



Maine Seal

Quarterly Report  
HIV/AIDS 1115 Demonstration Project  
SFY 2019 Quarter 1  
DY 17 Quarter 1  
(1/1/19 – 3/31/19)

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Office of MaineCare Services  
11 State House Station  
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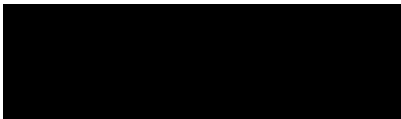
June 6, 2019

Athena Cymrot  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Cymrot,

Please find enclosed, the quarterly report for the Maine HIV/AIDS Section 1115 Demonstration Waiver for the quarter ending March 31, 2019. Please contact Emily Bean at (207) 624-4005 or [emily.bean@maine.gov](mailto:emily.bean@maine.gov) if further information is needed.

Sincerely,



Michelle Probert  
Director, Office of MaineCare Services

**Maine HIV/AIDS Demonstration**  
**Section 1115 Quarterly Report**

Demonstration Year: 17 (01/01/2019 - 12/31/2019)  
 Demonstration Quarter: 1 (1/01/2019 - 3/31/2019)  
 Maine Fiscal Quarter: 1/2019 (1/01/2019 – 3/31/2019)  
 Federal Fiscal Year (FFY) 19: (10/01/18 – 09/30/19)

**Introduction**

The MaineCare HIV/AIDS 1115 Demonstration project has completed the first quarter of its seventeenth year. This demonstration was implemented on July 1, 2002 and has been approved through December 31, 2028. 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 first quarter of the seventeenth year, there were 812 MaineCare and demonstration members enrolled in the demonstration project.

**Enrollment Counts**

There were 473 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 363 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.

<b>Demonstration Populations (as hard coded in the CMS-64)</b>	<b>Count of members enrolled at Start of Quarter</b>	<b>Count of members enrolled During the Quarter</b>	<b>Number of Persons Disenrolled during Quarter for non-payment of premiums*</b>	<b>Number of Persons Disenrolled during the Quarter**</b>	<b>Number of Members who Changed FPL</b>	<b>Members who Switched Rate Codes</b>	<b>Count of members enrolled at End of Quarter</b>
<b>Enrollees at or below 100% FPL - Demonstration Enrollees</b>	151	4	N/A	47	21	20	133
<b>Enrollees above 100% FPL - Demonstration Enrollees</b>	307	9	0	32	29	5	295
<b>Members HIV Positive and MaineCare Eligible</b>	313	29	N/A	23	N/A	2	338
<b>Totals</b>	771	42	0	102	50	27	766

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:

- The Nurse Coordinator making calls to members who had not been contacted in six months or more (see enclosure 5).
- Referring more members to Consumers for Affordable Health Care to help with their unmet healthcare needs/coverage.
- Sending a follow up clinical data collection letter to seven providers who didn’t respond to the first mailing.
- Sending the annual provider survey to 348 Infectious Disease Specialists and Primary Care Providers (PCP).
- Sending a second, follow-up provider survey mailing to 281 providers who didn’t respond to the first mailing.

## **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 per 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:

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

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

### **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**

<b>Eligibility Group by Month</b>	<b>January 2019</b>	<b>February 2019</b>	<b>March 2019</b>	<b>Total for Quarter Ending 3/2019</b>
<b>Enrollees</b>	458	448	428	1,334
<b>Members</b>	313	324	338	975

<b>Eligibility Group by Disease Stage</b>	<b>1 - ASX (asymptomatic)</b>	<b>2 - SX (symptomatic)</b>	<b>3 – AIDS</b>	<b>Total for Quarter Ending 3/2019</b>
<b>Enrollees</b>	905	355	74	1,334
<b>Members</b>	595	238	142	975

### **Consumer Issues**

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

There were also no complaints received directly by the MaineCare Program Manager and/or 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 Emergency Department (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 193 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 63 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 to obtain 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 1,064 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; 8% and 13%, respectively (refer to enclosure 6).
- Case management services were the most common reason for contacts being made, accounting for 41% 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 812 members included in the demonstration project at the end of the first quarter of the seventeenth 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:  
June 6, 2019

## **Attachment A: Outreach**



Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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

January 22, 2019

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 Cynthia Robbins, 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

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Acting Commissioner



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January 18, 2019

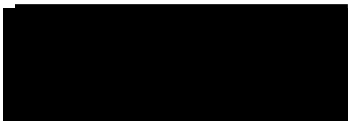
Dear MaineCare Provider,

Enclosed, please find the MaineCare HIV/AIDS 2018 provider survey. This survey is used to help us understand your needs and allow us to better serve our members.

Please take a few minutes to answer the questions and return the survey in the postage paid envelope by **February 18, 2019**.

If you would like a copy of last year's analysis, or if you have questions about the survey, please contact Emily Bean at 207-624-4005 or [emily.bean@maine.gov](mailto:emily.bean@maine.gov).

Sincerely,



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

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

FROM: Beth Ketch, Director, Policy and Provider Services

DATE: March 19, 2019

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 **April 19th.**

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 contact Emily Bean, Program Manager at 207-624-4005 or [emily.bean@maine.gov](mailto:emily.bean@maine.gov).

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

**1. Identify your practice specialty:**

Family/General Practice    Internal Medicine    Infectious Disease    Pediatrics    Other

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

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

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

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

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

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Decreased Cognition                    | <input type="checkbox"/> Mental Health        | <input type="checkbox"/> Co-morbidities    |
| <input type="checkbox"/> Pharmacy Issues                        | <input type="checkbox"/> Keeping Appointments | <input type="checkbox"/> Regimen           |
| <input type="checkbox"/> 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)**

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