



Paul R. LePage, Governor *Ricker Hamilton, Acting Commissioner*

Maine Seal

Quarterly Report
HIV/AIDS 1115 Demonstration Project
SFY 2017 Quarter 2
DY 15 Quarter 2
(4/1/17 – 6/30/17)



Paul R. LePage, Governor Ricker Hamilton, Acting Commissioner

Maine Seal

Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-8601
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

August 24, 2017

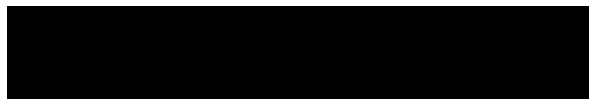
Emmett Ruff

Division of State Demonstrations and Waivers
Center for Medicaid and CHIP Services, CMS
Mail Stop S2-01-26
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Ruff,

Please find enclosed, the quarterly report for the Maine HIV/AIDS Section 1115 Demonstration Waiver for the quarter ending 6/30/2017. Please contact Emily Bean at (207) 624-4005 or emily.bean@maine.gov if further information is needed.

Sincerely,



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

Maine HIV/AIDS Demonstration

Section 1115 Quarterly Report

Demonstration Year: 15 (01/01/2017 - 12/31/2017)

Demonstration Quarter: 2 (04/01/2017 - 6/30/2017)

Maine Fiscal Quarter: 3/2017 (04/01/2017 – 06/30/2017)

Federal Fiscal Year (FFY) 17: (10/01/16 – 09/30/17)

Introduction

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

Enrollment Information

During the second quarter of the fifteenth year, there were 807 MaineCare and demonstration members enrolled in the demonstration project.

Enrollment Counts

There were 479 demonstration enrollees included in the quarter. These members qualified by having a diagnosis of HIV/AIDS and income at, or below, 250% of the Federal Poverty Level (FPL). There were 337 Medicaid members included in the quarter. Medicaid members are identified as either the original cohort of members who are receiving MaineCare, or MaineCare members where 25% or more of their Medicaid claims are HIV-related.

Demonstration Populations (as hard coded in the CMS-64)	Count of members enrolled at Start of Quarter	Count of members enrolled During the Quarter	Number of Persons Disenrolled during Quarter for non-payment of premiums*	Number of Persons Disenrolled during the Quarter**	Number of Members who Changed FPL	Members who Switched Rate Codes	Count of members enrolled at End of Quarter
Enrollees at or below 100% FPL - Demonstration Enrollees	177	202	N/A	25	0	0	177
Enrollees above 100% FPL - Demonstration Enrollees	279	292	0	19	0	0	273
Members HIV Positive and MaineCare Eligible	314	337	N/A	17	N/A	0	320
Totals	770	831	0	61	0	0	770

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

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

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

Outreach/Innovative Activities

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

- Attending weekly Decision Support System (DSS) User Group meetings to discuss the DSS and system issues, workarounds, and resolutions.
- The Nurse Coordinator making calls to members who had not been contacted in six (6) months or more (see enclosure 5).
- Referring more members to Consumers for Affordable Health Care to help with their unmet healthcare needs/coverage.
- Sending an FDA medication alert to primary care providers regarding Lamivudine/Zidovudine. Letters were sent via mail and email, depending on provider preference (see Attachment A: Outreach). Alerts were sent to approximately 330 providers.
- Sending a second mailing of the 2016 annual HIV Provider Survey to those who didn't respond to the first mailing. The survey was sent to 228 providers.
- Sending a follow up semi-annual clinical data collection letter to 17 providers who didn't respond to the first mailing. 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).
- The Nurse Coordinator and Program Manager meeting with the AIDS Drug Assistance Program Coordinator and a new case manager at the Frannie Peabody Center to provide information and discuss methods of collaboration.

