

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

Annual Report January 1, 2024 - December 31, 2024 Janet T. Mills Governor

Sara Gagné-Holmes Commissioner



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March 31, 2025

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 22nd annual report for the Maine HIV/AIDS Section 1115 Demonstration Waiver.

We have included data and materials that highlight our activity for Demonstration Year 22, including the analyses from our 2023 provider and member surveys. Please contact Emily Bean at 207-624-4005 or 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

Acronyms

ADAP: AIDS Drug Assistance Program

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral Therapy ARV: Anti-Retroviral Medication

ATOD: Alcohol, Tobacco, and Other Drugs

BN: Budget Neutrality

CDC: Maine Center for Disease Control and Prevention

CD4: Clusters of Differentiation 4 CHW: Community Health Workers

CMS: Centers for Medicare & Medicaid Services

CVD: Cardiovascular Disease

CY: Calendar Year

DHHS: Department of Health and Human Services

DY: Demonstration year ED: Emergency Department FPL: Federal Poverty Level

HCV: Hepatitis C HIN: HealthInfoNet

HIV: Human Immunodeficiency Virus HIVAC: HIV Advisory Committee

HOPWA: Housing Opportunities for Persons with AIDS

HPV: Human Papillomavirus Infection

KPI: Key Performance Indicator

MAIN: Maine Access Immigrant Network

MeHABB: Maine CDC's HIV/AIDS Advisory Board

MOE: Maintenance of Effort

NET: Non-Emergency Transportation OBH: Office of Behavioral Health

OI: Opportunistic Infections

OMS: Office of MaineCare Services

PA: Prior Authorization

PBM: Pharmacy Benefit Manager PCP: Primary Care Provider PDC: Proportion of Days Covered

PHE: Public Health Emergency

PNMI: Private Non-Medical Institution

PrEP: pre-exposure prophylaxis

RNA: Ribonucleic acid

SUD: Substance Use Disorder

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Introduction

This report is being submitted in compliance with the terms and conditions of the Maine Medicaidⁱ Section 1115 Health Care Reform Demonstration for Individuals with HIV/AIDS (herein referred to as demonstration waiver). 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 waiver is designed to test whether providing a limited but comprehensive package of services, including anti-retroviral therapies, to individuals with HIV/AIDS improves health and healthcare 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 healthcare 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 waiver includes two groups: HIV-positive individuals who are at or below 133% of the federal poverty level (FPL) who are MaineCare eligible, and demonstration enrollees who do not otherwise meet the eligibility requirements of MaineCare, but who are HIV-positive and are at or below 250% of the FPL.

Early treatment and case management services aim to create efficiencies that allow MaineCare to help individuals maintain access to critical treatments, prevent disease progression, and reduce morbidity and mortality. Maine remains committed to continuing this vital work to sustain these services for this population.

The demonstration waiver completed its 22nd Demonstration Year (DY22) in December 2024. This report includes data and materials highlighting our DY activities. The attachment section includes samples of materials distributed to members, providers, and community partners, as well as other pertinent data referred to 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 the Centers for Medicare & Medicaid Services (CMS) requested that DY11 be reported as a six-quarter year.

Summary

Over the 22 years of this demonstration waiver, the Office of MaineCare Services (OMS) has improved access to medical services for Maine residents living with HIV. During DY22, the demonstration waiver provided medical services to 281 demonstration enrollees. In addition, 514 MaineCare members had the benefit of enhanced care coordination.

The OMS HIV Program has strong, longstanding, and collaborative relationships with the Maine Center for Disease Control and Prevention (CDC), including the AIDS Drug Assistance Program (ADAP) and the Ryan White Part B program, targeted case management agencies, and the Office for Family Independence (OFI). Additional resources and partnerships have been developed this year to better support MaineCare and waiver members enrolled in this program. The program has provided educational training and site visits to providers and newly hired case managers. We continue to distribute posters and brochures throughout the state to OFI regional offices, pharmacies, physician offices, hospitals, municipalities, soup kitchens, schools, homeless shelters, and Family Planning agencies. This will broaden community awareness and allow timely access to coverage and care.

In DY22, we saw the highest disenrollment numbers since DY17. This increase in disenrollment is attributed to the completion of unwinding and the resumption of eligibility redeterminations. The enrollment section below contains more information on enrollment changes from DY17 through DY22.

OMS continues to work with the evaluation team. The aim is to better understand the various aspects of the demonstration waiver and the effect the programmatic activities have on the outcomes of the enrollees and members served by this demonstration.

Enrollment

Table 1 provides a summary of enrollment by month from DY16 to DY22 (calendar years 2018 – 2024). After the 22nd year, there were 239 demonstration enrollees in the program and 480 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 the MaineCare expansion, a large significant shift between the two eligibility groups is evident in both DY17 and DY18 data. Maintenance of Effort (MOE) requirements associated with the COVID-19 Public Health Emergency (PHE) declared in March of 2020 also likely 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. Since MOE requirements

were still in effect for DY20 and part of DY21, we saw consistent enrollment trends for DY19. As of April 2023, OFI began resuming routine eligibility and enrollment operations (referred to as unwinding), including disenrolling MaineCare members who are no longer eligible or if eligible, moving them to the demonstration waiver. At the end of DY21, enrollment remained consistent. As expected, in DY22, there was a noticeable decrease in enrollment as the OFI continued to move forward with and completed unwinding activities and resumed MaineCare eligibility redeterminations.

Table 1. Count of Members by Group at the End of Each Month

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

Month	DY20 Demonstr ation Enrollees	DY20 MaineCare Members	DY20 Total	DY21 Demonstr ation Enrollees	DY21 MaineCare Members	DY21 Total	DY22 Demonstr ation Enrollees	DY22 MaineCare Members	DY22 Total	
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January	291	506	797	286	537	823	281	514	795
February	290	509	799	290	538	828	285	505	790
March	292	513	805	289	537	826	286	490	776
April	289	517	806	291	547	838	291	477	768
May	291	521	812	291	551	842	298	473	771
June	288	530	818	294	544	838	302	468	770
July	289	534	823	290	534	824	301	456	757
August	289	532	821	297	521	818	302	469	771
September	287	528	815	294	512	806	304	469	773
October	285	520	805	293	509	802	297	486	783
November	283	530	813	287	510	797	291	481	772
December	283	539	822	284	520	804	293	480	773
Annual Unduplicated Count	304	635	925	323	663	955	281	514	795

^{*}Unduplicated counts do not account for retroactive eligibility changes

At the end of DY22, of the 293 demonstration enrollees, 246 (84%) were male and 47 (16%) were female. Of the 480 MaineCare members enrolled at the end of DY22, 336 (70%) were male, and 144 (30%) were female. A breakdown of gender by month shows a decrease of 151 male demonstration waiver enrollees from the end of DY16 to the end of DY22 and a decrease of 19 in the number of females. In the MaineCare population, there was an increase of 133 males and 36 females. MaineCare enrollment and claims data indicate 76% of MaineCare members living with HIV are White and 15% are Black or African American; Maine CDC 2022 HIV surveillance data indicates that 70% of people living with HIV in Maine are White/non-Hispanic and 19% are Black or African American. MaineCare staff is exploring ways to reach underrepresented race and ethnicity groups in the program. See Attachment O: Count of Members by Gender and Age at the End of Each Month.

Distinct member counts by the quarter show that 68 (32%) of the original 211 cohort members (from DY1) were enrolled in the last quarter of DY22. Of these, 58 members were included in the MaineCare group, and 10 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. At a high level, the algorithm identifies members based on paid claims with an HIV/AIDS diagnosis. 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 waiver. 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 DY22 had 68 members, which is a decrease of 143 members (68%). 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 2024, there were 773 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 DY22 as the cost of patient care is not projected to exceed the project allotment; however, the State may institute a cap on the number of program participants in the future if the budget estimates indicate costs will exceed the project allotment.

Outreach and Engagement

MaineCare staff conducted numerous outreach activities 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 CDC for ADAP and Ryan White assistance.
- Participating in the HIV Advisory Committee (HIVAC), a Maine legislative committee.
 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 provide updates on the waiver, participate in
 peer-to-peer learning opportunities, and look 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.
- Outreaching members, case managers, and providers on Emergency Department (ED) utilization that incorporates daily ED data from HealthInfoNet (HIN), Maine's

designated Health Information Exchange, and a monthly report process using claims data to track ED utilization.

- Participating in the Maine CDC's HIV/AIDS Advisory Board (MeHAAB) meetings. Maine CDC is required to have a planning process that includes the development of a comprehensive plan and the establishment of a "planning body." This board contributes to HIV prevention, care, and treatment service delivery by developing strategic collaboration among community partners. MeHAAB is a broad group of partners, including federal, state, and local HIV/AIDS government entities, programs, organizations, and others who are engaged in prevention planning, improving the scientific basis of program decisions, targeting resources to those communities at the highest risk for HIV transmission and acquisition, and addressing disparities in health outcomes along the HIV Care Continuum.
- Sending 747 birthday letters to members in DY22. Birthday letters encourage
 members to stay in good health by setting up their necessary cancer screenings and
 immunizations (such as the Influenza vaccine).
- Sending an introductory letter, PCP inquiry letter, and consent form to 100 new and re-joining members.
- Sending 83 mammogram letters and 122 cervical exam letters to members in DY22.
 These letters encourage members to stay in good health by setting up their necessary cancer screenings.
- Sending the HIV program's poster and brochure to approximately 1,000 sites across
 the state. Sites include soup kitchens, homeless shelters, doctor offices, case
 management agencies, hospitals, and local DHHS offices.

Provider survey outreach:

- The 2023 annual HIV Provider Surveyⁱⁱ was sent to 352 providers (PCPs and infectious disease specialists that were treating enrolled members). The survey results identified barriers that providers feel hinder a member's access to timely and necessary care. The survey asks providers about resources they use to help address the health disparities experienced by individuals living with HIV/AIDS.
- A second mailing of the 2023 HIV Provider Survey was sent to those who did not respond to the first mailing. In total, we received 39 responses, an 11% response rate (compared to the 2022 survey which had a 12% response rate).
- In response to the survey and to provide more education and resources to providers, the HIV Program sends monthly emails to providers who indicated they would like to be on our HIV specific listserv. Emails contain information and resources related to HIV. Topics include newly approved HIV drugs and formulary updates, HIV treatment guidelines and testing updates, housing resources, information on PrEP, and

behavioral health resources. The HIV program also began sending more information to MaineCare's larger provider listserv on topics relevant to all MaineCare providers. These emails contained information on HIV testing guidelines and PrEP.

Member survey outreach:

- The 2023 annual HIV Member Surveyⁱⁱⁱ was sent to 719 members. Questions about whether the member can get needed medical care and drugs help staff target problem areas for follow-up. The survey is not anonymous; thus, the program's Nurse Coordinator can contact members who report problems in accessing care. Some of the topics in the Member Survey are also included in the program's Provider Survey. For example, both members and providers are asked about housing. Members are asked about their living situation and whether they are worried about housing, while providers are asked whether they are hearing or seeing housing problems among the members they treat.
- A second mailing of the 2022 HIV Member Survey was sent to members who did not respond to the first mailing. This approach increased the sample size to a much more adequate number of 312 respondents. In total, we received a 43% response rate, compared to a 48% response rate for the 2022 survey (10% decrease from 2022).
- In response to the survey and to keep members informed, the HIV Program
 continued sending emails to members who indicated they wanted to be on our
 listserv. In 2024, emails included information on COVID-19 home test kits and
 updates on access to prescriptions during MaineCare's Pharmacy Benefit Managers
 cybersecurity issue/system outage.

Staff Training and Continuing Education

Waiver staff often participate in trainings, webinars, and continuing education activities to network and stay current with new developments, skills, and resources 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 the prevention of substance use disorders (SUD) and programs in Maine that are available to help individuals with SUDs. The one-hour series is moderated by Gordon Smith, Director of Opioid Response for the State. SUDs are more common in individuals with HIV than in the general population, making this topic particularly relevant. One seminar included a presentation on Maine's Crisis Receiving Center. Spurwink, in partnership with the Department of Health and Human Services, opened Maine's first Living Room Crisis Center in March of 2022. The Center provides an interim option between mobile crisis, law enforcement intervention, and the hospital emergency department. The Center is the first in the state, although similar facilities are being planned.

- The Nurse Coordinator and Program Manager attended the New MaineCare Payment Programs to Expand Connections for Those Leaving Incarcerated Settings: Now and in the Future webinar. People who have been recently incarcerated face barriers to health care including costs, stigma, and long waiting times. We know that many individuals leaving incarceration need communitybased services such as primary care services, mental health care, and/or substance use treatment. These members are at high risk of overdose and disconnecting from care. MaineCare is piloting an incentive payment to target timely follow-up during transitions of care specifically after incarceration. This incentive payment focuses on the critical two days after release from prison or jail when individuals are most at risk. This payment pilot incentive aims to improve care transitions in this crucial timeframe by rewarding providers who can establish member relationships that will lead to the continuity of communitybased services. MaineCare reimbursed eligible services for this incentive payment quarterly, beginning in March 2024 and continuing through March 2025.
- The Nurse Coordinator attended a *De-escalation Techniques* training. The last three years have pushed most people to their edge, making them more irritable and less able to tolerate frustration. This training offered suggestions to diffuse intense situations. Participants learned how to differentiate between reactions and responses, learned techniques to stay grounded, and gained skills to deescalate situations. The training utilized scenarios common to the current phase of living and working through today's stress and beyond.
- The Nurse Coordinator attended a CORE: A Culture of Respect and Empathy: fostering diversity, equity, and inclusion is critical to the success of our organization training. The Department of Health and Human Services (DHHS) is dedicated to ensuring our clients receive quality and compassionate service. To level set expectations, the Department offers the CORE: A Culture of Respect and Empathy training program. This two-part foundational professional ethics and diversity training is grounded in fostering a respectful DHHS workplace. Participants are invited to share their experiences to connect with peers and consider life from a different perspective. Attendees viewed training videos and took notes autonomously. Part 1 of the training requires the participant to view the training video playlist and complete the CORE workbook before attending the scheduled group facilitation. During part 2, attendees participated in a post-video training group facilitation session. The facilitation session is an opportunity to expand on the concepts discussed in the video presentation, referring to the CORE workbook notes the individual gathered.
- The Nurse Coordinator attended an EHE Pillars in Practice: Implementing Injectable HIV Treatment: Provider and Patient Perspectives webinar. The webinar discussed monthly and bimonthly injections for HIV treatment and the qualifications for patients to get the medication (lab requirements and frequencymonthly or bimonthly appointments). The presenters spoke about how a

medication is prescribed (including an oral bridge in case an injection appointment is missed), prepared, and administered. The importance of monitoring patients for side effects and efficacy was also discussed. The webinar also included a patient who discussed their experience with injectable medication.

- The Nurse Coordinator attended the New England AIDS Education and Training Center's Prevention and Treatment of Pediatric HIV Infection webinar. This presentation reviewed the global epidemiology of pediatric HIV infection; described efforts to prevent new child infections; current approaches to early infant diagnosis; and the start of antiretroviral therapy treatment for children. The presentation focused on the global pediatric epidemic in Sub-Saharan Africa and highlighted achievements to end the pediatric HIV epidemic in the US.
- The Nurse Coordinator and Program Manager attended a What Primary Care Providers Need to Know About HIV webinar facilitated by the MaineCare HIV team. Maine was in the news recently for leading the nation in diagnosing HIV at a late stage. MaineCare hosted this free 30-minute webinar led by Dr. Stephen Rawlings of the Gilman Clinic to help primary care providers learn about HIV and AIDS.
- The Nurse Coordinator attended an *Uncomfortable Conversations* training. While there are many reasons, people tend to try and avoid difficult conversations. By doing so, we often are creating more discomfort for both ourselves as well as others. Consider how many workplace conflicts could be solved by a conversation, or series of conversations, to name the issue, talk about expectations, and brainstorm solutions. This training outlined what a "difficult or uncomfortable conversation" is, when to have one, and explores best practices to navigate an uncomfortable conversation including listening and communication tips and tricks. The training also reviewed some common pitfalls that show up in difficult conversations and how to address them.
- The Nurse Coordinator attended Consumers for Affordable Health Care, *MaineCare Basics Workshop*. This two-session workshop covered MAGI and Non-MAGI MaineCare categories, household construction, counting income and assets, and helping people apply. Participants learned about MaineCare and its programs and how to screen for eligibility by practicing several applicant scenarios.
- The Nurse Coordinator went to the Horizon Clinic to shadow providers in their HIV clinic. The Nurse Coordinator shadowed the clinic's MA, nurse, case manager, and community outreach worker. The Horizon team starts their morning by going to a patient focus meeting to review the caseload for the day. Each patient gets at least a 30-minute goal-oriented appointment with their provider. Case managers are available throughout the day as needed. The Nurse Coordinator attended an appointment where a Cabenuva injection was administered. The

- clinic nurse reviewed at-home HIV testing kits and the outreach worker described their work in the community providing education on safe sex and harm reduction.
- The Nurse Coordinator attended the Medicare Savings Program (MSP) training. The training explained the various levels of MSP, the eligibility guidelines and screening methods, and reviewed practice eligibility scenarios.
- The Nurse Coordinator attended A Clinical and Environmental Introduction to Working with Transgender and Non-Binary Clients workshop. The workshop was focused on responsive ways to work with the LGBTQ+ population, especially those who identify as transgender or gender non-binary. Education was provided on: language; risk and protective factors that may influence trans individuals; making the work setting more welcoming; pronouns and honoring one's pronouns; understanding how one might come to their decisions; and the exploration process. Education was also provided on risk factors that impact trans and non-binary folx and substance use, and mental health. The workshop also had time for questions and answers with two guest speakers who identify as trans and non-binary.
- The Nurse Coordinator and Program Manager attended the sixth annual Governor's Opioid Response Summit. The annual summit brought together healthcare providers, policy experts, state and federal government leaders, affected individuals and families, advocates, law enforcement officials, and members of the public to discuss strategies to help Maine people impacted by the opioid crisis. The summit featured 24 breakout sessions moderated by experts on prevention; treatment; addiction research; harm reduction; public policy; and recovery support. The state has taken significant actions to address the opioid epidemic, including:
 - Providing health insurance coverage through MaineCare expansion to over 100,000 Mainers, with nearly 30,000 individuals receiving treatment for substance use;
 - Expanding treatment for substance use and opioid use disorder with increases in Medication for Opioid Use Disorder (MOUD) and increasing Opioid Treatment Program (OTP) and waivered providers across the state;
 - Recruiting and training of over 1,000 recovery coaches;
 - Increasing the number of Recovery Community Centers and Certified Recovery Residences across the state, with over 75% of Certified Recovery Residences supporting residents on medication for SUD
 - Establishing the OPTIONS Program statewide, including recently adding nine new recovery coaches to OPTIONS teams in Maine to work alongside local emergency services and law enforcement to provide therapeutic interventions, outreach, referrals, and post-overdose follow-up for individuals;
 - Developing Maine's statewide naloxone distribution program and increasing the distribution of naloxone by over 100% from 2020 to 2022. Since 2019, the Mills Administration has distributed more than 493,000 doses of naloxone,

- which has been used to reverse 9,840 overdoses that may have otherwise been fatal:
- Expanding Maine's "Good Samaritan" law, first signed by Governor Mills in 2019, which encourages individuals to call for life-saving assistance when someone at their location is experiencing an overdose;
- Providing funding for medically monitored withdrawal beds through OBH to support room and board and other costs not covered by MaineCare;
- Dedicating \$1 million to purchase and distribute test strips for the powerful sedative xylazine, a growing contributor to overdoses in Maine; and
- Vastly expanding team-based treatment of opioid use disorder for eligible MaineCare members and uninsured individuals through Opioid Health Homes.
- The Program Manager and Nurse Coordinator attended an *Incarceration: A Public Health Crisis* webinar. This webinar provided an overview of how Maine's current incarceration system reflects critical economic determinants of health and how incarceration affects Maine's economy, community health, and safety. It also outlined the steps necessary to prevent or mitigate the harm done to individuals, families, and communities from our overreliance on incarceration. This webinar allowed participants to:
 - Identify the economic determinants of health at the center of the current failures of the carceral system.
 - Describe four specific health-related problems associated with the carceral system and how they affect public health in Maine.
 - Identify three solutions that could improve health outcomes for incarcerated people and the communities receiving these people on release.
- The Nurse Coordinator attended a Cannabis and Public Health: A Focus on Equity webinar. This webinar reviewed facets of equity as it relates to cannabis policy in the United States. The presentation focused on four aspects: equity in criminal justice; equity in economic participation; effects on health equity; and equity in the use of tax revenues. The presenter talked about the importance of when making cannabis legally available, systems need to be developed that advance equity in all these spheres while also establishing guardrails to protect youth and public health through policy. This webinar also discussed key policy recommendations to protect youth, public health, and equity and how those are playing out in Maine. Examples of Policy recommendations to protect public health and prevent inequitable business practices discussed were:
 - Avoiding excessive concentration of retail cannabis outlets in economically disadvantaged neighborhoods, restricting aggressive advertising tactics, preventing harm from second-hand smoke and

- intoxicated driving, and ensuring cannabis products are not attractive to youth.
- Equitable approaches to cannabis business licensing and community reinvestment.
- Use of cannabis revenues to advance health and social equity, such as: funding allocations for substance misuse prevention, research public programs, and youth education.
- The Nurse Coordinator attended an AIDS Seminar: Mental Health and Living with HIV webinar. This webinar reviewed the reality that people with HIV have an increased risk of mental health conditions and that mental health conditions increase the risk of HIV infection. Further, mental health problems are associated with increased risk behaviors and lower engagement with HIV prevention and treatment services.
- The Nurse Coordinator attended a Trauma Informed Care and HIV webinar. This webinar focused on trauma-informed care for patients with HIV who often have a range of stressors, including interpersonal violence histories notable for physical and sexual abuse. Other stressors may also include stigma, addiction, poverty, and discrimination. In particular, the lives of women and LGBTQI people are disproportionately impacted by trauma. The presentation focused on common responses to trauma, psychiatric comorbidities, and strategies for managing patients in a trauma-informed manner including the use of motivational interviewing.
- The Nurse Coordinator attended a Triple Diagnosis: Criminality,
 Psychopathology and Substance Use Disorder webinar. Triple diagnosis refers to
 a unique combination of co-occurring disorders that includes a third component
 of criminality. Presented by Mary-K O'Sullivan, LMFT, LADC, LPC, the course
 provided a comprehensive understanding of triple diagnosis in both juvenile and
 adult populations, particularly those dealing with mental health and substance
 misuse issues within treatment and criminal justice settings.
- The Nurse Coordinator attended an Intimate Partner Violence and HIV ECHO webinar series. This learning opportunity was jointly hosted by the Community Health Center Association of Connecticut (CHCACT) and the Yale NEAETC CT Local Partner. The goal of this webinar was to educate providers on the impact and role of sexual violence, particularly intimate partner violence (IPV), HIV risks and outcomes as well as its impact on maternal mortality. Topics included: HIV and IPV; human trafficking; maternal mortality; trauma-informed care; mandated reporting; post-traumatic stress disorder and HIV; and local resources for people impacted by IPV.

- The Nurse Coordinator and Program Manager attended an HIV & SUD in Maine: How One County's Recent HIV Cluster Highlights Important Links Between SUD & HIV webinar. Dr. Benowitz and Pladsen described the current HIV cluster in Maine (Penobscot County), and the links between HIV and SUD risks. The presenters described efforts currently underway to help address HIV testing and treatment in Penobscot county, and why all providers in Maine must have an increased awareness of HIV risks, particularly in those involved with treating individuals with SUD. They also introduced key concepts of HIV testing and prevention for providers across the state. The learning objectives of this webinar were:
 - Describe the history & current status of the Penobscot County HIV cluster
 - Describe the links between HIV & SUD epidemiology & risks
 - Outline the role of SUD treatment providers, ED providers, and primary care providers in testing & prevention of HIV
- The Nurse Coordinator attended a Medical Case Manager ECHO webinar. Webinar topics included an introduction, shared decision-making, trauma-informed care, and motivational interviewing. This ECHO focused on practical skills and information for medical case managers who help people living with HIV. Topics covered included: an overview of Ryan White case management; trauma-informed care; the relationship between SUD and HIV treatment; shared decision-making in healthcare; motivational interviewing techniques; cultural awareness to reduce stigma; and case management from the client's perspective.
- The Nurse Coordinator attended a NIH World AIDS Day Event 2024: Progress, Innovation, and Impact in HIV Research webinar. This webinar included a panel of distinguished experts who discussed progress, innovation, and impact in HIV research. Decades of investment across the research continuum have led to transformational discoveries informing HIV prevention, treatment, and service delivery. However, many structural and social factors continue to impede access, reach, and adoption of effective prevention and treatment strategies.
- The Nurse Coordinator attended a HIV nPEP: Non-Occupational Post-Exposure Prophylaxis webinar. Dartmouth Hitchcock Medical Center spoke about how to empower clinicians to confidently prescribe nPEP to those at risk for HIV infection, including assessment, treatment, and follow-up recommendations for people with known or potential exposures to HIV. Healthcare providers should evaluate people rapidly for nPEP; it must be started as soon as possible to be effective—within 72 hours of possible exposure.
- The Nurse Coordinator attended an FDA Drug Topics: An Update on Transmucosal Buprenorphine and Dental Caries webinar presented by CDR Mark Liberatore, PharmD, RAC, Deputy Director for Safety of the Division of

Anesthesiology, Addiction Medicine, and Pain Medicine (DAAP) in FDA's Center for Drug Evaluation and Research. This series of educational webinars was designed to aid physicians, physician assistants, nurse practitioners, nurses, pharmacists, pharmacy technicians, certified public health professionals, other health care professionals, and students to provide better patient care by knowing how to find relevant FDA regulatory information that will improve drug safety. This webinar highlighted the regulatory action taken by the FDA regarding a post-market safety signal of transmucosal buprenorphine products and dental caries. The audience was given information on the science behind this action, and provided increased awareness of the national opioid crisis, treatments for OUD, and the FDA's regulatory authority for addressing safety issues in drug labeling. Upon completion of the activity, healthcare providers will leave with an improved understanding of these adverse events and be better equipped to inform patients. Learning objectives were:

- o Discuss the national opioid crisis, OUD, and available treatments.
- Describe cases of dental caries with the use of transmucosal buprenorphine-containing products.
- Review the FDA's framework for updating product labeling and explain the FDA's findings and the resulting regulatory action.
- Summarize how healthcare providers can help mitigate these adverse events.
- The Nurse coordinator attended a Long-Acting Injectable PrEP for LGBTQIA+ Communities: Implementation in Health Centers webinar. This webinar discussed the benefits and practical implementation of long-acting injectable PrEP in health centers. It focused on improving care for LGBTQIA+ communities, explored eligibility and assessment of candidates, and discussed common challenges in prescribing and integrating long-acting injectable PrEP. Learning objectives were:
 - Participants will learn best and promising practices for screening for eligibility for long-acting injectable PrEP amongst LGBTQIA+ communities.
 - Participants will discuss best and promising practices for administering long-acting injectable PrEP amongst LGBTQIA+ communities.
 - Participants will explore best and promising practices for integrating patient visits for long-acting injectable PrEP into their organizations' workflows.

Provider Network and Transportation Challenges

Demonstration enrollees utilize the same network of providers as MaineCare members, for both primary and specialty care. Four hundred and ten (410) distinct providers (PCPs and infectious disease specialists) currently provide care for enrollees and active members. These providers are located throughout all 16 counties in Maine and a few in New Hampshire.

We learned from our surveys that some members find traveling the distance from rural Maine to a more populated area, such as Bangor, to be seen by an infectious disease specialist is very challenging. MaineCare covers the NET cost for both members and demonstration enrollees, but time and health conditions make travel difficult for some members. Additionally, the NET program continues to experience challenges with driver capacity due to statewide and industry-wide labor shortages.

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 consultation 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 trending data.

Activities in DY22 included:

- Contact data and call tracking the Program tracks incoming and outgoing contacts (phone calls, emails, letters, and faxes) between staff and members, case managers, and providers, allowing us to determine the types of services utilized by members. The total number of incoming and outgoing contacts increased by 16% in the twenty-second year. The three highest contact categories in DY22 were adherence to HIV medication, eligibility, and HIV medication compliance respectively. Please see Attachment C: Contact Tracking Summary.
- The Nurse Coordinator receives two medication adherence reports from OMS's Pharmacy Benefit Manager (PBM). The Nurse Coordinator 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 Coordinator's focus on these calls is to remind members to pick up medications. The Nurse Coordinator addresses any anticipated barriers to promote 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 Coordinator's focus on these calls is to identify and remove the barriers that prevented the

members 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 OMS Provider Relations and Policy units, to assist with benefit and policy questions and billing issues.
- In May 2024 surveyed all members living with HIV regarding their quality of life and satisfaction.
- In May 2024, all providers working with MaineCare members living with HIV were surveyed regarding provider needs and satisfaction.
- Collected clinical data (viral loads and CD4s) from Maine CDC and providers to understand health status and track disease progression.
- Compiled data for Complaint Report. See this report's Complaint/Grievance section on page 26 and Attachment N for more information.

Opportunistic Infections (OI)

The most common OI was pneumonia, with 10 demonstration enrollees and 31 MaineCare members diagnosed, or 2.79% and 4.61%, respectively. The next most prevalent condition among demonstration enrollees was herpes zoster and simplex; among MaineCare members, the second most prominent condition was encephalopathy. The third most prevalent condition was candidiasis, Kaposi's Sarcoma, and lymphoma among demonstration enrollees. The third most prevalent condition was herpes zoster and simplex for MaineCare members. Encephalopathy was seen in six MaineCare members, while herpes zoster and simplex were seen in three demonstration members, or 0.89% and 0.84%, respectively. Herpes zoster and simplex were seen in four MaineCare members or 0.60%. Two demonstration members experienced candidiasis; similarly, Kaposi's Sarcoma and lymphoma were each seen in two demonstration members, or 0.56%, respectively. These top three OIs were similar to the top three OIs in DY21. In DY22, in both demonstration members and MaineCare members, herpes zoster and simplex were among the top three Ols. Additional information is available in Attachment G: Number of Distinct MaineCare Members and Claims with Opportunistic Infection Diagnosis.

