



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

Annual Report  
January 1, 2023 - December 31, 2023

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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

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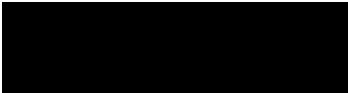
Ms. Wanda Boone-Massey  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Boone-Massey:

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

We have included data and materials that highlight our activity for Demonstration Year 21, including the analyses from our 2022 provider and member surveys. Please contact Emily Bean at 207-624-4005 or [emily.bean@maine.gov](mailto:emily.bean@maine.gov) if you need further information.

Sincerely,



Michelle Probert  
Director, Office of MaineCare Services  
11 State House Station. Augusta, ME 04333-0011  
Phone: 207-287-5875

## Acronyms

ADAP: AIDS Drug Assistance Program  
AIDS: Acquired Immunodeficiency Syndrome  
ART: Antiretroviral Therapy  
ARV: Anti-Retroviral Medication  
ATOD: Alcohol, Tobacco, and Other Drugs  
BN: Budget Neutrality  
CDC: Maine Center for Disease Control and Prevention  
CD4: Clusters of Differentiation 4  
CHW: Community Health Workers  
CMS: Centers for Medicare & Medicaid Services  
CVD: Cardiovascular Disease  
CY: Calendar Year  
DHHS: Department of Health and Human Services  
DY: Demonstration year  
ED: Emergency Department  
FPL: Federal Poverty Level  
HCV: Hepatitis C  
HIN: HealthInfoNet  
HIV: Human Immunodeficiency Virus  
HIVAC: HIV Advisory Committee  
HOPWA: Housing Opportunities for Persons with AIDS  
HPV: Human Papillomavirus Infection  
KPI: Key Performance Indicator  
MAIN: Maine Access Immigrant Network  
MeHABB: Maine CDC's HIV/AIDS Advisory Board  
MOE: Maintenance of Effort  
NET: Non-Emergency Transportation  
OBH: Office of Behavioral Health  
OI: Opportunistic Infections  
OMS: Office of MaineCare Services  
PA: Prior Authorization  
PCP: Primary Care Provider  
PDC: Proportion of Days Covered  
PHE: Public Health Emergency  
PNMI: Private Non-Medical Institution  
PrEP: pre-exposure prophylaxis  
RNA: Ribonucleic acid  
SUD: Substance Use Disorder

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## **Attachments**

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## Introduction

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

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

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

This demonstration waiver includes two groups, HIV-positive individuals who are at or below 133 percent of the federal poverty level (FPL) who are MaineCare eligible, and demonstration enrollees who do not otherwise meet the eligibility requirements of MaineCare, but who are HIV-positive and are at or below 250 percent of the FPL.

Early treatment and case management services aim to create efficiencies that allow MaineCare to help individuals maintain access to critical treatments, prevent disease progression, and reduce morbidity and mortality. Maine remains committed to continuing this important work to sustain these services for this population.

The demonstration waiver completed its 21<sup>st</sup> demonstration year (DY21) in December 2023. This report includes data and materials highlighting our demonstration year activities. The attachment section includes samples of materials distributed to members, providers, and community partners, as well as other pertinent data that is referred to in the narrative portion of this report.

Please note that some enclosures with this report maintain the year-to-year comparisons for consistency in data trending; however, there may be some distortion in the historical data as the Centers for Medicare & Medicaid Services (CMS) requested that DY11 be reported as a six-quarter year.

## Summary

Over the 21 years of this demonstration waiver, the Office of MaineCare Services (OMS) has improved access to medical services for Maine residents living with HIV. During DY21, the demonstration waiver provided medical services to 323 demonstration enrollees. In addition, 663 MaineCare members had the benefit of enhanced care coordination.

The OMS HIV Program has strong, longstanding, and collaborative relationships with the Maine Center for Disease Control and Prevention (CDC), including the AIDS Drug Assistance Program (ADAP) and the Ryan White Part B program, targeted case management agencies, and the Office for Family Independence (OFI). Additional resources and partnerships have been developed this year to better support MaineCare and waiver members enrolled in this program. The Program has provided educational trainings and site visits to providers and newly hired case managers. We continue to distribute posters and brochures throughout the state to OFI regional offices, pharmacies, physician offices, hospitals, municipalities, soup kitchens, schools, homeless shelters, and Family Planning agencies, to broaden awareness within communities and allow for timely access to coverage and care.

In DY17, as a result of MaineCare's Medicaid expansion, approximately 30 percent of the demonstration waiver enrollees transitioned to full MaineCare coverage. In DY18 we saw a smaller number of individuals moving from the demonstration waiver to the Medicaid expansion population. This transition of members plateaued in DY19 as enrollment numbers remained consistent for the first time in a few years. The individuals who transitioned from the demonstration to full MaineCare were not previously eligible for full coverage due to income and/or lack of a qualifying eligibility category. These members now benefit from reduced cost sharing, including lower copayments and no premiums, and have access to a more comprehensive benefits package (including dental, durable medical equipment, chiropractic services, home health and hospice). Due to the Medicaid continuous coverage requirement ending and the resumption of normal MaineCare eligibility operations mid-year, enrollment numbers remained fairly consistent throughout DY21.

OMS looks forward to our work with the evaluation team. The aim is to better understand the various aspects of the demonstration waiver and the effect the programmatic activities have on the outcomes of the enrollees and members served with this demonstration.

## Enrollment

Table 1 provides a summary of enrollment, by month, from DY16 to DY21 (calendar years 2018 – 2023). After the 21st year, there were 284 demonstration enrollees in the program and 520 MaineCare members enrolled.

In DY17, the demonstration waiver transitioned approximately 30 percent of its enrollees to full MaineCare through MaineCare expansion, which was implemented on January 1, 2019, with

retroactive coverage back to July 1, 2018. Although the total number of members has not measurably changed with the MaineCare expansion, there was a large shift between the two eligibility groups evident in both DY17 and DY18 data. In DY16, just over 40 percent of enrollees were covered by MaineCare each month. This percentage increased steadily, reaching over 57 percent by the end of DY17, and almost 62 percent by the end of DY18. Maintenance of Effort (MOE) requirements associated with the COVID-19 Public Health Emergency (PHE) declared in March of 2020 have likely also contributed to the shift in enrollment, as members who may have otherwise been disenrolled from MaineCare and shifted to the demonstration group maintained their MaineCare eligibility. Since MOE requirements were still in effect for DY20 and part of DY21, we saw consistent enrollment trends for DY19. As of April 2023, OFI began resuming routine eligibility and enrollment operations (referred to as unwinding), including disenrolling MaineCare members who are no longer eligible or if eligible, moving them to the demonstration waiver. At the end of DY21, enrollment remained consistent although the Department does expect to see some shifting as unwinding continues.

**Table 1. Count of Members by Group at the End of Each Month**

Month	DY16 Demonstration Enrollees	DY16 MaineCare Members	DY16 Total	DY17 Demonstration Enrollees	DY17 MaineCare Members	DY17 Total	DY18 Demonstration Enrollees	DY18 MaineCare Members	DY18 Total
January	446	312	758	458	313	771	314	438	752
February	446	310	756	448	324	772	310	437	747
March	454	308	762	428	338	766	310	444	754
April	456	309	765	403	362	765	308	450	758
May	458	306	764	398	375	773	296	457	753
June	457	312	769	334	420	754	299	460	759
July	458	312	770	336	426	762	301	467	768
August	457	315	772	331	421	752	303	461	764
September	460	317	777	334	428	762	304	464	768
October	465	315	780	327	436	763	302	470	772
November	458	312	770	324	437	761	298	481	779
December	463	311	774	322	436	758	298	484	782
Annual Unduplicated Count	541	380	872	478	519	857	336	548	838

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



Month	DY19 Demonstration Enrollees	DY19 MaineCare Members	DY19 Total	DY20 Demonstration Enrollees	DY20 MaineCare Members	DY20 Total	DY21 Demonstration Enrollees	DY21 MaineCare Members	DY21 Total
January	297	479	776	291	506	797	286	537	823
February	293	487	780	290	509	799	290	538	828
March	291	497	788	292	513	805	289	537	826
April	294	497	791	289	517	806	291	547	838
May	294	497	791	291	521	812	291	551	842
June	290	500	790	288	530	818	294	544	838
July	288	501	789	289	534	823	290	534	824
August	290	503	793	289	532	821	297	521	818
September	291	504	795	287	528	815	294	512	806
October	291	505	796	285	520	805	293	509	802
November	292	506	798	283	530	813	287	510	797
December	292	505	797	283	539	822	284	520	804
Annual Unduplicated Count	344	555	899	304	635	925	323	663	955

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

At the end of DY21, of the 284 demonstration enrollees, 238 (84%) were male and 46 were female. Out of the 520 MaineCare members enrolled at the end of DY21, 369 (71%) were male and 151 (29%) were female. A breakdown of gender by month shows a decrease of 159 male demonstration waiver enrollees from the end of DY16 to the end of DY21, and a decrease of 9 in the number of females. In the MaineCare population, there was an increase of 162 males and an increase of 46 females. MaineCare enrollment and claims data indicate 78 percent of MaineCare members living with HIV are White and 12 percent are Black or African American; Maine CDC 2022 HIV surveillance data shows 70 percent of people living with HIV in Maine are White/non-Hispanic and 19 percent are Black or African American. MaineCare staff is exploring ways to reach race and ethnicity groups that are underrepresented in the program.

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

Distinct member counts by the quarter show that 71 (34%) of the original 211 cohort members (from DY1) were enrolled in the last quarter of DY21. Of these, 60 members were included in the MaineCare group, and 11 members were in the demonstration group. **See Attachment A: Distinct Member Counts by Quarter.**

## Demonstration Cost Neutrality Cap

The algorithm used to determine the existing HIV-positive MaineCare members included in the cost-neutrality cap was initially utilized on July 1, 2002. At a high level, the algorithm identifies members based on paid claims with an HIV/AIDS diagnosis. Two hundred eleven members were identified at that time, and if eligible, will continue to be part of the cohort of members included in the cost-neutrality cap throughout the years of the demonstration waiver. The monthly algorithm run on claims data identifies new members to include in the cost-neutrality cap along with the original cohort. The end of the first quarter in DY01 had 211 members in the cohort, while the end of the last quarter of DY21 had 71 members, which is a decrease of 140 members (66%). Disenrollment, moving to the demonstration group, moving out of the state, and death are the reasons for the decline in the cohort member group. **See Attachment A: Distinct Member Counts by Quarter.**

In December 2023, there were 804 members covered by the program. **See Attachment O: Count of Members by Gender and Age at the End of Each Month.**

## Waiting List

The demonstration waiver waiting list has not been utilized during DY21 as the cost of patient care is not projected to exceed the project allotment; however, the State may institute a cap on the number of program participants in the future if the budget estimates indicate costs will exceed the project allotment.

## Outreach and Engagement

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

- Referring MaineCare members to Maine CDC for ADAP and Ryan White assistance.
- Participating in the HIV Advisory Committee (HIVAC), a Maine legislative committee. HIVAC's purpose is to "advise the Office of the Governor and State, federal, and private sector agencies, officials, and committees on HIV-related and AIDS-related policy, planning, budgets, or rules on behalf of those individuals infected by, at-risk for, or affected by the human immunodeficiency virus in Maine." The Nurse Coordinator and the Program Manager provide updates on the waiver, participate in peer-to-peer learning opportunities, and look for areas of alignment and collaboration.
- Distributing enrollment applications to all DHHS offices, Primary Care Provider (PCP) offices, pharmacies, and hospitals in Maine.

- Referring members to Consumers for Affordable Health Care, the Area Agencies on Aging, and Legal Services for the Elderly for help with their unmet healthcare needs and coverage.
- Outreaching members, case managers, and providers on Emergency Department (ED) utilization that incorporates daily ED data from HealthInfoNet (HIN), Maine’s designated Health Information Exchange, and a regular monthly report process that uses claims data to track ED utilization.
- Participating in the Maine CDC’s HIV/AIDS Advisory Board (MeHAAB) meetings. Maine CDC is required to have a planning process that includes the development of a comprehensive plan and the establishment of a “planning body.” This board contributes to HIV prevention, care, and treatment service delivery by developing strategic collaboration among community partners. MeHAAB is a broad group of partners including federal, state, and local HIV/AIDS government entities, programs, organizations, and others who are engaged in prevention planning, improving the scientific basis of program decisions, targeting resources to those communities at highest risk for HIV transmission and acquisition, and addressing disparities in health outcomes along the HIV Care Continuum.
- Sending 865 birthday letters to members in DY21. Birthday letters encourage members to stay in good health by setting up their necessary cancer screenings and immunizations (such as the Influenza vaccine).
- Sending an introductory letter, PCP inquiry letter, and consent form to 105 new and re-joining members.
- Sending 95 mammogram letters and 135 pap letters to members in DY21. Mammogram and pap letters encourage members to stay in good health by setting up their necessary cancer screening.
- Sending the HIV Program’s poster and brochure to approximately 1,000 sites across the state. Sites included soup kitchens, homeless shelters, doctor offices, case management agencies, hospitals, and local DHHS offices.

**Provider survey outreach:**

- The 2022 annual HIV Provider Survey<sup>ii</sup> was sent to 361 providers, including PCPs and infectious disease specialists. The survey results identified barriers that providers feel hinder a member’s access to timely and necessary care. The survey asks providers about resources they use to help address the health disparities experienced by individuals living with HIV/AIDS.

A second mailing of the 2022 HIV Provider Survey was sent to those who did not respond to the first mailing. In total, we received 45 responses, a 12 percent response rate (the same as the 2021 survey).

- In response to the survey and to provide more education and resources to providers, the HIV Program sends monthly emails to providers who indicated they would like to be on our HIV listserv. Emails contain information and resources related to HIV. Topics include newly approved HIV drugs and formulary updates, HIV treatment guideline updates, housing resources, information on PrEP, unwinding updates, and behavioral health resources. The HIV program also began sending more information to MaineCare’s larger provider listserv on topics relevant to all MaineCare providers. These emails contained information on HIV testing guidelines and PrEP.

**Member survey outreach:**

- The 2022 annual HIV Member Survey<sup>iii</sup> was sent to 770 members. Questions about whether the member can get needed medical care and drugs help staff target problem areas for follow-up. The survey is not anonymous; thus, the program’s Nurse Coordinator can contact members who report problems in seeking care. Some of the topics in the Member Survey are also included in the Program’s Provider Survey. For example, both members and providers are asked about housing. Members are asked about their living situation and whether they are worried about housing, while providers are asked whether they are hearing or seeing housing problems among the members they treat.
- A second mailing of the 2022 HIV Member Survey was sent to members who did not respond to the first mailing. This approach increased the sample size to a much more adequate number of 369 respondents. In total, we received a 48 percent response rate, compared to a 48 percent response rate for the 2021 survey.
- In response to the survey and to keep members informed, the HIV Program began sending emails to members who indicated they wanted to be on our listserv. The information included updates about Non-Emergency Transportation (NET), COVID-19 vaccinations, testing and treatment, and unwinding updates.

**Staff Training and Continuing Education**

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

- The Program Manager and Nurse Coordinator attended the monthly Governor's Office Opioid Response Seminar Series. The monthly series covered topics such as the prevention of substance use disorders and programs in Maine that are available to help individuals with substance use disorders. The one-hour series is moderated by Gordon Smith, Director of Opioid Response for the State. Substance use disorders are more common in individuals with HIV than in the general population, making this topic particularly relevant. Representatives of OMS presented on two seminars in 2023. The Treatment Connection, a service locator tool, and a relatively new model of delivery of behavioral health services called Certified

Community Behavioral Health Clinics (CCBHC) will both offer new options for Maine patients and providers.

- The Program Manager attended a webinar titled *Unwinding the COVID-19 Medicaid Continuous Coverage Provision*. This webinar discussed what Congress released in their end of year spending plan which included changes to the COVID-19 related enhanced federal Medicaid funding and the Medicaid continuous coverage protection. If enacted as proposed, the law will establish a date for states to resume Medicaid disenrollments starting on April 1, 2023 and adds new transparency and accountability requirements. This webinar reviewed these changes and what it means for the Medicaid community moving into 2023.
- The Office of MaineCare Services and the Maine State Housing Authority hosted a webinar titled *What's Happening with Housing?* The webinar shared the latest on state legislation, resources, and housing programs from experts with the Maine State Housing Authority and the OMS. A downloadable directory of resources along with other information was shared with attendees. Topics included:
  - Resources for people who need housing
  - What will change for housing resources when pandemic funding ends
  - How the Housing Outreach and Member Engagement (HOME) program can help MaineCare members who are experiencing homelessness
- Program Manager attended a webinar titled *Unwinding 101*. Topics covered included: What is the unwinding? What's at stake? What are the expectations and requirements for states as they begin the process of resuming routine eligibility and enrollment operations? What opportunities are there for Medicaid partners to collaborate with their Medicaid agencies and contribute to the effort to ensure that eligible children, families, new moms, people with disabilities, and dually eligible seniors do not lose coverage for procedural reasons?
- Program Manager attended a webinar titled *Improving Access and Addressing Health Disparities through Medicaid: Learnings from Innovators in Minnesota and North Carolina*. The Robert Wood Johnson Foundation and the National Academy for State Health Policy organized a virtual chat with Medicaid leaders from Minnesota and North Carolina. Both states received a RWJF-NASHP Medicaid Innovation Award for tailoring their Medicaid programs to address longstanding health disparities and improve access to care for key populations. State leaders provided examples of how they supported innovations to advance health equity in their respective states. This was an informal conversation that allowed time for questions. Minnesota engaged community members to inform recommendations on how to address racial equity for Black Minnesotans. The recommendations address enrollment and renewal, increasing access to culturally relevant care, and engaging communities and families served by the program. North Carolina developed a maternal/perinatal telehealth policy during the COVID-19 pandemic that provided telehealth and home visit care to patients; provided reimbursement to perinatal providers for remote blood pressure monitoring, physiological monitoring, and lactation services; and conducted postpartum depression screenings by video, phone, and online portal messaging.

