



*Department of Health
and Human Services*

*Maine People Living
Safe, Healthy and Productive Lives*

Paul R. LePage, Governor

Ricker Hamilton, Commissioner

Maine Seal

Quarterly Report
HIV/AIDS 1115 Demonstration Project
SFY 2018 Quarter 2
DY 16 Quarter 2
(4/1/18 – 6/30/18)



Paul R. LePage, Governor

Ricker Hamilton, 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)

Maine Seal

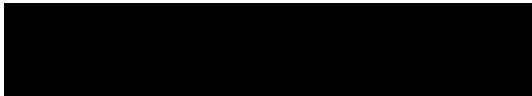
August 29, 2018

Felix Milburn
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. Milburn,

Please find enclosed, the quarterly report for the Maine HIV/AIDS Section 1115 Demonstration Waiver for the quarter ending 6/30/2018. 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: 16 (01/01/2018 - 12/31/2018)
 Demonstration Quarter: 2 (04/01/2018 - 6/30/2018)
 Maine Fiscal Quarter: 3/2018 (04/01/2018 – 6/30/2018)
 Federal Fiscal Year (FFY) 18: (10/01/17 – 09/30/18)

Introduction

The MaineCare HIV/AIDS 1115 Demonstration project has completed the second quarter of its sixteenth year. This demonstration was implemented on July 1, 2002 and has been approved through December 31, 2018. The demonstration’s goal is to provide critical services to people living with HIV/AIDS to delay, prevent, or reverse the progress of their disease.

Enrollment Information

During the second quarter of the sixteenth year, there were 793 MaineCare and demonstration members enrolled in the demonstration project.

Enrollment Counts

There were 474 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 325 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	112	9	N/A	23	68	3	160
Enrollees above 100% FPL - Demonstration Enrollees	344	12	0	8	72	3	297
Members HIV Positive and MaineCare Eligible	309	14	N/A	4	N/A	4	312
Totals	765	35	0	35	140	10	769

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:

- 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 Juluca, Prezobix, Prezista, Edurant, Symfi Lo Tablets, Biktarvy, Trogarzo, Isentress and Isentress HD. Alerts were sent via mail and email, depending on provider preference (see Attachment A: Outreach). Alerts were sent to approximately 360 providers.
- Sending the second, follow-up provider survey mailing to 249 providers who didn’t respond to the first mailing.
- Sending a clinical data collection letter to twenty-seven (27) Infectious Disease Specialists. This mailing goes to the providers of members for whom MaineCare Services needs CD4 and viral load data.
- Sending a follow up clinical data collection letter to eight (8) providers who didn’t respond to the first mailing.
- The Nurse Coordinator and Program Manager attending a meeting at the Health Equity Alliance (HEAL). HEAL is one of Maine’s HIV targeted case management agencies. MaineCare staff met with the five case managers, an intern, the case manager supervisor, and the agencies’ biller. Discussions included MaineCare and waiver resources, complex members, and future collaboration ideas.
- The Nurse Coordinator attending a webinar through the University of New England/Caring for ME titled *Opioid Use Disorder, Overdose, and Naloxone*. The speakers discussed situations when the clinician should prescribe naloxone and talked about the opioid epidemic pertaining to overdoses in Maine. They also discussed street fentanyl and the fact that it doesn’t show up on a routine opioid test.
- The Nurse Coordinator attending a webinar through the Office of Substance Abuse and Mental Health Services (SAMHSA) and Health Resources and Services Administration (HRSA) titled *Providing Comprehensive Mental Health and Healthcare for People Living with HIV over 50*. The

webinar focused on the mental and physical health needs of individuals living with HIV as they age. There were speakers both from the behavioral and clinical health fields.

- Sending the annual mammography reminder letter to sixty-eight (68) members.
- Sending the annual cervical exam reminder letter to eighty-five (85) members.

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 AIDS Drug Assistance Program (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 2018	May 2018	June 2018	Total for Quarter Ending 6/2018
Enrollees	456	458	457	1,371
Members	309	306	312	927

Eligibility Group by Disease Stage	1 - ASX (asymptomatic)	2 - SX (symptomatic)	3 – AIDS	Total for Quarter Ending 06/18
Enrollees	992	311	68	1,371
Members	612	232	83	927

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 three complaints received directly by the MaineCare Program Manager and/or Nurse Coordinator.

