



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

Annual Report  
(01/01/20 - 12/31/20)

Janet T. Mills  
Governor

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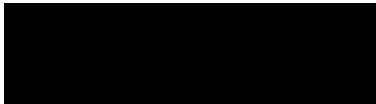
Ms. Wanda Boone-Massey  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Boone-Massey,

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

Please find data and materials that highlight our activity for Demonstration Year 18 enclosed with this letter. Also enclosed are the analyses from our 2019 provider and member surveys. Please contact Emily Bean at 207-624-4005 or [emily.bean@maine.gov](mailto:emily.bean@maine.gov) if you need further information.

Sincerely,



Michelle Probert  
Director, Office of MaineCare Services  
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## **Introduction**

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

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

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

The state has demonstrated that early treatment and case management services provided to individuals with HIV/AIDS create efficiencies that allow Medicaid to help individuals maintain access to critical treatments, thus preventing from disease progression and will continue this work to ensure that these services for this population continue. This demonstration includes two groups, those who are MaineCare eligible and identified as HIV-positive individuals who are at or below 133 percent of the federal poverty level (FPL), and demonstration enrollees who do not meet the eligibility requirements of MaineCare, but who are HIV-positive and are at or below 250 percent of the FPL.

The MaineCare HIV/AIDS 1115 Demonstration waiver completed its eighteenth demonstration year (DY18) in December 2020. This report includes data and materials that highlight our activities for this year. The attachment section includes samples of materials distributed to members, providers, and community partners as well as other pertinent data that is 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 as CMS requested that DY11 be reported as a six-quarter year.

## **Enrollment**

Below is a summary of enrollment, by month, from DY14 to DY18 (calendar year 2016 – 2020). At the conclusion of the eighteenth year, there were 298 demonstration enrollees in the program and 484 MaineCare members enrolled. The Nurse Coordinator monitors all MaineCare members with HIV/AIDS, in addition to those who receive services through the demonstration waiver.

Note: in DY17, the demonstration waiver transitioned approximately 30% of its enrollees to full MaineCare through MaineCare expansion, which went live on January 1, 2019, with retroactive coverage back to July 1, 2018. Although the total number of members has not measurably changed with MaineCare expansion, there has been a large shift between the two eligibility groups evident in both DY17 and DY18 data. In DY16, just over 40% of enrollees were on MaineCare each month. This percentage increased steadily to over 57% by the end of DY17, and again to almost 62% by the end of DY18. Maintenance of Effort requirements associated with the COVID-19 Public Health Emergency may also have contributed to the continued shift in enrollment toward MaineCare, as members who may have otherwise been disenrolled from MaineCare and shifted to, for example, the demonstration group, instead maintained their MaineCare eligibility.

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

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

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

Month	DY17 Demonstration Enrollees	DY17 MaineCare Members	DY17 Total	DY18 Demonstration Enrollees	DY18 MaineCare Members	DY18 Total
January	458	313	771	314	438	752
February	448	324	772	310	437	747
March	428	338	766	310	444	754
April	403	362	765	308	450	758
May	398	375	773	296	457	753
June	334	420	754	299	460	759
July	336	426	762	301	467	768
August	331	421	752	303	461	764
September	334	428	762	304	464	768
October	327	436	763	302	470	772
November	324	437	761	298	481	779
December	322	436	758	298	484	782
Annual Unduplicated Count	478	519	857	336	548	838

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

Out of the 298 demonstration enrollees who were enrolled at the end of DY18, 254 (85%) were male and 44 were female. Out of the 484 MaineCare members enrolled at the end of DY18, 344 (71%) were male and 140 were female. A breakdown of gender and age by month shows an increase of 155 demonstration waiver enrollee males from the beginning of DY14 to the end of DY18, while the number of women decreased by 11. In the MaineCare population, there was an increase of 142 males and an increase of 28 females. **See Attachment O: Count of Members by Gender and Age at the End of Each Month.**

Distinct member counts by quarter show that 79 (37%) of the original 211 cohort members were enrolled in the last quarter of DY18. Of these, 69 members were included in the MaineCare group and 10 members were moved to the demonstration group. **See Attachment A: Distinct Member Counts by Quarter.**

## Demonstration Cost Neutrality Cap

The algorithm used to determine the existing HIV-positive MaineCare members included in the cost-neutrality cap was initially run on July 1, 2002. Two hundred nineteen members were identified and will be the cohort of members included in the cost-neutrality cap throughout the years of the demonstration. At the end of each month, the algorithm is re-run to determine additional HIV-positive MaineCare members to include in the cost neutrality cap. The end of the first quarter in DY01 had 211 members in the cohort, while the end of the last quarter of DY18 had 79 members, which is a decrease of 132 members (-63%). Disenrollment, moving to the demonstration group, moving out of the state, and death are the reasons for the decline in the cohort member group. **See Attachment A: Distinct Member Counts by Quarter.**

Total members under the cap were 782 in the month of December 2020, which was the end of the demonstration year. **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 DY18 as the cost of patient care is not projected to exceed the project allotment; however, the State may institute a cap in the future should the budget estimates indicate costs will exceed the project allotment.

## Outreach

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

- Referring MaineCare members to Maine Center for Disease Control and Prevention (CDC) for ADAP and Ryan White assistance.
- The Nurse Coordinator's and Program Manager's continued participation on the HIV Advisory Committee (HIVAC). HIVAC's purpose is to "advise the Office of the Governor and State, federal, and private sector agencies, officials, and committees on HIV-related and AIDS-related policy, planning, budgets, or rules on behalf of those individuals infected by, at-risk for, or affected by the human immunodeficiency virus in Maine."
- Distributing enrollment applications to all DHHS offices, Primary Care Provider (PCP) offices, pharmacies, and hospitals in Maine.
- Referring members to Consumers for Affordable Health Care, the Area Agencies on Aging, and Legal Services for the Elderly for help with their unmet healthcare needs and coverage.



- Continuing with follow up and outreach on Emergency Department (ED) usage that incorporates daily ED data from HealthInfoNet (HIN) in addition to a regular monthly report process that uses claims data.
- Participating in the Center for Disease Control and Prevention’s (CDC) Maine HIV/AIDS Advisory Board (MeHAAB) meetings. CDC is required to have a planning process that includes development of a comprehensive plan and the establishment of a “planning body.” This committee contributes to HIV prevention, care, and treatment service delivery through developing strategic collaboration among stakeholders. MeHAAB is a broad group of partners and stakeholders including federal, state, and local HIV/AIDS government entities, programs, organizations, and other stakeholders that are engaged in prevention planning, improving the scientific basis of program decisions, targeting resources to those communities at highest risk for HIV transmission and acquisition, and addressing disparities in health outcomes along the HIV Care Continuum.
- Participating in the Office of Minority Health - Community Program to Improve Minority Health Maine DHHS Collaborative Partnership. One goal of this grant is to increase the percentage of Black or African American people living with HIV who are linked to and retained in HIV medical care and are virally suppressed. Partners on this grant include the Maine Access Immigrant Network (MAIN), Ryan White Part B Case Management Providers, Ryan White Part C Providers and the Office of MaineCare Services.
- Participating in the CDC’s Clinical Quality Management (CQM) committee. This committee meets quarterly and is a Health Resources and Services Administration (HRSA) requirement to improve care, health outcomes and satisfaction.
- Sending 746 birthday letters to members in DY18. Birthday letters encourage members to stay in good health by setting up their necessary cancer screenings and immunizations (such as the Influenza vaccine).
- Sending introductory letter, PCP inquiry letter, and consent form to 77 new and re-joining members.
- Sending the 2019 HIV Provider Survey, an annual survey, to 336 providers, including PCPs and infectious disease specialists.
- Sending a second mailing of the 2019 HIV Provider Survey to those who did not respond to the first mailing. This mailing was sent to 262 providers. In total, we received a 34% response rate, compared to 36% in 2018.
- Sending the 2019 Member Satisfaction Survey, an annual survey, to 737 members. The 2019 survey was changed considerably to gather new data from participants to help guide internal care management efforts and to use in the waiver’s evaluation plan. Many new questions were added as an effort to track differential experiences by race, ethnicity, gender, sexual orientation, and language. In addition, the survey was designed to be aesthetically pleasing and easier to fill out.

