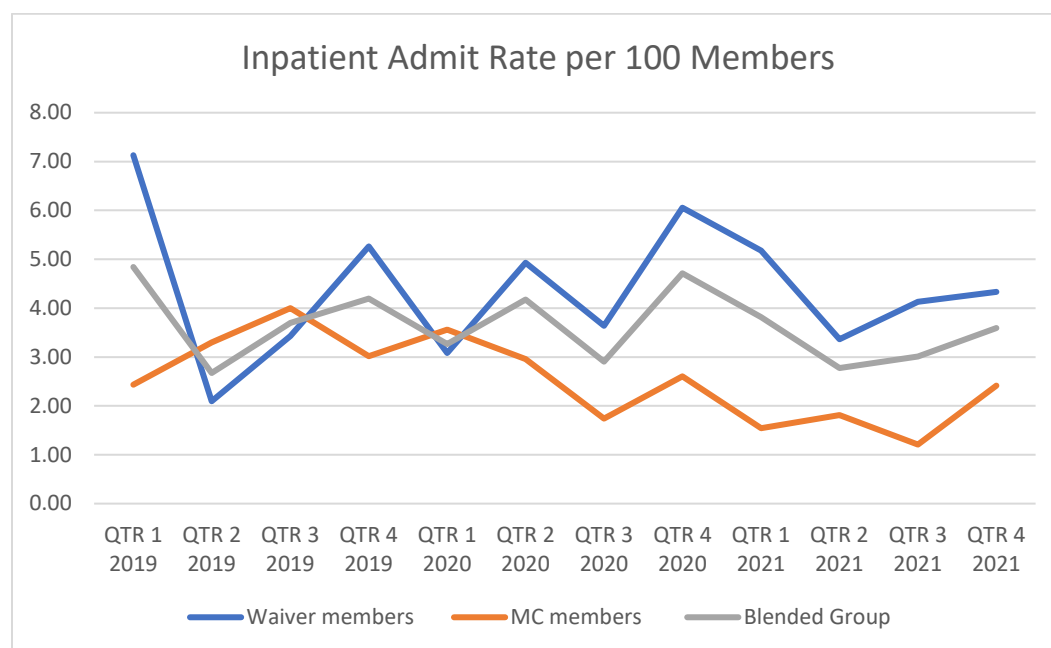
The line chart below shows the rate of ED visits per 1,000 member months. The demonstration enrollees had more fluctuation in visits from quarter to quarter in late 2019 and the first half of 2020. The two groups had similar patterns of increasing visits starting in 2021.



Graph 2: ED Visit Rate per 1,000 Member Months

The inpatient admission rate per 1,000 members is shown in the graph below. Similar to the ED visit rate, the demonstration enrollees have more fluctuation than MaineCare members. In the

latter half of 2019, enrollees showed an increase in admissions while MaineCare members had a decrease. The two groups start to have a similar trend in the second quarter of 2020, though enrollees still have steeper increases and declines.



Inpatient Behavioral Health Services - There were zero demonstration enrollees and one MaineCare member who used inpatient behavioral health services during DY19. On December 22, 2020, the Centers for Medicare and Medicaid Services (CMS) and the Office of MaineCare Services (OMS) announced CMS's approval of Maine's 1115 Demonstration Waiver allowing Maine to expand access to substance use disorder treatment by increasing the bed capacity limit for Section 97, Appendix B Private Non-Medical Institution (PNMI) SUD treatment facilities. As a result of this change, we do anticipate a future increase in residential treatment capacity services, specifically for the MaineCare member population. To date, no agencies have expanded capacity, so while we believe this new policy will eventually lead to an increase utilization, it hasn't done so yet. **Refer to Attachment K: Number of Distinct Emergency Room Visits, Physician Visits, General Inpatient, Inpatient Behavioral Claims and Users and Attachment J: Top 10 Hospitalization Reasons.**

## Adherence to Medication Therapy

Medication adherence calls made by the Nurse Coordinator to members and/or their case managers totaled 1,856 for DY19. These calls are structured to provide interventions for members in various groups, based on their CD4 count. Barriers continue to be identified and, where possible, removed.

**Refer to Attachment C: Contact Tracking Summary**

## **Death Rates**

Fifteen demonstration enrollees or members died during DY19. Of the deceased members, five were demonstration enrollees, an increase of one from DY18, and 10 were MaineCare members, which represents a decrease of two over DY18. A total of 275 members have died since the beginning of the demonstration project in 2002. One hundred and seventy-seven of the deaths were MaineCare members and ninety-eight were demonstration enrollees.

**Refer to Attachment L: Deceased.**

## **Disenrollment**

Twenty demonstration enrollees moved to receive full MaineCare services, zero enrollees re-enrolled as 5Bs demonstration enrollees, 24 demonstration enrollees are no longer enrolled in the waiver, and five demonstration enrollees died during DY19. In order to receive enhanced federal matching dollars during the federally declared Public Health Emergency, the federal government required MaineCare and other state Medicaid agencies to retain coverage for MaineCare members for the duration of the declared Public Health Emergency, with few exceptions. For this reason, we saw less disenrollment and little to no re-enrollment/movement within the demonstration group.

**Refer to Attachment M: Disenrollment tracking for Demonstration Group.**

## **Policy and Administrative Overview**

There are several policy and administrative components for this demonstration which are described below.

### **Co-payments and premiums (for waiver enrollees)**

Waiver enrollees pay all the regular MaineCare co-payments except for a few additional, higher ones. These include:

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

The AIDS Drug Assistance Program (ADAP) is a federally funded program under the Maine Center for Disease Control and Prevention (CDC), which ensures access to the prescription medications needed to manage and treat HIV. The ADAP assists enrolled clients in accessing the prescription medications deemed necessary to manage and treat HIV, and to prevent and treat illnesses that develop as a result of a suppressed immune system, or are commonly associated with HIV (e.g., Opportunistic Infections). The ADAP is designated as a 'payer of last resort'. The Maine ADAP pays deductibles, premiums, and co-pays (for medications on the ADAP's

formulary) for enrolled individuals. 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 the full payment. The premium amounts are as follows:

<b>INCOME LEVEL</b>	<b>MONTHLY PREMIUM</b>
Equal to, or less than, 150% of Federal Poverty Level	0
150.1% - 200% of Federal Poverty Level	\$35.93
200.01% - 250% of Federal Poverty Level	\$71.85

\*Note: The State policy is to increase premiums by five percent (5%) annually; during the PHE, the state suspended these premium increases in accordance with Maintenance of Effort requirements associated with the enhanced federal match during the PHE.

## **COVID-19 Strategies and Policy Changes**

MaineCare has taken a variety of approaches to ensure that our members maintain access to critical health and mental health services during the COVID-19 pandemic by supporting our members' needs as well as those of our providers. The following two tables show our efforts to support members and providers.

## Efforts to support our members' ability to maintain access to services:

<b>COVID-19 Testing and Vaccination</b>	<ul style="list-style-type: none"> <li>• In 2021, our claims indicated that MaineCare members living with HIV got 622 COVID testing services, 1,070 tests per 1,000 members; waiver members had 381 services, translating to a very comparable 1,198 tests per 1,000 members. Because of over-the-counter tests and free tests provided by the federal government, this test count is likely lower than what members actually received.</li> <li>• As of January 2022, 77% of the HIV program members (both waiver and MaineCare members) had at least one dose of a COVID vaccine. According to the Maine CDC COVID Dashboard found at: <a href="https://www.maine.gov/covid19/vaccines/dashboard">https://www.maine.gov/covid19/vaccines/dashboard</a> this is comparable to the general population of Maine, of which 75% had at least one dose of COVID vaccine and 80% had a final dose as of April 2022.</li> </ul>
<b>Ensuring Ongoing Access to Health Care</b>	<ul style="list-style-type: none"> <li>• Waiving copays and premiums and extending Prior Authorizations (PAs).</li> <li>• Ensuring safe utilization of Non-Emergency Transportation (NET).</li> <li>• Allowing early and 90-day Rx refill, as appropriate.</li> <li>• Statewide outreach campaign to educate members about telehealth options available to them, with specific focus on mental health/SUD services and children's health.</li> <li>• Numerous staffing flexibilities, including but not limited to, expanding the list of credentialed providers to perform certain behavioral health services.</li> </ul>

## Efforts to support providers and minimize the pandemic's fiscal effects so they can serve members:

<b>Payment Supports during the Pandemic</b>	<ul style="list-style-type: none"> <li>• Temporary rate increases to congregate care facilities and HCBS providers</li> <li>• Special COVID-19 hospital supplemental payments</li> <li>• Early implementation of rate increases for personal support services, medication management, and certain children's community-based behavioral health services</li> <li>• Behavioral health incentive per member per month payments for community-based services (July and August)</li> <li>• Children's health incentive per member per month payments for dental and preventive primary care (September – December)</li> <li>• Special rate increases for facilities experiencing outbreaks.</li> <li>• One-time supplemental payments to behavioral health providers</li> <li>• Increases to medication management services</li> <li>• Special COVID-19 supplemental payment to LTC providers</li> </ul>
---	--

<b>Increased Access through Telehealth</b>	<ul style="list-style-type: none"> <li>• Enabling Telephone-Only Evaluation and Management services</li> <li>• Well-child visits</li> <li>• Prescriptions, including MAT</li> <li>• Addition of codes so dental practices can bill for triage and screening services conducted via telehealth</li> </ul>
--	--

## Complaints/Grievances

There are three points of contact for demonstration enrollees and MaineCare members to utilize for assistance.

1. The MaineCare Member Services helpdesk has a toll-free number to answer calls from all demonstration waiver and MaineCare members. Member Services answers the questions or resolves the complaints and enters the information into 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. Demonstration waiver and MaineCare members also make direct calls, emails, and written correspondence to the Nurse Coordinator and Program Manager.

All the complaints, concerns, or questions received are entered into an electronic tracking system for resolution and tracking. In DY19, there were seven complaints. Most of these complaints were regarding case management services or transportation issues. All complaints were resolved.

**Attachment N: Nurse Coordinator Complaint Log.**

## Evaluation Activities

### Annual Summary of Progress CY2021/DY19

#### Key Milestones Accomplished

Pacific Health Policy Group (PHPG) began their work on the HIV Demonstration Evaluation on December 30, 2020. Key milestones accomplished for each quarter of 2021 are presented in Table 1 below.

*Table 1. 2021 Key Accomplishments*

<i>Quarter One</i>	<i>Quarter Two</i>	<i>Quarter Three</i>	<i>Quarter Four</i>
<ul style="list-style-type: none"> <li>• <i>Established project team and meeting schedule</i></li> <li>• <i>Finalized project work plan</i></li> <li>• <i>Confirmed IRB exemption with University of Southern Maine IRB</i></li> <li>• <i>Reviewed potential data sources, specifications, and data-sharing requirements</i></li> <li>• <i>Received raw data from the 2019-20 OMS Member Survey</i></li> <li>• <i>Prepared 2019 annual summary of progress</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Finalized source data</i></li> <li>• <i>Created detailed specifications for each data extract and a data tracking tool</i></li> <li>• <i>Began receiving Demonstration enrollment files</i></li> <li>• <i>Received, care management, demographic, claims and lab data extracts</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Conducted data cleaning and validation</i></li> <li>• <i>Discussed data detail</i></li> <li>• <i>Received raw data from OMS Provider Survey</i></li> <li>• <i>Performed preliminary data analysis for CY2019 and 2020</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Discussed refinements to preliminary data analysis and the addition of subgroup analysis for some measures</i></li> </ul>

#### Challenges Encountered and How Addressed

The evaluation team identified the following three measures that may require additional analysis.

**Medical Visit Frequency:** Continuous enrollment is not a specification for the measure. However, it may be more reflective of behavior to include only those members who were enrolled for the measurement period. The evaluation team will augment the Interim and Summative evaluation by reporting findings using both enrollment methods.

**Viral Load Suppression:** The measure assesses viral load after treatment. However, the specifications include members in the denominator who do not have lab results. The evaluation findings may be more reflective of program performance if the denominator includes only those



participants with labs. The evaluation team will augment the Interim and Summative evaluation by reporting findings using both calculations.

OMS staff also reported that some lab data may be missing, for example, results for members who obtain lab work through the Veterans Affairs Administration are not always reflective in the Maine CDC dataset. Following the preliminary analysis, the Maine CDC reported that staff shortages and competing priorities due to the novel coronavirus pandemic resulted in a back-log of data entry. The evaluation work plan includes provisions for a data refresh of certain data sets, the team will refresh 2019 and 2020 lab data once the Maine CDC eliminates the data entry backlog.

**The Proportion of Days Covered:** Individuals who filled a prescription for three or more distinct antiretroviral medications (as a single agent or as a combination) with 2 different dates of service during the measurement year are included in this measure. The evaluation team will modify these specifications as new medication regimens such as treatment with two antiviral medications and the introduction of drugs new to the MaineCare formulary, including monthly injectables (e.g., Cabenuva). The evaluation team will augment the Interim and Summative evaluation findings with the results for members on fewer than three drug antiretroviral regimens.

## **Results to Date**

The HIV Demonstration evaluation represents a 10-year study period. One year of member survey data is complete (2019-20). The evaluation team received two years of claims, lab, care management and demographic data (CY2019-2020). Data presented in this annual summary of progress is descriptive and preliminary in nature.

Currently, the evaluation includes 978 study participants. Approximately one third of participants are enrolled under SSI/ABD aid categories. Approximately 14 percent of the participants identify as a race other than White. Approximately 6.4 percent of participants reported a primary language other than English, with French being the most frequent language reported, followed by Spanish.

The Interim and Summative evaluation reports will include univariate and multivariate analysis, as defined in the approved design. In addition, the analysis will include an examination of the impact of the novel coronavirus pandemic on results during the Demonstration. Tables 2 through 4 on the following pages provide an overview of research questions, measures, and preliminary/descriptive observations by hypothesis.