Auto number	Type	Contact Note	Resolution
68373	Incoming	Member called to report that he has tried to reach Frannie Peabody Center (FPC) case manager (CM) supervisor but has called several times with no call back. Member asked that Nurse Coordinator reach out to FPC.	Program Manager reached out to CM supervisor. CM supervisor reported that she hadn’t gotten any messages from this member. CM supervisor agreed to call member. A few days later, Nurse Coordinator followed up with member and he had heard from FPC. Member completed an intake and is currently in CM services.

68429	Outgoing	Member reported that she tried calling Fannie Peabody Center (FPC) four times about four months ago and no one ever called her back. Member needs assistance with food, dental services and paperwork.	Nurse Coordinator called the FPC CM supervisor to request that someone reach out to member and complete an intake. Nurse Coordinator followed up with FPC and member to ensure contact had been made. Member is actively receiving case management services.
69694	Outgoing	Member stated he is frustrated with case manager as paperwork was not submitted timely on two separate occasions. This affected getting his dental services paid for through the Ryan White program.	Nurse Coordinator suggested to member that he try the case management services available to him through his providers office at Greater Portland Health. Member said he would ask provider about this.

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 255 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 73 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 1,765 contacts were made in this quarter. Phone calls were the most common mode of communication, accounting for 92% of incoming contacts and 79% of outgoing contacts. Emails were the next most common; 6% and 12%, respectively (refer to enclosure 6).
- Eligibility was the most common reason for contacts being made, accounting for 13% of incoming contacts and 18% 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 769 members included in the demonstration project at the end of the first quarter of the sixteenth 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 29, 2018

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) 287-8601
 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 potentially could be read by a third party. I accept those risks and still request that DHHS send my information by email.

Initials

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

Legal Insurance Coordination of Care Personal Request Other:

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

 Mental health treatment provider or program
(initials)

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

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

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

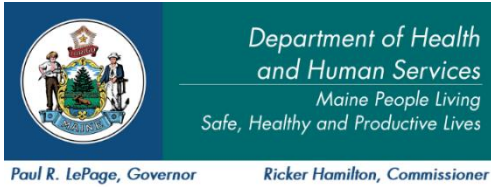
I further understand and agree that:

- DHHS will not condition my treatment, payment for services, or benefits on whether I sign this form, unless I need to sign this form so that the right offices of DHHS can make eligibility or enrollment decisions.
- I have the right to make a written request to access and copy my healthcare or billing information, and a copy fee will be charged as permitted by law.
- If I want a review of my mental health program or provider records before they are released, I can check here. I understand that the review will be supervised.
- I may take back my permission to share the records listed on this form at any time by contacting the Privacy Officer of the specific DHHS office: Beth Glidden 207-624-6913

- I understand that taking back my permission does not apply to the information that was already shared, as a result of my signing this form. If I revoke my permission, it may be the basis for denial of health benefits or other insurance coverage.
- I may refuse to disclose all or some health care information, but that refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits or other insurance, or other adverse consequences.
- DHHS offices will keep my information confidential as required by law. If I give my permission to share my records with people who are not required by law to keep them private, they may no longer be protected by confidentiality laws.
- If alcohol or drug provider or program records are included in this release, DHHS will tell the person receiving the records that they may not be shared with others who are not on this form without my written permission, unless required or permitted by law.
- I am signing this form voluntarily, and I have the right to a signed copy of this form if I request one.

Date: Signature

Personal Representative's authority to sign: _____



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

May 10, 2018

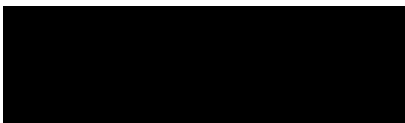
Dear MaineCare Provider:

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 regarding FDA HIV product approval, safety warnings, product labeling changes and other pertinent information. For more information, please refer to the FDA's website.

If you have any questions, or if you currently have no patients with HIV, please contact the Nurse Coordinator, Sherry A. Boochko, RN at sherry.boochko@maine.gov or 207-624-4008.

Sincerely,



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

The following information is from January through March 2018. For more information, please refer to the FDA's website.