- Sending a second mailing of the 2019 Member Satisfaction Survey to 468 members who did not respond to the first mailing. Due to the relatively low rate of response to the first mailing (approximately 40%), we completed a second mailing in attempt to improve the original response rate. This increased the sample size to a much more adequate number of 389 respondents. In total we received a 53% response rate, compared to a 43% response rate in 2018. Three hundred fifteen follow-up calls were made by the Nurse Coordinator to members who expressed issues or concerns on their surveys.
- Sending the mammography reminder letter and informational palm card to 78 members.
- Sending the cervical exam reminder letter and informational palm card to 127 members.
- Sending the semi-annual lab request letter to 19 infectious disease specialists. This mailing goes to the providers with members for whom MaineCare Services needs CD4 and viral load data (because we were unable to get recent results from the CDC).
- Sending a follow up lab request letter to six providers who did not respond to the first mailing.
- Sending 64 provider survey follow up education packets to providers who indicated areas of unfamiliarity on their annual provider survey.
- Sending the program's poster and brochure to approximately 1,000 sites across the State. Sites included soup kitchens, homeless shelters, doctor offices, case management agencies, hospitals, and local DHHS offices.

## **Staff Training and Continuing Education**

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

- The Program Manager attending a webinar titled *Ongoing Challenges with MAT & Recovery during this Public Health Emergency*. This webinar was organized by Qualidigm (the state's Quality Improvement Organization) and MaineCare. Presenters included Elisabeth Fowlie Mock, MD, MPH, and Alane O'Connor, DNP. This webinar highlighted timely information on providing Medication-Assisted Treatment (MAT) during a time of Public Health Emergency. By attending this session, participants learned: how to implement changes to prescribing, screening and MAT workflows to accommodate social distancing, how to best to support persons in recovery (especially early recovery), and about available resources/services for MAT/telehealth support.
- The Program Manager and Nurse Coordinator attended the Governors 2nd Annual Opioid Response Summit. The annual summit is part of the state's commitment to fighting the opioid epidemic, and convenes leaders from around Maine to share ideas, strategies, and best practices to help Maine people affected by this crisis. The summit's theme, "Compassion,

Community, Connection,” reflects the personal and societal challenges of substance use disorder and the conditions needed to advance and support recovery. Dr. Vivek Murthy, 19th Surgeon General of the United States and author of *Together: The Healing Power of Human Connection in a Sometimes Lonely World*, will delivered a fireside chat. Dr. Murthy issued the first Surgeon General's Report that called for expanded access to prevention and treatment and recognizing addiction as a chronic illness rather than a moral failing. The first 550 registrations received a free hardcover copy of *Together: The Healing Power of Human Connection in a Sometimes Lonely World*.

- The Program Manager and Nurse Coordinator attending the monthly Governor's Office Opioid Response Seminar Series. Monthly series covered topics such as prevention of substance use disorders and programs in Maine that are available to help individuals with substance use disorder. The one-hour series is moderated by Gordon Smith, Director of Opioid Response for the State.
- The Nurse Coordinator attending *Harm Reduction Access in Rural Maine*. The speaker was Dr. Thakarar from Maine Health. She spoke about the increase of deaths in Maine from drug overdoses and how to change the stigma from drug users to substance dependence. Maine is increasing the clean needle programs to help mitigate the reuse of needles, decreasing the infections from reuse. Dr. Thakarar also spoke about the number of Mainer's that are feeling alone and depressed during the pandemic; to cope individuals who have substance dependence are injecting more of the substance and the overdose rate is increasing.
- The Nurse Coordinator attending *Partnership to End Addiction: Maine Community Education Train the Trainer*. A presentation titled *Heroin and Other Opioids: from Understanding to Action* was given. Attendees learned what each drug consists of, the mixtures of several opioids, and gained insight on why an individual might choose the drug they do. Participants also received an overview of the opioid crisis and an outline of the actions that can be taken to address these issues. Finally, the presentation gave ideas on how to organize and deliver presentations about the crisis and where to access online information to educate within the community.
- The Nurse Coordinator attending a presentation titled *Reprogramming Infectious Disease from HIV to COVID*. This presentation provided information on how scientists research reprogramming the immune system to work together with the cells to fight disease. Experimental medications have been used to reprogram the immune system to help with HIV, which have shown some promising results. The new approach is to reprogram the immune system to fight COVID- 19, which will involve modifying the body's own response to infection.

## **Provider Network and Transportation Challenges**

Demonstration enrollees continued to use the same network of providers as MaineCare members, for both primary care and specialty care. There are 409 distinct providers (primary care providers and infectious disease specialists) currently seeing the enrollees and active members. These providers are located throughout all sixteen counties.

We have learned from our surveys that some members find the traveling distance from rural Maine to a more populated area, such as Bangor, for an infectious disease specialist very challenging. MaineCare covers the cost of Non-Emergency Transportation (for both members and demonstration enrollees) but time and health conditions make travel difficult for some members. Children continue to have access to two of the most widely used infectious disease pediatric practices in Maine. One pediatric provider prefers that her patients go to Massachusetts General Hospital one to two times a year for evaluation and follow-up.

## Quality Assurance

One of the demonstration waiver's goals is to delay disease progression by following up with members and providers through various activities. **Please note that this report maintains the year-to-year comparisons for consistency in data trending.**

Activities in DY18 included:

- Contact data and call tracking – Incoming and outgoing contacts (phone calls, emails, letters, and faxes) to members, case managers, and providers are tracked and maintained in the database, allowing us to determine the types of services utilized. The total of incoming and outgoing contacts increased by approximately 39% in the eighteenth year. In DY17, we attributed staffing changes to a lower number of total contacts. In contrast, we now attribute this increase in DY18 to maintaining consistent staff that have become efficient and fully cross trained. The three highest service contact categories in DY18 were case management services, compliance and adherence, respectively. **Attachment C: Contact Tracking Summary.**
- Adherence calls are made to members, based on prescription pick-up dates.
- Compliance calls are made to members, based on late or no-show pick-up dates of medications. These calls are grouped by CD4 results so the Nurse Coordinator can prioritize her calls to those with the lowest CD4 count.
- Contact with providers and case managers, as well as the Office of MaineCare Services Provider Relations and Policy units to assist with benefit and policy questions and billing issues.
- Survey of all members living with HIV/AIDS regarding quality of life and satisfaction was conducted in September 2020.
- Survey of all providers working with HIV/AIDS MaineCare members regarding provider needs and satisfaction was conducted in March 2020.
- Collected clinical data (viral loads and CD4s) from CDC and providers to show health status and track disease progression.

- Complaint Report. See the Complaint/Grievance section of this report on page 17 and Attachment N for more information.

#### **Additional Information on Data Reported in the Attachments:**

- Rate code is the type of eligibility category.
- Cost data reports are based on the rate code at time of payment.
- Utilization data reports are based on the rate code on the claim.

### **Opportunistic Infections (OI)**

There were 365 distinct demonstration waiver enrollees during DY18. Distinct MaineCare members totaled 571. Distinct member counts are higher than end of the year counts as they capture everyone who was a member during the year.

The most common OI was strep and staph and gram-negative septicemias with seven demonstration enrollees and 12 MaineCare members diagnosed, or 1.93% and 2.14%, respectively. The next two most prevalent conditions were herpes zoster and herpes simplex, as well as viral and bacterial pneumonias. Herpes zoster and herpes simplex was seen in four demonstration enrollees and 13 MaineCare members, or 1.10% and 2.32%, respectively, and viral and bacterial pneumonias were seen in five demonstration enrollees and 11 MaineCare members, or 1.38% and 1.96%, respectively. These top three OI's only differ from DY17's top OI's in their order of prevalence. Additional information is available in **Attachment G: Number of Distinct MaineCare ID's and Claims with Opportunistic Infection Diagnosis**.

While there are many AIDS defining conditions, the 10 we look for are actinomycosis, coccidiosis, cryptococcosis, cryptosporidiosis, opportunistic mycosis, oral hairy leukoplakia, other named variants of lymphosarcoma, other specified infections and parasitic diseases, salmonella diseases, and strongyloidiasis. Out of these 10 AIDS defining conditions, there were no cases in DY18.

### **Women's Healthcare**

Two hundred and seven distinct women, 18 years and over, were enrolled as demonstration enrollees or MaineCare members. Of these, fifty were demonstration enrollees (24%), and 157 were MaineCare members (76%).

