



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

Annual Report
January 1, 2022 - December 31, 2022

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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April 26, 2023

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 twentieth annual report for the Maine HIV/AIDS Section 1115 Demonstration Waiver.

We have included data and materials that highlight our activity for Demonstration Year 20, including the analyses from our 2021 provider and member surveys. Please contact Emily Bean at 207-624-4005 or emily.bean@maine.gov if you need further information.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert".

Michelle Probert
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Phone: 207-287-5875

Acronyms

ADAP: AIDS Drug Assistance Program
AIDS: Acquired Immunodeficiency Syndrome
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
KPI: Key Performance Indicator
MAIN: Maine Access Immigrant Network
MeHABB: Maine CDC's HIV/AIDS Advisory Board
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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Introduction

We submit this report in compliance with the terms and conditions of the Maine Medicaidⁱ 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 twentieth demonstration year (DY20) in December 2022. 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 20 years of this demonstration waiver, OMS has improved access to medical services for Maine residents living with HIV. During DY20, the demonstration waiver provided medical services to 305 demonstration enrollees. In addition, 640 MaineCare members had the benefit of enhanced care coordination.

Through collaboration with other stakeholders and programs such as the Maine CDC, including ADAP and Ryan White Part B, targeted case management agencies, and the Office for Family Independence, the OMS HIV Program has been able to continue developing relationships throughout DHHS and community organizations while leveraging additional resources to help support the 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 Office for Family Independence 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 PHE, enrollment numbers remained consistent in DY20.

OMS looks forward to our continued work with our evaluation team and learning more about the various aspects of the demonstration waiver and the effect the programmatic activities have on the outcomes of the population who receive these services.

Enrollment

Table 1 provides a summary of enrollment, by month, from DY15 to DY20 (calendar years 2017 – 2022). After the twentieth year, there were 283 demonstration enrollees in the program and 539 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, we saw consistent enrollment trends for DY19.

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

Month	DY15 Demonstration Enrollees	DY15 MaineCare Members	DY15 Total	DY16 Demonstration Enrollees	DY16 MaineCare Members	DY16 Total	DY17 Demonstration Enrollees	DY17 MaineCare Members	DY17 Total
January	450	313	763	446	312	758	458	313	771
February	452	314	766	446	310	756	448	324	772
March	457	317	774	454	308	762	428	338	766
April	456	314	770	456	309	765	403	362	765
May	456	314	770	458	306	764	398	375	773
June	450	320	770	457	312	769	334	420	754
July	453	315	768	458	312	770	336	426	762
August	447	311	758	457	315	772	331	421	752
September	449	312	761	460	317	777	334	428	762
October	449	311	760	465	315	780	327	436	763
November	445	311	756	458	312	770	324	437	761
December	442	314	756	463	311	774	322	436	758
Annual Unduplicated Count	537	377	860	541	380	872	478	519	857

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

Month	DY18 Demonstration Enrollees	DY18 MaineCare Members	DY18 Total	DY19 Demonstration Enrollees	DY19 MaineCare Members	DY19 Total	DY20 Demonstration Enrollees	DY20 MaineCare Members	DY20 Total
January	314	438	752	297	479	776	291	506	797
February	310	437	747	293	487	780	290	509	799
March	310	444	754	291	497	788	292	513	805
April	308	450	758	294	497	791	289	517	806
May	296	457	753	294	497	791	291	521	812
June	299	460	759	290	500	790	288	530	818
July	301	467	768	288	501	789	289	534	823
August	303	461	764	290	503	793	289	532	821
September	304	464	768	291	504	795	287	528	815
October	302	470	772	291	505	796	285	520	805
November	298	481	779	292	506	798	283	530	813
December	298	484	782	292	505	797	283	539	822
Annual Unduplicated Count	336	548	838	344	555	899	304	635	925

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

At the end of DY20, of the 283 demonstration enrollees, 239 (84%) were male and 44 were female. Out of the 539 MaineCare members enrolled at the end of DY20, 396 (73%) were male and 143 were female. A breakdown of gender by month shows a decrease of 147 male demonstration waiver enrollees from the end of DY15 to the end of DY20, and a decrease of 12 in the number of females. In the MaineCare population, there was an increase of 189 males and an increase of 36 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 Center for Disease Control and Prevention (CDC) 2021 HIV surveillance data shows 72 percent of people living with HIV in Maine are White/non-Hispanic and 18 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 75 (36%) of the original 211 cohort members (from DY1) were enrolled in the last quarter of DY20. Of these, 64 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 DY20 had 75 members, which is a decrease of 136 members (64%). 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 2022, there were 822 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 DY20 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

There were many outreach activities that MaineCare staff conducted 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 the AIDS Drug Assistance Program (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.
- Continuing with follow-up and outreach to members, case managers, and providers on Emergency Department (ED) utilization that incorporates daily ED data from HealthInfoNet (HIN), Maine's designated Health Information Exchange, in addition to 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 stakeholders. MeHAAB is a broad group of partners and stakeholders including federal, state, and local HIV/AIDS government entities, programs, organizations, and other stakeholders 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.
- Participating in the Office of Minority Health - Community Program to Improve Minority Health Maine Department of Health and Human Services (DHHS) Collaborative Partnership. One goal of this Partnership is to employ Community Health Workers to increase the percentage of Black or African American people living with HIV who are linked to and retained in HIV medical care and are virally suppressed. Partners include the Maine Access Immigrant Network (MAIN), Ryan White Part B Case Management Providers, Ryan White Part C Providers, and DHHS OMS.
- Sending 794 birthday letters to members in DY20. 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 107 new and re-joining members.
- Sending 96 mammogram letters and 250 pap letters to members in DY20. 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 2021 annual HIV Provider Surveyⁱⁱ was sent to 336 providers, including PCPs and infectious disease specialists. The format of this year's survey changed significantly as we continue to identify and learn more about the barriers that providers feel hinder a member's access to timely and necessary care. The survey also asked about resources providers are using to help address the health disparities experienced by the HIV/AIDS population.

A second mailing of the 2021 HIV Provider Survey was sent to those who did not respond to the first mailing. In total, we received 45 responses, a 13 percent response rate, compared to 25 percent for the 2020 survey.

- In response to the survey and to provide more education and resources to providers, the HIV Program began sending monthly emails to providers who indicated they would like to be on our HIV listserv. Emails contained information and resources related to HIV. Topics included newly approved HIV drugs and formulary updates, HIV treatment guideline updates, Monkeypox news and resources, PrEP, information about COVID-19, and MaineCare's dental coverage changes. 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 2021 annual HIV Member Surveyⁱⁱⁱ was sent to 758 members. The survey was changed considerably for the 2019 survey to gather new data from participants to help guide internal care management efforts and to use in the waiver's evaluation plan. Questions were reorganized to track experiences by race, ethnicity, gender, sexual orientation, and language. For the first time, the 2021 survey asked members about their household size and income. This allowed us to look at race, income, and health status together.
- A second mailing of the 2021 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 364 respondents. In total, we received a 48 percent response rate, compared to a 49 percent response rate for the 2020 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), Living Well with HIV workshops, COVID-19 vaccinations, testing and treatment, and preparing for the end of the PHE.

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.

In the Summer of 2022, our Nurse Coordinator who had been in the position for almost 3 1/2 years left. The position was vacant for a short time while we searched to hire a new Nurse Coordinator. The remaining months of 2022 focused on training and onboarding the new hire.

- 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.
- The Program Manager attended a training titled *Imagining the Other: Creative Writing to Mitigate Bias*. Topics covered included: Retention and/or re-engagement in care, bias and narrative stigma in HIV care, cultural competence, stigma or discrimination, patient-centered medical homes, quality improvement, and the use of technology (i.e., electronic health records).
- The Nurse Coordinator attended a webinar titled *Myth-Busting HCV Treatment - Demystifying HCV Treatment in At-Risk Populations*.^{iv} The presenter was Marguerite Beiser, NP, Director of HCV Services, Boston Health Care for the Homeless Program. This webinar discussed advances in the treatment of HCV and the clinical management of homeless or unstably housed individuals. Participants explored various monitoring strategies that can be used during HCV treatment and follow-up for hard-to-reach populations.
- The Nurse Coordinator and Program Manager attended a webinar titled *Work and Life Balance in a Work-From-Home Environment* webinar. The webinar covered: the components of a balanced lifestyle, the concept of balance, identifying what is out of balance in one's life, describing how notions of balance have changed over time, and identifying the relationship between stress and balance. Participants identified and explored the balance between home responsibilities, career requirements, and leisure activities. The presenter went over creating our balance diagram, identifying the right questions to achieve balance, the role of prioritization, limit setting, and time management to balancing work and life as well as tips and suggestions on how to achieve balance and identifying a personalized action plan to achieve balance in one's life.
- The Nurse Coordinator and Program Manager attended a webinar titled *National Black HIV/AIDS Awareness Day: HIV in Black Communities*. This webinar examined the disproportionate impact that HIV has on Black communities in the United States, discussed what can be done to address and mitigate it, and shared actionable steps to help people living

with HIV. Attendees learned about HIV in Black communities to help better understand the special issues unique to Black America and how to work together to come up with solutions. The webinar discussed the importance of getting into HIV care, starting HIV medicines as soon as possible after being diagnosed, setting goals, and sticking to your HIV treatment plan.

