



*MaineCare Services*

*An Office of the  
Department of Health and Human Services*

*Paul R. LePage, Governor*

*Mary C. Mayhew, Commissioner*

**Maine Seal**

**Quarterly Report  
HIV/AIDS 1115 Demonstration Project  
SFY 2017 Quarter 1  
DY 15 Quarter 1  
(1/1/17 – 3/31/17)**



Paul R. LePage, Governor

Mary C. Mayhew, 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)

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May 30, 2017

Patricia Hansen

Division of State Demonstrations and Waivers

Center for Medicaid and CHIP Services, CMS

Mail Stop S2-01-26

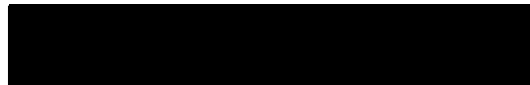
7500 Security Boulevard

Baltimore, MD 21244-1850

Dear Ms. Hansen,

Please find enclosed, the quarterly report for the Maine HIV/AIDS Section 1115 Demonstration Waiver for the quarter ending 3/31/2017. Please contact Emily Bean at (207) 624-4005 or [emily.bean@maine.gov](mailto: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

cc: Beth Ketch, Director of Policy and Provider Services  
Aimee Campbell-O'Connor, CMS/CMCHO  
Sheena Bunnell, PhD

## Maine HIV/AIDS Demonstration

### Section 1115 Quarterly Report

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

Demonstration Quarter: 1 (01/01/2017 - 3/31/2017)

Maine Fiscal Quarter: 2/2017 (01/01/2017 – 03/31/2017)

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

### Introduction

The MaineCare HIV/AIDS 1115 Demonstration project has completed the first 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 first quarter of the fifteenth year, there were 804 MaineCare and demonstration members enrolled in the demonstration project.

### Enrollment Counts

There were 475 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 334 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	173	198	N/A	29	0	0	169
Enrollees above 100% FPL - Demonstration Enrollees	277	301	0	13	0	0	288
Members HIV Positive and MaineCare Eligible	313	334	N/A	17	N/A	0	317
<b>Totals</b>	763	833	0	59	0	0	774

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 31<sup>st</sup>. On August 8<sup>th</sup>, the balance is received and the member is reopened with an August 1<sup>st</sup> 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.
- The Nurse Coordinator and Program Manager attending a Webinar titled “Marijuana: Medicinal or malevolent?”
- The Nurse Coordinator and Program Manager attending a Webinar titled “Compassionate Opioid Tapering: Case Studies.”
- The Nurse Coordinator and Program Manager attending a Webinar titled “Caring for ME Pharmacy Webinar: Chapter 488 Implementation and Rule-making Updates.” This webinar reviewed updates on the implementation timeline, as well as an exploration of the rule-making and exception process. Also included was an overview of the law and associated rules on Maine’s pharmacy community.
- The Nurse Coordinator attending a Quality Counts webinar titled “MAT and Compassionate Buprenorphine Tapering.” The speaker discussed her experience in tapering opioids with medication assisted treatment. She discussed ways she tapered compassionately.

- The Nurse Coordinator attending a conference titled “Confronting Maine’s Opioid Crisis” Chapter 488, Maine’s new opioid prescribing law, was apprised. Mary C. Mayhew, Commissioner of DHHS, provided the opening remarks regarding the change in law and the effects that opioids are having on the people of Maine. There were several keynote speakers and breakout sessions that reviewed the latest research and information regarding how different medical practices are implementing the recent law and the new Prescription Monitoring Program (PMP) with success. The nurse attended two breakout sessions titled: “A Step By Step guide – Appriss PMP System” and “Tackling Pain Management.”
- Sending an FDA medication alert to primary care providers regarding Stribild, Evotaz, and Sustiva. Letters were sent via mail and email, depending on provider preference (see Attachment A: Outreach). Alerts were sent to approximately 330 providers.
- Sending the 2016 annual HIV Provider Survey. The survey was sent to 316 providers.
- Sending the 2016 member satisfaction survey with CDC to 747 members.
- Sending the semi-annual clinical data collection letters to 31 providers. 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 Chief Program and Quality Officer and CFO at Greater Portland Health (GPH). GPH, a Federally Qualified Health Center, began treating a number of patients who were previously seen at Positive Health Care/India Street Clinic which closed in December 2016.
- Sending the program’s poster and brochure to 154 high schools and universities.

- The Nurse Coordinator and Program Manager attending training on Motivational Interviewing (MI). This training discussed the core skills of MI, communication styles and skills, stages of change, active listening, ambivalence, change talk, discord, directing client speech, forming reflections, and strategic responses.

## 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  
 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	\$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	January 2017	February 2017	March 2017	Total for Quarter Ending 3/2017
Enrollees	450	452	457	1,359
Members	313	314	317	944

Eligibility Group by Disease Stage	1 - ASX (asymptomatic)	2 - SX (symptomatic)	3 – AIDS	Total for Quarter Ending 3/17
Enrollees	905	358	96	1,359
Members	584	278	82	944

## 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 was one complaint received directly by the MaineCare Nurse Coordinator.