- Program Manager attended a webinar titled *Planning for the end of the Medicaid Continuous Coverage requirement: Impacts for MaineCare members*. In December 2022, Congress passed a law that separated the Medicaid continuous coverage provision from the COVID-19 public health emergency by providing a fixed end date of March 31, 2023. The upcoming end of the continuous coverage requirement will bring with it important regulatory changes that will impact eligibility and coverage for MaineCare members. During this webinar, the DHHS Office for Family Independence, OMS, and Office of the Health Insurance Marketplace provided an overview of what the end of the continuous coverage requirement means for people enrolled in MaineCare, how the Department is planning to mitigate unnecessary coverage losses as regular processing of MaineCare eligibility resumes, and how attendees can stay informed and assist with sharing information and resources in the community.
- The Nurse Coordinator attended a webinar titled *HealthInfoNet-Deep Dive: Social Health Data Use and Actions*. This webinar was a discussion/brainstorming session amongst organizations in the state as a means to identify tools and resources by healthcare providers using social health information for referrals, patient education, documentation, etc. There was much discussion on how Sexual Orientation Gender Identity (SOGI) data collections is used. MaineHealth presented a case study on how they are using this data to better fill their beds for folks that are transgender/non-binary and not just male or female while being very mindful of discrimination laws when making these new policies. This has mitigated non-binary/transgender individuals the need to wait for a private room which could be a very long time under the old policies and procedures.
- The Nurse Coordinator attended a webinar hosted by the New England AIDS Education and Training Center titled *HIV/Oral Health*. This webinar was a discussion on substance use disorders, HIV, and oral health implications. These implications are unlike those seen in other patients with substance use disorder. This discussion was led by both a physician and dentist who serve in under resourced communities and have much experience in these scenarios in their respective modalities and they collaborate often.
- The Program Manager attended a webinar titled *Navigating Medicaid Continuous Coverage Unwinding for Ryan White HIV/AIDS Program (RWHAP) Clients*. This webinar discussed an overview of Medicaid unwinding. Presenters from The Access, Care, and Engagement (ACE) Technical Assistance Center, as well as experts from Killelea Consulting LLC, Equitas Health, and the AIDS Foundation of Chicago, explained how RWHAP case managers and program staff can help people with HIV navigate the unwinding process, re-enroll in Medicaid or transition to other coverage, and avoid gaps in coverage and care.
- The Nurse Coordinator attended a webinar titled *HealthInfoNet-Closing: Next Steps HINs Social Health Data Action Steps*. This webinar was a culmination of the previous deep dives done comparing how Maine medical providers do data collection, storage, use and findings, etc. Several representative medical offices discussed how they did each of these to help HIN and other practices/hospitals able to expand participating, sharing data, enhancing partnerships, and help to build an internal resource directory.

- The Nurse Coordinator attended a webinar titled *Community Engagement Town Hall-CDC*. This town hall discussed addressing the social and structural barriers and challenges to reaching the HIV community. Attendees discussed what is working and not working related to health equity, what the biggest barriers to PrEP are in each respective community, and how to build capacity in syringe service programs in order for comprehensive services to be provided.
- The Program Manager and Nurse Coordinator attended a webinar titled *HOPWA HIV & Aging Series: Combating Social Isolation & Loneliness*. This webinar focused on effective strategies and supports to prevent and address feelings of social isolation and loneliness among people aging with HIV. Topics covered included physical, mental, and psychological effects of loneliness and the relationship between loneliness and depression, as well as other chronic conditions. The presenters also discussed ideas to counteract these effects through peer support, social and community-building activities, and case management.
- The Nurse Coordinator attended the Governor's Office Opioid Response Seminar Series. This seminar discussed how to support individuals with substance use disorders (SUD) in the hospital with the main emphasis being that it should be treated as any other chronic condition. SUD should be identified early on in an effort to begin treatment and provide resources as soon as possible versus waiting for follow up with a primary care provider, referral to a pain clinic, etc. SUD is beginning to be recognized as a hospital acquired infection and this is not recognized prior to admission or throughout the hospital stay. Unrecognition of this can incur harm including but not limited to moral distress for patients/staff. This also causes frequent patient directed discharges. It is noted when hospitals identify SUD early on, it increases the patient's engagement and experience and reduces death.
- The Nurse Coordinator attended a webinar titled *Update on HIV & COVID*. This webinar was a discussion with Dr. Rajesh Gandhi which provided updates on HIV and COVID-19. The webinar discussed studies done on individuals living with HIV that had low CD4 counts and other comorbidities that were noted to have higher mortality rates. Studies also discussed treatments that should or should not be given and what treatment looks like going forward. It was noted how important randomized clinical trials were in regard to vaccination and treatments.
- The Program Manager and Nurse Coordinator attended a mini training by the Office of Substance Abuse and Mental Health Services (SAMHS) on the Intensive Case Management program (ICM). This program helps persons with mental illness and co-occurring SUDs reintegrate into the community following discharge from incarceration.
- The Nurse Coordinator attended a webinar titled *Pre-exposure Prophylaxis for HIV Prevention Use in Carceral Settings: Experiences from a Statewide Correctional System in the US*. This webinar was a discussion about preventive measures taken for individuals who have HIV or are at risk for HIV acquisition. It was discussed how important it is to ensure these individuals receive the care and medication they need prior to release back into the community. Approximately 1 in 7 individuals with HIV report a history of incarceration and many of those individuals come from the community with limited access to medical care. Data was presented about the implementation of PrEP in correctional facilities.

- The Nurse Coordinator attended a webinar titled *HOPWA HIV & Aging Series-Combating Social Isolation & Loneliness*. This was an informative webinar on the implications of those living with HIV while also struggling with social isolation and loneliness during and after the COVID pandemic. Many living with HIV are living longer lives due to efficacy of and access to ART. While this is great, there are also many who suffer from guilt because they are still alive when others close to them who had HIV are no longer alive. This guilt can lead to depression and loneliness which can be detrimental to health in general. This is an effort to bring this to light and to not minimize the effects of social isolation.
- The Nurse Coordinator attended a webinar titled *Ending the HIV Epidemic-Quarterly Stakeholder Webinar-Innovative Housing Collaboration*. This webinar had a panel discussion and an update on housing options after temporary pandemic funds have been depleted. An overview of HOPWA was provided as well as the differences in funding in Ryan White Part B and HOPWA along with the challenges of each.
- The Nurse Coordinator attended a training titled *Research Towards an HIV Cure*. This webinar provided much discussion on new therapies, in particular, anti-latency therapies that are showing promise towards a cure, and developing ways to use ART as prevention and developing a vaccine that is protective.
- The Nurse Coordinator attended the Consumer's for Affordable HealthCare Medicare Savings Program training. This training explained the Medicare Savings Program and how it can help individuals who are eligible with Medicare costs.
- The Nurse Coordinator attended a webinar titled *HIV& Oral Health Webinar Series Part 6, Oral Health and Health Equity for Older People*. The definition and root causes of ageism was discussed as well as ageism in HIV care, ageism in oral healthcare, and how to move toward greater health equity.
- The Nurse Coordinator watched a recorded webinar titled *HIV & Oral Health Webinar Series Part 7 HPV, Sex, and Cancer*. This webinar provided an overview of current information regarding HPV, including the importance of vaccination and prevention of oropharyngeal cancer. It also discussed the potential role of dentists as vaccinators.
- The Nurse Coordinator attended a webinar titled *Breastfeeding Among Women with HIV*. This webinar gave updates on recent changes in the national perinatal HIV guidelines regarding infant feeding in the US and around the World. Since the onset of HIV (and up until this year), the CDC policy has stated that it is dangerous for mothers living with HIV to breastfeed their infants; however, more recently, recommendations have changed to state that it is up to the parents to determine how to feed the baby. If the birth parent has been on ART all along and is virally suppressed, the likelihood of passing HIV to the baby is very low.
- The Program Manager attended a webinar titled *Insights from Medicaid Leaders on Reaching and Engaging the Medicaid Population*. With the recent public health crisis (PHE) expiration, millions of Medicaid beneficiaries have been impacted in some way as they navigate the



redetermination process after roughly three years since they had regular communication with Medicaid agencies. According to data from the Urban Institute, a staggering 62% of Medicaid beneficiaries were unaware of the resumption of regular Medicaid renewals after the expiration of the PHE. Of those who were aware, about 25% said they received information from their health insurance plan. What have Medicaid agencies, managed care organizations, and other partners done so far to help ensure that members who are still eligible for coverage retain it? How can these agencies continue to educate this population during the redetermination process so that they can retain the appropriate coverage? In this webinar, we heard from Medicaid experts about their approach to the redetermination process and how they are supporting and engaging the Medicaid population during this unprecedented time. Key Takeaways included:

- Strategies that Medicaid partners have undertaken to overcome the PHE expiration with a member-first approach
  - The channels and methods that managed care organizations and health plans are using to educate and engage with the Medicaid population
  - The importance of enabling continuous communication with Medicaid beneficiaries through community partnerships and advocacy organizations
  - How plans are helping members navigate redetermination
- The Nurse Coordinator and Program Manager attended a presentation by Dr. Laureen Biczak titled *Long COVID*. Dr. Laureen Biczak gave a clinical update on the syndrome known as Long COVID, including what is and isn't known about this new disease, the symptoms, who is affected and potential societal impacts of Long COVID.
  - The Nurse Coordinator and Program Manager attended *Grand Rounds Presentation: Ending the HIV Epidemic: Step One; Treat Everyone with HIV*. The presenters were Dr. Rawlings and Tiffany Townsend, FNP with the Gilman Clinic. They outlined where the state of Maine lies in the HIV/AIDS epidemic and how testing everyone who is sexually active for HIV may help bring down Maine's relatively high numbers. They recommend that providers start doing thorough sexual health screenings at all visits.

## **Provider Network and Transportation Challenges**

Demonstration enrollees utilize the same network of providers as MaineCare members, for both primary care and specialty care. There are 411 distinct providers (primary care providers and infectious disease specialists) currently providing care for enrollees and active members. These providers are located throughout all sixteen counties in Maine and a few in New Hampshire.

We have learned from our surveys that some members find traveling the distance from rural Maine to a more populated area, such as Bangor, to be seen by an infectious disease specialist is very challenging. MaineCare covers the NET cost for both members and demonstration enrollees, but time and health conditions make travel difficult for some members. Additionally,

the NET program continues to experience challenges with driver capacity due to statewide and industry-wide labor shortages.

Children continue to have access to two of the most widely used infectious disease pediatric practices in Maine. Both pediatric providers can refer their patients to Massachusetts General Hospital for a consult, should a complication or need arise.

## Quality Assurance

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

Activities in DY21 included:

- Contact data and call tracking – the Program tracks incoming and outgoing contacts (phone calls, emails, letters, and faxes) between staff and members, case managers, and providers, allowing us to determine the types of services utilized by members. The total of incoming and outgoing contacts decreased by less than 1 percent in the twenty-first year. The three highest contact categories in DY21 were adherence to HIV medication, various other reasons, and eligibility respectively. **Please see Attachment C: Contact Tracking Summary.**
- The Nurse Coordinator receives two medication adherence reports from the OMS Pharmacy Benefit Manager, Change Healthcare. The Nurse Coordinator uses these reports to follow up with members and their pharmacies, case managers, and providers as necessary. These reports are detailed below.
  - The first medication adherence report is a prospective report that shows prescription medications that will soon be due to be picked up. The Nurse Coordinator's focus on these calls is to remind members to pick up medications. The Nurse Coordinator addresses any anticipated barriers to promote timely medication pick-ups. The Nurse Coordinator also reminds members of the importance of taking their medications as prescribed.
  - The second medication adherence report shows prescriptions that have not been picked up. The members on this report are grouped by CD4 results so the Nurse Coordinator can prioritize her calls to those with the lowest CD4 count. The Nurse Coordinator's focus on these calls is to identify and remove the barriers that prevented the member from picking up their prescriptions. The Nurse Coordinator also reminds members of the importance of taking their medications as prescribed. In some circumstances, the Nurse Coordinator works with the member's case manager and provider to brainstorm and remove barriers.

- Contact with providers and case managers, as well as the OMS Provider Relations and Policy units, to assist with benefit and policy questions and billing issues.
- Surveyed in July 2023, all members living with HIV regarding their quality of life and satisfaction.
- Surveyed in July 2023, all providers working with MaineCare members living with HIV regarding provider needs and satisfaction.
- Collected clinical data (viral loads and CD4s) from Maine CDC and providers to understand health status and track disease progression.
- Compiled data for Complaint Report. See the Complaint/Grievance section of this report on page 24 and Attachment N for more information.

## **Opportunistic Infections (OI)**

The most common OI was pneumonia with 11 demonstration enrollees and 22 MaineCare members diagnosed, or 3.4 percent and 3.29 percent, respectively. The next most prevalent condition among demonstration enrollees was candidiasis while among MaineCare members the second most prominent condition was encephalopathy. The third most prevalent was candidiasis for MaineCare members and lymphoma among demonstration enrollees. Encephalopathy was seen in eight MaineCare members and four demonstration members experienced candidiasis, or 1.2 percent and 1.24 percent, respectively. Lymphoma was seen in three demonstration enrollees and six MaineCare members experienced candidiasis, or 0.93 percent and 0.94 percent, respectively. These top three OIs differ from the top OIs in DY20, although in both years pneumonia, candidiasis, and encephalopathy was in the top three. Additional information is available in **Attachment G: Number of Distinct MaineCare Members and Claims with Opportunistic Infection Diagnosis**.

In addition to opportunistic infections, we also monitor AIDS-defining illnesses. When an individual living with HIV is diagnosed with an AIDS-defining illness, the patient is considered to have progressed from HIV to AIDS. In DY21, 43 MaineCare members and 18 waiver members had an AIDS-defining illness as a primary diagnosis on a claim.

## Women's Healthcare

Two hundred twenty-five distinct females, 18 years and over, were enrolled as demonstration enrollees or MaineCare members. Of these, 48 were demonstration enrollees (21%), and 177 were MaineCare members (79%).

Seventy-three percent of female demonstration enrollees were age 40 or over. Seventy percent of female MaineCare members were age 40 or over. Data from MaineCare claims showed that fifteen percent of female demonstration enrollees and twenty percent of female MaineCare members 18 years and older were screened for breast cancer using mammography. Fifteen percent of female demonstration enrollees and twenty-four percent of female MaineCare members were screened for cervical cancer. Many MaineCare members have other primary healthcare coverage (either Medicare or a private plan). For these members, their primary coverage often pays for these services, so these percentages likely underestimate the true rates of breast and cervical cancer screening. MaineCare Services has no way to track, monitor, or count those claims covered entirely by another payer. **Refer to Attachment H: Claims for Women's Healthcare**

## Tuberculosis Testing

There were eighty MaineCare members and twelve demonstration enrollees who had a MaineCare claim for a tuberculosis test in DY21, as compared to 81 MaineCare members and eight demonstration enrollees in DY20. In DY21, three MaineCare members living with HIV/AIDS had a claim with a tuberculosis diagnosis.

## Utilization of and Expenditure on Services

Utilization of services is tracked by provider type claim, number of distinct members, and per member per month costs from the beginning of the demonstration waiver to the end of DY21.

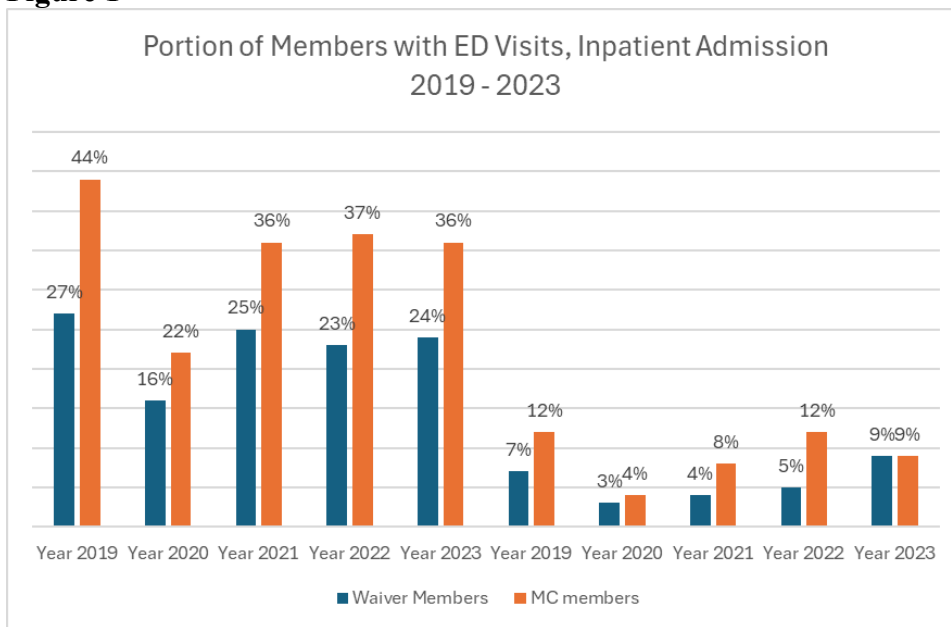
During DY21, the total amount spent on services per demonstration enrollee was \$1,027.77 per month, a 15 percent increase over DY20. The total amount spent on services per MaineCare member was \$2,713.90 per month (a 5% increase over DY20). These calculations are based on members with claims versus actual expenditures (see the Financial Performance section below for counts based on actual expenditures). **Refer to attachment I: Amount Spent by Provider Type Claim and the Number of Users**

## Emergency Department, General Inpatient, and Residential Behavioral Health Utilization

Figure 1 summarizes the portion of demonstration enrollees and MaineCare members living with HIV who had an ED visit and those who had an inpatient hospital stay. ED visits in 2023 went up slightly but are still lower than they were before the pandemic. The ED visits for all MaineCare members from 2022 to 2023 was stable, similar to demonstration enrollees and MaineCare members living with HIV.

For MaineCare members living with HIV, inpatient admissions were stable from 2022 to 2023. Demonstration enrollee admissions went up, offsetting a decrease in MaineCare member admissions. Inpatient admission volume for all MaineCare members, beyond just the HIV program, went down slightly (4%) from 2022 to 2023, and the percentage of MaineCare members who had an admission went from 7.4% in 2022 to 6.5% in 2023.

**Figure 1**



One demonstration enrollee and no MaineCare members utilized inpatient behavioral health services during DY21. Utilization of inpatient behavioral services has not changed since 2020, when Maine expanded access to SUD treatment by increasing the bed capacity limit **Refer to Attachment K: Number of Distinct Emergency Room Visits, Physician Visits, General Inpatient, Inpatient Behavioral Claims and Users.**

## **Adherence to Medication Therapy**

Medication adherence calls made by the Nurse Coordinator to members and/or their case managers totaled 760 for DY21. These calls are structured to provide interventions and remove barriers to improve health outcomes, where possible, for members in various groups, based on their CD4 count. For example:

- The Nurse Coordinator provides self-management strategies to members and education on topics like medication side effects and the importance of adherence.
- When necessary, the Nurse Coordinator encourages communication between the pharmacy and the member's prescribing provider. Members can encounter health care barriers due to pharmacy billing issues, deferred or denied PAs, lack of transportation, or even forgetting to pick up and/or take their medications.

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

## **Mortality**

Sixteen demonstration enrollees or members died during DY21. Of the deceased members, seven were demonstration enrollees (one more than DY20) and nine were MaineCare members (five less than DY20). A total of 311 members have died since the beginning of the demonstration waiver in 2002. Two hundred of the deaths were MaineCare members and 111 were demonstration enrollees.

**Refer to Attachment L: Deceased.**

## **Disenrollment**

To receive enhanced federal matching dollars during the federally declared PHE, the federal government required MaineCare and other state Medicaid agencies to retain coverage for MaineCare members for the duration of the declared PHE, with few exceptions. For this reason, we continued to see less disenrollment and little to no re-enrollment/movement within the demonstration group. Fifteen demonstration enrollees moved to receive full MaineCare services, one enrollee re-enrolled as a demonstration enrollee, 25 demonstration enrollees are no longer enrolled in the waiver, 15 moved out of state, and seven demonstration enrollees died during DY21.