Operational/Policy Development/Issues

Co-payments and premiums (for waiver enrollees)

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

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

- The Maine ADAP pays deductibles, premiums, and co-pays (for medications on the ADAP's formulary). This coverage wraps around MaineCare, Medicare Part D, and private insurance. The ADAP covers medications to treat: HIV, mental illness, high blood pressure, high cholesterol, hepatitis, diabetes, thyroid disease, heartburn, nausea, diarrhea, antibiotics, contraceptives, estrogen, and vaccines. The full ADAP formulary can be found at:
<http://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/provider/documents/adap-quarterly-formulary.pdf>.

- The ADAP assists with co-pays in the following way:
 - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare (up to \$10 per 30-day supply).
 - The ADAP pays 100% of the co-pay (for formulary medications) for members with MaineCare and Medicare Part D (up to \$5 per 30-day supply as this is the maximum co-pay amount).

- Enrollees with an individual income of 150% of the FPL or higher are required to pay a monthly premium to receive services under the waiver. If a member submits their premium bill to the ADAP, the program will assist them with these payments. The premium amounts are as follows:

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

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

Financial/Budget Neutrality Development/Issues

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

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

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

Member Month Reporting

Eligibility Group by Month	April 2017	May 2017	June 2017	Total for Quarter Ending 6/2017
Enrollees	456	456	450	1,362
Members	314	314	320	948

Eligibility Group by Disease Stage	1 - ASX (asymptomatic)	2 - SX (symptomatic)	3 – AIDS	Total for Quarter Ending 6/17
Enrollees	948	339	75	1,362
Members	623	249	76	948

Consumer Issues

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

There were also no complaints received directly by the MaineCare Nurse Coordinator.

Quality Assurance/Monitoring Activity

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

approach will improve our members' compliance with their anti-retroviral medication. There were 254 adherence calls during the quarter (refer to enclosure 5).

- Member compliance with anti-retroviral medication continues to be tracked via their prescription refills. A link has been established between CD4 data and the compliance report to help target interventions. There are three phases of calls. The first phase is of the greatest concern, where calls are made to members whose CD4 counts are below 200 and they are late picking up their medications. In the second phase, calls are made to members whose CD4 counts are between 200 and 350 and they are late picking up their medications. In the third phase, calls are made to members whose CD4 counts are above 350 and they are late picking up their medications. There were 53 compliance calls during the quarter (refer to enclosure 5).
- Frequent address changes and disconnected phones for this population continue to make it difficult to contact members for adherence and compliance interventions. Ongoing efforts continue by contacting the regional Offices for Family Independence (OFI), case managers, pharmacies, and providers for members' most updated addresses and phone numbers.
- A contact tracking system which includes calls, letters, emails, faxes, complaints, and grievances has been underway since February 6, 2003, with daily data entry by the Nurse Coordinator and Program Coordinator. This system allows us to note the number of calls per day, week, month, and year, and gives us a detailed map of calls by contact entity and reason.
- A total of 1,724 contacts were made in this quarter. Calls were the most common mode of communication, accounting for 88% of incoming contacts and 76% of outgoing contacts. Emails were the next most common; 9% and 17%, respectively

(refer to enclosure 6).

- Eligibility was the most common reason for contacts being made, accounting for 18% of incoming contacts and 17% of outgoing contacts (refer to enclosure 5).
- Demonstration Evaluation

The HIV/AIDS project is fully operational. Analysis of quality and cost data is continually underway. Enrollment is ongoing with 774 members included in the demonstration project at the end of the second quarter of the fifteenth year. Reports to CMS have been provided as specified in the Special Terms and Conditions.

Enclosures/Attachments

Attachment A: Outreach

Financial

Enclosure 1: Budget Neutrality Assessment

Enclosure 2: Overall Service Costs by Demonstration Year

Enclosure 3: Actual Participation by Demonstration Quarter

Enclosure 4: ADAP Funds Spent on MaineCare Clients

Communications

Enclosure 5: Contact Tracking by Reason

Enclosure 6: Contact Tracking by Method Used

State Contact

Emily Bean, Program Manager

Office of MaineCare Services

11 State House Station, Augusta, ME 04330

emily.bean@maine.gov

207-624-4005

Date submitted to CMS: August 24, 2017

Attachment A: Outreach



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

Authorization to Release Information

We are committed to the privacy of your health information. Please read this form carefully.