- The Program Manager and Nurse Coordinator attended a webinar titled *Pain Management in Individuals with HIV: Challenges and Opportunities*. This webinar discussed how individuals with HIV experience chronic pain secondary to HIV and its treatment which can affect their quality of life. Pain and its treatment can also be affected by comorbid conditions such as substance use disorders and mental health conditions. For some individuals, behavioral therapies to address pain may not be accessible due to psychosocial circumstances. Using a case-based approach, the discussion included an overview of the evidence for the treatment of pain in people living with HIV. The discussion also included nursing interventions that may impact the experience of pain for those living with HIV. Topics covered included chronic pain management, medication-assisted therapy for substance use disorders (i.e., buprenorphine, methadone, and/or naltrexone), pain management, palliative care, and motivational interviewing.
- The Program Manager and Nurse Coordinator attended a plain language training hosted by the Department's Staff Education and Training Unit. The learning objectives of this training were:
 - Identifying the importance of the audience
 - Organizing material for reader clarity
 - Avoiding the use of jargon
 - Limiting the length of sentences and paragraphs
 - Determining the use of visuals to convey information
 - Writing professional email correspondence
- The Nurse Coordinator attended a webinar titled *New PrEP Guidelines*. Some of the new guidelines that were presented included:
 - Inform all sexually active people about the availability of PrEP
 - Choose among Tenofovir/Emtricitabine (TDF/FTC), Emtricitabine/Tenofovir Alafenamide (TAF/FTC), and long-acting injectable Cabotegravir based on patient preference, cost, comorbidities, and source of HIV risk
 - Consider on-demand PrEP for men who have sex with men and same-day PrEP if it is logistically feasible
 - Include HIV RNA assays in monitoring PrEP, especially for long-acting injectable Cabotegravir
 - Free PrEP under the Affordable Care Act
 - Include HIV testing with yearly physical
- The Nurse Coordinator attended a webinar titled *Cardiovascular Complications in People with HIV*. Metabolic changes associated with antiretroviral therapy may increase the risk of cardiovascular complications for people with HIV. The focus of this webinar was the

cardiovascular disease (CVD) risk factors and complications for individuals with HIV and providing updated recommendations for prevention and treatment.

- The Nurse Coordinator attended a webinar titled *Anxiety, Sleep, and the Brain*. This webinar addressed sleep deprivation, anxiety disorders, cortisol, stress-related symptoms, and short- and long-term memory impairments. The webinar also identified the parts of the brain that impair sleep and strategies for calming the environment to help the brain get ready for rest.
- The Nurse Coordinator attended the State of Maine training titled *CORE: A Culture of Respect and Empathy*. DHHS is dedicated to ensuring our clients receive quality and compassionate service and believes that fostering diversity, equity, and inclusion is critical to the success of our organization. Reinforcing these values allows DHHS employees to achieve a high level of service for all Maine residents. This professional ethics and diversity training is grounded in fostering a respectful workplace.
- The Nurse Coordinator and Program Manager attended a webinar titled *More Than Health Care: Engaging Patients in Care Using Motivational Interviewing and Outreach Strategies*. Objectives included learning the concepts of motivational interviewing and other patient-centered communication strategies to create partnerships with patients to prevent and manage HIV and HCV and understand best practices for building clinician/patient relationships that allow for health behavior change along the care continuum.
- The Program Manager attended a webinar titled *The Role of Community Health Workers in Healthcare*. Community Health Workers (CHWs) are a growing healthcare workforce in Maine. There is strong evidence supporting CHWs' ability to improve health outcomes by connecting patients with community resources and supporting healthcare teams. Healthcare organizations are not always aware of the opportunities for engaging with CHWs. Attendees learned about CHW roles and how they are different from other healthcare professionals, had a Q&A session with a Maine CHW, and heard evidence of the effectiveness of CHW-engaged interventions.
- The Nurse Coordinator attended a webinar titled *Maine Community Engagement Series: Environmental Approaches to ATOD Prevention*. This webinar discussed how making a meaningful difference in a community requires the accumulated efforts of community coalitions, prevention providers, schools, law enforcement, service providers, other community organizations, and youth and adult citizens. Working collaboratively, communities can implement environmental strategies to achieve the community changes necessary to reduce the initiation, use, and misuse of alcohol, tobacco, and other drugs (ATOD). Environmental strategies incorporate prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems, and policies.
- The Nurse Coordinator attended a MaineCare Provider Enrollment training.
- The Nurse Coordinator and Program Manager attended Governor Mills' 4th Annual Opioid Response Summit. The Summit's theme was Community, Connection, and Compassion which was on display through the many breakout sessions, keynote speakers, and Voices of

Recovery speakers who were featured throughout the day. The need for sharing best practices and experiences is especially important as the number of drug overdose deaths in Maine – and the nation – is higher this year than last year at this time. The Governor discussed the work the State has done which reflects the accomplishments of the DHHS Office of Behavioral Health (OBH) as well as many other teams across DHHS.

- The Nurse Coordinator and Program Manager attended the Maine CDC’s biweekly Monkeypox briefing. Topics discussed included background information about the virus, prevention, vaccine distribution and sites, educational materials, outreach, and communications. At each briefing, an update on cases was provided.
- The Program Manager attended a training titled *Motivational Interviewing Technique and its Application to HIV Service Delivery*. Objectives of this training included: describing the key components of the Stages of Change model, defining motivational interviewing, identifying and making distinctions between positive and negative examples of motivational interviewing skills in practice within the HIV Service delivery context, and practicing motivational interviewing skills, including simple, complex, and double-sided reflections and active listening.
- The Program Manager and Nurse Coordinator attended a training titled *Primary Care and Living with HIV*. This training was done by Tiffany Townsend, NP, AAHIVS of the Gilman Clinic, which receives funding from the New England AIDS Education and Training Center. The objectives of this training were to understand the nuances of the HIV treatment guidelines and their limitations, the importance of primary care, review current recommendations for routine healthcare maintenance for people living with HIV, review current vaccines recommended for people living with HIV, and review the recommendation tip sheet.
- The Program Manager and Nurse Coordinator attended a webinar titled *CDC EPIC Webinar: Monkeypox 101*. This webinar discussed the signs and symptoms of Monkeypox, how it spreads, understanding risk levels, and how to prevent and treat Monkeypox. They also discuss the trends of the current outbreak in the United States.
- The newly hired Nurse Coordinator attended a training by Consumers for Affordable HealthCare titled *MaineCare Basics*. This training gave an overview of how DHHS determines MaineCare eligibility. It also highlighted the various MaineCare programs and provided contacts for questions/concerns.
- The newly hired Nurse Coordinator attended a training by Consumers for Affordable HealthCare titled *Medicare Savings Program Workshop*. This training described the difference between Medicaid and Medicare and discussed the different types of Medicare Savings Programs that are available to people depending on their financial eligibility.
- 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 Medicaid’s continuous coverage protection. If enacted as proposed, the

law will establish a date certain for states to resume Medicaid disenrollment's 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 Program Manager attended a webinar titled *Unwinding 101*. In this webinar, with just over 60 days until the unwinding begins (assuming the plan is enacted), presenters circled back to the basics. 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 stakeholders 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? The webinar also covered how Medicaid stakeholders can amplify and supplement key messaging targeting enrollees.

Provider Network and Transportation Challenges

Demonstration enrollees continued to use the same network of providers as MaineCare members, for both primary care and specialty care. There are 426 distinct providers (primary care providers and infectious disease specialists) currently seeing the 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 the traveling distance from rural Maine to a more populated area, such as Bangor, for an infectious disease specialist very challenging. MaineCare covers the cost of NET 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 DY20 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 approximately 18 percent in the twentieth year. This decrease is from a decline in outgoing contacts (down 21%). The decrease can be attributed to the temporary vacancy of the Nurse Coordinator position and the subsequent onboarding of the new Nurse Coordinator. The three highest contact categories in DY20 were adherence to HIV medication, compliance to medication regimens, and member survey 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 2022, all members living with HIV regarding their quality of life and satisfaction.
- Surveyed in August 2022, 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 eight demonstration enrollees and 25 MaineCare members diagnosed, or 2.62 percent and 3.91 percent, respectively. The next most prevalent condition was encephalopathy. The third most prevalent was candidiasis. Encephalopathy was seen in four demonstration enrollees and nine MaineCare members, or 1.31 percent and 1.41 percent, respectively. Candidiasis was seen in two demonstration enrollees and six MaineCare members, or 0.66 percent and 0.94 percent, respectively. These top three OIs differ from the top OIs in DY19, although in both years candidiasis 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 DY20, 45 MaineCare members and 18 waiver members had an AIDS-defining illness as a primary diagnosis on a claim.