*Table 2. Improving Access to Continuous Healthcare Services*

Hypothesis 1. Improving access to continuous healthcare services will support enrollees in seeking routine care.		
Research Questions	Measures	Preliminary Observations
1. What is the relationship between patients' perception of access to care and routine medical visits?	<ul style="list-style-type: none"> <li>• Member Survey (Patient Perception of Accessibility of Care)</li> <li>• HIV Medical Visit Frequency (NQF#2079)</li> </ul>	A total of 294 survey respondents met criteria for inclusion in the measure. Approximately 90 percent of respondents indicated they were always able to access care and 75 percent had a medical visit during the measurement period, while 64 percent of those who reported difficulty accessing care had a visit.
2. What percentage of Demonstration participants are meeting CDC recommendations for viral load monitoring?	<ul style="list-style-type: none"> <li>• HIV Viral Load Suppression (NQF #2082)</li> </ul>	In 2019 and 2020, approximately 95 percent of program participants with reported lab results had a viral load of less than 200 copies per ml.
3. What percentage of patients are meeting the recommendations for HIV RNA control?	<ul style="list-style-type: none"> <li>• RNA Control for Patients with HIV</li> </ul>	In 2019 and 2020, approximately 85 percent of participants meeting RNA measurement criteria had a viral load of less than 200 copies per ml.
4. What percentage of Demonstration participants are meeting the threshold for medication adherence?	<ul style="list-style-type: none"> <li>• Proportion of Days Covered (Pharmacy Quality Alliance PDC-ARV)</li> </ul>	In 2019, nearly 42 percent of participants met the threshold for medication adherence at 90 percent or higher. In 2020 adherence at 90 percent or higher rose to just over 44 percent.
5. What is the relationship between medication adherence and self-efficacy for medication management?	<ul style="list-style-type: none"> <li>• Member Survey (Medication Management)</li> <li>• Proportion of Days Covered (PDC-ARV)</li> </ul>	A total of 239 survey respondents met the criteria for inclusion in the measure. Of the 66 percent of respondents with the highest self-efficacy ratings, nearly 43 percent had a PDC threshold for medication adherence at 90 percent or higher, with a mean PDC of 63 percent. Those with the lowest ratings of self-efficacy 30 percent had a PDC threshold for medication adherence at 90 percent or higher, with a mean PDC of 57 percent.

*Table 3. Arresting the Progression of HIV Status by Provider Early and Optimal Care Coupled with High Quality and Cost Efficiency*

Hypothesis 2. Greater access to early, high-quality care will slow disease progression in HIV waiver enrollees and improve overall health status.		
Research Questions	Measures	Preliminary Observations
1. How have rates of emergency department (ED) visits and hospitalizations changed over time for Demonstration participants?	<ul style="list-style-type: none"> <li>All Cause ED Visits (AMB-HH)</li> </ul>	ED visits per 1,000 member months declined from 74.3 in 2019 to 62.3 in 2020. Inpatient hospitalizations per 1,000 member months also declined from 17.76 in 2019 to 15.68 in 2020. However, the average length of stay in the hospital increased with 102.62 days per 1,000 member months in 2019 and 108.14 days in 2020.
2. What is the relationship between self-rated health status and acute health incidents, such as ED visits and hospitalizations?	<ul style="list-style-type: none"> <li>All Cause Inpatient Admissions (IU-HH)</li> </ul>	<p>Of the 385 survey respondents, 256 rated their health as “excellent, very good or good” and had an average of 0.80 ED visits per respondent. The remaining 129 respondents reported their health status as “fair or poor” and had an average of 1.37 ED visits per respondent.</p> <p>The 256 respondents who rated their health as “excellent, very good or good” had an average of 0.07 admissions per respondent. The remaining 129 respondents reported their health status as “fair or poor” and had an average of 0.15 admissions per respondent.</p>
3. Do those who meet treatment guidelines (routine visits, PDC, RNA control) have fewer acute health incidents (ED visits, hospitalizations)?	<ul style="list-style-type: none"> <li>HIV Viral Load Suppression (NQF #2082)</li> <li>RNA Control for Patients with HIV</li> <li>HIV Medical Visit Frequency (NQF#2079)</li> <li>Proportion of Days Covered (PDC-ARV)</li> <li>All Cause ED Visits (AMB-HH)</li> <li>All Cause Inpatient Admissions (IU-HH)</li> </ul>	This research question will be addressed through statistical analysis, as part of the Interim and Summative evaluation reports.

*Table 4. Expanding Coverage to Low-Income Individuals Living with HIV With the Savings Generated from Disease Prevention and the Prevention of/or Delayed Onset Of AIDS*

Hypothesis 3. Decreased costs generated associated with disease prevention will allow more low-income individuals living with HIV access to high quality care.		
Research Questions	Measures	Preliminary Observations
1. How has enrollment of Mainers eligible for HIV services changed over time?	<ul style="list-style-type: none"> <li>• Member Eligibility and Enrollment</li> </ul>	As a result of Maine’s Medicaid expansion, HIV program participants transitioned from Demonstration enrollees to Medicaid members between 2019 and 2020. Overall program enrollment declined slightly between 2019 and 2020.
2. What is the relationship between self-rated health status and health-related quality of life and length of participation in the Demonstration?	<ul style="list-style-type: none"> <li>• General Health Status (Healthy People 2020)</li> <li>• Health-related Quality of Life (Behavioral Risk Factor Surveillance System)</li> <li>• Member Eligibility and Enrollment</li> </ul>	This research question will be addressed through statistical analysis, as part of the Interim and Summative evaluation reports.

## Audits, Investigations and Lawsuits

During DY19, there were no lawsuits or legal actions that impacted the demonstration waiver. The two HIV Targeted Case Management agencies that still had open audits with Program Integrity (from DY17) finalized their appeal processes and payment/payment arrangements have been completed.

## Financial Performance

The demonstration waiver continues to meet the required financial performance standards set forth under 42 CFR 431.428. These general financial requirements include financial performance and operations, audit oversight, and financial reporting. The State of Maine DHHS financial oversight team ensures financial integrity and accountability by conducting financial audits of providers, including audits on billing compliance, claim processing, and payment validation. DHHS also audits State programs, focusing on reviews of eligibility information. In addition, the MaineCare Data Analytics unit completes analysis and reporting including rate reviews. Financial standards and metrics are established for all financial aspects of the demonstration waiver program as a requirement of financial performance and general financial requirements.

The Office of MaineCare Services closely monitors both quarterly member counts and overall expenditures through quarterly and annual budget reviews. A review from DY13 to DY19 demonstrates consistent member counts as well as annual expenditures; however, Medicaid Expansion did affect the DY18 and DY19 annual expenditures and member counts.

The unduplicated member count in DY13 was 556, DY14 was 561, DY15 was 537, DY16 was 541, and DY17 was 478, an 11.6% decrease from DY16. Quarterly enrollments were relatively constant. During DY18, the annual unduplicated member count was 336, a decrease of 142 or 30% from DY17. During the most recent year (DY19), the unduplicated member count decreased again by 36 members or 10.7%. As noted above, due to Medicaid expansion, member counts were affected. The Medicaid unduplicated member count increased by 34 members during DY19. The total member counts remained constant between the two years with a small overall decrease of 2 members between DY18 and DY19. The projected member counts will continue to be monitored.

Annual expenditures decreased by 18% (by \$736,783) between DY18 and DY19 from \$4,039,193 to \$3,302,410. This finding is consistent with overall trends for MaineCare associated with lower healthcare utilization during the first several months of the COVID-19 pandemic, as shown in the graphs above. At this point in time, an expenditure increase of 3% is projected as a result of increased inflation. According to the HIV Budget Neutrality Excel Spreadsheet/Maine DY20, the projected expenditures were established at \$3,401,482. But based on Medicaid Expansion, these projected expenditures will be revisited each quarter by a Financial Analyst at MaineCare.

The per member per month expenditures remained constant from DY13 through DY17. The DY18 per member per year (PMPY) expenditure was \$8,064. The DY19 PMPY expenditure was \$7,121, representing a 11.7% decrease. These reductions were likely related to lower healthcare utilization due to COVID-19, and MaineCare anticipates that these amounts will begin to rebound in DY20, but MaineCare will continue to monitor utilization. The projected member counts should remain constant based on the DY19 member counts, but future projected member counts will also be monitored.

Historical member counts and financial information are available upon request. The attached Budget Neutrality (BN) statement includes actual expenditures and member months for Quarter 4 of DY19 (through December 31, 2021). In addition, the program continues to show that projected budget neutrality will continue into DY20 and DY21. Updates of the quarterly budget neutrality statements for each future quarter will continue. Expenditure changes within the demonstration waiver due to Medicaid Expansion and COVID-19 will continue to be monitored as well as member counts. It is expected that the program will remain budget neutral.

## **Legislative Developments**

During DY19, there were no legislative developments that impacted the HIV demonstration.

## **Accomplishments**

The HIV waiver program has undergone several changes in recent years. Some of these changes include the implementation of new, and changing existing, care management reports to ensure timely follow-up with members and their providers; access to new data systems that allow for more effective care management; the development of Key Performance Indicators (KPIs) to measure, track, and trend the program's performance; multiple staffing changes; and adoption of a completely new member survey.

The Demonstration has had many accomplishments over the past nineteen years; several of these accomplishments are listed below.

- Of the individuals enrolled in the program (both waiver enrollees and MaineCare members), 94% have a viral load that is undetectable as of July 2021. Having an undetectable viral load is the desired outcome of successful treatment.
- Demonstration enrollees Emergency Department (ED) use in DY19 decreased to 23% (from 25% in DY18). In addition, MaineCare members with HIV ED use remained consistent at 35%. These rates are higher than the US general population: in 2019, 22% of people aged 18 and older had an emergency department visit in the prior 12 months.<sup>ii</sup> Care management efforts have and will continue to focus on ensuring all members have a primary care provider and access to other needed services to avoid unnecessary ED use.
- Of the member survey respondents that reported speaking with the Nurse Coordinator, 98% of members indicated that the call they received was at least somewhat helpful.
- Continued to increase statewide awareness of the existence of the waiver by distributing program posters and brochures to over 1,000 sites and meeting with and presenting to providers and other community members about the waiver.
- Continued to increase collaboration and interactions among the Office of MaineCare Services, the Office for Family Independence, Maine CDC (including Ryan White), AIDS service organizations (case management), and the AIDS Drug Assistance Program (ADAP). Collaboration among these offices is important to ensure shared learnings and alignment of programs, to increase access to services, and support efficiencies across the Department.
- Continued to use analysis and findings of feedback from provider and member surveys to ensure effective customer service and provide educational outreach to respondents of the surveys when the responses indicate that more information is needed or requested.

Activities that support these findings include:

- Following up with any providers that requested assistance or identified a lack of awareness on their provider survey
  - Following up with all members that identified an unmet need or barrier on their member survey
  - Reaching out to members who did not respond to the survey, since they may be facing greater challenge
  - Responding to providers' request for training by coordinating with the New England AIDS Education and Training Center
  - Created a member email listserv and included survey respondents who indicated email was their preferred mode of communication.
- Continued to maintain and update a unique database that allows tracking of members' providers, call notes, eligibility information, letters, call notes, and disease progression.
  - Improved medication adherence follow up with members. The Nurse Coordinator is targeting calls to members with high viral loads or low CD4 counts.
  - Continued to work with providers to collect members' lab data (CD4 and viral load) when the results weren't available through Maine CDC.
  - Collaborated with MaineCare's pharmacy manager and our contracted Pharmacy Benefit Manager to ensure members, providers, and pharmacies have up-to-date information which facilitates proper prescribing and access to needed medications.
  - Ensured all members are linked with an infectious disease specialist and PCP within their area.
  - Continued to update and maintain a provider listserv where HIV medication updates, Preferred Drug List changes, and training opportunities can be shared with providers.
  - Began the process of creating and implementing a member listserv for members who would like to receive information and updates about MaineCare via email.
  - There have been quality assurance report improvements:
    - A new process and report was created for monitoring and following up on ED usage. In addition to using claims data, we started to include daily data reports from HealthInfoNet (Maine's designated Health Information Exchange) which provides up to date clinical information (labs, radiology reports, hospital and ED visits, etc.) about the members and enrollees. This new process allows for timelier follow-up with members to address any changes or concerns in their care needs. Several fields were added to the report to make it more informative for the Nurse Coordinator, including a six-month look back which allows for a more complete

member profile. We have continued with this new process since it has worked so well.

- A new report was designed to identify all enrolled members who have not been contacted by the Nurse Coordinator in the calendar year. This report ensures that every member receives some form of contact from the program at least once a year.
- A report was created to show all members that we have attempted to reach compared to members (or their designees) who we spoke with directly. This data allows us to track occurrences of conversations rather than outreach attempts where no real contact was made.
- Continued to send educational packets to providers who indicated a lack of awareness on certain topics such as the demonstration waiver, Ryan White, ADAP, and the Maine AIDS Education and Training Center. In addition to the educational packets, the HIV program has created a provider listserv where frequent updates, changes and tips can be sent. Our goal is that providers find these tips education and helpful. The HIV program plans to add a question about the helpfulness of these tips in the next provider survey.