<input checked="" type="checkbox"/> Office of Maine Care Services	<input type="checkbox"/> Substance Abuse and Mental Health Services
<input type="checkbox"/> Office for Family Independence	<input type="checkbox"/> Office of Child and Family Services
<input type="checkbox"/> Maine Centers for Disease Control and Prevention	<input type="checkbox"/> Office of Aging and Disability Services
<input type="checkbox"/> Dorothea Dix Psychiatric Center	<input type="checkbox"/> Other:
<input type="checkbox"/> Riverview Psychiatric Center	

Your Name:	Your Date of Birth:
	Your Social Security Number:
Your Address:	
Street Town/City State Zip Code	
Records to be released, including written, electronic and verbal communication:	
<input checked="" type="checkbox"/> All Healthcare, including treatment, services, supplies and medicines	
<input checked="" type="checkbox"/> Billing, payment, income, banking, tax, asset, and/or other information regarding financial eligibility for DHHS program benefits such as MaineCare	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Limit to the following date(s) or type(s) of information: (e.g. "lab test dated June 2, 2013" or "hospital records from 1/1/12- 1/15/12")	

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

Release my information to: Obtain my information from:

Ryan White or named Case Management Agency: _____

Address: _____

Street Town/City State Zip Code Infectious Disease

Specialist: _____

Address:

Street Town/City State Zip Code

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

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

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

Legal Insurance Coordination of Care Personal Request Other:

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

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

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

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

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

I further understand and agree that:

- DHHS will not condition my treatment, payment for services, or benefits on whether I sign this form, unless I need to sign this form so that the right offices of DHHS can make eligibility or enrollment decisions.
- I have the right to make a written request to access and copy my healthcare or billing information, and a copy fee will be charged as permitted by law.



Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Department of Health and Human Services
MaineCare Services
Nurse Coordinator
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4008; Fax: (207) 287-8601
Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

May 8, 2017

Dear MaineCare Provider:

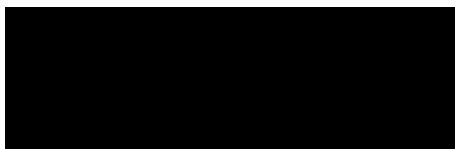
You are receiving this informational letter because you have been identified as a provider for one or more MaineCare members living with HIV. The Department of Health and Human Services has developed quality initiatives to improve care for these MaineCare members. One of these quality initiatives is 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 Sherry Boochko, 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 beth.ketch@maine.gov or the Nurse Coordinator, Sherry Boochko, RN at sherry.boochko@maine.gov.

Sincerely,



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



The FDA recently granted approval for a fixed dose combination tablet containing 2 nucleoside analogue reverse transcriptase inhibitors, lamivudine/zidovudine 150 mg/300 mg, indicated for the treatment of HIV-1 infection in combination with other antiretroviral agents.

Please note that this product formulation must be taken on an empty stomach as compared to COMBIVIR and other generic formulations that can be taken without regard to food.

Product labeling for this formulation of lamivudine and zidovudine is available on the FDA's website.

The tablet, manufactured by Pharmicare Limited of South Africa, was tentatively approved by the FDA on 08/23/2006 for use outside the United States under the PEPFAR program.

Richard Klein
Office of Health and Constituent Affairs
Food and Drug Administration

Steve Morin
Office of Health and Constituent Affairs
Food and Drug Administration

Kimberly Struble
Division of Antiviral Drug Products
Food and Drug Administration