- The **Juluca (dolutegravir/rilpivirine)** label was updated to correct dosing separation information between Juluca and oral calcium and iron supplements as follows:
 - Administer Juluca and supplements containing calcium or iron together with a meal or take Juluca four hours before or six hours after taking these supplements.

- The **Prezcobix (darunavir/cobicistat)** label was recently revised:
 - To update the Drug Interactions Section (subsection 7.3, Table 2) with the following:
 - Addition of prednisone as an alternative corticosteroid to consider for co-administration with Prezcobix, particularly for long term use
 - Dosage recommendations for HMG-Co A reductase inhibitors (atorvastatin and rosuvastatin) as follows:
 - atorvastatin dosage should not exceed 20 mg/day
 - rosuvastatin dosage should not exceed 20 mg/day
 - Addition of the following clinical comment regarding coadministration of Prezcobix and hormonal contraceptives, drospirenone and ethinyl estradiol
 - For co-administration with drospirenone, clinical monitoring is recommended due to the potential for hyperkalemia
 - Information regarding co-administration with the platelet aggregation inhibitor ticagrelor, specifically, coadministration of Prezcobix and ticagrelor is not recommended
 - To update the Drug Interactions subsection 7.4 Drugs without Clinically Significant Interactions with Prezcobix as follows:
 - Clinically relevant drug-drug interactions have not been observed or are not anticipated with concomitant use of darunavir and cobicistat with rilpivirine, dolutegravir, raltegravir, abacavir, emtricitabine, emtricitabine/tenofovir alafenamide, tenofovir DF, lamivudine, stavudine, zidovudine, or acid modifying medications (antacids, H2-receptor antagonists, proton pump inhibitors).

- The **Prezista (darunavir)** label was recently revised:
 - To update Drug Interactions, subsection 7.3, Table 11 with information about anticonvulsants, antifungals, antipsychotics, narcotic analgesics metabolized by CYP3A, and platelet aggregation inhibitors.
 - To update Use in Specific Populations (section 8), Pregnancy subsection with information from a clinical trial.

- The **Edurant (rilpivirine)** label was updated to include dosing recommendations for pregnant patients who are already on a stable Edurant regimen prior to pregnancy and who are virologically suppressed (HIV-1 RNA less than 50 copies/mL). The major updates to the product labeling were in the following sections:
 - **Section 2:** Dosage and Administration
 - **Section 8:** Use in Specific Populations
 - **Section 12:** Clinical Pharmacology

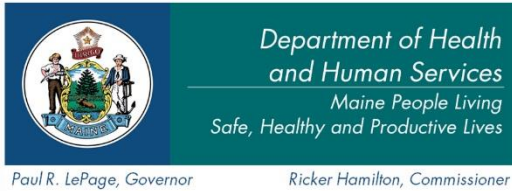
- The FDA approved **Symfi Lo Tablets**, a fixed dose combination product containing 400 mg efavirenz, 300 mg lamivudine and 300 mg tenofovir disoproxil fumarate (equivalent to 245 mg of tenofovir disoproxil) and is indicated as a complete regimen for the treatment of HIV-1 in adult and pediatric patients weighing at least 35 kg.

- On February 7, 2018, the FDA approved **Biktarvy (bictegravir, emtricitabine, and tenofovir alafenamide)** which is a three drug fixed dose combination tablet indicated as a complete regimen for the treatment of HIV-1 infection in adults who have no antiretroviral treatment history or to replace the current antiretroviral regimen in those who are virologically suppressed (HIV-1 RNA less than 50 copies per mL) on a stable antiretroviral regimen for at least three months with no history of treatment failure and no known substitutions associated with resistance to the individual components of Biktarvy.

- On March 6, 2018, the FDA approved **Trogarzo (ibalizumab-uiyk) injection**, for intravenous use for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in heavily

treatment-experienced adults with multidrug resistant (MDR) HIV-1 infection failing their current antiretroviral regimen. Trogarzo, a recombinant humanized monoclonal antibody, blocks HIV-1 from infecting CD4+ T cells by binding to domain 2 of CD4 and interfering with post-attachment steps required for the entry of HIV-1 virus particles into host cells and preventing the viral transmission that occurs via cell-cell fusion. Trogarzo is administered intravenously once every fourteen days by a trained medical professional and used in combination with other antiretroviral medications. Patients should receive a single loading dose of 2,000 mg followed by a maintenance dose of 800 mg every two weeks.