**Refer to Attachment M: Disenrollment tracking for Demonstration Group.**

## Policy and Administrative Overview

There are several policy and administrative components for this demonstration waiver which are described below.

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

#### *Co-payments*

Waiver enrollees pay all the regular MaineCare co-payments except for a few additional, higher ones. These include:

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

The ADAP is a federally funded program administered by the Maine CDC, which helps improve access to the prescription medications needed to manage and treat HIV. The ADAP assists enrolled clients in accessing the prescription medications deemed necessary to manage and treat HIV and to prevent and treat illnesses that develop as a result of a suppressed immune system or that are commonly associated with HIV (e.g., Opportunistic Infections). The ADAP is designated as a ‘payer of last resort’. The ADAP pays deductibles, premiums, and co-pays (for medications on the ADAP’s formulary) for enrolled individuals. 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).

#### *Premiums*

Enrollees with an individual income above 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 the full payment. The premium amounts are as follows:

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

\*Note: The State policy is to increase premiums by five percent (5%) annually; during the PHE, the state suspended these premium increases in accordance with Maintenance of Effort requirements associated with the enhanced federal match during the PHE.

## Complaints/Grievances

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

1. The MaineCare Member Services helpdesk has a toll-free number for all MaineCare members (including those on the demonstration waiver). Member Services answers the questions or resolves the complaints and enters the information into a tracking database. If the contact is related to HIV/AIDS and the issue is not resolved, it is referred to the Nurse Coordinator or Program Manager for more detailed assistance.
2. Ryan White Case Management agencies receive concerns or complaints from demonstration enrollees or MaineCare members via personal contact, calls, or emails and notify the Nurse Coordinator or Program Manager when additional assistance is needed.
3. Demonstration waiver and MaineCare members make direct calls and send emails and written correspondence to the Nurse Coordinator and Program Manager.

The Program enters all the complaints, concerns, or questions received into an electronic tracking system for resolution and tracking. In DY21, there were five complaints. All complaints were resolved. **Attachment N: Nurse Coordinator Complaint Log.**

## Evaluation Activities

**Annual Summary of Progress CY2023/DY21: January 15, 2024**

### Overview

The HIV Demonstration’s aim is to delay or prevent the progression of HIV in Maine. The State’s goal in implementing the Demonstration is to improve the health status of individuals living with HIV by:

- Improving access to continuous healthcare services
- Arresting the progression of HIV status by providing early and optimal care coupled with high quality and cost efficiency.



- Expanding coverage to low-income individuals living with HIV with the savings generated from disease prevention and the prevention of or delayed onset of AIDS.

Demonstration participants include “Enrollees” (i.e., individuals who do not meet MaineCare eligibility requires but who are HIV-positive and are at or below 250 percent of the federal poverty level) and MaineCare Members served under the Demonstration.

The Evaluation Design was approved by CMS on January 21, 2020. The evaluation will result in an Interim Evaluation Report (due in 2027) and a Summative Evaluation Report (due in 2030). The evaluation examines the hypotheses associated with these three overarching goals through a series of ten research questions. Each hypothesis and its corresponding research questions are outlined in Tables 1-3 below. The remainder of this summary provides an overview of 2023 evaluation activities.

### **Key Milestones Accomplished**

The independent evaluators received calendar year (CY) 2022 data related to member enrollment, care management, claims, laboratory results, and survey information. The evaluation team conducted data cleaning and validation and performed a preliminary analysis of data.

### **Challenges Encountered and How Addressed**

No new challenges were encountered.

### **Results to Date**

The HIV Demonstration evaluation represents a 10-year study period. The evaluation team received three years of member survey data and four years of claims, lab, care management, and demographic data (CY2019-2022). Data presented in this annual summary of progress is descriptive and preliminary in nature.

In CY2022, unduplicated enrollment was 927. Approximately 43 percent were continuously enrolled for the 48 months. There were 81 new members in 2022. The number of members with Medicaid coverage increased from 312 in January of 2019 to 539 in December of 2022. Factors influencing the increase in Medicaid coverage are likely two-fold. Continuous enrollment provisions under the federal public health emergency resulted in a suspension of annual Medicaid eligibility reviews and members maintaining coverage. Second, members eligible under the Demonstration’s higher income guidelines may have become eligible for Medicaid coverage because of a loss of income or employment during the pandemic.

Over 76 percent of participants are male, and more than 60 percent are ages 51 and older. Approximately 17 percent of the participants identify as a race other than White. Approximately 5 percent of participants reported a primary language other than English, with French being the most frequent language reported.

The Interim and Summative evaluation reports will include univariate and multivariate analysis, as defined in the approved design. In addition, the analysis will include an examination of the

impact of the novel coronavirus pandemic on results during the Demonstration. Tables 1 through 3 on the following pages provide an overview of research questions, measures, and preliminary/descriptive observations by hypothesis for 2022.

*Table 1. Improving Access to Continuous Healthcare Services*

Hypothesis 1. Improving access to continuous healthcare services will support enrollees in seeking routine care.		
Research Questions	Measures	Preliminary Observations
1. What is the relationship between patients' perception of access to care and routine medical visits?	<ul style="list-style-type: none"> <li>Member Survey (Patient Perception of Accessibility of Care)</li> <li>HIV Medical Visit Frequency (NQF#2079)</li> </ul>	A total of 262 survey respondents met criteria for inclusion in the measure in 2022. Approximately 90 percent of respondents indicated they were always able to access care and 85 percent had a medical visit in each of the six-month periods of the 24-month measurement period. Of the 10 percent who reported difficulty accessing care, 80 percent also had a visit.
2. What percentage of Demonstration participants are meeting CDC recommendations for viral load monitoring?	<ul style="list-style-type: none"> <li>HIV Viral Load Suppression (NQF #2082)</li> </ul>	In 2022, approximately 83 percent of all participants had a reported viral load of less than 200 copies per ml. Limiting the analysis to only those members who had reported lab results, over 95 percent of program participants had a viral load of less than 200 copies per ml.
3. What percentage of patients are meeting the recommendations for HIV RNA control?	<ul style="list-style-type: none"> <li>RNA Control for Patients with HIV</li> </ul>	In 2022, approximately 90 percent of participants meeting RNA measurement criteria had a viral load of less than 200 copies per ml.
4. What percentage of Demonstration participants are meeting the threshold for medication adherence?	<ul style="list-style-type: none"> <li>Proportion of Days Covered (Pharmacy Quality Alliance PDC-ARV)</li> </ul>	In 2022, 46 percent of Medicaid participants met the threshold for medication adherence at 90 percent or higher; nearly 61 percent met the threshold for medication adherence at 80 percent or higher; and 81 percent met the threshold at 50 percent or greater.

*Table 2. Arresting the Progression of HIV Status by Provider Early and Optimal Care Coupled with High Quality and Cost Efficiency*

Hypothesis 2. Greater access to early, high-quality care will slow disease progression in HIV waiver enrollees and improve overall health status.		
Research Questions	Measures	Preliminary Observations
1. How have rates of emergency department (ED) visits and hospitalizations changed over time for Demonstration participants?	<ul style="list-style-type: none"> <li>All Cause ED Visits (AMB-HH)</li> <li>All Cause Inpatient Admissions (IU-HH)</li> </ul>	ED visits per 1,000 member months declined from 74.3 in 2019 to 59.4 in 2021. In 2022 ED visits rose to 68.2 per 1,000 member months. Inpatient hospitalizations per 1,000 member months declined from 17.76 in 2019 to 15.8 in 2021 and 13.8 in 2022. The inpatient days per 1,000 member months also declined from 124.6 in 2021 to 88.2 in 2022.
2. What is the relationship between self-rated health status and acute health incidents, such as ED visits and hospitalizations?	<ul style="list-style-type: none"> <li>All Cause Inpatient Admissions (IU-HH)</li> <li>Member Survey (Self-rated health status)</li> </ul>	<p>Of the 338 survey respondents in 2021, 216 rated their health as “excellent, very good or good” and had an average of 0.33 ED visits per respondent. The 122 respondents who reported their health status as “fair or poor” had an average of 0.60 ED visits per respondent.</p> <p>The 216 respondents who rated their health as “excellent, very good or good” had an average of 0.06 inpatient admissions per respondent. The 122 respondents who reported their health status as “fair or poor” had an average of 0.20 admissions per respondent. Results for both groups were on par with 2021 findings.</p>
3. Do those who meet treatment guidelines (routine visits, PDC, RNA control) have fewer acute health incidents (ED visits, hospitalizations)?	<ul style="list-style-type: none"> <li>HIV Viral Load Suppression (NQF #2082)</li> <li>RNA Control for Patients with HIV</li> <li>HIV Medical Visit Frequency (NQF#2079)</li> <li>Proportion of Days Covered (PDC-ARV)</li> <li>All Cause ED Visits (AMB-HH)</li> <li>All Cause Inpatient Admissions (IU-HH)</li> </ul>	This research question will be addressed through statistical analysis, as part of the Interim and Summative evaluation reports.

*Table 3. Expanding Coverage to Low-Income Individuals Living with HIV With the Savings Generated from Disease Prevention and the Prevention of/or Delayed Onset Of AIDS*

Hypothesis 3. Decreased costs generated associated with disease prevention will allow more low-income individuals living with HIV access to high quality care.		
Research Questions	Measures	Preliminary Observations
1. How has enrollment of Mainers eligible for HIV services changed over time?	<ul style="list-style-type: none"> <li>• Member Eligibility and Enrollment</li> </ul>	Overall program enrollment has increased slightly over the four-year period with a 2.1 percent average annual increase in member months. The average tenure has remained relatively constant with an average annual increase of 0.8 percent over the four-year period.
2. What is the relationship between self-rated health status and health-related quality of life and length of participation in the Demonstration?	<ul style="list-style-type: none"> <li>• General Health Status (Healthy People 2020)</li> <li>• Health-related Quality of Life (Behavioral Risk Factor Surveillance System)</li> <li>• Member Eligibility and Enrollment</li> </ul>	This research question will be addressed through statistical analysis, as part of the Interim and Summative evaluation reports.

## **Post-Award Public Forum**

Pursuant to 42 CFR 431.420(c), OMS attended and participated virtually in the bi-monthly HIVAC meetings to provide updates and afford the public with an opportunity to provide meaningful comment on the progress of the 1115 HIV demonstration waiver. The HIVAC’s purpose is to advise the Office of the Governor and State, federal, and private sector agencies, officials, and committees on HIV-related policy, planning, budgets, or rules on behalf of those individuals infected by, at-risk for, or affected by the human immunodeficiency virus in Maine. This platform was used as it is well-known, open to the public and HIV community, and provides partners and the general public the opportunity to provide meaningful feedback. There were no comments received at these bi-monthly HIVAC meetings or thereafter.

## **Audits, Investigations and Lawsuits**

During DY21, there were no lawsuits or legal actions that impacted the demonstration waiver.

## **Financial Performance**

The demonstration waiver continues to meet the financial performance standards set forth under 42 CFR 431.428. These requirements include financial performance and operations, audit oversight, and reporting. The MaineCare Program Integrity aims to reduce instances of fraud, waste, and abuse within the Medicaid program by reviewing MaineCare providers' clinical and procedural compliance with the MaineCare Benefits Manual (MBM) and other billing and programmatic guidance. In addition, the MaineCare Data Analytics unit completes analysis and reporting, including rate reviews.

Standards and metrics are established for all financial aspects of the demonstration waiver program as a requirement of financial performance and general financial requirements. OMS closely monitors both member counts and overall expenditures through quarterly and annual budget reviews. A review from DY13 to DY17 demonstrates consistent member counts as well as annual expenditures. However, the pandemic affected eligibility and expenditures for both the demonstration and Medicaid populations for DYs 18 through 21.

For the demonstration population, the unduplicated member count increased from 305 members in DY20 to 324 members in DY21. Please note these are members with eligibility at any point in each demonstration year.

Annual demonstration waiver expenditures increased by 7.6 percent between DY20 and DY21 from \$3,018,188 to \$3,246,937. Likewise, per member per month expenditures increased from \$873 to \$931 for the same period (calculated using actual expenditures that were reported on the CMS-64). Projected expenditures and member counts will also need to be monitored for both the demonstration and Medicaid populations as the "unwinding" of pandemic-related Medicaid eligibility requirements continues into 2024.

Historical member counts and financial information are available upon request. The attached Budget Neutrality (BN) statement includes actual expenditures and member months for Quarter 4 of DY21 (through December 31, 2023). In addition, the program continues to show that projected budget neutrality will continue into DY22. Updates of the quarterly budget neutrality statements for each future quarter will continue. It is expected that the program will remain budget neutral.

## **Legislative Developments**

During DY21, no state or federal legislative developments impacted the HIV demonstration waiver.

## Accomplishments

The HIV waiver program has undergone several changes in recent years. Some of these changes include the implementation of new or updated care management reports to encourage timely follow-up with members and their providers; access to new data systems that allow for more effective care management; the development of Key Performance Indicators (KPIs) to measure, track, and trend the program's performance; multiple staffing changes; and adoption of a completely new member and provider survey.

The demonstration waiver had many accomplishments in its twenty-first year. Several of these accomplishments are listed below.

- Of the 962 program enrollees who had a lab result reported in 2023 (both demonstration enrollees and MaineCare members), 90 percent have a viral load that is suppressed (less than 200 mls). Eighty-five percent have an undetectable viral load (less than 20mls). Having an undetectable viral load is the desired outcome of successful treatment.
- In DY21, ED utilization among demonstration enrollees remained stable at 24 percent (compared to 23 percent in DY20). In addition, ED utilization among MaineCare members living with HIV remained stable at 36 percent (compared to 37 percent in DY20). Care management efforts have and will continue to focus on encouraging all members to have a primary care provider and access to other needed services to avoid unnecessary ED utilization.
- Of the member survey respondents that reported speaking with the Nurse Coordinator, 98 percent of members indicated that the call they received was at least somewhat helpful.
- Continued to increase statewide awareness of the existence of the waiver by distributing program posters and brochures to over 1,000 sites and meeting with and presenting to providers and other community members about the waiver.
- Continued to improve collaboration between OMS, the Office for Family Independence, Maine CDC (including Ryan White), MaineCare-enrolled AIDS service organizations (case management), and ADAP. Collaboration among these offices and organizations is important to encourage shared learnings and alignment of programs, increase access to services, and support efficiencies across the Department.
- Leveraged feedback from provider and member surveys to promote effective customer service and provide educational outreach to respondents of the surveys when the responses indicate that more information is needed or requested.

Activities that support this work include:

- Following up with any providers who requested assistance or identified a lack of awareness on their provider survey
- Following up with all members who identified an unmet need or barrier on their member survey

- Reaching out to members who did not respond to the survey, since they may be facing greater challenges
  - Responding to providers' requests for training by coordinating with the New England AIDS Education and Training Center and the Maine CDC
  - Creating and maintaining a member email listserv and including survey respondents who indicated email was their preferred mode of communication
  - Updating a provider email listserv and sending information and resources every month
- Maintained and updated a unique database that allows tracking of members' providers, call notes, eligibility information, letters, call notes, and disease progression.
  - Improved medication adherence follow-up with members. The Nurse Coordinator is targeting calls to members with high viral loads or low CD4 counts.
  - Continued to work with providers to collect members' lab data (CD4 and viral load) when the results were not available through Maine CDC.
  - Collaborated with MaineCare's Pharmacy Manager and our contracted Pharmacy Benefit Manager to help ensure members, providers, and pharmacies have up-to-date information that facilitates proper prescribing and access to needed medications.
  - Encouraged all members to be linked with an infectious disease specialist and PCP within their area.
  - Created quality assurance report improvements and new care management reports to identify gaps in care management activities:
    - A new process and report were created for monitoring and following up on ED usage. In addition to using claims data, we started to include daily data reports from HealthInfoNet (Maine's designated Health Information Exchange) which provides up-to-date clinical information (labs, radiology reports, hospital and ED visits, etc.) about the members and enrollees. This new process allows for timely follow-up with members to address any changes or concerns in their care needs. Several fields were added to the report to make it more informative for the Nurse Coordinator, including a six-month look back which allows for a more complete member profile. We have continued with this new process since it has worked so well.
    - A new report was designed to identify all enrolled members who have not been contacted by the Nurse Coordinator in the calendar year. This report helps ensure that every member receives some form of contact from the program *at least* once a year.
    - A report was created to show all members whom we have attempted to reach compared to members (or their designees) with whom we spoke directly. This

data allows us to track occurrences of conversations rather than outreach attempts where no real contact was made.

- A report was created to identify program members who may be experiencing homelessness. This report uses claims billed to MaineCare to identify members who have a homeless diagnosis code, place of service (POS) code, or a homeless eligibility code. The HIV program is prioritizing care management efforts for members who struggle with housing as they are hard to reach and often face many barriers engaging in care. This report includes the newly CMS approved place of service code of “on the streets”. CMS defines the new POS code as a non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals. In addition to this report, the HIV program has made other efforts to stay connected to members who are experiencing homelessness. We created a quick reference guide for housing case managers and have presented it to the nine housing hub groups statewide. Making these connections with the housing hub coordinators and other staff helps familiarize them with the HIV program so they can connect their clients to the program and other HIV resources.

## **Challenges and Plan for Improvement**

In the upcoming DY, the HIV Program plans to focus on:

- Exploring new resources for social supports that can be delivered through existing case management programs
- Meeting providers’ needs for education and support, especially related to social determinants of health
- Supporting providers to reduce members’ obstacles to successful treatment, such as unstable housing and food insecurity
- Responding to interim findings from the independent evaluation



# Attachment B

## Outreach Letters

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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

DATE

Dear MaineCare Member,

We wish you a happy birthday!

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

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

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

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

Sincerely,

Elli Stedman, RN  
Nurse Coordinator, Special Benefit Waiver  
MaineCare Services  
11 State House Station

Augusta, ME 04333  
1-866-796-2463 ext. 44008

**Janet T. Mills**  
Governor

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



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

Date

Dear MaineCare Member,

I am writing to introduce myself. My name is Elli Stedman, and I am a nurse working for MaineCare. I am here to assist members who need help accessing care. These are some of the areas where I can help:

- getting transportation to your medical appointments
- giving you information about covered services
- answering questions about your medications
- helping you in any other areas

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

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

Sincerely,

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

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TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

DATE

Dear MaineCare Member,

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

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

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

Sincerely,

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

---

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

Name: \_\_\_\_\_ MaineCare Number: \_\_\_\_\_  
Infectious Disease Specialist Name: \_\_\_\_\_  
Infectious Disease Specialist Address: \_\_\_\_\_

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

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

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

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

Please return in the postage paid envelope. Thank you!

**Janet T. Mills**  
Governor

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



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

Date

Dear MaineCare Member,

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

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

Sincerely,

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

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

DATE

Dear *Doctor Name*,

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

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

If you have any questions, call Elli Stedman, RN, the Nurse Coordinator in the Division of Healthcare Management at 207-624-4008.