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

DY - 13: 1/1/15 - 12/31/15	DY - 14: 1/1/16 - 12/31/16	DY - 15: 1/1/17 - 12/31/17
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Annual Assessment																
	DY - 1 FFY: 10/01/02 - 9/30/03	DY - 2 FFY: 10/01/03 - 9/30/04	DY - 3 FFY: 10/01/04 - 9/30/05	DY - 4 FFY: 10/01/05 - 9/30/06	DY - 5 FFY: 10/01/06 - 9/30/07	DY - 6 FFY: 10/01/07 - 9/30/08	DY - 7 FFY: 10/01/08 - 9/30/09	DY - 8 FFY: 10/01/09 - 9/30/10	DY - 9 FFY: 10/01/10 - 9/30/11	DY - 10 FFY: 10/01/11 - 9/30/12	DY - 11 FFY: 10/01/12 - 9/30/13	DY - 12 FFY: 10/01/13 - 9/30/14	DY - 13 FFY: 10/1/14 - 09/30/15	DY - 14 FFY: 10/1/15 - 09/30/16	DY - 15 FFY: 10/1/16 - 09/30/17	Total Computable Ceiling
Cumulative Expenditure Targets	\$8,706,056.00	\$18,949,248.00	\$30,707,947.00	\$43,937,686.00	\$58,571,556.00	\$67,382,817.00	\$78,965,794.00	\$93,255,027.00	\$104,436,521.00	\$118,909,175.00	\$141,146,776.00	\$154,141,747.00	\$154,141,747.00	\$154,141,747.00	\$154,141,747.00	\$1,381,535,591.00
Total Demo Costs	\$5,082,618.00	\$7,737,499.00	\$6,625,681.00	\$5,139,905.00	\$7,816,713.00	\$8,068,145.00	\$7,630,086.00	\$5,531,591.00	\$7,508,833.00	\$7,693,637.00	\$7,830,655.00	\$8,251,832.00	\$8,946,770.00	\$9,250,155.00	\$4,104,385.00	\$107,218,505.00
Costs Over/Under Target	-\$3,623,438.00	-\$6,129,131.00	-\$11,262,149.00	-\$19,351,983.00	-\$26,169,140.00	-\$26,912,256.00	-\$30,865,147.00	-\$39,622,789.00	-\$43,295,450.00	-\$50,074,467.00	-\$64,481,413.00	-\$69,224,552.00	-\$60,277,782.00	-\$51,027,627.00	-\$46,923,242.00	-\$1,274,317,086.00

Note - FFY15 Q2 (Waiver DY 12 2014): Updated the "Annual Expenditure Targets" with the figures provided in an email from CMS forwarded by Emily Bean on 5/20/15

Date: 08/08/2017

Maine HIV/AIDS: Overall Service Costs by Demonstration Year

Date Submitted to CMS:

Quarter Report Period: 04/01/17 - 6/30/2017

MBES (Federal Fiscal Year) FFY 2017

DY - 13: 1/1/15 - 12/31/15	DY - 14: 1/1/16 - 12/31/16	DY - 15: 1/1/17 - 12/31/17
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Population Group(s) <small>(as identified in the MBES)</small>	DY - 1 FFY: 10/01/02 - 9/30/03	DY - 2 FFY: 10/01/03 - 9/30/04	DY - 3 FFY: 10/01/04 - 9/30/05	DY - 4 FFY: 10/01/05 - 9/30/06	DY - 5 FFY: 10/01/06 - 9/30/07	DY - 6 FFY: 10/01/07 - 9/30/08	DY - 7 FFY: 10/01/08 - 9/30/09	DY - 8 FFY: 10/01/09 - 9/30/10	DY - 9 FFY: 10/01/10 - 9/30/11	DY - 10 FFY: 10/01/11 - 9/30/12	DY - 11 FFY: 10/01/12 - 9/30/13	DY - 12 FFY: 10/01/13 - 9/30/14	DY - 13 FFY: 10/1/14 - 09/30/15	DY - 14 FFY: 10/1/15 - 09/30/16	DY - 15 FFY: 10/1/16 - 09/30/17	Total Demo Year Costs
Expansion	\$ 864,930	\$ 1,443,819	\$ 2,633,167	\$ 765,645	\$ 1,721,128	\$ 2,381,941	\$ 2,341,356	\$ 2,788,130	\$ 3,685,326	\$ 3,506,421	\$ 5,083,460	\$ 4,970,148	\$ 4,998,291	\$ 5,761,163	\$ 2,420,234	\$ 45,365,159
Medicaid	\$ 4,217,688	\$ 6,293,680	\$ 3,992,514	\$ 4,374,260	\$ 6,095,585	\$ 5,686,204	\$ 5,288,730	\$ 2,743,461	\$ 3,823,507	\$ 4,187,216	\$ 2,747,195	\$ 3,281,684	\$ 3,948,479	\$ 3,488,992	\$ 1,684,151	\$ 61,853,346
	\$ 5,082,618	\$ 7,737,499	\$ 6,625,681	\$ 5,139,905	\$ 7,816,713	\$ 8,068,145	\$ 7,630,086	\$ 5,531,591	\$ 7,508,833	\$ 7,693,637	\$ 7,830,655	\$ 8,251,832	\$ 8,946,770	\$ 9,250,155	\$ 4,104,385	\$ 107,218,505

