

Maine Health Exchange Advisory Committee

Tuesday August 26, 2014

10am

Appropriations Committee Room 228

Draft Agenda

- 10:00 am Welcome and introduction from chairs
- 10:15 am Consumer Outreach Activities and Enrollment Update
Emily Brostek, Consumers for Affordable Health Care to discuss report on regional assister roundtables and consumer assistance activities during 2014 plan year
- 10:30 am Federal Update (*conference call*)
Christie Hager, Region One Director, U.S. Department of Health and Human Services
- 11:00 am State Regulatory Update
Eric Cioppa, Superintendent, Maine Bureau of Insurance
- 11:30 am Health Plan Update
Representatives of Anthem Health Plans of Maine, Maine Community Health Options, Northeast Delta Dental, Harvard Pilgrim
- 12:00 pm Lunch
- 1:00 pm Update on Recent Developments
- *Robyn Merrill, Maine Equal Justice Project, to discuss requests to Maine enrollees from FFM for additional documentation of immigration/citizenship status*
 - *Review written summary from Attorney General's Office & discuss recent court decisions/ legal issues relating to subsidies*
- 2:00 pm Committee Discussion and Planning---2015 Plan Year and Beyond
- Review timeline/decision matrix
 - Develop work plan and schedule additional meetings
- 3:00 pm Adjourn

**MAINE'S HEALTH INSURANCE MARKETPLACE AND OTHER
PROVISIONS OF AFFORDABLE CARE ACT:
Key Dates of Interest to Maine Health Exchange Advisory Committee**

Provision	Date/Dates
Rate Review for 2015 plan year by Maine Bureau of Insurance	By September 4, 2014
Submission of documentation to verify citizenship/immigration status for Marketplace coverage	September 5, 2014
Navigator Grants Awards Announcement of navigator grants for Maine	September 8, 2014
Deadline for grant applications for continued funding for consumer assistance programs	September 15, 2014 Grant awards announced September 29, 2014
Termination of coverage for enrollees who fail to submit documentation of citizenship/immigration status	September 30, 2014
Re-enrollment of current individual marketplace policyholders (automatic renewal available)	November 15, 2014 to December 15, 2014
Open enrollment---new individual enrollees	November 15, 2014 to February 15, 2015
SHOP exchange---direct enrollment through healthcare.gov website	Expected November 2014
Deadline for Marketplace enrollment to ensure January 1, 2015 coverage	December 15, 2014
Exchange planning establishment grants	Applications Due Aug 15, October 15 and November 14, 2014 Grants awarded through December 31, 2014
State Declaration of Intent to Transition To/Establish State-Based Exchange	December 16, 2014 (10 business days prior to January 1, 2015) for State-Based Marketplace for 2016 Plan Year (based on federal guidance issued for previous plan years)
State Declaration of Intent to Transition To/Establish Partnership Exchange	February 15, 2015 for 2016 Plan Year (based on federal guidance issued for previous plan years)
Employee choice of qualified health plans in SHOP exchange	Delayed in Maine until 2016 Plan Year

**MAINE'S HEALTH INSURANCE MARKETPLACE AND OTHER
PROVISIONS OF AFFORDABLE CARE ACT:
Key Dates of Interest to Maine Health Exchange Advisory Committee**

Provision	Date/Dates
Basic Health Plan	January 1, 2015 or thereafter States must submit "blueprint" in manner prescribed by HHS and allow for public notice and comment before submitting final application
Determination of Essential Health Benefits package	Updated federal guidance anticipated before 2016 Plan Year
Change in Definition of Small Employer (employers with 100 or fewer employees)	Expected for 2016 Plan Year
Interstate Health Care Choice Compacts	January 1, 2016 Regulations have not been issued despite July 1, 2013 deadline
State Innovation Waivers	January 1, 2017 or thereafter States must submit application with sufficient time for federal review before anticipated effective date and allow for public notice and comment before submitting final waiver application
State May Permit Participation of Large Employers in Marketplace (more than 100 employees)	January 1, 2017

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STATE OF MAINE

ONE HUNDRED AND TWENTY-SIXTH LEGISLATURE

MAINE HEALTH EXCHANGE ADVISORY COMMITTEE

June 11, 2014

Christie L. Hager, J.D., M.P.H.
Regional Director
U.S. Department of Health and Human Services, Region One
John F. Kennedy Federal Building, Suite 2100
Boston, MA 02203

Dear Ms. Hager,

Thank you again for speaking with the Maine Health Exchange Advisory Committee on June 3rd to provide an update on Maine's federally-facilitated Marketplace following the close of the first open enrollment period. We want to extend our gratitude to the Department of Health and Human Services for its efforts to implement the Marketplace for the benefit of Maine individuals, families and small businesses. We recognize and appreciate the many improvements already made to the functionality of the Marketplace, but we believe that additional changes and resources are needed as we prepare for the 2015 open enrollment period. On behalf of the Maine Health Exchange Advisory Committee, we are writing to convey concerns brought to our attention during our recent meeting. We hope you share these concerns with others in the Department of Health and Human Services, Centers for Medicaid and Medicare Services and further hope the Department is willing to address the items noted below.

Use of federal marketing resources to promote the Marketplace

Given the limited federal resources being spent here, we request that the federal government grant permission for Maine to use previously produced marketing and media advertisements promoting healthcare.gov for outreach, education and enrollment leading up to the 2015 open enrollment period. The Maine Health Access Foundation has led Maine's marketing, outreach and education effort through the development of enroll207.com with limited resources to produce television, radio and other media marketing. Having the benefit and use of media materials already created and paid for would allow the foundation to avoid duplication of effort and instead increase its own outreach, education and enrollment activities.

Improvements to healthcare.gov enrollment identity verification process and SCHIP assessments

At the Advisory Committee's meeting on June 3rd, representatives of Marketplace carriers and navigators indicated that improvements are still needed to the healthcare.gov enrollment process. We understand the identity verification process used by healthcare.gov relies on individual credit reports maintained by a credit reporting agency. As a result, healthcare.gov has been unable to verify the identity of consumers with no or little credit history, disproportionately impacting low-income families. The current system for verifying immigration status has likewise created obstacles to enrollment for those who are eligible. Based on information we have received, there is also a particular issue for legal immigrants eligible for a subsidy whose incomes are below 100% FPL and who have been in the United States for less than 5 years. We are not aware of any immigrant living in Maine who has been granted a subsidy despite their eligibility and despite significant efforts to assist these individuals. Addressing these systems issues will make the online enrollment process easier and increase the number of successful enrollments.

We also understand that families seeking coverage through the Marketplace experience difficulties and delays in enrollment and subsidy eligibility determination due to the SCHIP eligibility assessment for their children. We believe improvements can be made to improve the interface and response time between the federally-facilitated Marketplace and Maine's eligibility determination system. In order to improve the consumer experience for those Maine individuals and small businesses seeking access to coverage through the Marketplace, we ask that these technical issues be addressed for the 2015 open enrollment period.

Additional federal resources for Maine's designated health insurance consumer assistance program

We understand that federal resources to support Maine's designated health insurance consumer assistance program have not been provided for 2015. Maine's consumer assistance program, which is operated by Consumers for Affordable Health Care, a local nonprofit organization, has been very successful in helping individuals and families resolve complaints about their health care coverage. We feel strongly that additional resources are needed to continue this valuable assistance in 2015. We are committed to exploring all options available to the State to provide funding for consumer assistance.

Early guidance on essential health benefits

Current guidance under which States have designated a medical and dental benchmark plan for the Essential Health Benefits applies through plan year 2015 and CMS has indicated that additional guidance may be provided for plan years beginning in 2016 and thereafter. If changes are expected to be made to the Essential Health Benefits package for 2016, we request that guidance be provided to Maine as soon as possible. As an Advisory Committee to the Maine Legislature, we need time to carefully consider any related policy options before making any recommendations to the Legislature and our Superintendent of Insurance.

Thank you for your consideration. We look forward to your reply and to discussing these issues with you further.

Sincerely,

Handwritten signature of Margaret M. Craven in cursive script, with the word "Chair" written in smaller letters below the signature.

Margaret M. Craven
Senate Chair

Handwritten signature of Sharon Anglin Treat in cursive script.

Sharon Anglin Treat
House Chair

cc: Maine Health Exchange Advisory Committee members
Wendy Wolf, Maine Health Access Foundation
Joseph Ditre, Consumers for Affordable Health Care

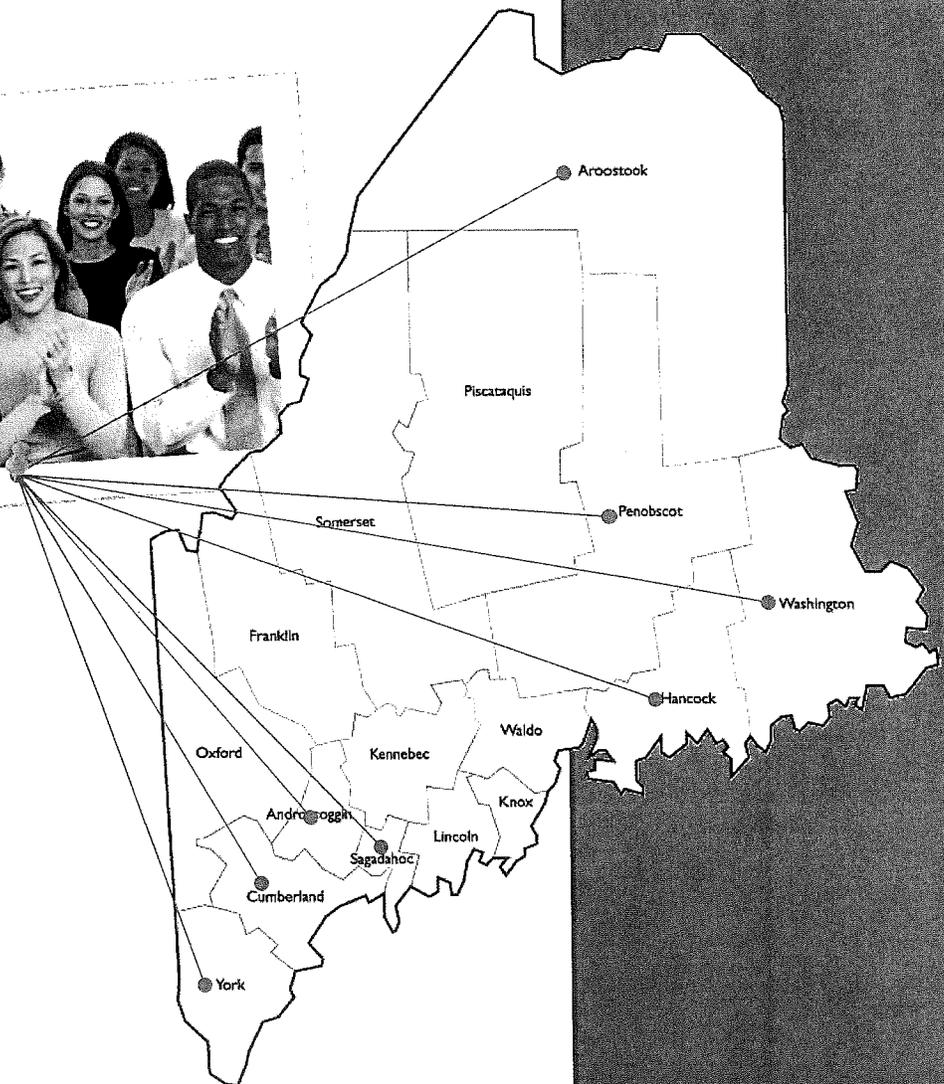


Consumers for Affordable Health Care

Advocating the right to quality, affordable health care for every man, woman and child since 1988.