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

Sincerely,

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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

DATE

Dear *Doctor Name*,

We recently sent you a clinical data request for MaineCare members seen in your practice. Our records indicate we have not received a response from you. In order to fulfill the quality care initiatives required by the Center for Medicare & 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 goals 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 envelope. If you have any questions, call Elli Stedman, RN, the Nurse Coordinator in the Division of Healthcare Management at 207-624-4008.

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

Sincerely,

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

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

DATE

Dear *(insert members name)*,

My name is Elli Stedman, and I am a nurse working for the MaineCare program. I have been unable to reach you by phone and I would like to speak with you about your healthcare.

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

Sincerely,

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



**Janet T. Mills**  
Governor

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



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

DATE

Dear MaineCare Member,

Have you had your routine cervical exam? The Pap test is also called a Pap smear and is part of the cervical exam. If not, 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 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,

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

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

DATE

Dear MaineCare Member,

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

If you have any questions or need help making your medical appointments, please call me 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,

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

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

DATE

Dear MaineCare Provider:

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

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

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

If you have any questions, you may contact me by sending an email to [XXXXXXXXXXXXXXXXXX](mailto:XXXXXXXXXXXXXXXXXX) or the Nurse Coordinator, Elli Stedman, RN at [elizabeth.stedman@maine.gov](mailto:elizabeth.stedman@maine.gov).

Sincerely,

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

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

DATE

Dear Organization:

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

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

Thank you in advance for your help with this initiative!

Sincerely,

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

Janet T. Mills  
Governor



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MaineCare Services  
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11 State House Station  
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TTY: Dial 711 (Maine Relay); Fax: (207) 287-6190

Jeanne M. Lambrew, Ph.D.  
Commissioner

DATE

Dear *(auto fill provider name)*,

Thank you for responding to our survey!

You indicated on your 2021 MaineCare HIV/AIDS Provider Survey that you had some level of unfamiliarity with programs and resources that are available for people living with HIV/AIDS.

The area(s) you indicated were:

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

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

Thank you,

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

# Attachment E Waiver Surveys

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<sup>i</sup> MaineCare is Maine's Medicaid program

<sup>ii</sup> The 2021 Provider Survey focused on services and experiences of the year 2020.

<sup>iii</sup> The 2021 Member Survey focused on services and experiences of the year 2020.

## MaineCare Provider Survey 2022


**Do this survey online!** Go to: <https://www.surveymonkey.com/r/mcps2022> and put in your survey key that is listed below.

**Survey Key:**

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


**If you do not treat any patients with HIV/AIDS, you don't need to complete this survey. Please return the survey in the postage-paid envelope, so that we can update our records.**

**1. What are your most important challenges in caring for patients living with HIV? Check all that apply.**

	Important 
Shortage of trained staff (check types below): <input type="checkbox"/> RNs <input type="checkbox"/> MDs <input type="checkbox"/> APNs <input type="checkbox"/> MAs <input type="checkbox"/> Other	
Staff burnout	
Keeping up with treatment guidelines and new drugs	
Difficulty contacting patients by phone (voice or text)	
Re-engaging patients who are lost to care	
Shortage of mental health and substance use disorder services to refer patients	
Lack of partnerships or outdated partnerships with agencies that address housing, food, transportation, and other needs	
Difficulties in communication, discussion and/or successful engagement of patients due to cultural misunderstandings and/or lack of quality translation/interpretation services	
Tracking referrals	
Coordination with providers treating non-HIV illnesses	
Other: _____	



**2. What would help you to meet those challenges? Check all that apply.**

	Would be helpful 
HIV treatment guidelines training: <input type="checkbox"/> live <input type="checkbox"/> webinar <input type="checkbox"/> on-demand online	
Staff training resources on HIV/AIDS treatment, such as New England AIDS Education and Training Center	
Guidance and education for partnering with community agencies (e.g., Community Action Programs, Targeted Case Managers, ethnic or behavioral health community-based programs, etc.)	
List of websites and contacts for HIV/AIDS treatment resources	
Directory or list of websites/contact information for social services and community agencies (providing housing, food, transportation, interpretation, Community Health Workers, etc.)	
Behavioral health service directory and referral tool	
Opportunity to talk with the pharmacies dispensing the medications	
Other: _____	

**3. How recently have you consulted the treatment guideline changes and new recommendations for patients living with HIV/AIDS? (e.g. Infectious Disease Society of America, National Institute of Health, HIVinfo., CDC, etc.)**

- In the last 12 months
- In the last one to two years
- In the last three to four years
- Five or more years ago

**4. Do you use or refer patients to these resources?**


	Have used or referred patients: Y/N	
New England AIDS Education and Training Center ( <a href="https://www.neaetc.org/">https://www.neaetc.org/</a> ), which offers HIV/AIDS education, consultation, technical assistance, and resource materials to health care professionals	Y	N
The Ryan White/AIDS Drug Assistance Program (ADAP) ( <a href="https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-b-adap">https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-b-adap</a> ), which provides FDA-approved medications to low-income people with HIV. It also offers money for health insurance premiums and copays, as well as help with housing, food, and dental care	Y	N
MaineCare’s Special Benefit Waiver for individuals living with HIV/AIDS who do not qualify for regular MaineCare <a href="https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/HIV-Brochure-01272021.pdf">https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/HIV-Brochure-01272021.pdf</a>	Y	N
Community Action Programs (CAPs), which offer services for housing, employment, heating assistance, substance use, and transportation Directory of CAPs throughout Maine available here: <a href="https://mecap.org/our-network/">https://mecap.org/our-network/</a>	Y	N
HIV Targeted Case Management agencies that may offer or coordinate services related to housing, behavioral health, food, transportation, etc.	Y	N
Community Health Workers (CHWs), who typically do home visits and help people follow their treatment plan, overcome barriers to care, and refer them to community resources <a href="https://www.cdc.gov/dhdsp/pubs/toolkits/chw-toolkit.htm">https://www.cdc.gov/dhdsp/pubs/toolkits/chw-toolkit.htm</a>	Y	N
MaineCare’s Non-Emergency Transportation services, which provides members rides or milage reimbursement to MaineCare covered services.	Y	N



**For any that you marked “N”, would you like additional information?**

- Yes
- No

**5. What do your patients tell you are their biggest barriers to receiving and adhering to care?  
Check all that apply and select the top three.**

	Important 
<b>Other Health Issues:</b>	
• Behavioral health conditions	
• Substance use	
• Physical health co-morbidities	
<b>Medications:</b>	
• Problems getting medications	
• Medication side effects	
• Regimen complexity	
• Unaffordable Medication	
<b>Logistics:</b>	
• Lack of transportation/high gas costs	
• Inconvenient or inflexible appointment times	
• Lack of Childcare	
• Difficulty reaching/communicating with practice	
<b>Access &amp; Equity:</b>	
• Lack of access to/affordability of specialty care	
• Racial or ethnic bias or discrimination	
• Language barriers	
• Social or cultural stigma/misunderstanding	
<b>Social Factors:</b>	
• Housing instability/poor housing quality	
• Food insecurity	
• Lack of access to social services and supports	
<b>Other:</b>	

**6. Do you/your team ask patients about their health-related social needs and/or social drivers of health?**

Yes ➔ **What survey tool do you use?**

Health Related Social Needs Screening Tool, The AHC Health-Related Social Needs Screening Tool: <https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>

Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE): <https://prapare.org/wp-content/uploads/2021/10/PRAPARE-English.pdf>

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

No ➔ **Why not?**

We do not have a screening survey.

We do not have a process for using the data.

We do not have training on this.

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

**7. Do you receive MaineCare's HIV Provider Tip Sheet listserv?**

Yes ➔ Do you find them helpful?  Always  Sometimes  Never

No ➔  I would like to receive it. (Please list your e-mail address at the top of the survey).

I don't know

**8. In response to last year's survey, the HIV Program Team organized two webinars. These are listed below. Please let us know if you attended or listened to them and how useful they were to you.**

**What's Happening With Housing webinar**

Attended/ Listened ➔  Very useful  Somewhat useful  Not useful

Did not attend or listen

**HIV Treatment Guidelines update webinar**

Attended/ Listened ➔  Very useful  Somewhat useful  Not useful

Did not attend or listen

I would like to see webinars and resources for the following topics:

\_\_\_\_\_

**Please tell us how the MaineCare HIV/AIDS program can help you and your patients living with HIV/AIDS:**

\_\_\_\_\_

\_\_\_\_\_

**Thank you!**

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

# MaineCare Member Survey

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



Go to <https://www.surveymonkey.com/r/mcms2022> and enter your survey key of \_\_\_\_\_ to take the survey online!

## 1. How would you prefer to receive news and surveys from MaineCare?

- E-mail (list address): \_\_\_\_\_
- Text (list phone number): \_\_\_\_\_
- Mail

## 2. In the past 12 months, when you received a call or email from the MaineCare nurse (Elli/Kelly), how helpful was the call or email?

- I did not hear from Elli/Kelly
- Extremely helpful
- Very helpful
- Somewhat helpful
- Not at all helpful

**Comments:**

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

- Excellent
- Very good
- Good
- Fair
- Poor
- I do not know

## MaineCare Member Survey

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

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

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

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

- Often true
- Sometimes true
- Never true

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

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

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

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

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

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





## MaineCare Member Survey

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

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

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

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

- Yes 
  - Do not know/Does not apply to me 
  - No 
-  complete questions #11 and #12

## MaineCare Member Survey

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

Only answer if you answered "No" on Question 10.



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

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

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

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

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

- Yes 
- Do not know/Does not apply to me  **Go to question #16**
- No  **complete questions #14 and #15**



## MaineCare Member Survey

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



Only answer if you answered “No” on Question 13.



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

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

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

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

## MaineCare Member Survey

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

### Discrimination in Medical Settings

**16. Please think about the times in the past 12 months when you have gotten health care. When getting health care, how often have any of the following things happened to you because of your health status?**

	Never	Rarely	Sometimes	Most of the time	Always
You are treated with less courtesy than other people.	1	2	3	4	5
You receive poorer service than others.	1	2	3	4	5
A doctor or nurse acts as if he or she thinks you are not smart.	1	2	3	4	5
A doctor or nurse acts as if he or she is afraid of you.	1	2	3	4	5

### Questions 17-24 are optional.

We are asking these questions to help ensure all members are receiving the care that they need. Please answer these questions so that we can better assess the needs and experiences of different communities.

#### **17. How many people are in your household?**

Total under age 18: \_\_\_\_\_

Total age 18 and older: \_\_\_\_\_

## MaineCare Member Survey

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

### 18. What is your yearly household income? (include earnings of everyone age 18 and older)

- Less than \$15,000
- Between \$15,001 and \$20,000
- Between \$20,001 and \$25,000
- Between \$25,001 and \$30,000
- Between \$30,001 and \$35,000
- Between \$35,001 and \$40,000
- Between \$40,001 and \$45,000
- More than \$45,001

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

- No, not Hispanic, Latino/a, or Spanish
- Yes, Mexican, Mexican American, or Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin: \_\_\_\_\_

### 20. What is your race? You may select one or more categories. Print your origin on the line next to your race.

- Black or African American**  
*Print your origin, for example, African American, Jamaican, Haitian, Ethiopian, Somali, etc.*  
\_\_\_\_\_

- White**  
*Print your origin, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*  
\_\_\_\_\_

- American Indian or Alaska Native**  
*Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*  
\_\_\_\_\_

## MaineCare Member Survey

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

- Chinese
- Vietnamese
- Native Hawaiian
- Filipino
- Korean
- Samoan
- Asian Indian
- Japanese
- Chamorro
- Other Asian  
*Print your origin, for example, Pakistani, Cambodian, Hmong* \_\_\_\_\_
- Other Pacific Islander  
*Print your origin, for example, Tongan, Fijian, Marshallese* \_\_\_\_\_
- Some other race (*print race or origin*): \_\_\_\_\_

### 21. What is your primary language, meaning the language that you use most often?

- English
- French
- Kinyarwanda
- Kirundi
- Lingala
- Portuguese
- Spanish
- American Sign Language (ASL)
- Other: \_\_\_\_\_

### 22. What is your gender?

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

## MaineCare Member Survey

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

### 23. Do you identify as transgender?

- Yes
- No

### 24. What is your sexual orientation?

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

### Additional survey comments:

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**Thank you!**

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

Special Demonstration Benefits Project: Annual Reports For Demonstration Year 21

Attachment 1: Amount Spent by Allocation Provider Type and Number of Users

Claim Source: MMSIS - MMSI Post Claims Header - Patient Services Data Date: 07/01/2020 to 12/31/2020  
 Hospital Claims Have Been Adjusted According to Rule at Pay Date

Per Member Per Month (PMPM)

	DY14	DY15	DY16	DY17	DY18	DY19
Demonstration Enrollees 324	\$3,208.00	\$3,500.00	\$3,500.00	\$3,594.02	\$3,197.60	\$3,962.96
Medicaid Members 668	\$2,628.00	\$2,300.00	\$2,993.00	\$2,354.00	\$2,412.96	\$2,465.77

Allocation Provider Type	DY14			DY15			DY16			DY17			DY18			DY19			DY20			DY21								
	Enrollees	Members	PMPM	Enrollees	Members	PMPM	Enrollees	Members	PMPM	Enrollees	Members	PMPM	Enrollees	Members	PMPM	Enrollees	Members	PMPM	Enrollees	Members	PMPM	Enrollees	Members	PMPM						
ADVANCED PRACTICE REGISTERED NURSE	220	187	\$3.70	251	204	\$3.91	202	163	\$4.07	209	173	\$4.07	252	207	\$3.98	169	137	\$4.34	150	121	\$4.95	144	114	\$5.11	144	114	\$5.11			
ALTERNATIVE RESIDENTIAL FACILITY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
ASSISTANT SURGICAL CENTER	17	17	\$6.80	14	14	\$5.14	14	14	\$5.14	14	14	\$5.14	14	14	\$5.14	14	14	\$5.14	14	14	\$5.14	14	14	\$5.14	14	14	\$5.14	14	14	\$5.14
ASSISTED LIVING SERVICE PROVIDER	336	336	\$3.70	336	336	\$3.70	336	336	\$3.70	336	336	\$3.70	336	336	\$3.70	336	336	\$3.70	336	336	\$3.70	336	336	\$3.70	336	336	\$3.70	336	336	\$3.70
BEHAVIORAL HEALTH CLINICIAN	118	118	\$2.52	118	118	\$2.52	118	118	\$2.52	118	118	\$2.52	118	118	\$2.52	118	118	\$2.52	118	118	\$2.52	118	118	\$2.52	118	118	\$2.52	118	118	\$2.52
BOARDING HOME	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
CASE MANAGEMENT SERVICES PROVIDER	380	380	\$4.00	380	380	\$4.00	380	380	\$4.00	380	380	\$4.00	380	380	\$4.00	380	380	\$4.00	380	380	\$4.00	380	380	\$4.00	380	380	\$4.00	380	380	\$4.00
CARBONATOR	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
COMMUNITY PROVIDER	187	187	\$18.89	146	146	\$14.69	120	117	\$11.70	113	113	\$11.32	118	118	\$11.80	118	118	\$11.80	118	118	\$11.80	118	118	\$11.80	118	118	\$11.80	118	118	\$11.80
DENTAL HYGIENIST	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
DENTIST	11,409	44	\$0.22	11,402	43	\$0.22	11,402	43	\$0.22	11,402	43	\$0.22	11,402	43	\$0.22	11,402	43	\$0.22	11,402	43	\$0.22	11,402	43	\$0.22	11,402	43	\$0.22	11,402	43	\$0.22
DENTURIST	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
DIAGNOSTIC CENTER - FREE STANDING	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72
DIETITIAN	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
DIRE SUPERVISOR	23	23	\$0.33	23	23	\$0.33	23	23	\$0.33	23	23	\$0.33	23	23	\$0.33	23	23	\$0.33	23	23	\$0.33	23	23	\$0.33	23	23	\$0.33	23	23	\$0.33
FACILITY/AGENCY/Organization Nk PROVIDER	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
FISCAL EMPLOYER AGENT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
HOME HEALTH AGENCY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
INSURANCE	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72	1	1	\$0.72
HOSPITAL	1,618,078	492	\$46.37	1,622,227	381	\$74.29	1,582,426	500	\$241.04	1,670,400	333	\$165.96	1,680,176	456	\$146.30	1,643,129	507	\$268.60	1,600,414	287	\$174.51	1,646,707	512	\$268.60	1,600,414	287	\$174.51	1,646,707	512	\$268.60
INDIAN HEALTH SERVICES PROVIDER	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
LABORATORY/RADIOLOGY	233	211	\$7.40	211	211	\$7.40	211	211	\$7.40	211	211	\$7.40	211	211	\$7.40	211	211	\$7.40	211	211	\$7.40	211	211	\$7.40	211	211	\$7.40	211	211	\$7.40
MENTAL HEALTH CLINIC	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
MENTAL OCCUPATIONAL PROVIDER	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
NURSE	9	9	\$0.47	9	9	\$0.47	9	9	\$0.47	9	9	\$0.47	9	9	\$0.47	9	9	\$0.47	9	9	\$0.47	9	9	\$0.47	9	9	\$0.47	9	9	\$0.47
NURSING HOME	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
NURSING HOME	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
OCCUPATIONAL THERAPIST	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
OCCUPATIONAL THERAPY ASSISTANT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
OPTICIAN	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
OPHTHALMIST	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PCA Agency	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHARMACY	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICAL THERAPIST	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN	497	383	\$35.59	490	446	\$46.45	490	446	\$46.45	490	446	\$46.45	490	446	\$46.45	490	446	\$46.45	490	446	\$46.45	490	446	\$46.45	490	446	\$46.45	490	446	\$46.45
PROSESSOR ASSISTANT	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PHYSICIAN GROUP	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PRIME - PRIVATE NON-MEDICAL INSTITUTION	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PROCTORE	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
PSYCHIATRIC HOSPITAL	11	11	\$0.19	11	11	\$0.19	11	11	\$0.19	11	11	\$0.19	11	11	\$0.19	11	11	\$0.19	11	11	\$0.19	11	11	\$0.19	11	11	\$0.19	11	11	\$0.19
REHABILITATION CENTER	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
SCHOOL HEALTH CENTER	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00	0	0	\$0.00
SPEECH LANGUAGE PATHOLOGIST	0	0	\$0.00	0	0	\$0.00	0																							