In addition to opportunistic infections, we also monitor AIDS-defining illnesses. When an individual living with HIV is diagnosed with an AIDS-defining illness, the patient is considered to have progressed from HIV to AIDS. In DY22, 51 MaineCare members and 19 waiver members had an AIDS-defining illness as a primary diagnosis on a claim.

Women's Healthcare

Two hundred forty distinct females, 18 years and over, were enrolled as demonstration enrollees or MaineCare members. Of these, 54 were demonstration enrollees (22%), and 186 were MaineCare members (78%).

Eighty-three percent of female demonstration enrollees were age 40 or over. Seventy percent of female MaineCare members were age 40 or over. Data from MaineCare claims showed that 20% of female demonstration enrollees and 15% of female MaineCare members 18 years and older were screened for breast cancer using mammography. Seventeen percent of female demonstration enrollees and 16% of female MaineCare members 18 years and older were screened for cervical cancer. Many MaineCare members have other primary healthcare coverage (either Medicare or a private plan). For these members, their primary coverage often pays for these services, so these percentages likely underestimate the actual rates of breast and cervical cancer screening. MaineCare Services cannot track, monitor, or count those claims covered entirely by another payer. **Refer to Attachment H: Claims for Women's Healthcare**

Tuberculosis Testing

There were 76 MaineCare members and 12 demonstration enrollees who had a MaineCare claim for a tuberculosis test in DY22, as compared to 80 MaineCare members and twelve demonstration enrollees in DY21. In DY22, one MaineCare member and one demonstration member living with HIV/AIDS had a claim with a tuberculosis diagnosis.

Utilization of and Expenditure on Services

Services utilization is tracked by provider type claim, number of distinct members, and per-member per-month costs from the beginning of the demonstration waiver to the end of DY22.

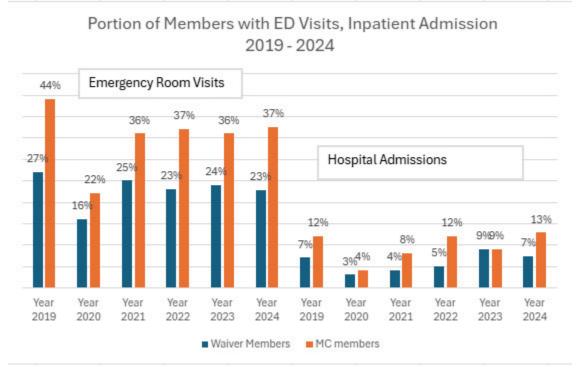
During DY22, the total amount spent on services per demonstration enrollee was \$1,239.66 per month, a 21% increase over DY21. The total amount spent on services per MaineCare member was \$2,984.07 per month (a 10% increase over DY21). These calculations are based on members with claims versus actual expenditures (see the Financial Performance section below for counts based on actual expenditures). **Refer to attachment I: Amount Spent by Provider Type Claim and the Number of Users.**

Emergency Department, General Inpatient, and Residential Behavioral Health Utilization

Figure 1 summarizes the portion of demonstration enrollees and MaineCare members living with HIV who had an ED visit, or an inpatient hospital stay. In DY22, ED visits for demonstration and MaineCare members were consistent with DY21. In 2024, 23% of demonstration enrollees had an ED visit (compared to the general MaineCare population which had 25.7%).

In DY22, inpatient admissions for MaineCare members living with HIV had a minimal increase while demonstration enrollee admissions slightly decreased. Inpatient admission volume for the general MaineCare population went up slightly (from 4% to 6.5%) from 2023 to 2024.





No demonstration members and no MaineCare members utilized inpatient behavioral health services during DY22. Utilization of inpatient behavioral services has not changed since 2020, when Maine expanded access to SUD treatment by increasing the bed capacity limit. Refer to Attachment K: Number of Distinct Emergency Room Visits, Physician Visits, General Inpatient, Inpatient Behavioral Claims, and Users.

Adherence to Medication Therapy

Medication adherence calls made by the Nurse Coordinator to members and/or their case managers totaled 1,223 for DY22. These calls are structured to provide interventions and remove barriers to improve health outcomes, where possible, for members in various groups based on their CD4 count. For example:

- The Nurse Coordinator provides self-management strategies to members and education on topics like medication side effects and the importance of adherence.
- When necessary, the Nurse Coordinator encourages communication between the pharmacy and the member's prescribing provider. Members can encounter healthcare barriers due to pharmacy billing issues, deferred or denied PAs, lack of transportation, or even forgetting to pick up and/or take their medications.

Refer to Attachment C: Contact Tracking Summary

Mortality

Seventeen demonstration enrollees or members died during DY22. Of the deceased members, eight were demonstration enrollees (one more than DY21) and nine were MaineCare members (no change from DY21). A total of 328 members have died since the beginning of the demonstration waiver in 2002. Two hundred and nine of the deaths were MaineCare members, and 119 were demonstration enrollees.

Refer to Attachment L: Deceased.

Disenrollment

In DY22, we saw an increase in MaineCare disenrollment. This increase is directly related to the unwinding/resumption of eligibility redeterminations. Twenty-three demonstration enrollees moved to receive full MaineCare services; four enrollees reenrolled as demonstration enrollees; 48 demonstration enrollees are no longer enrolled in the waiver; 23 moved out of state; and eight demonstration enrollees died during DY22

Refer to Attachment M: Disenrollment tracking for Demonstration Group.

Policy and Administrative Overview

Several policy and administrative components for this demonstration waiver are described below.

Co-payments and premiums (for waiver enrollees)

Co-payments

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 per 30-day supply for generic medications, and co-pay is \$20.00 per 90-day supply for brand name medications (by mail order only).

The AIDS Drug Assistance Program (ADAP) is a federally funded program administered by the Maine CDC, which helps improve 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 because of a suppressed immune system or that are commonly associated with HIV (e.g., Opportunistic Infections). The ADAP is designated as a 'payer of last resort'. The ADAP pays the deductibles, premiums, and co-pays (for medications on the ADAP's formulary) for those who are enrolled. 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.

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).

Premiums

Enrollees with an income above 150% of the FPL or higher must 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:

INCOME LEVEL	MONTHLY PREMIUM
Equal to, or less than, 150% of the 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 annually; during the PHE, the state suspended these premium increases in accordance with the Maintenance of Effort requirements associated with the enhanced federal match during the PHE.

Complaints/Grievances

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

- The MaineCare Member Services helpdesk has a toll-free number for all MaineCare members (including those on the demonstration waiver). Member Service representatives answer questions or resolve complaints and enter the information into a tracking database. If the contact is related to a demonstration enrollee and the issue is not resolved, it is referred to the Nurse Coordinator or Program Manager for more detailed assistance.
- Ryan White Case Management agencies 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.
- Demonstration waiver and MaineCare members make direct calls and send emails and written correspondence to the Nurse Coordinator and Program Manager.

The Program enters all complaints, concerns, or questions received into an electronic tracking system for resolution and tracking. In DY22, there was one complaint, which was resolved. **Attachment N: Nurse Coordinator Complaint Log.**

Evaluation Activities Annual Summary of Progress CY2024/DY22

Overview

The HIV Demonstration aims to delay or prevent the progression of HIV in Maine. The State's goal in implementing the Demonstration is to improve the health status of individuals living with HIV by:

- Improving access to continuous healthcare services.
- Arresting the progression of HIV status by providing early and optimal care coupled with high quality and cost efficiency.
- 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.

Demonstration participants include "Enrollees" (i.e. individuals who do not meet MaineCare eligibility requirements but who are HIV-positive and who are at or below 250% of the federal poverty level) and MaineCare Members served under the Demonstration.

The Evaluation Design was approved by CMS on January 21, 2020. The evaluation will result in an Interim Evaluation Report (due in 2027) and a Summative Evaluation Report (due in 2030). The evaluation examines hypotheses associated with the three overarching goals through a series of ten research questions. Each hypothesis and its corresponding research questions are outlined in Tables 1-3 below. The remainder of this summary provides an overview of 2024 evaluation activities.

Key Milestones Accomplished

The independent evaluators received calendar year (CY) 2023 data related to member enrollment, care management, claims, laboratory results, and survey information. The evaluation team conducted data cleaning and validation and performed a preliminary data analysis.

Challenges Encountered and How Addressed

No new challenges were encountered.

Results to Date

The HIV Demonstration evaluation represents a 10-year study period. The evaluation team received four years of member survey data and five years of claims, lab, care management, and demographic data (CY2019-2023). Data presented in this annual summary of progress is descriptive and preliminary.

In CY2023, unduplicated enrollment was 959. Approximately 65% of members were enrolled for all or part of the five years examined. There were 93 new members in 2023. The number of members with Medicaid coverage declined slightly from 539 in December 2022 to 520 in December 2023. The decline was likely influenced by the resumption of eligibility redeterminations, which were suspended under the federal PHE A total of 303 individuals with an Expansion Aid Category participated in the Demonstration in Calendar Year 2023, compared with 280 individuals in 2022.

Over 76% of participants are male, and more than 59% are ages 51 and older. Approximately 20% of the participants identify as a race other than White. Approximately six percent of participants reported a primary language other than English, with French being the most frequent language reported.

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 1 through 3 on the following pages provide an overview of research questions, measures, and preliminary/descriptive observations by hypothesis for 2023.

Table 1. 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				
What is the relationship between patients' perception of access to care and routine medical visits?	 Member Survey (Patient Perception of Accessibility of Care) HIV Medical Visit Frequency (NQF#2079) 	A total of 238 survey respondents met the criteria for inclusion in the measure in 2023. Approximately 87% of respondents indicated they were always able to access care, and 82% had a medical visit in each of the six-month periods of the 24-month measurement period. Of the 13% who reported difficulty accessing care, 80% also had a medical visit.				
What percentage of Demonstration participants are meeting CDC recommendations for viral load monitoring?	HIV Viral Load Suppression (NQF #2082)	In each of the five measurement years, approximately 95% of all participants who had reported lab data had a reported viral load of less than 200 copies per ml. For members who had at least one medical visit, 87% had a viral load of less than 200 copies per ml. Members who had a medical visit are included in the denominator,				

Hypothesis 1. Improving access to continuous healthcare services will support enrollees in seeking routine care.						
Research Questions	Measures	Preliminary Observations				
		even if there is not a lab test recorded in the measurement year				
What percentage of patients are meeting the recommendations for HIV RNA control?	RNA Control for Patients with HIV	In 2023, approximately 91% 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?	Proportion of Days Covered (Pharmacy Quality Alliance PDC- ARV)	In 2022, 48% of Medicaid participants met the threshold for medication adherence at 90% or higher; 66% met the threshold for medication adherence at 80% or higher; and 91% met the threshold at 50% or greater.				

Table 2. Arresting the Progression of HIV Status by Provider Early and Optimal Care Coupled with High Quality and Cost Efficiency

	access to early, high-qua	lity care will slow disease progression Ith status.
Research Questions 1. How have rates of emergency department (ED)	MeasuresAll Cause ED Visits (AMB-HH)All Cause Inpatient	Preliminary Observations ED visits per 1,000 member months declined from 68.2 in 2022 to 57.1 in 2023. Inpatient hospitalizations per
visits and hospitalizations changed over time for Demonstration participants?	Admissions (IU-HH)	1,000 member months remained the same with 16.9 in 2022 and 16.5 in 2023. The inpatient days per 1,000 member months also declined from 129.5 in 2022 to 128.1 in 2023.
2. What is the relationship between self-rated health status and acute health incidents, such as ED visits and hospitalizations?	 All Cause Inpatient Admissions (IU-HH) Member Survey (Self-rated health status) 	Of the 307 survey respondents in 2022, 198 rated their health as "excellent, very good, or good" and had an average of 0.36 ED visits per respondent. The 109 respondents who reported their health status as "fair or poor" had an average of 0.61 ED visits per respondent.
		The 198 respondents who rated their health as "excellent, very good, or good" had an average of 0.07 inpatient admissions per

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				
		respondent. The 109 respondents who reported their health status as "fair or poor" had an average of 0.21 admissions per respondent. Results of both groups were on par with the 2021 findings.				
3. Do those who meet treatment guidelines (routine visits, PDC, RNA control) have fewer acute health incidents (ED visits, hospitalizations)?	 HIV Viral Load Suppression (NQF #2082) RNA Control for Patients with HIV HIV Medical Visit Frequency (NQF#2079) Proportion of Days Covered (PDC- ARV) All Cause ED Visits (AMB-HH) All Cause Inpatient Admissions (IU-HH) 	This research question will be addressed through statistical analysis, as part of the Interim and Summative evaluation reports.				

Table 3. 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			
How has the enrollment of Mainers eligible for HIV services changed over time?	Member Eligibility and Enrollment	Annual enrollment increased slightly over the five years, represented by a 1.8% average annual increase in member months. Average tenure has been constant over the five years, ranging from 10.26 months per year in 2023 to 10.56 months per year in 2021.			
2. What is the relationship between self-rated health status and health-related quality of life and	 General Health Status (Healthy People 2020) Health-related Quality of Life (Behavioral Risk) 	This research question will be addressed through statistical analysis, as part of the Interim and Summative evaluation reports.			

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			
length of participation in the	Factor Surveillance System)				
Demonstration?	Member Eligibility and Enrollment				

Post-Award Public Forum

Pursuant to 42 CFR 431.420(c), OMS attended and participated virtually in the quarterly HIV Advisory Committee (HIVAC) meetings to provide updates and afford the public an opportunity to provide meaningful comments on the progress of the 1115 HIV demonstration waiver. The HIVAC's purpose is to advise the Office of the Governor and State, federal, and private sector agencies, officials, and committees on HIV-related policy, planning, budgets, or rules on behalf of those individuals infected by, at-risk for, or affected by HIV in Maine. This platform was used as it is well-known, open to the public and HIV community, and provides partners and the general public the opportunity to provide meaningful feedback. There were no comments received at these quarterly HIVAC meetings or thereafter.

Audits, Investigations, and Lawsuits

During DY22, there were no lawsuits or legal actions that impacted the demonstration waiver.

Financial Performance

The demonstration waiver continues to meet the financial performance standards set forth under 42 CFR 431.428. These requirements include financial performance and operations, audit oversight, and reporting. The MaineCare Program Integrity aims to reduce instances of fraud, waste, and abuse within the Medicaid program by reviewing MaineCare providers' clinical and procedural compliance with the MBM and other billing and programmatic guidance. In addition, the MaineCare Data Analytics unit completes analysis and reporting, including rate reviews.

Standards and metrics are established for all financial aspects of the demonstration waiver program as a requirement of financial performance and general financial requirements. OMS closely monitors both member counts and overall expenditures through quarterly and annual budget reviews. A review from DY13 to DY17

demonstrates consistent member counts and annual expenditures; however, the pandemic affected eligibility and expenditures for both the demonstration and Medicaid populations for DYs 18 through 21. During DY22, eligibility stabilized, and expenditures continued to increase.

For the demonstration population, the unduplicated member count increased from 324 members in DY21 to 358 members in DY22. Please note: these members were eligible at any point in each demonstration year.

Annual demonstration waiver expenditures increased by 7.4% between DY21 and DY22 from \$3,386,027 to \$3,634,890. Likewise, per member per month expenditures increased from \$971 to \$1,029 for the same period (calculated using actual expenditures that were reported on the CMS-64).

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 DY22 (through December 31, 2024). In addition, the program continues to show that projected budget neutrality will continue into DY23. Updates of the quarterly budget neutrality statements for each future quarter will continue. It is expected that the program will remain budget neutral.

Legislative Developments

During DY22, no state or federal legislative developments impacted the HIV demonstration waiver.

Accomplishments

The HIV waiver program continues to make changes and improve processes to ensure systems, reports, and care management efforts are effective and efficient. Some of these changes include the implementation of new or updated care management reports to encourage 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 updates to the member and provider surveys.

The demonstration waiver had many accomplishments in its twenty-second year. Several of these accomplishments are listed below.

 Of the 742 program enrollees who had a lab result reported in 2024 (both demonstration enrollees and MaineCare members), 94% have a viral load that is suppressed (less than 200 mls). Of those with viral suppression, two-thirds have an undetectable viral load (less than 20mls). Having an undetectable viral load is the desired outcome of successful treatment.

- In DY22, the proportion of demonstration enrollees who had an ED visit slightly decreased from 24 to 23%. In addition, the proportion of MaineCare members living with HIV who had an ED visit slightly increased to 37 from 36%. Care management efforts have and will continue to focus on encouraging all members to have a PCP and access to other needed services to avoid unnecessary ED utilization.
- Of the member survey respondents who 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 improve collaboration between OMS, OFI, Maine CDC (including Ryan White), and HIV Targeted Case Management agencies. Collaboration among these offices and organizations is important to encourage shared learning and alignment of programs, increase access to services, and support efficiencies across the Department.
- Leveraged feedback from provider and member surveys to promote 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 this work include:

- Following up with any providers who requested assistance or identified a lack of awareness on their provider survey
- Following up with all members who 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 challenges
- Responding to providers' requests for training by coordinating with the New England AIDS Education and Training Center, the Maine CDC, and other community partners
- Creating and maintaining a member email listserv and including survey respondents who indicated email was their preferred mode of communication
- Updating a provider email listserv and sending information and resources every month
- Maintained and updated a unique database that allows tracking of members, providers, call notes, eligibility information, letters, 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. Percent of
 Days Covered is a measure included in the program evaluation; this is a new
 resource for monitoring medication adherence.
- Continued to work with providers to collect members' lab data (CD4 and viral load) when the results were not available through Maine CDC.
- Collaborated with MaineCare's Pharmacy Manager and our contracted Pharmacy Benefit Manager to help ensure members, providers, and pharmacies have up-to-date information that facilitates proper prescribing and access to needed medications.
- Encouraged all members to be linked with an infectious disease specialist and PCP within their area.
- Created quality assurance report improvements and new care management reports to identify gaps in care management activities:
 - A new process and report were 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 timely 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 CY This report helps ensure that every member receives some form of contact from the program at least once a year.
 - A report was created to show all members whom we have attempted to reach compared to members (or their designees) with whom we spoke directly. This data allows us to track occurrences of conversations rather than outreach attempts where no real contact was made.
 - A report was created to identify program members who may be experiencing homelessness. This report uses claims billed to MaineCare to identify members who have a homeless diagnosis code, place of service (POS) code, or a homeless eligibility code. The HIV program is prioritizing care management efforts for members who struggle with housing as they are hard to reach and often face many barriers to

engaging in care. This report includes the newly CMS-approved place of service code of "on the streets". CMS defines the new POS code as a non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals. In addition to this report, the HIV program has made other efforts to stay connected to members who are experiencing homelessness. We created a quick reference guide for housing case managers and have presented it to the nine housing hub groups statewide. Making these connections with the housing hub coordinators and other staff helps familiarize them with the HIV program so they can connect their clients to the program and other HIV resources.

Challenges and Plan for Improvement

In DY22, one of the more significant challenges the HIV waiver team grappled with was the impact of a cybersecurity issue with our vendor/Pharmacy Benefit Manager, Change Healthcare. Although Change Healthcare was quick to advise that no personal data of MaineCare members was improperly accessed as part of the network disruption, the cybersecurity issue disrupted the operation of MaineCare's pharmacy system. OMS initially responded by authorizing 30-day medication supplies and providing pharmacy provider guidance. Pharmacies were instructed to continue to fill members' prescriptions as written by providers, and process claims as they normally would. The Department paid all eligible claims submitted once the system was operational again. MaineCare members experiencing trouble getting their prescriptions filled were encouraged to call the MaineCare Pharmacy Help Desk. During the system outage, the HIV team was also unable to get medication adherence or compliance reports from Change Healthcare. This impacted our ability to monitor and follow up with members who were not promptly picking up their antiretrovirals.

Another challenge the HIV waiver team faced in DY22 was an HIV outbreak in Penobscot County among people who inject drugs (PWID) and are unhoused. Over the previous five years in Penobscot County, there was an average of two new HIV diagnoses per year overall and one new diagnosis per year among PWID. As of March 2025, there are 23 confirmed cases associated with this outbreak.

In response to this increase in HIV diagnoses, Maine CDC and OMS are working with community partners to do the following:

- Increase access to HIV and hepatitis C virus (HCV) testing among those at risk;
- Provide HIV and sexually transmitted infection (STI) prevention services, such as post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), and safer sex supplies;
- Utilize coordinated entry to link individuals with housing;
- Lower barriers to care through medical outreach;
- Offer syringe services and other harm reduction services; and

Link people diagnosed with HIV or HCV to medical care and treatment.

In April 2024, the Maine CDC issued a health advisory recommending HIV testing at least every three months for persons with ongoing risk factors. This was a statewide recommendation and was based on the possibility of increased risk related to this cluster of HIV cases.

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

- Connecting members to behavioral health and case management services, which are in short supply in the state.
- Strengthening communication with community agencies statewide to increase HIV testing.
- Ensuring access to care while state and federal budgets change.
- Exploring new resources for social support that can be delivered through existing case management programs.
- Meeting providers' needs for education and support, especially related to social determinants of health.
- Supporting providers to reduce members' obstacles to successful treatment, such as unstable housing and food insecurity.
- Responding to interim findings from the independent evaluation.

Attachment B Outreach Letters

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

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,

Michelle Pepin, 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 Michelle Pepin, and I am a nurse working for MaineCare. I am here to assist members who need help accessing care. These are some of the areas where I can help:

- getting transportation to your medical appointments
- giving you information about covered services
- · answering questions about your medications
- helping you in any other areas

Please call me toll free at 1-866-796-2463 extension 44008. TTY users dial 711. You may also email me at michelle.pepin@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,

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 Michelle Pepin, 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 michelle.pepin@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,
Michelle Pepin, RN
Nurse Coordinator, Special Benefit Waiver
MaineCare Services
11 State House Station
Augusta, ME 04333
1-866-796-2463 ext. 44008

Please return in the postage paid envelope. Thank you!

Please return this part of the let	ter to me
Name: Infectious Disease Specialist Nam	MaineCare Number:e:e:
Infectious Disease Specialist Addr Primary Care Doctor Name: Primary Care Doctor Address:	
No, I do not have a doctor an	

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 authorization form and return it in the prepaid envelope. If you change your doctor and/or case management agency, you will be sent a new form.

The offices checked off at the top of this form are all part of the Maine Department of Health and Human Services and are required by law to keep your health information confidential. When you complete the enclosed authorization form, you are allowing MaineCare to share your information with your care team, such as your physicians, nurses and case managers. My goal is to work with you and your doctor to make sure you are getting the best healthcare possible.

If you have questions or need help filling out this form, you can reach me at 207-624-4008 (TTY users dial 711) or michelle.pepin@maine.gov.

Sincerely,

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 Michelle Pepin, 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 healthcare.

Please contact me 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,

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 not, 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 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,

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 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,

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 michelle.pepin@maine.gov

Thank you in advance for your help with this initiative!

Sincerely,

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 2021 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.

Thank you,

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

Attachment E Waiver Surveys

ⁱ MaineCare is Maine's Medicaid program ⁱⁱ The 2021 Provider Survey focused on services and experiences of the year 2020. ⁱⁱⁱ The 2021 Member Survey focused on services and experiences of the year 2020.

Estimated time: 5 minutes MaineCare Provider Survey 2023

Do this survey online! Scan this QR code:



Survey ID:		自然影響
Provider Name:	Email Address:	
	h HIV/AIDS, you don't need to compleid envelope, so that we can update our	V

1. What are your most important challenges in caring for patients living with HIV? Check all that apply.

	Important	Would like resources (such as training or support)
Shortage of trained staff (check types below):		заррото,
□ RNs □ MDs □ APNs □ MAs □ Other		
Staff burnout		
Keeping up with treatment guidelines and new drugs		
Difficulty contacting patients by phone (voice or text)/Re-engaging patients who are lost to care		
Communication with the pharmacy dispensing HIV meds.		
Shortage of mental health and substance use disorder services to refer patients		
Lack of partnerships or outdated partnerships with agencies that address housing, food, transportation, and other needs		
Difficulties in communication, discussion and/or successful engagement of patients due to cultural misunderstandings and/or lack of quality translation/interpretation services		
Coordination with providers treating non-HIV illnesses		
Other:		

2. Do you use or refer patients to these resources?

	referre	ised or d s: Y/N
New England AIDS Education and Training Center (https://www.neaetc.org/), which offers HIV/AIDS education, consultation, technical assistance, and resource materials to health care professionals	Y	N
The Ryan White/AIDS Drug Assistance Program (ADAP) (https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-b-adap), which provides FDA-approved medications to low-income people with HIV. It also offers money for health insurance premiums and copays, as well as help with housing, food, and dental care	Y	N
MaineCare's Special Benefit Waiver for individuals living with HIV/AIDS who do not qualify for regular MaineCare https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/HIV-Brochure-01272021.pdf	Y	N
Community Action Programs (CAPs), which offer services for housing, employment, heating assistance, substance use, and transportation Directory of CAPs throughout Maine available here: https://mecap.org/our-network/	Y	N
HIV Targeted Case Management agencies that may offer or coordinate services related to housing, behavioral health, food, transportation, etc.	Y	N
Community Health Workers (CHWs), who typically do home visits and help people follow their treatment plan, overcome barriers to care, and refer them to community resources https://www.cdc.gov/dhdsp/pubs/toolkits/chw-toolkit.htm	Y	N
MaineCare's Non-Emergency Transportation services, which provides members rides or milage reimbursement to MaineCare covered services.	Y	N

•	
For any that you marked "N",	
would you like additional information?	•
Yes	
□No	

3. What do your patients tell you are their biggest barriers to receiving and adhering to care? Check all that apply.

	Important	✓
Other Health Issues:		
Behavioral health conditions		
Substance use		
Physical health co-morbidities		
Medications:		
Problems getting medications		
Medication side effects		
Regimen complexity		
Unaffordable Medication		
Logistics:		
Lack of transportation/high gas costs		
Inconvenient or inflexible appointment times		
Lack of Childcare		
Difficulty reaching/communicating with practice		
Access & Equity:		
 Lack of access to/affordability of specialty care 		
Racial or ethnic bias or discrimination		
Language barriers		
Social or cultural stigma/misunderstanding		
Social Factors:		
Housing instability/poor housing quality		
Food insecurity		
 Lack of access to social services and supports 		
Other:		

4. Do you/your team ask patients about their health-related social needs and/or social drivers of health?

☐ Yes 📥	What survey tool do you use?
	Health Related Social Needs Screening Tool, The AHC Health-Related Social Needs Screening Tool: https://innovation.cms.gov/files/worksheets/ahcm-
	screeningtool.pdf
	Protocol for Responding to and Assessing Patients' Assets, Risks and
	Experiences (PRAPARE): https://prapare.org/wp-
	content/uploads/2021/10/PRAPARE-English.pdf
	Other:
□ No →	Why not?
	☐ We do not have a screening survey.
	☐ We do not have a process for using the data.
	☐ We do not have training on this.
	Other:
5. Do you receiv	ve MaineCare's HIV Provider Tip Sheet listserv?
Ves -	Do you find them helpful? Always Sometimes Never
	☐ I would like to receive it. (Please list your e-mail address at the top of the survey).
☐ I don't kr	· · · · · · · · · · · · · · · · · · ·
6. How recently	have you consulted the treatment guideline changes and new recommendations
-	ng with HIV/AIDS? (e.g. Infectious Disease Society of America, National Institute
of Health, HIVin	•
☐ In the last 12	months
☐ In the last on	•
☐ In the last thr	•
☐ Five or more	years ago
7. MaineCare's	HIV program hosts 30-minute live webinars and posts the recordings on the
provider resour	ce page. Please let us know below about topics you would find useful and valuable.
Please tell us ho	w the MaineCare HIV program can help you and your patients living with
HIV/AIDS:	

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

Ten minutes of your time will help us improve services. Your responses are confidential. They will not impact your eligibility for services.

Questions? Call Michelle at 207-624-4008.



Go to https://www.surveymonkey.com/r/mainecarems23 and enter your survey key of to take the survey online!

1.	0	E-mail (list address): Text (list phone number): Mail	<u> </u>
2.		the past 12 months, when you receiurse (Michelle/Elli), how helpful was	ved a call or email from the MaineCare the call or email?
	0	I did not hear from Michelle/Elli	Comments:
	0	Extremely helpful	
	-	Very helpful	
	_	Somewhat helpful	
	U	Not at all helpful	
3.	00000	ould you say that, in general, your h Excellent Very good Good Fair Poor I do not know	ealth is:

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

4. What is your living situation toda

- 1 have a steady place to live.
- 1 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.
- 5. 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 did not last and you did not have money to get more.
 - Often true
 - O Sometimes true
 - O Never true
- 6. 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	5 to 9	10 to 14	15 to 19	20 to 24	25 to 30
Days	Days	Days	Days	Days	Days

7. 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	5 to 9	10 to 14	15 to 19	20 to 24	25 to 30
Days	Days	Days	Days	Days	Days

8. 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	5 to 9	10 to 14	15 to 19	20 to 24	25 to 30
Days	Days	Days	Days	Days	Days

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

- 9. Over the last 7 days, how often have you been bothered by feeling down, depressed, or hopeless? Select only one answer.
 - O Not at all
 - O Several days
 - O More than half the days
 - O Nearly every day
- 10. In the last 12 months, were you ALWAYS ABLE to obtain prescription medicines that you or a doctor believed were necessary?