Eighty percent of female demonstration enrollees were age 40 or over. Seventy-three percent of female MaineCare members were age 40 or over. Fourteen percent of female demonstration enrollees and 17% of female MaineCare members were screened for breast cancer using mammography. Fourteen percent of female demonstration enrollees and 17% of female MaineCare members were screened for cervical cancer. Approximately 53% of our members (77% of demonstration enrollees and 38% of MaineCare members) have other primary coverage,

either Medicare or a private plan. For these members, their primary coverage often pays for these services, so these percentages are likely artificially low. MaineCare Services has no way to track, monitor, or count those claims. **Refer to attachment H: Number of Distinct MaineCare IDs and Claims for Women’s HealthCare**

## **Tuberculosis Testing**

There were 52 MaineCare members and 18 demonstration enrollees who had a claim for a tuberculosis test in DY18. **Refer to attachment G: Number of Distinct MaineCare IDs and Claims with Opportunistic Infection Diagnosis**

## **Utilization of Services**

Utilization of services was tracked by category of service, number of distinct members, and per member per month costs from the beginning of the program to the end of SFY 2010. As of DY09, service utilization has been tracked using allocation provider type claim instead of category of service.

During DY18, the total amount spent on services per demonstration enrollee was \$1,198 per month (a 24% decrease over DY17). The total amount spent on services per MaineCare member was \$2,413 per month (a 2% increase over DY17). **Refer to attachment I: Amount Spent by Provider Type Claim and the Number of Users**

## **Hospital Utilization Rates**

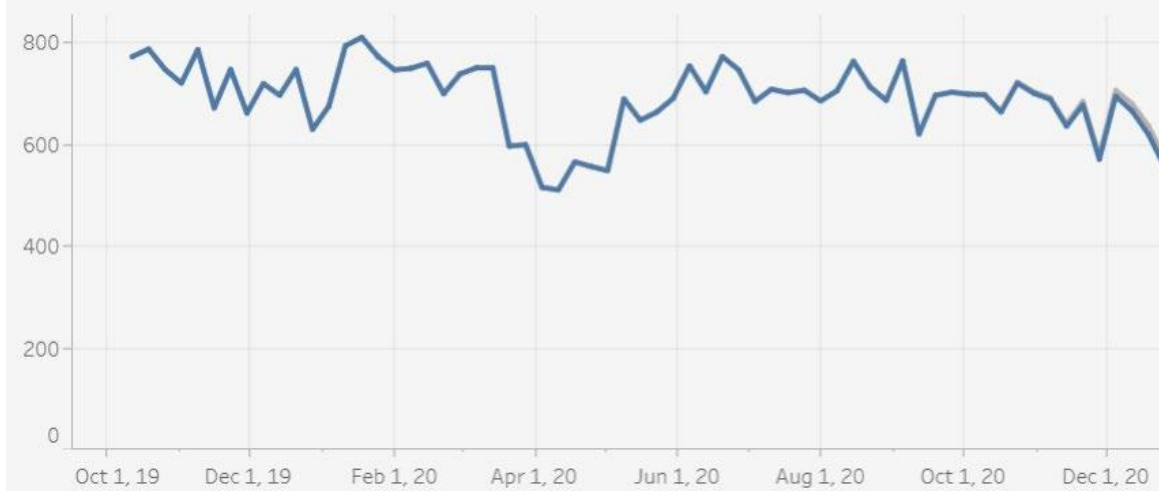
Emergency Department (ED) Services - 92 (25%) demonstration enrollees received ED services during DY18, compared to 198 (35%) of MaineCare members. This compares to 25% and 41%, respectively, for DY17. ED utilization for the total MaineCare population dropped dramatically in 2020 due to the COVID-19 pandemic, as shown in the chart below. The HIV waiver data would seem to indicate that waiver enrollees were not as sensitive to the impact of COVID-19 on ED utilization as the general MaineCare population. The top ED diagnoses were chest pain, unspecified abdominal pain, and nausea with vomiting (compared to unspecified chest pains, chronic obstructive pulmonary disease, and alcohol abuse with intoxication in DY17.) In an effort to reduce non-urgent ED use, the Nurse Coordinator and other waiver staff continue to outreach to members and/or their case managers after an ED visit to reinforce the roles of PCPs and Infectious Disease Specialists. When necessary, waiver staff will also meet with members and their providers to come up with an individualized plan that will remove barriers and address the members unmet needs.

### Emergency Department Visits



- Physician Visits - 293 (81%) demonstration enrollees were seen by a physician during DY18, compared to 517 (92%) MaineCare members. Demonstration enrollees had a 0% change and MaineCare members saw a decrease of 2% in visits compared to DY17. Given the impact of COVID-19 on general healthcare utilization, especially in the early months of the pandemic, this modest decrease is positive news.
- General Inpatient Services - 29 (8%) demonstration enrollees were admitted to the hospital during DY18, compared to 54 (10%) MaineCare members. By comparison, demonstration enrollees' usage was 11% in DY17, while MaineCare members was 16%. This decrease in inpatient utilization is directionally consistent with the decrease observed for the overall MaineCare population, as evidenced in the chart below. The most common reasons for demonstration members' hospital admissions were sepsis (from an unspecified organism), major depressive disorder, enterocolitis due to clostridium difficile and viral intestinal infection, unspecified. The most common reasons for MaineCare members' hospital admissions were sepsis (n from an unspecified organism) and HIV.

### Inpatient Admissions



- Inpatient Behavioral Health Services - There were two demonstration enrollees and two MaineCare members who used inpatient behavioral health services during DY18. On December 22, 2020, the Centers for Medicare and Medicaid Services (CMS) and the Office of MaineCare Services (OMS) announced CMS's approval of Maine's 1115 Demonstration Waiver allowing Maine to expand access to substance use disorder treatment by increasing the bed capacity limit for Section 97, Appendix B Private Non-Medical Institution (PNMI) SUD treatment facilities. As a result of this change, we anticipate an increase in residential treatment capacity services, specifically for the MaineCare member population. **Refer to Attachment K: Number of Distinct Emergency Room Visits, Physician Visits, General Inpatient, Inpatient Behavioral Claims and Users and Attachment J: Top 10 Hospitalization Reasons.**

## **Adherence to Therapy**

Medication compliance calls made by the Nurse Coordinator to members and/or their case managers totaled 1,029 for DY18. Compliance calls are structured to provide interventions for members in various groups, based on their CD4 count. Medication adherence calls totaled 703 for DY18. Barriers continue to be identified and, where possible, removed.

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

## **Death Rates**

Sixteen demonstration enrollees or members died during DY18. Of the deceased members, four were demonstration enrollees, a decrease of seven from DY17, and 12 were MaineCare members, which represented an increase of two over DY17. A total of 260 members have died since the beginning of the demonstration project. One hundred and sixty-seven of the deaths were MaineCare members and ninety-three were demonstration enrollees. **Refer to Attachment L: Deceased.**

## **Disenrollment**

Forty-four demonstration enrollees moved to receive full MaineCare services, three enrollees re-enrolled as 5Bs (demonstration enrollees), 26 demonstration enrollees are no longer enrolled in the waiver, and four demonstration enrollees died during DY18. **Refer to Attachment M: Disenrollment tracking for Demonstration Group.**

## **Accomplishments**

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



trend the program's performance; multiple staffing changes; and adoption of a completely new member survey.

The Demonstration has had many accomplishments over the past eighteen years. Some of the accomplishments are listed below.