Date: 08/08/2017

Actual Participation by Demonstration Quarter

Demonstration Year 1: 7/01/02 - 6/30/03					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/02 - 9/30/02	10/01/02 - 12/31/02	1/01/03 - 3/31/03	4/01/03 - 6/30/03	
Expansion	79	89	110	112	133
Medicaid	244	249	252	254	288

Demonstration Year 2: 7/1/03 - 6/30/04					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/03 - 9/30/03	10/01/03 - 12/31/03	1/01/04 - 3/31/04	4/01/04 - 6/30/04	
Expansion	122	125	136	138	166
Medicaid	255	254	255	253	303

Demonstration Year 3: 7/01/04 - 6/30/05					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/04 - 9/30/04	10/01/04 - 12/31/04	1/01/05 - 3/31/05	4/01/05 - 6/30/05	
Expansion	132	130	164	189	187
Medicaid	270	272	304	310	332

Demonstration Year 4: 7/1/05 - 6/30/06					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/05 - 9/30/05	10/01/05 - 12/31/05	1/01/06 - 3/31/06	4/01/06 - 6/30/06	
Expansion	173	210	225	251	280
Medicaid	311	309	317	324	365

Demonstration Year 5: 7/1/06 - 6/30/07					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/06 - 9/30/06	10/01/06 - 12/31/06	1/01/07 - 3/31/07	4/01/07 - 6/30/07	
Expansion	263	275	268	325	363
Medicaid	318	302	264	269	375

Demonstration Year 6: 7/1/07 - 6/30/08					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/07 - 9/30/07	10/01/07 - 12/31/07	1/01/08 - 3/31/08	4/01/08 - 6/30/08	
Expansion	296	305	310	306	380
Medicaid	249	263	261	269	330

Demonstration Year 7: 7/1/08 - 6/30/09					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/08 - 9/30/08	10/01/08 - 12/31/08	1/01/09 - 3/31/09	4/01/09 - 6/30/09	
Expansion	330	306	317	329	395
Medicaid	290	275	281	270	337

Demonstration Year 8: 7/1/09 - 6/30/10					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/09 - 9/30/09	10/01/09 - 12/31/09	1/01/10 - 3/31/10	4/01/10 - 6/30/10	
Expansion	340	351	354	367	428
Medicaid	271	267	281	316	362

Demonstration Year 9: 7/1/10 - 6/30/11					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/10 - 9/30/10	10/01/10 - 12/31/10	1/01/11 - 3/31/11	4/01/11 - 6/30/11	
Expansion	383	401	403	408	471
Medicaid	313	270	274	283	367

Demonstration Year 10: 7/1/11 - 6/30/12					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation
Population Group(s)	7/01/11 - 9/30/11	10/01/11 - 12/31/11	1/01/12 - 3/31/12	4/01/12 - 6/30/12	
Expansion	428	460	469	448	548
Medicaid	275	281	167	187	323

Demonstration Year 11: 7/1/12 - 6/30/13					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation YTD
Population Group(s)	7/01/12 - 9/30/12	10/01/12 - 12/31/12	1/01/13 - 3/31/13	4/01/13 - 6/30/13	
Expansion	399	408	409	418	488
Medicaid	203	196	212	206	269