0	Yes	\longrightarrow		
0	Do not know/Does not apply to me	\longrightarrow	Go to question #13	
0	No	→ '	complete questions #11 and	#12

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

Only answer if you answered "No" on Question 10.	11. 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. O I could not afford copays O I had no transportation O I was refused services O Insurance company wouldn't approve, cover, or pay for the medicine O I could not get time off work O I did not have time or took too long O There is a language barrier O I did not know where to get care O I did not want to O Other: 12. How many times were you unable to get the medicine you or a doctor believed necessary?
	O 1 or 2 times O 3 to 5 times O 6 or more times
13. How often do you O Every three months (90 O Once a month O Two or more times per O I use mail order.	
14. How often do you	miss medications because you cannot get to the pharmacy?
O Never O Rarely O Sometimes O Often	

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

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 —	•	O - t	
0	Do not know/Does not apply to me		Go to question #18	
0	No	C	omplete questions #16 and #	‡17



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.

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

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

- 0 1 or 2 times
- 3 to 5 times
- 0 6 or more times

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

Discrimination in Medical Settings

18. Please think about the times in the past 12 months when you have 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

Questions 19-26 are optional.

We are asking these questions to help 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.

19.	How	many	people	are ir	your	household?
Tota	l unde	r age 18	3:		_	

Total age 18 and older: _____

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

20	. What is your yearly household income? (include earnings of everyone age 18
000000	and older) Less than \$15,000 Between \$15,001 and \$20,000 Between \$20,001 and \$25,000 Between \$25,001 and \$30,000 Between \$30,001 and \$35,000 Between \$35,001 and \$40,000 Between \$40,001 and \$45,000 More than \$45,001
21	. Are you of Hispanic, Latino/a or Spanish origin?
0	No, not Hispanic, Latino/a, or Spanish
0	Yes, Mexican, Mexican American, or Chicano
0	Yes, Puerto Rican
0	Yes, Cuban
0	Yes, another Hispanic, Latino/a, or Spanish origin:
22	. What is your race? You may select one or more categories. Print your origin on the line next to your race.
0	Black or African American Print your origin, for example, African American, Jamaican, Haitian, Ethiopian, Somali, etc.
0	White Print your origin, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
0	American Indian or Alaska Native Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
0	Chinese O Vietnamese O Native Hawaiian

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

	Filipino Asian Indian Other Asian Print your origin, for exampl	O O e, Pakis	Korean Japanese stani, Cambodian, Hi	0 0 mong	Samoan Chamorro
	Other Pacific Islander Print your origin, for exampl	e, Tong	ıan, Fijian, Marshalle	ese	
0	Some other race (print race	or orig	gin):		
	What is your primary often?	langu	age, meaning th	e language	e that you use most
0	English				
0	French				
0	Kinyarwanda				
0	Kirundi				
0	Lingala				
0	Portuguese				
0	Spanish				
0	American Sign Language (ASL)			
0	Other:	-			
24.	What is your gender?				
0	Female				
0	Male				
0	Non-binary				
0	Other:				
25.	Do you identify as tra	nsgen	der?		
0	Yes				

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

0	No
26.	What is your sexual orientation?
0	Straight/Heterosexual
0	Gay or Lesbian
0	Bisexual
0	Other:
Additio	onal survey comments:

Thank you!

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

Special Demonstration Benefits Project Annual Reports For Demonstration Year 22
Attachment I Amount Spent By Allocation Provider Type and Number of Users

Attachment I Amount Spent By Allocation Provider Type and Number of Users
Data Source: MMDSS- MMIS Paid Claims Header, Pulled Via Service Start Date (07/01/2002 to 12/31/2024)
Hospital Claims Have been Adjusted According to Rate at Pay Date

Per M	Member Per Month (PMPM)		_				<u></u>			
		DY14		DY15	DY16	DY17		DY18	D D	Y18
Dem	onstration Enrollees 358	\$3,208.00		\$3,260.00	\$2,830.00	\$1,584.0	02	\$1,197.69		\$962.96
Medi	caid Members* 672	\$2,628.00		\$2,390.00	\$2,593.00	\$2,354.8	36	\$2,412.96		\$2,480.77
			_							

	Town																											
	DY14	T	DY15		_	DY16		DY17			DY18		I		DY19			DY20				DY21			DY22			
	Demonstration Enrollees	Medicaid Members	Demonstration E	nrollees Medicaid Memb	bers	Demonstration Enrollees	Medicaid Members	Demonstration Enr	rollees Med	dicaid Members	Demonstration	tion Enrollees	Medicaid Me	embers	Demonstrati	ion Enrollees	Medicaid Members	Demonstration	on Enrollees	Medicaid Members	•••	Demonstration Enrollees	s Medicaid Me	embers D	Demonstration Enrollees	Medicaid	d Members	
Distinct Members				547	389	541	39)	511	546		365		5/1		332	6	40	305		640	324		668	358		6/2	$\overline{}$
Allocation Provider Type	Doid House DMD	Daid He	oro DMDM Daid	Heere DMDM Daie	d Heere DM	DM Daid Haara	DMDM Doid	Hoors DMDM Daid	Heere DMDM	Doid	Users PMPM	Poid	Users PMPM	Paid Use	oro DMDM	Daid Haara DM	IDM Daid	Users PMPM	Paid	Heere DMDM Dei	d Heere DM	PM Paid Use	DMDM	Doid	Paid Users	PMPM	Paid Use	PMPM
ADULT DAY HEALTH	Faid Users Finis	rwi Faid Us	ers PMPM Paid	Users PMPM Paid	d Users PM	PM Paid Users	FMFM FAID	Users PMPM Paid	Users PMPM	raid	USEIS FMFM	Faid	USEIS FINIFINI	Faid USE	ers FIVIFIVI	Paid Users PM	raid raid	Osers PINIFINI	raid	Users PMPM Paid	d Users PM	FMI FAID USE	IS PIVIPIVI	¢110.14	Faid Osers	FIVIFIVI	¢3 180 52	1 ¢0.43
ADVANCED PRACTICE REGISTERED NURSE	\$24,407.59 220 \$3.7	70 \$25,301.38	187 ¢5.80 ¢61.116.71	294 \$9.31 \$34,667.80	0 202 \$8	3.53 \$44,747.27 268	\$7.62 \$40,557.89	217 \$9.24 \$44.626.21	252 \$7.98	¢60 308 30	313 \$11.47	\$41 624 01	160 \$10.32	¢84 046 15 3	315 ¢13 36 ¢25 85	53.35 158 ¢6	5.93 \$80,301.60	331 411.87	\$41,841.91	144 \$11.83 \$122,132.5	4 351 \$16	.86 \$44,444.29 1	56 \$11.04	\$115.14 \$100.635.97	¢30 778 85 160	¢0 03	\$5,100.52 \$06.514.20	64 \$12.98
ALTERNATIVE RESIDENTIAL FACILITY	\$24,407.39 220 \$3.7 \$0.00 0 \$0.0	00 \$0.00	\$5.80 \$61,116./1	0 \$0.00 \$0.00	0 202 \$0	0.00	\$5,424.44	1 \$1.24 \$44,626.21	232 \$7.90	\$28,021.04	2 \$4.64	\$41,024.01	169 \$10.32	\$84,946.15	315 \$13.30 \$25,85	33.33 130 \$0	\$29,560,96	2 \$4.37	\$ 1,011.91	\$11.03 \$122,132.3		.81	JU \$11.94	\$70,687.31	\$39,770.03	\$9.93	\$50,314.25 \$62,176.71	2 \$8.36
AMRIII ANCE	\$0.00 0 \$0.00 \$23,707.55 58 \$3.6	61 ¢22 070 55	57 ¢5.26 ¢30.751.07	70 \$4.68 \$17.430.34	4 53 \$4	20 \$12 375 33 37	\$2.11 \$48,510.79	60 \$11.05 \$19.908.95	46 ¢3.56	\$20,021.0 1	82 ¢6.68	\$11 405 64	34 ¢2.83	¢43 050 10	75 ¢6.01 ¢11.54	42.07 26 ¢3	\$109 \$60,473.81	84 ¢8 04	¢0 735 87	20 ¢2 75 ¢70 302 20	6 00 ¢10	.01 05 ¢15 278 80	41 \$4.10	\$70,007.31 \$65,430.38	¢11 550 33 21	¢2 88	¢57,600,46	80 \$7.76
AMBULATORY SURGICAL CENTER	\$5.204.14 17 ¢0.8	80 \$4,932.96	8 41 13 47 257 87	14 ¢1 11 \$5 646 12	2 8 \$1	30 \$6.301.21 16	\$1.00 \$2.056.65	5 \$0.47 \$5.800.53	14 \$1.04	\$4 640 30	10 \$0.00	\$5,002,22	14 \$1.05	\$7 357 40	10 \$1.16 \$3.00	12.07 20 \$3 04.34 13 ¢0	1.83 ¢6.443.51	11 \$0.95	\$3,733.07 \$3,172.02	8 \$0.00 \$3.032.60	5 8 40	42 \$1,270.09	9 \$0.52	\$5 324 11	\$2 624 12	\$0.66	¢12 218 Q3	14 \$1.64
ASSISTED LIVING SERVICE PROVIDER	\$5,251.11	ψ1,532.50	0 \$1.13 \$77,237.07	11 \$1.11 \$0,040.12	2 0 41	40,001.21	Ψ2,000.00	5 46.47 \$3,000.55	11 \$1.01	ψ 1,0 15.55	10 φο.//	\$3,032.22	11 \$1.20	\$7,557.10	10 ψ1.10 ψ3,03	γι.51 15 φυ	φο, 113.31	11 \$0.55	ψ5,172.52	\$5,632.0.	J 0 40	ψ1,320.01	\$ 40.32	\$193.75	Ψ2,021.12	ψ0.00	Ψ12,210.33	41.01
AUDIOLOGIST	\$309.78 7 \$0.0	05 \$709.15	5 \$0.16 \$207.26	9 \$0.03 \$1,557.54	4 6 \$0	0.38 \$40.20 5	\$0.01 \$40.20	3 \$0.01 \$104.79	5 \$0.02	\$129.44	4 \$0.02	\$81.50	2 \$0.02	\$652.42	3 \$0.10 \$14	41.18 5 \$0	0.04 \$167.75	4 \$0.02	\$6.80	1 \$0.00 \$2.699.80	0 6 \$0	37 \$36.37	4 \$0.01	\$937.99	\$50.75	\$0.01	\$213.11	10 \$0.03
BEHAVIORAL HEALTH CLINICIAN	\$188.114.75 118 \$28.5	52 \$181,305,79	104 \$41.56 \$174.380.28	133 \$26.56 \$159,273.13		0.21 \$120.353.10 110	\$20.48 \$167,455.21	96 \$38.14 \$189.553.55	99 \$33.89	\$210,288,45	135 \$34.80	\$126,148,88	•	258,896.71 1	144 \$40.72 \$56,23		5.07 \$264.155.90	132 \$39.05	\$51.079.53	38 \$14.44 \$182.222.29	9 129 \$25	.15 \$92.331.74	40 \$24.80	\$255,621,66	\$85,019,07	\$21.22	\$269.652.35	14 \$36.26
BOARDING HOME	\$30.043.87	55 \$31.865.18	2 \$7.30 \$25.174.22	3 \$3.83 \$27.379.62	2 1 \$6	5.74 \$3.353.05 1	\$0.57 \$78,072.14	4 \$17.78		\$43,351,57	1 \$7.17	7-2-7-2-2-2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7.5.7.5	1 12	420,42000	70000	422/21222	\$410.4	8 1 \$0	.06	72.000	\$35,246.65	\$26.673.96	\$6.66	\$221,527.04	5 \$29.79
CASE MANAGEMENT SERVICES PROVIDER	\$455,348.82 388 \$69.0	02 \$406,206,22	245 \$93.10 \$442.727.15	379 \$67.44 \$370,284.15	5 227 \$91	16 \$392 517 12 337	\$66.80 \$398,228.98	253 \$90.71 \$301.652.35	280 \$53.92	\$436,018.47	310 \$72.15	\$200,159,00	171 \$49.64 \$	448,520.37 2	280 \$70.54 \$152.75	51.00 140 \$40	0.93 \$390,145.19	276 \$57.68	\$133,277.11	138 \$37.67 \$417.307.7	5 281 \$57	(.61 \$99,334,47 1)	12 \$26.68	\$357,357,01	\$135.636.99	\$33.86	\$368,699,58	57 \$49.58
CHIROPRACTOR	\$241.20 6 \$0.0	04 \$401.63	6 \$0.09 \$69.40	2 \$0.01 \$409.21	1 5 \$0	0.10 \$9.33 2	\$0.00 \$97.87	3 \$0.02 \$186.99	5 \$0.03	\$1.446.64	11 \$0.24	\$46.85		\$1,466.59	10 \$0.23 \$23	37.28 3 \$0).06 \$1.791.06	11 \$0.26	\$40.51	1 \$0.01 \$1.681.6	7 12 \$0	.23	Ψ25.55	\$2,123,63	\$997.30	\$0.25	\$4.840.68	15 \$0.65
COMMUNITY PROVIDER	\$123 313 67 167 \$18 6	69 \$88,264.08	140 \$20.23 \$90.457.80	120 \$13.78 \$67.673.42	2 103 \$16	3 66 \$77 706 46 113		118 \$20.79 \$65.875.57	99 \$11.78	\$137,557,75	159 \$22.76	\$38,416,57	56 \$9.53 \$	135.348.31	149 \$21.29 \$21.75	56.86 58 \$5	5.83 \$175.916.70	184 \$26.01	\$23,392.09	42 \$6.61 \$232.047.3	5 196 \$32	.03 \$29.221.84	48 \$7.85	\$315,824,98	\$61.078.49	\$15.25	\$298.453.93	01 \$40.14
DENTAL HYGIENIST	Ψ125/515167 107 Ψ1010	\$556.00	2 \$0.13 \$0.00	0 \$234.00	0 1 \$0	0.06	\$13.22 \$91,248.28 \$42.00	1 \$0.01	33 41176	\$42.00	1 \$0.01	450/120157	φσ	100/010101	113 421123 421/10	σοισο σο φο	\$370.42	1 \$0.05	ψ25/552.103	\$506.20	6 3 \$0	07	77.00	\$2,038,76	φοιγοίοι	Ψ15125	\$2,523,64	4 \$0.34
DENTIST	\$1,439.44 6 \$0,2	22 \$18,982.44	45 \$4.35 \$6,905.21	14 \$1.05 \$21,070.26		5.19 \$1,184.50 5	\$0.20 \$21,724.50	35 \$4.95 \$2.012.21	9 \$0.36	\$18,891.71	41 \$3.13	+	- - - 	\$13,772.20	32 \$2.17 \$11	19.00 2 \$0	0.03 \$18,797.50	41 \$2.78	+	\$27,570.7	2 47 \$3	.81	+ + + + + + + + + + + + + + + + + + + +	\$32,548.73	\$4.429.81	\$1.11	\$24,488.80	39 \$3.29
DENTURIST	Ψ-,	\$40.00	2 \$0.01 \$600.00	1 \$0.09 \$1,089.00		0.27	\$815.00	8 \$0.19 \$20.00	1 \$0.00	\$357.00	6 \$0.06		- - 	\$472.00	4 \$0.07	<u>-</u> - φ ⁰	\$1.024.00	7 \$0.15		\$1,708.14	4 7 \$0	.24	+ + + + + + + + + + + + + + + + + + + +	\$6.639.93	\$343.90	\$0.09	\$4,067.74	9 \$0.55
DIALYSIS CENTER - FREE STANDING	\$4.734.54 1 \$0.7	72	\$6.690.13	1 \$1.02	1	14344.45	\$2.44	\$7,970.58	1 \$1.42	4557,100	- 43100	\$5,940.47	1 \$1.47	Ţ 2.55	\$3.48	81.63 1 \$0),93 \$37.29	1 \$0.01	\$2.148.40	1 \$0.61 \$18.996.2	7 1 \$2	.62	+ + + + + + + + + + + + + + + + + + + +	40,000,000	\$6.674.40	\$1.67	\$2,539.74	1 \$0.34
DIETICIAN	Ţ.//5.10.1 I ψ0./	\$0.00	1 \$0.00 \$0.00	0 \$0.00	0 1 \$0	0.00	\$15.00	1 \$0.00	- 41.12		 	\$0.00	1 \$0.00	- 	ψ3,10		\$123.00	3 \$0.02	7-/2 10.10	_		+	+ + + + + + + + + + + + + + + + + + + +	\$106.00	\$0.00	\$0.00	\$0.00	1 \$0.00
DME SUPPLIER	\$6,389,74 35 \$0.9	97 \$31.552.24	63 \$7.23 \$4.968.78	31 \$0.76 \$26.797.89	9 57 \$6	5.60 \$4.405.79 27	\$0.75 \$27,650.28	64 \$6.30 \$4.024.90	29 \$0.72	\$29,130,76	63 \$4.82	\$7.698.79	24 \$1.91	\$33,007.91	60 \$5.19 \$7.40	01.32 27 \$1	.98 \$37.978.91	67 \$5.61	\$6,445,00	23 \$1.82 \$30.172.6	1 67 \$4	.17 \$7.354.83	26 \$1.98	\$41,291.08	\$7.343.20	\$1.83	\$56.077.69	79 \$7.54
FACILITY/AGENCY/ORGANIZATION NR PROVIDER	\$0.00 0 \$0.0	00 \$0.00	0 \$0.00 \$0.00	0 \$0.00 \$0.00	0 0 \$0	0.00 \$0.00	\$0.00	0 \$0.00	40112	1/	7	1.7-31.3	7	. ,	7	41	75.75.651	42.02	1-7.15.00	Ţ Ţ		1.7-2 1100	1-11-5	1 .2/232100	7.,3.5.25	1-7-5	, ,	+3.51
FISCAL EMPLOYER AGENT	7	\$101.060.33	5 \$23.16 \$0.00	\$135,613.76	6 6 \$33	3.39	\$207,327.79	8 \$47.23		\$174.176.16	7 \$28.82		\$	213.250.62	6 \$33.54		\$142,517,99	5 \$21.07		\$207.278.70	0 4 \$28	.61	+ + + + + + + + + + + + + + + + + + + +	\$145.482.13			\$191.058.19	5 \$25.69
HOME HEALTH AGENCY	\$2,023,28 3 \$0.3	31 \$45,262.01	14 \$10.37 \$5,639.72	6 \$0.86 \$36,264.42	2 10 \$8	3.93 \$2,473.15 2	\$0.42 \$58,599.13	16 \$13.35 \$1.810.82	2 \$0.32	\$45,987.51	17 \$7.61		- - 	\$36,434.16	12 \$5.73 \$4	42.08 9 \$0).01 \$27.237.91	24 \$4.03	\$4,721,32	6 \$1.33 \$20.953.9	1 17 \$2	.89 \$0.00	4 \$0.00	\$23,470,32	\$0.00	\$0.00	\$37,690.78	21 \$5.07
HOSPICE	\$0.00 1 \$0.0	00 \$14.480.48	2 \$3.32 \$0.00	7 \$0.00 \$0.00	0 3 \$0	0.00	\$7,398.38	4 \$1.69 \$0.00	3 \$0.00	\$59,974.93	6 \$9.92			\$6,946.75	5 \$1.09 \$	\$0.00 2 \$0	0.00 \$0.00	2 \$0.00	\$0.00	1 \$0.00 \$22.673.2	5 3 \$3	.13	1,000	\$8,370.18	\$0.00	\$0.00	\$8.514.81	5 \$1.15
HOSPITAL	\$1.618.678.29 492 \$245.3	37 \$1,022,227.51	361 \$234.29 \$1,582,436.51	500 \$241.04 \$670.490.50	0 333 \$165	5.06 \$860.176.90 456	\$146.39 \$1.619.215.97	363 \$368.84 \$784,433.40	422 \$140.23	\$1,623,132.09	507 \$268.60	\$300,414.57	287 \$74.51 \$1.	146,707.61 5	512 \$180.36 \$249.35	55.14 268 \$66	5.82 \$1.814.092.29	562 \$268.20	\$203,558.84	237 \$57.54 \$2,558,452.5	1 573 \$353	.18 \$489,915.88 20	61 \$131.59	\$1,740,326.53	\$375.903.33 284	\$93.84	\$2,599,603.11	84 \$349.60
INDIAN HEALTH SERVICES PROVIDER	***	+ · · · · · · · · · · · · · · · · · · ·	1 1 1 1		 		\$6,070.99	1 \$1.38			- 	'''	- ' ' 	'	 	- - - 	 	- ' - 		\$1,316.9	8 1 \$0	.18	· ·	\$1,308.00	· · · · · ·	· · ·	\$841.59	2 \$0.11
LABORATORY/RADIOLOGY	\$54,439.90 233 \$8.2	25 \$32,304.94	181 \$7.40 \$61,959.86	211 \$9.44 \$26,017.58	8 143 \$6	5.41 \$40,211.47 183		151 \$9.67 \$34,049.71	152 \$6.09	\$50,264.48	207 \$8.32	\$18,490.41	123 \$4.59	\$54,082.36 2	258 \$8.51 \$17,09	93.95 122 \$4	1.58 \$68,963.33	285 \$10.20	\$14,643.36	100 \$4.14 \$69,008.5	5 300 \$9	.53 \$14,016.74	98 \$3.76	\$82,061.29	\$21,480.78 123	\$5.36	\$80,452.76	08 \$10.82
MENTAL HEALTH CLINIC	\$29,873.85 7 \$4.5	53 \$56,507.35	16 \$12.95 \$28,376.95	4 \$4.32 \$11,810.85	5 6 \$2	2.91 \$27,176.67 6	\$6.84 \$42,439.77 \$4.63 \$14,138.33	5 \$3.22 \$30,169.86	4 \$5.39	\$33,461.48	6 \$5.54	\$24,957.56	4 \$6.19	\$6,701.07	12 \$1.05 \$13,67	76.75 1 \$3	3.66 \$21,277.34	3 \$3.15	\$15,787.56	1 \$4.46 \$4,880.7	3 3 \$0	.67 \$7,410.90	2 \$1.99	\$12,702.56	\$40,164.85	\$10.03	\$50,924.48	6 \$6.85
MULTI-DISCIPLINARY PROVIDER	\$0.00 0 \$0.0	00 \$0.00	0 \$0.00 \$0.00	0 \$0.00 \$0.00	0 0 \$0	\$0.00	\$0.00	0 \$0.00	· · ·				- 	.,			+				 	 	 	. ,			. ,	+
NURSE	\$3,106.42 9 \$0.4	47 \$2,359.23	10 \$0.54 \$3,283.66		0 7 \$0	0.72 \$1,896.18 6	\$0.32 \$3,571.05	8 \$0.81 \$2,051.91	5 \$0.37	\$5,713.04	13 \$0.95	\$261.04	1 \$0.06	\$4,959.12	10 \$0.78 \$13	30.52 1 \$0	0.03 \$7,199.26	8 \$1.06	\$247.92	1 \$0.07 \$8,030.4	4 11 \$1	.11 \$252.88	1 \$0.07	\$6,410.94	\$1,332.95	\$0.33	\$7,111.26	8 \$0.96
NURSING HOME		\$57,216.69	3 \$13.11 \$43,723.83	3 \$6.66 \$130,235.42	2 6 \$32	2.06 \$3,520.00 1	\$0.60 \$150,614.55	10 \$34.31 \$29,673.09	3 \$5.30	\$174,127.99	9 \$28.81	\$0.00		133,961.65	5 \$21.07		\$2,411.52	1 \$0.36	\$0.00	2 \$0.00 \$47,073.3	7 4 \$6	.50		\$362,397.29	\$44,328.69	\$11.07	\$482,624.87	8 \$64.90
OCCUPATIONAL THERAPIST		\$184.88	2 \$0.04 \$715.10	3 \$0.11 \$854.73	3 3 \$0	0.21		\$115.12	1 \$0.02	\$162.60	2 \$0.03				\$5	58.67 1 \$0	0.02		\$24.81	1 \$0.01 \$357.00	8 1 \$0	.05 \$196.95	1 \$0.05				\$155.60	1 \$0.02
OCCUPATIONAL THERAPY ASSISTANT			\$1,043.28	2 \$0.16 \$1,043.28	8 2 \$0	0.26 \$136.08 2	\$0.02 \$136.08	2 \$0.03																				+
OPTICIAN	\$0.00 0 \$0.0	00 \$0.00	0 \$0.00 \$0.00	0 \$0.00 \$0.00	0 0 \$0	0.00																						+
OPTOMETRIST	\$3,750.15 67 \$0.5	57 \$4,792.57	84 \$1.10 \$2,710.42	57 \$0.41 \$4,263.04	4 75 \$1	.05 \$2,695.46 55	\$0.46 \$4,513.28	82 \$1.03 \$3,284.01	62 \$0.59	\$7,150.41	104 \$1.18	\$1,753.65	35 \$0.43	\$5,635.76	82 \$0.89 \$2,39	96.98 39 \$0).64 \$7,393.13	101 \$1.09	\$1,617.89	32 \$0.46 \$8,603.8	1 103 \$1	.19 \$2,242.43	37 \$0.60	\$11,077.96	\$3,026.99 41	\$0.76	\$10,427.52	.07 \$1.40
PCA Agency	\$28,929.60 1 \$4.3	39 \$3,428.33	3 \$0.79 \$23,853.76	1 \$3.63 \$17,728.41	1 5 \$4	1.36	\$56,417.48	4 \$12.85		\$99,385.62	9 \$16.45		\$	129,783.91	9 \$20.41		\$68,746.22	8 \$10.16		\$34,984.3	8 3 \$4	.83		\$125,442.96			\$220,169.65	8 \$29.61
PHARMACY	\$760.61 31 \$0.1	12 \$12,186.27	51 \$2.79 \$7,875.81	39 \$1.20 \$10,885.01	1 56 \$2	2.68 \$28,694.84 31	\$4.88 \$34,099.47	42 \$7.77 \$1,817.58	22 \$0.32	\$4,891.90	46 \$0.81	\$2,118.00	35 \$0.53	\$8,464.93	46 \$1.33 \$2,09	91.27 49 \$0).56 \$7,977.94	56 \$1.18	\$775.02	39 \$0.22 \$8,336.0	0 46 \$1	.15 \$1,263.84	24 \$0.34	\$8,500.51	\$3,005.98	\$0.75	\$13,226.37	31 \$1.78
PHYSICAL THERAPIST	\$1,040.97 8 \$0.1	16 \$1,461.91	7 \$0.34 \$2,847.45	12 \$0.43 \$4,140.71 490 \$46.45 \$187,822.68	1 11 \$1	.02 \$1,343.48 10	\$0.23 \$1,742.05	8 \$0.40 \$2,019.89	12 \$0.36	\$2,932.58	16 \$0.49	\$850.43	8 \$0.21	\$2,927.54	11 \$0.46 \$2,21	14.11 9 \$0).59 \$3,954.17	15 \$0.58	\$2,075.63	10 \$0.59 \$7,619.9	8 23 \$1	.05 \$2,342.56	12 \$0.63	\$10,949.16	\$3,337.32	\$0.83	\$9,807.70	23 \$1.32
PHYSICIAN	\$234,801.30 497 \$35.5	59 \$221,818.95	365 \$50.84 \$304,969.55	490 \$46.45 \$187,822.68	8 328 \$46	5.24 \$228,733.09 438	\$38.93 \$304,341.47	360 \$69.33 \$170,464.22	414 \$30.47	\$286,391.82	487 \$47.39	\$140,668.94	288 \$34.89 \$	233,391.08 4	489 \$36.71 \$87,00	09.48 261 \$23	3.31 \$334,827.51	528 \$49.50	\$120,081.86	237 \$33.94 \$350,106.75	5 543 \$48	.33 \$109,073.61 24	48 \$29.30	\$403,083.48	\$117,049.09 274	\$29.22	\$366,770.55	69 \$49.32
PHYSICIAN ASSISTANT	\$15,251.92 154 \$2.3	31 \$11,482.36 00 \$0.00	119 \$2.63 \$9,646.81		6 100 \$1	.71 \$6,687.58 116	\$1.14 \$10,292.40	102 \$2.34 \$6,197.34	119 \$1.11	\$13,780.85	141 \$2.28	\$3,890.10	68 \$0.96	\$13,187.00 1	115 \$2.07 \$3,17).85 \$19,632.52	137 \$2.90	\$5,035.90	51 \$1.42 \$18,474.1	7 187 \$2	.55 \$4,383.42	69 \$1.18	\$22,243.21	\$4,257.10	\$1.06	\$22,462.32 1	79 \$3.02
PHYSICIANS GROUP	\$0.00 0 \$0.0	00 \$0.00	\$0.00 \$0.00			0.00		1 1		İ	- 	 				 	1	 	<u> </u>		1	 	 					+
PNMI - PRIVATE NON-MEDICAL INSTITUTION	\$61,735.06 1 \$9.3	36 \$111,591.25	6 \$25.58 \$111,390.05	3 \$16.97 \$88,522.67	7 3 \$21	.79 \$2,637.36 2	\$0.45 \$149,500.60	8 \$34.05 \$25,432.55	3 \$4.55	\$252,952.96	9 \$41.86	1		\$96,698.17	5 \$15.21		\$340,454.46	8 \$50.33	<u> </u>	\$510,182.5	7 10 \$70	.43 \$136,026.88	2 36.54	\$649,111.11	\$285,357.56	\$71.23	\$797,637.76	14 \$107.27
PODIATRIST		21 \$1,879.45	30 \$0.43 \$1,372.99	25 \$0.21 \$ 1.783.94	4 24 \$0	0.44 \$1,923.79 28	\$0.33 \$1,933.35	28 \$0.44 \$2,379.32	26 \$0.43	\$3,057.74	36 \$0.51	\$1,546.76	16 \$0.38	\$4,514.89	30 \$0.71 \$1,38	80.15 19 \$0	.37 \$2,766.67	28 \$0.41	\$1,266.10	17 \$0.36 \$4,683.1	1 26 \$0	.65 \$1,041.94	18 \$0.28	\$4,829.12	\$2,691.99	\$0.67	\$3,870.46	25 \$0.52
PSYCHIATRIC HOSPITAL	\$60,613.24 15 \$9.1	19 \$88,244.78 29 \$17,456.81	13 \$20.23 \$68,946.86	12 \$10.50 \$33,805.43	3 12 \$8	3.32 \$46,370.41 11	\$7.89 \$59,336.28	16 \$13.52 \$42,630.16	8 \$7.62	\$73,895.47	16 \$12.23	\$6,444.52		\$15,571.35	11 \$2.45 \$19	99.27 3 \$0).05 \$254.48	9 \$0.04		\$5.5		.00 \$1,600.00	1 \$0.43	\$0.00			\$119.35	2 \$0.02
REHABILITATION CENTER	\$1,902.30 2 \$0.2	29 \$17,456.81	3 \$4.00 \$412.80	1 \$0.06 \$16,046.28	8 1 \$3	3.95 \$1,691.30 1	\$0.29 \$17,504.60	2 \$3.99		\$19,625.35	2 \$3.25	1		\$16,340.17	1 \$2.57		\$48,299.00	2 \$7.14	\$26,051.80	1 \$7.36 \$73,093.73	3 3 \$10	.09 \$109.24	1 \$0.03	\$69,973.70			\$69,299.05	1 \$9.32
SCHOOL HEALTH CENTER	\$0.00 0 \$0.0	00 \$0.00	0 \$0.00 \$0.00	0 \$0.00 \$0.00	0 0 \$0	.00 \$0.00 0	\$0.00 \$0.00	0 \$0.00		İ				<u> </u>			1						 					+
SPEECH LANGUAGE PATHOLOGIST			\$807.85	3 \$0.12 \$1,233.12		0.30 \$477.77 1	\$0.08	\$288.15	1 \$0.05			\$149.31	1 \$0.04	\$95.48	1 \$0.02		\$1,012.94	1 \$0.15	\$0.00	1 \$0.00 \$1,098.00	2 1 \$0	.15						+
SPEECH THERAPY ASSISTANT			\$490.05	1 \$0.07 \$490.05	5 1 \$0	0.12					<u> </u>																	+
SPEECH THERAPY ASSISTANT STATE AGENCY	\$0.00 0 \$0.0	00 \$0.00	\$0.00 \$0.00	0 \$0.00 \$0.00	0 \$0	.00 \$0.00 0	\$0.00 \$0.00	\$0.00																				+
SUBSTANCE ABUSE PROVIDER	\$7,120.00 4 \$1.0	08 \$20,402.00	10 \$4.68 \$8,860.00	5 \$1.35 \$20,574.00	0 8 \$5	5.06 \$3,300.00 2	\$0.56 \$29,650.00	15 \$6.75 \$3,674.94	1 \$0.66	\$40,914.53	14 \$6.77	\$1,862.80	3 \$0.46	\$32,856.88	14 \$5.17		\$19,623.88	10 \$2.90		\$25,830.4	8 16 \$3	.57 \$7,177.18	1 \$1.93	\$50,321.22	\$26,260.99	\$6.56	\$84,625.49	19 \$11.38
Special Purpose Private School	\$0.00 0 \$0.0	00 \$0.00	\$0.00 \$0.00	0 \$0.00 \$0.00	0 \$0	.00 \$0.00 0	\$0.00 \$0.00	\$0.00		İ	- 	 					1	 	<u> </u>		1	 	 					+
State Psychiatric Hospital	\$0.00 \$0.0	00 \$0.00	0 \$0.00 \$0.00	\$0.00 \$0.00	0 0 \$0	.00 \$0.00	\$0.00 \$0.00	0 \$0.00									1											+
TRANSPORTATION	\$0.00 99 \$0.0	00 \$0.00	\$0.00 \$0.00	106 \$0.00 \$0.00	0 111 \$0	0.00 \$0.00 83	\$0.00 \$0.00	124 \$0.00 \$0.00	71 \$0.00	\$0.00	149 \$0.00	\$0.00	50 \$0.00	\$0.00 1	129 \$0.00 \$	\$0.00 36 \$0	0.00 \$0.00	110 \$0.00	\$0.00	37 \$0.00 \$0.00	0 111 \$0	.00 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	.16 \$0.00
VISION CENTER		\$20.80	1 \$0.00 \$21.00	1 \$0.00 \$42.00	0 2 \$0	0.01		 		\$42.00	2 \$0.01	-	- - 	\$21.00	1 \$0.00	 	\$63.00	3 \$0.01			 	 	 	-			\$33.33	1 \$0.00
WAIVER SERVICES PROVIDER	\$385.00 1 \$0.0	06 \$18,326.60	3 \$4.20 \$350.00	1 \$0.00 \$48,016.06	6 4 \$11	.82	\$126,765.21	8 \$28.88		\$145,042.51	9 \$24.00	 	\$	253,236.88	11 \$39.83		\$292,974.36	9 \$43.31		\$314,473.6	8 8 \$43	.41	 	\$389,405.53			\$786,510.08	10 \$105.77
~Missing**	\$0.00	00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	0 \$0	.00 \$0.00	\$0.00 \$0.00	\$0.00							1 1		 			<u> </u>	 	 	 					+ -
~Not Applicable (Prescription Claims)	\$8,401,962.37 534 \$1,273.6	60 \$5,353,792.22	358 \$1,227.09 \$8,510,335.71	549 \$1,296.32 \$4,766,028.87			\$1,284.29 \$5,623,932.78	357 \$1,281.08 \$7,078,752.48	450 \$1,265.42	\$10,093,804.44	506 \$1,670.33	\$3,889,050.64	313 \$964.55 \$11,	897,407.39 \$526.	5.00 \$1,871.25 \$2,932,33	33.77 282 \$785	5.73 \$12,480,985.09	559 \$1,845.21	\$2,500,128.57	248 \$706.65 \$13,356,402.70	6 580 \$1,843	.79 \$2,759,376.53 24	48 \$741.17	\$15,303,770.44	\$3,655,696.42 268	\$912.56	\$14,860,723.38	586 \$1,998.48
Total	\$11,391,177.49 \$3,208.00 \$1,726.7	75 \$8,011,575.35 \$2.628	.00 \$1,836.23 \$11.633.376.80				\$1,614.03 \$9,411.480.24 \$2	93.00 \$2.143.85 \$8.860.981.18	\$1,584.02	\$14,230,435.44	1.1	\$4,829,072.66			\$2,412.96 \$3,593,77		.96 \$16,779,952.61		\$3,167,156.72	\$895.18 \$18,794,039.03		.43 \$3,826,354.25				\$1,239.66 \$22		\$2,984.07
1.5.1	V.,,, V., V.,		, , , , , , , , , , , , , , , , , , ,	** ,**********************************	7 -,	, , , , , , , , , , , , , , , , , , ,	V., V.,		¥ 1,55 1152	Ţ : ·,===, ·==	+-,	+ 1,,	Ţ.,	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	+=, := ::::	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , 	***************************************	+ 1,5 = 1111	,,	¥ 1,1 1 1,1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 1,200100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7-,000