Regional Assister Roundtables:

Maximizing Enrollment Success by Creating a Community of Assisters



Supported by:

MEHAF
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Consumers for Affordable Health Care

Advocating the right to quality, affordable health care for every man, woman and child since 1988.

About Consumers for Affordable Health Care

Consumers for Affordable Health Care is a Maine advocacy organization that strives to ensure a strong consumer voice in decision making at all levels and in all forums in order to advocate for a consumer-oriented health system in Maine and the United States. Since 1988, Consumers for Affordable Health Care has provided leadership and support to consumers, businesses, organizations, and policymakers to specifically advocate for:

- Access to health care for all Maine residents including preventive, acute, chronic and long-term care that is assured through health care coverage
- Affordable health care coverage that is guaranteed for all Maine residents, taking into account an individual's ability to pay
- An individual's right to freely choose her or his provider and method of care within the confines of quality care that is based on objective standards and supported by publicly available data on individual providers and hospitals
- Financing coverage from a broad variety of government and private sources
- Controlling rising costs while preserving quality care

Consumers for Affordable Health Care provides resources to educate consumers and assist them in navigating the existing system.

Consumers for Affordable Health Care works with other organizations to educate them and to advocate our mission before legislative and regulatory bodies.

Consumers for Affordable Health Care
PO Box 2490 Augusta, Maine 04338-2490
1-800-838-0388 www.mainecahc.org

This report was written by:

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Associate Director, Consumers for Affordable Health Care (CAHC)

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Acknowledgement and Thanks

The author wishes to thank the more than one hundred navigators, certified application counselors, insurance brokers, and other assisters who attended Consumers for Affordable Health Care's seven regional roundtables to share their experiences and information that formed the basis for this report. Special thanks go to Jacob Grindle, April Gilmore, Susie Beal, Sue Mahar, Robin Bibber, and others for providing their personal insights, experiences, and quotes in this report. The regional roundtables held in Aroostook, Washington/Hancock, Penobscot, Kennebec, Sagadahoc, Cumberland, and York Counties gathered diverse voices and provided community-level details that we would never have known but for your attendance and willingness to share. In so doing, you will help others in communities across the U.S. just like yours to have hope, feel supported and recognized, and have new tools to use in their efforts to make sure that all people have high quality health coverage regardless of income.

The author gives many thanks to all of those individuals who actively participate in the Maine Assister Listserv to pursue eligibility and enrollment issues in greater depth and detail. Also, thank you to Anthem Health Plans of Maine, Northeast Delta Dental, and Maine Community Health Options for participating in these roundtables to provide greater information about your products to Maine's navigators and assisters. The author also wishes to thank Rachel Klein, Director of Organizational Strategy and Enrollment Program Director, and David Lemmon, Director of Communications, at Families USA for their assistance in publishing this report on Families USA's Enrollment Assistance Resource Web page, and sharing it with their extensive network of state consumer health advocates, policymakers, and the media. Additional thanks go to Raising Women's Voices for their support of these roundtables.

The author wishes to specially thank Dr. Wendy Wolf, Barbara Leonard, and Morgan Hynd at the Maine Health Access Foundation (MeHAF), and to MeHAF Board Chair, Sara Gagné-Holmes, and the entire MeHAF Board of Directors for their insightful planning, collaborative work with Maine's advocacy community, and their generous support. This support helped Maine to achieve the highest proportion of enrollees of all Federally-facilitated Marketplace states relative to Maine's total population. The Web site enroll207.com and the TV and radio advertising filled a huge void and made our work easier.

Finally, the author wishes to thank the Consumer Assistance Program staff of Consumers for Affordable Health Care Foundation. We thank Jaime D'Errico, Mary Schneckenburger, Andrea Irwin, Connie McCord, and Kathryn Ende for their incredible work to keep updated on Marketplace eligibility criteria and to assist navigators, assisters, and individuals with complex eligibility and enrollment, and for their commitment and dedication to our mission: to advocate the right to affordable, quality health care for every man, woman, and child!

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Introduction and Overview

On October 1, 2013, a major provision of the Affordable Care Act (ACA) took effect with the opening of the Health Insurance Marketplace. The Marketplace or “exchange” helps people find health coverage. Those who qualify can get financial help that makes this coverage more affordable through advanced premium tax credits or cost-sharing reductions. But finding and enrolling consumers in this new health insurance coverage proved to be a daunting task across the nation.

Maine is one of the nation’s enrollment success stories. In the first open enrollment period (October 1, 2013 – March 31, 2014), 44,258 Mainers enrolled in coverage, exceeding the Department of Health and Human Services’ (HHS) original goal of 23,000 enrollments by 92.4%.¹ This success ranks Maine as the number one state for enrollments per capita in the federally facilitated Marketplace.

Mainers overcame significant hurdles to accomplish this success. At the outset of open enrollment, 133,000 Maine residents were uninsured – 10% of the state’s population.² To achieve near universal coverage, 800 uninsured Mainers would need to enroll each day during the initial six-month open enrollment period. To assist people with enrollment, HHS made \$67 million available nationwide to fund navigators to provide enrollment assistance, but only \$600,000 was allotted to Maine. The pathway to enrollment success was created when the Maine Health Access Foundation funded a statewide public information and enrollment assistance campaign called “enroll207.”

One key aspect of the enroll207 campaign was the development of a statewide network of enrollment assisters who could help Mainers apply for coverage at Healthcare.gov, the online portal to the federally-operated health insurance marketplace. As a rural state with an aging population, individual enrollment assistance was crucial to connect many Mainers with coverage. Many people depended on navigators, certified application counselors, brokers, and other assisters to complete the online application for health insurance coverage. This need was exacerbated by the technical problems that plagued Healthcare.gov’s launch in fall 2013. In the face of these challenges and with limited resources, coordinating the efforts of Maine’s assisters was vital.

Consumers for Affordable Health Care (CAHC), Maine’s designated Consumer Assistance Program, set out to connect Maine’s assister community through a series of regional roundtables with the support of the Maine Health Access Foundation. Roundtable sessions proved to be an effective strategy during Massachusetts health reform implementation, and provided a critical opportunity for enrollment and outreach

¹ http://waysandmeans.house.gov/uploadedfiles/enrolltargets_09052013_.pdf

² 2012-2013 Current Population Survey.

workers to discuss their experiences, share tips, and troubleshoot the challenges they experienced in the field.³

The lessons we learned from these roundtables are summarized in this report. This report is intended to provide consumer advocates, funders, and government agencies with observations about what worked best in terms of consumer outreach. These observations are provided to bring attention to major problems; not all topics or issues discussed in these sessions are covered here.

The roundtables revealed many lessons learned about the common experience of assisters and best practices for outreach and enrollment. But the most important theme that emerged is the value of supporting and connecting assisters through a network. Being part of a network of assisters helps navigators, certified application counselors, and brokers stay connected to the latest changes and updates from the Marketplace, and provide people in their community with the best enrollment assistance possible.



³ Effective Education, Outreach, and Enrollment Approaches for Populations Newly Eligible for Health Coverage
<http://bluecrossmafoundation.org/sites/default/files/Lessons%20for%20National%20Reform%20Outreach%20and%20Enrollment%20Toolkit.pdf>

BACKGROUND

The Outreach and Enrollment Landscape in Maine

In Maine, two groups received federal navigator funding:

- Western Maine Community Action (WMCA), with a consortium consisting of eight of Maine's ten community action programs
- Fishing Partnership Health Plan in collaboration with the Maine Lobsterman's Association (MLA)

Maine's 19 community health centers also received federal funding to provide outreach and enrollment assistance from the Health Resources and Services Administration (HRSA). Their work was supported and coordinated by the Maine Primary Care Association (MPCA).

Many hospitals, health programs, and other social service agencies and nonprofits also served as certified application counselor (CAC) organizations. Some conducted in-reach to their existing clients, while others provided enrollment assistance to anyone in their community.

The Maine Health Access Foundation (MeHAF) played a significant role in ACA education and outreach in Maine. Recognizing the great need for more awareness of the options available through the Marketplace and the availability of assistance, MeHAF launched enroll207, a coordinated, aggressive marketing campaign to raise public awareness. The campaign used television and radio ads, press events, bus ads, print materials, online ads, social media outreach, and educational forums for communities and small business owners.

The central focus point of the campaign was the website enroll207.com, which provided Maine-specific information and resources, including a zip code locator linking consumers with assisters in their community. Each ad included the enroll207 website, as well as CAHC's toll-free HelpLine for consumers seeking telephone support and additional advocacy.

MeHAF also provided additional support for Maine's assister community. Since 2010, MeHAF has coordinated a diverse group of grantees to educate Maine people about the ACA. This support continued through open enrollment, with MeHAF awarding \$1.5 million in grants to support ACA outreach and education in 2014 (see Appendix 1 for a list of grantee organizations). Recognizing the limited navigator funding awarded in Maine, MeHAF provided CAHC with additional support throughout open enrollment. This support allowed CAHC to serve as a back-up center and resource for assisters, providing accurate information from the trained professionals on its HelpLine. This

dynamic also enabled CAHC to create a feedback loop by gathering real-time information from local assisters to share with national advocates at the Centers for Medicare & Medicaid Services (CMS).

Maine's Regional Roundtables: Bringing Maine's Assisters Together

In early 2014, CAHC convened a series of seven half-day meetings that connected navigators, certified application counselors, and others involved in education, outreach, and enrollment in regions throughout Maine (see [Appendix 2](#) for a map of roundtable locations). These sessions were attended by 106 navigators, certified application counselors, brokers, and other assisters.



The roundtables had three major goals: 1) to provide assisters with eligibility and enrollment training and updates; 2) to build connections between assisters; and 3) to learn more about the challenges and successes assisters were experiencing in their communities.

Approximately one month before the first roundtable, CAHC distributed an interest survey to potential roundtable attendees. The results of this survey helped identify the topics each roundtable would cover (see [Appendix 3](#) for a sample interest survey).