## **Challenges and Plan for Improvement**

In the upcoming DY, the HIV program plans to focus on:

- Exploring and addressing health disparities by rural/urban and race/ethnicity
- Connecting member to behavioral health care services which are difficult to access due to a shortage of providers
- Meeting the providers' needs for education and support
- Tracking new medications and treatment strategies
- Responding to interim findings from the independent evaluation
- Improving the member and provider surveys to boost response rates

## **Summary**

Over the course of the 19 years of this demonstration, the Office of MaineCare Services (OMS) has continued to improve access to medical services for Maine residents living with HIV/AIDS. The 1115(a) demonstration waiver has provided medical services to 344 demonstration enrollees. In addition, 555 MaineCare members had the benefit of enhanced care coordination. Through consistent collaboration with other stakeholders and programs such as the Center for Disease Control and Prevention, including ADAP and Ryan White Part B, targeted case management agencies, and the Office for Family Independence, the OMS HIV program team has been able to develop relationships throughout DHHS and community organizations, while leveraging additional resources to help support the MaineCare and waiver members enrolled in this



program. The program team has provided educational trainings and site visits to providers and newly hired case managers. We continue to distribute posters and brochures throughout the state to Office for Family Independence regional offices, pharmacies, physician offices, hospitals, municipalities, soup kitchens, schools, homeless shelters, and family planning agencies, to broaden awareness within communities and allow for timely access to coverage and care. In DY17 as a result of MaineCare's Medicaid expansion, approximately 30% of the demonstration waiver enrollees were transitioned to full MaineCare coverage. In DY18 we saw a continued but more modest transition as more individuals were moved from the demonstration waiver to the Medicaid expansion population. This transition of members plateaued in DY19 as enrollment numbers remained consistent for the first time in a few years. The individuals that transitioned from the demonstration to full MaineCare were not previously eligible for full coverage due to income and/or lack of a qualifying eligibility category. These members now benefit from reduced cost sharing, including lower copayments and no premiums, and have access to a more comprehensive benefit package (including dental, durable medical equipment, chiropractic services, home health and hospice). OMS looks forward to our continued work with our evaluation team and learning more about the various aspects of the demonstration and the effect the programmatic activities have on the outcomes of the population who receive these services.

## Attachment B

### Outreach Letters

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
MaineCare Services  
Nurse Coordinator  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 624-4008; Toll Free: (866) 796-2463  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

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 (optometrist or ophthalmologist)

**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,

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

**Janet T. Mills**  
**Governor**

**Jeanne M. Lambrew, Ph.D.**  
**Commissioner**



**Maine Department of Health and Human Services**  
**MaineCare Services**  
**Nurse Coordinator**  
**11 State House Station**  
**Augusta, Maine 04333-0011**  
**Tel: (207) 624-4008; Toll Free: (866) 796-2463**  
**TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190**

Date

Dear MaineCare Member,

I am writing to introduce myself. My name is Kelly Cote 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 [kelly.cote@maine.gov](mailto:kelly.cote@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,

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

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
MaineCare Services  
Nurse Coordinator  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 624-4008; Toll Free: (866) 796-2463  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

Dear MaineCare Member,

My name is Kelly Cote 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 [kelly.cote@maine.gov](mailto:kelly.cote@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,

Kelly Cote, 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!

**Janet T. Mills**  
Governor

**Jeanne M. Lambrew, Ph.D.**  
Commissioner



**Maine Department of Health and Human Services**  
**MaineCare Services**  
**Nurse Coordinator**  
**11 State House Station**  
**Augusta, Maine 04333-0011**  
**Tel: (207) 624-4008; Toll Free: (866) 796-2463**  
**TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190**

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,

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

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
MaineCare Services  
Nurse Coordinator  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 624-4008; Toll Free: (866) 796-2463  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

Dear *(insert members name)*,

My name is Kelly Cote 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,

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

**Janet T. Mills**  
Governor

**Jeanne M. Lambrew, Ph.D.**  
Commissioner



**Maine Department of Health and Human Services**  
**MaineCare Services**  
**Nurse Coordinator**  
**11 State House Station**  
**Augusta, Maine 04333-0011**  
**Tel: (207) 624-4008; Toll Free: (866) 796-2463**  
**TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190**

DATE

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,

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



Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
MaineCare Services  
Nurse Coordinator  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 624-4008; Toll Free: (866) 796-2463  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

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,

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

**Janet T. Mills**  
**Governor**

**Jeanne M. Lambrew, Ph.D.**  
**Commissioner**



**Maine Department of Health and Human Services**  
**MaineCare Services**  
**Nurse Coordinator**  
**11 State House Station**  
**Augusta, Maine 04333-0011**  
**Tel: (207) 624-4008; Toll Free: (866) 796-2463**  
**TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190**

DATE

Dear Organization:

MaineCare's Waiver benefit for individuals living with HIV/AIDS now has an enrollment of 448 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 [Kelly.cote@maine.gov](mailto:Kelly.cote@maine.gov)

Thank you in advance for your help with this initiative!

Sincerely,

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

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
MaineCare Services  
Nurse Coordinator  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 624-4008; Toll Free: (866) 796-2463  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

Dear *(auto fill provider name)*,

Thank you for responding to our survey!

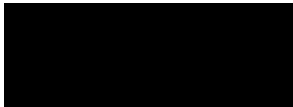
You indicated on your 2018 MaineCare HIV/AIDS Provider Survey that you had some level of unfamiliarity with programs and resources that are available for people living with HIV/AIDS.

The area(s) you indicated were:

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

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

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
MaineCare Services  
Nurse Coordinator  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 624-4008; Toll Free: (866) 796-2463  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

Dear NAME:

You are receiving this letter because you are age 70 or older and receive health care benefits from MaineCare. You may also be receiving benefits from Medicare. We want to make sure you are aware that Maine residents age 70 or older can now get the COVID-19 vaccine. People in this age group have a higher risk of hospitalization, illness, and death from COVID-19, and COVID-19 vaccines have been shown to be safe and effective in preventing COVID-19 disease, making it very important for you to get the vaccine as soon as you can.

This letter is to provide information on where you can get COVID-vaccination and remind you that, as a MaineCare member, if you do not have a ride you can use MaineCare's free transportation service, called Non-Emergency Transportation (NET), to get to and from your vaccination appointment.

### **Vaccination Sites**

A number of vaccination sites have been set up around the state of Maine, and each site is scheduling its own appointments. You can visit: <https://www.maine.gov/covid19/vaccines/vaccination-sites> or call 211 to learn more about the vaccination sites near you. If you have a primary care provider that you see for your health care needs, they may be able to help you schedule an appointment or find out where the vaccination sites are in your community. Please note that because the supply of vaccine is limited, appointments may not be immediately available, and will be scheduled on a rolling basis.

### **How to Use MaineCare's Non-Emergency Transportation (NET)**

Once you have scheduled your vaccination appointment, if you need a ride, call the Non-Emergency Transportation (NET) broker that serves your area to schedule a ride to and from the appointment. You can find the list of NET brokers on the back side of this letter. You must call the broker in your region at least two business days before the appointment. Please remember that if you use NET, you will need to wear a face covering when you are in the vehicle.

### **If you need additional assistance**

If you need additional assistance getting vaccinated, you can call the Area Agencies on Aging toll-free at 1-877-353-3771. Once you reach this number, you will be directed to your local Area Agency office based on the county in which you live. Your local Area Agency can help you identify options for additional help in your area. If you have other questions about your MaineCare-covered services, you can call MaineCare Member Services at: 1-800-977-6740. TTY users, dial 711(Main relay).

Please review the COVID-19 Vaccination Information Sheet included with this letter to learn more about the COVID-19 vaccine and what to expect before, during, and after your appointment. You can also visit <https://www.maine.gov/covid19/vaccines/public-faq> for more information.

**MaineCare's NET Brokers**

To schedule a ride, call the number that is listed for the county where you live.

<b>County</b>	<b>NET Broker</b>
Aroostook County	Modivcare: 1-855-608-5174
Cumberland County – Brunswick and Harpswell	MidCoast Connector: 1-855-930-7900
Cumberland County – All Other Towns	Modivcare: 1-855-608-5178
Franklin County	Modivcare: 1-855-608-5180
Hancock County – Danforth	Modivcare: 1-855-608-5174
Hancock County – All Other Towns	Modivcare: 1-855-608-5176
Kennebec County	Penquis CAP: 1-844-736-7847
Knox County – Isle au Haut	Modivcare: 1-855-608-5174
Knox County – All Other Towns	MidCoast Connector: 1-855-930-7900
Lincoln County	MidCoast Connector: 1-855-930-7900
Oxford County – Porter, Hiram, Brownfield, Denmark, Sweden, Fryeburg, Lovell, Stow, and Stoneham	Modivcare: 1-877-659-1302
Oxford County – All Other Towns	Modivcare: 1-855-608-5180
Penobscot County – Patten	Modivcare: 1-855-608-5174
Penobscot County - All other Towns	Penquis CAP: 1-855-437-5883
Piscataquis County	Penquis CAP: 1-855-437-5883

# Getting Vaccinated for COVID-19

January 2021



Fighting the pandemic has been hard, but now we have vaccines to protect us from COVID-19.



## **The vaccine is provided at no cost to you.**

The federal government will cover the cost of your vaccine. You should not be charged or billed. Your provider should also not charge you for an office visit if you only go in to get the vaccine.



## **You will need to get two doses of the Moderna or Pfizer-BioNTech vaccines.**

You will get two doses of the Moderna or Pfizer-BioNTech vaccine, three to four weeks apart. You must get the second dose from the same manufacturer as the first dose. You should also plan to get both doses at the same vaccination site.



## **Both available vaccines are safe and effective.**

The vaccines are very effective. The U.S. Food and Drug Administration (FDA) authorized the vaccines for emergency use and found no serious safety concerns. Independent experts agree the vaccines are safe and effective.



## **People at highest risk will get the vaccine first.**

Maine's supply of vaccine is very limited, so Maine has focused on saving the lives of those at greatest risk of illness or death from COVID-19 and protecting those directly engaged in the fight against the virus. As Maine gets more vaccine doses, more people will be able to be vaccinated. It will take some time, but over time everyone will be able to get vaccinated when we have enough doses. Visit [www.maine.gov/covid19/vaccines/vaccination-sites](http://www.maine.gov/covid19/vaccines/vaccination-sites) or call 211. (For interpreter services, say your language when the call is answered.)



## **You may feel side effects.**

Like other routine vaccines, you may get a sore arm, fever, headaches, or fatigue after getting vaccinated. These are signs the vaccine is working.



## **Stay safe.**

After you get the vaccine, wear your mask, stay six feet (two meters) apart, and avoid gatherings to protect those who have not yet been vaccinated.

## What vaccines are currently available?

There are two vaccines available:

1. **Pfizer-BioNTech**
2. **Moderna**

Both have been approved by the FDA for emergency use. Other vaccines may be available soon.

## Who should get a COVID-19 vaccine?

It is your choice to get the vaccine. If you decide to get it, you should tell your vaccine provider if you:

- Have a history of severe allergic reactions
- Have a fever
- Have a bleeding disorder or take blood thinners
- Are immunocompromised or are on a medicine that affects your immune system
- Are pregnant, plan to become pregnant, or are lactating
- Have received another COVID-19 vaccine

You should not get the vaccine if you have had a serious allergic reaction to a previous dose of the COVID-19 vaccine or to any ingredient in the vaccine.

You must be at least 16 years old to get the Pfizer-BioNTech vaccine and 18 years old to get the Moderna vaccine.

## What is in the COVID-19 vaccine?

The vaccines contain the active ingredient messenger RNA (mRNA), along with fat, salts, and sugars to protect the mRNA and help it work better in the body.

The vaccines do not contain live COVID virus, or other preservatives or substances. You cannot get COVID from getting the vaccine.

## What happens after I get vaccinated?

You will need to wait 15 to 30 minutes before leaving the vaccine site so your vaccine provider can help you if you do have an allergic reaction or other side effects. While you wait, you can sign up for v-safe to report any side effects and get a reminder for your second dose: [vsafe.cdc.gov](https://vsafe.cdc.gov).

**It is common to have side effects** one to three days after getting the vaccine. Common side effects are tiredness, muscle pain, pain in the arm where you got your shot, fever, headache, joint pain, chills, nausea, or vomiting. If your symptoms don't go away within 3-4 days, contact your doctor or clinic. You or your vaccine provider can also report side effects to the Vaccine Adverse Event Reporting System (VAERS): [vaers.hhs.gov/reportevent.html](https://vaers.hhs.gov/reportevent.html).

**Call 911 if you have an allergic reaction after leaving the clinic.** Signs of an allergic reaction include: difficulty breathing, swelling of your face and throat, fast heartbeat, a bad rash all over your body, dizziness, and weakness.

**Make an appointment for your second dose.** You'll need to come back in three to four weeks to get your second dose. It will take up to two weeks after your second dose for full protection.

After you get the vaccine, keep wearing your mask, stay six feet (two meters) apart, and avoid gatherings to protect those who are not yet vaccinated.

Many people will have to wait months to get vaccinated, depending on where they fall under in Maine's vaccine strategy.

## Questions?

Visit [www.maine.gov/covid19/vaccines](https://www.maine.gov/covid19/vaccines) for more information.