^{*} Members from Initial Group and Cost Neutralization Group Combined. This report has not been filtered by Recipient Aid Categories and contains members

Member Enrolled and claims paid by other Waivers. 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.

^{****}Cost data reports are based on the rate code at time of payment.

****Utilization data reports are based on the rate code on the claim.

Special Benefits Demonstration Project Count of Members By Group at the End of Each Month

Month		Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	n Medicaid Members		Demonstration Enrollees	Medicaid Members	Total		Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total		Medicaid Members	Total	Demonstration Medica Enrollees Membe			Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	SFY2003 - DY01			SFY2003 - DY01 SFY2004 - DY02			SFY2005 - DY03			SFY2006 - DY04			SFY2007 - [SFY2007 - DY05		SFY2008 - DY06		SFY2009 - D	Y07		SFY2010 - DY	708		SFY2011 - D	Y09		SFY2012 - DY10		SFY20	013 - DY11		2013 (2nd l	nalf) - DY11			
	July	8	5 228	313	12	24 2	280 404	4	143 30	1 444	191	309	500	272	305	577	293	3 275	5 568	286	6 269	9 555	331	283	614	382	307	689	416	292 70	08 41	16 201	61	7 42	20 221	641
	August	9	4 226	320	12	25 2	277 402	2	141 30	0 441	207	303	510	273	301	574	29	1 273	3 564	270	6 272	2 548	332	280	612	386	308	694	417	284 70	01 42	20 201	62	1 42	25 218	643
	September	9	7 224	321	13	31 2	273 404	4	140 29	7 437	7 213	301	514	277	300	577	28	269	9 550	283	3 269	9 552	333	281	614	363	295	658	417	284 70	01 41	12 196	60	8 4	30 215	645
	October	9	4 244	338	13	32 2	292 424	4	143 29	8 441	1 224	295	519	292	289	581	284	4 272	2 556	28	8 270	558	337	284	621	371	289	660	420	291 7 ⁻	l 1 41	17 178	59	5 4	43 216	659
	November	9	4 244	338	13	34 2	286 420	0	146 29	5 441	1 228	287	515	292	288	580	283	3 270	0 553	289	9 275	5 564	339	286	625	379	294	673	428	286 7°	l 4 41	15 185	60	0 4	46 215	661
	December	9	8 241	339	13	34 2	286 420	0	146 29	6 442	239	280	519	291	285	576	283	3 267	7 550	290	6 282	2 578	346	290	636	395	288	683	423	283 70	06 40	09 197	60	6 4	49 211	660
	January	10	258	360	13	34 2	295 429	9	156 30	5 461	248	291	539	298	281	579	289	9 256	6 545	300	0 284	584	348	296	644	396	289	685	414	248 66	62 40	08 204	61:	2		
	February	10	8 256	364	. 14	40 2	292 432	2	160 30	1 461	256	287	543	301	276	577	29	1 257	7 548	302	2 288	590	349	298	647	399	281	680	420	242 66	62 41	14 199	613	3		
	March	11	3 253	366	14	43 2	288 431	1	163 29	7 460	256	283	539	292	276	568	28	262	2 549	312	2 290	0 602	350	301	651	407	289	696	413	177 59	90 41	11 212	623	3		
	Apri	11	7 264	204	1.	44	200	2	174 20	0 400	262	207	EC0	200	274	F70	200	0 007	7	24	500	000	255	200	CEE	412	200	711	410	193	22 41	10 211	00	0		

Month	Demonstrat Enrollee	ion Medica Membe			emonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members		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
	20	14 - DY12			2015 - D	Y13		2016 - DY14			2017 - DY	5		2018 - D	Y16		2019 - DY17			2020 - DY18			2021 - DY19			2022 - DY2	0		2023 - [)Y21		2024 -	DY22	
Januar	У	445	212	657	454	312	766	464	314	778	450	31	76	3 44	6 3	2 75	45	58 31	3 771	1 314	4 438	752	297	479	776	291	506	797	286	537	823	28	514	795
Februar	У	445	214	659	456	311	767	467	323	790	452	31	4 76	6 44	6 3	0 75	6 44	18 32	4 772	2 310	0 437	747	293	487	780	290	509	799	290	538	828	28	5 505	790
March	h	450	209	659	459	312	771	461	316	777	457	31	77	4 45	4 30	76 2	2 42	28 33	8 766	310	0 444	754	291	497	788	292	513	805	289	537	826	28	3 490	776
Apr	i	447	212	659	456	313	769	461	313	774	456	31	14 77	0 45	6 30	9 76	5 40	36	2 765	5 30	8 450	758	294	497	791	289	517	806	3 291	547	838	29	477	768
Ma	У	452	206	658	448	317	765	460	313	773	456	31	14 77	0 45	8 30	06 7 64	4 39	98 37	5 773	3 29	6 457	753	294	497	791	291	521	812	291	551	842	29	<i>3</i> 473	771
Jun	Э	448	327	775	446	317	763	463	307	770	450	32	20 77	0 45	7 3	2 769	33	42	20 754	4 29	9 460	759	290	500	790	288	530	818	3 294	544	838	30	4 68	770
Jul	У	449	320	769	454	315	769	457	310	767	453	31	15 76	8 45	8 3	2 77	33	36 42	6 762	2 30	1 467	768	288	501	789	289	534	823	3 290	534	824	30	456	7 57
Augus	t	443	320	763	457	312	769	453	314	767	447	31	11 75	8 45	7 3	15 77:	2 33	31 42	752	2 30	3 461	764	290	503	793	289	532	821	297	521	818	30	4 69	771
September	r	446	321	767	462	320	782	463	316	779	449	31	12 76	1 46	0 3	77	7 33	42	8 762	2 30	464	768	291	504	795	287	528	815	5 294	512	806	30	4 469	773
Octobe	Г	443	324	767	456	321	777	462	312	774	449	31	11 76	0 46	5 3	78	32	27 43	6 763	30	2 470	772	291	505	796	285	520	805	293	509	802	29	/ 486	783
Novembe	Г	445	319	764	464	313	777	458	313	771	445	31	11 75	6 45	8 3	2 77	32	24 43	761	1 29	8 481	779	292	506	798	283	530	813	3 287	510	797	29	481	772
Decembe	r	444	316	760	461	311	772	456	312	768	442	31	14 75	6 46	3	1 774	32	22 43	6 758	29	8 484	782	292	505	797	283	539	822	284	520	804	29	3 4 80	773

Department Of Health And Human Services MaineCare Services

Special Benefits Demonstration Project

	Total	n Enrollees Female	Male	Under 18	Medicaid Me	Female	Male	Under 18	Tot
July-02 August-02	85 94	8	77 86	0	228 226	68 67	160 159	4	3
September-02 October-02	97 94	8	89 88	0	224 244	66 70	158 174	5 5	3
November-02 December-02	94 98	7	87 91	0	244 241	69 68	175 173	5 5	3
January-03 February-03	102 108	7	95 101	0	258 256	74 75	184 181	7	3
March-03 April-03	113 117	9	106 108	0	253 264	75 77	178 187	7	3
May-03 June-03	119 123	8	110 115	0	265 263	78 77	187 186	7	3
July-03 August-03	124 125	7	117 118	0	280 277	83 83	197 194	8	4
October-03	131	6	124 126	0	273 292	82 82	191 210	8	4
November-03 December-03 January-04	134 134	7	128 127	0	286 286	80 80 80	206 206	8	4
February-04 March-04	134 140 143	6 8 8	128 132 135	0 1 1	295 292 288	78 77	215 214 211	8 7 7	4
April-04 May-04	144	8	136 133	1	288 291	78 79	210 212	5	4
June-04 July-04	140 143	8	132 135	1	290 301	78 79	212	5	4
August-04 September-04	141	8	133 132	1 1	300 297	80 80	220	5	4
October-04 November-04	143 146	10 12	133 134	1	298 295	79 79	219 216	5 5	4
December-04 January-05	146 156	14 16	132 140	1 1	296 305	77 78	219 227	5 6	4
February-05 March-05	160 163	16 16	144 147	1 1	301 297	76 76	225 221	6	4
April-05 May-05	174 179	16 16	158 163	1 1	308 302	85 84	223 218	7 7	4
June-05 July-05	181 191	15 16	166 175	1 1	298 309	85 90	213 219	7 7	5
August-05 September-05	207 213	18 20	189 193	1 1	303 301	90 88	213 213	7	5 5
October-05 November-05	224 228	21	203 207	1	295 287	86 84	209 203	7	5
January-06	239 248	23	216 225	1	280 291	82 90	198 201	8	5
February-06 March-06	256 256	21	235 235	1	287 283	90 90	197 193	7	5
April-06 May-06	263 261	22 21	241 240	1	297 296	93 92	204 204	4	5
June-06 July-06	264 272	25 26	239 246	1	292 305	91 96	201 209	4	5
August-06 September-06	273 277	25 26	248 251	1	301 300	96 96	205 204	4	5
October-06 November-06	292 292	27	265 265	1	289 288	94 95	195 193	5	5
January-07	291 298	28	263 270	1	285 281	93 97	192 184	5 6	5
February-07 March-07	301 292 298	29 30 30	272 262 268	1 1 1	276 276 274	95 94 92	181 182 182	7 7 6	5 5 5
April-07 May-07 June-07	298 292 282	30 30 27	262 255	1	274 274 274	91 91	183 183	6	5
July-07 August-07	293 291	27 27	266 264	1	275 273	95 95	180 178	6	5
September-07 October-07	281	27 27 30	254 254	1	269 272	94 93	175 179	6	5
November-07 December-07	283 283	29 31	254 252	1	270 267	93 92	177 175	6	5
January-08 February-08	289 291	33	256 259	1	256 257	89 90	167	6	5
March-08 April-08	287 288	30 30	257 258	1	262 267	94 93	168 174	5 6	5 5
May-08 June-08	295 295	31 30	264 265	1 1	265 263	93 92	172 171	6 6	5
July-08 August-08	286 276	28 25	258 251	1 1	269 272	91 90	178 182	3	5 5
September-08 October-08	283 288	28 29	255 259	1 1	269 270	90 91		3	5
November-08 December-08	289 296	28 31	261 265	1 1	275 282	97 99	178 183	3	5 5
January-09 February-09	300 302	31 30	269 272	1 1	284 288	97 96	187 192	3	5
March-09 April-09	312 315	33	279 281	1	290 288	93 92	197 196	3	6
May-09 June-09	316 323	34 33	282 290	1	284 280	92 92	192 188	3	6
July-09 August-09	331 332	36 36	295 296	1	283 280	95 95	188 185	3	6
October-09	333 337	36 38	297 299	1	281 284	95 96	186 188	3	6
December-09	339 346	38 40 40	301 306 308	1 1 1	286 290	95 96 97	191 194 199	3 3	6
January-10 February-10 March-10	348 349 350	40 41 43	308 308 307	1 1 1	296 298 301	97 100 102	199 198 199	3 3	6
March-10 April-10 May-10	350 355 369	43 44 45	311 324	1 1 1	301 300 301	102 105 104	199 195 197	4	6
June-10 July-10	369 381 382	44	337 339	1	301 313 307	104 105 102	208	8	6
August-10 September-10	382 386 363	43	342 320	1 1 1	307 308 295	103	205 205 196	3	6
October-10 November-10	371 379	45 45 47	326 332	2	289 294	99	190 190	3	6
December-10 January-11	395 396	45 46	350 350	2	288 289	103 103	185 186	4 5	6
February-11 March-11	399 407	46 48	353 359	2 2	289 289	100	181 186	5	6
April-11 May-11	413 413	46	367 366	2	298 296	110 108	188 188	5 5	7
June-11 July-11	415 416	47	368 368	2	290 292	108 111	182 181	6 5	7
August-11 September-11	417	49 49	368 368	2	284 284	107 107	177 177	5	7
October-11 November-11	420 428	48 51	372 377	2	291 286	109 106	182 180	7	7 7
December-11 January-12	423 414	50 48	373 366	2 2	283 248	104 92	179 156	6 6	7
February-12 March-12	420 413	51 48	369 365	2 2	242 177	89 61	153 116	6 4	6
April-12 May-12	419 417	50 48	369 369	2 2	183 187	62 62	121 125	5 5	6
June-12 July-12	417 416	47 43	370 373	2	195 201	65 68	130 133	4	6
August-12 September-12	420 412	43 44	377 368	2 2	201 196	66 66	135 130	5 5	6
October-12 November-12	417 415	46 47	371 368	2 2	178 185	59 63	119 122	4	5
December-12 January-13	409 408	48 47	361 361	2	197 204	68 69	129 135	5 5	6
February-13 March-13	414 411	49 49	365 362	2	199 212	68 70	131 142	5 5	6
April-13 May-13	418 421	51 51	367 370	2	211 209	72 71	139 138	5 5	6
June-13	420	53	367	3	209	71	138	5	6

September-13 October-13 November-13	430 443 446	55 57 57	375 386 389	3 3	216	80 81 78	135 135 137	6 7 6	659
December-13 January-14	449 445	62 61	387 384	3	212	81 80	130 132	7	
February-14 March-14 April-14	445 450 447	61 62 60	384 388 387	3 2 2		80 78 76	134 131 136	7 7 7	659 659 659
May-14 June-14	452 448	60 61	392 387	2	206 327	74 111	132 216	7 10	658 775
July-14 August-14 September-14	449 443 446	64 63 63	385 380 383	4 4	320 320 321	109 109 109	211 211 212	9 9	
October-14 November-14	443 445	59 60	384 385	4	324 319	115 112	209 207	9	764
December-14 January-15 February-15	444 454 456	59 58 57	385 396 399	4 4	316 312 311	113 112 108	203 200 203	9 9	766
March-15 April-15 May-15	459 456 448	56 57 56	403 399 392	4 4	312 313 317	111 112 113	201 201 204	9 9	769
June-15 July-15	446 454	56 55	390 399	4	317 317 315	116 114	201 201	9	763 769
August-15 September-15 October-15	457 462 456	54 55 53	403 407 403	4 4	312 320 321	113 117 115	199 203 206	10 10 11	769 782 777
November-15 December-15	464 461	54 56	410 405	4	313 311	111 108	202 203	11 10	777 772
January-16 February-16 March-16	464 467 461	55 59 61	409 408 400	4 4 5	314 323 316	112 114 112	202 209 204	11 12 12	778 790 777
April-16 May-16	461 460	61 61	400 399	5 5	313 313	108 108	205 205	12 12	774 773
June-16 July-16 August-16	463 457 453	60 58 57	403 399 396	5 3 3	307 310 314	105 107 107	202 203 207	12 14 14	770 767 767
September-16 October-16	463 462	59 60	404 402	3	316 312	109 110	207 202	15 15	779 774
November-16 December-16 January-17	458 456 450	60 59 59	398 397 391	3 3	312	109 105 105	204 207 208	15 12 11	771 768 763
February-17 March-17	452 457	61 61	391 396	3	314 317	105 107	209 210	12 14	766 774
April-17 May-17 June-17	456 456 450	61 59 57	395 397 393	3 3 3	314	104 109 110	210 205 210	15 15 15	770
July-17 August-17	453 447	57 56 54	396 391	3 3	311	110 111	205 200	14	758
September-17 October-17 November-17	449 449 445	58 56	395 391 389	3	311 311	110 109 110	202 202 201	14 14 14	760 756
December-17 January-18 February-18	442 446 446	56 55 53	386 391 393	3 3 3	312	107 105 100	207 207 210	14 12 10	756 758 756
March-18 April-18	454 456	55 57	399 399	3	308 309	104 104	204 205	11 11	762 765
May-18 June-18 July-18	458 457 458	58 59 62	400 398 396	3 3	306 312 312	104 111 108	202 201 204	11 11 11	764 769 770
August-18 September-18	457 460	65 62	392 398	3	315 317	109 111	206 206	11 11	772 777
October-18 November-18 December-18	465 458 463	64 65 66	401 393 397	5 5 5		108 111 108	207 201 203	9 10 10	780 770 774
January-19 February-19	458 448 428	67 67 65	391 381 363	5 5 5	324	107 112 113	206 212 225	12 12 10	771 772 766
March-19 April-19 May-19	403 398	63 64	340 334	5	338 362 375	114 115	248 260	9	765
June-19 July-19 August-19	334 336 331	51 52 51	283 284 280	5 5 5	420 426 421	120 122 125	300 304 296	10 10 10	762
September-19 October-19	334 327	52 49	282 278	5	428 436	128 131	300 305	10 10	762 763
November-19 December-19 January-20	324 322 314	49 50 47	275 272 267	5 5 5	437 436 438	129 128 130	308 308 308	11 10 10	761 758 752
February-20 March-20	310 310	46 44 43	264 266 265	5 5 5	437 444	130 136 135	307 308 315	10 10 10	754
April-20 May-20 June-20	308 296 299	43 41 42	255 257	5 5	450 457 460	137 139	320 321	9	753
July-20 August-20 September-20	301 303 304	43 45 44	258 258 260	5 5 5	467 461 464	142 140 138	325 321 326	9 7 8	764
October-20 November-20	302 298	43 43	259 255	5	470 481	138 139	332 342	8	772 779
December-20 January-21 February-21	298 297 293	44 45 45	254 252 248	5 4 4	484 479 487	140 138 139	344 341 348	9 5 5	
March-21 April-21	291 294	44 43	247 251	4	497 497	140 141	357 356	5	788 791
May-21 June-21 July-21	294 290 288	43 43 43	251 247 245	4 4	497 500 501	140 140 142	357 360 359	6 6	790
August-21 September-21 October-21	290 291 291	43 44 45	247 247 246	4 4	503 504 505	139 139 136	364 365 369	8 8 8	793 795
November-21 December-21	292 292	47 46	245 246	4	506 505	132 131	374 374	9	798 797
January-22 February-22 March-22	291 290 292	46 46 47	245 244 245	4 4	506 509 513	136 135 138	370 374 375	7 7 7	797 799 805
April-22 May-22	289 291	47 47	242 244	4	517 521	135 139	382 382	7	806 812
June-22 July-22 August-22	288 289 289	45 45 45	243 244 244	3 3	534	141 141 140	389 393 392	7 7 7	818 823 821
September-22 October-22	287 285	46 45 44	241 240 239	3 3 3	528 520	138 136 143	390 384 387	8 8 9	815 805
November-22 December-22 January-23	283 283 286	44 44 44	239 239 242	3 3	539	143 143 142	396 395	10 10	822
February-23 March-23 April-23	290 289 291	45 46 46	245 243 245	3 3 3	538 537 547	145 150 152	393 387 395	10	826
May-23 June-23	291 294	46 47	245 247	3	551 544	151 148	400 396	10 10	842 838
July-23 August-23 September-23	290 297 294	47 50 51	243 247 243	3 3 3	534 521 512	148 146 151	386 375 361		818
October-23 November-23	293 287	51 51	242 236	3	509 510	147 147	362 363	9	802 797
December-23 January-24 February-24	284 281 285	46 48 48		3 3	514	151 146 142	369 368 363		795
March-24 April-24	286 291	47 47	239 244	3	490 477	136 135	354 342	8	776 768
May-24 June-24	298 302 301	48 47 47	250 255 254	3 3 3	468	136 135 137	337 333 319	8 8 11	770
July-24 August-24 September-24	301 302 304	49	254 253 254	3	100	137 137 138	332 331	11 10 10	757 771 773
October-24 November-24	297 291	49 46	245	3	486 481	141 140	345 341	11	783 772
December-24	293	47	246	3	480	144	336	11	773

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	173	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		151	10
		587	304			155 153		
2007	3			285	6		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	567 586	301 309	276 282	10 5	139 136	149	12 12
2008	4						158	
2009	2	578 585	299 301	284 287	5 3	137	157	10
2009 2009	3	615	321	304	10	134 135	165 181	12 12
2009	4	624	336	301	13	135	178	12
2010	1	632	341	295	4	128	170	12
2010	2	649	354	313	19	131	179	1/
2010	3	669	366	325	22	132	208	15
2010	4	704	383	326	5		208	14
2011	1	711	398	337	24		220	15
2011	2	704	405	313	14	129	198	14
2011	3	719	418	308	7	129	193	14
2011	4	733	431	309	7	127	194	
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			12
2013	1	646	437	218	9			
2013	2	637	436	209	8			15
2013	3	644	421	226			127	13
2013	4	649	433	218		110	120	12
2014 (DY11)	1 (5)	675	443	234	2	106	140	12
2014 (DY11)	2 (6)	691	460	237	6		146	

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		80	407	11
2020	2	780 799	315 310	477 493	12	80 79	408	11 11
2020 2020	3	802	305	502	5	79 79	425 433	10
2020	1	805	299	512	6	78	433	10
2021	2	812	299	523	10	78	424	12
2021	3		295	523	2	78		11
2021	4	828	299	532	3	76	446	10
2022	1	832	294	539		76		10
2022	2	839	293	550		76		10
2022	3	843	292	552	1	75		10
2022	4	844	289	559	4	75		11
2023	1	865	295	571	1	74	497	11
2023	2	871	295	578	2	72	506	11
2023	3	857	304	561	8	72	489	11
2023	4	838	300	549	11	71	478	11
2024	1	822	298	536	12	71	465	11
2024	2		313	512	13	70	442	11
2024	3	798	312	495	9	69	426	10

2024

822

309

526

^{*} 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.