- The **ISENTRESS (raltegravir) and ISENTRESS (raltegravir) HD** label was recently updated to include Week 96 data from the Phase 3 trial (ONCEMRK) which evaluated ISENTRESS HD 1200 mg (2 x 600 mg) once daily versus ISENTRESS 400 mg twice daily, both in combination with emtricitabine (+) tenofovir disoproxil fumarate, in treatment-naïve HIV-1-infected subjects with HIV-1 RNA ≥ 1000 copies/mL.



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Toll Free (866) 796-2463; TTY Users: Dial 711 (Maine Relay)

TO: Providers caring for MaineCare members living with HIV/AIDS

FROM: Beth Ketch, Director of Customer Service

DATE: May 15, 2018

SUBJECT: Provider Survey

You were recently sent a survey from MaineCare asking for information from you about caring for patients living with HIV/AIDS. We are interested in gaining a better understanding of the practitioner's role as an HIV/AIDS service provider. **To date, we have not received your response.**

Please return your survey in the postage paid envelope by **June 1st.**

Your input is greatly appreciated as it will allow us to better serve MaineCare members and providers. If you have any questions about the survey, please call Sherry A. Boochko, the Nurse Coordinator at **207-624-4008.**

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 thst 3-4 years 5 or moyears 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 | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Co-morbidities |
| <input type="checkbox"/> Pharmacy Issues | <input type="checkbox"/> Keeping Appointments | <input type="checkbox"/> Regimen Complexity |
| <input type="checkbox"/> Medication Affordability | <input type="checkbox"/> Transportation | <input type="checkbox"/> Side Effects |
| <input type="checkbox"/> Access/Affordability to Specialty Care | <input type="checkbox"/> Substance Use | <input type="checkbox"/> Language Barriers |
| <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

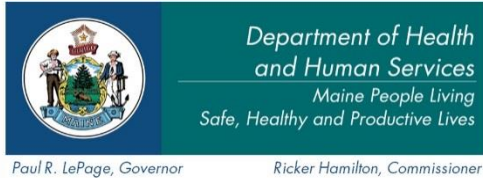
The Ryan White/AIDS Drug Assistance Program (ADAP) and the financial assistance they offer (i.e. dental, housing, food, heat, copayments and premiums)

- 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)



Department of Health and Human Services
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April 13, 2018

Dear ,

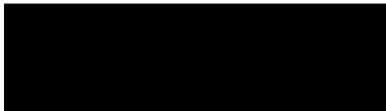
The MaineCare HIV/AIDS 1115 Demonstration Waiver has completed the first quarter of its sixteenth year. MaineCare Services is continuing a series of initiatives aimed at improving the care of members who are HIV positive. In order to fulfill the quality care initiatives required by the Centers for Medicare and Medicaid Services (CMS), we collect lab data, such as viral loads and CD4 counts, 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. This form outlines the lab results we need from you. 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.

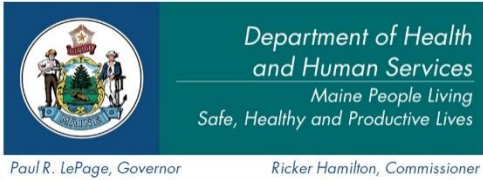
If you have any questions, call Sherry A. Boochko, RN, Nurse Coordinator in the Division of Health Care Management at 207-624-4008.

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

Sincerely,



Beth Ketch, Director
Policy and Provider Services
MaineCare Services
11 State House Station
Augusta, ME 04333-0011



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)

June 8, 2018

Dear _____,

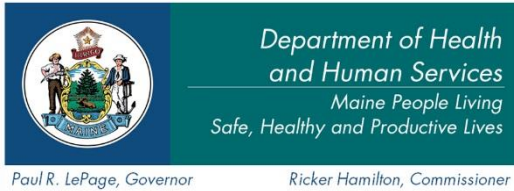
We recently sent you a clinical data request for MaineCare members seen in your practice. Our records indicate that we have not received a response from you. In order to fulfill the quality care initiatives required by the Center for Medicare and Medicaid Services (CMS) we need to have lab results such 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 Sherry A. Boochko, RN, 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,

Beth Ketch, Director
Policy and Provider Services
Office of MaineCare Services
11 State House Station
Augusta, ME 04333-0011



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

July 2018

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.