To request this document in another format, call (207) 287-5014. Deaf or hard of hearing customers, please call 711 (Maine Relay) or email [ADA-Civilrights.dhhs@maine.gov](mailto:ADA-Civilrights.dhhs@maine.gov)

January 2021

## Attachment E Waiver Surveys



**Provider Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_


**1. Identify your practice specialty (check all that apply):**

- ☐ Family/General Practice    ☐ Internal Medicine    ☐ Infectious Disease    ☐ Pediatrics  
☐ OB/GYN    ☐ Other: \_\_\_\_\_

**2. Identify the type of practice (check all that apply):**

- ☐ Private Practice    ☐ Group Practice    ☐ FQHC    ☐ IHS    ☐ Hospital Based  
☐ Other: \_\_\_\_\_

**3. How many patients living with HIV/AIDS have you medically managed or co-managed (for any diagnosis) in the last 12 months?**

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

**4. How recently have you consulted treatment guideline changes and new recommendations for patients living with HIV/AIDS? (e.g. Infectious Disease Society of America, National Institute of Health, HIVinfo., CDC, etc.)**

- ☐ In the last 12 months    ☐ In the last 1-2 years    ☐ In the last 3-4 years    ☐ 5 or more years ago

**5. Please indicate your awareness of the following:**

**a. Training and funding opportunities through the Maine AIDS Education and Training Center (MEAETC)**

- Not at all Aware    Slightly Aware    Somewhat Aware    Moderately Aware    Extremely Aware  
☐    ☐    ☐    ☐    ☐



**b. MaineCare's Special Benefit Waiver for individuals living with HIV/AIDS who are not eligible for regular MaineCare**

- Not at all Aware    Slightly Aware    Somewhat Aware    Moderately Aware    Extremely Aware  
☐    ☐    ☐    ☐    ☐

**c. 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    Somewhat Aware    Moderately Aware    Extremely Aware  
☐    ☐    ☐    ☐    ☐

**6. Are any of your patients living with HIV/AIDS New Mainers (newly established in the US, such as immigrants and refugees)?**

- ☐ Yes    No ☐  (skip to question 7)    ☐ I don't know  (skip to question 7)

**6a. If yes, approximately how many?**

- ☐ 1 – 10    ☐ 10 – 20    ☐ 20 – 30    ☐ 30 +

**6b. What languages do your New Mainer patients speak? (check all that apply)**

- ☐ Arabic    ☐ English    ☐ French    ☐ Haitian Creole    ☐ Khmer    ☐ Lingala  
☐ Portuguese    ☐ Somali    ☐ Spanish    ☐ Vietnamese    ☐ Unknown  
☐ Other: \_\_\_\_\_

MaineCare is interested in learning more about patients' barriers to care and how we can help your care teams address and remove these barriers by leveraging community resources and providing culturally competent and accessible care.

7. Please identify the top three (3) barriers you feel affect the ability of your patients living with HIV/AIDS to maintain their adherence to treatment and obtain their health goals. Label your choices with a 1, 2 and 3 (1 being the biggest barrier).

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Behavioral Health Conditions           | <input type="checkbox"/> Physical Health Co-morbidities | <input type="checkbox"/> Housing                 |
| <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"/> Medication Side Effects |
| <input type="checkbox"/> Access/Affordability to Specialty Care | <input type="checkbox"/> Substance Use                  | <input type="checkbox"/> Language Barriers       |
| <input type="checkbox"/> Racial or Ethnic Discrimination        | <input type="checkbox"/> Social or Cultural Stigma      | <input type="checkbox"/> Cultural Barriers       |
| <input type="checkbox"/> Other: _____                           |   |  |

8. Several healthcare delivery systems and organizations are partnering with Community Health Workers (CHWs) to provide culturally competent care to their patients.<sup>1</sup> Indicate your level of familiarity of CHWs in helping patients in your practice navigate the health care system:

- ☐ Not at all familiar with CHW concept or roles
- ☐ Somewhat familiar with CHW concept and roles
- ☐ Familiar with CHW concept and roles, but don't have access to CHWs in my practice or community
- ☐ Very familiar with CHW concept and roles, and have access to CHWs in my practice or community

9. Do you/your practice currently refer patients to a Community Health Worker (CHW)?

- ☐ Yes    ☐ No    ☐ I don't know

10. If there was a Community Health Worker (CHW) available to work with patients living with HIV/AIDS in your practice, would you refer patients/use this service to help with barriers you identified in question 7 above?

- ☐ Yes    ☐ No    ☐ I don't know


10a. If you answered yes, please indicate if you/your practice would work with a CHW to address any of the following areas. Please check all that apply.

- ☐ Assisting with cultural brokering to improve patients' ability to engage in care and/or treatment
- ☐ Cultural mediation among individuals, communities, and health and social service systems
- ☐ Assisting patients with connecting to community supports and resources
- ☐ Providing culturally appropriate health education and information
- ☐ Care coordination, case management, and system navigation
- ☐ Providing coaching and social support
- ☐ Advocating for individuals and communities
- ☐ Building individual and community capacity
- ☐ Other (please specify): \_\_\_\_\_

---

<sup>1</sup>CHWs are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison, link, or intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. (<https://www.apha.org/apha-communities/member-sections/community-health-workers>)

11. Would you like to receive the electronic version of the quarterly Food and Drug Administration (FDA) HIV medication alerts and MaineCare formulary updates?

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

12. Tell us how the HIV/AIDS waiver program can help you and your patients living with HIV/AIDS. Please check all that apply.

- ☐ Providing HIV/AIDS treatment guideline information
- ☐ Providing contact information to an HIV specialist
- ☐ Providing culturally competent care and improving health disparities for this population
- ☐ Adding your email to MaineCare’s Listserv (please provide your email address at the top of the survey)
- ☐ Other (please specify): \_\_\_\_\_

Additional Comments:

**Thank you!**  
**Please return the completed survey in the postage-paid envelope!**

# MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services.  
Questions? Call Kelly at 207-624-4008.



## 1. In the past 12 months, when you received a call or email from the MaineCare nurse (Kelly), how helpful was the call or email?

- ☐ I did not hear from Kelly
- ☐ Extremely helpful
- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Not at all helpful

Comments:

---

---

---

---

## 2. Please choose the agency where you most recently received case management services.

- ☐ Community Health and Counseling Services (CHCS)
- ☐ Frannie Peabody Center (FPC)
- ☐ Health Equity Alliance (HEAL)
- ☐ Horizon Program
- ☐ St. Mary's Regional Medical Center

☐ I did not get case management services → go to question #4

☐ Other: \_\_\_\_\_

## 3. Please tell us if you agree or disagree with each of the following statements. Circle a number for each statement.

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

## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.

### 4. Would you say that, in general, your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ I don't know

### 5. What is your living situation today?

- ☐ I have a steady place to live.
- ☐ I have a place to live today, but I am worried about losing it in the future.
- ☐ I do not have a steady place to live. I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, in a car, abandoned building, bus or train station, in a park, etc.

### 6. Please select whether this statement below is often, sometimes, or never true for you and your household. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true

### 7. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? Circle one group.

0 to 4 Days	5 to 9 Days	10 to 14 Days	15 to 19 Days	20 to 24 Days	25 to 30 Days
----------------	----------------	------------------	------------------	------------------	------------------

### 8. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Circle one group.

0 to 4 Days	5 to 9 Days	10 to 14 Days	15 to 19 Days	20 to 24 Days	25 to 30 Days
----------------	----------------	------------------	------------------	------------------	------------------

## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.

- 9. During the past 30 days, how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Circle one group.**

0 to 4  
Days

5 to 9  
Days

10 to 14  
Days

15 to 19  
Days

20 to 24  
Days

25 to 30  
Days

- 10. Over the last 7 days, how often have you been bothered by feeling down, depressed, or hopeless? Select only one answer.**

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

- 11. In the last 12 months, were you ALWAYS ABLE to obtain prescription medicines that you or a doctor believed were necessary?**

- ☐ Yes 
- ☐ Don't know/ Does not apply to me 
- ☐ No 

Go to question #14

complete questions #12 and #13

## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.

Only answer if you  
answered “No” on  
Question 11.



**12. Which of the statements below best describes the main reason you were unable to get prescription medicines you or a doctor believed necessary? Please check one.**

- ☐ I couldn't afford copays
- ☐ I had no transportation
- ☐ I was refused services
- ☐ Insurance company wouldn't approve, cover, or pay for the medicine
- ☐ I couldn't get time off work
- ☐ I didn't have time or took too long
- ☐ There is a language barrier
- ☐ I didn't know where to get care
- ☐ I didn't want to
- ☐ Other: \_\_\_\_\_

**13. How many times were you unable to get the medicine you or a doctor believed necessary?**

- ☐ 1 or 2 times
- ☐ 3 to 5 times
- ☐ 6 or more times




## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.

### 14. Please rate your experience with medication use. Circle a number for each statement.

CURRENT level of confidence...	I am not at all confident	I am a little confident	I am somewhat confident	I am quite confident	I am very confident
I can follow directions when my doctor changes my medications.	1	2	3	4	5
I can take my medication when there is a change in my usual day or unexpected things happen.	1	2	3	4	5
I can manage my medication without help.	1	2	3	4	5
I can list my medications, including the doses and schedule.	1	2	3	4	5

### 15. In the last 12 months, were you ALWAYS ABLE to obtain medical care, tests, or treatments you or a doctor believed were necessary?

- ☐ Yes  [Go to question #18](#)
- ☐ Don't know/ Does not apply to me 
- ☐ No  complete questions #16 and #17



## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.



Only answer if you  
answered “No” on  
Question 15.



**16. Which of the statements below best describes the main reason you were unable to get medical care, tests, or treatments you or a doctor believed necessary? Please circle one.**

- ☐ I couldn't afford copays
- ☐ I had no transportation
- ☐ I was refused services
- ☐ Insurance company wouldn't approve, cover, or pay for the medicine
- ☐ I couldn't get time off work
- ☐ I didn't have time or took too long
- ☐ There is a language barrier
- ☐ I didn't know where to get care
- ☐ I didn't want to
- ☐ Other: \_\_\_\_\_

**17. How many times were you unable to get medical care, tests, or treatment you or a doctor believed was necessary?**

- ☐ 1 or 2 times
- ☐ 3 to 5 times
- ☐ 6 or more times

### Medical Care

**18. At any time in the last 4 weeks, did you need medical care for something other than COVID-19, but DID NOT GET IT because of the coronavirus pandemic? Select only one answer.**

- ☐ Yes
- ☐ No

## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.

### Discrimination in Medical Settings

**19. Please think about the times in the past 12 months when you've gotten health care. When getting health care, how often have any of the following things happened to you because of your health status?**

	Never	Rarely	Sometimes	Most of the time	Always
You are treated with less courtesy than other people.	1	2	3	4	5
You receive poorer service than others.	1	2	3	4	5
A doctor or nurse acts as if he or she thinks you are not smart.	1	2	3	4	5
A doctor or nurse acts as if he or she is afraid of you.	1	2	3	4	5

### Communication

**20. Would you prefer to receive future surveys by email or text on a smart phone?**

- ☐ Yes (be sure to include email and/or phone number on question #21)
- ☐ No

**21. In general, how would you prefer to receive communications from MaineCare? Please print.**


- ☐ Mail
- ☐ Email: \_\_\_\_\_
- ☐ Text: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.

**Questions 22-32 are optional.** We are asking these questions as part of our commitment to ensure all members are receiving the care that they need. Please answer these questions so that we can better assess the needs and experiences of different communities.



### 22. Are you of Hispanic, Latino/a or Spanish origin?

- ☐ Yes, Hispanic, Latino/a, or Spanish
- ☐ No, not Hispanic, Latino/a, or Spanish  go to question #24

### 23. Which group best describes you? You may select more than one.

- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Another Hispanic, Latino/a, or Spanish origin: \_\_\_\_\_

### 24. What is your race? You may select one or more categories. If you select Black or African American or Asian, we will ask for more details in questions #25 and #26.

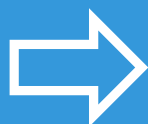
- ☐ Black or African American  please also answer question #25
- ☐ Asian  please also answer question #26
- ☐ White
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other: \_\_\_\_\_



Go to question #27

### 25. If you selected Black or African American on question #24, please indicate which group best describes you. You may select more than one.

- ☐ Black
- ☐ African American
- ☐ African
- ☐ West Indian
- ☐ Other: \_\_\_\_\_



Go to question #27

## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.

### 26. If you selected Asian on question #24, please indicate which group best describes you. You may select more than one.

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Cambodian
- ☐ Other: \_\_\_\_\_

### 27. Are you a member of a federally recognized tribe? You may select more than one.

- ☐ No
- ☐ Yes, Houlton Band of Maliseet Indians
- ☐ Yes, Passamaquoddy Tribe at Indian Township – Motahkomikuk
- ☐ Yes, Passamaquoddy Tribe at Pleasant Point – Sipayik
- ☐ Yes, Penobscot Indian Nation
- ☐ Yes, Aroostook Band of Micmac Indians
- ☐ Yes, a different Tribe: \_\_\_\_\_

### 28. Is English your primary language, meaning the language that you speak most often?

- ☐ Yes  go to question #30
- ☐ No  go to question #29

## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.

### 29. What is your primary language, meaning the language that you speak most often?

- ☐ Arabic
- ☐ French
- ☐ Haitian
- ☐ Khmer
- ☐ Kinyarwanda
- ☐ Kirundi
- ☐ Lingala
- ☐ Portuguese
- ☐ Somali
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other: \_\_\_\_\_

### 30. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Other: \_\_\_\_\_

### 31. Do you identify as transgender?

- ☐ Yes
- ☐ No

## MaineCare Member Survey

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services. Questions? Call Kelly at 207-624-4008.