Women's Healthcare

Two hundred ten distinct females, 18 years and over, were enrolled as demonstration enrollees or MaineCare members. Of these, 44 were demonstration enrollees (21%), and 166 were MaineCare members (79%).

Eighty-six percent of female demonstration enrollees were age 40 or over. Seventy-one percent of female MaineCare members were age 40 or over. Data from MaineCare claims showed that sixteen percent of female demonstration enrollees and eighteen percent of female MaineCare members 18 years and older were screened for breast cancer using mammography. Fourteen percent of female demonstration enrollees and sixteen 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 81 MaineCare members and eight demonstration enrollees who had a MaineCare claim for a tuberculosis test in DY20, as compared to 65 MaineCare members and 13 demonstration enrollees in DY19. In DY20, two 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 DY20.

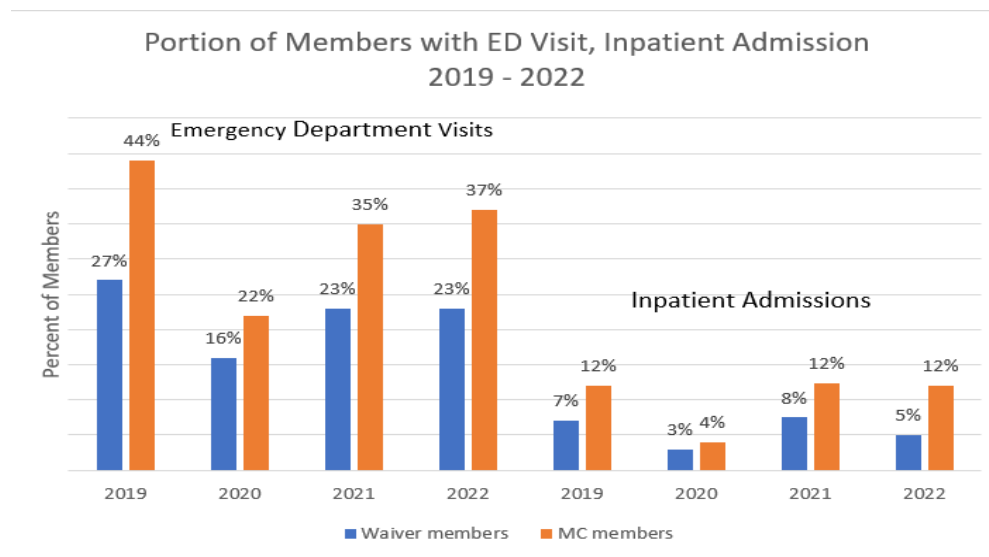
During DY20, the total amount spent on services per demonstration enrollee was \$895 per month, a 7 percent decrease over DY19. The total amount spent on services per MaineCare member was \$2,594 per month (a 5% increase over DY19). These calculations are based on members with claims versus actual expenditures (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 2022 were almost the same as in 2021 and did not return to the higher pre-pandemic levels. This is similar to what is happening for all MaineCare members (not just those living with HIV), for whom ED visit volume in 2022 has not returned to the higher pre-pandemic levels.

For MaineCare members living with HIV, inpatient admissions were stable from 2021 to 2022 and matched 2019 levels. Demonstration enrollees' inpatient admissions were slightly lower in 2022 than in 2019 after an uptick in 2021. Inpatient admission volume for all MaineCare members, beyond just the HIV program, has also not returned to pre-pandemic levels (data not shown).

Figure 1



No demonstration enrollees and only one MaineCare member used inpatient behavioral health services during DY20. On December 22, 2020, the CMS and OMS announced CMS's approval of Maine's 1115 Demonstration waiver allowing Maine to expand access to substance use disorder treatment by increasing the bed capacity limit for MaineCare Benefits Manual Chapter II, Section 97, Appendix B Private Non-Medical Institution (PNMI) SUD treatment facilities. As a result of this change, we do anticipate a future increase in residential treatment capacity services, specifically for the MaineCare member population. To date, one agency is providing the newly covered services, so while we believe this new policy will eventually lead to an increase in availability and utilization of services, it hasn't done so yet. We expect that once funding is released from the Capital Funds for Residential Substance Use Disorder (SUD) Treatment Facilities, additional agencies will have the capacity to expand and enroll under the waiver. **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 1,089 for DY20. These calls are structured to provide interventions and remove barriers to better 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

Twenty demonstration enrollees or members died during DY20. Of the deceased members, six were demonstration enrollees, one more than DY19, and 14 were MaineCare members, four more than DY19. A total of 295 members have died since the beginning of the demonstration waiver in 2002. One hundred and ninety-one of the deaths were MaineCare members and 104 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 saw less disenrollment and little to no re-enrollment/movement within the demonstration group. Nine demonstration enrollees moved to receive full MaineCare services, one enrollee re-enrolled as a demonstration enrollee, 13 demonstration enrollees are no longer enrolled in the waiver, and six demonstration enrollees died during DY20.

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.

COVID-19 Strategies and Policy Changes

MaineCare has taken a variety of approaches to try and ensure that our members maintain access to critical health and mental health services during the COVID-19 pandemic by supporting our members’ needs as well as those of our providers. The following two tables show our efforts to support members and providers.

Efforts to support our members’ ability to maintain access to services:	
COVID-19 Testing and Vaccination Utilization	<ul style="list-style-type: none"> • In December 2021, MaineCare began covering at-home COVID-19 tests, if purchased at pharmacies. • In comparison to 2021, the 2022 COVID-19 testing services rate per 1,000 members was 73 percent lower for waiver members and 8.5 percent lower for MaineCare members living with HIV. Waiver members had 691 tests per 1,000 members. MaineCare members living with HIV had 986 tests per 1,000 members. • As of January 2023, 73 percent of the HIV program members (both waiver and MaineCare members) had at least one dose of a COVID-19 vaccine. This is virtually the same as the general population in Maine.^v

Ensuring Ongoing Access to Healthcare	<ul style="list-style-type: none"> • Waiving co-pays and premiums and extending Prior Authorizations (PAs). • Ensuring safe utilization of NET. • Allowing early and 90-day medication refills, as appropriate. • Statewide outreach campaign to educate members about telehealth options available to them, with specific focus on mental health/SUD services and children’s health. • Numerous staffing flexibilities, including, but not limited to, expanding the list of credentialed providers to perform certain behavioral health services. • Flexibilities for providers enrolling with MaineCare and providers offering services in alternative settings.
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Efforts to support providers and minimize the pandemic’s fiscal effects so they can serve members:

Payment Supports during the Pandemic	<ul style="list-style-type: none"> • Temporary rate increases to congregate care facilities and Home and Community Based Service providers • Special COVID-19 hospital supplemental payments • Early implementation of rate increases for personal support services, medication management, and certain children’s community-based behavioral health services • Special rate increases for facilities experiencing outbreaks. • One-time supplemental payments to behavioral health providers • One-time recruitment and retention supplemental payments to HCBS Direct Support Workers • Increases to medication management services • Special COVID-19 supplemental payment to Long Term Care providers
Increased Access through Telehealth	<ul style="list-style-type: none"> • Enabling Telephone-Only Evaluation and Management services • Well-child visits • Prescriptions, including medication-assisted treatment • Addition of codes so dental practices can bill for triage and screening services conducted via telehealth

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 DY20, there were eleven complaints. Most of these complaints were regarding NET issues. All complaints were resolved. **Attachment N: Nurse Coordinator Complaint Log.**

Evaluation Activities

Annual Summary of Progress CY2022/DY20

Overview

The HIV demonstration waiver aims to delay or prevent the progression of HIV in Maine. The State's goal in implementing the demonstration waiver 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 requirements but who are HIV-positive and are at or below 250 percent of the federal poverty level) and MaineCare Members served under the demonstration waiver.

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 2-4 below. The remainder of this summary provides an overview of 2022 evaluation activities.

Key Milestones Accomplished

The independent evaluators received calendar year (CY) 2021 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 updated data.