SPECIAL BENEFITS DEMONSTRATION PROJECT ATTACHMENT C: CONTACT TRACKING SUMMARY

Contact Reason	DY14		DY15		DY16		DY17		DY18		DY19		DY20		DY21		DY22	
	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	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	52	587	86	523	75	5
Ambulance/Transportation	29	48	62	87	23	46	9	16	7	17	2	5	5	11	12	20	24	
Case Management Services	410	441	484	473	540	589	442	505	361	1076	269	322	234	153	144	178	193	3
Collaboration Care Coordination	103	111	129	114	130	103	95	129	48	156	25	197	68	150	107	175	59	1
Compliance	57	257	57	209	55	328	80	481	127	902	210	825	50	400	11	140	46	5
Eligibility	328	782	318	805	245	704	134	422	87	332	72	410	59	347	85	413	202	5
ER	95	369	83	329	59	221	8	170	1	313	2	234	8	131	18	210	21	2
Family Planning	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	
Inpatient	19	68	19	59	18	43	4	28	0	62	0	47	2	27	2	49	2	
Introductory Call	41	121	45	116	40	129	6	95	2	90	5	92	9	90	12	95	12	1
Laboratory/X-ray	21	41	13	27	29	91	1	3	1	209	5	123	0	35	1	2	0	
Medications	81	136	85	83	120	95	36	37	23	23	27	38	19	46	30	42	36	
Member Survey	46	256	81	266	67	202	5	199	2	264	5	142	41	398	19	88	12	
Mental Health/Substance Abuse	8	11	2	2	6	6	1	239	0	1	1	0	1	2	0	1	4	
Other	381	445	410	365	327	404	83	33	52	213	46	176	141	230	286	287	156	2
Outdated Contact	8	42	11	74	2	28	1	35	0	0	0	72	12	62	29	193	6	
Pharmacy	4	65	12	41	11	104	5	39	5	18	2	18	3	18	6	34	14	
Phone Call Follow-up	19	271	31	303	13	242	2	92	0	28	0	112	8	85	19	172	1	
Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	
Policy	0	0	0	3	0	0	0	0	0	0	0	0	0	1	2	3	0	
Provider Services	28	65	40	104	30	80	24	1	8	75	18	39	17	89	15	75	37	1
Readmission			1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	
Unpaid Claims	39	99	50	100	35	96	33	45	32	52	29	41	19	38	22	28	41	
Viral Loads	10	3	4	1	6	0	1	1	4	0	0	0	0	0	42		5	
Total	1964	4419	2213	4296	2007	4312	998	2772	764	4440	724	3708	748	2900	948	2732	946	33

3680 4261

ATTACHMENT D: CONTACT TRACKING DETAIL

ATTACHMENT	D: CONTACT TRACKING DETAIL	% Demonst	ration Year 5 % Demonstra	ation Year 6 % Demonstr	ation Year 7 % Demonstra	tion Year 8 % Demons	stration Year 9	% Demonstration Year 10	% Demonstration Year 11	% [Demonstration Year 22
INCOMING		42%	1844 41%	1252 36%	801 28%	919 25%	984	27% 1327			1,253 27%
Calls		63%	1115 60%	880 70%	571 71%	703 76%	869	88% 1207		86%	539 43%
Member	Adherence	[0%	46 9%	28 7%	25 10%	87 20% 2 0%	106	34% 68		30%	43 11%
	Ambulance/Transportation Case Management Services	(0% # 77%	6 1% 295 59%	4 1% 248 63%	4 2% 96 37%	2 0% 34 8%	2	1% 5	1% 2%	1%	6 2%
	Case Management Services Collaboration Care coordination	1 0%	12 2%	14 4%	10 4%	5 1%	21	7%	1%	1 70 0%	7 2%
	Compliance	f 11%	20 4%	16 4%	19 7%	49 11%	34	11%	170	7%	23 6%
	Eligibility	£ 2%	17 3%	29 7%	53 20%	116 27%	62	20% 65	13% 125	18%	100 25%
	ER						2	1%	1%	2%	14 4%
	Hospital Services	2 1%	0 0%	0 0%	1 0%	11 3%	0	0%	0%	0%	0
	Inpatient										1 0%
	Introductory Call						4	1% 25		5%	12 3%
	Laboratory/X-ray Mental Health/Substance Abuse	[0% [0%	1 0% 2 0%	1 0% 1 0%	0 0% 0 0%	0 0% 0 0%	3	1% 0%	0% 3	0%	0 0%
	Medications	[0% [0%	0 0%	0 0%	0 0%	20 5%	8	3% 57		6%	19 5%
	Other	[0%	0 0%	0 0%	4 2%	39 9%	15	5% 65			93 24%
	Outdated Contact						7	2%			1 0%
	Unpaid Claims	0%	0 0%	0 0%	2 1%	14 3%	3	1% 9	2% 19	3%	23
	Pharmacy	£ 8%	94 19%	52 13%	24 9%	23 5%	14	4% 13		1%	8
	Phone Call Follow-up	4 00/	4 00/	0 00/	0 00/	0	9	3% 48	9% 30	4%	1 0%
	Policy Provider services	1 0% 3 0%	1 0% 5 1%	0 0% 0 0%	0 0% 11 4%	0 0% 28 7%	0 17	0% 5% 0	0% 1 3% 21	0% 3%	15 494
	Readmissions	. 070	3 170	0 0%	11 470	20 170	17	370	570	370	0 0%
	Viral Loads	1 0%	2 0%	2 1%	12 5%	2 0%	1	0%	0%	0%	2 1%
	Member Survey							85		0%	10 3%
	Family Planning								0	0%	0 0%
ACO \Mankan	Total:	100%	501 100%	395 100%	261 100%	430 100%	313				395 100%
ASO Worker	Case Management Services Ambulance/Transportation	£ 63% [0%	199 59% 0 0%	106 51% 0 0%	47 39% 0 0%	117 69% 2 1%	349 0	83% 471 0% 0	93% 362 0% 0	/6% 0%	54 67% 0 0%
	Other	10%	0 0%	0 0%	0 0%	3 2%	1	0%	0% 3	1%	3 4%
	Eligibility	ŧ 7%	47 14%	38 18%	31 26%	16 9%	7	2%	2%	3%	7 9%
	Compliance	: 1%	0 0%	0 0%	2 2%	7 4%	22	5%	1% 19	4%	0 0%
	Adherence	[0%	2 1%	2 1%	0 0%	10 6%	13	3%	1% 32	7%	7 9%
	Laboratory/X-ray Family Planning	[0% [0%	0 0% 0 0%	0 0% 0 0%	2 2% 1 1%	0 0% 0 0%	0	0% 0 0% 0	0% 0 0% 0	0% 0%	0 0%
	Provider Services	[0%	4 1%	0 0%	1 1%	4 2%	2	0%	0% 2	0%	1 1%
	Mental Health/Substance Abuse	1 0%	0 0%	0 0%	0 0%	0 0%	0	0%	0%	0%	0 0%
	Hospital Services	E 2%	0 0%	0 0%	0 0%	0 0%	0	0%	0%0	0%	0 0%
	Viral Load	1 0%	4 1%	4 2%	4 3%	1 1%	1	0% 2	0% 0	0%	0 0%
	Collaboration Care coordination	# 6% # 10%	45 13% 34 10%	30 14% 25 12%	24 20% 7 6%	2 1% 6 4%	8	2% 1 0% 0	0% 1	0% 0%	4 5%
	Pharmacy Medications	(0%	0 0%	0 0%	0 0%	1 1%	1	0%	0%	0%	2 2%
	Policy	1 0%	3 1%	2 1%	1 1%	0 0%	0	0% 0	0% 0	0%	0 0%
	ER						10	2%	0% 14	3%	1 1%
	Unpaid Claims						3	1% 0	0% 1	0%	0 0%
	Outdated Contact Phone Call Follow-up						2	0%	1% 3	1%	1 1%
	Introductory Call								2	0%	0 0%
	Member Survey								1	0%	1 1%
	Total:	£ 100%	338 100%	207 100%	120 100%	169 100%	421			100%	81 100%
Other	Other	4 31%	0 0%	0 0%	4 6%	11 30%	1	1%	2% 6	11%	4 19%
	Case Management Services Provider Services	£ 42% [0%	38 24% 4 3%	53 32% 0 0%	20 32% 0 0%	0 0% 2 5%	3 11	14%	1% 19% 3	0% 5%	2 10% 3 14%
	Physician Services	5 3%	0 0%	0 0%	0 0%	0 0%	0	0% 0	0% 0	0%	0 0%
	Eligibility	£ 6%	5 3%	8 5%	2 3%	11 30%	20	26%	12%	25%	1 5%
	Adherence	0%	2 1%	2 1%	2 3%	0 0%	1	1% 1	1% 3	5%	0 0%
	Compliance	2 1%	1 1%	2 1%	0 0%	0 0%	2	3% 0	0% 0	0%	0 0%
	Medications MentalHealth/Substance Abuse	[0% [0%	0 0% 1 1%	0 0% 0 0%	0 0% 0 0%	5 14% 0 0%	3	4% 7 0% 0	8% 5 0% 0	9% 0%	0 0%
	Hospital Services	[0%	0 0%	0 0%	0 0%	0 0%	0	0%	0%	0%	0 0%
	Inpatient										0 0%
	Family Planning	[0%	0 0%	0 0%	1 2%	0 0%	0	0%	0% 0	0%	0 0%
	Viral Loads	ŧ 7%	8 5%	29 17%	15 24%	1 3%	2	3%	2% 0	0%	0 0%
	Ambulance/Transportation Collaboration Care coordination	[0% { 6%	1 1% 58 36%	1 1% 53 32%	0 0% 9 15%	0 0% 4 11%	0 22	0% 2 29% 30	2% 33% 0 17	0% 30%	0 0% 4 19%
	Pharmacy	4 3%	34 21%	12 7%	7 11%	3 8%	7	9% 11	12%	7%	1 5%
	Policy	2 1%	7 4%	8 5%	2 3%	0 0%	1	1% 0	0% 0	0%	0 0%
	Unpaid Claims						4	5% 0	0%4	7%	3 14%
	Out Dated Contact							3	3% 0	0%	1 5%
	Phone Call Follow Up Introductory Call							2	2% 1 1% 0	2%	0 0%
	Total:	 f 100%	159 100%	168 100%	62 100%	37 100%	77	100% 90	170	100%	21 100%
Eligibility Office	Case Management Services	62%	19 46%	14 45%	11 61%	0 0%	0	0% 0	0% 2		0 0%
- -	Eligibility	£ 14%	16 39%	10 32%	7 39%	7 100%	16	100%		89%	1 100%
	Other	£ 12%	0 0%	1 3%	0 0%	0 0%	0	0%	0% 1	2%	0 0%
	Adherence	[0%	0%	0 0%	0 0%	0 0%	0	0% 0	0% 1	2%	0 0%
	Compliance 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% n noc
	Policy	[0%	1 2%	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%
	Collaboration Care coordination	5 12%	5 12%	6 19%	0 0%	0 0%	0	0%	0%	0%	0 0%
	Outdated Contact								2	3%	0 0%
	Medications							1	4% 1	2%	0 0%

Nurse	T ()	1 4000/	44 4000/	0.4 4000/	40 4000/	7 4000/	10 1000/	00 4000/	05 4000/	
Nurse	Total:	100%	41 100%	31 100%	18 100%	7 100%	16 100%	28 100%	65 100%	1 100.00
	Physician Services	2 3%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0
	Case Management Services	£ 51%	18 28%	16 26%	11 13%	1 5%	2 7%	7 15%	16 25%	1 3
	Other	7 11%	0 0%	0 0%	9 10%	1 5%	0 0%	1 2%	2 3%	5 14
	Viral Loads								1 2%	0 0
		4 29%	19 30%	19 31%	33 38%	1 5%	1 3%	0 0%	1 2%	0 0
	Collaboration Care coordination	0%	10 16%	10 16%	4 5%	0 0%	10 34%	8 17%	2 3%	2 6
	Adherence	0%	0 0%	0 0%	5 6%	0 0%	2 7%	1 2%	9 14%	1 3
	Compliance	0%	2 3%	0 0%	0 0%	1 5%	1 3%	2 4%	4 6%	3 8
	·								1 070	3
	ER	0%	0 0%	0 0%	0 0%	2 9%	0 0%	3 6%	4 6%	0 0
	Medications	0%	0 0%	0 0%	0 0%	5 23%	3 10%	5 10%	5 8%	6 17
	Eligibility	1 2%	4 6%	8 13%	20 23%	2 9%	1 3%	2 4%	1 2%	8 22
	Provider Services	1 2%	0 0%	0 0%	1 1%	5 23%	5 17%	15 31%	11 17%	9 22
									11 1770	8 22
	Pharmacy	2 3%	11 17%	8 13%	3 3%	3 14%	0 0%	0 0%	0 0%	1 3
	Unpaid Claim	[0%	0 0%	0 0%	0 0%	1 5%	0 0%	1 2%	0 0%	0 0
	Laboratory/X-ray						2 7%	1 2%	0 0%	0 0
							2 70/		3 50/	0
	Phone Call Follow-up						2 7%	1 2%	5 5%	0 0
	Policy								1 2%	0 0
	Out Dated Contact							1 2%	6 9%	0 0
	Ambulance/Transportation								'	1 3
	Total:	1 4000/	04 4000/	04 4000/	00 4000/	00 4000/	00 4000/	40 4000/	65 100%	36 100
		100%	64 100%	61 100%	86 100%	22 100%	29 100%	48 100%		
Physician	Physician Services	14%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 00
	Viral Loads	£ 27%	3 25%	11 61%	14 58%	2 11%	0 0%	0 0%	0 0%	1 200
	Other	4 18%	0 0%	0 0%	1 4%	0 0%	0 0%	2 12%	3 12%	1 20
										. 20
	Case Management Services	£ 27%	7 58%	2 11%	3 13%	0 0%	0 0%	1 6%	4 15%	0
	Compliance	0%	0 0%	0 0%	0 0%	0 0%	2 18%	1 6%	2 8%	0 0
	Eligibility	0%	0 0%	1 6%	4 17%	3 16%	0 0%	1 6%	0 0%	0 00
	ER	[0%	0 0%	0 0%	0 0%	4 21%	1 9%	0 0%	2 8%	0 00
									2 0/0	0 0
	Hospital Services	0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	U 0%	0 00
	Pharmacy	1 5%	1 8%	1 6%	0 0%	3 16%	0 0%	0 0%	0 0%	0 00
	Collaboration Care coordination	0%	1 8%	3 17%	2 8%	1 5%	4 36%	2 12%	4 15%	0 00
	Unpaid Claim						0 0%		0 00/	0 00
		[0%			0 0%	1 5%		0 0%	0 0%	0
	Provider Services	2 9%	0 0%	0 0%	0 0%	5 26%	3 27%	1 6%	6 23%	3 600
	Outdated Contact						1 9%	1 6%	1 4%	0 00
	Member Survey							3 18%	0 0%	0 09
	Medications								0 070	0 00
								2 12%	0 0%	0 0
	Phone Call Follow Up							2 12%	1 4%	0 0,
	Introductory Call							1 6%	0 0%	0 00
	Adherence						,		3 12%	0 00
	Total:	100%	12 100%	18 100%	24 100%	19 100%	11 100%	17 100%	26 100%	5 1009
E		. 040/	F70 040/	050 040/	404 400/	450 470/	50 00/	70 00/	400 440/	005
Email		24%	573 31%	259 21%	131 16%	159 17%	56 6%	76 6%	182 11%	685 55
Member	Case Management Services	52%	20 67%	5 38%	5 22%	1 3%	0 0%	0 0%	0 0%	2 2
	Other	§ 27%	0 0%	0 0%	6 26%	1 3%	0 0%	0 0%	1 7%	22 19
	Eligibility	1 3%	2 7%	0 0%	6 26%	14 44%	1 33%	0 0%	4 27%	31 27
	Provider Services	[0%	0 0%	0 0%	1 4%	5 16%	1 33%	1 33%	1 704	1 3
									1 770	4 3
	Adherence	0%	0 0%	0 0%	0 0%	6 19%	0 0%	0 0%	6 40%	13 11
	Compliance	[0%	0 0%	0 0%	2 9%	3 9%	0 0%	0 0%	1 7%	10 9
	Collaboration Care coordination	4 12%	4 13%	4 31%	3 13%	0 0%	0 0%	0 0%	0 0%	4 3
	ER	[0%	0 0%	0 0%	0 0%	1 3%	0 0%	0 0%	0 0%	2 2
								0 0%	0 070	1
	Pharmacy	2 6%	4 13%	4 31%	0 0%	0 0%	0 0%		0 0%	1
	Viral Loads	0%	0 0%	0 0%	0 0%	1 3%	0 0%	0 0%	0 0%	1 1
	Unpaid Claims						1 33%	1 33%	1 7%	10 9
							1 33%			0 0
	Member Survey						1 33%	1 33%	0 0%	
	Member Survey						33%	1 33%	0 0%	2
	Out Dated Contact						1 33%	1 33%	0 0%	2 2
	Out Dated Contact Medications						1 33%	1 33%	0 0%	2 2 3 3
	Out Dated Contact						1 33%	1 33%	0 0%	2 2 3 3 10 9
	Out Dated Contact Medications Unpaid Claim						1 33%	1 33%	0 0%	2 2 3 3 10 9
	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse						1 33%	1 33%	0 0%	2 2 3 3 10 9 1 1
	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call	Ł 400%	20 4000	40 4000/	00 4000	20 4000			1 7%	2 2 3 3 3 10 9 1 1 1 0 0 0
	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total:	f 100%	30 100%	13 100%	23 100%	32 100%	3 100%	3 100%	15 100%	2 2 3 3 10 9 1 1 0 0
ASO Worker	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total: Other	f 61%	0 0%	2 2%	4 11%	0 0%	3 100% 0 0%	3 100% 0 0%		2 2 3 3 10 9 1 1 1 0 0 116 100
ASO Worker	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total: Other Adherence	f 61% 0%		2 2% 0 0%		0 0% 14 29%	3 100% 0 0% 5 19%	3 100%	15 100%	2 2 3 3 10 9 1 1 1 0 0 116 100 5 3 10 6
ASO Worker	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total: Other	f 61%	0 0%	2 2%	4 11%	0 0%	3 100% 0 0%	3 100% 0 0%	15 100%	2 2 3 3 10 9 1 1 1 0 0 116 100 5 3
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ASO Worker	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total: Other Adherence Ambulance/Transportation Case Management Services Compliance	f 61% 0% 0% f 12% 0%	0 0% 0 0% 1 1% 9 6% 1 1%	2 2% 0 0% 0 0% 3 3% 0 0%	4 11% 0 0% 0 0% 2 6% 1 3%	0 0% 14 29% 0 0% 11 22% 18 37%	3 100% 0 0% 5 19% 0 0% 9 35% 7 27%	3 100% 0 0% 0 0% 0 0% 9 100% 0 0%	15 100% 0 0% 0 0% 0 0% 16 100% 0 0%	5 3 10 6 3 2
ASO Worker	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total: Other Adherence Ambulance/Transportation Case Management Services Compliance Policy	61% 0% 0% 12% 0% 0%	0 0% 0 0% 1 1% 9 6% 1 1% 9 6%	2 2% 0 0% 0 0% 3 3% 0 0% 5 5%	4 11% 0 0% 0 0% 2 6% 1 3% 3 8%	0 0% 14 29% 0 0% 11 22% 18 37% 0 0%	3 100% 0 0% 5 19% 0 0% 9 35% 7 27% 0 0%	3 100% 0 0% 0 0% 0 0% 9 100% 0 0% 0 0%	15 100% 0 0% 0 0% 0 0% 16 100% 0 0% 0 0%	5 3 10 6 3 2
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ASO Worker	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total: Other Adherence Ambulance/Transportation Case Management Services Compliance Policy	61% 0% 0% 12% 0% 0%	0 0% 0 0% 1 1% 9 6% 1 1% 9 6%	2 2% 0 0% 0 0% 3 3% 0 0% 5 5%	4 11% 0 0% 0 0% 2 6% 1 3% 3 8%	0 0% 14 29% 0 0% 11 22% 18 37% 0 0%	3 100% 0 0% 5 19% 0 0% 9 35% 7 27% 0 0%	3 100% 0 0% 0 0% 0 0% 9 100% 0 0% 0 0%	15 100% 0 0% 0 0% 0 0% 16 100% 0 0% 0 0%	5 3 10 6 3 2
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ASO Worker	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total: Other Adherence Ambulance/Transportation Case Management Services Compliance Policy Hospital Services ER Medications Eligibility Family Planning	61% 0% 0% 12% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%	0 0% 0 0% 1 1% 9 6% 1 1% 9 6% 0 0% 0 0% 0 0% 7 5% 0 0%	2 2% 0 0% 0 0% 3 3% 0 0% 5 5% 0 0% 0 0% 0 0% 4 4% 0 0%	4 11% 0 0% 0 0% 2 6% 1 3% 3 8% 0 0% 0 0% 0 0% 2 6% 0 0%	0 0% 14 29% 0 0% 11 22% 18 37% 0 0% 0 0% 4 8% 1 2%	3 100% 0 0% 5 19% 0 0% 9 35% 7 27% 0 0% 0 0% 0 0% 0 0%	3 100% 0 0% 0 0% 0 0% 9 100% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0%	15 100% 0 0% 0 0% 0 0% 16 100% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0%	5 3 10 6 3 2
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ASO Worker	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total: Other Adherence Ambulance/Transportation Case Management Services Compliance Policy Hospital Services ER Medications Eligibility Family Planning Physician Services Collaboration Care coordination	61% 0% 0% 12% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%	0 0% 0 0% 1 1% 9 6% 1 1% 9 6% 0 0% 0 0% 0 0% 7 5% 0 0% 0 0% 102 72%	2 2% 0 0% 0 0% 3 3% 0 0% 5 5% 0 0% 0 0% 0 0% 4 4% 0 0% 0 0% 79 82%	4 11% 0 0% 0 0% 2 6% 1 3% 3 8% 0 0% 0 0% 0 0% 2 6% 0 0% 0 0% 0 0%	0 0% 14 29% 0 0% 11 22% 18 37% 0 0% 0 0% 4 8% 1 2% 0 0% 0 0% 0 0% 0 0% 0 0%	3 100% 0 0% 5 19% 0 0% 9 35% 7 27% 0 0% 0 0% 0 0% 0 0% 1 4% 0 0% 0 0% 2 8%	3 100% 0 0% 0 0% 0 0% 9 100% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0%	15 100% 0 0% 0 0% 0 0% 16 100% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0%	5 3 10 6 3 2
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ASO Worker	Out Dated Contact Medications Unpaid Claim Mental Health/Substance Abuse Introductory Call Total: Other Adherence Ambulance/Transportation Case Management Services Compliance Policy Hospital Services ER Medications Eligibility Family Planning Physician Services Collaboration Care coordination Pharmacy Viral Loads Out Dated Contact	61% 0% 0% 12% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0% 0%	0 0% 0 0% 1 1% 9 6% 1 1% 9 6% 0 0% 0 0% 0 0% 7 5% 0 0% 0 0% 102 72%	2 2% 0 0% 0 0% 3 3% 0 0% 5 5% 0 0% 0 0% 0 0% 4 4% 0 0% 0 0% 79 82%	4 11% 0 0% 0 0% 2 6% 1 3% 3 8% 0 0% 0 0% 0 0% 2 6% 0 0% 2 6% 0 0% 2 6% 0 0% 2 6%	0 0% 14 29% 0 0% 11 22% 18 37% 0 0% 0 0% 4 8% 1 2% 0 0% 0 0% 0 0% 1 2%	3 100% 0 0% 5 19% 0 0% 9 35% 7 27% 0 0% 0 0% 0 0% 0 0% 1 4% 0 0% 0 0% 2 8%	3 100% 0 0% 0 0% 0 0% 9 100% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0%	15 100% 0 0% 0 0% 0 0% 16 100% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0% 0 0%	5 3 10 6 3 2
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	Eligibility							1 100%	0 0%	3 75%
	Provider Services	〔 0%	1 33%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
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	Viral Loads	[0%	0 0%	0 0%	1 25%	0 0%	0 0%	0 0%	0 0%	0 0%
	Case Management Services	1 100%	8 89%	7 88%	1 25%	2 50%	3 75%	2 50%	2 100%	1 100%
	Unpaid Claim	(0%	0 0%	0 0%	0 0%	1 25%	1 25%	2 50%	0 0%	0 0%
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	Total:	1 100%	9 100%	8 100%	4 100%	4 100%	4 100%	4 100%	2 100%	1 100%
Other	Case Management Services	4 57%	3 60%	2 15%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
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	Other	1 14%	0 0%	1 8%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Viral Loads	2 29%	1 20%	9 69%	8 100%	0 0%	0 0%	0 0%	0 0%	0 0%
	Collaboration Care coordination	[0%	1 20%	1 8%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
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Physician	Ambulance/Transportation	0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
i ilyololali	Eligibility	1 25%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Laboratory/X-ray	2070	0 070	0 0,0	0 070	0 0,0	0	0 0%	0 070	1 50%
	Other	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Provider Services									0 0%
	Viral Loads	3 75%	2 100%	2 100%	2 100%	1 100%	2 100%	0 0%	0 0%	1 50%
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	Other	€ 0%	0 0%	2 0%	15 1%	32 2%	29 2%	51 3%	68 2%	111 6%
	Physician Services	1 0%	0 0%	0 0%	24 2%	0 0%	0 0%	0 0%	0 0%	0%
	Eligibility	1%	23 2%	30 3%	50 5%	187 11%	88 6%	97 6%	234 8%	194 10%
	Member Survey							318 21%	1 0%	77 4%
	Family Planning		0.007	0.007	0.007	2 22	0.00/	1 0%	1 0%	0%
	Hospital Services	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Inpatient ER	〔 0%	0 0%	0 0%	0 0%	70 4%	29 2%	29 2%	186 6%	36 2% 232 12%
	ER Viral Loads	4 1%	4 0%	11 1%	88 9%	19 1%	0 0%	1 0%	2 0%	232 12%
	Viral Loads Medications	[0%	0 0%	0 0%	0 0%	31 2%	13 1%	38 2%	2 0% 41 1%	13 1%
	Mental Health/Substance Abuse	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	3 0%	2
	Ambluance/Transportation	[0%	8 1%	4 0%	4 0%	5 0%	2 0%	3 0%	3 0%	5 0%
	Laboratory/X-ray	0%	1 0%	1 0%	1 0%	0 0%	7 0%	3 0%	0 0%	0%
	Provider Services	1 0%	3 0%	1 0%	0 0%	55 3%	19 1%	26 2%	24 1%	8 0%
	Collaboration Care coordination	1 0%	12 1%	9 1%	2 0%	7 0%	26 2%	16 1%	7 0%	6 0%
	Pharmacy	£ 5%	78 8%	51 6%	19 2%	18 1%	11 1%	13 1%	8 0%	2 0%
	Policy	[0%	5 0%	6 1%	6 1%	1 0%	0 0%	0 0%	0 0%	0%
	Unpaid Claim	[0%	0 0%	0 0%	0 0%	13 1%	8 1%	7 0%	17 1%	12 1%
	Introductory Call						47 3%	129 8%	152 5%	123 6%