Special Benefits Demonstration Project

Count of Members By Group at the End of Each Month

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	SFY2003 - DY01			SFY2004 - DY02			SFY2005 - DY03			SFY2006 - DY04			SFY2007 - DY05			SFY2008 - DY06		
July	85	228	313	124	280	404	143	301	444	191	309	500	272	305	577	293	275	568
August	94	226	320	125	277	402	141	300	441	207	303	510	273	301	574	291	273	564
September	97	224	321	131	273	404	140	297	437	213	301	514	277	300	577	281	269	550
October	94	244	338	132	292	424	143	298	441	224	295	519	292	289	581	284	272	556
November	94	244	338	134	286	420	146	295	441	228	287	515	292	288	580	283	270	553
December	98	241	339	134	286	420	146	296	442	239	280	519	291	285	576	283	267	550
January	102	258	360	134	295	429	156	305	461	248	291	539	298	281	579	289	256	545
February	108	256	364	140	292	432	160	301	461	256	287	543	301	276	577	291	257	548
March	113	253	366	143	288	431	163	297	460	256	283	539	292	276	568	287	262	549
April	117	264	381	144	288	432	174	308	482	263	297	560	298	274	572	288	267	555
May	119	265	384	142	291	433	179	302	481	261	296	557	292	274	566	295	265	560
June	123	263	386	140	290	430	181	298	479	264	292	556	282	274	556	295	263	558

Month	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
	2014 - DY12			2015 - DY13			2016 - DY14			2017 - DY15			2018 - DY16			2019 - DY17		
January	445	212	657	454	312	766	464	314	778	450	313	763	446	312	758	458	313	771
February	445	214	659	456	311	767	467	323	790	452	314	766	446	310	756	448	324	772
March	450	209	659	459	312	771	461	316	777	457	317	774	454	308	762	428	338	766
April	447	212	659	456	313	769	461	313	774	456	314	770	456	309	765	403	362	765
May	452	206	658	448	317	765	460	313	773	456	314	770	458	306	764	398	375	773
June	448	327	775	446	317	763	463	307	770	450	320	770	457	312	769	334	420	754
July	449	320	769	454	315	769	457	310	767	453	315	768	458	312	770	336	426	762
August	443	320	763	457	312	769	453	314	767	447	311	758	457	315	772	331	421	752
September	446	321	767	462	320	782	463	316	779	449	312	761	460	317	777	334	428	762
October	443	324	767	456	321	777	462	312	774	449	311	760	465	315	780	327	436	763
November	445	319	764	464	313	777	458	313	771	445	311	756	458	312	770	324	437	761
December	444	316	760	461	311	772	456	312	768	442	314	756	463	311	774	322	436	758

Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
SFY2009 - DY07			SFY2010 - DY08			SFY2011 - DY09			SFY2012 - DY10			SFY2013 - DY11			2013 (2nd half) - DY11		
286	269	555	331	283	614	382	307	689	416	292	708	416	201	617	420	221	641
276	272	548	332	280	612	386	308	694	417	284	701	420	201	621	425	218	643
283	269	552	333	281	614	363	295	658	417	284	701	412	196	608	430	215	645
288	270	558	337	284	621	371	289	660	420	291	711	417	178	595	443	216	659
289	275	564	339	286	625	379	294	673	428	286	714	415	185	600	446	215	661
296	282	578	346	290	636	395	288	683	423	283	706	409	197	606	449	211	660
300	284	584	348	296	644	396	289	685	414	248	662	408	204	612			
302	288	590	349	298	647	399	281	680	420	242	662	414	199	613			
312	290	602	350	301	651	407	289	696	413	177	590	411	212	623			
315	288	603	355	300	655	413	298	711	419	183	602	418	211	629			
316	284	600	369	301	670	413	296	709	417	187	604	421	209	630			
323	280	603	381	313	694	415	290	705	417	195	612	420	209	629			

Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total	Demonstration Enrollees	Medicaid Members	Total
2020 - DY18			2021 - DY19			2022 - DY20			2023 - DY21		
314	438	752	297	479	776	291	506	797	286	537	823
310	437	747	293	487	780	290	509	799	290	538	828
310	444	754	291	497	788	292	513	805	289	537	826
308	450	758	294	497	791	289	517	806	291	547	838
296	457	753	294	497	791	291	521	812	291	551	842
299	460	759	290	500	790	288	530	818	294	544	838
301	467	768	288	501	789	289	534	823	290	534	824
303	461	764	290	503	793	289	532	821	297	521	818
304	464	768	291	504	795	287	528	815	294	512	806
302	470	772	291	505	796	285	520	805	293	509	802
298	481	779	292	506	798	283	530	813	287	510	797
298	484	782	292	505	797	283	539	822	284	520	804



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

Special Benefits Demonstration Project

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

Month	Demonstration Enrollees				Medicaid Members				Total
	Total	Female	Male	Under 18	Total	Female	Male	Under 18	
July-02	85	8	77	0	228	68	160	4	313
August-02	94	8	86	0	226	67	159	4	320
September-02	97	8	89	0	224	66	158	5	321
October-02	94	6	88	0	244	70	174	5	338
November-02	94	7	87	0	244	69	175	5	338
December-02	98	7	91	0	241	68	173	5	339
January-03	102	7	95	0	258	74	184	7	360
February-03	108	7	101	0	256	75	181	7	364
March-03	113	7	106	0	253	75	178	7	366
April-03	117	9	108	0	264	77	187	7	381
May-03	119	9	110	0	265	78	187	7	384
June-03	123	8	115	0	263	77	186	7	386
July-03	124	7	117	0	280	83	197	8	404
August-03	125	7	118	0	277	83	194	8	402
September-03	131	7	124	0	273	82	191	8	404
October-03	132	6	126	0	292	82	210	8	424
November-03	134	6	128	0	286	80	206	8	420
December-03	134	7	127	0	286	80	206	8	420
January-04	134	6	128	0	295	80	215	8	429
February-04	140	8	132	1	292	78	214	7	432
March-04	143	8	135	1	288	77	211	7	431
April-04	144	8	136	1	288	78	210	5	432
May-04	142	9	133	1	291	79	212	5	433
June-04	140	8	132	1	290	78	212	5	430
July-04	143	8	135	1	301	79	222	5	444
August-04	141	8	133	1	300	80	220	5	441
September-04	140	8	132	1	297	80	217	5	437
October-04	143	10	133	1	298	79	219	5	441
November-04	146	12	134	1	295	79	216	5	441
December-04	146	14	132	1	296	77	219	5	442
January-05	156	16	140	1	305	78	227	6	461
February-05	160	16	144	1	301	76	225	6	461
March-05	163	16	147	1	297	76	221	6	460
April-05	174	16	158	1	308	85	223	7	482
May-05	179	16	163	1	302	84	218	7	481
June-05	181	15	166	1	298	85	213	7	479
July-05	191	16	175	1	309	90	219	7	500
August-05	207	18	189	1	303	90	213	7	510
September-05	213	20	193	1	301	88	213	7	514
October-05	224	21	203	1	295	86	209	7	519
November-05	228	21	207	1	287	84	203	7	515
December-05	239	23	216	1	280	82	198	7	519
January-06	248	23	225	1	291	90	201	8	539
February-06	256	21	235	1	287	90	197	8	543
March-06	256	21	235	1	283	90	193	7	539
April-06	263	22	241	1	297	93	204	4	560
May-06	261	21	240	1	296	92	204	4	557
June-06	264	25	239	1	292	91	201	4	556
July-06	272	26	246	1	305	96	209	4	577
August-06	273	25	248	1	301	96	205	4	574
September-06	277	26	251	1	300	96	204	4	577
October-06	292	27	265	1	289	94	195	5	581
November-06	292	27	265	1	288	95	193	5	580
December-06	291	28	263	1	285	93	192	5	576
January-07	298	28	270	1	281	97	184	6	579
February-07	301	29	272	1	276	95	181	7	577
March-07	292	30	262	1	276	94	182	7	568
April-07	298	30	268	1	274	92	182	6	572
May-07	292	30	262	1	274	91	183	6	566
June-07	282	27	255	1	274	91	183	6	556
July-07	293	27	266	1	275	95	180	6	568
August-07	291	27	264	1	273	95	178	6	564
September-07	281	27	254	1	269	94	175	6	550
October-07	284	30	254	1	272	93	179	6	556
November-07	283	29	254	1	270	93	177	6	553
December-07	283	31	252	1	267	92	175	6	550
January-08	289	33	256	1	256	89	167	6	545
February-08	291	32	259	1	257	90	167	5	548
March-08	287	30	257	1	262	94	168	5	549
April-08	288	30	258	1	267	93	174	6	555
May-08	295	31	264	1	265	93	172	6	560
June-08	295	30	265	1	263	92	171	6	558
July-08	286	28	258	1	269	91	178	3	555
August-08	276	25	251	1	272	90	182	3	548
September-08	283	28	255	1	269	90	179	3	552
October-08	288	29	259	1	270	91	179	3	558
November-08	289	28	261	1	275	97	178	3	564
December-08	296	31	265	1	282	99	183	3	578
January-09	300	31	269	1	284	97	187	3	584
February-09	302	30	272	1	288	96	192	3	590
March-09	312	33	279	1	290	93	197	3	602
April-09	315	34	281	1	288	92	196	3	603
May-09	316	34	282	1	284	92	192	3	600
June-09	323	33	290	1	280	92	188	3	603
July-09	331	36	295	1	283	95	188	3	614
August-09	332	36	296	1	280	95	185	3	612
September-09	333	36	297	1	281	95	186	3	614
October-09	337	38	299	1	284	96	188	3	621
November-09	339	38	301	1	286	95	191	3	625
December-09	346	40	306	1	290	96	194	3	636
January-10	348	40	308	1	296	97	199	3	644
February-10	349	41	308	1	298	100	198	3	647
March-10	350	43	307	1	301	102	199	3	651
April-10	355	44	311	1	300	105	195	4	655
May-10	369	45	324	1	301	104	197	4	670
June-10	381	44	337	1	313	105	208	8	694
July-10	382	43	339	1	307	102	205	3	689
August-10	386	44	342	1	308	103	205	3	694
September-10	363	43	320	1	295	99	196	3	658
October-10	371	45	326	2	289	99	190	3	660
November-10	379	47	332	2	294	102	192	4	673
December-10	395	45	350	2	288	103	185	4	683
January-11	396	46	350	2	289	103	186	5	685
February-11	399	46	353	2	281	100	181	5	680
March-11	407	48	359	2	289	103	186	5	696
April-11	413	46	367	2	298	110	188	5	711
May-11	413	47	366	2	296	108	188	5	709
June-11	415	47	368	2	290	108	182	6	705
July-11	416	48	368	2	292	111	181	5	708
August-11	417	49	368	2	284	107	177	5	701
September-11	417	49	368	2	284	107	177	6	701
October-11	420	48	372	2	291	109	182	7	711
November-11	428	51	377	2	286	106	180	7	714
December-11	423	50	373	2	283	104	179	6	706
January-12	414	48	366	2	248	92	156	6	662
February-12	420	51	369	2	242	89	153	6	662
March-12	413	48	365	2	177	61	116	4	590
April-12	419	50	369	2	183	62	121	5	602
May-12	417	48	369	2	187	62	125	5	604
June-12	417	47	370	2	195	65	130	4	612
July-12	416	43	373	2	201	68	133	4	617
August-12	420	43	377	2	201	66	135	5	621
September-12	412	44	368	2	196	66	130	5	608
October-12	417	46	371	2	178	59	119	4	595
November-12	415	47	368	2	185	63	122	4	600
December-12	409	48	361	2	197	68	129	5	606
January-13	408	47	361	2	204	69	135	5	612
February-13	414	49	365	2	199	68	131	5	613

March-13	411	49	362	2	212	70	142	5	623
April-13	418	51	367	2	211	72	139	5	629
May-13	421	51	370	3	209	71	138	5	630
June-13	420	53	367	3	209	71	138	5	629
July-13	420	53	367	3	221	84	137	6	641
August-13	425	54	371	3	218	83	135	6	643
September-13	430	55	375	3	215	80	135	6	645
October-13	443	57	386	3	216	81	135	7	659
November-13	446	57	389	3	215	78	137	6	661
December-13	449	62	387	3	211	81	130	7	680
January-14	445	61	384	3	212	80	132	7	657
February-14	445	61	384	3	214	80	134	7	659
March-14	450	62	388	2	209	78	131	7	659
April-14	447	60	387	2	212	76	136	7	659
May-14	452	60	392	2	206	74	132	7	658
June-14	448	61	387	2	327	111	216	10	775
July-14	449	64	385	4	320	109	211	9	769
August-14	443	63	380	4	320	109	211	9	763
September-14	446	63	383	4	321	109	212	9	767
October-14	443	59	384	4	324	115	209	9	767
November-14	445	60	385	4	319	112	207	9	764
December-14	444	59	385	4	316	113	203	9	760
January-15	454	58	396	4	312	112	200	9	766
February-15	456	57	399	4	311	108	203	9	767
March-15	459	56	403	4	312	111	201	9	771
April-15	456	57	399	4	313	112	201	9	769
May-15	448	56	392	4	317	113	204	9	765
June-15	446	56	390	4	317	116	201	9	763
July-15	454	55	399	4	315	114	201	9	769
August-15	457	54	403	4	312	113	199	10	769
September-15	462	55	407	4	320	117	203	10	782
October-15	456	53	403	4	321	115	206	11	777
November-15	464	54	410	4	313	111	202	11	777
December-15	461	56	405	4	311	108	203	10	772
January-16	464	55	409	4	314	112	202	11	778
February-16	467	59	408	4	323	114	209	12	790
March-16	461	61	400	5	316	112	204	12	777
April-16	461	61	400	5	313	108	205	12	774
May-16	460	61	399	5	313	108	205	12	773
June-16	463	60	403	5	307	105	202	12	770
July-16	457	58	399	3	310	107	203	14	767
August-16	453	57	396	3	314	107	207	14	767
September-16	463	59	404	3	316	109	207	15	779
October-16	462	60	402	3	312	110	202	15	774
November-16	458	60	398	3	313	109	204	15	771
December-16	456	59	397	3	312	105	207	12	768
January-17	450	59	391	3	313	105	208	11	763
February-17	452	61	391	3	314	105	209	12	766
March-17	457	61	396	3	317	107	210	14	774
April-17	456	61	395	3	314	104	210	15	770
May-17	456	59	397	3	314	109	205	15	770
June-17	450	57	393	3	320	110	210	15	770
July-17	453	57	396	3	315	110	205	15	768
August-17	447	56	391	3	311	111	200	14	758
September-17	449	54	395	3	312	110	202	14	761
October-17	449	58	391	3	311	109	202	14	760
November-17	445	56	389	3	311	110	201	14	756
December-17	442	56	386	3	314	107	207	14	756
January-18	446	55	391	3	312	105	207	12	758
February-18	446	53	393	3	310	100	210	10	756
March-18	454	55	399	3	308	104	204	11	762
April-18	456	57	399	3	309	104	205	11	765
May-18	458	58	400	3	306	104	202	11	764
June-18	457	59	398	3	312	111	201	11	769
July-18	458	62	396	3	312	108	204	11	770
August-18	457	65	392	3	315	109	206	11	772
September-18	460	62	398	3	317	111	206	11	777
October-18	465	64	401	5	315	108	207	9	780
November-18	458	65	393	5	312	111	201	10	770
December-18	463	66	397	5	311	108	203	10	774
January-19	458	67	391	5	313	107	206	12	771
February-19	448	67	381	5	324	112	212	12	772
March-19	428	65	363	5	338	113	225	10	766
April-19	403	63	340	5	362	114	248	9	765
May-19	398	64	334	5	375	115	260	10	773
June-19	334	51	283	5	420	120	300	10	754
July-19	336	52	284	5	426	122	304	10	762
August-19	331	51	280	5	421	125	296	10	752
September-19	334	52	282	5	428	128	300	10	762
October-19	327	49	278	5	436	131	305	10	763
November-19	324	49	275	5	437	129	308	11	761
December-19	322	50	272	5	436	128	308	10	758
January-20	314	47	267	5	438	130	308	10	752
February-20	310	46	264	5	437	130	307	10	747
March-20	310	44	266	5	444	136	308	10	754
April-20	308	43	265	5	450	135	315	10	758
May-20	296	41	255	5	457	137	320	9	753
June-20	299	42	257	5	460	139	321	9	759
July-20	301	43	258	5	467	142	325	9	768
August-20	303	45	258	5	461	140	321	7	764
September-20	304	44	260	5	464	138	326	8	768
October-20	302	43	259	5	470	138	332	8	772
November-20	298	43	255	5	481	139	342	7	779
December-20	298	44	254	5	484	140	344	9	782
January-21	297	45	252	4	479	138	341	5	776
February-21	293	45	248	4	487	139	348	5	780
March-21	291	44	247	4	497	140	357	5	788
April-21	294	43	251	4	497	141	356	5	791
May-21	294	43	251	4	497	140	357	6	791
June-21	290	43	247	4	500	140	360	6	790
July-21	288	43	245	4	501	142	359	6	789
August-21	290	43	247	4	503	139	364	8	793
September-21	291	44	247	4	504	139	365	8	795
October-21	291	45	246	4	505	136	369	8	796
November-21	292	47	245	4	506	132	374	9	798
December-21	292	46	246	4	505	131	374	8	797
January-22	291	46	245	4	506	136	370	7	797
February-22	290	46	244	4	509	135	374	7	799
March-22	292	47	245	4	513	138	375	7	805
April-22	289	47	242	4	517	135	382	7	806
May-22	291	47	244	4	521	139	382	7	812
June-22	288	45	243	3	530	141	389	7	818
July-22	289	45	244	3	534	141	393	7	823
August-22	289	45	244	3	532	140	392	7	821
September-22	287	46	241	3	528	138	390	8	815
October-22	285	45	240	3	520	136	384	8	805
November-22	283	44	239	3	530	143	387	9	813
December-22	283	44	239	3	539	143	396	10	822
January-23	286	44	242	3	537	142	395	10	823
February-23	290	45	245	3	538	145	393	10	828
March-23	289	46	243	3	537	150	387	10	826
April-23	291	46	245	3	547	152	395	9	838
May-23	291	46	245	3	551	151	400	10	842
June-23	294	47	247	3	544	148	396	10	838
July-23	290	47	243	3	534	148	386	10	824
August-23	297	50	247	3	521	146	375	10	818
September-23	294	51	243	3	512	151	361	10	806
October-23	293	51	242	3	509	147	362	9	802
November-23	287	51	236	3	510	147	363	9	797
December-23	284	46	238	3	520	151	369	10	804