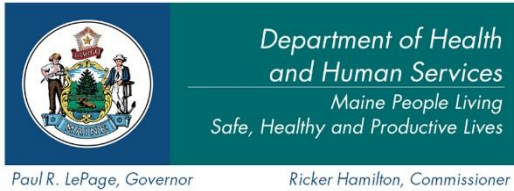
If you have any questions or need help making your medical appointments, please call me toll free at 1-866- 796-2463 ext. 44008 or directly at (207) 624-4008. TTY users, dial 711 (Maine Relay).

Thank you for your time in this important matter.

Sincerely,



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



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

July 2018

Dear MaineCare Member,

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

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

Thank you for your time in this important matter.

Sincerely,



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

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

DY - 13: 1/1/15 - 12/31/15	DY - 14: 1/1/16 - 12/31/16	DY - 15: 1/1/17 - 12/31/17	DY - 16: 1/1/18 - 12/31/18
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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	DY - 16 FFY: 10/1/17 09/30/18	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	\$154,141,747.00	\$154,141,747.00
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	\$8,251,656.00	\$8,947,814.00	\$9,258,457.00	\$9,395,994.00	\$5,254,413.00	\$117,773,697.00
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	-\$69,224,728.00	-\$60,276,914.00	-\$51,018,457.00	-\$41,622,463.00	-\$36,368,050.00	-\$36,368,050.00

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 5/20/015

Date: 05/14/2018

Maine HIV/AIDS: Overall Service Costs by Demonstration Year

Date Submitted to CMS:

Quarter Report Period: 4/1/2018 - 6/30/2018
 MBES (Federal Fiscal Year) FFY 2018

DY - 13: 1/1/15 - 12/31/15	DY - 14: 1/1/16 - 12/31/16	DY - 15: 1/1/17 - 12/31/17	DY - 16: 1/1/18 - 12/31/18
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Population Group(s) (as identified in the MBES)	DY - 1 FFY: 10/01/02 - 9/30/03	DY - 2 FFY: 10/01/03 - 9/30/04	DY - 3 FFY: 10/01/04 - 9/30/05	DY - 4 FFY: 10/01/05 - 9/30/06	DY - 5 FFY: 10/01/06 - 9/30/07	DY - 6 FFY: 10/01/07 - 9/30/08	DY - 7 FFY: 10/01/08 - 9/30/09	DY - 8 FFY: 10/01/09 - 9/30/10	DY - 9 FFY: 10/01/10 - 9/30/11	DY - 10 FFY: 10/01/11 - 9/30/12	DY - 11 FFY: 10/01/12 - 9/30/13	DY - 12 FFY: 10/01/13 - 9/30/14	DY - 13 FFY: 10/1/14 - 09/30/15	DY - 14 FFY: 10/1/15 - 09/30/16	DY - 15 FFY: 10/1/16 - 09/30/17	DY - 16 FFY: 10/1/17 - 09/30/18	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	\$ 4,969,972	\$ 4,999,465	\$ 5,765,231	\$ 5,408,022	\$ 2,943,886	\$ 51,301,899
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	\$ 3,948,349	\$ 3,493,226	\$ 3,987,972	\$ 2,310,527	\$ 66,471,798
	\$ 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	\$ 8,251,656	\$ 8,947,814	\$ 9,258,457	\$ 9,395,994	\$ 5,254,413	\$ 117,773,697

Actual Participation by Demonstration Quarter

Demonstration Year 1: 7/01/02 - 6/30/03

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	7/01/02 - 9/30/02	10/01/02 - 12/31/02	1/01/03 - 3/31/03	4/01/03 - 6/30/03	Total Demo Year Participation
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	
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	Total Demo Year Participation
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	
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	Total Demo Year Participation
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	
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	Total Demo Year Participation
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	
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	Total Demo Year Participation
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	
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	Total Demo Year Participation
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	
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	Total Demo Year Participation
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	
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	Total Demo Year Participation
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	
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	Total Demo Year Participation
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	
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	Total Demo Year Participation
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	
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	Total Demo Year Participation YTD
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			
Population Group(s)	7/01/13 - 9/30/13	10/01/13 - 12/31/13			Total Demo Year Participation YTD
Expansion	408	449	0	0	492
Medicaid	218	242	0	0	257