Challenges Encountered and How Addressed

The evaluation team identified a challenge in calculating the “Proportion of Days Covered: Antiretroviral Medications” metric (PDC). Approximately 45 percent of participants have both Medicare and Medicaid coverage. Prescriptions paid for through Medicare are not reflected in the OMS claims data, thus artificially lowering program results. The evaluators will address the challenge by calculating the original PDC metric along with three additional sub-analyses to be included in the Interim and Summative evaluation reports including the:

- Number of Medicaid-only participants who had two or more anti-retroviral medications (ARVs) for a period of 60 days or more;
- Number of Medicaid-only participants who had two or more ARVs for a period of 180 days or more; and
- PDC metric calculated at an 80-percent threshold for members with Medicaid coverage only.

A second challenge was identified related to updates in the CY2022 member survey. The survey no longer asks participants to report self-efficacy for medication management. This question related to a tertiary analysis under Hypothesis 1, Research Question 1.2d: What is the relationship between medication adherence and self-efficacy for medication management? as measured by the PDC metric. Combined with the data limitation associated with the PDC metric (above), the team is proposing to eliminate the tertiary analysis with the member survey respondents.

Results to Date

The HIV demonstration evaluation represents a 10-year study period. The evaluation team received two years of member survey data and three years of claims, lab, care management, and demographic data (CY2019-2021). Data presented in this annual summary of progress is descriptive and preliminary in nature.

A total of 1,068 individuals have participated in the demonstration waiver between CY2019 and 2021. Approximately 49 percent have been enrolled continuously over the three years; approximately 81 percent have been enrolled in each year with gaps in coverage. There were 90 new members in CY2021. The number of members with Medicaid coverage increased by nearly 62 percent in CY2021, from 312 in January 2019 to 505 in December 2021. Factors influencing the increase in Medicaid coverage are likely two-fold. Continuous enrollment provisions under the federal PHE resulted in a suspension of annual Medicaid eligibility reviews and members maintaining coverage. Second, members eligible under the demonstration waiver’s higher income guidelines may have become eligible for Medicaid coverage because of a loss of income or employment during the pandemic. Approximately 61 percent of members also have Medicare coverage. Approximately 13 percent of the participants identify as a race other than White.

Approximately 6 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 waiver.

Tables 2 through 4 on the following pages provide an overview of research questions, measures, and preliminary/descriptive observations by hypothesis for CY2021.

Table 2. 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"> Member Survey (Patient Perception of Accessibility of Care) HIV Medical Visit Frequency (NQF#2079) 	A total of 267 survey respondents met the criteria for inclusion in the measure in 2021. Approximately 91 percent of respondents indicated they were always able to access care and 84 percent had a medical visit in each of the six-month periods of the 24-month measurement period. Of the 9 percent who reported difficulty accessing care, 84 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"> HIV Viral Load Suppression (NQF #2082) 	In 2021, 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, 94 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"> RNA Control for Patients with HIV 	In 2021, approximately 93 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	<ul style="list-style-type: none"> Proportion of Days Covered (Pharmacy Quality Alliance PDC-ARV) 	In 2021, 54 percent of Medicaid participants met the threshold for medication adherence at 90 percent or higher. That number drops to 32.4 percent when dual eligible Medicare members are included.

medication adherence?		
5. What is the relationship between medication adherence and self-efficacy for medication management?	<ul style="list-style-type: none"> • Member Survey (Medication Management) • Proportion of Days Covered (PDC-ARV) 	<p>A total of 256 survey respondents met the criteria for inclusion in the measure. Of the 69 percent of respondents with the highest self-efficacy ratings, nearly 42 percent had a PDC threshold for medication adherence at 90 percent or higher. Among those with the lowest ratings of self-efficacy, 37 percent had a PDC threshold for medication adherence at 90 percent or higher.</p>

Table 3. 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"> • All Cause ED Visits (AMB-HH) 	<p>ED visits per 1,000 member months declined from 74.3 in 2019 to 59.4 in 2021. Inpatient hospitalizations per 1,000 member months also declined from 17.76 in 2019 to 15.8 in 2021. However, the average length of stay in the hospital increased with 102.3 days per 1,000 member months in 2019 and 124.6 in 2021.</p>
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"> • All Cause Inpatient Admissions (IU-HH) 	<p>Of the 350 survey respondents in 2020, 230 rated their health as “excellent, very good or good” and had an average of 0.32 ED visits per respondent. The 120 respondents who reported their health status as “fair or poor” had an average of 0.58 ED visits per respondent.</p> <p>The 230 respondents who rated their health as “excellent, very good or good” had an average of 0.08 inpatient admissions per respondent. The 120 respondents who reported their health status as “fair or poor” had an average of 0.20 admissions per respondent.</p>

<p>3. Do those who meet treatment guidelines (routine visits, PDC, RNA control) have fewer acute health incidents (ED visits, hospitalizations)?</p>	<ul style="list-style-type: none"> • HIV Viral Load Suppression (NQF #2082) • RNA Control for Patients with HIV • HIV Medical Visit Frequency (NQF#2079) • Proportion of Days Covered (PDC-ARV) • All Cause ED Visits (AMB-HH) • All Cause Inpatient Admissions (IU-HH) 	<p>This research question will be addressed through statistical analysis, as part of the Interim and Summative evaluation reports.</p>
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Table 4. 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
<p>1. How has enrollment of Mainers eligible for HIV services changed over time?</p>	<ul style="list-style-type: none"> • Member Eligibility and Enrollment 	<p>Overall program enrollment has increased slightly over the three-year period with an average annual percentage change of 0.3 percent.</p>
<p>2. What is the relationship between self-rated health status and health-related quality of life and length of participation in the demonstration waiver?</p>	<ul style="list-style-type: none"> • General Health Status (Healthy People 2020) • Health-related Quality of Life (Behavioral Risk Factor Surveillance System) • Member Eligibility and Enrollment 	<p>This research question will be addressed through statistical analysis, as part of the Interim and Summative evaluation reports.</p>

Post-Award Public Forum

Pursuant to 42 CFR 431.420(c), OMS attended and participated virtually in the bi-monthly HIV Advisory Committee (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 stakeholders 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 DY20, 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 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 20.

For the demonstration population, the unduplicated member count decreased from 335 members in DY19 to 305 members in DY20. Please note these are members with eligibility at any point in each demonstration year.

Annual demonstration waiver expenditures decreased by 13 percent between DY19 and DY20 from \$3,401,390 to \$2,951,228. Likewise, per member per month expenditures decreased from \$972 to \$854 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 is implemented in 2023 and 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 DY20 (through December 31, 2022). In addition, the program continues to show that projected budget neutrality will continue into DY21 and 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 DY20, 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 twentieth year. Several of these accomplishments are listed below.

- Of the individuals enrolled in the program (both demonstration enrollees and MaineCare members), 92 percent have a viral load that is suppressed (less than 200 mls) as of their most recent lab result in January 2023. Seventy-seven percent have an undetectable viral load (less than 20 mls). Having an undetectable viral load is the desired outcome of successful treatment.
- In DY20, ED utilization among demonstration enrollees remained stable at 23 percent. In addition, ED utilization among MaineCare members living with HIV remained stable at 37 percent (compared to 35 percent in DY19). 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, 97 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 increase collaboration and interactions among 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.
- Continued to use analysis and findings of 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 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
- Continued to maintain and update 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 weren't 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.
 - There have been quality assurance report improvements:

- A new process and report was 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 timelier 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.

Challenges and Plan for Improvement

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

- Exploring and addressing health disparities by rural/urban residence and race/ethnicity
- Connecting members to behavioral healthcare services, which are difficult to access due to a shortage of providers
- Improve members transportation to medical appointments
- Meeting providers’ needs for education and support
- Tracking new HIV medications and treatment strategies
- Responding to interim findings from the independent evaluation
- Improving the member and provider surveys to boost response rates

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
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,

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.

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
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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. 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

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Commissioner



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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
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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
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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
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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

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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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Jeanne M. Lambrew, Ph.D.
Commissioner

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
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Jeanne M. Lambrew, Ph.D.
Commissioner

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 or the Nurse Coordinator, Elli Stedman, RN at 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
Governor**

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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

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

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.

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

ⁱ MaineCare is Maine's Medicaid program

ⁱⁱ The 2021 Provider Survey focused on services and experiences of the year 2020.

ⁱⁱⁱ The 2021 Member Survey focused on services and experiences of the year 2020.

^{iv} Hepatitis C virus (HCV)

^v See the Maine CDC COVID Dashboard found at:

<https://www.maine.gov/covid19/vaccines/dashboard><https://www.maine.gov/covid19/vaccines/dashboard>. 74% of the general population of Maine had at least one dose of COVID vaccine as of March 2023.




Survey ID:


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 and check three as the most important. (No need to rank them by number.)