**Department Of Health and Human Services  
MaineCare Services**

Special Benefits Demonstration Project

Attachment A: Distinct Member Counts By Quarter

State Fiscal Year	Quarter	Total Membership	Demonstration Program	Medicaid Members	Members in Both*	Members in Cohort	Members in Medicaid Exclusive**	Moved from Cohort to Demonstration Group
2003	1	331	104	231	4	211	23	3
2003	2	345	101	246	2	206	44	4
2003	3	372	116	260	4	202	60	2
2003	4	391	124	268	1	198	73	3
2004	1	413	132	284	3	194	96	6
2004	2	427	135	297	5	188	114	5
2004	3	436	143	301	8	186	120	5
2004	4	440	151	294	5	185	115	6
2005	1	451	147	308	4	183	131	6
2005	2	452	153	305	6	178	134	7
2005	3	466	164	305	3	173	138	6
2005	4	495	189	311	5	171	147	7
2006	1	523	218	314	9	168	153	7
2006	2	537	246	298	7	167	140	9
2006	3	551	267	295	11	160	146	11
2006	4	576	286	305	15	158	157	10
2007	1	592	287	313	8	158	165	10
2007	2	596	304	296	4	155	151	10
2007	3	587	308	285	6	153	142	10
2007	4	581	305	280	4	150	141	11
2008	1	576	302	281	7	145	146	10
2008	2	575	298	288	11	142	157	11
2008	3	567	301	276	10	139	149	12
2008	4	586	309	282	5	136	158	12
2009	1	578	299	284	5	137	157	10
2009	2	585	301	287	3	134	165	12
2009	3	615	321	304	10	135	181	12
2009	4	624	336	301	13	135	178	12
2010	1	632	341	295	4	128	179	12
2010	2	649	354	313	18	131	196	14
2010	3	669	366	325	22	132	208	15
2010	4	704	383	326	5	132	208	14
2011	1	711	398	337	24	132	220	15
2011	2	704	405	313	14	129	198	14
2011	3	719	418	308	7	129	193	14
2011	4	733	431	309	7	127	194	12
2012	1	728	434	300	6	125	186	11
2012	2	730	438	303	11	124	193	14
2012	3	690	437	257	4	123	148	14
2012	4	631	431	206	6	118	100	12
2013	1	646	437	218	9	115	118	15
2013	2	637	436	209	8	115	109	15
2013	3	644	421	226	3	112	127	13
2013	4	649	433	218	2	110	120	12
2014 (DY11)	1 (5)	675	443	234	2	106	140	12
2014 (DY11)	2 (6)	691	460	237	6	101	146	10

Calendar Year	Quarter	Total Membership	Demonstration Program	Medicaid Members	Members in Both*	Members in Cohort	Members in Medicaid Exclusive**	Moved from Cohort to Demonstration Group
2014	1	686	463	226	3	100	136	10
2014	2	793	463	333	3	101	241	9
2014	3	794	464	331	1	101	241	11
2014	4	794	457	340	3	100	250	10
2015	1	800	473	334	7	99	246	11
2015	2	790	469	329	8	98	242	11
2015	3	807	476	335	4	99	247	11
2015	4	806	478	332	4	99	244	11
2016	1	805	478	333	6	99	246	12
2016	2	793	473	325	5	97	239	11
2016	3	803	476	333	6	97	247	11
2016	4	799	476	328	5	95	246	13
2017	1	804	475	334	5	91	255	12
2017	2	807	479	337	9	92	256	11
2017	3	800	472	333	5	89	253	9
2017	4	789	468	330	9	88	254	12
2018	1	792	468	330	6	89	253	12
2018	2	793	474	325	6	88	248	11
2018	3	802	477	330	5	86	256	12
2018	4	808	484	331	7	86	258	13
2019	1	812	473	363	24	83	293	13
2019	2	800	417	448	65	81	379	12
2019	3	795	351	458	14	81	390	13
2019	4	790	340	463	13	80	394	11
2020	1	794	330	476	12	80	407	11
2020	2	780	315	477	12	80	408	11
2020	3	799	310	493	4	79	425	11
2020	4	802	305	502	5	79	433	10
2021	1	805	299	512	6	78	424	10
2021	2	812	299	523	10	78	433	12
2021	3	816	295	523	2	78	434	11
2021	4	828	299	532	3	76	446	10
2022	1	832	294	539	1	76	473	10
2022	2	839	293	550	4	76	484	10
2022	3	843	292	552	1	75	487	10
2022	4	844	289	559	4	75	495	11
2023	1	865	295	571	1	74	497	11
2023	2	871	295	578	2	72	506	11
2023	3	857	304	561	8	72	489	11
2023	4	838	300	549	11	71	478	11

\* Members moved from Demonstration Program to Full MaineCare(Medicaid) or Full MaineCare to Demonstration Program during the Quarter  
 \*\*Previously "Members in Quarter Only". As of SFY11 this field was renamed "Members in Medicaid Exclusive" to provide a more accurate field description.

**SPECIAL BENEFITS DEMONSTRATION PROJECT  
ATTACHMENT C: CONTACT TRACKING SUMMARY**

Contact Reason	DY14		DY15		DY16		DY17		DY18		DY19		DY20		DY21	
	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing
Adherence	237	788	276	734	251	801	28	202	4	609	6	815	52	587	86	523
Ambulance/Transportation	29	48	62	87	23	46	9	16	7	17	2	5	5	11	12	20
Case Management Services	410	441	484	473	540	589	442	505	361	1076	269	322	234	153	144	178
Collaboration Care Coordination	103	111	129	114	130	103	95	129	48	156	25	197	68	150	107	175
Compliance	57	257	57	209	55	328	80	481	127	902	210	825	50	400	11	140
Eligibility	328	782	318	805	245	704	134	422	87	332	72	410	59	347	85	413
ER	95	369	83	329	59	221	8	170	1	313	2	234	8	131	18	210
Family Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Inpatient	19	68	19	59	18	43	4	28	0	62	0	47	2	27	2	49
Introductory Call	41	121	45	116	40	129	6	95	2	90	5	92	9	90	12	95
Laboratory/X-ray	21	41	13	27	29	91	1	3	1	209	5	123	0	35	1	2
Medications	81	136	85	83	120	95	36	37	23	23	27	38	19	46	30	42
Member Survey	46	256	81	266	67	202	5	199	2	264	5	142	41	398	19	88
Mental Health/Substance Abuse	8	11	2	2	6	6	1	239	0	1	1	0	1	2	0	1
Other	381	445	410	365	327	404	83	33	52	213	46	176	141	230	286	287
Outdated Contact	8	42	11	74	2	28	1	35	0	0	0	72	12	62	29	193
Pharmacy	4	65	12	41	11	104	5	39	5	18	2	18	3	18	6	34
Phone Call Follow-up	19	271	31	303	13	242	2	92	0	28	0	112	8	85	19	172
Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Policy	0	0	0	3	0	0	0	0	0	0	0	0	0	1	2	3
Provider Services	28	65	40	104	30	80	24	1	8	75	18	39	17	89	15	75
Readmission			1	1	0	0	0	0	0	0	0	0	0	0	0	1
Unpaid Claims	39	99	50	100	35	96	33	45	32	52	29	41	19	38	22	28
Viral Loads	10	3	4	1	6	0	1	1	4	0	0	0	0	0	42	
<b>Total</b>	<b>1964</b>	<b>4419</b>	<b>2213</b>	<b>4296</b>	<b>2007</b>	<b>4312</b>	<b>998</b>	<b>2772</b>	<b>764</b>	<b>4440</b>	<b>724</b>	<b>3708</b>	<b>748</b>	<b>2900</b>	<b>948</b>	<b>2732</b>

ATTACHMENT D: CONTACT TRACKING DETAIL

	Demonstration Year 4	% Demonstration Year 5	% Demonstration Year 6	% Demonstration Year 7	% Demonstration Year 8	% Demonstration Year 9	% Demonstration Year 10	% Demonstration Year 11	% Demonstration Year 12	% Demonstration Year 13	% Demonstration Year 14	% Demonstration Year 15	Demonstration Year 16	Demonstration Year 17	Demonstration Year 18	Demonstration Year 19	Demonstration Year 20	Demonstration Year 21	
<b>INCOMING</b>	<b>1472 42%</b>	<b>1844 41%</b>	<b>1252 36%</b>	<b>801 28%</b>	<b>919 25%</b>	<b>984 27%</b>	<b>1327 32%</b>	<b>1605 24%</b>	<b>1523 25%</b>	<b>1881 25%</b>	<b>29%</b>	<b>1964 31%</b>	<b>2,213 34%</b>	<b>2,007 32%</b>	<b>998 27%</b>	<b>764 15%</b>	<b>730 16%</b>	<b>1,263 27%</b>	<b>597 26%</b>
<b>Calls</b>	<b>926 63%</b>	<b>1115 60%</b>	<b>880 70%</b>	<b>571 71%</b>	<b>703 75%</b>	<b>869 88%</b>	<b>1207 91%</b>	<b>1523 86%</b>	<b>1389 91%</b>	<b>1723 91%</b>	<b>29%</b>	<b>1384 86%</b>	<b>1,961 89%</b>	<b>1,839 92%</b>	<b>853 85%</b>	<b>610 80%</b>	<b>603 83%</b>	<b>1,126 90%</b>	<b>597 86%</b>
<b>Member</b>	0 0%	46 9%	28 7%	25 10%	87 20%	106 34%	68 13%	213 30%	222 27%	212 27%	189 23%	221 23%	189 21%	221 22%	23 7%	3 1%	47 1%	35 11%	55 11%
Adherence	0 0%	6 1%	4 1%	4 2%	2 0%	2 1%	6 1%	4 1%	6 1%	4 1%	3 1%	4 1%	3 1%	3 1%	3 1%	4 1%	2 0%	7 1%	7 1%
Ambulance/Transportation	285 77%	295 59%	248 63%	96 37%	34 8%	4 1%	11 2%	8 1%	1 0%	5 1%	11 11%	13 13%	9 1%	5 1%	3 1%	4 1%	2 1%	3 1%	2 1%
Case Management Services	1 0%	12 2%	14 4%	10 4%	5 1%	21 7%	1 0%	3 0%	3 0%	2 0%	0 0%	0 0%	1 0%	1 0%	1 0%	1 0%	1 0%	1 0%	1 0%
Collaboration Care coordination	41 11%	20 4%	16 4%	19 7%	49 11%	34 11%	13 3%	47 7%	41 5%	39 5%	44 5%	31 4%	36 4%	31 4%	118 11%	46%	194 16%	45 13%	20 2%
Compliance	8 2%	17 3%	29 7%	53 20%	116 27%	62 20%	136 19%	129 18%	117 14%	116 14%	99 12%	117 14%	99 12%	116 14%	109 10%	120 12%	116 11%	136 11%	44 9%
Eligibility	ER	2 1%	7 1%	1 0%	4 1%	2 1%	7 1%	11 1%	44 5%	44 5%	55 7%	52 6%	41 5%	2 0%	1 0%	2 1%	1 0%	7 1%	2 1%
Hospital Services	2 1%	0 0%	0 0%	0 0%	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Inpatient	3 1%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Introductions	4 1%	25 5%	5 1%	32 4%	47 11%	32 4%	5 1%	32 4%	47 11%	49 6%	40 5%	42 5%	35 4%	3 0%	4 1%	2 0%	13 1%	11 3%	2 0%
Laboratory/X-ray	0 0%	1 0%	1 0%	0 0%	0 0%	1 0%	0 0%	3 0%	0 0%	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Mental Health/Substance Abuse	0 0%	2 0%	1 0%	0 0%	0 0%	1 0%	0 0%	0 0%	0 0%	5 1%	0 0%	2 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Medications	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Other	0 0%	0 0%	0 0%	4 2%	39 9%	15 5%	65 13%	80 11%	234 28%	253 28%	218 26%	289 28%	256 28%	29 0%	63 6%	13 1%	31 3%	116 10%	241 50%
Outdated Contact	0 0%	0 0%	0 0%	2 1%	14 3%	7 2%	22 4%	59 8%	7 1%	19 2%	7 1%	1 0%	1 0%	1 0%	0 0%	0 0%	10 1%	10 3%	22 5%
Upaid Claims	28 8%	94 19%	52 13%	24 9%	23 5%	14 4%	13 3%	9 2%	19 2%	43 5%	19 2%	21 2%	16 2%	3 0%	4 1%	19 1%	12 1%	12 3%	3 1%
Pharmacy	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Phone Call Follow-up	1 0%	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Policy	3 0%	5 1%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Provider Services	1 0%	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Readmissions	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Vital Loads	1 0%	2 0%	2 1%	12 5%	2 0%	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Member Survey	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Family Planning	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
<b>Total</b>	<b>370 100%</b>	<b>591 100%</b>	<b>395 100%</b>	<b>261 100%</b>	<b>430 100%</b>	<b>313 100%</b>	<b>518 100%</b>	<b>708 100%</b>	<b>835 100%</b>	<b>905 100%</b>	<b>100%</b>	<b>1,028 100%</b>	<b>1,028 100%</b>	<b>257 100%</b>	<b>481 100%</b>	<b>345 100%</b>	<b>257 100%</b>	<b>350 100%</b>	<b>480 100%</b>
<b>ASO Worker</b>	170 63%	199 59%	106 27%	47 39%	117 69%	349 83%	471 93%	362 78%	281 54%	281 54%	57%	340 59%	410 64%	479 69%	284 95%	225 98%	189 84%	51 64%	64%
Adherence	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Ambulance/Transportation	28 10%	0 0%	0 0%	0 0%	3 2%	1 0%	1 0%	3 1%	30 3%	37 8%	49 7%	36 6%	27 4%	1 0%	1 0%	1 0%	1 0%	0 0%	0 0%
Case Management Services	19 7%	0 0%	0 0%	0 0%	16 9%	7 2%	9 3%	14 3%	11 3%	11 3%	38 7%	58 8%	4 1%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Collaboration Care coordination	3 1%	0 0%	0 0%	2 2%	7 4%	22 5%	7 1%	19 4%	45 10%	45 10%	24 4%	24 4%	4 1%	0 0%	0 0%	0 0%	2 1%	0 0%	0 0%
Compliance	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Eligibility	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Laboratory/X-ray	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Family Planning	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Provider Services	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Mental Health/Substance Abuse	5 2%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Vital Loads	1 0%	4 1%	4 2%	4 3%	1 0%	1 0%	2 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Pharmacy	16 10%	45 13%	24 6%	13 5%	2 0%	30 14%	1 0%	20 6%	2 0%	1 0%	27 6%	13 3%	4 1%	2 0%	4 1%	2 0%	13 12%	22 22%	0 0%
Policy	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Provider Services	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Readmissions	1 0%	3 1%	2 1%	1 1%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Vital Loads	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Member Survey	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Family Planning	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
<b>Total</b>	<b>270 100%</b>	<b>338 100%</b>	<b>207 100%</b>	<b>120 100%</b>	<b>169 100%</b>	<b>421 100%</b>	<b>508 100%</b>	<b>460 100%</b>	<b>557 100%</b>	<b>601 100%</b>	<b>601 100%</b>	<b>401 100%</b>	<b>601 100%</b>	<b>401 100%</b>	<b>299 100%</b>	<b>280 100%</b>	<b>226 100%</b>	<b>226 100%</b>	<b>100 100%</b>
<b>Other</b>	48 11%	30 9%	20 5%	4 6%	11 30%	21 5%	21 5%	28 6%	53 11%	53 11%	27 4%	38 6%	21 3%	50 15%	50 15%	28 8%	22 6%	25 10%	50 10%
Case Management Services	66 42%	38 24%	53 32%	20 32%	0 0%	3 4%	1 1%	2 0%	1 0%	1 0%	2 1%	2 1%	1 0%	2 1%	1 0%	3 1%	2 1%	2 10%	0 0%
Provider Services	0 0%	4 3%	0 0%	0 0%	2 5%	11 14%	17 19%	3 5%	11 11%	11 11%	5 3%	10 5%	10 5%	9 10%	5 11%	3 14%	2 10%	2 11%	2 11%
Pharmacy	5 3%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Eligibility	10 6%	5 3%	8 5%	2 3%	11 30%	20 26%	11 12%	14 25%	7 7%	7 7%	18 10%	10 7%	5 4%	1 2%	1 2%	0 0%	1 5%	2 11%	0 0%
Adherence	0 0%	2 1%	2 1%	2 3%	0 0%	1 1%	1 1%	3 3%	6 6%	6 6%	4 4%	6 6%	8 11%	8 11%	0 0%	0 0%	0 0%	0 0%	0 0%
Compliance	2 1%	1 0%	2 1%	0 0%	0 0%	2 2%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Eligibility	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Mental Health/Substance Abuse	0 0%	1 1%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Hospital Services	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Inpatient	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Family Planning	0 0%	0 0%	0 0%	1 2%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Vital Loads	11 7%	8 5%	29 17%	15 24%	1 3%	2 3%	2 2%	0 0%	0 0%	0 0%</									

	Case Management Services	14	12%	9	6%	3	3%	2	6%	11	22%	9	35%	9	100%	16	100%	9	82%	39	93%	52	84%	46	90%	40	93%	40	89%	53	83%	37	58%	39	71%	84	58%
	Compliance	0	0%	1	1%	0	0%	1	3%	18	37%	7	27%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Policy	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Hospital Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	ER	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Medications	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Eligibility	4	3%	7	3%	4	4%	2	4%	0	0%	1	4%	2	4%	2	4%	1	4%	2	4%	2	4%	1	2%	2	4%	1	2%	4	4%	1	2%	4	4%	1	2%
	Family Planning	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Physician Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Collaboration Care coordination	26	22%	102	7%	79	32%	24	67%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Pharmacy	2	2%	12	9%	3	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Unpaid Claims																																				
	<b>Total</b>	<b>117</b>	<b>100%</b>	<b>141</b>	<b>100%</b>	<b>96</b>	<b>100%</b>	<b>36</b>	<b>100%</b>	<b>49</b>	<b>100%</b>	<b>26</b>	<b>100%</b>	<b>9</b>	<b>100%</b>	<b>16</b>	<b>100%</b>	<b>11</b>	<b>100%</b>	<b>42</b>	<b>100%</b>	<b>62</b>	<b>100%</b>	<b>46</b>	<b>100%</b>	<b>40</b>	<b>100%</b>	<b>43</b>	<b>100%</b>	<b>53</b>	<b>100%</b>	<b>42</b>	<b>100%</b>	<b>55</b>	<b>100%</b>	<b>144</b>	<b>100%</b>
Other	Adherence	57	37%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Case Management Services	23	15%	11	4%	2	3%	1	3%	1	13%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Physician Services	4	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Compliance	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Eligibility	8	5%	1	0%	1	1%	2	6%	1	13%	5	56%	11	37%	22	25%	6	32%	1	3%	5	11%	4	9%	2	4%	1	3%	1	4%	0	0%	1	3%	4	13%
	Family Planning	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Hospital Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	ER	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Ambulance/Transportation	0	0%	3	1%	0	0%	1	3%	0	0%	0	0%	2	7%	0	0%	0	0%	0	0%	9	19%	18	23%	10	22%	0	0%	0	0%	0	0%	0	0%	0	0%
	Collaboration Care coordination	37	24%	183	62%	51	66%	12	39%	3	38%	9	30%	48	55%	2	11%	5	11%	7	7%	26	72%	25	89%	11	79%	15	83%	14	45%	0	0%	0	0%		
	Pharmacy	23	15%	26	9%	4	13%	0	0%	0	0%	0	0%	4	13%	6	32%	10	3%	3	10%	2	13%	0	0%	2	4%	0	0%	0	0%	0	0%	0	0%	0	0%
	Unpaid Claim	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Policy	2	1%	69	24%	15	19%	10	32%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Provider Services																																				
	Mental Health																																				
	Medication																																				
	Provider Services																																				
	<b>Total</b>	<b>155</b>	<b>100%</b>	<b>293</b>	<b>100%</b>	<b>77</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>1</b>	<b>11%</b>	<b>4</b>	<b>13%</b>	<b>3</b>	<b>3%</b>	<b>0</b>	<b>0%</b>	<b>2</b>	<b>6%</b>	<b>15</b>	<b>0%</b>	<b>2</b>	<b>0%</b>	<b>3</b>	<b>8%</b>	<b>1</b>	<b>4%</b>	<b>0</b>	<b>0%</b>	<b>1</b>	<b>3%</b>	<b>3</b>	<b>10%</b>		
Eligibility Office	Case Management Services	11	32%	35	38%	21	48%	23	64%	67	97%	17	100%	35	97%	62	98%	43	100%	30	97%	38	97%	27	100%	19	95%	12	100%	3	100%	0	0%	11	92%		
	Compliance	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Case Management Services	6	26%	28	0%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Policy	0	0%	8	9%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Other	11	32%	0	0%	3	7%	2	6%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Collaboration Care coordination	3	9%	22	26%	12	27%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	<b>Total</b>	<b>34</b>	<b>100%</b>	<b>93</b>	<b>100%</b>	<b>44</b>	<b>100%</b>	<b>36</b>	<b>100%</b>	<b>69</b>	<b>100%</b>	<b>43</b>	<b>100%</b>	<b>37</b>	<b>100%</b>	<b>27</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>37</b>	<b>100%</b>	<b>27</b>	<b>100%</b>	<b>20</b>	<b>100%</b>	<b>12</b>	<b>100%</b>	<b>11</b>	<b>100%</b>	<b>27%</b>	<b>100%</b>	<b>11</b>	<b>100%</b>		
Nurse	Adherence	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Case Management Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Physician Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Case Management Services	2	15%	1	8%	1	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Medications	1	8%	11	85%	23	96%	3	60%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	<b>Total</b>	<b>13</b>	<b>100%</b>	<b>13</b>	<b>100%</b>	<b>24</b>	<b>100%</b>	<b>5</b>	<b>100%</b>	<b>1</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>1</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
Physician	Other	6	86%	0																																	