- Maine has continued to make improvements with care management and cost saving initiatives. Demonstration enrollees Emergency Department (ED) use in DY18 remained at 25%. In addition, MaineCare members ED use in DY18 was 35%, compared to 41% in DY17. Care management efforts have focused on ensuring all members have a primary care provider and access to other needed services to avoid unnecessary ED use.
- Of the member survey respondents that reported speaking with the Nurse Coordinator, eighty-three percent indicated that the call they received was very or extremely helpful.
- Continued to increase statewide awareness of the existence of the waiver.
- Continued to increase collaboration and interaction among the Office of MaineCare Services, the Office for Family Independence, Maine CDC (including Ryan White), AIDS service organizations (case management), and the AIDS Drug Assistance Program (ADAP).
- Continued to use analysis and findings of feedback from provider and member surveys to ensure effective customer service and provide educational outreach to respondents of the surveys when the responses indicate that more information is needed or requested.
- Continued to maintain and update a unique database that allows tracking of members' providers, call notes, eligibility information, letters, call notes, and disease progression.
- Improved medication adherence and compliance follow up with members. The Nurse Coordinator is targeting calls to members with high viral loads or low CD4 counts.
- Continued to work with providers to collect members' lab data (CD4 and viral load) when it wasn't available through Maine CDC.
- Collaborated with MaineCare's pharmacy manager and our contracted Pharmacy Benefit Manager to ensure members, providers, and pharmacies have up-to-date information which allows for the proper prescribing and access to needed medications.
- Ensured all members are linked with an infectious disease specialist and PCP within their area.
- Continued to update and maintain a provider listserv where HIV medication updates, Preferred Drug List changes, and training opportunities can be shared with providers.
- There have been quality assurance report improvements:

- In DY15, a new process and report was created for monitoring and following up on ED usage. In addition to using claims data, we started to include daily data reports from HealthInfoNet (Maine’s designated Health Information Exchange). This new process allows for timelier follow-up with members. Several fields were added to the report to make it more informative for the Nurse Coordinator, including a six-month look back which allows for a more complete member profile. We have continued with this new process since it has worked so well.
- A new report was designed to identify all enrolled members who have not been contacted by the Nurse Coordinator in the calendar year. This report ensures that every member receives some form of contact from the program at least once a year.
- A report was created to show all members that we have attempted to reach compared to members (or their designees) that we spoke with. This allows us to track occurrences of conversations rather than outreach attempts where no real contact was made.
- Worked with case managers and the ADAP to provide intervention to members in the month of their MaineCare review to prevent members from “cycling off” and having a lapse in their health care coverage.
- Continued to send educational packets to providers who indicated a lack of awareness on certain topics such as the demonstration waiver, Ryan White, ADAP, and the Maine AIDS Education and Training Center.

## **Policy and Administrative Overview**

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

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

Physician visit: co-pay is \$10.00

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

- The Maine ADAP pays deductibles, premiums, and co-pays (for medications on the ADAP’s formulary). This coverage wraps around MaineCare, Medicare Part D, and private insurance. The ADAP covers medications to treat HIV, mental illness, high blood pressure, high cholesterol, hepatitis, diabetes, thyroid disease, heartburn, nausea, diarrhea, antibiotics, contraceptives, estrogen, and vaccines. The full ADAP formulary can be found at: <http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/provider/documents/adap-quarterly-formulary.pdf>.
- The ADAP assists with co-pays in the following way:
  - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare (up to \$10 per 30-day supply).

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

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

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

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

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

<b>Efforts to support our members’ ability to maintain access to services:</b>	
<b>COVID-19 Testing</b>	<ul style="list-style-type: none"> <li>● Coverage for MaineCare members, Emergency MaineCare, and special benefit for uninsured individuals</li> <li>● Over 177,800 MaineCare members have been tested to date</li> </ul>
<b>Ensuring Ongoing Access to Health Care</b>	<ul style="list-style-type: none"> <li>● Waiving copays and extending Prior Authorizations (PAs)</li> <li>● Ensuring safe utilization of Non-Emergency Transportation (NET)</li> <li>● Allowing early and 90-day Rx refill, as appropriate.</li> <li>● Statewide outreach campaign to educate members about telehealth options available to them, with specific focus on mental health/SUD services and children’s health.</li> </ul>

<b>Efforts to support providers and minimize the pandemic’s fiscal effects so they can serve members:</b>	
<b>Payment Supports</b>	<ul style="list-style-type: none"> <li>● Temporary rate increases to congregate care facilities and HCBS providers</li> </ul>

	<ul style="list-style-type: none"> <li>• One-time special hospital supplemental payment</li> <li>• Early implementation of rate increases for personal support services, medication management, and certain children’s community-based behavioral health services</li> <li>• Behavioral health incentive per member per month payments for community-based services (July and August)</li> <li>• Children’s health incentive per member per month payments for dental and preventive primary care (September – December)</li> <li>• Special rate increases for facilities experiencing outbreaks.</li> </ul>
<b>Increased Access through Telehealth</b>	<ul style="list-style-type: none"> <li>• Enabling Telephone-Only Evaluation and Management services</li> <li>• Well-child visits</li> <li>• Prescriptions, including MAT</li> <li>• Addition of codes so dental practices can bill for triage and screening services conducted via telehealth</li> </ul>

At its highest point during the pandemic, when many in-person healthcare services were not available, MaineCare saw a 900-fold increase in telehealth use by MaineCare members to 90,000 claims per week. Utilization rose again with the surge in cases, reaching over 80,000 in December 2020. Based on data from the Centers for Medicare and Medicaid Services, Maine was one of the two states leading the nation children’s access to services via telehealth between February and July 2020. In the upcoming DY, MaineCare plans to focus on the following three areas:

- Emerging disparities in COVID vaccination rates by rural/ urban, race/ ethnicity, and socioeconomic status.
- Ensuring children get caught up on preventive care, including non-COVID vaccinations.
- Impact of the end of the Public Health Emergency on:
  - Access to coverage, as Maintenance of Effort requirements expire
  - State fiscal health, as enhanced Federal match expires

## **Complaints/Grievances**

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

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

- Direct calls, emails, or written correspondence is also made to the Nurse Coordinator and Program Manager.

All the complaints, concerns, or questions received are entered into an electronic tracking system for resolution and tracking. In DY18, there were no complaints, which is consistent with most years. **Attachment N: Nurse Coordinator Complaint Log.**

## Evaluation Activities

### Annual Summary of Progress December 2020 - February 18, 2021

#### Key Milestones Accomplished

In August of 2020, the Department of Health and Human Services, Office of MaineCare Services issued a Request for Proposal (RFP) for the procurement of an independent evaluator for the HIV Demonstration evaluation. Proposals were received September 24, 2020 and an award was made to Pacific Health Policy Group (PHPG). A contract was fully executed and PHPG received authorization to begin work on the HIV Demonstration Evaluation Design on December 30, 2020.

The HIV Demonstration’s aim is 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 provider 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.

The Evaluation Design examines the hypotheses associated with these three overarching goals through a series of ten research questions. Each hypothesis and its corresponding research questions are outlined in Tables 1 through 3 below.

*Table 1: Improving Access to Healthcare Services Research Questions and Evaluation Activities*

Improving Access to Continuous Healthcare Services	
Hypothesis #1: Improving access to continuous healthcare services will support enrollees in seeking routine care.	
Research Questions	Evaluation Activity
1. What is the relationship between patients’ perception of access to care and routine medical visits?	PHPG will compare results on each measure across years and demographic characteristics of members. Where national benchmarks are available, such as CDC Monitoring Project Reports (viral load suppression, PDC), PHPG will compare Maine performance to national benchmarks.
2. What percentage of Demonstration participants are meeting CDC recommendations for viral load monitoring?	
3. What percentage of patients are meeting the recommendations for HIV RNA control?	
4. What percentage of Demonstration participants are	

meeting the threshold for medication adherence (Proportion of days covered - PDC)?	
5. What is the relationship between medication adherence and self-efficacy for medication management?	

*Table 2: Arresting the Progression of HIV Status Research Questions and Evaluation Activities*

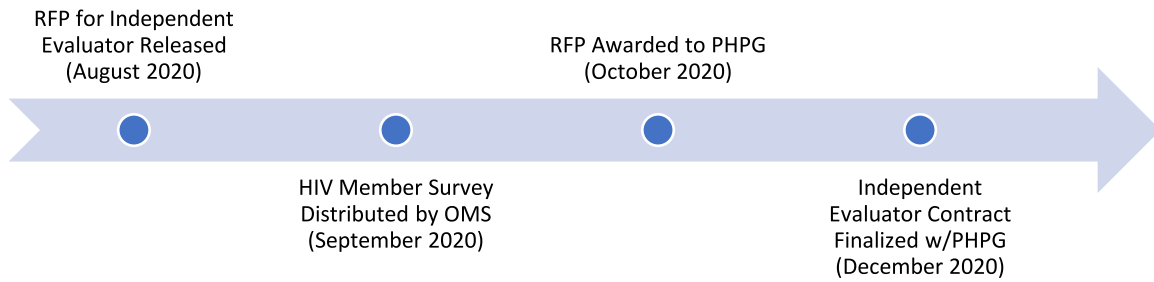
<b>Arresting the Progression of HIV Status By Provider Early and Optimal Care Coupled With High Quality and Cost Efficiency</b>	
Hypothesis #2: Greater access to early, high quality care will slow disease progression in HIV waiver enrollees and improve overall health status.	
Research Questions	Evaluation Activity
1. How have rates of emergency department (ED) visits and hospitalizations changed over time for Demonstration participants?	PHPG will compare results on Medicaid Core Set measures for utilization (all-cause ED visits and hospital admissions) across years and demographic characteristics of members. We will examine the relationship of ED and hospital utilization to quality measures (viral load suppression, PDC) and member survey responses.
2. What is the relationship between self-rated health status and acute health incidents, such as ED visits and hospitalizations?	
3. Do those who meet treatment guidelines (routine visits, PDC threshold and HIV RNA control) have fewer acute health incidents (ED visits, hospitalizations)?	