CAHC collaborated with partner organizations to get the word out about these roundtables to assisters across the state. The WMCA navigator consortium and MPCA both shared invitations to their assisters and encouraged their attendance. Enroll207 also sent out an invitation to its contact list, which included many brokers. In addition to sending email announcements and invitations about the event, CAHC reached out to key assisters in each region of the state to inform them about the roundtables, and encouraged them to attend (see [Appendix 4](#) for sample invitation).

The agenda for each roundtable included brief content updates on the Marketplace, as well as opportunities for assisters to troubleshoot the issues they were experiencing in the field. Participants also engaged in a roundtable discussion on best practices for outreach. Each session concluded with a panel discussion with representatives from the three companies selling plans on Maine's Marketplace. Assisters were also provided with a packet of helpful materials and resources (see [Appendix 5](#) for sample list of handouts).

Since building connections with other assisters was another important goal of these

roundtables, each session also included opportunities to network over breakfast, lunch, or breaks (see [Appendix 6](#) for sample agenda).

LESSONS LEARNED

Common Challenges

Assisters in Maine shared similar experiences during the initial open enrollment period that posed challenges for their work. Discussions at roundtables helped identify these shared experiences, which included:

- **“Glitches” on Healthcare.gov, misinformation, and confusion.** The top challenges reported by assisters were related to system failures and glitches in the Healthcare.gov system. Although website functions improved after the first two months of open enrollment, problems with identity verification, eligibility determinations, and other errors persisted throughout open enrollment. Assisters expressed frustration about these ongoing issues, which at times prevented the successful enrollment of the consumers they assisted. Assisters also expressed frustration with communication from HHS about glitches and frequently changing processes to “work around” the glitches. Some stated that they did not receive updates about these changes.



I would say the biggest challenge I found, was the misinformation from different sources. You could call the call center and ask the same question three times and get three answers. And you can't just pick the answer you liked best, it just doesn't work that way.

– A Certified Application Counselor at [Harrington Family Health Center](#)

- **Confusion about complicated eligibility rules.** When open enrollment began many assisters had only been on the job for a short time, and some were hired after open enrollment began. There was significant “on the job” learning, and assisters wanted somewhere to turn for answers to frequent questions, such as:
 - Does divorce qualify someone for a special enrollment period?⁴
 - How do I determine whether a job-based plan is considered affordable?⁵
 - Can someone who has a COBRA plan get financial help on the Marketplace?⁶

⁴ Losing minimum essential coverage due to a divorce is a qualifying event, but divorce itself is not.

⁵ A plan is considered affordable if the employee’s share of the annual premium for self-only coverage is less than 9.5% of the household’s income. The cost of dependent coverage is not included in this calculation.

⁶ During open enrollment, consumers can drop their COBRA coverage and sign up for a Marketplace plan. Outside of open enrollment, consumers can get a special enrollment period if their COBRA coverage ends. However,

- If a job-based plan is affordable for the employee but not for their dependents, can the family get financial help on the Marketplace?⁷
- Does _____ count as income?⁸

Although CMS provided assisters with a weekly newsletter and webinar for technical updates and support, some assisters were not aware of these resources, while others reported that they were still left with unanswered questions. Many assisters also shared experiences with Marketplace call center representatives, who often had inaccurate information about eligibility, such as what income should be reported. Assisters reported feeling frustrated and, at times, overwhelmed. These feelings were compounded by confusion and uncertainty about whether the information assisters had was accurate and up-to-date, given frequent changes in rules, application deadlines, and the application process as Healthcare.gov was fixed.

- **Feeling disconnected from other assisters.** Assisters who were not part of a coordinated consortium or assister group reported feeling isolated and disconnected. Most notably, assisters who were the only staff members providing application assistance at their organization often felt less informed and less supported. This is the case at many hospitals and other health organizations, which have been designated as certified application counselor organizations, but may have only one staff person trained as a certified application counselor. Individuals who only provided enrollment assistance part time, especially those who only did this work infrequently, also shared that they felt ill-equipped to deal with complicated eligibility issues. Brokers and agents, who are not part of the weekly assister calls and emails provided by CMS, also reported feeling isolated and uninformed about the latest updates in Healthcare.gov functions and other changes.

voluntarily dropping COBRA coverage outside of open enrollment does not qualify consumers for a special enrollment period. On May 2, 2014, CMS issued a bulletin describing a special enrollment period for COBRA qualified beneficiaries that ends on July 1, 2014.

⁷ Unfortunately, the cost of family coverage is not included when calculating whether an employer-based plan is affordable. If family members have access to this coverage – that is, if they are eligible to be included in this plan – and it is considered affordable for the employee, they will not qualify for financial help on the Marketplace. This is sometimes referred to as the “family glitch” or “family conundrum.” Depending on the cost of the coverage, they may qualify for an affordability exemption.

⁸ Eligibility for financial help on the Marketplace is based on Modified Adjusted Gross Income, or MAGI. This includes sources of income that are included in Adjusted Gross Income (line 37 on a Form 1040), plus non-taxable Social Security benefits, tax-exempt interest, and foreign earned income and housing expenses. A useful reference from the UC Berkeley Labor Center which was provided at the roundtables may be found here:

http://laborcenter.berkeley.edu/healthcare/MAGI_summary13.pdf

Assisters felt responsible for giving people in their community the right information to help them get coverage; the burden of providing this assistance with little support led to a great deal of stress for some assisters. A number of assisters indicated that this stress has had an impact on their lives, and in some cases keeps them awake at night.

- **Connections between Marketplace and Maine’s Medicaid program.** The application and enrollment on Healthcare.gov was intended to provide consumers with a seamless experience, no matter what they qualified for. Unfortunately, this proved not to be the case for people who were assessed as eligible for MaineCare, Maine’s Medicaid program. Healthcare.gov was unable to transfer income and other data to the Maine Department of Health and Human Services, leaving thousands of Mainers in limbo. Some consumers were incorrectly assessed eligible for Medicaid by Healthcare.gov, an error which often took weeks or months to correct. Assisters quickly learned that they needed to understand MaineCare eligibility, a topic that was not covered in the required federal training for assisters. Fortunately, CAHC has honed its MaineCare expertise over the past 26 years, and regularly provides trainings and workshops on this topic. During each roundtable session, CAHC provided participants with information and materials on MaineCare, including quick reference charts that helped assisters identify which program an individual or family qualifies for.
- **Challenges working with people in or near the “coverage gap.”** Maine has not accepted federal funds to provide low-income Mainers with the opportunity to enroll in Medicaid. This means that thousands of Mainers with incomes below the federal poverty level (\$19,530 a year for a family of three) are left without affordable coverage options, because they are ineligible for financial help with the cost of health insurance in the marketplace.⁹ Many assisters were uncertain about the best way to help these individuals and requested additional resources and support.

These roundtables provided CAHC an opportunity to give assisters guidance and resources that would help them talk with people in this situation. For example, assisters were provided with up-to-date flyers prepared by CAHC about hospital free care, sliding scale clinics, prescription assistance programs, and other safety net programs in communities throughout Maine that can provide care to people in the coverage gap. They were also trained on how to properly screen people to

⁹ Advanced premium tax credits for Marketplace plans are available to those with incomes between 100% - 400% of federal poverty (between \$11,490 and \$45,960 a year for individuals). The ACA gave states the option of expanding their Medicaid program so that people with low incomes would get covered that way. Without this expansion, those with incomes below the federal poverty line find themselves in a “coverage gap.”

ensure they were projecting their income accurately. For example, many people who appear to be in the coverage gap based on their wages may assume that other kinds of income, such as social security or unemployment, does not “count,” and so will not mention it when they meet with an assister.

Emerging Best Practices for Outreach

With one round of open enrollment behind them, assisters now have experience with different strategies for finding uninsured consumers, educating them about their new health insurance options, and encouraging them to complete an application. Each roundtable included a discussion about the effectiveness of these different outreach strategies. Assisters reported success with distributing materials and providing informational presentations in a variety of settings, including:

- Churches
- Targeted mailings to specific businesses or groups
- Adult education programs
- Career centers
- Food pantries
- Hair salons
- Professional associations
- Hobby-specific interest groups
- Public libraries
- Public schools
- Hospitals and other health care facilities
- Small businesses
- Local media
- Signs/banners in high traffic areas
- Social media



Assisters reported the greatest success with the following outreach strategies:

- **Word of mouth.** Many assisters found that word of mouth was their most powerful tool in educating people about their new coverage options. This was particularly true in rural areas of the state, where assisters noted that people were less likely to show up at public presentations or forums. However, once people heard that a family member, neighbor, coworker or friend had a successful enrollment experience, they would seek out assisters to learn about their own options. One assister said, “You

need to start conversations with people, wherever you are, and bring stuff with you everywhere.” Assisters reported keeping brochures, applications and other informational materials in their car or purse at all times.

Many connections were forged through informal conversations and existing relationships. For example, an assister in a rural Maine county recounted how she had helped her hairdresser enroll in Marketplace coverage. That hairdresser then helped her to set up an informational session for hairdressers and stylists. Every salon in the area closed for an hour so that their workers could attend. This led to many more individual enrollment assistance sessions.

Once assisters realized how successful word of mouth could be, they began finding ways to encourage this spread of information. An assister with the Harrington Family Health Center shared, “I asked every new enrollee to refer at least 5 friends or family members they knew could use coverage.” Assisters began handing out business cards with other enrollment materials after an in-person assistance session, asking consumers to speak to their friends and family about their experience enrolling and encourage them to set up their own appointment. In some cases, assisters would ask consumers they assisted for a chance to speak with any groups or associations they were part of, and thus gain access to a whole new group of people.



Our best “outreach” came from people who’d used our services and then wanted to spread the word. Amid all the new health coverage options and the rapid pace of change, people were relieved to find a reliable, professional, and friendly source of assistance – and they were also glad to tell their friends about it.

– A Certified Application Counselor at the Portland Community Health Center



For me the best form of outreach was word of mouth. I helped a family enroll in coverage and they were very excited to be able to have a plan that was finally affordable... This couple then told all their friends and as a result many more people in that community were enrolled. I had this happen in several instances – people excited about coverage and sharing how affordable it really was to be covered made a lot of difference.

– A Navigator at York County Community Action



When a client has a positive experience, then it is a great way to spread the word. Even the ones that were disappointed that could not receive help, it’s important to give them options too. Very difficult for some to ask for help

– A Certified Application Counselor at St Croix Regional Health Center

- **Using trusted leaders to gain access to communities.** While some people clamored for Marketplace coverage and readily reached out to assisters for help, other groups were more hesitant. They were distrustful or fearful about “Obamacare” based on what they had heard on the news, or they assumed the help available through the Marketplace would go away with the next election or congressional vote. Still others were simply unaware of the Marketplace or what they might be eligible for.