	Collaboration Care coordination	0	0%	2	9%	12	22%	1	1%	0	0%	5	11%	6	7%	1	2%	5	12%	5	13%	1	5%	5	29%	6	30%	3	6%	1	3%	3	43%	0	0%	0	0%		
	ER																																						
	Laboratory/X-ray																																						
	Policy																																						
	Outdated Contact																																						
	Updat Claims																																						
	<b>Total</b>	<b>73</b>	<b>100%</b>	<b>23</b>	<b>100%</b>	<b>54</b>	<b>100%</b>	<b>87</b>	<b>100%</b>	<b>39</b>	<b>100%</b>	<b>44</b>	<b>100%</b>	<b>62</b>	<b>100%</b>	<b>61</b>	<b>100%</b>	<b>41</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>22</b>	<b>100%</b>	<b>17</b>	<b>100%</b>	<b>23</b>	<b>100%</b>	<b>51</b>	<b>100%</b>	<b>30</b>	<b>100%</b>	<b>21</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>		
<b>Email</b>		<b>464</b>	<b>23%</b>	<b>717</b>	<b>27%</b>	<b>370</b>	<b>17%</b>	<b>276</b>	<b>13%</b>	<b>398</b>	<b>15%</b>	<b>232</b>	<b>9%</b>	<b>226</b>	<b>8%</b>	<b>489</b>	<b>10%</b>	<b>391</b>	<b>9%</b>	<b>513</b>	<b>11%</b>	<b>572</b>	<b>13%</b>	<b>690</b>	<b>16%</b>	<b>551</b>	<b>13%</b>	<b>335</b>	<b>12%</b>	<b>407</b>	<b>15%</b>	<b>540</b>	<b>15%</b>	<b>493</b>	<b>19%</b>				
<b>Member</b>	Case Management Services	31	72%	27	66%	6	29%	5	22%	2	6%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	6%	0	0%	0	0%	1	2%	1	2%				
	Other	7	16%	0	0%	0	0%	1	4%	0	0%	0	0%	0	0%	2	14%	13	52%	11	41%	14	41%	19	44%	7	41%	1	50%	6	10%	8	14%	8	14%				
	Physician Services	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Mental Health/Substance Abuse	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Eligibility	1	2%	1	2%	2	10%	6	26%	7	19%	2	25%	1	25%	8	57%	3	12%	14	52%	9	26%	7	18%	3	18%	1	50%	2	3%	0	0%	0	0%				
	Introductory Call																																						
	Member Survey																																						
	Ambulance/Transportation	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	4	9%	1	6%	0	0%	1	2%	1	2%	1	2%				
	Family Planning	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Pharmacy	2	5%	5	12%	7	33%	1	4%	1	3%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Provider Services	1	2%	1	2%	0	0%	1	4%	3	8%	2	25%	0	0%	1	7%	0	0%	0	0%	3	7%	0	0%	1	6%	0	0%	0	0%	0	0%	1	2%	1	2%		
	Phone Call Follow-up	0	0%	0	0%	0	0%	1	4%	1	3%	1	3%	0	0%	0	0%	0	0%	0	0%	2	6%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Collaboration Care coordination	0	0%	5	12%	0	0%	1	3%	1	3%	0	0%	1	13%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Adherence	0	0%	0	0%	0	0%	6	26%	7	19%	1	13%	1	25%	2	14%	6	24%	1	4%	3	9%	1	2%	1	6%	0	0%	20	34%	10	34%	19	34%				
	Compliance	0	0%	1	2%	0	0%	2	9%	14	39%	0	0%	1	25%	0	0%	1	4%	0	0%	1	3%	0	0%	1	6%	8	62%	27	47%	6	11%	6	11%				
	ER	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	3	5%	3	5%				
	Updat Claims	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%	1	2%				
	Policy	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Laboratory/X-ray	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Out-Dated Contact	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Medications	1	2%	1	2%	0	0%	1	4%	3	8%	2	25%	0	0%	1	7%	0	0%	0	0%	3	7%	0	0%	1	6%	0	0%	0	0%	0	0%	5	9%	5	9%		
	<b>Total</b>	<b>41</b>	<b>100%</b>	<b>41</b>	<b>100%</b>	<b>21</b>	<b>100%</b>	<b>23</b>	<b>100%</b>	<b>14</b>	<b>100%</b>	<b>8</b>	<b>100%</b>	<b>4</b>	<b>100%</b>	<b>14</b>	<b>100%</b>	<b>25</b>	<b>100%</b>	<b>27</b>	<b>100%</b>	<b>14</b>	<b>100%</b>	<b>43</b>	<b>100%</b>	<b>17</b>	<b>100%</b>	<b>2</b>	<b>100%</b>	<b>13</b>	<b>100%</b>	<b>56</b>	<b>100%</b>	<b>56</b>	<b>100%</b>	<b>1</b>	<b>56%</b>		
<b>ASO Worker</b>	Case Management Services	28	19%	16	9%	3	3%	6	8%	40	28%	16	24%	7	88%	16	80%	10	82%	16	82%	17	85%	12	63%	4	100%	10	97%	11	92%	10	25%	10	25%				
	Other	76	51%	0	0%	0	0%	0	0%	0	0%	1	12%	1	6%	0	0%	0	0%	0	0%	2	11%	2	11%	22	41%	0	0%	0	0%	0	0%	0	0%				
	Eligibility	6	4%	12	7%	6	6%	8	11%	1	1%	0	0%	1	1%	2	17%	3	4%	3	16%	2	10%	5	26%	4	15%	0	0%	0	0%	0	0%	0	0%				
	Adherence	0	0%	0	0%	0	0%	18	25%	46	32%	16	34%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	1	3%	1	3%				
	Compliance	0	0%	0	0%	0	0%	11	15%	35	24%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Physician Services	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Family Planning	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	ER	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	EPISDT Services	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Collaboration Care coordination	30	20%	115	68%	83	81%	20	28%	3	2%	2	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	8%	26	65%	26	65%				
	Pharmacy	5	3%	14	8%	3	3%	3	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Ambulance/Transportation	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Policy	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%				
	Intepret																																						
	Updat Claims																																						
	Viral load	0	0%	0	0%	0	0%	6	8%	3	2%	0																											





Attachment N  
Nurse Coordinator Complaint Log  
Demonstration Year 21

Complaint	Date Contacted	Message Type	Type	Contacted Note	Resolution	Date of Resolution
92314	7 /24/2023	Member	Call	Member called and left a message on the Nurse Coordinator's voicemail. He reports that he called his primary care office to make an appointment because he would like to see his doctor as he is having some health concerns. The member reported that the office staff he spoke with told him he will be seeing a nurse for his annual wellness visit. Member stated that he didn't want a wellness visit, he wanted to see his doctor. Member reports that the office staff ended up hanging up on him. The member states he called back and was transferred to the office manager.	The Nurse Coordinator called the member back to gather more information and follow up on the voicemail he left. The member did not return the Nurse Coordinator's call.	24-Jul-23
92303	7 /20/2023	Member	Call	Member called to report a complaint about Non Emergency Transportation (NET) services. The member states when the driver picked him up, they had a pot pipe in their hand. The driver also told the member that all drivers are on camera. The member feels that both a pot pipe and being recorded without permission is illegal. Member noted that he has already called the broker and made an official complaint with them. He states that he felt the call was taken seriously by the broker. Member wanted to be sure someone within MaineCare also knew about the situation. The Nurse Coordinator assured the member that she would discuss the situation with the Special Benefit Waiver Program Manager. The Nurse Coordinator also told the member that he did the right thing by initially filing the formal complaint directly with the broker.	The Program Manager called the member back to let him know that follow up with the broker determined that the volunteer driver in question had been fired from the company due to another complaint. The broker confirmed that volunteer drivers do not have camera's in their vehicles. Program Manager reiterated to member that he did the right thing by filing a formal complaint with the broker.	20-Jul-23
93018	9 /25/2023	Member	Call	Member called to report frustrations with Non Emergency Transportation (NET) broker. The member states they have consistently either not picked him for an appointment, and/or not returned to pick him up after his appointments. He states that just last week they brought him to an appointment but never returned to take him back home. The next day, they called and stated that they were at his provider's office to pick him up and wanted to know where he was; so they mixed up the date and time to pick him up. The member states that he has tried to complain directly to the broker but the issue is still unresolved. The member would like to have someone from MaineCare reach out to him or provide him with a number to call to place his formal complaint. I told him I would discuss this with the Special Benefit Waiver Program Manager. He is having to use his limited income to use Uber and that is not sustainable as he needs most of his income for housing. The member also wanted to know if there was any way to get reimbursement for his rides for Uber. The Nurse Coordinator let the member know she would see if his CM could help. He states again, CM is "useless", but if I could still find out, that would be great. He apologized for the long rant and just asked if I would keep him in the loop. I told him I absolutely would.	The Nurse Coordinator composed a formal email that contained members NET concerns and sent it to the Special Benefit Waiver Program Manager. The Program Manager sent this email to the OMS NET team. A representative from the NET team responded and said the member should call MaineCare Member Services directly to file a formal complaint. The Nurse Coordinator called the member back and provided member with the phone number to MaineCare Member Services. The Nurse Coordinator also called the members targeted case manager to inquire about the possibility of their agency reimbursing the member for the Uber rides he had to pay for. The case manager reports this is a possibility and that they are reviewed on a case-by-case basis. Ultimately, they would prefer eligible members utilize MaineCare's NET services when possible.	25-Sep-23
93736	12/5 /2023	Member	Call	The same member as above called to voice additional/new concerns regarding his rides and NET broker. The member reports that the broker cancelled the two rides he had scheduled for today. The member did call MaineCare Member Services about his concerns. The member reports he was transferred a few times and the last representative transferred him directly to the broker. The members states it is difficult to complain to the company you are upset with. The member states that he was told by the broker that his rides were not scheduled 48 hours in advance. The member reports that he did try to do this on the weekend, but was unable to schedule the rides since the broker isn't open. The member stated that he thinks the NET representatives are rude and arrogant. The Nurse Coordinator confirmed the two business day scheduling rule. By the end of the conversation, the member had calmed down. He really just wants to know whom he can speak with or email to discuss his frustration. The Nurse Coordinator let the member know she would discuss his concerns with the internal team and provided the direct contact numbers to the OMS NET unit.	The Nurse Coordinator provided member with the direct phone numbers to OMS NET team so he could call and discuss his concerns. The Nurse Coordinator and Program Manager followed up with the NET team to ensure they connected with member and responded to his concerns.	05-Dec-23
93790	12/8 /2023	Member	Email	Member sent an email to the Nurse Coordinator stating he had been refused targeted case management services. The member reports that the case manager he initially spoke with said the agency would re-open his case as he was a returning client (he had moved out of state for a few years to do ministry work). The member was later told he would have to reapply for case management services. He was told that due to a wait list, it would take a few weeks for his intake to be completed. The member reports this was months ago and he still doesn't have a case manager. The member feels that the case management agency is discriminating against him due to his ministries views on homosexuality and transgenderism.	The Nurse Coordinator emailed member back. The Nurse let the member know that the agency in question did have multiple staff vacancies and just hired 3-4 new case managers. This should soon help with their waitlist. The Nurse Coordinator offered to reach out to the agencies supervisor and ask that they contact the member. The Nurse also asked the member if he would like a referral to a new agency. The Nurse offered to advocate for the member either way.	08-Dec-23

**Special Benefits Waiver: Annual Reports For Demonstration Year 21**

**Attachment H: Number of Distinct MaineCare ID's and Claims For Womens HealthCare**

Data Source: MMDSS- MMIS Paid Claims Header, Pulled Via Service Start Date (07/01/2002 to 12/31/2023)

Description	Demonstration Year 14						Demonstration Year 15						Demonstration Year 16					
	Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members		
	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims
<i>Distinct Women 18 years and Over</i>	57			108			72			126			75			128		
Cervical & Vaginal Screenings	25	44%	52	42	39%	71	24	33%	52	35	28%	51	16	21%	25	31	24%	54
Mammography**	20	35%	42	28	26%	68	13	18%	25	18	14%	38	15	20%	28	33	26%	77

Description	Demonstration Year 14						Demonstration Year 15						Demonstration Year 16					
	Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members		
	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims
<i>Distinct Women 40 years and Over</i>	45			81			50			91			55			95		
Mammography	20	44%	42	28	35%	68	13	26%	25	18	20%	38	15	27%	28	32	34%	75

\* Members from Initial Group and Cost Neutralization Group Combined. This report has not been filtered by Recipient Aid Categories and contains members enrolled in and claims paid by other Waivers. Therefore, enrollment and number of claims may be slightly higher compared to CMS Financial reports.

Demonstration Year 17						Demonstration Year 18						Demonstration Year 19						Demonstration Year 20						Demonstration Year 21					
Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees					
70			151			50			157			50			158			44			166			48					
Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims						
12	17%	21	34	23%	69	7	14%	12	26	17%	52	6	12%	7	25	16%	39	6	14%	8	27	16%	40						
11	16%	37	26	17%	53	7	14%	13	27	17%	40	7	14%	18	25	16%	66	7	16%	14	30	18%	63						

Demonstration Year 17						Demonstration Year 18						Demonstration Year 19						Demonstration Year 20						Demonstration Year 21					
Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees					
51			95			40			115			43			116			38			118			41					
Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims						
11	22%	37	9	9%	18	7	18%	13	25	22%	51	7	16%	18	24	21%	56	8	21%	30	36	31%	57						

Medicaid Members		
177		
Users	Users (%)	Claims
42	24%	65
36	20%	84

Medicaid Members		
124		
Users	Users (%)	Claims
35	28%	76

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**Special Benefits Project: Annual Reports For DY21**

**Attachment K: Number of Distinct Emergency Room Visits, Physician Visits, General Inpatient, Inpatient Behavioral Claims and Users**

Data Source: MMDSS- MMIS Paid Claims Header, Paid Claim Line, Pulled Via Service Start Date (07/01/2002 to 12/31/2020)

	Demonstration Year 14						Demonstration Year 15						Demonstration Year 16						Demonstration Year 17			
	Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Me
Distinct Members	536			388			547			389			541			390			511			
Name	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users
Emergency Room Visits	198	36.94%	447	178	45.88%	477	191	30.46%	422	170	43.81%	397	156	28.84%	303	159	40.98%	412	125	24.70%	301	221
Physician Visits	454	84.70%	3,393	308	79.38%	2,890	452	82.63%	3,030	366	94.33%	3,393	459	84.84%	3,057	361	93.04%	3,273	409	80.83%	2,294	504
General Inpatient Services	55	10.26%	116	56	14.43%	96	74	11.80%	131	72	18.56%	118	43	7.95%	95	58	14.95%	114	55	10.87%	91	84
Inpatient Behavioral Health Services	1	0.19%	1	3	0.77%	5	0	0.00%	0	1	0.26%	3				1	0.26%	1				1

\* Members from Initial Group and Cost Neutralization Group Combined. This report has not been filtered by Recipient Aid Categories and contains members enrolled in and claims paid by other Waivers. Therefore, enrollment and number of claims may be slightly higher compared to CMS Financial reports.