Demonstration Year 12 01/01/14 - 12/31/14

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
Population Group(s)	1/01/14 - 3/31/14	4/01/14 - 6/30/14	7/01/14 - 9/30/14	10/01/14 - 12/31/14	Total Demo Year Participation YTD

Expansion <=100% FPL	186	184	165	157	188
Expansion >100% FPL	245	256	245	240	265
Expansion Unknown FPL	34	37	43	49	77
Medicaid	236	289	315	333	361

Demonstration Year 13 01/01/15 - 12/31/15
Quarter 1 Quarter 2 Quarter 3 Quarter 4

Population Group(s)	1/01/15 - 3/31/15	4/01/15 - 6/30/15	7/01/15 - 9/30/15	10/01/15 - 12/31/15	Total Demo Year Participation YTD
Expansion <=100% FPL	155	157	156	145	174
Expansion >100% FPL	235	230	224	206	253
Expansion Unknown FPL	68	76	93	102	129
Medicaid	312	314	338	326	378

Demonstration Year 14 01/01/16 - 12/31/16
Quarter 1 Quarter 2 Quarter 3 Quarter 4

Population Group(s)	1/01/16 - 3/31/16	4/01/16 - 6/30/16	7/01/16 - 9/30/16	10/01/16 - 12/31/16	Total Demo Year Participation YTD
Expansion <=100% FPL	143	145	135	129	165
Expansion >100% FPL	208	206	187	182	224
Expansion Unknown FPL	119	126	132	138	172
Medicaid	335	339	319	299	386

Demonstration Year 15 01/01/17 - 12/31/17
Quarter 1 Quarter 2 Quarter 3 Quarter 4

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	Total Demo Year Participation YTD
Expansion <=100% FPL	131	124	118	117	142
Expansion >100% FPL	180	174	168	165	194
Expansion Unknown FPL	141	147	150	162	201
Medicaid	312	323	320	319	377

Demonstration Year 16 01/01/18 - 12/31/18
Quarter 1 Quarter 2 Quarter 3 Quarter 4

Population Group(s)	1/01/18 - 3/31/18	4/01/18 - 6/30/18	7/01/18 - 9/30/18	10/01/18 - 12/31/18	Total Demo Year Participation YTD
Expansion <=100% FPL	129	161			129
Expansion >100% FPL	303	273			303
Expansion Unknown FPL	17	15			17
Medicaid	318	318			318

8/10/2018

ADAP Funds Spent on MaineCare Clients

April 1, 2018 - June 30, 2018

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"	\$61.50	\$2,213.95	\$1,423.74	\$8,542.46	N/A	\$0.00
"Enrollees" above 100% FPL: Demonstration "Enrollees"	\$23.59	\$3,184.52	\$561.68	\$23,028.72	\$43.20	\$216.00
"Members": HIV Positive and MaineCare eligible	\$8.02	\$1,162.74	N/A	\$0.00	N/A	\$0.00

Enclosure 5: Contact Tracking by Reason

Contact Reason	Total Contacts	Incoming	Outgoing
Adherence	256	65	191
Ambulance/Transportation	24	10	14
Case Management Services	328	159	169
Collaboration Care coordination	62	39	23
Compliance	73	11	62
Eligibility	288	78	210
ER	37	7	30
Family Planning	0	0	0
Inpatient	16	4	12
Introductory Call	52	16	36
Laboratory/X-ray	56	17	39
Medications	54	36	18
Member Survey	88	22	66
Mental Health/Substance Abuse	4	1	3
Other	250	110	140
Out Dated Contact	9	0	9
Pharmacy	32	4	28
Phone Call Follow Up	72	2	70
Policy	0	0	0
Provider Services	15	6	9
Readmission	0	0	0
Unpaid Claim	43	14	29
Viral Loads	6	6	0

31-Jul-18

Enclosure 6: Contact Tracking by Method Used

Method Used	Total Contacts	Incoming	Outgoing
Call	1473	559	914
Email	185	37	148
Fax	3	2	1
Letter	104	9	95

31-Jul-18