Going through trusted leaders to gain access to these groups proved crucial. For example, navigators in Downeast Maine initially experienced resistance when they reached out to Maine’s lobstering and fishing communities. However, once an assister was able to successfully enroll one member of the lobstering community, word spread, and they began helping many others in this community based on his recommendation. As one assister shared, “it just takes one person.” Assister groups working with immigrant and refugee communities relied on this strategy as well, using community health outreach workers to spread the word about new coverage options within their own communities.

- **Reach people where they are.** Although many had success with public presentations and forums in community settings, particularly in more urban or densely populated parts of the state, other assisters found that they had the greatest success when they found ways to connect with people where they live, learn, and play. Some assisters staffed informational tables in high traffic areas, such as corner stores or community college dining halls. Others held “open hours” at libraries or other community settings for those needing enrollment help.

Assisters regularly had to conduct outreach or enrollment assistance on nights and weekends in order to reach consumers at times most convenient to them. In some communities, this meant providing enrollment help in some unusual settings. For example, assisters in rural communities were often challenged to find public spaces that were available outside of normal business hours and provided internet access. One assister held an enrollment session at the local McDonald’s, which was the only available space in their community open after 6 pm with internet access.

Young adults proved a particularly difficult group to reach, requiring more out-of-the-box thinking on behalf of assisters. Some assisters reported success attending social networking events and happy hours attended by young adults to provide information and materials on the Marketplace, using scavenger hunts and other activities to engage attendees. Others relied heavily on social media, sharing the stories of those they had helped enroll on Facebook.

- **Educating people about the penalty.** Assisters quickly learned that if they were going to educate people about their new coverage options, they had to educate people about the penalty for those who go without insurance as well. Many consumers mistakenly believed that the most they would pay for being uninsured in 2014 is \$95, despite the fact that many families will end up paying 1% of their income, which may be a much higher amount. Educating people about how much they would pay in penalty based on their own income, as well as how much a Marketplace plan would cost, often helped consumers begin to consider their options more seriously. As a navigator with the Maine Lobsterman’s Association shared, “I tell people, you can give that money away – or you can put it to work for you.”
- **Coordinating and collaborating with other assisters and community resources.** Many of the assisters who reported the most success in enrolling people in their communities had strong ties to other assisters in their area. These assisters would call one another when they had a question about a complicated eligibility issue, share resources and strategies, and invite one another to different outreach events. Some assisters reported that they conducted enrollment appointments at one another’s offices, or provided coverage for one another when their appointments booked up. Doing so kept them from being overwhelmed during what was often a very hectic open enrollment period, and allowed assisters to provide the best enrollment help possible.



Our most successful outreach events were collaborations with partners like CAHC, community health centers, hospitals and libraries. As a state, so many groups worked together during open enrollment and that’s how we were able to really get the word out.

– A Navigator with the Western Maine Community Action Navigator Consortium



My fellow CACs here in Washington County are a HUGE source of help, encouragement and even though we are in 5 different offices, we really are one team.

– A Certified Application Counselor at Harrington Family Health Center

The Value of a Supportive Network

Discussions with Maine’s assisters at these roundtables helped highlight some emerging best practices in outreach and enrollment. While further study of these outreach strategies will be needed to identify which methods are most effective and

yield the most enrollments, these discussions shed light on some of the most promising strategies employed during the first open enrollment period in Maine.

The most important lesson, however, is the value of supporting and connecting assisters. Providing education, outreach, and enrollment assistance is a challenging task which requires in-depth knowledge of a complicated public program. During this initial open enrollment period, assisters were also challenged by the glitches on Healthcare.gov, and by changes in rules and Marketplace application deadlines.

The support of a network of other assisters allows people to do this work successfully. Assisters drove home this lesson repeatedly during these roundtables. Being part of a network of assisters helps navigators, certified application counselors, and brokers stay connected to the latest changes and updates from the Marketplace, and provide people in their community with the best enrollment assistance possible.

Establishing a state-wide network of assisters yielded other benefits, too. A strong, local network facilitates the sharing of important updates, new resources, and other vital information. This network can also help consumer advocates identify emerging trends and issues more quickly, thus serving a sentinel function.

Such local networks and sources of support are crucial to the continued success of Marketplace enrollment in Maine. While many assisters who attended the regional roundtables organized by CAHC stated they were familiar with national resources such as [In the Loop](#), a project of [Community Catalyst](#) and the [National Health Law Program](#), the [Families USA](#) Enrollment Assister Resource Center, or with the weekly assister emails or webinars provided by CMS, these resources lacked the local support that they needed. Many assisters found they needed to understand eligibility for Maine's Medicaid program, MaineCare, in order to guide families to the correct coverage option. They also needed information on local safety net programs for consumers in the "coverage gap."

To help support the development of a statewide network of assisters, CAHC launched a listserv for Maine's assisters following these roundtables, giving assisters a way to stay connected. In the last, hectic weeks of open enrollment, assisters were able to use this listserv to coordinate with others in their region about their availability, helping ensure that all consumers who tried to get enrollment assistance got help.

When CMS announced the availability of a special enrollment period for victims of domestic violence, CAHC was able to quickly update Maine's assister community through this listserv. After open enrollment closed on March 31, CAHC used this listserv to distribute important information on talking with consumers outside of open enrollment,

including details about special enrollment periods.

CAHC has also used the listserv to track emerging trends. For example, when CAHC began to hear reports on its Consumer Assistance HelpLine about consumers who had signed up for coverage on healthcare.gov lookalike sites, we turned to the listserv to find out if other assisters had heard similar stories. CAHC was able to compile these stories and share them with the Maine Bureau of Insurance.

In addition to this assister listserv, CAHC also began promoting its Consumer Assistance HelpLine as a resource for assisters who don't have a network of fellow assisters in their organization or community. Many assisters began using the HelpLine when they were in enrollment appointments to troubleshoot application and eligibility issues.

Having a state-based resource center proved to be a critical tool for assisters. As a representative for the WMCA navigator consortium stated, "Almost all of our navigators used the CAHC Helpline as a resource. It was a place to turn for help with especially complicated situations and to find options for consumers who were falling into 'gaps in coverage.'"



I often sent people to the hotline when they were even more completely stuck than I could help with – I still send people to the hotline for the same reason. It's been nice to have you all as a resource with this as at times it seemed like everything was changing quickly – you guys made sure the info about changes was spread efficiently and quickly.

–A Navigator at York County Community Action Corporation



Our health center often struggled to meet the huge demand for help before monthly enrollment deadlines, and the CAHC HelpLine was an especially crucial resource to which to refer consumers during those "crunch times".

–A Certified Application Counselor at the Portland Community Health Center



The Consumers for Affordable Health Care HelpLine was extremely helpful with questions about Medicaid eligibility and for resources for the families that fell into the "gap." CAHC was also there to support navigators/CACs around the state with enrollments during high demand.

–A Navigator at the Maine Lobsterman's Association

CONCLUSION

Regional roundtables and other in-person meetings at the community level are a valuable tool in ACA outreach and enrollment, providing an opportunity for assisters to connect, gain vital updates and resources, and share trends and ongoing issues. These roundtables provide a way to begin building a strong regional network of assisters, thus providing the ongoing support that assisters need in order to be successful in their work.

These roundtables also highlighted the value of state consumer assistance programs for successful outreach and enrollment efforts, and the need for greater funding to provide support and resources to assisters. CAHC's Consumer Assistance Program proved to be an invaluable source of local back-up and support for assisters, and provided expertise on Maine's Medicaid program, as well as other state and regional programs, that was not available through national resources and partners. Without funding provided by the Maine Health Access Foundation, this support may not have been possible. Future funding for navigators, CACs, and other assisters should take the importance of regional support and assistance into consideration in order to maximize the number of people who are successfully enrolled into coverage.

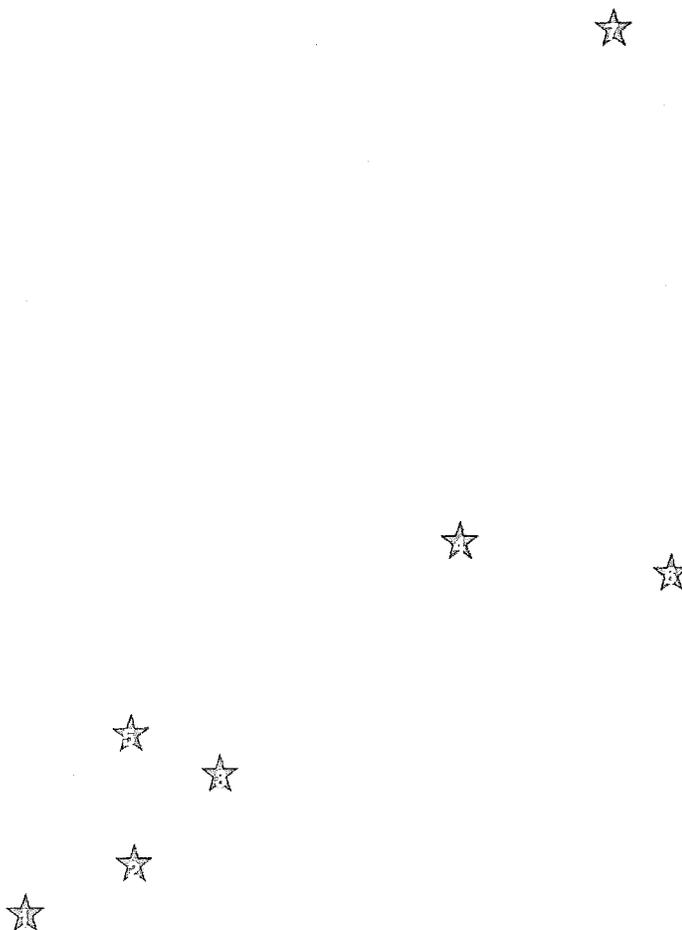


Appendix 1 – 2014 Maine Health Access Foundation Grantees

Health Reform Outreach, Education and Enrollment Awards

Community Concepts, Inc. http://www.community-concepts.org/	(207) 739-6535 Grant: \$120,000
Consumers for Affordable Health Care http://mainecahc.org/	(207) 622-7083 Grant: \$250,000
Division of Public Health, HHS Dept., City of Portland http://www.maine.gov/dhhs/oma/MulticulturalResource/health.html	(207) 874-8773 Grant: \$119,998
Hand in Hand / Mano en Mano, Inc. http://www.manomaine.org/	(207) 598-8926 Grant: \$30,000
Healthy Community Coalition of Greater Franklin County http://www.fchn.org/hcc	(207) 779-2750 Grant: \$120,000
Maine Association of Area Agencies on Aging http://www.maine4a.org/	(207) 592-9972 Grant: \$120,000
Maine Equal Justice Partners http://www.mejp.org/	(207) 626 7058 Grant: \$61,792
Maine Medical Education Trust	(207) 662-3374 Grant: \$85,790
Maine People's Resource Center http://www.mprc.me/	(207) 797-9207 Grant: \$120,000
Maine Primary Care Association http://mepca.org/	(207) 621-0677 Grant: \$25,000
MaineHealth/CarePartners http://www.mainehealth.org/mh_body.cfm?id=3441	(207) 662-7960 Grant: \$119,732
Planned Parenthood of Northern New England http://www.plannedparenthood.org/ppnne/	(802) 448-9736 Grant: \$120,000
Preble Street http://www.preblestreet.org/	(207) 775-0026 Grant: \$120,000
Somali Culture & Development Association http://www.mesom.org/	(207) 233-6014 Grant: \$120,000
Western Maine Community Action http://wmca.org/	(207) 860-4461 Grant: \$25,000

Appendix 2 – Regional Roundtable Locations



1. **Southern Maine** – York County (Sanford)
2. **Greater Portland** – Cumberland County (South Portland)
3. **Midcoast Maine** – Sagadahoc County (Bath)
4. **Penobscot County** (Bangor)
5. **Central Maine** – Androscoggin County (Lewiston)
6. **Downeast Maine** – Washington-Hancock Counties (Harrington)
7. **Northern Maine** – Aroostook County (Presque Isle)

Appendix 3 – Sample Interest Survey

Thank you for your interest in Consumers for Affordable Health Care's Regional Roundtables for navigators, certified application counselors, and others assisting with Marketplace enrollment.