*Table 3: Expanding Coverage Research Questions and Evaluation Activities*

<b>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</b>	
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	Evaluation Activity
1. How has enrollment of Mainers eligible for HIV services changed over time?	PHPG will analyze enrollment trends, length of time participating in services, health related quality of life and general health measures. We will analyze trends over time and by demographic characteristics of members.
2. What is the relationship between self-rated health status and health-related quality of life and length of participation in the Demonstration?	

Figure 1 offers an overview of evaluation activities accomplished in 2020.

*Figure 1: Evaluation Activities Accomplished in 2020.*



**Quarter #1 2021 Milestones**

An evaluation project work plan was completed during January 21, 2021 consisting of three Task Areas:

- Task Area 1: Project Management and Approval;
- Task Area 2: Data Collection, Cleaning and Analysis; and
- Task Area 3: Reporting and CMS Follow-up.

Accomplishments to date for each Task Area are provided below.

Task Area 1 Project Management and Approval: A Project Team has been established including the HIV Program Manager; MaineCare Care Coordination Manager, MaineCare Medical Director, and a Data Analytic Team representative. The Project Team also includes the PHPG Project Manager and Operations Manager. The team has established a schedule of monthly meetings.

An initial contract meeting was held January 11, 2021, followed by a project initiation meeting January 20<sup>th</sup>. The first monthly project meeting was held February 3<sup>rd</sup>.

PHPG met with staff from the University of Southern Maine’s Office of Research Integrity and Outreach (ORIO) regarding STC #15. STC #15 of the HIV Demonstration agreement grants the State of Maine an exemption from the Common Rule under 45 CFR 46.104(b)(5). PHPG completed paperwork for University of Southern Maine’s IRB determination process. The ORIO provided PHPG with written determination that an IRB review was not needed. Evaluation documents were placed on file with the ORIO to proactively address any potential stakeholder inquiries.

Task Area 2 Data Collection, Cleaning and Analysis: PHPG project staff have been developing specifications for data extracts and a data tracking tool. PHPG statisticians have reviewed the project plan to define detail needed to perform required analysis. Evaluation data types, measures, and the measurement period are provided in Table 4 below.



Table 4: Evaluation Date and Measure Summary

Data Type	Description	Measurement Period
Member Survey	General Health Status (Healthy People 2020)	12 months
	Health-related Quality of Life (Behavioral Risk Factor Surveillance System)	12 months
	Patient Perception of Accessibility of Care (Medical Expenditure Panel Survey)	12 months
	Medication Management (PROMIS)	12 months
Administrative	HIV Viral Load Suppression (NQF #2082)	12 months
	RNA Control for Patients with HIV	12 months
	HIV Medical Visit Frequency (NQF#2079)	24 months
	Proportion of Days Covered (Pharmacy Quality Alliance PDC-ARV)	12 months
	All Cause ED Visits (AMB-HH)	12 months
	All Cause Inpatient Admissions (IU-HH)	12 months

Task Area 3 Reporting and CMS Follow-up: PHPG has completed project documentation as required for the first two months of project implementation.

### Challenges Encountered and How Addressed

No challenges have been identified to date.

### Results to Date

Evaluation results for Demonstration years one and two are not expected until January 2022.

## Audits, Investigations and Lawsuits

During DY18, there were no lawsuits or legal actions that impacted the demonstration waiver. Two of the five HIV Targeted Case Management agencies that had open audits with Program Integrity in DY17 are still going through the appeal process.

## Financial Performance

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



Financial standards and metrics are established for all financial aspects of the demonstration waiver program as a requirement of financial performance and general financial requirements.

The Office of MaineCare Services closely monitors both quarterly member counts and overall expenditures through quarterly and annual budget reviews. A review from DY13 to DY17 demonstrates consistent member counts as well as annual expenditures; however, Medicaid Expansion did affect the DY18 annual expenditures and member counts.

The unduplicated member count in DY13 was 556, DY14 was 561, DY15 was 537, DY16 was 541, and DY17 was 478, an 11.6% decrease from DY16. Quarterly enrollments were relatively constant. During DY18, the annual unduplicated member count was 336, a decrease of 142 or 30% from DY17. The projected member counts should remain constant based on the DY18 member counts, but future projected member counts will also be monitored.

Annual expenditures decreased over 34% (by \$2,052,852) between DY17 and DY18 from \$5,955,097 to \$3,902,243. This is consistent with overall trends for MaineCare associated with lower healthcare utilization under COVID-19. An expenditure increase of 3% is projected as a result of the increased member counts and inflation at this point in time. According to the HIV Budget Neutrality Excel Spreadsheet/Maine DY19, the projected expenditures were established at \$16,361,338. But based on Medicaid Expansion, these projected expenditures will be revisited.

The per member per month expenditures remained constant from DY13 through DY17. The DY17 per member per year (PMPY) expenditure was \$11,474. The DY18 PMPY expenditure was \$7,121, representing a 38% decrease. The PMPM amount decreased from \$956 in DY17 to \$593 PMPM in DY18. These reductions were likely related to lower healthcare utilization under COVID-19, and MaineCare anticipates that these amounts will begin to rebound in DY19. The projected member counts should remain constant based on the DY18 member counts, but future projected member counts will also be monitored.

Historical member counts and financial information are available upon request. The attached Budget Neutrality (BN) statement includes actual expenditures and member months for Quarter 4 of DY18 (through December 31, 2020). In addition, the program continues to show that projected budget neutrality will continue into DY19 and DY20. Updates of the quarterly budget neutrality statements for each future quarter will continue. Expenditure changes within the demonstration waiver due to Medicaid Expansion and COVID-19 will continue to be monitored as well as member counts. It is expected that the program will remain budget neutral.

## **Legislative Developments**

During DY18, there were no legislative developments that impacted the HIV demonstration.

## Summary

Over the course of the 18 years of this demonstration, the Office of MaineCare Services has continued to improve access to medical services for Maine residents. The 1115(a) demonstration waiver has provided medical services to 365 demonstration enrollees. In addition, 571 MaineCare members had the benefit of enhanced care coordination. Personal contacts were made through various meetings with the Center for Disease Control and Prevention, including ADAP and Ryan White Part B, and targeted case management agencies, and the Office for Family Independence. Outreach also involved educational trainings and site visits with providers, including newly hired case managers. Posters and brochures continue to be distributed throughout the state to Office for Family Independence regional offices, pharmacies, physician offices, hospitals, municipalities, soup kitchens, schools, homeless shelters, and family planning agencies, to broaden awareness within communities and allow for timely access to coverage and care. In DY17, the demonstration waiver transitioned approximately 30% of its enrollees to full MaineCare coverage as a result of MaineCare's Medicaid expansion. In DY18 we saw a continued but more modest transition as more individuals were moved from the demonstration waiver to the Medicaid expansion population. These individuals were not previously eligible for full coverage due to income and/or lack of a qualifying eligibility category. These members now benefit from reduced cost sharing, including lower copayments and no premiums, and have access to a more comprehensive benefit package (including dental, durable medical equipment, chiropractic services, home health and hospice). We look forward to working with our evaluation team so that we can learn more about the various aspects of the demonstration on the outcomes of the population who receive the services.

# Attachment B

## Outreach Letters

Janet T. Mills  
Governor



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

December 12, 2019

Dear MaineCare Member,

We wish you a happy birthday!

In order to keep you healthy, we encourage you to contact your provider and set up your annual physical exam and vaccinations if you haven't already done so. The exams **may** include the following:

- Medication review
- Immunization review (including Hepatitis A and B, pneumonia, and an annual flu shot)
- Breast exam (mammogram)
- Cervical exam (pap smear)
- Colon exam (colonoscopy)
- Rectal exam (anal pap)
- Prostate
- Cholesterol (LDL, HDL and triglycerides)
- Blood sugar (glucose)
- Skin (dermatologist)
- Teeth (dentist)
- Eyes (optometrist or ophthalmologist)

**Please check with your provider before scheduling any appointments to make sure it is a covered service. You can also call MaineCare Member Services at 1-800-977-6740.** Enclosed is a chart to use with your doctor to determine which exams and vaccinations you need to schedule. Your doctor may recommend a different exam or schedule depending on your health status.