	Important 	Top Three
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 (https://www.neaetc.org/), 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) (https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-b-adap), 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 https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/HIV-Brochure-01272021.pdf	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: https://mecap.org/our-network/	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 https://www.cdc.gov/dhdsp/pubs/toolkits/chw-toolkit.htm	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 	Top Three
Other Health Issues:		
• Behavioral health conditions		
• Substance use		
• Physical health co-morbidities		
Medications:		
• Problems getting medications		
• Medication side effects		
• Regimen complexity		
• Unaffordable Medication		
Logistics:		
• Lack of transportation/high gas costs		
• Inconvenient or inflexible appointment times		
• Lack of Childcare		
• Difficulty reaching/communicating with practice		
Access & Equity:		
• Lack of access to/affordability of specialty care		
• Racial or ethnic bias or discrimination		
• Language barriers		
• Social or cultural stigma/misunderstanding		
Social Factors:		
• Housing instability/poor housing quality		
• Food insecurity		
• Lack of access to social services and supports		
Other:		

6. We offer COVID vaccines and boosters at our site(s).

- Yes
- No

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

No

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: _____

8. 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

9. How has COVID 19 impacted your practice? (Check all that apply)

We added and are using more telehealth capacity.

We have seen more patients with behavioral health problems.

We have more no-shows for appointments.

Health disparities got wider/worse.

More patients have food or housing insecurity than before.

We have used more services from Community Health Workers (CHWs).

We made other changes:

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 Kelly at 207-624-4008.



Scan this QR code 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 (Kelly), how helpful was the call or email?

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

Comments:

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 Kelly 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 Kelly 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

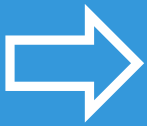
10. In the last 12 months, were you ALWAYS ABLE to obtain prescription medicines that you or a doctor believed were necessary?

- Yes 
 - Do not know/Does not apply to me 
 - No 
-  Go to question #13
- 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 Kelly 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 Kelly 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 Kelly 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 Kelly 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 Kelly 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 Kelly 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:

Thank you!

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

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
2020 - DY18			2021 - DY19			2022 - DY19		
314	438	752	297	479	776	291	506	797
310	437	747	293	487	780	290	509	799
310	444	754	291	497	788	292	513	805
308	450	758	294	497	791	289	517	806
296	457	753	294	497	791	291	521	812
299	460	759	290	500	790	288	530	818
301	467	768	288	501	789	289	534	823
303	461	764	290	503	793	289	532	821
304	464	768	291	504	795	287	528	815
302	470	772	291	505	796	285	520	805
298	481	779	292	506	798	283	530	813
298	484	782	292	505	797	283	539	822

**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	660
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

**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

* 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.

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

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

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

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																			
INCOMING	1472	42%	1844	41%	1252	36%	801	28%	919	25%	984	27%	1327	32%	1605	24%	1523	25%	1881	29%	1964	31%	2,213	34%	2,007	32%	998	27%	764	15%	724	16%	725	16%		
Calls	926	63%	1115	60%	880	70%	571	71%	703	76%	869	88%	1207	91%	1384	86%	1389	91%	1723	92%	1747	89%	1,961	89%	1,839	92%	853	85%	610	80%	603	83%	613	85%		
Member	0	0%	46	9%	28	7%	25	10%	87	20%	106	34%	68	13%	213	30%	222	27%	212	23%	189	23%	221	21%	189	22%	23	7%	3	1%	5	1%	47	13%		
Adherence/Transportation	4	0%	6	1%	4	1%	4	2%	2	0%	2	1%	4	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
Case Management Services	285	77%	295	59%	248	63%	34	8%	4	1%	11	2%	11	2%	8	1%	11	1%	5	1%	11	1%	13	1%	9	1%	2	1%	2	1%	2	1%	2	1%		
Collaboration Care coordination	1	0%	12	2%	14	4%	5	1%	21	7%	7	1%	7	1%	3	0%	3	0%	2	0%	1	0%	1	0%	1	0%	2	1%	1	0%	1	0%	3	1%		
Compliance	41	11%	20	4%	16	4%	19	7%	5	1%	34	11%	13	3%	47	7%	41	5%	39	4%	24	3%	31	3%	36	4%	65	19%	118	18%	194	56%	45	13%		
Eligibility	8	2%	17	3%	29	7%	53	20%	62	20%	65	13%	65	13%	125	18%	64	8%	117	13%	136	16%	151	15%	116	13%	99	29%	61	24%	56	16%	43	12%		
ER	2	1%	7	1%	9	2%	11	4%	2	1%	7	1%	7	1%	16	2%	11	1%	39	4%	55	7%	41	5%	31	4%	5	1%	2	1%	2	1%	7	2%		
Hospital Services	2	1%	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	
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%
Introductory Call	0	0%	1	0%	0	0%	0	0%	4	1%	25	5%	32	5%	47	7%	47	6%	49	5%	40	5%	42	4%	35	4%	5	1%	2	1%	5	1%	7	2%		
Laboratory/Xray	0	0%	1	0%	1	0%	0	0%	3	1%	1	0%	3	0%	0	0%	3	0%	1	0%	1	0%	3	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Mental Health/Substance Abuse	0	0%	2	0%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Medications	0	0%	20	5%	8	2%	8	3%	40	6%	57	11%	40	6%	40	6%	5	2%	41	2%	54	6%	56	5%	84	10%	29	8%	17	2%	22	6%	14	4%		
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	29%	63	18%	33	13%	31	9%	116	32%		
Outdated Contact	0	0%	0	0%	0	0%	0	0%	7	2%	22	4%	22	4%	59	8%	57	7%	10	1%	10	1%	9	1%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Unpaid Claims	0	0%	0	0%	0	0%	2	1%	3	1%	0	0%	19	3%	19	3%	19	2%	43	5%	19	2%	21	2%	16	2%	22	6%	9	4%	16	5%	3	1%		
Pharmacy	28	8%	94	19%	52	13%	24	9%	14	4%	13	3%	6	1%	30	4%	9	1%	4	0%	3	0%	9	0%	4	0%	3	1%	1	0%	0	0%	3	1%		
Phone Call Follow-up	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	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	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%
Provider services	3	0%	5	1%	0	0%	11	4%	28	7%	17	5%	16	3%	21	3%	2	1%	7	1%	5	1%	4	0%	5	1%	8	2%	1	0%	8	2%	7	2%		
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%
Viral 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%
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%
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%
Total	370	100%	501	100%	395	100%	281	100%	430	100%	313	100%	518	100%	708	100%	835	100%	905	100%	839	100%	1028	100%	878	100%	345	100%	257	100%	345	100%	359	100%		
ASO Worker	170	63%	199	59%	106	51%	47	39%	117	69%	349	83%	471	83%	362	76%	194	54%	281	57%	340	59%	410	64%	483	72%	379	95%	284	96%	225	98%	189	84%		
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%	0	0%
Adherence/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%	0	0%
Other	28	10%	0	0%	0	0%	3	2%	0	0%	1	0%	1	0%	3	1%	30	8%	37	7%	49	9%	36	6%	27	4%	0	0%	1	0%	1	0%	1	0%	1	0%
Eligibility	19	7%	47	14%	38	18%	31	26%	18	9%	7	2%	16	9%	14	3%	38	7%	38	7%	38	7%	38	6%	38	5%	4	1%	0	0%	1	0%	1	0%	2	0%
Compliance	3	1%	0	0%	0	0%	2	2%	7	4%	22	5%	7	1%	19	4%	34	10%	45	14%	45	14%	17	3%	24	4%	4	1%	0	0%	0	0%	2	1%		
Adherence	0	0%	2	1%	2	1%	10	6%	13	3%	13	3%	4	1%	32	7%	49	14%	51	10%	36	6%	41	6%	47	7%	5	1%	0	0%	0	0%	1	0%		
Laboratory/Xray	0	0%	0	0%	0	0%	2	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Family Planning	0	0%	0	0%	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%
Provider Services	0	0%	4	1%	4	2%	1	1%	4	2%	1	0%	1	0%	1	0%	1	0%	1	0%	1	0%	1	0%	1	0%	1	0%	0	0%	0	0%	0	0%	0	0%
Mental Health/Substance Abuse	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%
Hospital Services	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%
Viral Load	1	0%	4	1%	4	2%	1	1%	4	3%	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%
Collaboration Care coordination	16	6%	45	13%	30	14%	24	20%	8	2%	1	0%	1	0%	5	1%	30	6%	30	6%	27	5%	13	2%	6	1%	1	0%	4	1%	0	0%	30	13%		
Pharmacy	20	10%	34	10%	25	10%	34	10%	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%
Medications	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%																				