Please answer the questions in this survey to help us understand the topics you would like to discuss and learn about during these roundtables. We will use your responses to plan these sessions.

1. What is your role?

- | | |
|--|---|
| <input type="checkbox"/> Navigator | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Certified application counselor | <input type="checkbox"/> Other (please specify) |

2. How likely is it that you will attend the regional roundtable in your area?

- | | |
|---|---|
| <input type="checkbox"/> I will definitely attend | <input type="checkbox"/> I will probably not attend |
| <input type="checkbox"/> I will probably attend | <input type="checkbox"/> I will definitely not attend |
| <input type="checkbox"/> I am not sure if I will attend | |

3. What county or counties do you serve? You can mark more than one.

- | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> Kennebec | <input type="checkbox"/> Sagadahoc |
| <input type="checkbox"/> Androscoggin | <input type="checkbox"/> Knox | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Aroostook | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Waldo |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Oxford | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Penobscot | <input type="checkbox"/> York |
| <input type="checkbox"/> Hancock | <input type="checkbox"/> Piscataquis | |

4. How connected do you feel to navigators, CACs, brokers, and others who are doing outreach and enrollment in your community?

- | | |
|--|--|
| <input type="checkbox"/> Very connected | <input type="checkbox"/> Somewhat disconnected |
| <input type="checkbox"/> Somewhat connected | <input type="checkbox"/> Very disconnected |
| <input type="checkbox"/> Neither connected or disconnected | |

5. What have been your biggest challenges in helping people enroll so far? Please be as specific and detailed as possible.

6. What resources would help you to overcome this challenge? Please be specific.

7. What topics would you most like to learn about or discuss at this event?

- | | |
|--|--|
| <input type="checkbox"/> Helping people with Marketplace appeals | <input type="checkbox"/> MaineCare |
| <input type="checkbox"/> Helping people apply for exemptions | <input type="checkbox"/> Effective outreach strategies |
| <input type="checkbox"/> Qualified Health Plans (QHPs) on the Marketplace | <input type="checkbox"/> Safety net programs for people who can't get coverage |
| <input type="checkbox"/> Troubleshooting common application and eligibility issues | <input type="checkbox"/> Helping people understand health insurance basics |
| | <input type="checkbox"/> Other (please specify) |

8. Is there anything else you would like us to know or consider as we plan this event?

Appendix 4 – Sample Invitation to Regional Roundtable

Are you a navigator, certified application counselor, or broker who is helping people in your community with Marketplace enrollment? Consumers for Affordable Health Care is convening Regional Roundtables for everyone assisting with Marketplace enrollment in seven regions throughout the State: Sagadahoc, Penobscot, Cumberland, Washington/Hancock, Androscoggin, York, and Aroostook counties.

Registration for all Roundtables is now available (see below).

Come to your local roundtable and you will:

- Hear Marketplace updates and enrollment best-practices,
- Troubleshoot problems, and
- Network with other assisters in the area.

Who should attend:

- Navigators
- Certified Application Counselors
- Insurance agents and brokers

Want to learn more about a specific topic? Fill out our roundtable interest survey.

When and where:

Penobscot Regional Roundtable

Penquis
262 Harlow Street, Bangor
Piscataquis Room
9 am- 12:30 pm Tuesday, January 21st
(Snow date: Tuesday, January 28th)
Register now! Preregistration is required.

Androscoggin Regional Roundtable

St. Mary's Medical Center
99 Campus Ave, Lewiston
Potvin Room
9 am- 1 pm Tuesday, February 18th
(Snow date: Thursday, February 20th)
Register now! Preregistration is required.

Cumberland Regional Roundtable

The Opportunity Alliance
50 Lydia Lane, South Portland
Timbers Room
9 am- 12:30 pm Monday, February 3rd
(Snow date: Wednesday, February 5th)
Register now! Preregistration is required.

Washington - Hancock Regional Roundtable

Harrington Family Health Center
50 E Main St, Harrington
Conference Room
9 am- 1 pm Wednesday, February 26th
(Snow date: Wednesday, March 5th)
Register now! Preregistration is required.

Aroostook Regional Roundtable

Aroostook County Action Program
771 E Main St, Presque Isle
Conference Room
9 am- 1 pm Wednesday, March 12th
(Snow date: Thursday, March 13th)
Register now! Preregistration is required.

York Regional Roundtable

Sanford City Hall Annex Building
917 Main St.
Council Chambers
9 am- 1 pm Tuesday, March 18th
(Snow date: Thursday, March 20th)
Register now! Preregistration is required.

Appendix 5 – List of Handouts at Regional Roundtables

1. **Attendee List**, including contact information
2. **CAHC Flyers**
 - a. Hospital free care
 - b. Hospital sliding scale care
 - c. Free clinics
 - d. Sliding scale clinics
 - e. Dental clinics
 - f. MaineCare Spend down
 - g. Help Paying for Health Insurance: What Do You Qualify for?
3. **Modified Adjusted Gross Income under the Affordable Care Act**¹⁰, a flyer created by the UC Berkeley Labor Center
4. **Tips for Immigrant/Refugee Applications in the Health Insurance Marketplace**, a flyer created by Libby Cummings at Portland Community Health Center and Robyn Merrill at Maine Equal Justice Partners
5. **Resource List**, including key websites, toolkits, and consumer materials available online
6. **Marketplace Exemption Applications**
 - a. Hardship exemption
 - b. Affordability exemption
7. **Marketplace Appeal Application**
8. **CMS Tip Sheets for Assisters**
 - a. Helping Consumers Who Have Attempted But Have Not Completed Enrollment: Tips for In-person Enrollment Assisters¹¹
 - b. Helping Consumers with the Application Process¹²
 - c. Helping Consumers with Casework: Tips for In-person Enrollment Assisters¹³

¹⁰ http://laborcenter.berkeley.edu/healthcare/MAGI_summary13.pdf

¹¹ <http://marketplace.cms.gov/help-us/assister-tips-template.pdf>

¹² <http://marketplace.cms.gov/help-us/helping-consumers-with-application.PDF>

¹³ <http://marketplace.cms.gov/help-us/helping-consumers-with-casework.pdf>

Appendix 6 – Sample Roundtable Agenda

Regional Roundtable for Assisters – Androscoggin County

Meeting Agenda

Tuesday, February 18, 2014

St Mary's Regional Medical Center

8:30AM – 9:00AM	Breakfast
9:00AM – 9:15AM	Welcome & Introductions
9:15AM – 10:15AM	Enrollment & Eligibility Updates <ul style="list-style-type: none">• Options for people who do not qualify• Troubleshooting common issues• Other updates
10:15AM – 10:35AM	BREAK
10:35AM – 11:35AM	Roundtable Discussion: Best practices and biggest challenges
11:35AM – 12:35PM	Understanding the QHPs on Maine's Marketplace: Panel discussion with Anthem, Delta Dental, and Maine Community Health Options
12:35PM – 1:00PM	Lunch and Continued Discussions

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Regional Assisters Roundtable Report



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DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

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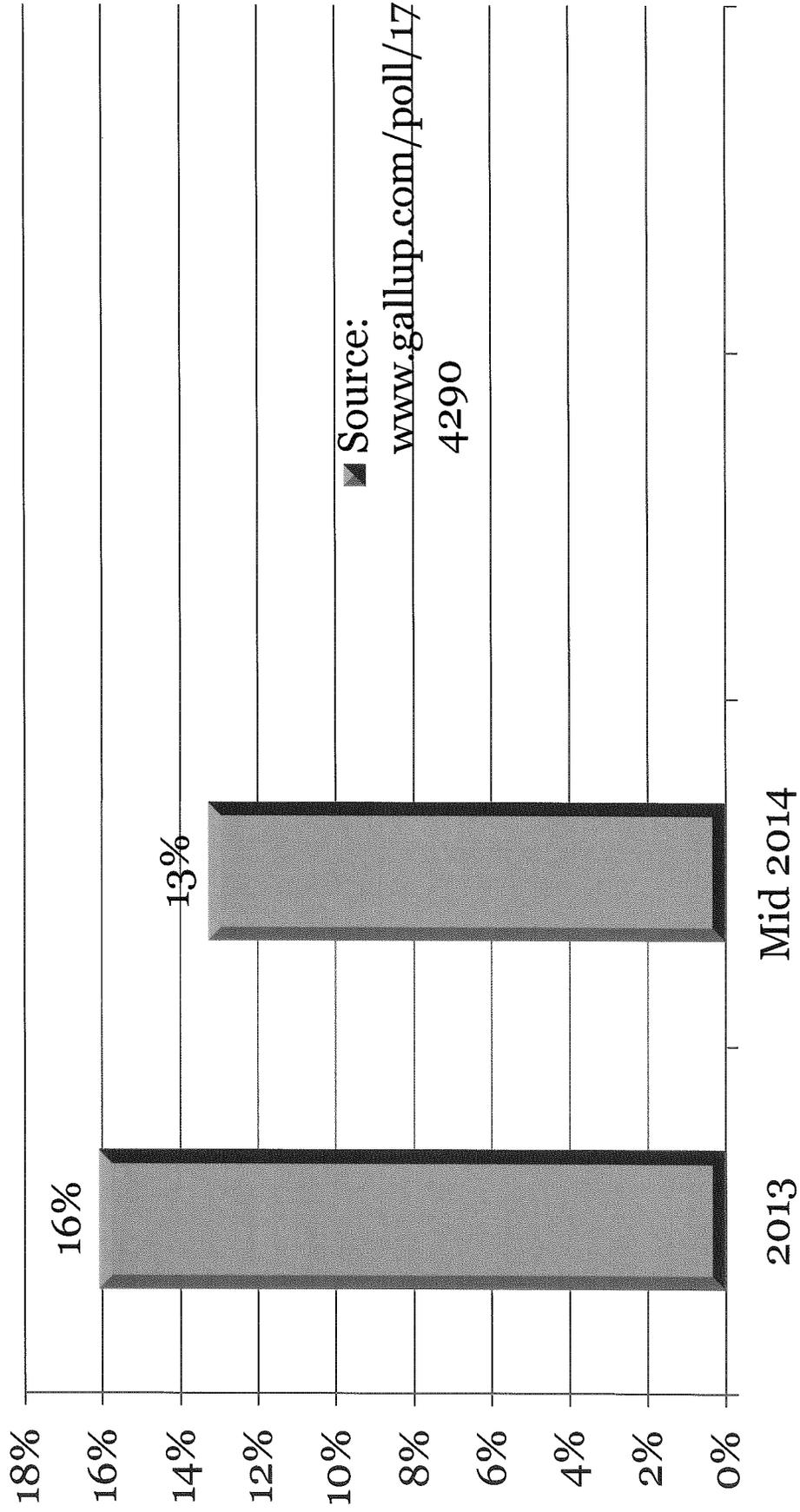
AFFORDABLE CARE ACT AND MAINE'S HEALTH INSURANCE MARKET