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

Sincerely,

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

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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

Date

Dear MaineCare Member,

I am writing to introduce myself. My name is Kelly Cote and I am a nurse working for MaineCare. I have been hired to help members who need help getting care. These are some of the areas that I can help with;

- getting transportation to your medical appointments,
- giving you information about covered services,
- answering questions about your medications,
- any other areas you need help with.

Please call me toll free at 1-866-796-2463 extension 44008. TTY users dial 711. You may also email me at [kelly.cote@maine.gov](mailto:kelly.cote@maine.gov).

My goal is to work with you and your doctor to make sure you are getting the best healthcare possible. I look forward to working with you.

Sincerely,

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

Janet T. Mills  
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TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

Dear MaineCare Member,

My name is Kelly Cote and I am a nurse working for the MaineCare Program. My role is to help MaineCare members stay healthy.

I do not have record of a primary care doctor or an infectious disease specialist listed for you. It is important to have a provider to help you stay well. Please let me know the name of your doctor or infectious disease specialist by filling out the form below. Mail it back to me in the postage paid envelope provided.

If you do not have a doctor or an infectious disease specialist please call or write to me so that I can help you find one. Please call me at 1-866-796-2463 ext. 44008 or write me at the address below or e-mail me at [kelly.cote@maine.gov](mailto:kelly.cote@maine.gov). It is very important for you to have a doctor. Regular care will help delay the onset of serious illness related to your condition.

Sincerely,

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

-----  
**Please return this part of the letter to me**

Name: \_\_\_\_\_ MaineCare Number: \_\_\_\_\_

Infectious Disease Specialist Name: \_\_\_\_\_

Infectious Disease Specialist Address: \_\_\_\_\_

Primary Care Doctor Name: \_\_\_\_\_

Primary Care Doctor Address: \_\_\_\_\_

No, I do not have a doctor and would like help getting one.

If you checked above, how can we best reach you? \_\_\_\_\_

Please return in the postage paid envelope. Thank you!

Janet T. Mills  
Governor



Maine Department of Health and Human Services  
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Jeanne M. Lambrew, Ph.D.  
Commissioner

Date

Dear MaineCare Member,

Please fill out and sign the enclosed Special Benefit Waiver Authorization form. We must have your signed form in order to continue your MaineCare benefit. Please return the form to us in the enclosed envelope. If you change your doctor and/or Ryan White Case Management Agency, you will be sent a new form.

If you have any questions, contact the Nurse Coordinator at the toll free number 1-866-796-2463 ext. 44008 or directly at 207-624-4008. TTY users dial 711 (Maine Relay).

Sincerely,

Kelly Cote, RN  
Nurse Coordinator, Special Benefit Waiver  
MaineCare Services  
11 State House Station  
Augusta, ME 04333  
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DATE

Dear *Doctor Name*,

The MaineCare HIV/AIDS 1115 Demonstration Waiver has completed its thirteenth year. MaineCare Services is continuing a series of initiatives aimed at improving the care of members who are HIV positive. In order to fulfill the quality care initiatives required by the Centers for Medicare and Medicaid Services (CMS) we collect lab data such as viral loads and CD4 results, which are used to establish baseline data for tracking disease progression.

According to our records, you are the provider for the member(s) on the enclosed form. The enclosed form outlines the lab results we need. Please complete all of the requested information with the most recent results and return it in the enclosed self-addressed envelope. We will repeat this mailing semi-annually to update any necessary information.

If you have any questions call Kelly Cote, RN, the Nurse Coordinator in the Division of Health Care Management at 207-624-4008.

Thank you in advance for your help with this quality initiative.

Sincerely,



Janet T. Mills  
Governor



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

DATE

Dear *Doctor Name*,

We recently sent you a clinical data request for MaineCare members seen in your practice. Our records indicate that we have not received a response from you. In order to fulfill the quality care initiatives required by the Center for Medicare and Medicaid Services (CMS) we need to have lab results such as viral loads and CD4's to use as baseline data to track disease progression for MaineCare members who have HIV/AIDS. Please send us the needed information so we are able to demonstrate our goal's and continue to receive Federal and State funding for our members.

The enclosed form outlines the lab results we need. Please complete all of the requested information with the most recent results and return it in the enclosed self-addressed envelope. If you have any questions call Kelly Cote, RN, the Nurse Coordinator in the Division of Health Care Management at 207-624-4008.

Thank you in advance for your help with this quality initiative.

Sincerely,

Kelly Cote, RN  
Nurse Coordinator, Special Benefit Waiver  
MaineCare Services  
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TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

Dear *(insert members name)*,

My name is Kelly Cote and I am a nurse working for the MaineCare program. I have been unable to reach you by phone and I would like to speak with you about your health care.

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

Sincerely,

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

**Janet T. Mills**  
Governor

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



**Maine Department of Health and Human Services**  
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TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

Dear MaineCare Member,

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

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

Thank you for your time in this important matter.

Thank you for your time in this important matter.

Sincerely,

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

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**MaineCare Services**  
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**Tel: (207) 624-4008; Toll Free: (866) 796-2463**  
**TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190**

DATE

Dear MaineCare Member,

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

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

Thank you for your time in this important matter.

Sincerely,

Kelly Cote, RN  
Nurse Coordinator, Special Benefit Waiver  
MaineCare Services  
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Augusta, ME 04333  
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Tel: (207) 624-4008; Toll Free: (866) 796-2463  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

Dear MaineCare Provider:

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

Enclosed, please find information from the FDA regarding HIV medication changes and alerts. For more information, please refer to the FDA's website.

Please contact Kelly Cote, RN at 207-624-4008 if you currently have no patients with HIV.

If you have any questions, you may contact me by sending an email to [XXXXXXXXXXXXXXXXXX](mailto:XXXXXXXXXXXXXXXXXX) or the Nurse Coordinator, Kelly Cote, RN at [kelly.cote@maine.gov](mailto:kelly.cote@maine.gov).

Sincerely,

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

**Janet T. Mills  
Governor**

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



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

DATE

Dear Organization:

MaineCare's Waiver benefit for individuals living with HIV/AIDS now has an enrollment of 448 members. Enclosed is a poster and brochures about the benefit. We would appreciate your assistance in displaying this material in your office or facility.

If you have any questions or need more materials, please call or email me at 207-624-4008 or [Kelly.cote@maine.gov](mailto:Kelly.cote@maine.gov)

Thank you in advance for your help with this initiative!

Sincerely,

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

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

DATE

Dear *(auto fill provider name)*,

Thank you for responding to our survey!

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

The area(s) you indicated were:

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

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

Thank you,



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

# Attachment E

## Waiver Surveys



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

**1. Identify your practice specialty:**

Family/General Practice  Internal Medicine  Infectious Disease  Pediatrics  Other

**2. How many patients with HIV/AIDS have you managed or co-managed (for any diagnosis) in the last year?**

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

**3. How recently have you consulted treatment guideline changes and new recommendations for HIV/AIDS patients?**

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

**4. Please identify the top three (3) barriers you feel affect treatment compliance with your HIV/AIDS patients.**

Label your choices with a 1, 2 and 3 (1 being the biggest barrier)

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Decreased Cognition morbidities        | <input type="checkbox"/> Mental Health        | <input type="checkbox"/> Co-          |
| <input type="checkbox"/> Pharmacy Issues Complexity             | <input type="checkbox"/> Keeping Appointments | <input type="checkbox"/> Regimen      |
| <input type="checkbox"/> Medication Affordability               | <input type="checkbox"/> Transportation       | <input type="checkbox"/> Side Effects |
| <input type="checkbox"/> Access/Affordability to Specialty Care | <input type="checkbox"/> Substance Use        | <input type="checkbox"/> Language     |
| <input type="checkbox"/> Other:                                 |   |                                       |

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

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

Not at all Aware  Slightly Aware  Moderately Aware  Very Aware  Extremely Aware

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

Not at all Aware  Slightly Aware  Moderately Aware  Very Aware  Extremely Aware

**The Ryan White/AIDS Drug Assistance Program (ADAP) and the financial assistance they offer (i.e. dental, housing, food, heat, copayments and premiums)**

Not at all Aware       Slightly Aware       Moderately Aware       Very Aware       Extremely Aware

**6. Would you like to receive the electronic version of the quarterly FDA HIV medication alerts and MaineCare formulary updates?**

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

**7. Tell us how the HIV/AIDS waiver program can help you and your patients with HIV/AIDS.** (use back if needed)

# MaineCare Member Survey

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



Questions 1 – 11 are optional.