	Outdated Contact Phone Call Follow-up						35 2% 32 2%	82 5% 122 8%	304 10% 148 5%	7 09 4 09
	Total:	f 100%	1009 100%	900 100%	1003 100%	1678 100%	1550 100%	1546 100%	2968 100%	1987 100%
ASO Worker	Case Management Services	£ 62%	183 61%	112 51%	56 43%	183 75%	340 72%	405 81%	461 70%	101 60%
	Other	14%	0 0%	4 2%	2 2%	0 0%	0 0%	4 1%	7 1%	6 4%
	Adherence Compliance	[0% 1 0%	0 0% 4 1%	0 0% 1 0%	7 5% 2 2%	9 4% 9 4%	36 8% 46 10%	37 7% 20 4%	68 10% 45 7%	16 10% 4 2%
	Eligibilty	£ 5%	32 11%	35 16%	24 19%	18 7%	9 2%	5 1%	22 3%	9 5%
	Introductory Call							2 0%	4 1%	5 3%
	Physician Services	[0% 1 0%	0 0% 5 2%	0 0% 8 4%	0 0%	0 0%	0 0% 1 0%	0 0%	0 0%	0%
	Viral Loads ER	[0%	0 0%	0 0%	11 9% 0 0%	3 1% 10 4%	15 3%	2 0% 5 1%	25 4%	7 49
	Inpatient			2				-		4 2%
	Laboratory/X-ray									0%
	Family Planning 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%
	Phone Call Follow-up	C 070	0 0%	0 0%	0 0%	0 0%	0 0%	7 1%	6 1%	09
	Member Survey							1 0%	0 0%	5 3%
	Mental Health / Substance Abuse	1 0 %	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Ambulance/Transportation Collaboration Care coordination	[0% # 8%	0 0% 40 13%	0 0% 35 16%	0 0% 21 16%	0 0% 3 1%	1 0% 7 1%	2 0% 1 0%	1 0%	0%
	Provider Services	[0%	0 0%	0 0%	0 0%	5 2%	2 0%	0 0%	0 0%	1 19
	Pharmacy	10%	34 11%	24 11%	6 5%	2 1%	1 0%	1 0%	0 0%	0%
	Unpaid Claim	[0%	0 0%	0 0%	0 0%	2 1%	1 0%	1 0%	0 0%	0%
	Policy Outdated Contact	1 0%	4 1%	1 0%	0 0%	0 0%	0 0% 9 2%	0 0% 5 1%	0 0% 15 2%	0%
	Medications						1 0%	1 0%	1 0%	2 19
	Total:	f 100%	302 100%	220 100%	129 100%	244 100%	469 100%	499 100%	658 100%	168 100%
Other	Case Management Services	£ 49%	98 32%	83 29%	38 26%	2 3%	8 6%	1 1%	0 0%	3 2%
	Other Adherence	f 19% [0%	0 0% 29 10%	1 0% 21 7%	3 2% 7 5%	9 13% 0 0%	4 3% 3 2%	12 6% 4 2%	14 7% 5 3%	8 59
	Compliance	4 1%	15 5%	5 2%	2 1%	0 0%	3 2%	0 0%	16 8%	5 3%
	Introductory Call							1 1%	1 1%	2 19
	Hospital Services	; 1% 	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Family Planning Member Survey	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0% 1 1%	0 0% 0 0%	0%
	Eligibilty	£ 5%	6 2%	7 2%	6 4%	14 21%	25 19%	20 10%	31 16%	3 29
	ER									1 1%
	Viral Loads	£ 16%	28 9% 3 1%	83 29%	61 41%	2 3%	4 3%	3 2%	2 1% 1 1%	0%
	Ambulance/Transportation Collaboration Care coordination	[0% # 4%	76 25%	3 1% 68 23%	2 1% 13 9%	0 0% 5 7%	5 4% 29 21%	2 1% 52 26%	16 8%	29 19%
	Pharmacy	£ 3%	36 12%	11 4%	12 8%	11 16%	22 16%	36 18%	42 21%	20 13%
	Medications	0%	0 0%	0 0%	0 0%	11 16%	4 3%	31 16%	32 16%	31 20%
	Policy MentalHealth/Substance Abuse	1 0% [0%	6 2% 2 1%	7 2% 0 0%	2 1% 0 0%	0 0% 0 0%	0 0% 0 0%	2 1% 0 0%	0 0%	0%
	Inpatient	1 076	2 170	0 0%	0 0%	0 0%	0 076	0 0%	0 0%	1 19
	Unpaid Claim	0%	0 0%	0 0%	0 0%	1 1%	8 6%	9 5%	21 11%	24 16%
	Provider Services	€ 0%	6 2%	1 0%	1 1%	12 18%	16 12%	21 11%	8 4%	14 9%
	Laboratory/X-ray Outdated Contact						2 1% 1 1%	0 0% 4 2%	0 0% 4 2%	0% 7 5%
	Phone Call Follow-up						1 1%	1 1%	4 2%	2 19
	Total:	f 100%	305 100%	290 100%	147 100%	67 100%	135 100%	200 100%	197 100%	154 100%
Eligibility Office	Eligibility Other	† 15% 7 6%	14 10% 0 0%	20 16% 1 1%	17 21% 1 1%	16 89% 0 0%	52 98% 0 0%	108 95% 0 0%	138 95%	8 73% 0%
	Case Management Services	f 69%	82 61%	89 72%	61 74%	2 11%	0 0%	1 1%	0 0%	0%
	Medications							2 2%	1 1%	1 99
	Member Survey		201			200				1 99
	Adherence Pharmacy	[0%	0 0%	0 0%	1 1%	0 0%	0 0%	1 1% 1 1%	1 1% 0 0%	0% 0%
	Compliance	2 2%	0 0%	1 1%	0 0%	0 0%	0 0%	0 0%	2 1%	0%
	Unpaid Claims	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Hospital Services Collaboration Care coordination	1 1% £ 7%	0 0% 35 26%	0 0% 13 10%	0 0% 2 2%	0 0% 0 0%	0 0% 1 2%	0 0% 1 1%	0 0%	0%
	Policy	[0%	4 3%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Outdated Contact								0 0%	0%
	Phone Call Follow-up								2 1%	0%
	Provider Services Total:	f 100%	135 100%	124 100%	82 100%	18 100%	53 100%	114 100%	1 1%	09 11 1009
	Total.	1 100 70	100 10070	124 100%	62 100 N	10 100%	100 /0	114 100%	140 10070	11007
Nurse	Physician Services	1 1 %	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Other Case Management Services	2 3% # 54%	0 0% 21 30%	3 3% 31 33%	3 4% 15 21%	0 0% 0 0%	0 0% 1 2%	3 3% 23 22%	3 4% 23 28%	2 3%
	Adherence	[0%	0 0%	0 0%	0 0%	1 4%	4 7%	3 3%	9 11%	4 69
	Compliance	[0%	1 1%	0 0%	1 1%	2 9%	6 11%	8 8%	7 9%	6 9%
	Policy	0%	0 0%	0 0%	1 1%	0 0%	0 0%	0 0%	0 0%	0%
	Member Survey Viral Loads	£ 37%	22 32%	20 200/	44 60%	4 17%	7 12%	1 1% 5 5%	0 0% 6 7%	1 19
	Provider Services	F 37 76	22 32%	36 38%	44 60%	4 17 70	7 1270	5 5%	6 7%	2 3% 22 32%
	Family Planning	0%	0 0%	0 0%	1 1%	0 0%	0 0%	0 0%	0 0%	0%
	Inpatient								l	3 49
	Outdated Contact Medications	[0%	0 0%	0 0%	1 1%	9 39%	1 20/	3 3% 6 6%	8 10% 4 5%	1 19 12 179
	Medications Eligibility	[0%	2 3%	3 3%	3 4%	1 4%	1 2% 0 0%	0 0%	4 5% 5 6%	12 179 5 79
	Introductory Call				- · · · · ·	** *				2 3%
	Hospital Services	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Pharmacy Collaboration Care coordination	: 4% : 0%	9 13% 13 19%	9 9% 13 14%	0 0% 4 5%	1 4% 0 0%	1 2% 13 23%	0 0% 25 24%	0 0% 1 1%	0% 6 9%
	Unpaid Claim	[0%	0 0%	0 0%	0 0%	1 4%	0 0%	0 0%	0 0%	0%
	Provider Services	[0%	1 1%	0 0%	0 0%	4 17%	9 16%	18 17%	12 15%	0%

	ER Laboratory/X-ray						1 2% 10 18%	3 3% 4 4%	1 1% 0 0%	2 3%
	Phone Call Follow-up Total:	£ 100%	69 100%	95 100%	73 100%	23 100%	4 7% 57 100%	3 3% 105 100%	3 4% 82 100%	1 19 69 100%
	Total:	F 100%	69 100%	95 100%	73 100%	23 100%	57 100%	105 100%	82 100%	69 1009
Physician	Viral Loads	£ 27%	8 35%	32 59%	69 79%	9 23%	6 14%	2 2%	1 2%	6 69
	Provider Services Other	€ 8% ∉ 15%	0 0% 0 0%	0 0% 3 6%	2 2% 1 1%	11 28% 0 0%	10 23% 1 2%	18 22% 1 1%	13 21% 5 8%	49 49% 4 49%
	Case Management Services	£ 42%	11 48%	5 9%	4 5%	2 5%	0 0%	3 4%	3 5%	0%
	Adherence	〔 0%	0 0%	0 0%	8 9%	4 10%	6 14%	7 9%	6 10%	1 19
	Member Survey Phone Call Follow-up							6 7% 3 4%	0 0% 2 3%	0% 0%
	Introductory Call							3 4%	0 0%	1 19
	Compliance	2 3%	1 4%	0 0%	0 0%	3 8%	3 7%	2 2%	9 15%	2 2%
	Eligibility Medications	1 1% [0%	0 0% 0 0%	0 0% 0 0%	2 2% 0 0%	6 15% 3 8%	1 2% 1 2%	4 5% 13 16%	5 8% 3 5%	1 1% 13 13%
	Pharmacy	2 3%	1 4%	2 4%	0 0%	1 3%	1 2%	0 0%	0 0%	0%
	Collaboration Care coordination	0%	2 9%	12 22%	1 1%	0 0%	5 11% 1 2%	6 7%	1 2%	9 9%
	ER Laboratory/X-ray						5 11%	3 4% 4 5%	0 0%	0%
	Policy						1 2%	0 0%	0 0%	0%
	Outdated Contact Unpaid Claims						2 5% 1 2%	7 9% 0 0%	8 13% 1 2%	6 6% 8 8%
	Total:	f 100%	23 100%	54 100%	87 100%	39 100%	44 100%	82 100%	61 100%	101 100%
Email		1 23%	717 27 %	370 17%	275 13%	398 15%	232 9%	226 8%	489 10%	676 20%
									1070	
Member	Case Management Services	£ 72%	27 66%	6 29%	5 22%	2 6%	0 0%	0 0%	0 0%	20 10%
	Other Physician Services	7 16% 1 2%	0 0% 0 0%	0 0% 0 0%	1 4% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0%	2 14% 0 0%	23 12% 0%
	Mental Health/Substance Abuse	0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 19
	Eligibility	1 2%	1 2%	2 10%	6 26%	7 19%	2 25%	1 25%	8 57%	28 149
	Introductory Call Member Survey									1 19 5 39
	Ambulance/Transportation	0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	5 3%
	Family Planning	0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Pharmacy Provider Services	2 5% 1 2 %	5 12% 1 2%	7 33% 0 0%	1 4% 1 4%	1 3% 3 8%	0 0% 2 25%	0 0% 0 0%	0 0% 1 7%	7 49
	Phone Call Follow-up							1 25%	0 0%	6 3%
	Collaboration Care coordination Adherence	[0% [0%	5 12% 0 0%	6 29% 0 0%	1 4% 6 26%	1 3% 7 19%	1 13% 1 13%	0 0% 1 25%	0 0% 2 14%	7 49 48 249
	Compliance	0%	1 2%	0 0%	2 9%	14 39%	0 0%	1 25%	0 0%	18 99
	Inpatient									1 19
	ER Unpaid Claim	[0 [0	0 0 0 0	0 0 0 0	0 0 0 0	0 0% 1 3%	0 0% 1 13%	0 0% 0 0%	0 0% 0 0%	13 7% 9 5%
	Viral Loads	t 0	0 0	0 0	0 0	1 370	1 1370	0 078	0 070	9 37
	Policy	C 0%	1 2%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	3 2%
	Laboratory/X-ray Out Dated Contact						1 13%	0 0%	0 0%	09 1 19
	Medications								1 7%	2 1%
	Total	£ 100%	41 100%	21 100%	23 100%	36 100%	8 100%	4 100%	14 100%	198 100%
ASO Worker	Case Management Services	f 19%	16 9%	3 3%	6 8%	40 28%	16 34%	7 88%	16 89%	11 149
	Other	£ 51%	0 0%	0 0%	0 0%	0 0%	0 0%	1 12%	1 6%	3 49
	Eligibility Adherence	€ 4% € 0%	12 7% 0 0%	6 6% 0 0%	8 11% 18 25%	1 1% 46 32%	0 0% 16 34%	0 0% 0 0%	1 6% 0 0%	8 10% 15 19%
	Compliance	ī 0 %	0 0%	1 1%	11 15%	35 24%	11 23%	0 0%	0 0%	15 19%
	Physician Services	[0%	0 0% 0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Family planning ER	7 1% 0 0%	0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 15 10%	0 0% 0 0%	0 0% 0 0%	0 0%	2 3%
	EPSDT Services	1 1 %	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Collaboration Care coordination Pharmacy	£ 20% 5 3%	115 68% 14 8%	83 81% 3 3%	20 28% 3 4%	3 2% 1 1%	2 4% 0 0%	0 0% 0 0%	0 0%	10 13%
	Ambulance/Transportation	0%	1 1%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 3%
	Policy	(0 %	12 7%	7 7%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Outdated Contact Inpatient									1 19
	Member Survey									3 49
	Medications									1 19
	Unpaid Claims Viral load	〔 0 %	0 0%	0 0%	6 8%	3 2%	0 0%	0 0%	0 0%	1 19 2 39
	Provider Services						2 4%	0 0%	0 0%	2 3%
Other	Total Other	f 100%	170 100% 0 0%	103 100% 0 0%	72 100% 24 37%	144 100% 8 47%	47 100% 0 0%	8 100%	18 100% 52 66%	78 100% 26 26%
Other	Case Management Services	£ 21%	10 3%	4 4%	5 8%	1 6%	0 0% 0 0%	0 0% 0 0%	0 0%	1 19
	Physician Services	2 1%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Eligibility Family Planning	7 4% 1 1 %	1 0% 0 0%	4 4% 0 0%	4 6% 0 0%	3 18% 0 0%	8 80% 0 0%	10 67% 0 0%	16 20%	7 79
	Outdated Contact	170	0 070	0 070	0 070	0 070	0 0/0	0 070	0 70	1 19
	Collaboration Care coordination	£ 25%	208 65%	61 61%	22 34%	2 12%	0 0%	2 13%	8 10%	24 24%
	Mental Health/Substance Abuse Medications							1 7%	2 30%	1 19
	Pharmacy	£ 12%	21 7%	6 6%	2 3%	2 12%	0 0%	1 7%	0 0%	5 5%
	Policy	5 2%	78 24%	24 24%	8 12%	0 0%	0 0%	0 0%	0 0%	0%
	Ambulance/Transportation Provider Services	[0% [0%	1 0% 0 0%	1 1% 0 0%	0 0% 0 0%	0 0% 1 6%	0 0% 1 10%	0 0% 0 0%	0 0% 1 1%	12 12% 4 4%
	Compliance	[0 %	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%
	Viral Loads	0%	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0%

	Unpaid Claims						1 10%	1 7%	0 0% 14
	ER Total	f 100%	321 100%	100 100%	65 100%	17 100%	10 100%	15 100%	0 0% 79 100% 101 10
	Total	F 10076	321 100%	100 10076	65 100%	17 100%	10 10070	15 100%	79 100%
Eligibility Office	Other	16%	0 0%	1 1%	0 0%	0 0%	0 0%	0 0%	0 0%
	Eligibility Case Management Services	f 49%	40 24% 86 51%	30 25% 70 58%	36 35% 62 60%	189 98% 2 1%	162 98% 1 1%	198 99% 0 0%	375 99% 287 10 0 0% 1
	Adherence	[0%	0 0%	0 0%	0 0%	1 1%	0 0%	0 0%	0 0%
	Compliance Family Planning	[0% [0%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0%	2 1% 0 0%	1 1% 0 0%	2 1% 0 0%
	Hospital Services	0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Collaboration Care coordination Pharmacy	4 5% 1 1%	32 19% 0 0%	19 16% 0 0%	1 1% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0%
	Policy	[0%	11 6%	0 0%	4 4%	0 0%	0 0%	0 0%	0 0%
	Provider Services Unpaid Claims	[0%	1 1%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Total	f 100%	170 100%	120 100%	103 100%	192 100%	165 100%	199 100%	377 100% 288 10
Nurse	Case Management Services	56%	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%
	ER Adherence								1 5
	Family Planning	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0% 0
	Other Collaboration Care coordination	33% 1 11%	0 0% 10 83%	2 9% 20 91%	0 0% 4 36%	1 100% 0 0%	0 0% 1 50%	0 0% 0 0%	0 0% 0
	Pharmacy	0%	1 8%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Viral Loads Policy	[0% [0%	0 0% 1 8%	0 0% 0 0%	7 64% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0 0% 0
	Total	§ 100%	12 100%	22 100%	11 100%	1 100%	2 100%	0 0%	0 0% 2 10
Physician	Other Medications	4 44%	0 0%	4 100%	1 100%	0 0%	0 0%	0 0%	0 0% 2 2
	Member Survey								1 1
	Provider Services Unpaid Claims								2 2
	Eligibility								2
	Physician Services Case Management Services	1 11% 33%	0 0% 1 33%	0 0% 0 0%	0 0% 0 0%	1 50% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0%
	Viral Load	1 11%	1 33%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%
	Introductory Call Pharmacy	[0%	1 33%	0 0%	0 0%	0 0%	0 0%	0 0%	1 100% 0 0%
	Total	£ 100%	3 100%	4 100%	1 100%	2 100%	0 0%	0 0%	1 100% 9 10
Letter		6%	107 4%	160 7%	293 14%	196 7%	153 6%	111 4%	346 7% 145
Member	Case Management Services	£ 81%	36 75%	56 58%	83 59%	12 7%	2 1%	1 1%	0 0% 4
	Other	8%	0 0%	24 25%	2 1%	26 15%	5 3%	24 23%	104 31% 51 3
	Viral Loads Adherence	[0% [0%	0 0% 0 0%	2 2% 0 0%	15 11% 12 9%	1 1% 2 1%	0 0% 6 4%	0 0% 0 0%	0 0%
	Medications	070	0 070	0 070	12 970	2 170	0 470	2 2%	0 0%
	Outdated Contact Member Survey							1 1%	1 0%
	Compliance	3 4%	2 4%	4 4%	2 1%	0 0%	0 0%	1 1% 0 0%	0 0% 2
	Family Planning 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%
	Eligibility	1 1%	2 4%	3 3%	3 2%	11 6%	2 1%	1 1%	6 2% 5
	Ambulance/Transportation		0 00/	0 00/	0 00/	00 470/	20 250	0 00/	11
	ER Hospital Services	[0% [0%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0%	80 47% 0 0%	36 25% 0 0%	0 0% 0 0%	0 0% 0 0%
	Unpaid Claim								2
	Inpatient Policy	[0%	0 0%	0 0%	0 0%	1 1%	0 0%	0 0%	0 0%
	Provider Services	[0%	0 0%	1 1%	18 13%	32 19%	18 12%	6 6%	9 3% 10
	Collaboration Care coordination Pharmacy	3 4% 3 3%	0 0% 8 17%	1 1% 5 5%	3 2% 3 2%	2 1% 3 2%	0 0% 14 10%	0 0% 0 0%	0 0% 1 0%
	Introductory Call						1 1%	0 0%	2 1% 1
	Phone Call Follow-up Total:	£ 100%	48 100%	96 100%	141 100%	170 100%	62 42% 146 100%	70 66% 106 100%	212 63% 52 3 338 100% 142 10
400 144								0 4000/	
ASO Worker	Case Management Services Eligibility	1 17% [0%	2 20% 0 0%	7 41% 1 6%	9 56% 1 6%	0 0% 0 0%	1 100% 0 0%	0 0%	2 40% 1 20% 0
	Other	50%	0 0%	4 24%	1 6%	0 0%	0 0%	0 0%	2 40% 0
	Collaboration Care coordination Total:	2 33% 6 100%	8 80% 10 100%	5 29% 17 100%	5 31% 16 100%	0 0%	0 0%	0 0% 3 100%	5 100% 0
011								•	
Other	Other Case Management Services	ξ 43% ξ 43%	0 0% 0 0%	5 33% 3 20%	2 11%3 17%	1 25% 0 0%	0 0% 0 0%	0 0%	1 100% 0 0%
	Hospital Services	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Collaboration Care coordination Eligibility	1 7% 1 7%	5 63% 0 0%	4 27% 0 0%	2 11% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 0
	Adherence	0%	1 13%	0 0%	1 6%	0 0%	0 0%	0 0%	0 0%
	Compliance Unpaid Claim	[0% [0%	1 13% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 3 75%	0 0% 0 0%	0 0% 0 0%	0 0% 0
	Viral Loads	[0%	1 13%	3 20%	10 56%	0 0%	0 0%	0 0%	0 0%
	Total:	f 100%	8 100%	15 100%	18 100%	4 100%	0 0%	1 100%	1 100% 0
Eligibility Office	Case Management Services	7 41%	25 66%	16 64%	7 64%	0 0%	0 0%	0 0%	0 0%
	Other Eligibility	1 6% 5 29%	0 0% 2 5%	0 0% 4 16%	0 0% 4 36%	0 0% 2 100%	0 0% 0 0%	0 0% 0 0%	0 0% 1 10 1 100% 0
	Collaboration Care coordination	4 24%	10 26%	5 20%	0 0%	0 0%	0 0%	0 0%	0 0% 0
	Policy	0%	1 3%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%

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	e Management Services	[0%	1 100%	1 100%	1 33%	1 100%	0 0%	0 0%	0 0%	0 0
Eligibility										0 0
	aboration Care Coordination		0 00/		0 070		2 22			0 0
Other		[0%	0 0%	0 0%	2 67%	0 0%	0 0%	0 0%	0 0%	0 0
Total:	al:	[0%	1 100%	1 100%	3 100%	1 100%	0 0%	0 0%	0 0%	0
Other		4 470/	0 00/	0 00/	0 00/	0 00/	0 00	0 000	0 000	0
Other Other	er aboration Care coordination	1 17% I 0%	0 0% 4 50%	0 0% 2 15%	0 0% 0 0%	0 0% 0 0%	0 0% 0 0%	0 0% 1 100%	0 0%	0 0
	aboration Care coordination sician Services	I 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0
	e Management Services	2 33%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0
	bulance/Transportation	[0%	0 0%	0 0%	1 20%	0 0%	0 0%	0 0%	0 0%	0
Eligibility		2 33%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0
	nily Planning	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0
	oratory/X-ray	. 0/6	0 076	0 076	0 070	0 076	0 076	0 0%	0 0%	0 0
Viral Loa		1 17%	4 50%	11 85%	4 80%	0 0%	1 50%	0 0%	0 0%	1 100
	vider Services	1 1770	4 3070	11 00%	4 0070	0 070	1 50%	0 0%	0 0%	0 0
Total:		£ 100%	8 100%	13 100%	5 100%	0 0%	2 100%	1 100%	0 0%	1 100
Total.	41.	. 10070	0 100%	10 100 %	3 10070	0 070	2 10070	1 10070	0 0%	1 100
Eligibility Office Eligibility	ihiltv	[0%	0 0%	0 0%	0 0%	1 100%	0 0%	0 0%	0 0%	0 0
	se Management Services	1 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0
	aboration Care coordinatio	[0%	1 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0
Total:		1 100%	1 100%	0 0%	0 0%	1 100%	0 0%	0 0%	0 0%	0
			=							
Nurse Physician	sician Services	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0
	se Management Services	1 13%	0 0%	1 9%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0
	aboration Care coordinatio	[0%	1 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 (
	vider Services	[0%	0 0%	0 0%	0 0%	1 100%	0 0%	0 0%	0 0%	0 (
	oratory/X-ray								l	0 (
Policy	су	[0%	0 0%	0 0%	1 13%	0 0%	0 0%	0 0%	0 0%	0 0
Eligibility		1 13%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0
Viral Loa		£ 75%	4 100%	10 91%	7 88%	0 0%	0 0%	0 0%	0 0%	00
Total:	al:	E 100%	4 100%	11 100%	8 100%	1 100%	0 0%	0 0%	0 0%	0
•	sician Services	[0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0
Viral Loa		i 70%	2 100%	3 75%	2 100%	1 100%	0 0%	0 0%	0 0%	(
	se Management Services	1 10%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	C
Eligibility		1 10%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	(
Other		1 10%	0 0%	1 25%	0 0%	0 0%	0 0%	0 0%	0 0%	(
Total:	al:	f 100%	2 100%	4 100%	2 100%	1 100%	0 0%	0 0%	0 0%	0
									1	
TOTAL CONTACTS:	<u>: </u>	100%	4528 100%	3494 100%	2910 100%	3587 100%	3679 100%	4211 100%	6552 100%	4568 100

Attachment N
Nurse Coordinator Complaint Log
Demonstration Year 22

Complaint	Date	Message	Type	Contacted Note	Resolution	Date of Resolution
	Contacted	Type				
				Member called the Nurse Coordinator to report that the NET broker was requiring he take a bus to his upcoming appointment. Member states he is unable to take the bus because of PTSD,	The Program Manager emailed the OMS NET team and asked that they follow up with the broker to see what they have for medical ADA accommodations on file. The broker confirmed they had no medical documentation to support this accommodation. In October 2023, the broker mailed the member a medical necessity form and they never got it back. There hasn't been any correspondence since that time. The Nurse Coordinator followed up with the member who reports he did not have the form and didn't feel he was capable of facilitating getting the formed filled out by his	
				depression, and necrosis interferes with this ability to walk. Member is very upset and has an	provider. For this reason, the Nurse Coordinator followed up with	
95045	4 /26/2024	Incoming	Call	appointment on 5/1/24. He reports that he will not go to the appointment if this is not resolved.	members case manager for assistance.	4/29/2024

Special Benefits Waiver: Annual Reports For Demonstration Year 22
Attachment H: Number of Distinct MaineCare ID's and Claims For Womens HealthCare
Data Source: MMDSS- MMIS Paid Claims Header, Pulled Via Service Start Date (07/01/2002 to 12/31/2024)

	Demonstration	/ear 14	Demonstration Year	15	Demonstration \	Year 16	Demonstration Y	ear 17	Demonstration Year 1	8	Demonstration Ye	ar 19	Demonstration Yea	ır 20	Demonstration Year 2	.1	Demonstration Yea	22
	Demonstration Enrollees	Medicaid Members	Demonstration Enrollees	Medicaid Members	Demonstration Enrollees	Medicaid Members	Demonstration Enrollees	Medicaid Members	Demonstration Enrollees	Medicaid Members	Demonstration Enrollees	Medicaid Members	Demonstration Enrollees	Medicaid Members	Demonstration Enrollees	Medicaid Members	Demonstration Enrollees	Medicaid Members
Distinct Women 18 years and Over	57	108	72	126	75	128	70	151	50	157	50	158	44	166	48	177	54	186
Description	Users Users (%) Cla	ms Users Users (%) Claim	Users Users (%) Clair	s Users Users (%) Cla	ims Users Users (%)	Claims Users Users (%) Claims	users Users (%)	laims Users Users (%) Claims	users Users (%) Claims	Users Users (%) Claims	Users Users (%) CI	nims Users Users (%) Claims	Users Users (%) Cla	ims Users Users (%)	Claims Users Users (%) Claims	users Users (%) Claims	s Users Users (%) Cla	s 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% 3	6 14%	8 27 16%	40 7 15%	13 42 24%	65 9 17%	14 29 16% 4
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% 6	66 7 16%	14 30 18%	63 7 15%	13 36 20%	84 11 20%	24 28 15% 8
wantinography	20 0070			'		•									•			
мантюдгарлу	Demonstration	/ear 14	Demonstration Year	15	Demonstration \	Year 16	Demonstration Y	ear 17	Demonstration Year 1	8	Demonstration Ye	ar 19	Demonstration Yea	ır 20	Demonstration Year 2	11	Demonstration Yea	22
мантюдгарлу	Demonstration Demonstration	/ear 14 Medicaid Members	Demonstration Year Demonstration Enrollees	15 Medicaid Members	Demonstration \(\) Demonstration Enrollees	Year 16 Medicaid Members	Demonstration Y Demonstration Enrollees	ear 17 Medicaid Members	Demonstration Year 18 Demonstration Enrollees	8 Medicaid Members	Demonstration Ye	ar 19 Medicaid Members	Demonstration Yea	r 20 Medicaid Members	Demonstration Year 2 Demonstration Enrollees	1 Medicaid Members	Demonstration Yea	22 Medicaid Members
Distinct Women 40 years and Over															5 ' " 5 "			
<u> </u>				Medicaid Members 91											5 ' " 5 "			

* 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.

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Special Benefits Project: Annual Reports For DY22

Attachment K: Number of Distinct Emergency Room Visits, Physician Visits, General Inpatient, Inpatient Behavioral Claims and Users

Data Source: MMDSS- MMIS Paid Claims Header, Paid Claim Line, Pulled Via Service Start Date (07/01/2002 to 12/31/2024)

		Demonst	ration Year 14			Dem	nonstration Y	Year 15				Demonstr	ation Year 16				Den	nonstration \	Year 17				Demonstr	ation Year 18	18			Dei	monstratio	n Year 19				Demonstra	tion Year 20				De	monstration	Year 21				Demons	tration Year 22				
	Demonstrati	on Enrollees	Me	dicaid Memb	ers*	Dem	nonstration E	Enrollees	Medica	id Members*		Demonstr	ation Enrollees	N	Medicaid Mer	mbers*	Den	nonstration E	Enrollees	Medic	aid Members	s*	Demonstr	ation Enrolle	ees	Medicaid Men	nbers*	Dei	monstratio	n Enrollees	Medicai	d Members*		Demonstra	tion Enrollees		Medicaid Me	embers*	De	monstration	Enrollees	Medic	caid Membe	ers*	Demons	tration Enrolle	es	Medicaid	Members*	
Distinct Members		536			388			547		389	9		541			390			511		5	546		365			571			332		599			305			640			324			668		357			663	
Name	Users	Users (%)	Claims	Users U	lsers (%)	Claims L	Users Us	lsers (%)	Claims Use	rs Users	(%) Claim	s Users	Users (%)	Claims	Users	Users (%)	Claims	Users Us	sers (%)	Claims Us	ers Use	rs (%) Cla	aims Users	Users (%	%) Claims	Users	Users (%)	Claims	Users	Users (%)	Claims User	s Users (%) Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users U	Jsers (%)	Claims Us	ers U	sers (%) Claims	s Users	s Users (%)) Claims	Users	Users (%)	Claims
Emergency Room Visits	198	36.94%	447	178	45.88%	477	191	30.46%	422	170 43	.81%	397 1	28.84%	303	159	40 98%	412	125	24.70%	301	221	41.00%	570	92 25.34	19	198	35.29%	570	75	22.59%	143	210 35.06	5% 49	69	9 22.62%	141	236	36.88%	607	79	24.38%	143	243	36.38%	493	79 22.13	% 14	47 2	232 34.999	6 580
Physician Visits	454	84.70%	3,393	308	79.38%	2,890	452	82.63%	3,030	366 94	.33% 3	,393 4	84.84%	3,057	361	93.04%	3,273	409	80.83%	2,294	504	93.51%	3,680 2	93 80.72	2% 1,47	517	92.16%	3,680	268	80.72%	1,701	562 93.82	3,69	7 245	5 80 33%	1,591	587	91.72%	3,828	255	78.70%	1,449	613	91.77% 4,	144	268 75.07	% 1,58	84 5	593 89.449	6 4,093
General Inpa ient Services	55	10.26%	116	56	14.43%	96	74	11.80%	131	72 18	.56%	118	7.95%	95	58	14 95%	114	55	10.87%	91	84	15.58%	149	29 7.99	99% 6	54	9.63%	119	25	7.53%	42	74 12.35	5% 14	7 16	6 5 25%	30	77	12.03%	181	30	9.26%	48	63	9.43%	102	24 6.72	% 4	42	79 11.929	6 161
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	55%	2	0.36%	2	0	0.00%	0	1 0.17	7%	8 (0 00%	0	1	0.16%	44	1	0.31%	1	0	0.00%	0	0.00	%	0	0.009	6 0

* 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 22 Attachment L: Deceased

	DY14	DY15	DY16	DY17	DY18	DY19	DY20	DY21	DY22
Demonstration Enrollees	3	13	4	11	4	5	6	7	8
Medicaid Members	9	10	8	10	12	10	14	9	9
Total	12	23	12	21	16	15	20	16	17

Special Benefits Project: Annual Reports For Demonstration Year 22 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	DY20	DY21	DY22
Deceased		3	3	4	Į.	3	6	2	4	3	4 1	0	8	3	15	5	4 11	4	1	5	6	7 8
Moved to Full MaineCare	W	3 14	1 7	24	1	2 1	3	6 1	7 1	1	6 1	1	7 10	19	27	7 1	8 141	44	1 20	0	9 15	5 23
Re-enrolled in 5B		3 2	2 3	3	3	8 2	1	7	9 25	1	1 2	6 1	2 13	19	21	1 2	9 30	3	3	0	1	1 4
Moved out of state*	,	1	3	5	5 1	4 1	5	5	5 (0	0	0	(0)	0	() (0	0 15	5 23
Not enrolled in MaineCare	ţ	5 15	9	10	1	1 28	3	0 4	1 39	4	В 7	8 6	5 70	66	82	2 6	1 74	26	6 24	4 1	3 25	5 48
Total	20	35	25	46	4	8 8:	7	0 70	6 89	7	9 12	5 9	2 99	107	145	5 11	2 256	77	7 49	9 2	9 6	3 106

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

DY22
Top 10 Diagnosis Codes for Hospitalization-Demonstration Enrollees

Code	Description	Claims	Clients
A419	Sepsis, unspecified organism	10	5
A5213	Late syphilitic meningitis	1	1
B20	Human immunodeficiency virus [HIV] disease	1	1
D3502	Benign neoplasm of left adrenal gland	1	1
E1152	Type 2 diabetes mellitus w diabetic peripheral angiopathy w gangrene	1	1
F0390	Dementia unspec, sev unspec, w/o behav/psych/mood disturb & anx	1	1
F0781	Postconcussional syndrome	1	1
F15950	Other stimulant use, unspec w stimulant-induced psych disord w delusions	1	1
F259	Schizoaffective disorder, unspecified	1	1
F332	Major depressive disorder, recurrent severe without psychotic features	1	1

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

Code	Description	Claims	Clients
A419	Sepsis, unspecified organism	26	21
B20	Human immunodeficiency virus [HIV] disease	6	4
J189	Pneumonia, unspec organism	4	4
J441	Chronic obstructive pulmonary disease with (acute) exacerbation	3	3
L03113	Cellulitis of right upper limb	3	3
N179	Acute kidney failure, unspecified	3	3
F200	Paranoid schizophrenia	2	1
l110	Hypertensive heart disease with heart failure	2	2
J9601	Acute respiratory failure with hypoxia	2	2
L03115	Cellulitis of right lower limb	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.