August 26, 2014

Eric Cioppa, Superintendent of Insurance

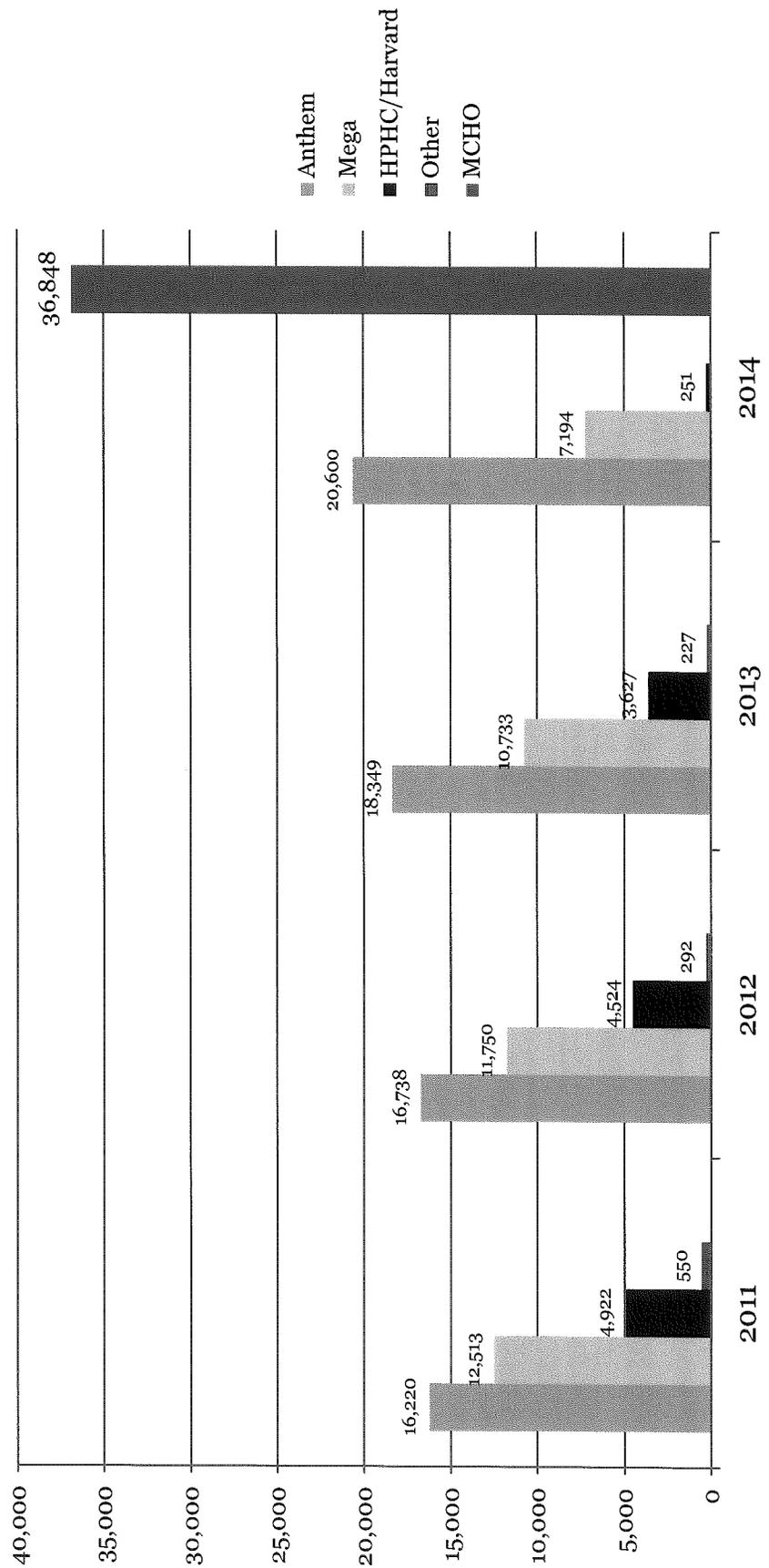
Maine Uninsured Percentage

2



Individual Market by Insurer: Enrollment as of mid-2014.

3



2015 HEALTH INSURANCE MARKET

4

- **Individual Marketplace/Exchange:**
 - Maine Community Health Options will offer:
 - ✦ 3 Bronze Plans, 5 Silver Plans, 1 Gold, 1 Catastrophic
 - Anthem Health Plans of Maine will offer:
 - ✦ 11 Bronze Plans, 9 Silver Plans, 4 Gold, 2 Catastrophic
 - Harvard Pilgrim Health Care will offer:
 - ✦ 1 Bronze Plan, 2 Silver Plans, 1 Gold

MEGA is non-renewing approximately 6,800 lives in 2014 and 2015

2015 Individual Off-Exchange Market

5

- Individual Off-Exchange:
 - All the exchange plans will also be available off-exchange.
 - HPHC Insurance Co. will offer one off-exchange bronze PPO plan.
 - Aetna Health Inc. will offer 4 off-exchange plans in a new HMO Whole Health Product line, in:
 - ✦ Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo, and York.

Individual average rate changes from 2014 to 2015

6

- **Individual Market:**
 - Anthem –(1.2%)
 - Maine Community Health Options- 0%
 - Harvard Pilgrim- HMO- 2.2%
 - HPHC Insurance Company-PPO- 1.5%

*These are estimated rate changes that are still under review.

2015 Small Group Market

7

- **On/Off SHOP exchange:**
 - Anthem Health Plans of Maine- PPO, HMO, HMO/POS
 - Maine Community Health Plans-PPO
 - Harvard Pilgrim Health Care Inc.-HMO

- **Only Off SHOP exchange:**
 - HPHC Insurance Co.-PPO
 - Aetna Health Inc.-HMO, PPO
 - United Healthcare-PPO

Small Group average rate changes from 2014 to 2015

8

- **Small Group Market:**
 - Anthem- 6.7%
 - Harvard- 6.2%
 - Aetna-PPO- 7.8%
 - United Healthcare – (2.9%)
 - Maine Community Health Options- (10%)

APTC changes from 2014 to 2015

9

- Advanced Premium Tax Credits (APTC), subsidies, are based on the price of the second lowest Silver Plan available.
- The second lowest Silver plan is going down in price, so APTC amounts are also decreasing. Preliminary analysis:
 - The second lowest Silver plan is decreasing by about 5% in Areas 1, 2, and 3. It is increasing by about 1% in Area 4.
 - The rates will be finalized 9/4, then BOI will be able to provide the percentage change.

Other Rate Changes

10

- Age-based rates -- consumers receive an increase every year. (Largest change is age 20-21: 35% increase)
- Anthem tobacco factors have changed to age-based rates, starting at age 30, so possible decreases for some and increases for others.
- Federal Poverty Levels (FPL) are changing.

2014 Federal Poverty Guidelines

Household Size	100%	133%	150%	200%	250%	300%	400%
1	\$11,670	\$15,521	\$17,505	\$23,340	\$29,175	\$35,010	\$46,680
2	15,730	20,921	23,595	31,460	39,325	47,190	62,920
3	19,790	26,321	29,685	39,580	49,475	59,370	79,160
4	23,850	31,721	35,775	47,700	59,625	71,550	95,400
5	27,910	37,120	41,865	55,820	69,775	83,730	111,640
6	31,970	42,520	47,955	63,940	79,925	95,910	127,880
7	36,030	47,920	54,045	72,060	90,075	108,090	144,120
8	40,090	53,320	60,135	80,180	100,225	120,270	160,360

OPM Multi-State Plans (Office of Personnel Management)

12

- OPM is offering a Silver Plan and a Gold Plan through Anthem.
- Multi-State Plans have differences from other ACA plans:
 - Do not cover elective abortions.
 - The external review process is handled at the federal level rather than the state level.

OPM Multi-State Plan Changes

13

- In 2014, Anthem offered duplicate plans to the Multi-state plans due to timing of the filing of the Multi-state plans.
- In 2015, the Anthem versions of these plans will be discontinued to decrease consumer confusion when shopping on the Exchange/Marketplace.
- This affects 1,573 members, who will be renewed into the Multi-State plans.
- Anthem will be notifying consumers of this change.

Grandfathered and Grandmothered Plans

14

- Anthem has 11,500 Grandfathered and Grandmothered plans
 - Rates will be filed prior to open enrollment.

Timeline for completing rate review and releasing final rates

15

- Rate review must be finalized by September 4, 2014.
- Plans and rates will be transferred to the Exchange September 5 -9, 2014.
- Open Enrollment begins November 15, 2014 and ends on February 15, 2015.

Narrow Networks

16

- **Anthem HMO –**
 - Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo, and York.

- **Aetna individual off-exchange product – tiered network in:**
 - Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo, and York.