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

- Yes, Hispanic, Latino/a, or Spanish
- No, not Hispanic, Latino/a, or Spanish → go to question #3

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

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

## 3. What is your race? You may select one or more categories. If you select Black or African American or Asian, we will ask for more details in questions #4 and #5.

- Black or African American → please also answer question #4
- Asian → please also answer question #5
- White
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other: \_\_\_\_\_



Go to question #6

## 4. If you selected Black or African American on question #3, please indicate which group best describes you. You may select more than one.

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



Go to question #6

## MaineCare Member Survey

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

### 5. If you selected Asian on question #3, please indicate which group best describes you. You may select more than one.

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

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

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

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

- Yes  go to question #9
- No  go to question #8

## MaineCare Member Survey

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

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

- Somali
- Arabic
- French
- Portuguese
- Spanish
- Other: \_\_\_\_\_

### 9. What is your gender?

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

### 10. Do you identify as transgender?

- Yes
- No

### 11. What is your sexual orientation?

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

## MaineCare Member Survey

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

### 12. In the past 12 months, when you spoke with the nurse from MaineCare, how helpful was the call?

- I did not talk to the MaineCare Nurse
- Extremely helpful
- Very helpful
- Somewhat helpful
- Not at all helpful

Comments:

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### 13. From the list below, please choose the agency where you most recently received case management services.

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

I did not get case management services → go to question #15

Other: \_\_\_\_\_

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

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

## MaineCare Member Survey

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

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

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

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

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

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

- Often true
- Sometimes true
- Never true

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

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

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

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

## MaineCare Member Survey

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

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

0 to 4  
Days

5 to 9  
Days




10 to 14  
Days

15 to 19  
Days

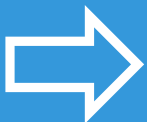
20 to 24  
Days

25 to 30  
Days

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

- Yes  go to question #24 (next page)
- Don't know/ Does not apply to me 
- No  complete questions #22 and #23

Only answer if you answered "No" on Question 21.



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

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

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

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



## MaineCare Member Survey

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

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

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

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

- Yes  go to question #28 (next page)  
 Don't know/ Does not apply to me   
 No  complete questions #26 and #27

## MaineCare Member Survey

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



Only answer if you answered “No” on Question 25.



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

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

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

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

### Medical Care

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

- Yes
- No

## Mental Health

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

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

## Discrimination in Medical Settings

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

**30. You are treated with less courtesy than other people.**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

**31. You receive poorer service than others.**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

**32. A doctor or nurse acts as if he or she thinks you are not smart.**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

## MaineCare Member Survey

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

### 33. A doctor or nurse acts as if he or she is afraid of you.

- Never
- Rarely
- Sometimes
- Most of the time
- Always

### 34. Do you have the ability, and would you prefer to receive future surveys by email or text on a smart phone?

- Yes (be sure to include email and/or phone number on question #35)
- No

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

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

### Additional comments:

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**Thank you!**

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





**Department Of Health And Human Services  
MaineCare Services**

**Special Benefits Demonstration Project**

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

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

**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	5	185	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	460	164	305	3	173	138	6
2005	4	485	189	311	5	171	147	7
2006	1	523	218	314	9	168	153	7
2006	2	537	240	298	7	167	140	5
2006	3	551	267	285	11	160	146	11
2006	4	578	286	305	15	158	157	10
2007	1	592	287	313	8	158	165	10
2007	2	596	304	296	4	155	151	10
2007	3	587	308	285	6	153	142	10
2007	4	581	305	280	4	150	141	11
2008	1	576	302	281	7	145	146	10
2008	2	575	298	288	11	142	157	11
2008	3	567	301	276	10	139	149	13
2008	4	586	309	282	5	136	158	12
2009	1	578	299	284	5	137	157	10
2009	2	585	301	287	3	134	165	12
2009	3	615	321	304	10	135	181	12
2009	4	624	336	301	13	135	178	12
2010	1	632	341	295	4	128	179	12
2010	2	649	354	313	18	131	196	14
2010	3	669	368	325	22	132	208	15
2010	4	704	383	326	5	132	208	14
2011	1	711	398	337	24	132	220	15
2011	2	704	405	313	14	129	199	14
2011	3	719	418	308	7	129	193	14
2011	4	733	431	309	7	127	194	12
2012	1	728	434	300	6	125	196	11
2012	2	730	438	303	11	124	193	14
2012	3	690	437	257	4	123	149	14
2012	4	631	431	206	6	118	100	12
2013	1	640	437	218	5	115	118	15
2013	2	637	435	209	5	115	109	15
2013	3	644	421	226	3	112	127	13
2013	4	640	433	218	2	110	120	12
2014 (DY11)	1 (5)	675	443	234	2	106	140	12
2014 (DY11)	2 (6)	691	460	237	6	101	146	10

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	780	469	329	5	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	5	92	256	11
2017	3	800	472	333	5	89	253	9
2017	4	798	468	330	3	88	254	12
2018	1	792	469	330	6	89	253	12
2018	2	793	474	325	6	88	249	11
2018	3	802	477	330	5	88	256	12
2018	4	808	484	331	7	86	259	13
2019	1	812	473	363	24	83	293	13
2019	2	820	477	448	65	81	379	12
2019	3	798	351	458	19	81	365	13
2019	4	790	340	463	13	80	394	11
2020	1	794	330	476	12	80	407	11
2020	2	780	315	477	12	80	408	11
2020	3	799	310	493	4	79	425	11
2020	4	802	309	502	5	79	433	10

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

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















Attachment N  
 Nurse Coordinator Complaint Log  
 Demonstration Year 18

Complaint ID	Date Contacted	Message Type	Type	Method	Contacted Note	Date of Resolution

**Special Benefits Project: Annual Reports For DY18**  
**Attachment K: Number of District 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 12/31/2020)

District Members	Demonstration Year 14				Demonstration Year 15				Demonstration Year 16				Demonstration Year 17				Demonstration Year 18			
	Users		Claims		Users		Claims		Users		Claims		Users		Claims		Users		Claims	
	Users	%	Claims	%	Users	%	Claims	%	Users	%	Claims	%	Users	%	Claims	%	Users	%	Claims	%
Emergency Room Visits	188	36.84%	454	41.17%	197	39.26%	477	43.81%	367	28.84%	412	38.76%	253	24.70%	270	25.82%	326	31.42%	366	34.80%
Physician Visits	454	84.70%	3,393	30.98%	452	82.63%	3,030	28.04%	459	84.84%	3,273	30.57%	409	80.83%	2,294	21.81%	504	93.51%	3,650	34.60%
General Inpatient Services	55	10.26%	116	1.07%	74	11.89%	131	1.21%	42	7.95%	95	0.89%	55	10.67%	149	1.41%	84	15.86%	149	1.41%
Inpatient Behavioral Health Services	1	0.19%	1	0.09%	0	0.00%	0	0.00%	3	0.26%	3	0.28%	1	0.20%	1	0.10%	1	19.00%	1	0.09%
<b>Total</b>	<b>508</b>	<b>98.00%</b>	<b>1,168</b>	<b>100.00%</b>	<b>517</b>	<b>100.00%</b>	<b>4,777</b>	<b>100.00%</b>	<b>541</b>	<b>100.00%</b>	<b>412</b>	<b>100.00%</b>	<b>511</b>	<b>100.00%</b>	<b>548</b>	<b>100.00%</b>	<b>505</b>	<b>100.00%</b>	<b>571</b>	<b>100.00%</b>

\*Members from their local Group and CAHJ Normalization Group Combined. This report has not been filtered by Recipient Ad Categories and contains members enrolled in and claims paid by other Waters. Therefore, enrollment and number of claims may be slightly higher compared to CMS Financial reports.