### 32. What is your sexual orientation?

- ☐ Straight/Heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other: \_\_\_\_\_

### Additional survey comments:

---

---

---

---

---

**Thank you!**

**Please return the completed survey in the postage-paid envelope.**

---

<sup>i</sup> Hartzler B, Dombrowski JC, Crane HM, et al. Prevalence and Predictors of Substance Use Disorders Among HIV Care Enrollees in the United States. *AIDS Behav.* 2017;21(4):1138-1148. doi:10.1007/s10461-016-1584-6

<sup>ii</sup> [Emergency Department Visit Rates by Selected Characteristics: United States, 2018 NCHS Data Brief No. 401, March 2021](https://www.cdc.gov/nchs/products/databriefs/db401.htm) <https://www.cdc.gov/nchs/products/databriefs/db401.htm>

Special Demonstration Benefits Project: Annual Reports For Demonstration Year 19  
Attachment 1 Amount Spent by Allocation Provider Type and Number of Users  
Data Source: MAGEE, MAGEE Paid Claims Header, Pulse Via Service Start Date (07/01/2020 to 10/31/2020)  
Hospital Claims Have been Adjusted According to Rate at Pay Date

Member Per Month (PMPM)	DY4			DY5			DY6			DY7			DY8			DY9		
	Demonstration Enrollees	332	\$1,260.00	Demonstration Enrollees	332	\$1,360.00	Demonstration Enrollees	332	\$1,384.00	Demonstration Enrollees	332	\$1,197.60	Demonstration Enrollees	332	\$962.00	Demonstration Enrollees	332	\$962.00
Medicaid Members**	899	\$2,418.00		Medicaid Members	899	\$2,490.00	Medicaid Members	899	\$2,593.00	Medicaid Members	899	\$2,354.80	Medicaid Members	899	\$2,403.72	Medicaid Members	899	\$2,403.72

Allocation Provider Type	DY4			DY5			DY6			DY7			DY8			DY9		
	Demonstration Enrollees	332	Medicaid Members	Demonstration Enrollees	332	Medicaid Members	Demonstration Enrollees	332	Medicaid Members	Demonstration Enrollees	332	Medicaid Members	Demonstration Enrollees	332	Medicaid Members	Demonstration Enrollees	332	Medicaid Members
District Members																		
Allocation Provider Type	PAID	USERS	PMPM	PAID	USERS	PMPM	PAID	USERS	PMPM	PAID	USERS	PMPM	PAID	USERS	PMPM	PAID	USERS	PMPM
ADVANCED PRACTICE REGISTERED NURSE	\$24,007.59	208	\$3.76	\$25,301.38	187	\$5.80	\$61,116.71	294	\$8.31	\$34,067.80	202	\$8.83	\$44,747.27	268	\$7.52	\$40,557.80	217	\$9.24
ALTERNATIVE RESIDENTIAL FACILITY	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00
AMBULANCE	\$23,797.53	58	\$3.61	\$22,979.53	57	\$5.26	\$30,751.87	70	\$4.60	\$17,430.34	63	\$4.29	\$12,375.33	37	\$2.11	\$48,510.79	60	\$11.05
ANALYTICAL/SURGICAL CENTER	\$5,294.14	127	\$0.80	\$4,922.86	0	\$1.13	\$2,257.87	14	\$1.11	\$5,446.13	8	\$1.20	\$6,301.21	16	\$1.09	\$2,099.69	3	\$0.47
AUDILOGIST	\$309.78	7	\$0.01	\$709.15	5	\$0.16	\$207.26	9	\$0.03	\$1,567.64	6	\$0.38	\$440.20	5	\$0.01	\$104.79	1	\$0.02
BEHAVIORAL HEALTH CLINICIAN	\$188,114.75	118	\$38.52	\$181,305.79	104	\$41.56	\$174,389.28	133	\$26.56	\$170,273.13	89	\$39.21	\$150,353.10	110	\$26.01	\$107,455.21	99	\$33.89
BOARDING HOME	\$30,043.87	1	\$4.55	\$31,861.10	2	\$2.30	\$25,124.22	3	\$3.81	\$27,379.62	1	\$6.14	\$1,833.05	1	\$0.17	\$70,022.14	0	\$17.78
CASE MANAGEMENT SERVICES PROVIDER	\$405,348.82	388	\$69.82	\$406,206.22	243	\$93.10	\$424,727.15	379	\$67.44	\$370,284.15	227	\$91.16	\$302,517.12	337	\$66.80	\$308,228.68	253	\$90.71
CHIROPRACTOR	\$241.20	6	\$0.00	\$401.63	2	\$0.00	\$409.21	5	\$0.10	\$386.59	2	\$0.00	\$386.59	5	\$0.02	\$1,446.41	11	\$0.24
COMMUNITY PROVIDER	\$123,113.62	487	\$38.69	\$86,264.08	140	\$29.23	\$95,877.80	120	\$13.75	\$97,673.42	103	\$16.86	\$77,706.46	113	\$13.22	\$101,248.29	118	\$20.79
DENTAL HYGIENIST			\$556.00	0	\$0.13	\$0.00	\$0.00	0	\$0.00	\$234.00	1	\$0.01			\$42.00	1	\$0.01	\$42.00
DENTIST	\$14,939.44	6	\$0.22	\$16,982.44	40	\$4.35	\$6,901.21	14	\$1.02	\$21,070.28	37	\$5.19	\$1,184.80	5	\$0.20	\$21,724.50	35	\$4.46
DIETITIAN			\$50.00	2	\$0.01	\$0.00	1	\$0.00	\$1,089.50	5	\$0.27				\$815.00	0	\$0.19	\$0.00
DIAGNOSIS CENTER - FREE STANDING	\$44,734.54	1	\$0.72			\$6,680.13	1	\$1.02			\$14,944.42	2	\$2.44			\$7,970.58	1	\$1.42
DIEITICIAN			\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00				\$19.00	1	\$0.00	\$0.00
DME SUPPLIER	\$6,389.74	35	\$0.97	\$31,552.24	61	\$7.23	\$4,966.79	31	\$0.76	\$26,707.89	67	\$8.60	\$4,405.79	27	\$0.75	\$27,650.28	64	\$8.30
FACILITY/AGENCY/ORGANIZATION NR PROVIDER	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00
FISCAL EMPLOYER AGENT			\$101,869.33	9	\$22.16	\$0.00		\$116,813.76	0	\$33.30	\$207,327.70		\$47.23		\$174,176.16	7	\$28.82	
HOME HEALTH AGENCY	\$2,023.28	3	\$0.31	\$45,262.01	14	\$10.32	\$5,639.72	6	\$0.86	\$38,204.42	10	\$8.93	\$2,473.16	2	\$0.40	\$58,599.13	16	\$13.35
HOSPICE	\$0.00	1	\$0.00	\$14,480.48	2	\$3.32	\$0.00	7	\$0.00	\$0.00	3	\$0.00			\$7,398.38	4	\$1.60	\$0.00
HOSPITAL	\$1,618,678.29	492	\$245.37	\$1,022,227.51	361	\$234.29	\$1,582,436.51	500	\$241.04	\$670,460.00	333	\$166.06	\$860,176.90	456	\$146.39	\$1,610,216.07	383	\$368.84
IRON HEALTH SERVICES PROVIDER															\$6,070.99	1	\$1.38	
LABORATORY/RADIOLOGY	\$54,439.90	233	\$8.25	\$32,304.94	181	\$7.40	\$61,959.86	211	\$8.44	\$26,017.88	143	\$6.41	\$40,211.47	183	\$6.84	\$42,440.77	151	\$9.87
MENTAL HEALTH CLINIC	\$29,873.88	7	\$4.53	\$56,367.35	16	\$12.56	\$26,376.85	4	\$4.32	\$11,810.88	0	\$0.00	\$27,716.87	6	\$4.83	\$14,138.33	0	\$0.00
MULTI-DISCIPLINARY PROVIDER	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00
NURSE	\$3,106.42	9	\$0.47	\$2,359.23	10	\$0.54	\$3,383.66	11	\$0.50	\$2,911.40	7	\$0.72	\$1,896.18	6	\$0.32	\$3,971.65	8	\$0.81
NURSING HOME			\$27,218.49	3	\$11.11	\$43,733.81	3	\$6.64	\$19,225.42	0	\$0.00	\$3,520.00	1	\$0.00	\$180,614.55	10	\$34.31	
OCCUPATIONAL THERAPIST			\$186.88	2	\$0.04	\$715.10	3	\$0.11	\$864.12	3	\$0.21				\$115.12	1	\$0.02	\$162.40
OCCUPATIONAL THERAPY ASSISTANT						\$1,043.28	2	\$0.14	\$1,043.28	2	\$0.20	\$136.08	2	\$0.03				
OPTICIAN	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00						
OPTOMETRIST	\$3,750.15	67	\$0.57	\$4,792.57	84	\$1.10	\$2,710.42	57	\$0.91	\$4,263.04	75	\$1.05	\$2,696.48	55	\$0.96	\$4,511.28	82	\$1.03
PCA AGENCY	\$26,020.60	1	\$4.39	\$3,428.33	3	\$6.79	\$23,853.76	1	\$3.63	\$17,728.41	6	\$4.38			\$58,417.48	4	\$12.85	
PHARMACY	\$960.65	31	\$0.12	\$12,386.27	53	\$2.75	\$7,875.81	60	\$1.20	\$10,486.91	69	\$2.68	\$30,684.84	31	\$4.88	\$34,099.47	42	\$7.77
PHYSICAL THERAPIST	\$1,040.97	6	\$0.14	\$1,461.91	7	\$0.34	\$2,487.43	12	\$0.51	\$4,140.71	10	\$0.72	\$2,932.58	16	\$0.99	\$2,932.58	16	\$0.99
PHYSICIAN	\$234,891.30	497	\$35.59	\$221,818.93	365	\$59.84	\$304,969.53	490	\$46.41	\$187,822.68	328	\$46.24	\$228,733.09	438	\$39.93	\$304,341.47	360	\$60.33
PHYSICIAN ASSISTANT	\$15,251.92	154	\$2.31	\$12,462.36	110	\$2.55	\$9,946.61	126	\$1.47	\$6,048.66	100	\$1.71	\$10,292.40	102	\$2.36	\$6,197.38	119	\$1.11
PHYSICIANS GROUP	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00			\$13,780.85	141	\$2.28	
PNP - PRIVATE NON-MEDICAL INSTITUTION	\$61,735.06	1	\$9.34	\$111,591.25	0	\$25.58	\$111,590.03	3	\$16.97	\$88,522.67	3	\$21.79	\$2,637.38	2	\$0.45	\$149,000.60	8	\$34.85
PODIATRIST	\$1,386.14	25	\$0.21	\$1,679.45	30	\$0.43	\$1,773.89	24	\$0.44	\$1,783.84	24	\$0.44	\$1,623.79	28	\$0.33	\$1,693.32	36	\$0.51
PSYCHIATRIC HOSPITAL	\$66,613.24	15	\$9.19	\$88,244.78	13	\$29.33	\$68,946.80	12	\$10.50	\$33,805.43	12	\$8.62	\$46,370.41	11	\$7.89	\$59,338.28	16	\$15.52
REHABILITATION CENTER	\$1,962.30	2	\$0.29	\$17,456.81	3	\$4.00	\$412.80	1	\$0.06	\$16,046.28	1	\$3.95	\$1,091.30	1	\$0.29	\$17,604.60	2	\$0.39
SCHOOL HEALTH CENTER	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00
SPEECH LANGUAGE PATHOLOGIST			\$607.85	3	\$0.12	\$1,233.12	3	\$0.36	\$477.77	1	\$0.00				\$288.13	1	\$0.05	
SPEECH THERAPY ASSISTANT						\$490.00	1	\$0.07	\$490.00	1	\$0.17							
STATE AGENCY	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00
SUBSTANCE ABUSE PROVIDER	\$7,120.00	4	\$1.88	\$20,402.00	10	\$4.68	\$8,866.00	5	\$1.35	\$20,574.00	8	\$5.04	\$3,300.00	2	\$0.56	\$29,650.00	15	\$6.75
SPECIAL PURPOSE PRIVATE SCHOOL	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00		
STATE PSYCHIATRIC HOSPITAL	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$0.00		
TRANSPORTATION	\$0.00	99	\$0.00	\$0.00	114	\$0.00	\$0.00	106	\$0.00	\$0.00	111	\$0.00	\$0.00	83	\$0.00	\$0.00	124	\$0.00
VISION CENTER			\$28.80	1	\$0.00	\$21.00	1	\$0.00	\$42.00	2	\$0.01				\$42.00	2	\$0.01	
WELDER SERVICES PROVIDER	\$385.00	1	\$0.04	\$19,324.40	3	\$4.20	\$250.00	1	\$0.00	\$48,016.04	4	\$11.82			\$126,766.21	8	\$28.88	
-Missing**	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$0.00	\$0.00		
-Not Applicable (Prescription Claims)	\$6,401,962.17	534	\$1,273.60	\$5,353,792.32	399	\$1,227.09	\$8,510,335.71	549	\$1,296.32	\$4,766,038.87	332	\$1,173.32	\$7,546,468.13	481	\$1,284.29	\$5,623,932.78	387	\$1,281.08
Total	\$11,581,177.40	\$3,280.00	\$1,726.16	\$6,911,676.16	\$3,628.80	\$1,638.53	\$11,833,376.80	\$3,280.00	\$1,771.95	\$6,967,866.31	\$2,380.00	\$1,713.72	\$4,684,041.47	\$2,834.08	\$1,614.83	\$6,411,488.16	\$2,880.00	\$1,748.00

\* Members from Initial Group and Cost Neutralization Group Combined. This report has not been filtered by Reimbursement Categories and contains members  
Member Enrolled and claims paid by other Network. Therefore, enrollment and number of claims may be slightly higher compared to CMS Financial reports.  
\*\* -Missing allocation provider type indicates reversed claims (negative dollars). This is due to an issue where the allocation provider type on reversed claims is assigned a "-Missing" value.  
\*\*\* Claim data reports are based on the rate code at time of payment.  
\*\*\*\* Utilization data reports are based on the rate code on the claim.