Fax		21 1%	24 1%	34 3%	26 3%	5 1%	7 1%	6 0%	3 0%	5 0%	8 0%	8 0%	17 1%	6 0%	14 0%	17 2%	6 1%
Members	Case Management Services	5 100%	2 67%	4 80%	2 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%
	Viral Loads	0 0%	0 0%	1 33%	1 33%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Upward Claim							1 100%	0 0%	1 0%	0 0%	1 100%	0 0%	0 0%	1 50%	0 0%	0 0%
	Eligibility	0 0%	1 33%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 100%	0 0%
	Provider Services																1 100%
	Other	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Total	5 100%	3 100%	5 100%	3 100%	0 0%	1 100%	1 100%	0 0%	1 100%	0 0%	1 100%	2 100%	0 0%	2 100%	1 100%	0 0%
ASO Worker	Other	0 0%	0 0%	0 0%	0 0%	1 25%	0 0%	0 0%	0 0%	1 50%	1 20%	2 40%	1 8%	0 0%	1 10%	0 0%	0 0%
	Viral Loads	0 0%	0 0%	0 0%	1 25%	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	1 100%	8 80%	1 25%	1 25%	2 50%	3 75%	2 50%	2 100%	4 0%	8 80%	3 60%	10 83%	4 80%	8 80%	15 94%	1 25%
	Upward Claim	0 0%	0 0%	0 0%	0 0%	1 25%	1 25%	2 50%	0 0%	1 50%	0 0%	0 0%	1 8%	1 8%	1 10%	1 8%	1 25%
	Provider Services																1 25%
	Collaboration Care coordination	0 0%	1 11%	1 13%	2 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 25%
	Total	1 100%	9 100%	8 100%	4 100%	4 100%	4 100%	2 100%	2 100%	5 100%	12 100%	5 100%	12 100%	5 100%	10 100%	16 100%	2 100%
Other	Case Management Services	4 57%	3 60%	2 15%	0 0%	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%
	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%
	Other	1 14%	0 0%	1 8%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%	1 50%	0 0%	0 0%	1 0%	0 0%	0 0%	0 0%
	Viral Loads	2 29%	1 20%	9 69%	8 100%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%	1 100%	0 0%	0 0%	0 0%	0 0%	0 0%
	Collaboration Care coordination	0 0%	0 0%	1 8%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Total	7 100%	5 100%	13 100%	8 100%	0 0%	0 0%	0 100%	0 0%	2 100%	2 100%	1 100%	0 0%	1 0%	0 0%	0 0%	0 0%
Eligibility Office	Case Management Services	0 0%	0 0%	0 0%	1 100%	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%
	Collaboration Care coordination	0 0%	1 100%	1 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Total	0 0%	1 100%	1 100%	1 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Nurse	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%
	Collaboration Care							1 100%	0 0%	0 0%	0 0%	0 0%	1 100%	0 0%	0 0%	0 0%	0 0%
	Laboratory/Xray															100%	0 0%
	Viral Loads	3 75%	3 75%	5 100%	8 100%	0 0%	0 0%	0 0%	1 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Case Management Services	1 25%	1 25%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Total	4 100%	4 100%	5 100%	8 100%	0 0%	0 0%	1 100%	1 100%	0 0%	0 0%	0 0%	1 100%	0 0%	2 100%	0 0%	0 0%
Physician	Ambulance/Transportation	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%	0 0%	0 0%	0 0%	0 0%
	Eligibility	1 25%	0 0%	0 0%	0 0%	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%	0 0%	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																1 100%
	Viral Loads	3 75%	2 100%	2 100%	2 100%	1 100%	2 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Total	4 100%	2 100%	2 100%	2 100%	1 100%	2 100%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%	0 0%	0 0%	0 0%	1 100%
In Person		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse	Physician Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OUTGOING		2060 58%	2684 59%	2242 64%	2109 72%	2668 74%	2695 73%	2884 68%	4947 76%	4536 75%	4527 71%	4419 69%	4,296 66%	4349 68%	2759 73%	4440 85%	3708 84%
Calls		1445 70%	1843 69%	1683 75%	1521 72%	2070 78%	2308 86%	2546 88%	4111 83%	3813 84%	3693 82%	3581 81%	3,344 78%	3451 79%	2205 80%	3531 80%	2829 76%
Member	Compliance	228 33%	155 15%	59 7%	169 17%	417 25%	363 23%	156 10%	382 13%	318 12%	228 10%	198 9%	162 8%	261 13%	435 32%	881 39%	784 34%
	Case Management Services	404 20%	444 44%	247 25%	401 45%	134 8%	26 2%	15 1%	9 0%	4 0%	1 0%	4 0%	9 0%	19 1%	7 1%	16 1%	8 0%
	Adherence	0 0%	276 27%	325 36%	378 38%	689 41%	815 53%	439 28%	1378 46%	895 33%	789 34%	682 31%	651 31%	702 35%	176 13%	789 35%	560 31%
	Other	3 0%	0 0%	2 0%	15 1%	32 2%	29 2%	51 3%	68 2%	164 6%	204 9%	185 8%	119 6%	139 7%	67 5%	32 1%	123 7%
	Physician 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%
	Eligibility	9 1%	23 2%	30 3%	24 2%	97 6%	88 6%	97 6%	234 8%	123 5%	169 7%	164 7%	176 8%	140 7%	115 9%	65 3%	32 1%
	Member Survey								1 0%	234 9%	276 12%	253 11%	257 12%	189 9%	194 14%	141 6%	388 21%
	Family Planning								1 0%	1 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Hospital 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%
	Inpatient																
	Viral Loads	4 1%	4 0%	11 1%	88 9%	19 1%	0 0%	1 0%	2 0%	1 0%	2 0%	1 0%	1 0%	1 0%	0 0%	0 0%	0 0%
	Medications	0 0%	0 0%	0 0%	0 0%	31 2%	13 1%	38 2%	41 1%	21 1%	22 1%	55 2%	34 2%	46 2%	22 2%	10 0%	12 1%
	Mental Health/Substance Abuse	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	3 0%	1 0%	5 0%	8 0%	1 0%	4 0%	0 0%	0 0%	1 0%
	Ambulance/Transportation	0 0%	8 1%	4 0%	4 0%	5 0%	2 0%	3 0%	3 0%	2 0%	2 0%	13 1%	17 1%	12 1%	2 0%	0 0%	3 0%
	Laboratory/Xray	0 0%	1 0%	1 0%	0 0%	1 0%	0 0%	3 0%	0 0%	7 0%	1 0%	7 0%	6 0%	11 0%	3 0%	1 0%	0 0%
	Provider Services	1 0%	3 0%	1 0%	0 0%	55 3%	19 1%	26 2%	24 1%	8 0%	8 0%	3 0%	13 0%	8 0%	1 0%	2 0%	6 0%
	Collaboration Care coordination	1 0%	12 1%	9 1%	2 0%	7 0%	26 2%	16 1%	7 0%	2 0%	2 0%	3 0%	2 0%	7 0%	5 0%	7 0%	2 0%
	Pharmacy	31 5%	78 8%	51 6%	19 2%	18 1%	13 1%	8 0%	8 0%	16 1%	4 0%	0 0%	2 0%	2 0%	1 0%	1 0%	1 0%
	Policy	0 0%	5 0%	6 1%	6 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%
	Upward Claim	0 0%	0 0%	0 0%	0 0%	13 1%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
	Introductory Call								47 3%	129 8%	152 5%	186 7%	110 6%	125 6%	89 7%	84 4%	91 4%
	Outdated Contact								35 2%	82 5%	304 10%	281 10%	34 2%	40 2%	70 3%	26 1%	70 3%
	Phone Call Followup								32 2%	122 8%	148 5%	64 2%	108 5%	143 7%	79 4%	2 0%	18 1%
	Total	683 100%	1009 100%	800 100%	1121 100%	1678 100%	1550 100%	1546 100%	2963 100%	2690 100%	2290 100%	2242 100%	2114 100%	2010 100%	1348 100%	2277 100%	1836 100%
ASO Worker	Case Management Services	139 62%	183 61%	112 51%	56 43%	163 75%	340 72%	405 81%	461 70%	269 50%	355 54%	410 63%	444 66%	539 70%	416 89%	726 96%	132 79%
	Other	31 14%	4 2%	4 2%	2 2%	0 0%	0 0%	0 0%	4 0%	7 1%	5 0%	13 2%	18 0%	13 0%	2 0%	1 0%	0 0%
	Adherence	0 0%	0 0%	0 0%	7 5%	9 4%	36 8%	37 7%	68 10%	88 13%	58 9%	62 9%	52 8%	73 9%	14 3%		