Type	Contact Note	Resolution
Outgoing	Called member to do an introductory call. Member reported he had moved out of state (OOS). Member stated he wasn't able to get care in Maine. He reports that he went to Greater Portland Health (GPH) and they were supposed to send him to pain management and they never did a referral. He reports that GPH did not return his calls. Member also reports that his case manager at FPC never called him back. She was supposed to get him food cards. Member decided to	Call was placed that same day to the Office for Family Independence. Request was made to update address and close case. No further follow up needed as member

	move back OOS. He was able to pick his care up where he left off. Member requested that we update his address and terminate his MaineCare coverage.	has moved OOS.
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### 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 355 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 75 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 1,696 contacts were made in this quarter. Calls were the most common mode of communication, accounting for 88% of incoming contacts and 79% of outgoing contacts. Emails were the next most common; 9% and 15%, respectively (refer to enclosure 6).
- Adherence was the most common reason for contacts being made, accounting for 15% of incoming contacts and 24% 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 first 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](mailto:emily.bean@maine.gov)

207-624-4005

Date submitted to CMS: May 30, 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	

<b>Your Name:</b>	<b>Your Date of Birth:</b>
	<b>Your Social Security Number:</b>
<b>Your Address:</b>	
<b>Street    Town/City    State    Zip Code</b>	
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.

- 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: \_\_\_\_\_





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)

March 8, 2017

Dear Organization:

MaineCare's waiver benefit for individuals living with HIV/AIDS now has an enrollment of 458 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 [sherry.boochko@maine.gov](mailto:sherry.boochko@maine.gov).

Thank you in advance for your help with this initiative!

Sincerely,

Sherry 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.)

<b>DY - 13:</b> <b>1/1/15 -</b> <b>12/31/15</b>	<b>DY - 14:</b> <b>1/1/16 -</b> <b>12/31/16</b>	<b>DY - 15:</b> <b>1/1/17 -</b> <b>12/31/17</b>
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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
<b>Cumulative Expenditure Targets</b>	\$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	\$1,227,393,844.00
<b>Total Demo Costs</b>	\$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	\$7,508,823.00	\$7,693,624.00	\$7,830,655.00	\$8,251,832.00	\$8,946,557.00	\$9,023,761.00	\$1,943,205.00	\$102,887,490.00
<b>Costs Over/Under Target</b>	-\$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	-\$43,295,460.00	-\$50,074,490.00	-\$64,481,436.00	-\$69,224,575.00	-\$60,278,018.00	-\$51,254,257.00	-\$49,311,052.00	-\$1,124,506,354.00

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: 05/12/2017

Maine HIV/AIDS: Overall Service Costs by Demonstration

Date Submitted to CMS:                     

Quarter Report Period: 01/01/17 - 03/31/2017

MBES (Federal Fiscal Year) FFY 2017

<b>DY - 13:</b> 1/1/15 - 12/31/15	<b>DY - 14:</b> 1/1/16 - 12/31/16	<b>DY - 15:</b> 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	\$ 3,506,408	\$ 5,083,460	\$ 4,970,148	\$ 4,998,299	\$ 5,563,004	\$ 1,219,138	\$ 42,746,761
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	\$ 3,823,497	\$ 4,187,216	\$ 2,747,195	\$ 3,281,684	\$ 3,948,258	\$ 3,460,757	\$ 724,067	\$ 60,140,729
	\$ 5,082,618	\$ 7,737,499	\$ 6,625,681	\$ 5,139,905	\$ 7,816,713	\$ 8,068,145	\$ 7,630,086	\$ 5,531,591	\$ 7,508,823	\$ 7,693,624	\$ 7,830,655	\$ 8,251,832	\$ 8,946,557	\$ 9,023,761	\$ 1,943,205	\$ 102,887,490

Date: 05/12/2017

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				
Expansion >100% FPL	180				
Expansion Unknown FPL	141				
Medicaid	312				

## ADAP Funds Spent on MaineCare Clients

January 1, 2017 - March 31, 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”	\$23.43	\$1,827.40	\$239.10	\$956.38	N/A	\$0.00
“Enrollees” above 100% FPL: Demonstration “Enrollees”	\$16.99	\$4,229.82	\$464.36	\$19,038.65	\$39.13	\$430.40
“Members”: HIV Positive and MaineCare eligible	\$7.69	\$1,476.76	N/A	\$0.00	N/A	\$0.00

**Enclosure 5: Contact Tracking by Reason**

<b>Contact Reason</b>	<b>Total Contacts</b>	<b>Incoming</b>	<b>Outgoing</b>
Adherence	355	86	269
Ambulance/Transportation	30	13	17
Case Management Services	245	122	123
Collaboration Care coordination	68	38	30
Compliance	75	15	60
Eligibility	271	64	207
ER	101	17	84
Family Planning	0	0	0
Inpatient	20	5	15
Introductory Call	31	9	22
Laboratory/X-ray	12	5	7
Mental Health/Substance Abuse	2	1	1
Medications	37	20	17
Member Survey	0	0	0
Other	244	135	109
Out Dated Contact	40	5	35
Pharmacy	17	3	14
Phone Call Follow Up	86	5	81
Policy	2	0	2
Provider Services	40	11	29
Unpaid Claim	17	7	10
Viral Loads	3	3	0

**Enclosure 6: Contact Tracking by Method Used**

<b>Method Used</b>	<b>Total Contacts</b>	<b>Incoming</b>	<b>Outgoing</b>
Call	1391	499	892
Email	222	50	172
Fax	5	5	0
Letter	78	10	68