Residency Documentation

17

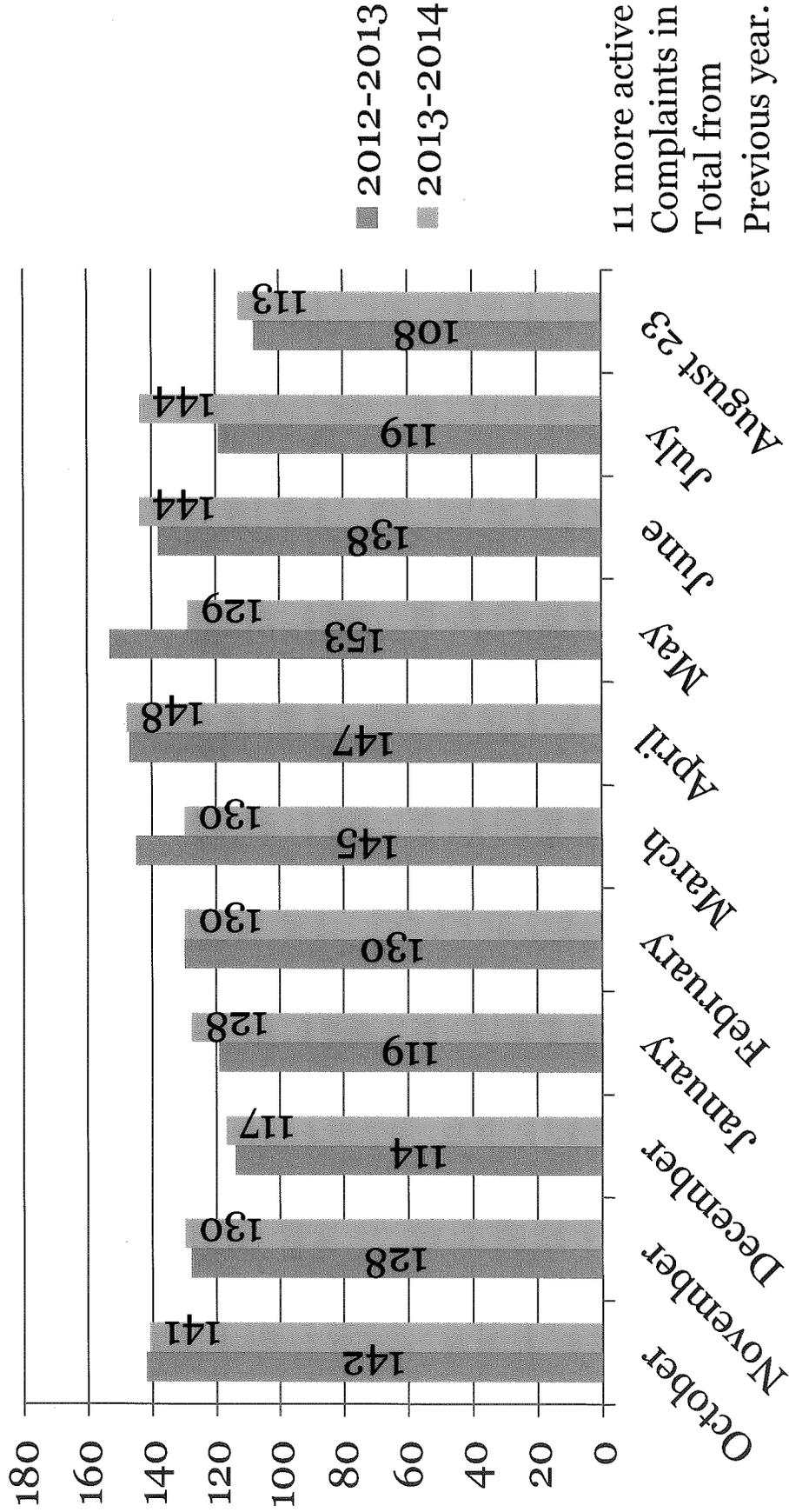
- 1,200 Mainers affected
- Contacted by CMS multiple times about submitting proof of US residency
- CMS sent letters requesting documentation by Sept. 5th, or lose coverage Sept. 30th
- CMS will contact them 3 more times before Sept. 5th
- CMS will send termination information to carriers; carriers will inform affected members

Auto-reenrollment: Tax Implications

18

- Members who are auto-reenrolled for 2015 continue to receive APTCs (subsidies) based on the income estimated in 2013.
- Final IRS reconciliation: if the APTC is higher than final Premium Tax Credit (PTC), household will need to pay back the excess APTC.

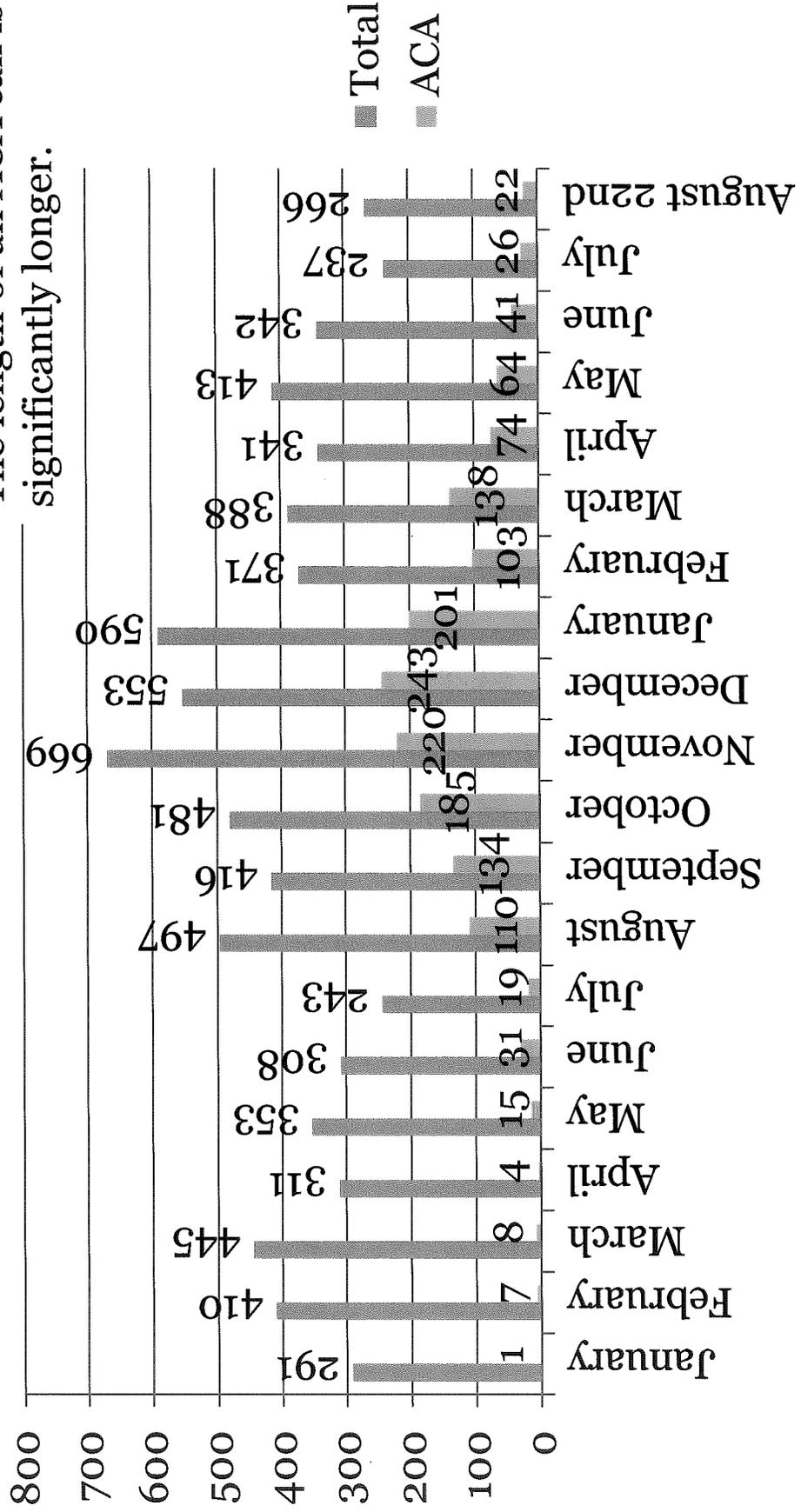
Health Insurance Active Complaints



Health Insurance Inquiries January 2013 – May 2014

20

The length of an ACA call is significantly longer.



State Mandate

21

- **Public Law 535 – An Act to Require Health Insurers to Provide Coverage for Leukocyte Antigen Testing to Establish Bone Marrow Donor Transplantation Suitability**
 - The State must make payments to defray the cost of additional mandates.
 - Either directly to an enrollee or to the carrier on behalf of the enrollee.
 - Each carrier shall quantify the cost based on an actuarial analysis.
 - CMS has not provided guidance on the payment process.

Bone Marrow Donor Screening and Health Savings Accounts

22

- PL 535 prohibits cost-sharing requirements for costs of bone marrow donor screening tests (approx. \$150) for policies as of Jan. 1, 2015.
- IRS allows no statutory exclusion for HSAs.
- IRS guidelines require cost-share provisions for benefits other than preventive as defined by the ACA. Bone marrow screening is not considered preventive.



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Insurance.PFR@maine.gov

Bureau of Insurance
#34 State House Station
Augusta, ME 04333-0034

FOR MAINE HEALTH EXCHANGE
ADVISORY COMMITTEE 8/26

McCarthyReid, Colleen

From: Adolphsen, Nick <Nick.Adolphsen@maine.gov>
Sent: Tuesday, August 26, 2014 8:41 AM
To: McCarthyReid, Colleen
Cc: Gilbert, Denise E.; Hamm, Bethany
Subject: RE: Follow Up Requests from Maine Health Exchange Advisory Committee
Attachments: LE-CMM073_Layout.pdf; Sample Contact Letter.pdf

Good morning Colleen,

Please find responses noted below in red.

Thanks,
Nick

Director of Government Relations and Policy
Department of Health and Human Services
207-975-2838

-----Original Message-----

From: McCarthyReid, Colleen [<mailto:Colleen.McCarthyReid@legislature.maine.gov>]
Sent: Monday, June 09, 2014 9:58 AM
To: Gilbert, Denise E.; Adolphsen, Nick
Cc: Treat, RepSharon (FWD); Sen. Margaret Craven
Subject: RE: Follow Up Requests from Maine Health Exchange Advisory Committee

Good morning,

Thank you for the information DHHS provided to the Maine Health Exchange Advisory Committee. The committee has reviewed the material and has asked for additional information. Could you please provide written responses to the questions/requests below as soon as possible. Thank you for your consideration.

1. The summary indicates that Maine DHHS has electronically transferred files for 55,069 applications for applicants deemed ineligible for MaineCare to the FFM. Do you have any information on how many of those applicants would have been eligible for MaineCare under prior eligibility rules? How many would have been eligible if Maine elected to expand eligibility for MaineCare as permitted by the ACA?

Response: The Department does not track information on how many households/individuals would have been eligible under prior eligibility rules. Of the more than 3,600 applications we've reviewed thus far, over 750 were denied due to not having a coverage group. This denial reason makes up about 40% of all denials.

2. Please provide copies of any notices and communications provided to MaineCare applicants by DHHS who are determined ineligible for Maine Care and whose information is forwarded to the FFM. (approx.. 55,069)

Response: The attached letter (LE-CMM073) is sent to applicants who are denied coverage. This is a letter is sent out with their denial notice, which explains the denial reason and information used to determine their eligibility.