	Other	7	6%	0	0%	1	1%	1	1%	0	0%	0	0%	0	0%	5	5%	1	1%	2	1%	1	1%	1	1%	2	5%	0	0%	1	13%	0	0%		
	Case Management Services	75	69%	82	61%	89	72%	61	74%	2	11%	0	0%	1	1%	0	0%	0	0%	2	1%	0	0%	1	1%	2	5%	1	5%	0	0%	2	33%		
	Medications	0	0%	0	0%	0	0%	0	0%	2	2%	0	0%	1	1%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	2	25%	0	0%		
	Adherence	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	1	1%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Pharmacy	2	2%	0	0%	1	1%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%	0	0%	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%		
	Unpaid Claims	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	1	2%	0	0%	0	0%	0	0%		
	Hospital 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%		
	Collaboration Care coordination	8	7%	35	26%	13	10%	2	2%	1	2%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	5%	3	16%	1	13%	2	33%		
	Policy	0	0%	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%		
	Outdated 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%		
	Phone Call Follow-up	0	0%	0	0%	0	0%	0	0%	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	1%	0	0%	0	0%	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%		
	Total	109	100%	135	100%	124	100%	82	100%	18	100%	53	100%	114	100%	145	100%	111	100%	130	100%	171	100%	127	100%	141	100%	42	100%	19	100%	8	100%	8	100%
Nurse	Physician 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%		
	Other	2	3%	0	0%	3	3%	0	0%	0	0%	3	3%	3	3%	13	23%	8	6%	13	9%	6	6%	4	3%	4	4%	1	0%	0	0%	0	0%	0	0%
	Case Management Services	36	54%	21	30%	31	33%	15	21%	1	2%	23	22%	23	28%	0	0%	1	1%	2	1%	3	3%	0	0%	14	14%	17	6%	3	4%	0	0%	0	0%
	Adherence	0	0%	0	0%	0	0%	0	0%	1	4%	4	7%	3	3%	9	11%	10	18%	16	12%	8	6%	5	5%	6	4%	5	5%	0	0%	0	0%	0	0%
	Compliance	0	0%	1	1%	0	0%	1	1%	2	9%	6	11%	8	9%	12	7%	9	16%	16	12%	11	8%	3	3%	5	3%	0	0%	1	1%	0	0%	0	0%
	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%
	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%
	Viral Loads	25	37%	22	32%	36	38%	44	60%	4	17%	7	12%	5	5%	6	7%	3	5%	4	3%	2	1%	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%
	Outdated Contact	0	0%	0	0%	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%
	Medications	0	0%	0	0%	0	0%	1	1%	9	39%	1	2%	4	4%	11	9%	21	15%	14	9%	21	15%	7	7%	1	1%	1	1%	1	1%	3	12%	0	0%
	Eligibility	0	0%	2	3%	3	3%	3	4%	1	4%	0	0%	0	0%	5	6%	1	2%	3	2%	5	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Introductory Call	0	0%	0	0%	0	0%	0	0%	0	0%	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%
	Pharmacy	3	4%	9	13%	9	9%	0	0%	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%
	Collaboration Care coordination	0	0%	13	14%	4	5%	13	23%	4	5%	25	24%	1	1%	5	9%	19	14%	25	19%	29	21%	46	35%	31	20%	48	17%	52	68%	10	40%	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%
	Provider Services	0	0%	1	1%	0	0%	4	17%	9	16%	18	17%	12	15%	15	11%	20	15%	11	11%	11	10%	11	15%	10	16%	9	3%	8	11%	11	44%	0	0%
	ER	0	0%	0	0%	0	0%	0	0%	0	0%	1	2%	3	3%	4	7%	4	3%	4	3%	2	1%	1	1%	1	1%	0	0%	0	0%	0	0%	0	0%
	Laboratory/X-ray	0	0%	10	18%	4	4%	10	18%	4	4%	3	3%	1	1%	17	13%	17	13%	25	19%	20	19%	77	50%	202	72%	11	14%	0	0%	0	0%	0	0%
Phone Call Follow-up	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Total	67	100%	69	100%	95	100%	73	100%	23	100%	67	100%	105	100%	81	100%	67	100%	137	100%	103	100%	153	100%	99	100%	279	100%	76	100%	25	100%	0	0%	
Physician	Viral Loads	20	27%	8	35%	32	59%	69	79%	9	23%	6	14%	2	2%	1	2%	0	0%	1	3%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%
	Provider Services	6	8%	0	0%	0	0%	11	28%	10	23%	18	22%	13	21%	8	20%	6	16%	9	41%	8	47%	8	47%	46	90%	35	43%	0	0%	0	0%	0	0%
	Other	11	15%	0	0%	3	6%	1	1%	0	0%	1	1%	5	8%	3	7%	2	5%	1	5%	2	2%	2	5%	0	0%	0	0%	0	0%	0	0%	0	0%
	Case Management Services	31	42%	11	48%	5	9%	4	5%	2	5%	6	8%	3	4%	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%	0	0%	7	9%	6	14%	8	10%	8	20%	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%
	Phone Call Follow-up	0	0%	0	0%	0	0%	0	0%	3	4%	2	3%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Introductory Call	0	0%	0	0%	0	0%	0	0%	0	0%	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	2	3%	1	4%	0	0%	3	8%	0	0%	3	7%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Eligibility	1	1%	0	0%	0	0%	6	15%	1	2%	4	5%	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%	3	8%	1	2%	13	16%	3	5%	1	2%	4	11%	5	23%	2	12%	2	10%	0	0%	1	14%	0			

Other	1	10%	0	0%	1	25%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Total:	10	100%	2	100%	4	100%	2	100%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

TOTAL CONTACTS:	3532	100%	4528	100%	3494	100%	2910	100%	3587	100%	3679	100%	4211	100%	6552	100%	6069	100%	6408	100%	6383	100%	6509	100%	6366	100%	3757	100%	5204	100%	4432	100%	4433	200%
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Attachment N
Nurse Coordinator Complaint Log
Demonstration Year 20