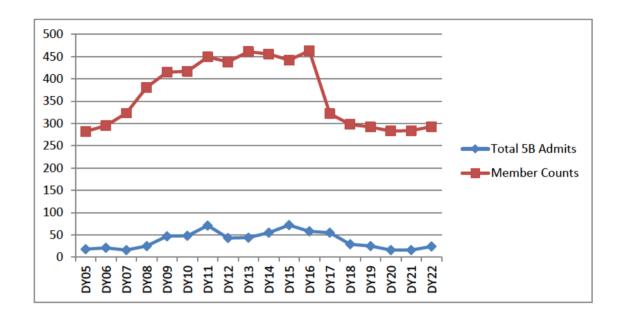
Special Benefits Project: Annual Reports Demonstration Year 22 Attachment G: Number of Distinct MaineCare ID's and Claims with Opportunistic Infection Diagnosis Data Source MMDSS- MMIS Paid Claims Header, Pulled Via Service Start Date (07/01/2002 to 12/31/2024)

	5 () 1	1 5			<u> </u>	- · · · · · · ·				D 1 11 17 0								T		40	<u> </u>			D 1 11 17 10			1 5	<u> </u>		5			y 40					,		40			
	Demonstration Year 1	Demonstra	on Year 2	Demonstration Year 3		Demonstration Year 4		Demonstration Year 5		Demonstration Year 6		Demonstration Year /	De	monstration Year 8		Demon	stration Year 9		Demonstration Year	10		Demonstration Year 12		Demonstration Year 13		1	Demonstration Y	Year 14		Demonstration Year 1	15	Demonstration	Year 16	ט	emonstration Year 17		Demonstration Year 18	3	Demonstration Year	ir 19	Demonstration Year 21	Demoi	nstration Year 22
	Demonstration Enrollees Medicaid Members	Demonstration Enrollee	Medicaid Members Demons	tration Enrollees Medicaid Me	embers Demonstration	ition Enrollees Medicaid Men	embers Demonstra	ration Enrollees Medicaid M	d Members Demonstra	ration Enrollees Medic	aid Members Demo	nstration Enrollees Medicaio	I Members Demonstration	Enrollees Me	dica d Members	Demonstration Enro	llees Medicaid Men	bers De	nonstration Enrollees	Medicaid Members	Demonstrat	on Enrollees Medicaid Me	mbers De	Demonstration Enrollees		Medicaid Members	Demonstration Enrollees	Medicaid Members	Demonstration	n Enrollees Medicaid I	Members Dem	onstration Enrollees Med	dicaid Members	Demonstration Enrollees	Medicaid Members	Demonstration En	rol ees Medicaid N	lembers Demonstr	ion Enrollees Medicaid	id Members	Demonstration Enrollees Medicaid Members	Demonstration Enrollees	Medicaid Members
Dstinct Members	133 288	158	336	203 3		298 338	38	3 32	326	3 9	318	353	325	00	383	75		395	502	359		525	375	5		388	536	388		5 7	389	5 1	390	511	5 6	36	5	571	332	599 6 0	32 668	358	672
Infection			Users Users (%) Claims Users Us				s (%) Claims Users Users	rs (% Claims UsersUsers	ers (% Clams Users Use	ers (%) Clams Users	Users (%) Claims Users	Users (%) Claims Users U	sers (%) Claims Users Use	ers (%) Claims l	Jsers Users (%) Claims	Users Users (%) Claims Users U	ers (%) Claims	Jsers Users (%) Claims	Users Users (%)	Claims Users	Isers (%) Claims Users	Users (%) Caims	Users	Users (%) Claims	Users Users (%) Clair	ns Users Users (%) Cai	ims Users Users (%)	Claims Users Use	sers (%) Claims Users	Users (%) Clams Us	ers Users (%) Claims U	Isers Users (%) Claims	Users Users (%)	Claims Users Users (%)	Claims Users Users	(%) Claims Users	Users (%) Claims Users	Users (%) Claims	Users Claim	ns Users Claims Users Jsers (% C	aims Users Users (%) Clair	ms Users Users (%) Claims
Actinomycosis	0 0.00% 0 0 0.00%	0 0 0.00%	0 0.00% 0 0	0 00% 0 0 0.00	0% 0 0 0.0	0.00% 0 0 0.0	.00% 0 0 0.0	0.00% 0 0.00	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 00%	0 0 0.00%	0 1	0.19% 2 1	0.27% 1		0 0.00%	0 1 0.26%	1 0 0.00%	0 0.00%	0	0.00% 0	0.00%	0 0.00% 0	0.00%	0 0.00%	0 0 0.00%	0 0 0	0.00%	0.00% 0	0.00% 0	0	0 0 0 0.00%	0 0 0.00%	0 0 0.00% 0
Burkitt's Lymphomas	0 0.00% 0 0 0.00%	0 1 01 0.00%1	0 0.00% 0 0	0 00% 0 1 0.29	9% 19 0 0.0	0.00% 0 0 0.0	.00% 0 0 0.0	0.00% 0 0 0.0	0.00% 0 1 0	0.29% 11 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 2 0.	3% 1	0.25% 129	3 0 60%	51 1 0.28%	25 3	0.57% 13 1	0.27% 16		3 0.55% 1	11 0.00%	3 0.56%	11 0.00%	3	0.55% 17	0.00%	1 0.18% 1	1 0.26% 21	1 0.20%	1 0 0.00%	0 0 0	0.00% 0 0	0.00% 0	0.30% 1	1	13 0 0 1 0.15%	3 0 0.00%	0 0 0.00% 0
Candidiasis	6 .51% 12 2 1 .58%	861 101 6.33%1 2	5 6 13.69% 103 7	3. 5% 9 0 11.63	3% 70 6 2.0	2.01% 1 2 7.1	.10% 52 8 2.3	2.33% 13 26 7.9	7.98% 9 7 2	2.01% 8 23	7.23% 7 2	0.57% 3 6	1.85% 1 8	2.00% 15	22 5.7 %	0 3 0.6	% 5 3	0.76% 12	7 1. 0%	8 6 1.67%	12 3	0.57% 5 10	2.67% 18		7 1.29% 1	15 5 1.29%	12 0.75%	3 0.77%	12 3	0.55% 8	1.03% 5	2 0.37%	1.03% 8	0.79%	5 9 1.67%	28 1 0	2 2 6	1.07%	1.81% 11	9	1 10 6 0.90%	11 2 0.56%	3 0.5% 7
Coccidiomycosis	0 0.00% 0 0 0.00%	01 01 0.00%1	0 0 0.00% 0 1	0. 9% 1 0 0.00	0% 0 0 0.0	0.00% 0 0 0.0	.00% 0 0 0.0	0.00% 0 0 0.0	0.00% 0 0	0.00% 0 1	0.31% 5 0	0.00% 0 1	0.31% 1 0	0.00% 0	1 0.26%	2 0 0.0	0 0	0.00% 0	0 00%	0 0 0.00%	0 0	0.00% 0 0	0.00% 0		0.00%	0 0 0.00%	0 0 0.00%	0 0 0.00%	0 0	0.00% 0 0	0 0.00% 0	0 000% 0	0 0.00% 0	0 0.00%	0 0 0.00%	0 0 0	0.00% 0 0	0.00% 0	0.00% 0	0	0 0 0 0.00%	0 0 0.00%	0 0 0.00% 0
Coccidiosis	0 0.00% 0 0 0.00%	0 0 0.00%	0 1 0.30% 1 0	0.00% 0 1 0.29	9% 3 0 0.0	0.00% 0 1 0.3	.30% 0 0.0	0.00% 0 0 0.0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 00%	0 0 0.00%	0 0	0.00% 0 0	0.00% 0		0 0.00%	0 0.00%	0 0 0.00%	0 0 0.00%	0 0	0.00% 0 0	0 0.00% 0	0 000% 0	0 0.00% 0	0 0.00%	0 0 0.00%	0 0 0	0.00%	0.00%	0.00%	0	0 0 0 0.00%	01 01 0.00%1	0 0 0.00% 0
Cryptococosis	0 0.00% 0 0 0.00%	0 0 0.00%	0 1 0.30% 1 0	0.00% 0 0 0.00	0% 0 0 0.0	0.00% 0 0 0.0	.00% 0 0 0.0	0.00% 0 1 0.3	0 31% 31 0	0.00% 0 1	0 31% 1 0	0.00% 0 2	0.62% 22 0	0.00% 0	2 0.52%	10 0 0.0	0 0	0.00% 0	0 000%	0 0 00%	0 0	0.00% 0 0	0.00%		0 0.00%	0 0.00%	0 1 0.19%	2 1 0.26%	2 0	0.00%	1 0.26% 2	2 0 37%	0 0.00% 0	0 0.00%	0 0 0.00%	0 0 0	0.00%	0.00%	0.00%	0	99 0 0 0 0.00%	0 0 00%1	0 0 0.00% 0
Cryptospor diosis	0 0.00% 0 0 0.00%	0 0 0.00%	0 0.00% 0 0	0.00% 0 0 0.00	0% 0 0 0.0	0.00% 0 0 0.0	.00% 0 0 0.0	0.00% 0 0 0	0 00% 0 0	0.00% 0 0	0 00% 0 0	0.00% 0 0	0.00% 0 0	0.00%	0.00%	0 0 0.0	0 0	0.00%	0 0.00%	0 0 00%	0 0	0.00% 0 0	0.00%		0 0.00%	0 0.00%	0 0.00%	0 0 0.00%	0 0	0.00% 0	0 0.00% 0	0 000% 0	0 0.00% 0	0 0.00%	0 0 0.00%	0 0 0	0.00%	0.00%	0.00%	0	1 0 0 0 0.00%	0 0 0.00%	0 0 0.00% 0
Cytomega ovirus	1 0.75% 5 2 0.69%	6 1 0.63%	0 2 0.60% 13 1	0. 9% 3 1.16	6% 9 2 0.0	0.67% 12 7 2.0	.07% 23 1 0.2	0.29% 3 1.2	1 23% 11 2	0.57% 5	1 57% 10 1	0.28% 6 2	0.62% 13 1	0.25% 5	2 0.52%	7 1 0.2	1% 10 3	0.76% 1	1 0.20%	3 2 0 56%	3 0	0.00%	0.53% 5		0 0.00%	0 0.00%	0 1 0.19%	2 0 0.00%	0 1	0.18% 6 0	0 0.00% 0	1 0.18%	1 0.26% 12	1 0.20%	1 0 0.00%	0 1 0	2 0	0.00%	0.30% 2	0	0 0 1 0.15%	31 01 0.00%1	0 2 0.30% 3
Encepha opothy																																									67 0 0 8 1.20%	25 1 0.28%	2 6 0.89% 28
Herpes Zoster and Simplex	1 0.75% 1 16 5.56%	22 8 5.06% 2	2 2 7.1 % 66 1	6.90% 26 22 6. 0	0% 7 1 .	.70% 33 16 .7	.73% 33 11 3.2	3.20% 15 15 6	60% 21 7	2.01% 12 1	. 0% 23 8	3 2.27% 12 5	1.5 % 6 12	3.00% 18	10 2.61%	18 11 2.3	% 58 12	3.05% 25	5 1.00%	12 1.11%	6 9	1.71% 20 9	2. 0% 16		71 1.29%1 1	17 8 2.06%	22 6 1.12%	17 1.03%	7	1.28% 18	5 1.29% 9	5 0.91% 8	7 1.80% 26	5 0.99%	22 7 1.30%	12 1	.10% 8 13	3 2.32% 33	0.60% 7	11	7 2 6 0 0.00%	0 3 0.8 %	0.60% 13
Hstoplasmos s	0 0.00% 0 0 0.00%	0 0 0.00%	0 0.00% 0 0	0.00% 0 1 0.29	9% 3 0 0.0	0.00% 0 0 0.0	.00% 0 0 0.0	0.00% 0 0 0 0	0 00% 0 0	0.00% 0 0	0 00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 0.00%	0 0 000%	0 0	0.00% 0 0	0.00% 0		0 000/	0 0.00%	0 0 0.00%	0 0 0.00%	0 1	0.18% 1	1 0.26% 1	0 0.00% 0	0 0.00% 0	0 0.00%	0 0 0.00%	0 0 0	0.00% 0 0	0.00% 0	0.00% 0	0	0 0 0 0.00%	0 0 00%	0 0.00%
Invasive cervical cancer																																										1 0.28%	1 0 0.00% 0
Kaposi's Sarcoma	0 0.00% 0 2 0.69%	2 1 0.63%	3 2 0.60% 5 1	0. 9% 19 3 0.87	7% 8 0 0.0	0.00% 0 1.1	.18% 60 0 0.0	0.00% 0 1.2	1 23% 2 0 0	0.00% 0 2	0 63% 7 0	0.00% 0 2	0.62% 2 0	0.00% 0	2 0.52%	2 2 0.	3% 0	0.00% 0	1 0.20%	10 0 0 00%	0 1	0.19% 5 2	0.53% 32		1 0.18%	2 0.52%	21 2 0.37%	20 1 0.26%	1 1	0.18%	0 0.00% 0	2 0.37% 6	1 0.26% 7	2 0.0%	9 2 0.37%	8 1 0	0.28% 2 3	0.53% 5	0.00% 0	2	0 1 2 2 0.30%	6 2 0.56%	13 3 0. 5% 38
Lymphoma																																									1 3 9 0 0.00%	0 2 0.56%	8 1 0.15% 2
Mycobacterium Avium Complex	3 2.26% 2 0.69%	10 0 0.00%	0 3 0.89% 2 1	0. 9% 1 1.16	6% 9 1 0.3	0.3 % 3 0.8	.89% 11 0 0.0	0.00% 0 3 0 9	0 92% 25 1 0	0.29% 2 7	2 20% 202 0	0.00% 0 1	0.31% 5 1	0.25%	2 0.52% 1	57 0 0.0	0 1	0.25% 7	0 0.00%	0 1 0 28%	1 0	0.00%	0.27% 2		01 0.00%1	0.00%	0 0.00%	0.00%	0	0.00%	0 00%	0 0.00%	1 0.26% 17	0 0.00%	0 0 0.00%	0 0 0	0.00% 0 0	0.00% 0	0.30% 1	0	16 1 2 3 0.5%	0 0.00%	0 3 0.5% 6
Opportun stic Mycos s	0 0.00% 0 0 0.00%	0 0 0.00%	0 0.00% 0 0	0.00% 0 0 0.00	0% 0 0 0.0	0.00% 0 0 0.0	.00% 0 0.0	0.00% 0 0.0	0.00% 0 0	0.00% 0 0	0 00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 0.00%	0 0 00%	0 0	0.00% 0 0	0.00%		01 0.00%1	0 0 0.00%	0 0 0.00%	0 0.00%	0 0	0.00% 0 0	0 000% 0	0 0.00% 0	0 0.00% 0	0 0.00%	0 0 0.00%	0 0 0	0.00% 0 0	0.00% 0	0.00% 0	0	0 0 0 0.00%	0 0 00%	0 0 0.00% 0
Oral Hairy Leukop ak a	0 0.00% 0 1 0.35%	1 0 0.00%	0 1 0.30% 1 0	0.00% 0 0 0.00	0% 0 0 0.0	0.00% 0 0 0.0	.00% 0 0 0.0	0.00% 0 0.0	0.00% 0 1 0	0.29% 1 1	0.31% 1 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 0.00%	0 0 0.00%	0 0	0.00% 0 0	0.00%		0 0.00%	0 0.00%	0 0 0.00%	0 0.00%	0 0	0.00% 0 0	0 000% 0	0 0.00% 0	0 0.00% 0	0 0.00%	0 0 0.00%	0 0 0	0.00% 0 0	0.00% 0	0.00% 0	0	0 0 0 0.00%	0 0 0.00%	0 0 0.00% 0
Other lymphomas	3 2.26% 6 2.08%	100 2.53% 2	8 11 3.27% 50 1	0. 9% 5 1. 5	5% 30 0 0.0	0.00% 0 8 2.3	.37% 58 1.1	.16% 27 7 2.1	2.15% 82 1 (0.29% 2 13	.09% 202 0	0.00% 0 2	0.62% 20 1	0.25% 3	7 1.83%	39 3 0.6	% 29 5	1.27% 2	8 1.60%	81 7 1.95%	39 3	0.57% 23 2	0.53% 21		5 0.92% 5	50 7 1.80%	67 7 1.31%	111 1 0.26%	32 3	0.55% 19	1 03% 18	0.73% 6	3 0.77% 265	1 0.20%	1 2 0.37%	76 1 0	0.28% 1 2	0.36% 7	0.30% 18	1	0 0 0 0.00%		0 0.00% 0
Other Named Varient of Lymphosarcoma	0 000% 0 0 0.00%	0 0 0.00%	0 0 0.00% 0 0	0.00% 0 0 0.00	0% 0 0 0.0	0.00% 0 0 0.0	.00% 0 0 0.0	0.00% 0 0 0.0	0.00% 0 0	0.00% 0 1	0.31% 1 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 0.00%	0 0.00%	0 0	0.00% 0 1	0.27% 3		0 0.00%	0 0.00%	0 2 0.37%	1 0.26%	2 0	0.00% 0	0 000% 0	0 0.00% 0	1 0.26% 2	0 0.00%	0 0 0.00%	0 0 0	0.00%	0.00%	0.00%	0	0 0 0 0.00%	0 0 0.00%	0 0 0.00% 0
Other Specified Infections and parasitic Diseases	0 000% 0 0 0.00%	0 0 0.00%	0 0.00% 0 0	0.00% 0 0 0.00	0% 0 0 0.0	0.00% 0 0 0.0	.00% 0 0 0.0	0.00% 0 0 0.0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 0.00%	0 0.00%	0 0	0.00% 0 0	0.00%		0 0.00%	0 0 0.00%	0 6 1.12%	12 8 2.06%	12 5	0.91% 7	1 0 26% 2	0 0.00% 0	0 0.00% 0	0 0.00%	0 0 0.00%	0 0 0	0.00% 0 1	0.18%	0.00%	0	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 0.00% 0
Pneumocystit s Pneumonia	3 01% 13 10 3. 7%	25 3 1.90%	10 2.98% 25	1.97% 7 7 2.03	3% 35 3 1.0	1.01% 3 5 1.	. 8% 17 2 0.5	0.58% 3 5 1.5	1.53% 21 1	0.29% 5 8	2.52% 25 3	0.85% 25 5	1.5 % 22 3	0.75% 18	2 0.52%	11 0 0.0	0 0	0.00% 0	1 0.20%	1 0 0.00%	0 0	0.00%	0.00%		2 0.37%	3 2 0.52%	2 0 0.00%	0.00%	3	0.55% 7	1 0 26% 5	0 0.00%	2 0.51% 5	1 0.20%	1 0 0.00%	0 0 0	0.00%	0.00%	0.00%	2	13 1 2 2 0.30%	3 1 0.28%	2 2 0.30% 3
Pneumon a																																									83 11 20 22 3.29%	61 10 2.79%	3 31 .61% 138
Progressive Multi-Focal Leukencephalopthy	0 000% 0 1 0.35%	4 1 0 620/ I	1 1 0.30% 7 1	0. 9% 3 0 0.00	0% 0 1 0.3	0.3 % 5 0 0.0	.00% 0 1 0.2	0.29% 1 1 0.3	0.31% 2 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00%	0 0.00%	0 1 0.2	1% 3 2	0.51% 9	0 0.00%	0 0.00%	0 0	0.00% 0 0	0.00%		0 00%1	0 0 0.00%	0 1 0.19%	3 2 0.52%	7 0	0.00% 0	0 0.00% 0	0 0.00% 0	0 0.00% 0	0 0.00%	0 0.00%	0 1 0	0.28% 1 2	2 0.36% 3	0.30%	0	0 0 0 0.00%	0 0 0.00%	0 0.00% 0
Salmone la D seases	I 01 0.00%1 01 11 0.35%1	2 I 0I 0.00%I	0 0 0.00% 0 1	0. 9% 1 0 0.00	0% 0 0 0.	0.00% 0 0 0.0	0 0 0.0	0.00% 0 1 0.3	0.31% 1 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 0.00%	0 0.00%	0 0	0.00% 0 0	0.00% 0		01 0.00%1	0 0 0.00%	0 0 0.00%	0 0 0.00%	0 0	0.00% 0 0	0 0.00% 0	0 0.00% 0	0 0.00% 0	0 0.00%	0 0.00%	0 0 0	0.00% 0 0	0.00%	0.00% 0	0	0 0 0 0.00%	0 0 0.00%	0 0 0.00% 0
Strep and Staph and gram Negative Septicemias	2 1.50% 7 6 2.08%	12 I 1I 0.63%I	6 7 2.08% 22 2	0.99% 2 8 2.33	3% 12 2 0.	0.67% 8 2.3	.37% 16 0 0.0	0.00% 0 8 2.	2. 5% 15 2	0.57% 8 12	3.77% 29 0	0.00% 0 5	1.5 % 15 0	0.00% 0	8 2.09%	19 3 0.6	% 21 2	0.51% 12	1 0.20%	3 5 1.39%	28 11	2.10% 5 5	1.33% 16		6 1.10% 2	27 7 1.80%	35 0.75%	33 12 3.09%	70 11	2.01% 39 10	0 2.57% 1	9 1.65% 62	1 3.60% 91	10 1.98%	7 1 2.60%	67 7 1	.93% 38 12	2 2.1 % 120	1.51% 21	13	0 0 0 0 0.00%	0 0 0.00%	0 0 0.00% 0
Strongy oid asis	0 0.00% 0 0 0.00%	0 0 0.00%	0 0 0.00% 0 0	0.00% 0 0 0.00	0% 0 0 0.	0.00% 0 0 0.0	.00% 0 0.0	0.00% 0 0 0.0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 0.00%	0 1 0.28%	2 0	0.00% 0 0	0.00% 0		0 0.00%	0 0 0.00%	0 0 0.00%	0 0 0.00%	0 0	0 00% 0 (0 0.00% 0	0 0.00% 0	0 0.00% 0	0 0.00%	0 0 0.00%	0 0 0	0.00%	0.00%	0.00% 0	0	0 0 0 0.00%	0 0 0.00%	0 0 0.00% 0
Toxoplasmos s	0 0.00% 0 3 1.0 %	29 0 0.00%	0 5 1.9% 5 0	0.00% 0 5 1. 5	5% 20 1 0.	0.3 % 1 2 0.5	.59% 2 1 0.2	0.29% 1 1.2	1.23% 19 1	0.29% 1 1	0.31% 1 0	0.00% 0 1	0.31% 5 0	0.00% 0	2 0.52%	1 0.2	1% 3 2	0.51%	0 0.00%	0 1 0.28%	2 0	0.00%	0.00% 0		1 0.18%	1 0.00%	0 1 0.19%	0.00%	0 0	0 00%	0.00% 0	0 0.00% 0	0.00%	1 0.20%	2 2 0.37%	7 0 0	0.00% 0 1	0.18% 5	0.00%	3	2 0 2 3 0.5%	2 0 0.00%	0 0 0.00% 0
Tuberculos s	1 0.75% 8 0 0.00%	0 0 0.00%	0 5 1.9% 19 1	0. 9% 3 1 0.29	9% 2 0 0.	0.00% 0 1 0.3	.30% 11 0 0.0	0.00% 0 0.0	0.00% 0 1	0.29% 1 0	0.00% 0 0	0.00% 0 0	0.00% 0 0	0.00% 0	0 0.00%	0 0 0.0	0 0	0.00% 0	0 0.00%	0 0 0.00%	0 0	0.00% 0 0	0.00%1 0		0 0.00%	0 1 0.26%	2 1 0.19%	1 0 0.00%	0 1	0.18% 18	0 0.00% 0	0 0.00% 0	1 0.26% 1	0 0.00%	0 0 0.00%	0 0 0	0.00%	0.00%	0.00%	2	2 1 8 3 0.5%	1 0.28%	1 0.15% 1
Viral and Bacterial Pneumonias	7 5.26% 20 37 12.85%	160 12 7.59%	0 38 11.31% 196 10	.93% 30 36 10. 7	7% 128 6 2.	2.01% 31 26 7.6	7.69% 167 8 2.3	2.33% 31 2 7.3	7.36% 7 11	3.15% 0 23	7.23% 163 1	0.28% 1 5	1.5 % 18 15	3.75%	31 8.09% 1	51 3 0.6	% 7 6	1.52% 18	0.80%	15 8 2.23%	11 5	0.95% 11 9	2. 0% 16		9 1.65% 1	17 9 2.32%	23 20 3.73%	80 20 5.15%	92 2	39% 11 1	1 2.83% 52	9 1.65% 23	19 .88% 51	11 2.17%	2 27 5.01%	88 5 1	.38% 10 11	1.96% 37	0.60% 2	11	0 0 0 0 0.00%		0 0 0.00% 0
Wasting syndrome due to HIV (Code first HIV or AIDS)																																			 	'	1 1	' '	' '	1	1 0 0 0 0.00%	0 0 0.00%	0 1 0.15% 1
otal (Distinct Claims and Users)	17 12 78% 68 82 28 47%	423 29 18 35% 17	5 102 30 36% 568 34	16 75% 107 93 27 03	3% 373 26 8	8 72% 115 73 21 6	60% 432 29 84	92 67 20 5	20 55% 352 29	8 31% 79 62	19 50% 753 15	4 25% 47 37	11 38% 192 38	9 50% 99	65 16 97% 4	80 30 63	8% 144 37	9 39% 272	31 6 19%	84 36 10 03%	129 36	6 86% 133 43	11 47% 146		41 7 54% 14	45 42 10 82%	185 59 11 01%	304 53 13 66%	234 54	9 87% 258 3	3 8 48% 135	35 6 47% 118	55 14 10% 506	32 6 32%	113 50 9 28%	286 20 5	5 81% 64 51	9 10% 225 1	6 02% 67	47 3	343 21 59 43 6 49%	124 22 6 16%	70 48 7 24% 237

* Members from In tial Group and Cost Neutral zation Group Combined. This report has not been filtered by Recipient A d Categories and contains members enrolled in and claims paid by other Waivers. Therefore, enrollment and number of c aims may be s ightly higher compared to CMS(Centers for Medicare and Medica d Services) Financ al 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	25	292
DY20	16	283
DY21	16	284
DY22	24	293



Special Demonstration Benefits Project: Annual Reports For State Fiscal Year 2010
Amount Spent By Category Of Service and the Number of Users
Data Source: MMDSS- MMIS Paid Claims Header, Pulled Via Service Start Date (07/01/2002 to 06/30/2010)
Hospital Claims Have been Adjusted According to Rate at Pay Date

Per Member Per Month (PMPM)

	State Fiscal Year 2003	State Fiscal Year 2004	State Fiscal Year2005	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	\$899	\$820	\$905	\$989	\$1,107
Medicaid Members	\$1,865	\$2,040	\$2,052	\$1,958	\$1,662	\$1,936	\$1,624	\$1,357