Special Benefits 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			Demonstration Enrollees			Medicaid Members			Total			Demonstration Enrollees			Medicaid Members			Total			Demonstration Enrollees			Medicaid Members			Total			Demonstration Enrollees			Medicaid Members			Total																																															
	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total	Enrollees	Members	Total																																																												
	SFY2003 - DY01									SFY2004 - DY02									SFY2005 - DY03									SFY2006 - DY04									SFY2007 - DY05									SFY2008 - DY06									SFY2009 - DY07									SFY2010 - DY08									SFY2011 - DY09									SFY2012 - DY10									SFY2013 - DY11									2013 (2nd half) - DY11								
July	85	228	313	124	280	404	143	301	444	191	309	500	272	303	577	293	275	568	286	269	555	331	283	614	382	307	689	416	292	708	416	201	617	420	221	641																																																																								
August	94	226	320	125	277	402	141	300	441	207	303	510	273	301	574	291	273	564	276	272	548	332	280	612	386	308	694	417	284	701	420	201	621	425	218	643																																																																								
September	97	224	321	131	273	404	140	297	437	213	301	514	272	300	577	281	269	550	283	269	552	333	281	614	383	295	678	417	284	701	412	196	608	430	215	645																																																																								
October	94	244	338	132	292	424	143	298	441	224	295	519	282	289	581	288	274	562	284	272	556	328	284	621	371	289	660	420	291	711	417	178	595	443	216	659																																																																								
November	94	244	338	134	286	420	146	296	441	228	287	515	282	288	580	283	270	553	289	275	564	339	286	625	379	294	673	428	288	714	415	185	602	446	215	661																																																																								
December	98	241	339	134	286	420	146	296	442	239	280	519	291	285	576	283	267	550	296	282	578	346	290	636	395	288	683	423	283	706	409	197	606	449	211	660																																																																								
January	102	258	360	134	295	429	156	305	461	248	291	539	298	281	579	289	256	545	300	284	584	348	296	644	398	289	685	414	248	662	408	204	612																																																																											
February	108	256	364	140	292	432	160	301	461	256	287	543	301	276	577	291	257	548	302	288	590	349	298	647	399	281	680	420	242	662	414	199	613																																																																											
March	113	253	366	143	288	431	163	297	460	256	283	539	292	276	568	287	262	549	312	290	602	350	301	651	407	289	696	413	177	590	411	212	623																																																																											
April	117	264	381	144	288	432	174	308	482	263	297	560	298	274	572	288	267	555	315	288	603	355	300	655	413	298	711	419	183	602	418	211	629																																																																											
May	119	265	384	142	291	433	179	302	481	261	296	557	292	274	566	295	265	560	316	284	600	369	301	670	413	296	709	417	187	604	421	209	630																																																																											
June	123	263	386	140	290	430	181	299	479	264	292	556	282	274	556	295	263	558	323	280	603	381	313	694	415	290	705	417	195	612	420	209	629																																																																											

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	2014 - DY12			2015 - DY13			2016 - DY14			2017 - DY15			2018 - DY16			2019 - DY17			2020 - DY18			2021 - DY19		
January	445	212	657	454	312	766	464	314	778	450	313	763	446	312	758	458	313	771	314	438	752	297	479	776
February	445	214	659	456	311	767	467	323	790	452	314	766	446	310	756	448	324	772	310	437	747	293	487	780
March	450	209	659	459	312	771	461	316	777	457	317	774	454	308	762	428	338	766	310	444	754	291	497	788
April	447	212	659	456	313	769	461	313	774	456	314	770	456	309	765	403	362	765	308	450	758	294	497	791
May	452	208	658	449	317	765	460	313	773	458	314	772	458	308	766	398	375	773	296	457	753	294	497	794
June	446	327	775	446	317	763	463	307	770	450	320	770	457	315	769	334	420	754	299	460	759	290	500	790
July	446	320	766	454	315	769	457	310	767	453	315	768	458	312	770	336	426	762	301	467	768	289	501	790
August	443	320	763	457	312	769	453	314	767	447	311	758	457	315	772	331	421	752	303	461	764	290	503	793
September	446	321	767	462	320	782	463	316	779	449	312	761	460	317	777	334	428	762	304	464	769	291	504	795
October	443	324	767	456	321	777	462	312	774	449	311	760	465	316	780	327	438	763	302	470	772	291	505	796
November	445	319	764	464	313	777	458	313	771	445	311	756	458	312	770	324	437	761	298	481	779	292	506	798
December	444	316	760	461	311	772	456	312	768	442	314	756	463	311	774	322	439	758	298	484	782	292	505	797

Department Of Health And Human Services

MaineCare Services

Special Benefits Demonstration Project

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

Month	Demonstration Enrollees				Medicaid Members				Total
	Total	Female	Male	Under 18	Total	Female	Male	Under 18	
January-16	464	55	409	4	314	112	202	11	778
February-16	467	59	408	4	323	114	209	12	790
March-16	461	61	400	5	316	112	204	12	777
April-16	461	61	400	5	313	108	205	12	774
May-16	460	61	399	5	313	108	205	12	773
June-16	463	60	403	5	307	105	202	12	770
July-16	457	58	399	3	310	107	203	14	767
August-16	453	57	396	3	314	107	207	14	767
September-16	463	59	404	3	316	109	207	15	779
October-16	462	60	402	3	312	110	202	15	774
November-16	458	60	398	3	313	109	204	15	771
December-16	456	59	397	3	312	105	207	12	768
January-17	450	59	391	3	313	105	208	11	763
February-17	452	61	391	3	314	105	209	12	766
March-17	457	61	396	3	317	107	210	14	774
April-17	456	61	395	3	314	104	210	15	770
May-17	456	59	397	3	314	109	205	15	770
June-17	450	57	393	3	320	110	210	15	770
July-17	453	57	396	3	315	110	205	15	768
August-17	447	56	391	3	311	111	200	14	758
September-17	449	54	395	3	312	110	202	14	761
October-17	449	58	391	3	311	109	202	14	760
November-17	445	56	389	3	311	110	201	14	756
December-17	442	56	386	3	314	107	207	14	756
January-18	446	55	391	3	312	105	207	12	758
February-18	446	53	393	3	310	100	210	10	756
March-18	454	55	399	3	308	104	204	11	762
April-18	456	57	399	3	309	104	205	11	765
May-18	458	58	400	3	306	104	202	11	764
June-18	457	59	398	3	312	111	201	11	769
July-18	458	62	396	3	312	108	204	11	770
August-18	457	65	392	3	315	109	206	11	772
September-18	460	62	398	3	317	111	206	11	777
October-18	465	64	401	5	315	108	207	9	780
November-18	458	65	393	5	312	111	201	10	770
December-18	463	66	397	5	311	108	203	10	774
January-19	458	67	391	5	313	107	206	12	771
February-19	448	67	381	5	324	112	212	12	772
March-19	428	65	363	5	338	113	225	10	766
April-19	403	63	340	5	362	114	248	9	765
May-19	398	64	334	5	375	115	260	10	773
June-19	334	51	283	5	420	120	300	10	754
July-19	336	52	284	5	426	122	304	10	762
August-19	331	51	280	5	421	125	296	10	752
September-19	334	52	282	5	428	128	300	10	762
October-19	327	49	278	5	436	131	305	10	763
November-19	324	49	275	5	437	129	308	11	761
December-19	322	50	272	5	436	128	308	10	758
January-20	314	47	267	5	438	130	308	10	752
February-20	310	46	264	5	437	130	307	10	747
March-20	310	44	266	5	444	136	308	10	754
April-20	308	43	265	5	450	135	315	10	758
May-20	296	41	255	5	457	137	320	9	753
June-20	299	42	257	5	460	139	321	9	759
July-20	301	43	258	5	467	142	325	9	768
August-20	303	45	258	5	461	140	321	7	764
September-20	304	44	260	5	464	138	326	8	768
October-20	302	43	259	5	470	138	332	8	772
November-20	298	43	255	5	481	139	342	7	779
December-20	298	44	254	5	484	140	344	9	782

January-21	297	45	252	4	479	138	341	5	776
February-21	293	45	248	4	487	139	348	5	780
March-21	291	44	247	4	497	140	357	5	788
April-21	294	43	251	4	497	141	356	5	791
May-21	294	43	251	4	497	140	357	6	791
June-21	290	43	247	4	500	140	360	6	790
July-21	288	43	245	4	501	142	359	6	789
August-21	290	43	247	4	503	139	364	8	793
September-21	291	44	247	4	504	139	365	8	795
October-21	291	45	246	4	505	136	369	8	796
November-21	292	47	245	4	506	132	374	9	798
December-21	292	46	246	4	505	131	374	8	797

Department Of Health and Human Services  
MaineCare Services

Special Benefits Demonstration Project  
Attachment A: Distinct Member Counts By Quarter

State Fiscal Year	Quarter	Total Membership	Demonstration Program	Medicaid Members	Members in Both*	Members in Cohort	Members in Medicaid Exclusive**	Moved from Cohort to Demonstration Group
2003	1	331	104	231	4	211	23	3
2003	2	345	101	246	2	206	44	4
2003	3	372	116	260	4	202	60	2
2003	4	391	124	268	1	198	73	3
2004	1	413	132	284	3	194	96	6
2004	2	427	135	297	5	188	114	5
2004	3	436	143	301	8	186	120	5
2004	4	440	151	294	5	185	115	6
2005	1	451	147	308	4	183	131	6
2005	2	452	153	305	6	178	134	7
2005	3	466	164	305	3	173	138	6
2005	4	495	189	311	5	171	147	7
2006	1	523	218	314	9	168	153	7
2006	2	537	246	298	7	167	140	9
2006	3	551	267	295	11	160	146	11
2006	4	576	286	305	15	158	157	10
2007	1	592	287	313	8	158	165	10
2007	2	596	304	296	4	155	151	10
2007	3	587	308	285	6	153	142	10
2007	4	581	305	280	4	150	141	11
2008	1	576	302	281	7	145	146	10
2008	2	575	298	288	11	142	157	11
2008	3	567	301	276	10	139	149	12
2008	4	586	309	282	5	136	158	12
2009	1	578	299	284	5	137	157	10
2009	2	585	301	287	3	134	165	12
2009	3	615	321	304	10	135	181	12
2009	4	624	336	301	13	135	178	12
2010	1	632	341	295	4	128	179	12
2010	2	649	354	313	18	131	196	14
2010	3	669	366	325	22	132	208	15
2010	4	704	383	326	5	132	208	14
2011	1	711	398	337	24	132	220	15
2011	2	704	405	313	14	129	196	14
2011	3	719	418	308	7	129	193	14
2011	4	733	431	309	7	127	194	12
2012	1	728	434	300	6	125	186	11
2012	2	730	438	303	11	124	193	14
2012	3	690	437	257	4	123	148	14
2012	4	631	431	206	6	118	100	12
2013	1	646	437	218	9	115	118	15
2013	2	637	436	209	8	115	109	15
2013	3	644	421	226	3	112	127	13
2013	4	649	433	218	2	110	120	12
2014 (DY11)	1 (5)	675	443	234	2	106	140	12
2014 (DY11)	2 (6)	691	460	237	6	101	146	10

\* Members moved from Demonstration Program to Full MaineCare(Medicaid) or Full MaineCare to Demonstration Program during the Quarter

\*\*Previously "Members in Quarter Only". As of SFY11 this field was renamed "Members in Medicaid Exclusive" to provide a more accurate field description.

Calendar Year	Quarter	Total Membership	Demonstration Program	Medicaid Members	Members in Both*	Members in Cohort	Members in Medicaid Exclusive**	Moved from Cohort to Demonstration Group
2014	1	686	463	226	3	100	136	10
2014	2	793	463	333	3	101	241	9
2014	3	794	464	331	1	101	241	11
2014	4	794	457	340	3	100	250	10
2015	1	800	473	334	7	99	246	11
2015	2	790	469	329	8	98	242	11
2015	3	807	476	335	4	99	247	11
2015	4	806	478	332	4	99	244	11
2016	1	805	478	333	6	99	246	12
2016	2	793	473	325	5	97	239	11
2016	3	803	476	333	6	97	247	11
2016	4	799	476	328	5	95	246	13
2017	1	804	475	334	5	91	255	12
2017	2	807	479	337	9	92	256	11
2017	3	800	472	333	5	89	253	9
2017	4	789	468	330	9	88	254	12
2018	1	792	468	330	6	89	253	12
2018	2	793	474	325	6	88	248	11
2018	3	802	477	330	5	86	256	12
2018	4	808	484	331	7	86	258	13
2019	1	812	473	363	24	83	293	13
2019	2	800	417	448	65	81	379	12
2019	3	795	351	458	14	81	390	13
2019	4	790	340	463	13	80	394	11
2020	1	794	330	476	12	80	407	11
2020	2	780	315	477	12	80	408	11
2020	3	799	310	493	4	79	425	11
2020	4	802	305	502	5	79	433	10
2021	1	805	296	512	6	78	512	10
2021	2	812	296	523	10	78	523	12
2021	3	816	295	523	2	78	523	11
2021	4	828	299	532	3	76	532	10

SPECIAL BENEFITS DEMONSTRATION PROJECT  
ATTACHMENT C: CONTACT TRACKING SUMMARY

Contact Reason	DY14		DY15		DY16		DY17		DY18		DY19	
	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing
Adherence	237	788	276	734	251	801	28	202	4	609	6	815
Ambulance/Transportation	29	48	62	87	23	46	9	16	7	17	2	5
Case Management Services	410	441	484	473	540	589	442	505	361	1076	269	322
Collaboration Care Coordination	103	111	129	114	130	103	95	129	48	156	25	197
Compliance	57	257	57	209	55	328	80	481	127	902	210	825
Eligibility	328	782	318	805	245	704	134	422	87	332	72	410
ER	95	369	83	329	59	221	8	170	1	313	2	234
Family Planning	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Services	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient	19	68	19	59	18	43	4	28	0	62	0	47
Introductory Call	41	121	45	116	40	129	6	95	2	90	5	92
Laboratory/X-ray	21	41	13	27	29	91	1	3	1	209	5	123
Medications	81	136	85	83	120	95	36	37	23	23	27	38
Member Survey	46	256	81	266	67	202	5	199	2	264	5	142
Mental Health/Substance Abuse	8	11	2	2	6	6	1	239	0	1	1	0
Other	381	445	410	365	327	404	83	33	52	213	46	176
Outdated Contact	8	42	11	74	2	28	1	35	0	0	0	72
Pharmacy	4	65	12	41	11	104	5	39	5	18	2	18
Phone Call Follow-up	19	271	31	303	13	242	2	92	0	28	0	112
Physician Services	0	0	0	0	0	0	0	0	0	0	0	0
Policy	0	0	0	3	0	0	0	0	0	0	0	0
Provider Services	28	65	40	104	30	80	24	1	8	75	18	39
Readmission			1	1	0	0	0	0	0	0	0	0
Unpaid Claims	39	99	50	100	35	96	33	45	32	52	29	41
Viral Loads	10	3	4	1	6	0	1	1	4	0	0	0
Total	1964	4419	2213	4296	2007	4312	998	2772	764	4440	724	3708