Complaint	Date Contacted	Message Type	Type	Contacted Note	Resolution	Date of Resolution	
89693	11/17/2022	Incoming	Member	Call	Member called to report a complaint about Non Emergency Transportation (NET). He missed his appointment with his Infectious Disease Specialist yesterday and reports he wasn't told a ride wouldn't come if the weather was bad. Member reports he waited in the rain for a very long time. Member reports that his provider states he may be discharged from the office if he misses another appointment. Member said he called the broker and the representative was rude so he made a formal complaint. Member wanted to make sure DHHS was aware.	Nurse Coordinator followed up internally with the OMS NET unit. The NET unit offered to follow up with the broker and listen to the call since the member accused the representative of being rude. A formal complaint has already been filed by the member against the broker.	17-Nov-22
87559	4 /15/2022	Incoming	Member	Call	Member called the Nurse Coordinator to report that an order was put in a month ago for a cane and he hasn't heard anything. He states he has left several messages for the DME provider.	The Nurse Coordinator called the DME provider to get an update on members cane. The DME provider said they are waiting for the doctor's office for the last note from the provider so they can fill the prescription. The member has concerns about his diagnosis being released and isn't comfortable with the providers note being sent. The Nurse Coordinator provided member with the contact information to the local lions club to see if they have resources. Member will call them and perhaps revisit the DME provider once he becomes established with his new PCP.	15-Apr-22
89153	10/6 /2022	Incoming	Member	Call	Member called the Nurse Coordinator to report issues with the NET broker. Member said he has an appointment tomorrow and the ride was just cancelled. Member reports he hasn't had a successful trip with the broker in 5 months.	The Nurse Coordinator reached out to the broker. The broker reported there were no rides scheduled or cancelled. The Nurse Coordinator let the member know this. The member reports he plans to call the broker himself. The Nurse Coordinator called the new PCP and explained the situation and that member would miss the appointment. A new appointment was scheduled. The Nurse Coordinator also called the members Targeted Case Manager to alert them to the situation. The Nurse Coordinator also followed up with member one week later to check in.	06-Oct-22
86483	1 /5 /2022	Outgoing	Member	Call	Member called the Nurse Coordinator to report that his pharmacy told him he would need to find a new pharmacy. The pharmacy asks for his address every time he goes and member doesn't feel comfortable giving his address to everyone.	The Nurse Coordinator called the pharmacy at members request. The pharmacy states the member is rude and made sexual advancements towards the pharmacy technician. They asked the member to use the drive through since he was causing such a scene in the store, but ultimately the members behavior was not acceptable and they aren't comfortable serving him. The pharmacist did call the prescribing provider. The Nurse Coordinator also called members prescribing provider and spoke to the Nurse. She confirmed they are going to send his prescriptions to a pharmacy that is closer to member. The nurse will follow up with member to find out what pharmacy he wants to use. The member plans to call the corporate office to file a formal complaint on Walgreens.	05-Jan-22
86485	1 /5 /2022	Incoming	Case Manager	Email	The members case manager emailed the Program Manager to report that members NET return rides are not coming to pick member back up. The case manager provided three dates this happened.	The Program Manager sent an email to the OMS Net unit for follow up with the broker. Each date was looked into separately and it was determined the complaints were a mix of substantiated and unsubstantiated. One was a driver no show, one was a member no show and one was the taxi company's fault. This information was sent to the case manager.	05-Jan-22
87636	4 /21/2022	Incoming	Member	Call	The member called the Nurse Coordinator to report that he had been trying to schedule a ride with the NET broker to see his new PCP and MaineCare's system still has his old address so a ride could not be scheduled. The member has been trying to change his address with MaineCare for a few weeks but hasn't been able to get through to the eligibility office due to long hold times.	The Nurse Coordinator sent an email to the Program Manager for assistance. The Program Manager emailed the Office for Family Independence (OFI) to get the addressed changed as soon as possible and also put the OMS NET unit on this same email and asked them to let the broker know. OFI wrote back and confirmed the address was fixed and the broker wrote back and said they made a note in their system as well. The member was able to get to his appointment.	21-Apr-22
88866	9 /13/2022	Incoming	Member	Call	The member called the Nurse Coordinator to report that he was unhappy with his last NET ride due to being uncomfortable with other passengers.	The Nurse Coordinator referred member to their targeted case manager for assistance and alternatives.	13-Sep-22
89262	10/14/2022	Incoming	Member	Call	The member called to report the he's been having issues with NET and getting to the methadone clinic daily. They have been cancelling rides.	The Nurse Coordinator followed up with the OMS NET unit and learned that due to COVID and a shortage of drivers, some rides do not get completed. The broker did confirm they are at least notifying the provider on the members behalf when a ride cannot be completed.	14-Oct-22
89263	10/16/2022	Incoming	Member	Call	The member called to report that he is sick and tired of getting surveys with closed envelopes. The member then disconnected the call.	The Nurse Coordinator exempted member from future surveys.	17-Oct-22
89886	12/5 /2022	Incoming	Member	Call	The member called to report that the pharmacy never got his prescription and he had to go the weekend without his medications.	The Nurse Coordinator encouraged the member to call his providers office to check on the prescription. The providers office may not know that the pharmacy didn't get it. The member will do this.	05-Dec-22
89954	12/12/2022	Incoming	Member	Call	The Member called the Nurse Coordinator to report that he has gone 6 days without his HIV medications. He is unsure what the issue is. Member was given phone number to MaineCare's pharmacy helpdesk (by his case manager) but he doesn't know what to say when he calls.	The Nurse Coordinator outreached to the pharmacy. The pharmacy reports that one of the medications has been out of stock. The other one needs a prior authorization. The pharmacy technician thinks the providers office is aware of this. The pharmacy thinks the out of stock medication should ship the following day. The Nurse Coordinator also called the prescribing provider. The provider states they just finished the PA. The providers office reports they were not aware of any prior issues with this member getting their medications. The member should be able to get both medications tomorrow.	12-Dec-22

Special Benefits Project: Annual Reports For DY20

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						Demonstratic Demonstratic
	Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			
Distinct Members	536			388			547			389			541			390			
Name	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
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
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
Inpatient Behavioral Health Services	1	0.19%	1	3	0.77%	5	0	0.00%	0	1	0.26%	3				1	0.26%	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.

on Year 17					Demonstration Year 18						Demonstration Year 19						Demonstration Year 20					
on Enrollees		Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*			Demonstration Enrollees			Medicaid Members*		
511		546			365			571			332			599			305			640		
Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims	Users	Users (%)	Claims
24.70%	301	221	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
80.83%	2,294	504	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
10.87%	91	84	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
		1	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

Special Benefits Project: Annual Reports For Demonstration Year 20
Attachment L: Deceased

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

Special Benefits Project: Annual Reports For Demonstration Year 20
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								
Not enrolled in MaineCare	5	15	9	10	11	28	30	41	39	48	78	65	70	66	82	61
Total	20	35	25	46	48	83	70	76	89	79	125	92	99	107	145	112

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

DY17	DY18	DY19	DY20
11	4	5	6
141	44	20	9
30	3	0	1
74	26	24	13
256	77	49	29

Top 10 Diagnosis Codes for Hospitalization-Demonstration Enrollees

Code	Description	Claims	Clients
A419	Sepsis, unspecified organism	6	3
E1169	Type 2 diabetes mellitus with other specified complication	3	2
I130	HTN heart & chr kidney disease w HF & stage 1 through 4 CKD	2	1
I350	Nonrheumatic aortic (valve) stenosis	2	2
B20	Human immunodeficiency virus [HIV] disease	1	1
E1152	Type 2 diabetes mellitus w diabetic peripheral angiopathy w	1	1
E860	Dehydration	1	1
I110	Hypertensive heart disease with heart failure	1	1
I300	Acute nonspecific idiopathic pericarditis	1	1
I5023	Acute on chronic systolic (congestive) heart failure	1	1

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

Code	Description	Claims	Clients
A419	Sepsis, unspecified organism	7	7
B20	Human immunodeficiency virus [HIV] disease	5	5
I214	Non-ST elevation (NSTEMI) myocardial infarction	4	2
B451	Cerebral cryptococcosis	3	2
J441	Chronic obstructive pulmonary disease with (acute)	3	3
E8352	Hypercalcemia	2	1
E871	Hypo-osmolality and hyponatremia	2	2
F10239	Alcohol dependence with withdrawal, unspecified	2	2
F200	Paranoid schizophrenia	2	1
F332	Major depressive disorder, recurrent severe without	2	2

*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 Waiver: Annual Reports For Demonstration Year 20

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 12/31/2022)

	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		
Description																		
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

	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		
Description																		
Mammography	20	44%	42	28	35%	68	13	26%	25	18	20%	38	15	27%	28	32	34%	75

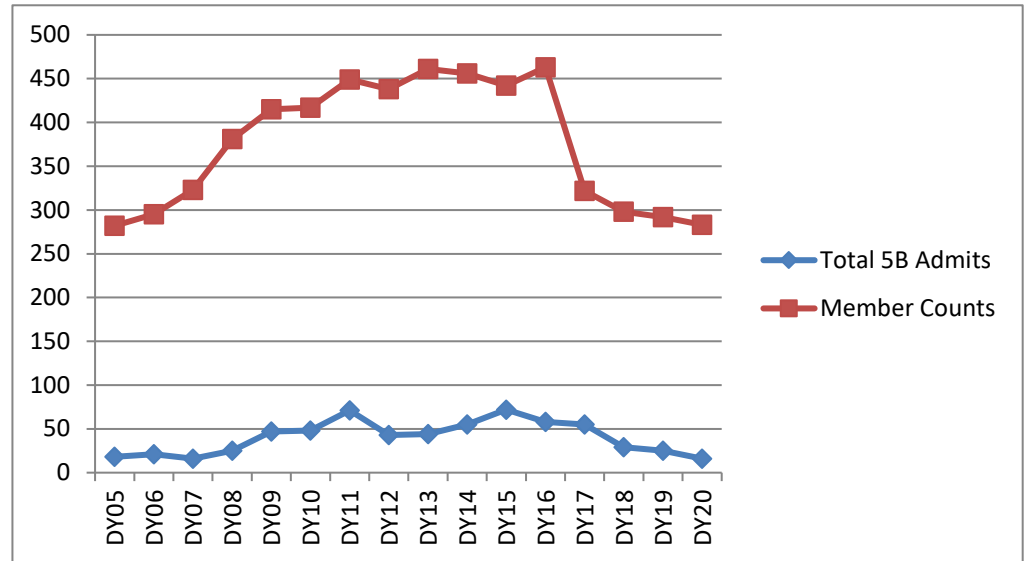
* Members from Initial Group and Cost Neutralization Group Combined. This report has not been filtered by Recipient Aid Categories and contains members enrolled in and claims paid by other Waivers. Therefore, enrollment and number of claims may be slightly higher compared to CMS Financial reports.

Demonstration Year 17						Demonstration Year 18						Demonstration Year 19						Demonstration Year 20					
Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members		
70			151			50			157			50			158			44			166		
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 Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members			Demonstration Enrollees			Medicaid Members		
51			95			40			115			43			116			38			118		
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

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



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	\$0	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	\$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		
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\$26	\$99,110	112	\$29	\$95,463	110	\$28	\$64,477	101	\$19	\$65,514	98	\$20	\$64,822	112	\$18	\$56,968	86	\$17	\$103,749	139	\$29	\$70,685	114	\$18		
\$3	\$322	1	\$0	\$26,818	11	\$8	\$2,190	1	\$1	\$30,309																