		Demonstration Year 18						Demonstration Year 19						Demonstration Year 20						Demonstration Year 21					
Members*		Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*		
546		365			571			332			599			305			640			324			668		
Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims
41.00%	570	92	25.34%	195	198	35.29%	570	75	22.59%	143	210	35.06%	493	69	22.62%	141	236	36.88%	607	79	24.38%	143	243	36.38%	493
93.51%	3,680	293	80.72%	1,478	517	92.16%	3,680	268	80.72%	1,701	562	93.82%	3,697	245	80.33%	1,591	587	91.72%	3,828	255	78.70%	1,449	613	91.77%	4,144
15.58%	149	29	7.99%	60	54	9.63%	119	25	7.53%	42	74	12.35%	147	16	5.25%	30	77	12.03%	181	30	9.26%	48	63	9.43%	102
19.00%	1	2	0.55%	4	2	0.36%	2	0	0.00%	0	1	0.17%	8	0	0.00%	0	1	0.16%	44	1	0.31%	1	0	0.00%	0

Special Benefits Project: Annual Reports For Demonstration Year 21  
Attachment L: Deceased

	DY14	DY15	DY16	DY17	DY18	DY19	DY20	DY21
Demonstration Enrollees	3	13	4	11	4	5	6	7
Medicaid Members	9	10	8	10	12	10	14	9
<b>Total</b>	<b>12</b>	<b>23</b>	<b>12</b>	<b>21</b>	<b>16</b>	<b>15</b>	<b>20</b>	<b>16</b>



**Special Benefits Project: Annual Reports For Demonstration Year 21**  
**Attachment M: Disenrollment Tracking for Demonstration Group**

Summary	DY01	DY02	DY03	DY04	DY05	DY06	DY07	DY08	DY09	DY10	DY11	DY12	DY13	DY14	DY15	DY16
Deceased	3	3	3	4	3	6	2	4	8	4	10	8	6	3	15	4
Moved to Full MaineCare	8	14	7	24	12	13	16	17	17	16	11	7	10	19	27	18
Re-enrolled in 5B	3	2	3	3	8	21	17	9	25	11	26	12	13	19	21	29
Moved out of state*	1	1	3	5	14	15	5	5	0	0	0	0	0	0	0	0
Not enrolled in MaineCare	5	15	9	10	11	28	30	41	39	48	78	65	70	66	82	61
<b>Total</b>	<b>20</b>	<b>35</b>	<b>25</b>	<b>46</b>	<b>48</b>	<b>83</b>	<b>70</b>	<b>76</b>	<b>89</b>	<b>79</b>	<b>125</b>	<b>92</b>	<b>99</b>	<b>107</b>	<b>145</b>	<b>112</b>

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

DY17	DY18	DY19	DY20	DY21
11	4	5	6	7
141	44	20	9	15
30	3	0	1	1
0	0	0	0	15
74	26	24	13	25
<b>256</b>	<b>77</b>	<b>49</b>	<b>29</b>	<b>63</b>

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

Code	Description	Claims	Clients
J9621	Acute and chronic respiratory failure with hypoxia	3	2
N179	Acute kidney failure, unspecified	3	3
B20	Human immunodeficiency virus [HIV] disease	2	2
D509	Iron deficiency anemia, unspecified	2	2
I472	Ventricular tachycardia	2	1
J189	Pneumonia, unspec organism	2	2
A4151	Sepsis due to Escherichia coli [E. coli]	1	1
A419	Sepsis, unspecified organism	1	1
A5219	Other symptomatic neurosyphilis	1	1
C3411	Malignant neoplasm of upper lobe, right bronchus or lung	1	1

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

Code	Description	Claims	Clients
A419	Sepsis, unspecified organism	9	8
N179	Acute kidney failure, unspecified	4	4
F10239	Alcohol dependence with withdrawal, unspecified	4	3
B20	Human immunodeficiency virus [HIV] disease	3	3
J441	Chronic obstructive pulmonary disease with (acute) exacerbation	3	3
U071	COVID-19	3	3
E871	Hypo-osmolality and hyponatremia	3	2
I2699	Other pulmonary embolism without acute cor pulmonale	2	2
O6014X0	Preterm labor 3rd trimester w preterm del 3rd trimester, N/A or unspec	2	2
A4102	Sepsis due to Methicillin resistant Staphylococcus aureus	2	1

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

Special Benefits Project: Annual Reports Demonstration Year 21  
 Attachment G: Number of Distinct MaineCare ID's and Claims with Opportunistic Infection Diagnosis  
 Data Source: MMDSS- MMIS Paid Claims Header, Pulled Via Service Start Date (07/01/2002 to 12/31/2023)

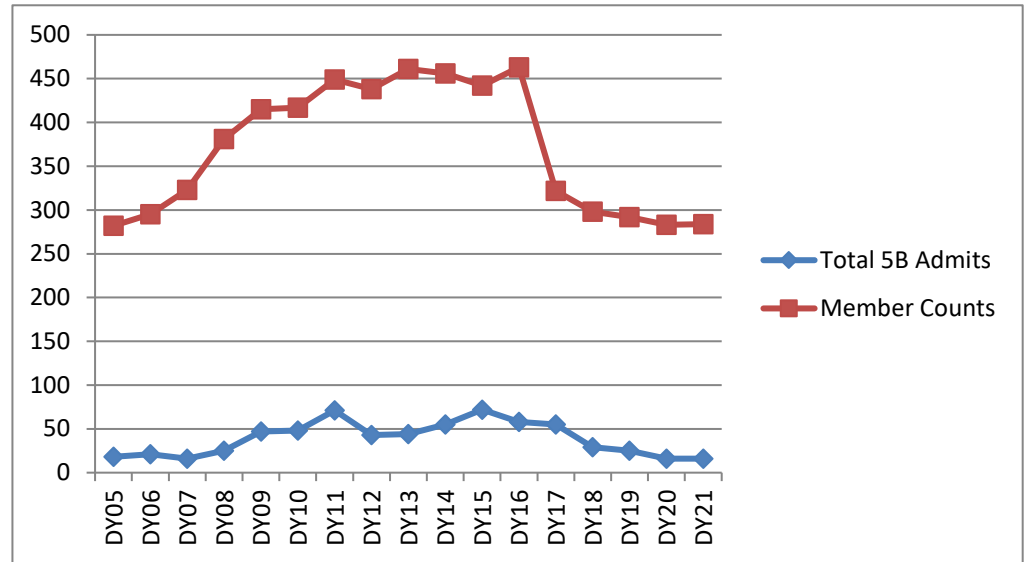
District Members	Demonstration Year 1			Demonstration Year 2			Demonstration Year 3			Demonstration Year 4			Demonstration Year 5			Demonstration Year 6			Demonstration Year 7			Demonstration Year 8			Demonstration Year 9			Demonstration Year 10			Demonstration Year 12		
	Enrollees	Medicaid Members	Claims	Enrollees	Medicaid Members	Claims	Enrollees	Medicaid Members	Claims	Enrollees	Medicaid Members	Claims	Enrollees	Medicaid Members	Claims	Enrollees	Medicaid Members	Claims	Enrollees	Medicaid Members	Claims	Enrollees	Medicaid Members	Claims	Enrollees	Medicaid Members	Claims	Enrollees	Medicaid Members	Claims			
Infection	153	238	158	158	338	203	344	298	338	344	326	349	353	325	400	383	475	365	402	356	402	326	374	426	326	374	426	326	374	426			
Actinomycosis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Burkitt's Lymphomas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Candidiasis	0	4.51%	12	42	14.58%	86	10	6.33%	25	46	13.04%	103	7	3.45%	9	40	11.63%	70	6	2.11%	14	24	7.15%	52	8	2.33%	13	26	7.86%	49	7	2.11%	
Coccidioidomycosis	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Coccidiosis	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Cryptococcosis	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Cryptosporidiosis	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Cytomegalovirus	1	0.75%	5	2	0.69%	6	1	0.63%	10	2	0.60%	13	1	0.49%	3	4	1.16%	9	2	0.67%	12	7	2.07%	23	1	0.29%	3	4	1.23%	11	2	0.57%	
Encephalopathy																																	
Herpes Zoster and Simplex	1	0.75%	1	16	5.66%	22	8	5.06%	22	24	7.14%	66	14	6.90%	26	22	6.40%	47	14	4.70%	33	16	4.73%	33	11	3.20%	15	15	4.60%	21	7	2.01%	
Histioplasmosis	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Kaposi's Sarcoma	0	0.00%	0	2	0.69%	2	1	0.63%	3	2	0.60%	5	1	0.49%	9	0	0.00%	0	0	0.00%	0	4	1.18%	60	0	0.00%	0	4	1.23%	24	0	0.00%	
Lymphoma																																	
Mycobacterium Avium Complex	3	2.26%	4	2	0.69%	10	0	0.00%	0	3	0.89%	24	1	0.49%	1	4	1.16%	9	1	0.34%	3	3	0.89%	11	0	0.00%	0	3	0.92%	25	1	0.29%	
Opportunistic Mycosis	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Oral Hairy Leukoplakia	0	0.00%	0	1	0.35%	1	0	0.00%	0	1	0.30%	1	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	1	0.29%	1	1	0.31%	1	0	0.00%	
Other lymphomas	3	2.26%	4	6	2.08%	100	4	2.53%	28	11	3.27%	50	1	0.49%	4	5	1.45%	30	0	0.00%	0	8	2.37%	58	4	1.16%	27	7	2.15%	62	1	0.29%	
Other Named Variant of Lymphosarcoma	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Other Specified Infections and parasitic Diseases	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Pneumocystis Pneumonia	4	3.01%	13	10	3.47%	29	3	1.96%	14	10	2.88%	22	4	1.97%	7	7	2.03%	35	3	1.01%	43	5	1.48%	17	2	0.68%	3	5	1.53%	21	1	0.29%	
Pneumonia																																	
Progressive Multi-Focal Leukoencephalopathy	0	0.00%	0	1	0.35%	1	1	0.63%	1	1	0.30%	7	1	0.49%	3	0	0.00%	0	1	0.34%	5	0	0.00%	0	1	0.29%	1	1	0.31%	2	0	0.00%	
Salmonella Diseases	0	0.00%	0	1	0.35%	2	0	0.00%	0	0	0.00%	0	1	0.49%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Shig and Shiga and gram Negative Septicemias	2	1.50%	7	6	2.08%	12	1	0.63%	6	7	2.03%	22	2	0.99%	2	8	2.33%	12	2	0.67%	4	8	2.37%	16	0	0.00%	0	8	2.45%	15	2	0.57%	
Strongyloidiasis	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	
Toxoplasmosis	0	0.00%	0	3	1.04%	29	0	0.00%	0	5	1.49%	54	0	0.00%	0	5	1.45%	20	1	0.34%	1	2	0.59%	2	1	0.29%	1	4	1.23%	19	1	0.29%	
Tuberculosis	1	0.75%	8	0	0.00%	0	0	0.00%	0	5	1.49%	19	1	0.49%	3	1	0.30%	11	0	0.00%	0	1	0.34%	11	0	0.00%	0	1	0.31%	1	0	0.00%	
Viral and Bacterial Pneumonias	7	5.26%	20	37	12.85%	160	12	7.59%	70	38	11.31%	196	10	4.93%	30	38	10.47%	128	6	2.01%	31	28	7.89%	161	8	2.33%	31	24	7.36%	74	11	3.15%	
Wasting syndrome due to HIV (Code first HIV or AIDS)																																	
<b>Total (Distinct Claims and Users)</b>	<b>17</b>	<b>12.78%</b>	<b>68</b>	<b>82</b>	<b>28.47%</b>	<b>423</b>	<b>29</b>	<b>18.35%</b>	<b>175</b>	<b>102</b>	<b>30.36%</b>	<b>668</b>	<b>34</b>	<b>16.75%</b>	<b>107</b>	<b>83</b>	<b>27.03%</b>	<b>373</b>	<b>28</b>	<b>8.72%</b>	<b>115</b>	<b>73</b>	<b>21.60%</b>	<b>432</b>	<b>29</b>	<b>8.43%</b>	<b>92</b>	<b>67</b>	<b>20.65%</b>	<b>352</b>	<b>29</b>	<b>8.31%</b>	

\* Members from Initial Group and Cost Neutralization Group (Continued). This report has not been filtered by Recipient Aid Categories and contains members enrolled in and claims paid by other Waivers. Therefore, enrollment and number of claims may be slightly higher compared to CMS/Centers for Medicare and Medicaid Services) Financial reports.



**Attachment P: General Inpatient Services Compared to Demonstration Enrollment**

Year	Total 5B Admits	Member Counts
DY04	20	264
DY05	18	282
DY06	21	295
DY07	16	323
DY08	25	381
DY09	47	415
DY10	48	417
DY11	71	449
DY12	43	438
DY13	44	461
DY14	55	456
DY15	72	442
DY16	58	463
DY17	55	322
DY18	29	298
DY19	25	292
DY20	16	283
DY21	16	284





State Fiscal Year 07						State Fiscal Year 08						State Fiscal Year 09						State Fiscal Year 10								
on Enrollees			Members*			on Enrollees			Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*					
359			355			364			341			369			348			420			406					
PMPM	Paid	Users	PMPM	Paid	Users	PMPM	Paid	Users	PMPM	Paid	Users	PMPM	Paid	Users	PMPM	Paid	Users	PMPM	Paid	Users	PMPM	Paid	Users	PMPM	Paid	Users
\$241	\$351,225	18	\$102	\$779,025	49	\$228	\$267,073	24	\$77	\$1,511,956	47	\$473	\$232,435	17	\$65	\$984,203	42	\$294	\$256,299	23	\$71	\$772,991	45	\$198		
\$3	\$0	0	\$0	\$5,898	1	\$2	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$15,251	1	\$4		
\$8	\$0	0	\$0	\$39,557	4	\$12	\$0	0	\$0	\$65,864	4	\$21	\$0	0	\$0	\$74,728	1	\$22	\$0	0	\$0	\$13,708	2	\$4		
\$128	\$253,520	221	\$73	\$497,269	228	\$146	\$296,946	215	\$86	\$418,958	202	\$131	\$320,933	223	\$89	\$439,960	196	\$131	\$451,616	267	\$126	\$470,815	239	\$121		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$1,200	1	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$54	\$116,547	247	\$34	\$148,003	277	\$43	\$112,247	262	\$32	\$140,348	282	\$44	\$96,223	285	\$27	\$128,677	285	\$38	\$130,433	321	\$36	\$127,846	312	\$33		
\$0	\$138	1	\$0	\$682	6	\$0	\$0	0	\$0	\$581	10	\$0	\$27	1	\$0	\$865	14	\$0	\$78	3	\$0	\$1,117	14	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$2	\$0	0	\$0	\$7,087	33	\$2	\$0	0	\$0	\$14,509	50	\$5	\$607	1	\$0	\$9,709	39	\$3	\$0	0	\$0	\$23,842	44	\$6		
\$1,060	\$1,731,360	309	\$500	\$2,598,859	331	\$762	\$2,017,621	302	\$583	\$2,555,068	318	\$799	\$2,431,569	320	\$678	\$2,505,092	321	\$748	\$3,403,993	381	\$949	\$2,808,085	362	\$720		
\$3	\$0	0	\$0	\$11,204	10	\$3	\$0	0	\$0	\$17,446	10	\$5	\$0	0	\$0	\$9,373	6	\$3	\$0	0	\$0	\$2,840	6	\$1		
\$14	\$17,711	8	\$5	\$72,849	17	\$21	\$26,381	10	\$8	\$53,695	17	\$17	\$10,963	7	\$3	\$107,285	22	\$32	\$28,700	9	\$8	\$92,345	28	\$24		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$84	1	\$0	\$55	1	\$0	\$0	0	\$0		
\$13	\$44,906	113	\$13	\$49,613	106	\$15	\$60,081	118	\$17	\$34,636	104	\$11	\$47,703	122	\$13	\$30,576	87	\$9	\$60,606	148	\$17	\$40,428	99	\$10		
\$10	\$8,679	49	\$3	\$44,824	129	\$13	\$19,239	57	\$6	\$48,140	128	\$15	\$16,982	68	\$5	\$71,761	127	\$21	\$37,919	91	\$11	\$82,955	129	\$21		
\$3	\$2	1	\$0	\$8,293	38	\$2	\$9	2	\$0	\$45,885	33	\$14	\$66	4	\$0	\$39,607	38	\$12	\$406	5	\$0	\$11,963	41	\$3		
\$0	\$0	0	\$0	\$2,567	5	\$1	\$0	0	\$0	\$106	2	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$26	2	\$0		
\$1	\$178	2	\$0	\$2,479	7	\$1	\$1,614	6	\$0	\$1,784	4	\$1	\$3,090	5	\$1	\$802	4	\$0	\$2,815	9	\$1	\$2,293	7	\$1		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$4,724	1	\$1	\$0	0	\$0	\$45,333	3	\$12		
\$11	\$0	0	\$0	\$32,983	1	\$10	\$0	0	\$0	\$37,806	1	\$12	\$0	0	\$0	\$40,459	1	\$12	\$0	0	\$0	\$40,618	1	\$10		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$62	\$122,478	222	\$35	\$184,778	220	\$54	\$172,421	229	\$50	\$189,599	201	\$59	\$220,222	265	\$61	\$234,096	227	\$70	\$440,115	319	\$123	\$369,108	265	\$95		
\$0	\$154	1	\$0	\$83	1	\$0	\$77	1	\$0	\$82	1	\$0	\$0	0	\$0	\$76	1	\$0	\$222	3	\$0	\$0	0	\$0		
\$35	\$0	0	\$0	\$124,707	1	\$37	\$0	0	\$0	\$103,912	1	\$33	\$0	0	\$0	\$49,850	1	\$15	\$0	0	\$0	\$32,902	1	\$8		
\$0	\$0	0	\$0	\$28	1	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$29	\$80,060	65	\$23	\$76,566	64	\$22	\$76,093	68	\$22	\$60,378	54	\$19	\$73,526	72	\$21	\$60,231	60	\$18	\$70,689	61	\$20	\$84,526	73	\$22		
\$6	\$4,132	23	\$1	\$16,504	50	\$5	\$4,360	20	\$1	\$14,177	46	\$4	\$4,659	22	\$1	\$13,787	49	\$4	\$7,239	32	\$2	\$19,880	56	\$5		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$1	\$0	0	\$0	\$3,056	5	\$1	\$0	0	\$0	\$2,957	8	\$1	\$0	0	\$0	\$253	5	\$0	\$0	0	\$0	\$122	2	\$0		
\$0	\$0	0	\$0	\$1,746	9	\$1	\$18	1	\$0	\$1,621	5	\$1	\$0	0	\$0	\$1,599	7	\$0	\$0	0	\$0	\$1,968	10	\$1		
\$0	\$0	0	\$0	\$0	0	\$0	\$352	1	\$0	\$113	1	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$62	1	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$1	\$0	0	\$0	\$3,965	57	\$1	\$0	0	\$0	\$2,718	47	\$1	\$0	0	\$0	\$3,179	60	\$1	\$0	0	\$0	\$4,585	78	\$1		
\$2	\$1,588	4	\$0	\$6,407	5	\$2	\$1,096	3	\$0	\$7,188	6	\$2	\$1,406	1	\$0	\$4,746	5	\$1	\$2,193	4	\$1	\$6,157	6	\$2		
\$192	\$0	0	\$0	\$620,507	14	\$182	\$0	0	\$0	\$533,037	12	\$167	\$0	0	\$0	\$364,473	13	\$109	\$0	0	\$0	\$27,812	4	\$7		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$34	2	\$0	\$0	0	\$0	\$56	2	\$0	\$0	0	\$0	\$19	1	\$0	\$0	0	\$0	\$261	4	\$0		
\$1	\$1,556	11	\$0	\$5,841	16	\$2	\$1,023	8	\$0	\$4,189	12	\$1	\$1,649	8	\$0	\$1,810	8	\$1	\$3,142	9	\$1	\$4,529	16	\$1		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$40	2	\$0	\$0	0	\$0	\$0	0	\$0	\$20	1	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$9	1	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$10	\$4,557	9	\$1	\$36,355	19	\$11	\$8,373	8	\$2	\$36,603	21	\$11	\$13,039	10	\$4	\$43,464	25	\$13	\$12,015	13	\$3	\$39,990	22	\$10		
\$11	\$0	0	\$0	\$32,969	9	\$10	\$0	0	\$0	\$29,263	8	\$9	\$0	0	\$0	\$21,133	6	\$6	\$0	0	\$0	\$19,474	2	\$5		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0		
\$8	\$0	0	\$0	\$11,868	3	\$3	\$0	0	\$0	\$10,134	1	\$3	\$0	0	\$0	\$21,255	2	\$6	\$0							