Demonstration Year 11 plus: 7/1/13 - 12/31/13					
	Quarter 5	Quarter 6			Total Demo Year Participation YTD
Population Group(s)	7/01/13 - 9/30/13	10/01/13 - 12/31/13			
Expansion	408	449	0	0	
Medicaid	218	242	0	0	

Demonstration Year 12: 01/01/14 - 12/31/14					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation YTD
Population Group(s)	1/01/14 - 3/31/14	4/01/14 - 6/30/14	7/01/14 - 9/30/14	10/01/14 - 12/31/14	
Expansion <=100% FPL	186	184	165	157	
Expansion >100% FPL	245	256	245	240	
Expansion Unknown FPL	34	37	43	49	
Medicaid	236	289	315	333	

Demonstration Year 13: 01/01/15 - 12/31/15					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation YTD
Population Group(s)	1/01/15 - 3/31/15	4/01/15 - 6/30/15	7/01/15 - 9/30/15	10/01/15 - 12/31/15	
Expansion <=100% FPL	155	157	156	145	
Expansion >100% FPL	235	230	224	206	
Expansion Unknown FPL	68	76	93	102	
Medicaid	312	314	338	326	

Demonstration Year 14: 01/01/16 - 12/31/16					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation YTD
Population Group(s)	1/01/16 - 3/31/16	4/01/16 - 6/30/16	7/01/16 - 9/30/16	10/01/16 - 12/31/16	
Expansion <=100% FPL	143	145	135	129	
Expansion >100% FPL	208	206	187	182	
Expansion Unknown FPL	119	126	132	138	
Medicaid	335	339	319	299	

Demonstration Year 15: 01/01/17 - 12/31/17					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Demo Year Participation YTD
Population Group(s)	1/01/17 - 3/31/17	4/01/17 - 6/30/17	7/01/17 - 9/30/17	10/01/17 - 12/31/17	
Expansion <=100% FPL	131	124			
Expansion >100% FPL	180	174			
Expansion Unknown FPL	141	147			
Medicaid	312	323			

ADAP Funds Spent on MaineCare Clients

April 1, 2017 - June 30, 2017

Demonstration Populations	FEDERAL DOLLARS				STATE DOLLARS	
	Average ADAP Expenditures for Prescription Drugs	Total ADAP Expenditures for Prescription Drugs	Average ADAP Expenditures for Premiums	Total ADAP Expenditures for Premiums	Average ADAP Expenditures for Copay Reimbursement	Total ADAP Expenditures for Copay Reimbursement
“Enrollees” at or below 100% FPL: Demonstration “Enrollees”	\$44.45	\$3,734.19	\$1,846.48	\$5,539.43	N/A	\$0.00
“Enrollees” above 100% FPL: Demonstration “Enrollees”	\$57.66	\$8,707.07	\$615.73	\$15,393.30	\$49.25	\$394.00
“Members”: HIV Positive and MaineCare eligible	\$8.53	\$1,543.94	\$ 289.97	\$579.94	N/A	\$0.00

Enclosure 5: Contact Tracking by Reason

Contact Reason	Total Contacts	Incoming	Outgoing
Adherence	254	79	175
Ambulance/Transportation	39	13	26
Case Management Services	222	99	123
Collaboration Care coordination	61	27	34
Compliance	53	10	43
Eligibility	304	94	210
ER	103	21	82
Family Planning	0	0	0
Inpatient	10	3	7
Introductory Call	37	10	27
Laboratory/X-ray	5	1	4
Mental Health/Substance Abuse	0	0	0
Medications	41	17	24
Member Survey	183	38	145
Other	213	118	95
Out Dated Contact	2	0	2
Pharmacy	14	4	10
Phone Call Follow Up	100	8	92
Policy	0	0	0
Provider Services	38	9	29
Unpaid Claim	44	14	30
Viral Loads	1	0	1

Enclosure 6: Contact Tracking by Method Used

Method Used	Total Contacts	Incoming	Outgoing
Call	1379	498	881
Email	254	53	201
Fax	6	5	1
Letter	85	9	76