													State Fiscal Year 07 State Fiscal Year 08										Tour to		
	State Fiscal Year 03 Demonstration Enrollees		Madicaid Members*		State Fiscal Year 04 Demonstration Enrollees		Medicaid Members*	St	State Fiscal Year 05	Momboro*	State '	e Fiscal Year (J6	State Fiscal Year	r 07	omboro*	State Fiscal Yea	∌ar 08	Momboro*		State Fiscal Year 09 Demonstration Enrollees	Medicaid Member		Fiscal Year 10 emonstration Enrollees	Medicaid Members*
Distinct Manch and I William Commission	Demonstration Enrollees		Medicaid Members*		Demonstration Enrollees		Medicald Members	IOI	210	Members 362	ion	2	mempers 372	ion	350	mbers 355	ion	364	members*	341	Demonstration Enrollees	Medicaid Member	rs" Der	nonstration Enrollees	
Distinct Members Utilizing Services	142		293		173		356		210	362		3	372		359	300		304		341	369	348		420	406
Category of Service	Paid Use	re PMP	M Paid	lieare PME	PM Paid	Users PMPM	Paid Heare	PMPM	Paid Users	s PMPM Paid Users	ers PMPM	Paid	Users PMPM Paid Users PMPM	PM Paid	Users PMPM	Paid Users F	PMPM Paid	Users PMP	MPM Paid	id Users I	PMPM Paid Users PM	IPM Paid Users	РМРМ	Paid Users PMPM	PM Paid Users PMF
General Inpatient	\$152 804	11 \$12	23 \$477.542	41 \$1	161 \$138 601		\$782.353 50		\$223.163	2 \$119 \$776,897 57		188,687	19 \$66 \$849,121 43 \$24			\$779.025 49	\$228 \$267.073		\$77 \$1.511.956	+	\$473 \$232.435 17 S	\$65 \$984.203 42		\$256 299 23 \$71	\$71 \$772 991 45 \$1
Mental Inpatient	\$0	0 9	\$0 \$0	0	\$0 \$0	0 \$6	\$0 0	\$0	\$0	\$0 \$4 622	3 \$1	\$0	0 \$0 \$9.928 5	\$3 \$0	0 \$0	\$5,898	\$2 \$0	0	\$0 \$.0 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 9	\$0 \$15.251 1
Mental Inpatient Nursing Facility	\$0	0 9	\$0 \$89.705	3 \$	\$30 \$0	0 \$6	\$107.850 5	\$31	\$0 0	\$0 \$52,777	5 \$15	\$0	0 \$0 \$29.855 3	\$8 \$0	0 \$0	\$39.557 4	\$12 \$0	0	\$0 \$65.86	4 4	\$21 \$0 0	\$0 \$74.728 1	\$22	\$0 0 \$0	\$0 \$13,708 2
General Outpatient	\$56.274	75 \$4	45 \$362.723	177 \$1	122 \$119.369	85 \$74	\$369,124	\$107	\$117.297 10 ^r	5 \$63 \$450.065 232	32 \$125 \$1	169,579	162 \$60 \$451.884 236 \$126	28 \$253.520	221 \$73	\$497,269 228	\$146 \$296.946	215 9	\$86 \$418.958	8 202	\$131 \$320.933 223 S	\$89 \$439.960 196	\$131	\$451.616 267 \$126	126 \$470,815 239 \$1
Social Services Client	\$0	0 \$	\$0 \$0	0	\$0 \$0	0 \$0	\$0 0	\$0	\$0 r	\$0 \$2,400	1 \$1	\$0	0 \$0 \$0 0 \$	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0	\$0 \$1,20	.0 1	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$	\$0 \$0 0
Physician	\$41,645	79 \$3	\$129,014	191 \$	\$43 \$68,014	109 \$42	\$174,730 216	\$51	\$40,298 128	3 \$22 \$181,250 324	24 \$50 \$	\$50,425	204 \$18 \$189,081 328 \$54	\$54 \$116,547	247 \$34	\$148,003 277	\$43 \$112,247	262 \$	\$32 \$140,348	.8 282	\$44 \$96,223 285 9	\$27 \$128,677 285	\$38	\$130,433 321 \$36	\$36 \$127,846 312 \$
Podiatrist	\$0	0 \$	\$592	7	\$0 \$0	0 \$0	\$143 3	\$0	\$0 C	\$0 \$136	4 \$0	\$ 5	1 \$0 \$1,435 7 \$6	\$0 \$138	1 \$0	\$682 6	\$0 \$0	0	\$0 \$581	1 10	\$0 \$27 1	\$0 \$865 14	\$0	\$78 3 \$	\$0 \$1,117 14
PHP Agency	\$0	0 \$	\$0	0	\$0	0 \$0	\$ 0 0	\$0	\$0 C	\$0 \$0	0 \$0	\$0	0 \$0 \$0 0 \$	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0 ′	\$0 \$'	0 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$0	\$0 \$0 0
Dental	\$0	0 \$	\$13,527	50	\$ 5	0 \$0	\$10,147 43	\$3	\$0 C	\$0 \$12,917 <i>5</i>	57 \$4	\$0	0 \$0 \$7,337 37 \$	\$2 \$0	0 \$0	\$7,087 33	\$2 \$0	0 ′	\$0 \$14 ,50′	э 50	\$ 5 \$ 607 1	\$0 \$9,709 39	\$3	\$0 0 \$0	\$0 \$23,842 44
Prescribed Drugs	\$736,515 1	24 \$59	92 \$3,002,430	284 \$1,0)12 \$1,419,351	154 \$875	\$3,741,927 334	\$1,088 \$	\$1,591,512 171	\$850 \$4,311,719 34	44 \$1,198 \$1,8	,899,887	264 \$667 \$3,732,265 357 \$1,06	ô0 \$ 1,731,360		32,598,859 331	\$762 \$2,017,621	302 \$5′	583 \$2,555,06	ਤ 318	\$799 \$ 2,431,569 320 \$6	678 \$2,505,092 321	\$748 \$	\$3,403,993 381 \$949	949 \$2,808,085 362 \$7
Home Health Services	\$0	0 \$	\$18,076	15	\$6 \$0	0 \$0	\$ 16,424 12	\$ 5	\$ 0 0	\$0 \$11,029 <u>1</u>	ı 7 \$3	\$0	0 \$0 \$12,298 11 \$	<i>\$</i> 3 \$0	0 \$0	\$11,204 10	\$ 3 \$ 0	0 ′	\$0 \$17,44	<i>i</i> 10	\$5 \$0 0	\$0 \$9,373 6	\$3	\$ 0 0 \$ 1	\$0 \$2,840 6
Community Support Services	\$2,454	2 \$	\$2 \$98,832	14 \$	\$33 \$2,575	4 \$2	\$236,055 19	\$69	\$11,249 5	5 \$6 \$100,044 20	<u>40</u> \$28 ′	\$8,778	6 \$3 \$50,680 16 \$1	14 \$17,711	8 \$5	\$72,849 17	\$21 \$26,381	10	\$8 \$53,695	<u>5</u> 17	\$17 \$10,963 7	\$3 \$107,285 22	\$32	\$28,700 9 \$8 \$55 1 \$0	\$8 \$92,345 28 \$
LCSW/LCPC	\$0	0 \$	\$0	0	\$0 \$0	0 \$0	\$0 0	\$0	\$0 0'	\$0 \$16	1 \$0	\$0	0 \$0 \$0 0 \$	60 \$0	0 \$0	\$0 0	\$0 \$0	0	\$0 \$1	1 0	\$0 \$0 0	\$0 \$84 1	\$0		
Independent Lab	\$21,590	45 \$1	\$45,253	102 \$	\$15 \$33,174	63 \$20	\$52,267 111	\$15	\$25,065 53	3 \$13 \$46,103 122		\$30,156	84 \$11 \$45,295 115 \$13	\$13 \$44,906		\$49,613 106	\$15 \$60,081	118 \$7	\$17 \$34,636		\$11 \$47,703 122 \$	\$13 \$30,576 87	\$9	4	\$17 \$40,428 99 \$
Transportation Medical Supplies (DME Supplies	\$2,306	10 \$	\$2 \$30,643	8U \$	\$2,714	14 \$2	\$26,986 104	\$8	\$4,960 20	0 \$3 \$27,709 105	22 \$8	\$8,312	29 \$3 \$36,110 109 \$10 2 \$0 \$12,047 40 \$3	\$10 \$8,679		\$44,824 129	\$13 \$19,239	5/ 5	\$6 \$48,140 \$0 \$45,885		\$15 \$16,982 68	\$5 \$71,761 127	\$21	\$37,919 91 \$11	\$11 \$82,955 129 \$ \$0 \$11,963 41
Medical Supplies/DME Supplies Prosth/Orthotic Devices	\$U #0	0 8	511,395 to 64 cool	31	\$0 \$1	U \$0	\$9,432 39	\$3	\$U 0'	\$0 \$5,/89 3°	2 \$2	\$27 ¢n	0 60 650 4	\$2 \$0 \$0		\$8,293 38 \$2,567 5	\$2 \$9		\$45,885 \$0	6 3	\$14 \$00 4 \$0 \$0	\$0 \$39,607 38 \$0 \$0 0	\$1Z 60	\$406 5 \$0	\$0 \$11,963 41 \$0 \$26 2
	\$420 \$U	1 0	\$0 \$1,090 \$0 \$2,277	3	\$1 \$446	1 60	\$030 Z	⊅U €1	\$624	\$0 \$09 4 ¢n ¢179	3 60	CUS\$	5 ¢n ¢2 108 4	\$1 ¢179		\$2,507 5 \$2,479 7	\$1 \$1.614	9	\$0 \$100	4 4	\$1 \$2 NON E	\$1 \$202 4	\$0 \$0	\$2.815	\$1 \$2 203 7
Ambulatory Surgical Center Clozarill Monitoring	\$0 \$0	0 4	\$0 \$0	0	\$0 \$0	U ¢t	\$0 0	\$0	\$0 /	\$0 \$0	0 \$0	\$002	0 \$0 \$2,190 4 \$	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0 ,	\$0	,0 7	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$	\$0 \$0 0
Reserved	\$0	0 9	\$0 \$0	0	\$0 \$0	0 \$6	\$0 0	\$0	\$0	\$0 \$0	0 \$0	\$0	0 \$0 \$0 0	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0	\$0 9	ان آن	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$	\$0 \$0 0
Hospice	\$0	0 \$	50 \$0	0	\$0 \$0	0 \$0	\$14.175	\$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 0	\$0 \$4,724 1	\$1	\$0 0 \$	\$0 \$45,333 3 \$
Waiver for Physically Disabled	\$0	0 \$	\$85,617	3 \$	\$29 \$0	0 \$0	\$ 38,674 1	\$11	\$0 r	\$0 \$37,212	1 \$10	\$ 0	0 \$0 \$39,709 1 \$1	11 \$0	0 \$0	\$32,983	\$10 \$0	0	\$0 \$37,806	.6 1	\$12 \$0 0	\$0 \$40,459 1	\$12	\$0 0 \$0	\$0 \$40,618 1 \$
Swing Bed	\$0	0 \$	\$0 \$0	0	\$0 \$0	0 \$0	\$0 0	\$0	\$0 r	\$0 \$0	0 \$0	\$0	0 \$0 \$0 0	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0	\$0 \$.0 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$	\$0 \$0 0
	\$86,234	80 \$6	59 \$297,351	207 \$1	100 \$115,579	99 \$71	\$313,190 218	\$91	\$88,627 111	1 \$47 \$233,400 242	42 \$65 \$	\$82,273	181 \$29 \$219,194 252 \$62	\$62 \$122,478	222 \$35	\$184,778 220	\$54 \$172,421	229 \$	\$50 \$189,599	9 201	\$59 \$220,222 265 \$	\$ 61 \$ 234,096 227	\$70	\$440,115 319 \$123	123 \$369,108 265 \$
Case Management Family Planning Clinic	\$0	0 \$	\$274	3	\$0	0 \$0	\$83 1	\$0	\$0 C	\$0 \$83	1 \$0	\$0	0 \$0 \$268 3 \$	\$0 \$154	1 \$0	\$83	\$0 \$77	1 ′	\$ 0 \$ 8	2 1	\$0 \$0 0	\$0 \$76 1	\$0	\$222 3 \$0	\$0 \$0 0
BMR Waiver	\$0	0 \$	\$91,009	1 \$	\$31 \$0	0 \$0	\$102,191	\$30	\$0 C	\$0 \$115,202	1 \$32	\$ 0	0 \$0 \$122,712 1 \$?	35 \$0	0 \$0	\$124,707	\$37 \$0	0 ′	\$0 \$103,912	2 1	\$ 33 \$ 0 0	\$0 \$49,850 1	\$ 15	\$ 0 0 \$ ′	\$0 \$32,902 1
Speech/Hearing 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	\$28 1	\$ 0 \$ 0	0 ′	\$ 0 \$ /	J 0	\$0 \$0 O	\$0 \$0 0	\$0	\$0 0 \$0	\$0 \$0 0
Mental Health Services	\$11,581	15 \$	\$9 \$81,554	57 \$	\$27 \$29,814	24 \$18	\$105,937 66	\$31	\$ 34,033 28	3 \$18 \$104,073 73		\$60,985	46 \$21 \$101,272 85 \$29	\$80,060		\$76,566 64	\$22 \$76,093	68 \$	\$22 \$60,378	<i>3</i> 54	\$19 \$73,526 72 <i>(</i>	\$60,231 60	\$18	\$70,689 61 \$20	\$20 \$84,526 73 \$
Ambulance	\$325	1 \$	\$8,300	28	\$3 \$2,497	7 \$2	\$9,372 36	\$3	\$1,660 10	51 \$11,501 46	.6 \$3	\$2,300	13 \$1 \$22,647 50 \$	<i>5</i> 6 \$4,132	23 \$1	\$16,504 50	\$5 \$4,360	20 5	\$1 \$14,177	/ 46	\$4 \$4,659 22	\$1 \$13,787 49	\$4	\$7,239 32 \$7	\$2 \$19,880 56
Ambulatory Care Clinic Service	\$0	0 \$	\$788	1	\$0 \$0	0 \$0	\$3,475 2	\$1	\$0 0	\$0 \$1,080	1 \$0	\$0	0 \$0 \$0 0 \$	0 \$0	0 \$0	\$0 0	\$0 \$0	0 "	\$0 \$0	7 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$0	\$0 \$0 0
Physical Therapy Services	\$0	0 \$	\$1,004	5	\$0 \$0	0 \$0	\$1,597	\$0	\$0 0	\$0 \$1,729	7 \$0	\$0	0 \$0 \$2,128 4 \$	\$0 \$0	0 \$0	\$3,050 5	\$1 \$0		\$0 \$2,95/	8	\$1 \$0 0	\$0 \$253 5	\$0	\$0 0 \$0	\$0 \$122 2
Chiropractic Services	\$0	0 6	\$099	5	\$0 \$0	0 \$0	\$1,240 0	\$0	\$0 0	\$0 \$1,180	3 60	\$0	0 50 51,090 0 5	0 50	0 \$0	\$1,740 9	\$1 \$18	1 7	\$0 \$1,02	2 1	\$1 \$0 0	\$0 \$1,599 7	\$0	\$0 0 \$0	\$0 \$1,908 10
Occupational Therapy Services ICF/MR Services Nursing	\$0	0 9	0.0	0	\$0 \$0	0 %0	\$0 0	\$0	\$0 0	\$0 \$200	0 \$0	\$0	0 \$0 \$0 0	\$0 \$0	0 \$0	\$0 0	\$0 \$0	'	\$0 \$110	d ' 	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$0	\$0 \$0 0
Day Habilitation	\$0	0 \$	\$0 \$0	0	\$0 \$0	0 \$6	\$0 0	\$0	\$0 (\$0 \$0	0 \$0	\$0	0 \$0 \$29 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
Day Health	\$0	0 \$	50 \$0	0	\$0 \$0	0 \$0	\$0 0	\$0	\$0 (\$0 \$0	0 \$0	\$0	0 \$0 \$0 0	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0	\$0 \$	0 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$	\$0 \$0 0
Optometric Services	\$0	0 \$	\$1,414	40	\$0 \$0	0 \$0	\$2,040 51	\$1	\$0 r	\$0 \$3,187 F	63 \$1	\$0	0 \$0 \$4,236 61 9	\$1 \$0	0 \$0	\$3,965 57	\$1 \$0	0	\$0 \$2,71	.8 47	\$1 \$0 0	\$0 \$3,179 60	\$1	\$0 0 \$0	\$0 \$4,585 78
Psychological Services	\$0	0 \$	\$0 \$1,242	3	\$0 \$1,116	2 \$1	\$2,243 5	\$1	\$485 <i>7</i>	\$0 \$3,317	7 \$1	\$1,276	3 \$0 \$6,095 5 \$2	\$2 \$1,588	4 \$0	\$6,407 5	\$2 \$1,096	3	\$0 \$7,18	.8 6	\$2 \$1,406 1	\$0 \$4,746 5	\$1	\$2,193 4 \$	\$1 \$6,157 6
Private Non-Medical Institutions	\$0	0 \$	\$425,093	16 \$1	143 \$0	0 \$0	\$592,078 20	\$172	\$0 C	\$0 \$615,949 19	19 \$171	\$ 0	0 \$0 \$677,499 21 \$192	.92 \$0	0 \$0	\$620,507 14	\$182 \$0	0 /	\$ 0 \$ 533,03	/ 12	\$167 \$0 0	\$0 \$364,473 13	\$ 109	\$ 0 0 \$ ′	\$0 \$27,812 4
ICF/MR Boarding	\$0	0 \$	\$0	0	\$0	0 \$0	\$0 0	\$0	\$0 C	\$0 \$0	0 \$0	\$0	0 \$0 \$0 0 \$	\$0 \$0	0 \$0	\$0 0	\$ 0 \$ 0	0 ′	\$ 0 \$ ′	J 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$'	\$0 \$0 0
Reserved	\$0	17 \$	\$0 \$0	92	\$0	28 \$0	\$ 0 123	\$0	\$0 23	\$0 \$0 10	J2 \$0	\$0	0 \$0 \$0 0 \$	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0 ′	\$0 \$/	J 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$/	\$0 \$0 0
Optical Services	\$0	0 \$	\$0 \$355	4	\$0 \$0	0 \$0	\$847 3	\$0	\$0 0	\$0 \$0	0 \$0	\$0	0 \$0 \$56 2 \$	\$0 \$0	0 \$0	\$34 2	\$0 \$0	0 ′	\$0 \$ 5/	<u>3</u> 2	\$0 \$0 0	\$0 \$19 1	\$0	\$0 0 \$0	\$0 \$261 4
Certified Rural Health Clinic	\$324	2 \$	\$2,355	11	\$1 \$324	3 \$0	\$3,853 14	\$1	\$1,108 5	\$1 \$4,053 2	<u>/1</u> \$1	\$854	9 \$0 \$3,297 20 \$	\$1,556	11 \$0	\$5,841 16	\$2 \$1,023	8	\$0 \$4,180	1 12	\$1 \$1,649 8	\$0 \$1,810 8	\$1	\$3,142 9 \$1	\$1 \$4,529 16
V.D. Screening	\$0	0 \$	\$60	1	\$0 \$40	2 \$0	\$60 1	\$0	\$0 0	\$0 \$20	1 \$0	\$0	0 \$0 \$0 0 \$/	0 \$0	0 \$0	\$0 0	\$0 \$0	0 "	\$0 \$0	0	\$0 \$40 2	\$0 \$0 0	\$0	\$0 0 \$0	\$0 \$20 1
Hearing Aid Dealer	\$0 *0	0 \$	50 50	U	\$0	0 \$0	\$0 0	\$0	\$0 0	\$0 \$0	0 \$0	\$0	0 50 50 5	\$0 \$0	0 \$0	\$0 0	\$0 \$0	<u> </u>	\$0 \$0	0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$0 \$0 0 \$0	\$U \$U 0
Audiology Services	\$U	0 8	\$U \$U	1	\$0 \$0	U \$0	\$30 1 \$201 4	\$0	\$U 0'	20 20	0 \$0	\$ 0	0 30 340 1 5	\$0 \$0	0 \$0	ψ0 0	\$0 \$0	<u> </u>	\$0 \$0	. U	\$0 \$0 0	\$0 \$0 0	90	\$0 0 \$0	\$0 \$0 0
Speech Pathology Services Substance Abuse Treatment Facility	\$2 364	4 4	\$3 \$40.894	22 6	\$14 \$2,907	υ \$υ Ω ¢:	\$201 1 \$38 337 24	\$U \$11	\$7 032	\$4 \$20 214 ·	23 \$8	\$2,096	2 \$1 \$25,226 24 \$	10 \$4.557	9 \$1	\$36,355 10	\$11 \$8.373	8	\$2 \$36.60	3 21	\$11 \$13.030 10	\$0 \$0 0 \$4 \$43,464 25	\$13	\$12 015 13 \$3	\$3 \$39,990 22 \$
Boarding Home	\$0,504 \$0	0 6	\$60 \$63.971	10 \$	322 \$1	0 \$1	\$62 761	\$18	\$0 /	7 \$4 \$29,214 23 0 \$0 \$40,541 10	10 \$11	\$0	0 \$0 \$40.030 10 \$1	11 \$0	0 \$0	\$36,355 19 \$32,969 9	\$10 \$0,373	0	\$2 \$36,603 \$0 \$29,263	3 8	\$9 \$0 0	\$0 \$21.133 6	\$6	\$0 0 °	\$0 \$19.474 2
MEDICARE PT.B X-OVER	\$7.149	31	\$6 \$49.931	130 \$	\$17 \$26.584	47 \$16	\$49.227 141	\$14	\$6,660 37	\$4 \$17.409 1	28 \$5	\$0	0 \$0 \$0 0	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0	\$0 \$.0 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$	\$0 \$0 0
UNCLASSIFIED	\$0	0 \$	\$0 \$0	0	\$0 \$0	0 \$0	\$0 0	\$0	\$0 r	\$0 \$0	0 \$0	\$ 0	0 \$0 \$0 0	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0	\$0 \$	0 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$0	\$0 \$0 0
HMO Services	\$0	0 \$	\$0 \$0	0	\$0 \$0	0 \$0	\$0 0	\$0	\$0 r	\$0 \$0	0 \$0	\$0	0 \$0 \$0 0 9	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0	\$0 \$	0	\$ 0 \$ 0 0	\$0 \$0 0	\$0	\$0 0 \$	\$0 \$0 0
Nurse/Midwife Services	\$0	0 \$	\$0	0	\$0 \$0	0 \$0	\$0 0	\$0	\$ 0	\$0 \$0	0 \$0	\$ 0	0 \$0 \$0 0 9	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0	\$0 \$	٥ <u> </u>	\$ 0 \$ 0 0	\$0 \$0 0	\$0	\$ 0 0 \$	\$0 \$0 0
State Use Only	\$0	0 \$	\$0	0	\$0 \$0	0 \$0	\$0 0	\$0	\$ 0 (°	\$0 \$0	0 \$0	\$0	0 \$0 \$0 0 9	\$0 \$0	0 \$0	\$0 0	\$0 \$0	0 /	\$0 \$	J 0	\$ 0 \$ 0 0	\$0 \$0 0	\$0	\$ 0 0 \$ 0	\$0 \$0 0
PVT. NON-MED. TREATMENT	\$0	0 \$	\$5,447	1	\$2 \$0	0 \$0	\$35,873	\$10	\$0 C	\$0 \$54,592	5 \$15	\$ 0	0 \$0 \$27,542 5 \$	\$8 \$0	0 \$0	\$11,868	\$3 \$0	0 ′	\$0 \$10,13	4 1	\$ 3 \$ 0 0	\$ 0 \$ 21,255 2	\$6	\$0 0 \$1	\$0 \$27,432 4
BMR Waiver Boarding Home	\$0	0 \$	\$0 \$0	0	\$0 \$0	0 \$0	\$0 0	\$0	\$0 <u>0</u>	\$0 \$0	0 \$0	\$ 0	0 \$0 \$0 0 \$	<i>\$</i> 0 \$0	0 \$0	\$0 0	\$0 \$0	0 ′	\$0 \$/	0	\$ 0 \$ 0 0	\$0 \$0 0	\$0	\$0 0 \$0	\$0 \$0 0
BME Waiver	\$0	0 \$	\$0 \$0	0	\$0 \$0	0 \$0	\$241 1	\$0	<u>\$0</u> 0	\$0 \$0	0 \$0	\$0	0 \$0 \$1,936 1 \$	\$1 \$0		\$14,584 2	\$4 \$0	0 ′	\$0 \$18,897	+	\$6 \$0 0	\$0 \$24,005 2	\$7	\$0 0 \$0	\$0 \$28,308 3
Private Duty Nursing	\$0	0 \$	\$630	2	\$0 \$0	0 \$0	\$1,117 1	\$0	\$ 0 0	\$0 \$899	1 \$0	\$ 0	0 \$0 \$1,062 2 \$0	<i>i</i> 0 \$0	0 40	\$1,726 2	\$1 \$0	0 ′	\$0 \$2,963	'''	\$1 \$0 0	\$0 \$3,127 6	\$1	\$0 0 \$r	\$0 \$2,737 7
Personal Care Services	\$0	0 \$	\$14,879	11	\$5 \$0	0 \$0	\$18,907 11	\$ 5	\$0 0'	0 \$0 \$26,950 13	.3 \$7	\$ 0	0 \$0 \$48,849 15 \$14	14 \$0		\$68,959	\$20 \$0	0	\$0 \$99,601	13	\$31 \$0 0	\$0 \$55,304 20	\$17	\$0 0 \$0	\$0 \$30,477 10
Family and Pediatric Nurse Pract.	\$0	0 \$	\$0	0	\$0 \$0	0 \$0	\$58 1	\$0	\$0 0	\$0 \$48	1 \$0	\$0	0 \$0 \$114 1 \$	5U \$0		\$109 2	\$0 \$0	0 5	\$0 \$60	1 1	\$0 \$293 3	\$0 \$265 1	\$0	\$191 4 \$0	\$0 \$0 0
Rehab. Services (Head Injury)	\$0	0 \$	\$12,698	2	\$0	0 \$0	\$10,284 1	\$3	\$0 0	\$0 \$13,131	4 \$4	\$0	0 \$0 \$2,194 1 \$	\$0	0 \$0	\$30,690 2	\$9 \$0	9	\$0 \$24,256	2	\$8 \$0 0	\$0 \$19,853 2	\$6	\$0 0 \$0	\$0 \$5,087 2
Home Based Mental Health	\$0	U \$	\$0 \$0 \$55,070	U az	\$0	0 \$0	\$0 0	\$0	\$0 0	\$0 \$0 7	0 \$0	\$0 \$52.440	U \$U \$U 0 \$	30 \$0 20 400 440	140 \$0	\$U 0	\$0 \$0	0 9	\$0 \$6	4 0	\$0 \$0 0	\$0 \$0 0	\$0	\$0 0 \$0 \$103.740 430 \$30	\$U \$U 0
Federally Qualified Health Center OR Montel Health	\$11,/62 en	19 \$	\$55,278	57	\$19 \$25,000 \$0 \$0	35 \$15	\$01,970 /2 \$7,000 4	\$18	\$35,322 53	3 \$19 \$69,937 117		\$52,112 \$3,147	83 \$18 \$92,324 117 \$26 2 \$1 \$9.647 6 \$:	\$26 \$99,110		\$95,463 110 \$26,818 11	\$28 \$64,477 \$8 \$2.100	101 \$1	\$19 \$65,514 \$1 \$30,300		\$20 \$64,822 112 \$ \$9 \$6.317 4	\$18 \$56,968 86 \$2 \$15,630 8	\$17	\$103,749 139 \$29	\$29 \$70,685 114 \$ \$6 \$38.019 10 \$
OP Mental Health	\$U ¢o	0 \$	50 \$191 60 60	0	\$0 \$0	U \$0	\$1,020 4	\$2	\$24 <i>l</i> 1	30 310,039 60 60	/ \$3 0 ¢0	აა,147 ლი	0 60 60 0	\$322 \$0 \$0	0 60	⊉∠∪,010 11	\$8 \$2,190 \$0 \$0	7	\$1 \$30,309 \$0 \$0	0 0	\$5 \$0,517 4 \$0 \$0 0	\$2 \$15,030 8	\$5	\$23,202 3 \$6 en n	\$0 \$36,019 10 \$
Early Intervention	\$U	0 8	50 &0 DO	0	\$0 \$0	0 \$0	\$0 0	\$U \$0	\$0 0'	9U 9U /	0 \$0	φυ Φ0	0 \$0 \$0 0	\$0 \$0	0 \$0	ΦU U	\$0 \$0	<u> </u>	\$0 \$0	.0	\$0 \$0 0	0 00 00	00	\$0 0 ¢0	\$0 \$0 0
Developmental Rehavioral Clinic		vi J	⊅ ∪	U	⊅ U	, U \$0	⊅ U 0	ψU	Ψ0 0	φυ ΦU ,	υ ΦU	ΨU	ບ ຈປ ຈປ ປ ຈ	JU ⊅U	O 20	ΨUIU	ΨU ΦU	٠ ا ا	ψU \$1	∠ ∪	ΨU ΨU U	Ψυ Ψυ U	ΨU	יול עין אוי	Ψυ Ψυ υ
Developmental Behavioral Clinic Non-Traditional PHP	\$0	0 \$	\$5 050	3	\$2 \$1	0 \$0	\$4 525 3	\$1	\$0	\$0 \$3 029	3 \$1	\$0	0 \$0 \$3.186 3 \$	\$1 \$0	0 \$0	\$2.516	\$1 \$0	0	\$0 \$2.38	3 1	\$1 \$0 n	\$0 \$n n	\$0	\$0 0 \$1.	\$0 \$0 0
Developmental Behavioral Clinic Non-Traditional PHP Total	\$0 \$1,134,756 1	0 \$	\$0 \$5,050 12 \$5,530,374	3 \$1 \$1.8	\$2 \$0 865 \$1,989,095	0 \$0 166 \$1,226	\$4,525 3 \$7,013,807 350	\$1 \$2,040	\$0 (. 2.189.344 185)	\$0 \$3,029 \$1,170 \$7,381,800 39	3 \$1 4 \$2,052 \$2.56	\$0 .561,701	0 \$0 \$0 0 \$0 0 \$0 \$3,186 3 \$: 297 \$899 \$6,893,070 386 \$1,956	\$1 \$0 \\ \\$1 \$2.838.222	0 \$0 347 \$820 \$5	\$2,516 1 3,667,471 361	\$1 \$0 \$1,662 \$3,131,694	340 \$90	\$0 \$2,38 05 \$6 187 994	3 1	\$1 \$0 0 \$1.936 \$3.546.569 365 \$0	\$0 \$0 0 89 \$5,443,028 347	\$0 \$1,624	\$0 0 \$ 5.035.756 \$1.404	\$0 \$0 0 404 \$5.366.604 \$1.3

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