ATTACHMENT D: CONTACT TRACKING DETAIL

		Demonstration Year 4		Demonstration Year 5		Demonstration Year 6		Demonstration Year 7		Demonstration Year 8		Demonstration Year 9		Demonstration Year 10		Demonstration Year 11		Demonstration Year 12		Demonstration Year 13		Demonstration Year 14		Demonstration Year 15		Demonstration Year 16		Demonstration Year 17		Demonstration Year 18		Demonstration Year 19		
INCOMING		1472	42%	1844	41%	1252	36%	801	28%	919	25%	984	27%	1327	32%	1605	24%	1523	25%	1881	29%	1964	31%	2,213	34%	2,007	32%	998	27%	764	15%	724	16%	
Calls		926	63%	1115	60%	880	70%	571	71%	703	76%	869	88%	1207	91%	1384	86%	1389	91%	1723	92%	1747	89%	1,961	89%	1,839	92%	853	85%	610	80%	603	83%	
Member	Aherence	0	0%	46	9%	28	7%	25	10%	87	20%	106	34%	68	13%	213	30%	222	27%	212	23%	189	23%	221	21%	189	22%	23	7%	3	1%	5	1%	
	Ambulance/Transportation	0	0%	6	1%	4	1%	4	2%	2	0%	2	1%	6	1%	4	1%	6	1%	12	1%	28	3%	6	1%	2	1%	0	0%	0	0%	0	0%	
	Case Management Services	285	77%	285	59%	248	63%	34	8%	11	0%	98	37%	11	1%	13	1%	1	0%	13	1%	13	1%	1	0%	1	0%	2	1%	4	1%	0	0%	
	Collaboration Case coordination	1	0%	12	2%	14	4%	10	4%	5	1%	21	7%	2	1%	0	0%	3	0%	2	0%	0	0%	1	0%	1	0%	1	0%	1	0%	1	0%	
	Compliance	41	11%	20	4%	16	4%	19	7%	34	11%	34	11%	13	3%	41	11%	39	10%	41	11%	39	10%	41	11%	39	10%	65	19%	138	46%	198	56%	
	Eligibility	8	2%	17	3%	29	7%	53	20%	49	11%	66	13%	125	16%	117	14%	151	16%	151	16%	151	16%	151	16%	99	26%	243	56%	168	16%	168	16%	
	ER	0	0%	2	0%	2	1%	15	7%	2	0%	15	7%	16	2%	39	1%	41	0%	55	7%	55	7%	55	7%	41	5%	6	2%	1	0%	0	0%	
	Hospital Services	2	1%	0	0%	0	0%	1	0%	11	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Insight	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Introductory Call	0	0%	1	0%	1	0%	0	0%	0	0%	4	1%	25	6%	32	5%	47	6%	49	5%	40	5%	42	4%	35	4%	5	1%	2	1%	5	1%	
	Laboratory/X-ray	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Mental Health/Substance Abuse	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Medications	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Other	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Outdated Contact	0	0%	0	0%	0	0%	7	4	2%	39	9%	15	5%	22	6%	283	66%	283	28%	216	26%	289	28%	256	29%	256	29%	63	18%	33	13%	31	9%
	Unpaid Claims	0	0%	0	0%	0	0%	2	1%	19	3%	14	3%	3	1%	19	3%	19	2%	43	5%	19	2%	21	2%	16	2%	22	6%	9	4%	16	5%	
	Pharmacy	28	8%	94	19%	52	13%	24	9%	23	5%	14	4%	13	3%	6	1%	9	1%	1	0%	2	0%	4	0%	4	0%	3	1%	1	0%	0	0%	
	Phone Call Follow-up	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Policy	1	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Provider services	3	0%	5	1%	0	0%	11	4%	28	7%	17	5%	16	3%	21	3%	2	0%	7	1%	5	1%	4	0%	5	1%	8	2%	2	1%	8	2%	
	Readmissions	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Vital Loads	1	0%	2	0%	2	1%	12	5%	2	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Member Survey	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	85	16%	0	0%	0	0%	70	8%	44	5%	76	7%	61	7%	5	1%	2	1%	0	0%	
Family Planning	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
ASO Worker	Total	370	100%	501	100%	305	100%	281	100%	430	100%	513	100%	708	100%	835	100%	901	100%	901	100%	830	100%	1020	100%	879	100%	346	100%	297	100%	346	100%	
	Case Management Services	170	63%	199	59%	106	51%	47	39%	117	69%	149	83%	471	93%	362	78%	194	54%	281	57%	340	59%	410	64%	483	72%	375	96%	284	95%	225	98%	
	Ambulance/Transportation	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Case Management Services	28	10%	0	0%	0	0%	0	0%	3	2%	1	0%	1	0%	3	1%	30	8%	37	7%	49	9%	36	6%	4	0%	1	0%	1	0%	1	0%	
	Eligibility	19	7%	47	14%	38	18%	31	26%	16	9%	7	2%	14	3%	16	3%	7	2%	38	7%	38	7%	58	9%	38	6%	4	1%	0	0%	0	0%	
	Compliance	3	1%	0	0%	0	0%	22	2%	7	1%	19	4%	34	10%	45	1%	44	10%	45	1%	24	4%	24	4%	0	0%	0	0%	0	0%	0	0%	
	Aherence	0	0%	2	1%	2	1%	10	6%	41	3%	51	4%	14	1%	32	7%	49	14%	51	10%	36	6%	41	6%	47	7%	5	1%	0	0%	0	0%	
	Laboratory/X-ray	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Family Planning	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Provider Services	0	0%	4	1%	0	0%	1	1%	4	2%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	
	Mental Health/Substance Abuse	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Hospital Services	5	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Vital Load	1	0%	4	1%	4	2%	1	1%	1	1%	1	0%	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Collaboration Case coordination	16	6%	45	13%	30	14%	24	20%	2	1%	8	2%	1	0%	1	0%	5	1%	30	6%	27	5%	13	2%	6	1%	3	0%	4	1%	0	0%	
	Pharmacy	38	10%	34	10%	25	12%	7	6%	6	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
	Medications	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0	

ASO Worker	Compliance	0	0%	0	0%	2	9%	3	9%	0	0%	0	0%	1	7%	0	0%	1	6%	0	0%	0	0%	0	0%	0	0%	1	14%	3	19%	11	69%		
	Collaboration Care coordination	4	12%	4	31%	4	13%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	ER	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Pharmacy	2	6%	4	13%	4	31%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Vital Loads	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Upaid Claims																																		
	Member Survey																																		
	Medications																																		
	Introductory Call																																		
	Total	33	100%	30	100%	13	100%	23	100%	32	100%	3	100%	3	100%	15	100%	35	100%	18	100%	21	100%	35	100%	31	100%	2	100%	7	100%	25	100%	45	100%
Other	Other	71	21%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Adherence	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Ambulance/Transportation	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	4	6%	1	2%		
	Case Management Services	14	12%	9	3%	3	36%	2	6%	11	22%	9	28%	16	100%	30	92%	9	92%	30	92%	46	90%	46	90%	46	90%	40	88%	59	83%	37	54%		
	Compliance	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Policy	0	0%	9	6%	5	5%	3	8%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Hospital Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	ER	0	0%	0	0%	0	0%	0	0%	4	8%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Medications	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Eligibility	4	2%	7	4%	0	0%	2	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
Physician	Family Planning	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Physician Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Collaboration Care coordination	26	22%	79	82%	24	67%	0	0%	2	8%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%		
	Pharmacy	2	2%	12	3%	3	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Upaid Claims																																		
	Member Survey																																		
	Medications																																		
	Introductory Call																																		
	Total	117	100%	141	100%	26	100%	36	100%	49	100%	2	100%	6	100%	15	100%	43	100%	11	100%	43	100%	51	100%	46	100%	0	0%	1	2%	6	9%	1	2%
	Other	Other	57	37%	0	0%	1	3%	0	0%	0	0%	0	0%	8	9%	0	0%	4	21%	11	36%	21	46%	22	28%	9	20%	0	0%	1	7%	0	0%	
Case Management Services		23	15%	11	4%	2	3%	1	3%	1	13%	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
Physician Services		4	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
Compliance		1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	7%		
Eligibility		8	5%	1	1%	1	1%	2	6%	1	13%	5	66%	11	37%	22	25%	6	32%	1	3%	5	11%	4	5%	2	4%	1	3%	1	4%	0	0%		
Family Planning		0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
Hospital Services		0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
ER		0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
Ambulance/Transportation		0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
Collaboration Care coordination		37	24%	183	62%	51	66%	12	39%	3	38%	2	30%	9	30%	48	55%	2	11%	3	10%	5	11%	7	9%	4	9%	26	72%	25	89%	11	79%		
Eligibility Office	Pharmacy	23	15%	26	0%	8	10%	4	13%	1	13%	0	0%	0	0%	4	5%	6	32%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Upaid Claim	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Policy	2	1%	69	24%	15	19%	10	32%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Provider Services																																		
	Mental Health																																		
	Medication																																		
	Provider Services																																		
	Total	155	100%	293	100%	77	100%	31	100%	8	100%	2	13%	8	100%	38	100%	19	100%	47	100%	26	4%	80	94%	16	9%	36	36%	2	6%	4	0%		





[illegible]

ASO Worker	Other	6	8%	0	0%	24	25%	2	1%	26	15%	5	3%	24	23%	104	31%	82	25%	96	31%	101	39%	98	38%	104	31%	101	63%	146	76%	108	50%		
	Vital Loads	0	0%	0	0%	2	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Adherence	0	0%	0	0%	0	0%	3	12	9%	2	1%	6	4%	0	0%	3	1%	0	0%	0	0%	0	0%	0	0%	3	1%	0	0%	4	2%	3	1%	
	Medications													2	2%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%		
	Outdated Contact													1	1%	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%	1	0%		
	Monitor Survey													0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	1%	0	0%		
	Compliance	3	4%	2	4%	4	4%	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	17	11%	6	3%	7	3%		
	Family Planning	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Mental/Healty Substance Abuse	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Eligibility	1	1%	2	4%	3	3%	3	2%	11	6%	2	1%	1	1%	6	2%	0	0%	0	0%	1	0%	2	1%	6	2%	2	1%	1	1%	1	0%		
	ERT	0	0%	0	0%	0	0%	0	0%	80	47%	0	0%	36	25%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	4	3%	0	0%		
	Hospital Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Infapant	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%		
	Policy	0	0%	0	0%	1	1%	18	13%	32	19%	16	12%	9	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	9	3%	0	0%	0	0%		
	Provider Services	0	0%	0	0%	1	1%	3	2%	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Collaboration Care coordination	3	4%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Pharmacy	2	3%	8	17%	5	5%	3	2%	14	10%	3	2%	1	1%	0	0%	1	0%	0	0%	2	1%	0	0%	0	0%	1	1%	0	0%	0	0%		
	Introductory Call													1	1%	2	1%	1	0%	1	0%	0	0%	0	0%	2	1%	2	1%	1	1%	0	0%		
	Phone Call Follow-up													0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Total	77	100%	48	100%	98	100%	141	100%	179	100%	148	100%	106	100%	338	100%	327	100%	305	100%	338	100%	335	100%	338	100%	338	100%	480	100%	214	100%		
Case Management Services	1	17%	2	20%	7	41%	9	56%	0	0%	1	100%	3	100%	2	40%	0	0%	0	0%	0	0%	0	0%	0	0%	2	40%	4	100%	5	100%	0	0%	
	Eligibility	0	0%	0	0%	1	6%	0	0%	1	0	0%	0	0%	1	20%	0	0%	1	100%	0	0%	0	0%	0	0%	1	20%	0	0%	0	0%	0	0%	
	Other	3	50%	0	0%	4	24%	0	0%	1	6%	2	40%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	40%	0	0%	0	0%		
	Collaboration Care coordination	2	33%	8	80%	5	29%	5	31%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Total	6	100%	10	100%	17	100%	16	100%	0	0%	1	100%	3	100%	5	100%	0	0%	1	100%	0	0%	0	0%	0	0%	5	100%	4	100%	5	100%	0	0%
Other	Other	6	43%	0	0%	5	33%	2	11%	0	0%	1	25%	1	100%	1	100%	3	100%	1	100%	1	100%	4	100%	1	100%	2	100%	0	0%	1	100%		
	Case Management Services	6	43%	0	0%	3	20%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Hospital Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Collaboration Care coordination	1	7%	5	63%	4	27%	2	11%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Eligibility	1	7%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Adherence	0	0%	1	13%	0	0%	1	6%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Compliance	0	0%	1	13%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Urgent Claim	0	0%	0	0%	0	0%	3	15%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Vital Loads	0	0%	1	13%	0	0%	10	56%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Total	14	100%	8	100%	15	100%	18	100%	4	100%	0	0%	1	100%	1	100%	3	100%	1	100%	1	100%	4	100%	1	100%	2	100%	0	0%	1	100%		
	Case Management Services	7	41%	25	66%	16	64%	0	0%	7	64%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Other	1	6%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
		Eligibility	5	5	20%	4	16%	2	8%	4	36%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
		Collaboration Care coordination	4	24%	10	26%	5	20%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
		Policy	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Total		17	100%	38	100%	25	100%	11	100%	2	100%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
Nurse	Case Management Services	0	0%	0	0.00%	2	67%	2	22%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Collaboration Care Coordination	0	0%	0	0.00%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Hospital Services	0	0%	0	0.00%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Vital Loads	0	0%	0	0.00%	0	0%	6	67%	3	100%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Laboratory/X-ray	0	0%	0	0.00%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		