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

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

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

**Top 10 Diagnosis Codes for Hospitalization-Demonstration Enrollees**

Code	Description	Claims	Clients
A419	Sepsis, unspecified organism	4	7
F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	1	1
F332	Major depressive disorder, recurrent severe without psychotic features	2	4
F251	Schizoaffective disorder, depressive type	1	2
A047	Enterocolitis due to Clostridium difficile	1	3
A084	Viral intestinal infection, unspecified	1	3
B179	Acute viral hepatitis, unspecified	1	1
B20	Human immunodeficiency virus [HIV] disease	1	2
E116Z1	Type 2 diabetes mellitus with foot ulcer	1	1
F10231	Alcohol dependence with withdrawal delirium	1	1

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

Code	Description	Claims	Clients
A419	Sepsis, unspecified organism	12	11
B20	Human immunodeficiency virus [HIV] disease	6	4
F332	Major depressive disorder, recurrent severe without psychotic features	5	3
K85Z0	Alcohol induced acute pancreatitis without necrosis or infection	4	3
O9872	Human immunodeficiency virus [HIV] disease complicating childbirth	3	3
E1010	Type 1 diabetes mellitus with ketoacidosis without coma	3	1
I1130	HTN heart & chr kidney disease w HF & stage 1 through 4 CKD or unspec	3	1
I1110	Hypertensive heart disease with heart failure	2	2
I214	Non-ST elevation (NSTEMI) myocardial infarction	2	2
N179	Acute kidney failure, unspecified	2	1

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

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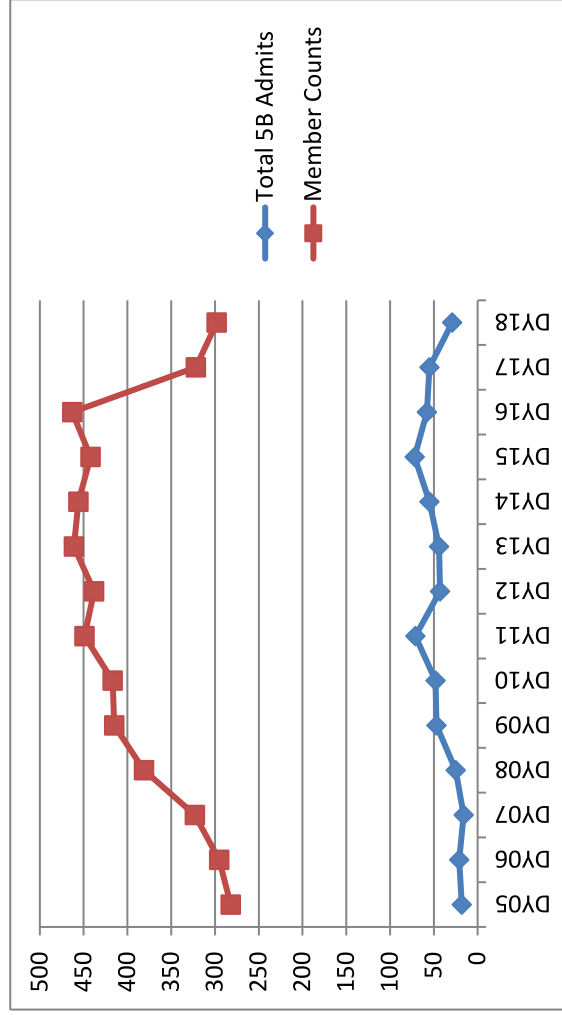
Interventor: [Name], Address: [Address], Telephone: [Number].  
[Additional address details and contact information]

Parcel Number	Address	Area	Category	Value	Notes
100/000/0000	1000 Main St	1000	Commercial	1000	
100/000/0000	1000 Main St	1000	Commercial	1000	
100/000/0000	1000 Main St	1000	Commercial	1000	
100/000/0000	1000 Main St	1000	Commercial	1000	
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100/000/0000	1000 Main St	1000	Commercial	1000	
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100/000/0000	1000 Main St	1000	Commercial	1000	
100/000/0000	1000 Main St	1000	Commercial	1000	
100/000/0000	1000 Main St	1000	Commercial	1000	

Interventor: [Name], Address: [Address], Telephone: [Number].  
[Additional address details and contact information]

**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



**Report on the Performance of the Company's Assets for the Fiscal Year 2010**  
**Report on the Performance of the Company's Assets for the Fiscal Year 2010**

Fund Name	Fiscal Year 2010		Fiscal Year 2009		Fiscal Year 2008	
	Assets	Liabilities	Assets	Liabilities	Assets	Liabilities
General Fund	\$12,345,678	\$8,765,432	\$11,234,567	\$7,654,321	\$10,123,456	\$6,543,210
Capital Projects Fund	\$5,678,901	\$3,210,987	\$4,567,890	\$2,109,876	\$3,456,789	\$1,987,654
Debt Service Fund	\$3,456,789	\$2,109,876	\$2,345,678	\$1,234,567	\$1,234,567	\$654,321
Enterprise Fund	\$7,890,123	\$5,432,109	\$6,789,012	\$4,321,098	\$5,678,901	\$3,210,987
<b>Total</b>	<b>\$29,370,570</b>	<b>\$19,517,404</b>	<b>\$25,927,047</b>	<b>\$15,129,862</b>	<b>\$25,102,713</b>	<b>\$12,416,172</b>

Fund Name	Fiscal Year 2010		Fiscal Year 2009		Fiscal Year 2008		Assets	Liabilities	Assets	Liabilities
	Assets	Liabilities	Assets	Liabilities	Assets	Liabilities				
<b>General Fund</b>	<b>\$12,345,678</b>	<b>\$8,765,432</b>	<b>\$11,234,567</b>	<b>\$7,654,321</b>	<b>\$10,123,456</b>	<b>\$6,543,210</b>	<b>\$12,345,678</b>	<b>\$8,765,432</b>	<b>\$11,234,567</b>	<b>\$7,654,321</b>
Capital Projects	5,678,901	3,210,987	4,567,890	2,109,876	3,456,789	1,987,654	5,678,901	3,210,987	4,567,890	2,109,876
Debt Service	3,456,789	2,109,876	2,345,678	1,234,567	1,234,567	654,321	3,456,789	2,109,876	2,345,678	1,234,567
Enterprise	7,890,123	5,432,109	6,789,012	4,321,098	5,678,901	3,210,987	7,890,123	5,432,109	6,789,012	4,321,098
<b>Capital Projects Fund</b>	<b>\$5,678,901</b>	<b>\$3,210,987</b>	<b>\$4,567,890</b>	<b>\$2,109,876</b>	<b>\$3,456,789</b>	<b>\$1,987,654</b>	<b>\$5,678,901</b>	<b>\$3,210,987</b>	<b>\$4,567,890</b>	<b>\$2,109,876</b>
Capital Projects	5,678,901	3,210,987	4,567,890	2,109,876	3,456,789	1,987,654	5,678,901	3,210,987	4,567,890	2,109,876
<b>Debt Service Fund</b>	<b>\$3,456,789</b>	<b>\$2,109,876</b>	<b>\$2,345,678</b>	<b>\$1,234,567</b>	<b>\$1,234,567</b>	<b>\$654,321</b>	<b>\$3,456,789</b>	<b>\$2,109,876</b>	<b>\$2,345,678</b>	<b>\$1,234,567</b>
Debt Service	3,456,789	2,109,876	2,345,678	1,234,567	1,234,567	654,321	3,456,789	2,109,876	2,345,678	1,234,567
<b>Enterprise Fund</b>	<b>\$7,890,123</b>	<b>\$5,432,109</b>	<b>\$6,789,012</b>	<b>\$4,321,098</b>	<b>\$5,678,901</b>	<b>\$3,210,987</b>	<b>\$7,890,123</b>	<b>\$5,432,109</b>	<b>\$6,789,012</b>	<b>\$4,321,098</b>
Enterprise	7,890,123	5,432,109	6,789,012	4,321,098	5,678,901	3,210,987	7,890,123	5,432,109	6,789,012	4,321,098
<b>Total</b>	<b>\$29,370,570</b>	<b>\$19,517,404</b>	<b>\$25,927,047</b>	<b>\$15,129,862</b>	<b>\$25,102,713</b>	<b>\$12,416,172</b>	<b>\$29,370,570</b>	<b>\$19,517,404</b>	<b>\$25,927,047</b>	<b>\$15,129,862</b>

\*Amounts reported are preliminary and subject to audit. The figures are based on the best information available to the Board of Directors as of the date of this report.