Attachment N  
Nurse Coordinator Complaint Log  
Demonstration Year 18

Complaint ID	Date Contacted	Message Type	Type	Contacted Note	Resolution	Date of Resolution
83144	4 /16/2021	Incoming	Call	Member called to report that his case manager isn't calling him back. He has left several messages and hasn't head back. Member needs assistance with getting a dental appointment. He needs clearance from all providers (including dentist) to have hip surgery.	Nurse Coordinator outreached case manager. Assigned case manager was out so Nurse spoke with back up case manager. Back up case manager made appointment for member at new dental clinic but will also call regular office and see if they can get him in sooner. Case manager understands the urgency of this. Back up case manager spoke with member multiple times to get the issue resolved and will keep Nurse updated on appointments.	16-Apr-21
84413	7 /29/2021	Incoming	Call	Member called to report that he is dissatisfied with his case management agency. Member reported that the agency is threatening to discharge him, rather then address his unmet needs. Member reports that he has unresolved housing issues, car issues, and would like to access emergency COVID funds from the agency. Member states he has an email to case management agency that shows he filled out an assistance application.	Program Manager and member discussed options. Member will forward email correspondence with agency that shows he has asked for and needs assistance. Program manager followed up with the case manager supervisor. They went over agency case notes and discussed members options. The agency did not return the member's call or set up the services. Needs were also identified in the care plan and case notes, but were never addressed or worked on with member. Members email asking for help was received by the agency, but they never did anything with it. Member is okay remaining with this agency for now, as long as the case manager is helpful to him. Supervisor will follow up with staff and monitor the issue going forward. Supervisor later confirmed that member has been able to access agency assistance.	29-Jul-21
83433	5 /4 /2021	Incoming	Call	Member called Program Manager to report that he isn't happy with Nurse Coordinator. He had reached out to Nurse Coordinantor because his psychiatrist is refusing to fill his medications.	Program Manager and member discussed concerns. Program Manager reached out to members psychiatrist. Psychiatrist is no longer willing to prescribe medications due to rules being broken by the member (pill count and urine test). Psychiatrist will send member a discharge letter. Once member gets letter he would like the number to licensing, so he can file a complaint against provider. Number was provided to member. Program Manager also gave member the number to a few other providers in his area that may be willing to see him.	09-Jun-21
83817	6 /3 /2021	Incoming	Call	Member called Nurse Coordinator as member is not able to set up rides for next weeks appointments. When member calls the broker, they wait on hold for an hour and then the line just disconnects.	Nurse Coordinator followed up with the OMS NET. Nurse sent email to NET and they worked together, with the broker, to resolve the complaint. Nurse followed back up with the member to confirm she has been able to get to all recent appointments.	03-Jun-21
83926	6 /11/2021	Incoming	Call	Member called to complain about primary care provider (PCP). Member states PCP is requiring that she take a urine test. Member would like Nurse Coordinator to help her find a new provider at the same practice.	Nurse Coordinator placed a call to PCP office to request a new provider on members behalf. Nurse later confirmed with member that she was assigned to a new provider at that same practice.	15-Jun-21
84088	6 /24/2021	Incoming	Call	Case manager called OMS Program Manager to report some Non Emergency Transportation (NET) concerns. Case manager reports that Modivcare has canceled a ride multiple times the evening before members appointment, giving member less than 24 hours to find another solution. Member requested more notice and was told that they are attempting to find a driver up to the last minute possible. Member was told by broker that if it were a weekly appointment, they wouldn't have this issue.	Program Manager followed up internally with the OMS NET unit. The NET unit followed up with the broker who stated the members appointment is set up for the afternoon, which is their busiest time of the day. The member also has some companies that aren't willing to transport due to previous abusive behavior by the member. This limits the number of providers that the broker can assign to this member. Broker stated if member can change appointment times to late morning, it would be much easier to cover their appointment's/rides. Program Manager shared this information with the case manager. To date, no further complaints have been made.	28-Jun-21
85488	10/6 /2021	Incoming	Email	Case manager reached out to OMS Program Manager to report a Non Emergency Transporation concern (NET). Member reports he did not make it to his appointment in time today.	Program Manager followed up internally with the OMS NET unit. The NET unit followed up with the broker who research this complaint and stated "the complaint is unsubstantiated as the member demanded being brought back home".	27-Oct-21

Distinct Members	Demonstration Year 14						Demonstration Year 15						Demonstration Year 16						Demonstration Year 17						Demonstration Year 18						Demonstration Year 19					
	Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*		
	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims
	536			388			547			389			541			390			511			546			365			571			332			599		
Emergency Room Visits	198	36.94%	447	178	45.86%	477	191	30.46%	422	170	43.61%	397	156	28.84%	303	159	40.98%	412	125	24.70%	301	221	41.00%	570	92	25.34%	195	198	35.29%	570	75	22.59%	143	210	35.06%	493
Physician Visits	454	84.70%	3,393	308	79.36%	2,890	452	82.63%	3,030	366	94.33%	3,393	458	84.84%	3,057	361	93.04%	3,273	409	80.83%	2,294	504	93.51%	3,680	283	80.72%	1,478	517	92.16%	3,680	268	80.72%	1,701	562	93.82%	3,697
General Inpatient Services	55	10.26%	116	56	14.43%	96	74	11.80%	131	72	18.56%	118	43	7.95%	95	58	14.95%	114	55	10.87%	91	84	15.58%	148	29	7.99%	60	54	9.83%	119	25	7.53%	42	74	12.35%	147
Inpatient Behavioral Health Services	1	0.19%	1	3	0.77%	5	0	0.00%	0	1	0.26%	3				1	0.26%	1				1	19.00%	1	2	0.55%	4	2	0.36%	2	0	0.00%	0	1	0.17%	8

\* Members from Initial Group and Cost Neutralization Group Combined. This report has not been filtered by Recipient Aid Categories and contains members enrolled in and claims paid by other Waivers. Therefore, enrollment and number of claims may be slightly higher compared to CMS Financial reports.

Special Benefits Project: Annual Reports For Demonstration Year 19  
Attachment L: Deceased

	DY14	DY15	DY16	DY17	DY18	DY19
Demonstration Enrollees	3	13	4	11	4	5
Medicaid Members	9	10	8	10	12	10
Total	12	23	12	21	16	15

Special Benefits Project: Annual Reports For Demonstration Year 18  
Attachment M: Disenrollment Tracking for Demonstration Group

Summary	DY01	DY02	DY03	DY04	DY05	DY06	DY07	DY08	DY09	DY10	DY11	DY12	DY13	DY14	DY15	DY16	DY17	DY18	DY19
Deceased	3	3	3	4	3	6	2	4	8	4	10	8	6	3	15	4	11	4	5
Moved to Full MaineCare	8	14	7	24	12	13	16	17	17	16	11	7	10	19	27	18	141	44	20
Re-enrolled in 5B	3	2	3	3	8	21	17	9	25	11	26	12	13	19	21	29	30	3	0
Moved out of state*	1	1	3	5	14	15	5	5											
Not enrolled in MaineCare	5	15	9	10	11	28	30	41	39	48	78	65	70	66	82	61	74	26	24
Total	20	35	25	46	48	83	70	76	89	79	125	92	99	107	145	112	256	77	49

\*As of DY09 we no longer have the ability to track members who moved out of state.

Top 10 Diagnosis Codes for Hospitalization-Demonstration Enrollees

Code	Description	Claims	Clients
A419	Sepsis, unspecified organism	4	4
N136	Pyonephrosis	3	3
B20	Human immunodeficiency virus [HIV] disease	2	2
I63512	Cereb infarct due to unspec occl or sten of left middle cerebral artery	2	2
I69351	Hemiplegia & hemiparesis follow cereb infarct affect right dominant side	2	2
I951	Orthostatic hypotension	2	2
F332	Major depressive disorder, recurrent severe without psychotic features	4	1
F10188	Alcohol abuse with other alcohol-induced disorder	2	1
I4892	Unspecified atrial flutter	2	1
F10239	Alcohol dependence with withdrawal, unspecified	1	1

Top 10 Diagnosis Codes for Hospitalization - MaineCare(Medicaid) Members

Code	Description	Claims	Clients
A419	Sepsis, unspecified organism	6	6
B20	Human immunodeficiency virus [HIV] disease	6	6
F250	Schizoaffective disorder, bipolar type	3	3
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	3	3
J189	Pneumonia, unspec organism	3	3
A4101	Sepsis due to Methicillin susceptible Staphylococcus aureus	3	2
L03211	Cellulitis of face	3	2
N390	Urinary tract infection, site not specified	3	2
F251	Schizoaffective disorder, depressive type	3	1
B59	Pneumocystosis	2	2

\*Previously hospitalizations were determined using category of service. As of SFY 2011 hopitilizations are determined using diagnosis admit UB, the admitting diagnosis on a facility claim record.

	Demonstration Year 14						Demonstration Year 15						Demonstration Year 16						Demonstration Year 17						Demonstration Year 18						Demonstration Year 19					
	Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members		
	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims
Distinct Women 18 years and Over	57			108			72			126			75			128			70			151			50			157			50			158		
Description	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims
Cervical & Vaginal Screenings	25	44%	52	42	39%	71	24	33%	52	35	28%	51	16	21%	25	31	24%	54	12	17%	21	34	23%	69	7	14%	12	26	17%	52	6	12%	7	25	16%	39
Mammography**	20	35%	42	28	26%	68	13	18%	25	18	14%	38	15	20%	28	33	26%	77	11	16%	37	26	17%	53	7	14%	13	27	17%	40	7	14%	18	25	16%	66

	Demonstration Year 14						Demonstration Year 15						Demonstration Year 16						Demonstration Year 17						Demonstration Year 18						Demonstration Year 19					
	Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members		
	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims
Distinct Women 40 years and Over	45			81			50			91			55			95			51			95			40			115			43			116		
Description	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims
Mammography	20	44%	42	28	35%	68	13	26%	25	18	20%	38	15	27%	28	32	34%	75	11	22%	37	9	9%	18	7	18%	13	25	22%	51	7	16%	18	24	21%	56

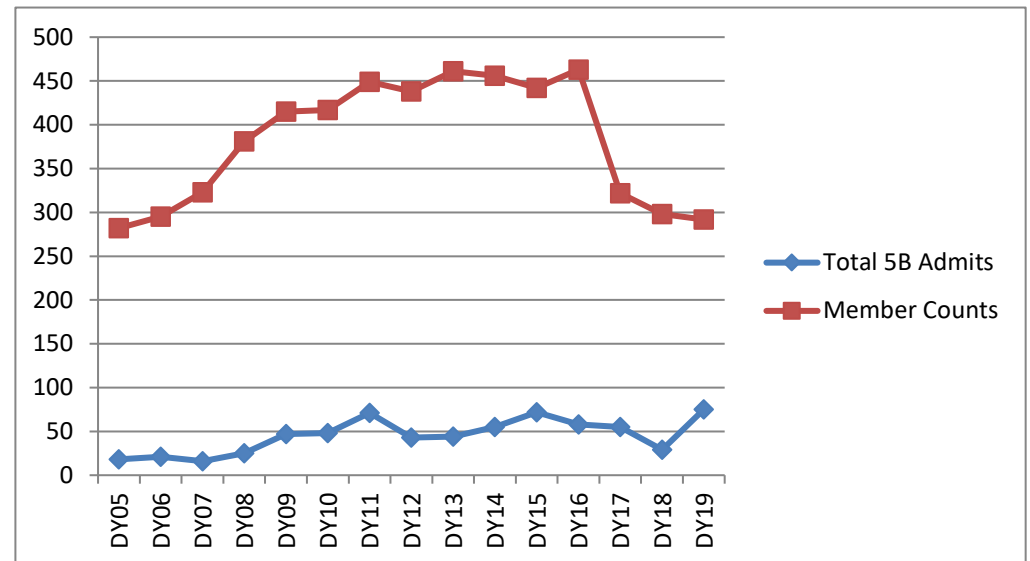
\* Members from Initial Group and Cost Neutralization Group Combined. This report has not been filtered by Recipient Aid Categories and contains members enrolled in and claims paid by other Waivers.  
Therefore, enrollment and number of claims may be slightly higher compared to CMS Financial reports.





# Attachment P: General Inpatient Services Compared to Demonstration Enrollment

Year	Total 5B Admits	Member Counts
DY04	20	264
DY05	18	282
DY06	21	295
DY07	16	323
DY08	25	381
DY09	47	415
DY10	48	417
DY11	71	449
DY12	43	438
DY13	44	461
DY14	55	456
DY15	72	442
DY16	58	463
DY17	55	322
DY18	29	298
DY19	75	292



	State Fiscal Year 2003	State Fiscal Year 2004	State Fiscal Year 2005	State Fiscal Year 2006	State Fiscal Year 2007	State Fiscal Year 2008	State Fiscal Year 2009	State Fiscal Year 2010
Demonstration Enrollees	\$912	\$1,226	\$1,170	\$959	\$820	\$905	\$989	\$1,107
Medicaid Members	\$1,865	\$2,040	\$2,052	\$1,958	\$1,662	\$1,936	\$1,624	\$1,357