3. Please provide copies of notices and communications used by MaineCare to engage MaineCare applicants referred from the FFM. The summary indicates 6680 were assessed as likely eligible.

Response: Attached is a sample of a contact letter we have sent out. Each letter is drafted by the eligibility worker, specific to the case it is referencing.

4. Please provide more information about Hospital Presumptive Eligibility (HPE) and the State Plan Amendment process to implement the change.

Response: HPE, required by the Affordable Care Act (ACA), provides hospitals with the ability to determine an individual presumptively eligible for Medicaid coverage. It mandates that even if an individual that is found "presumptively eligible" is ultimately found ineligible for Medicaid coverage, the state must pay the cost. The individual and the provider (hospital) that found them "presumptively eligible" are held harmless for any financial responsibility. The period of presumptive eligibility lasts for a period of two months, during which time the individual is required to submit an actual application so a full eligibility determination can be made by the DHHS Office for Family Independence. The state will have a system that tracks bad determinations and will apply corrective action and eventually removal from the program if a provider continues to find individuals eligible who should not be. According to the ACA, before a hospital can make a presumptive eligibility decision, the hospital must receive applicable training from DHHS. Before HPE training can be provided, a State Plan Amendment (SPA) regarding the implementation of HPE must be approved by the Centers for Medicare and Medicaid (CMS). The Department submitted a SPA on March 30, 2014 and CMS responded with a formal Request for Additional Information (RAI) on June 26. The Department is in the process of developing a response to this request; the response is due no later than September 24. Once the SPA has been approved, the Department will promulgate a rule to implement HPE in Maine. It is anticipated that once the HPE rule has been adopted, the Department will hold one or more training sessions for hospitals interested in making HPE determinations.

Colleen McCarthy Reid, Esq.
Legislative Analyst
Joint Standing Committee on Insurance and Financial Services Office of Policy and Legal Analysis
13 State House Station
Augusta, Maine 04333-0013
(207) 287-1670
Colleen.mccarthyreid@legislature.maine.gov

-----Original Message-----

From: McCarthyReid, Colleen
Sent: Monday, June 02, 2014 9:52 PM
To: Gilbert, Denise E.
Cc: Adolphsen, Nick
Subject: RE: DHHS Briefing re: Maine Health Exchange

Thank you. I will distribute to the committee at tomorrow's meeting and follow up afterward with any additional questions.

Colleen

COPY

Dept. of Health & Human Services
Office for Family Independence
396 Griffin Road
Bangor ME 04401

(State Seal)

State of Maine

Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

To: <Case Head>
Ad1: <Address 1>
Ad2: <Address 2>

<Worker Name>
Family Independence Specialist
XXX-XXXX local
800-432-7825 Toll Free
TTY users call Maine relay 711
Re: Jane E. Doe
ID: 11300000A
Review For: August 2014
Date: July 23, 2014
LE CME 005 Rev 8/14

Dear <Case Head>:

We reviewed your eligibility for MaineCare. We decided that the below individuals do not qualify for MaineCare coverage.

<ACES Entered Name>
<ACES Entered Name>

But, you still may be able to get health coverage – and help paying for it – through the new Health Insurance Marketplace. We sent your application to them. The Marketplace will send you a letter letting you know what to do next. If you do not hear from the Marketplace shortly, please call them at 1-800-318-2596 (TTY: 1-855-889-4325).

In the meantime, you can create a Marketplace user account. To create an account, go to HealthCare.gov/marketplace and click "Account Setup." This user account is different from a Medicaid user account.

Dept. of Health & Human Services
Office for Family Independence
161 Marginal Way
Portland, ME 04101



State of Maine

Paul R. LePage, Governor

Alexandria M. Lauritzen
OFI Specialist
800-482-7520 Toll Free
822-2071 local
TTY call Maine relay 711
Re:
ID:
Nex

COPY

013

To:
LN1:
CSZ: R

Please send in the following information by September 4, 2014.

Your referral from the Federally Facilitated Marketplace is currently being processed. In order to complete the review of your eligibility, please provide the following:

1. Copies of your 2013 personal and business (S Corp) income tax returns including all schedules and filings to verify self-employment income.
2. Four weeks of current and consecutive paystubs for _____ a and _____ if either of you draw a paycheck from the business.
3. Copies of private health insurance cards for all applicable members, front and back.

Please include your client ID number on all paperwork submitted. If you have any questions please contact Alex Lauritzen at 207-822-2111.

If I do not hear from you before September 4, 2014 benefits may end or be denied.

Call us Monday through Friday, 8:00am to 5:00pm, if you have questions or need help getting this information. The phone numbers are at the top of this letter.

TO Maine Health Advisory Committee
Distributed by Robyn Merrill,
MEJP

8/26/14

**You may be at risk of losing your
Health Coverage through the
Affordable Care Act (Obamacare)!**



If you have received a letter, email or phone call
asking for more information from the Health
Insurance Marketplace

You must submit your supporting documents
BEFORE 09/05/2014 — or your insurance
coverage **WILL END ON 09/30/2014!**

**Examples of documents needed so you can keep
your health coverage:**

- **Proof of Citizenship** - U.S. Passport, Certificate of Naturalization or Citizenship, etc.
- **Immigration Status Documents** - Permanent Resident Card, "Green Card", TPS, work authorization, etc.
- **Income information** - Paystubs, Tax Returns, Wages and tax statement (W-2) etc.

Contact a Certified Assistor for free help
(listed on the back of this flyer)

Visit Enroll207.com to find a certified

assistor in your local area

OR call the Consumers for
Affordable Health Care Helpline

at 1-800-965-7476

enroll207.com



**Consumers for
Affordable
Health Care**

Understanding the Affordable Care Act ("Obamacare") and Enrolling in Health Coverage: In-Person and Phone Help

– Ayuda en persona y telefónica – Aide en personne et au téléphone – Gargaar in-qof iyo telefoonka – مساعدة شخصية أو عبر الهاتف –

English:

Certified assisters (sometimes called Navigators or Certified Application Counselors) can help you understand how the Affordable Care Act affects you.

You can find help in your area by going to localhelp.healthcare.gov or to enroll207.com/locator and searching by city or zip code.

If you live in Cumberland County, the following organizations offer free help by appointment:

Portland Community Health Center – call 207-874-2141 & ask to speak with an Enrollment Specialist

SCDA: Maine Access Immigrant Network (MAIN): 207-552-1800

Opportunity Alliance: 1-877-626-1684

City of Portland Public Health's Minority Health Program: 207-874-8773 or 207-874-8784

CarePartners/MedAccess: 207-662-7962

العربية:

- يمكنك الحصول على المساعدة في منطقتك من خلال الذهاب الي

localhelp.healthcare.gov الي او enroll207.com/locator

والبحت عن طريق المدينة أو الرمز البريدي

- ولتحديد موعد مع احد الموظفين، الرجاء الإتصال بجمعية الثقافة و التنمية الصومالية، او شركاء العدالة المتساوية بولاية ماين. علي الرقم الرئيسي 207-252-1800
- او اترك رسالة علي الرقم 207-482-5098 المخصص لمساعدة الناطقين باللغة العربية ببلدية بورتلاند، و سوف يقوم بالإتصال بك احد موظفي بلدية بورتلاند باسرع وقت ممكن.

Español:

Usted puede encontrar ayuda en el área donde vive a través de localhelp.healthcare.gov ó enroll207.com/locator y haga la búsqueda por ciudad o código postal.

Para programar una cita en persona llame a Liz Charles al Programa de Salud para Migrantes en Maine, al teléfono 207-441-1633.

También puede dejar un mensaje a la Línea de Ayuda del Seguro de Salud en Español de la ciudad de Portland (207-756-8188), y pronto alguien le llamará.

Français:

Trouvez l'aide local par code postal à localhelp.healthcare.gov ou à enroll207.com/locator.

Les organisations suivantes offrent l'aide en français par rendez-vous :

Portland Community Health Center : appelez Kira à 207-874-2141 ext. 5019

SCDA: Maine Access Immigrant Network (MAIN): appelez Mia ou Christian à 207-331-6137

Laissez un message à « l'assistance téléphonique en français » du City of Portland Minority Health Program à 207-482-5099, et quelqu'un vous rappellera bientôt.

Somali:

Waxaad kaheli kartaa caawimaad degaankaga, adigo booqanaya Websityada; cinwaanadooda hoos ku qoranyihi- in: localhelp.healthcare.gov ama enroll207.com/locator kadibna waxaad raadisaa magaaladada ama furaha degaankaaga (zip code)

Hadii aad rabtid in aad balan sameeysatid, waxaad soo wacdaa SCDA: Access Immigrant (MAIN) telefoonka, Mo- hammed: 207-331-6133

Waxaad fariin ku reebi kartaa qadka gargaarka ama caawinaada afka Somaliga ee caymiska caafimaadka ee city of Portland oo ah 207-756-8177 qof ayaa sida u dhaqsiyaha badan dib kuugu soo wicidoon

JANET T. MILLS
ATTORNEY GENERAL



STATE OF MAINE
OFFICE OF THE ATTORNEY GENERAL
6 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0006

TEL: (207) 626-8800
TTY USERS CALL MAINE RELAY 711

REGIONAL OFFICES
84 HARLOW ST. 2ND FLOOR
BANGOR, MAINE 04401
TEL: (207) 941-3070
FAX: (207) 941-3075

415 CONGRESS ST., STE. 301
PORTLAND, MAINE 04101
TEL: (207) 822-0260
FAX: (207) 822-0259

14 ACCESS HIGHWAY, STE. 1
CARIBOU, MAINE 04736
TEL: (207) 496-3792
FAX: (207) 496-3291

August 26, 2014

Senator Margaret M. Craven, Senate Chair
Representative Sharon Anglin Treat, House Chair
Maine Health Exchange Advisory Committee

Dear Senator Craven, Representative Treat and Members of the Advisory Committee:

In response to your request for a brief update on the legal challenges to the validity of premium tax credits in states like Maine that have a federally facilitated marketplace, I offer the attached summary.

Two federal Courts of Appeals issued decisions on this issue on the same date, July 22, 2014. The Court of Appeals for the District of Columbia Circuit ruled, 2-1, that premium tax credits are only available in states that established their own exchanges. In that case, the U.S. Department of Justice has filed a Petition for Rehearing En Banc; if approved by a majority of the D.C. Circuit judges, the July 22nd decision will be set aside and the case reheard by the full panel of judges.

The Court of Appeals for the Fourth Circuit decided that the Internal Revenue Service rule interpreting the ACA to make premium tax credits available to consumers in all states is valid. The individual and employer plaintiffs in that case have filed a Petition for a Writ of Certiorari in the U.S. Supreme Court.

We will continue to follow these matters, along with your staff, and advise you of any developments. It will likely be some months before a ruling in either case becomes final. Of importance at this time is the notice issued by the IRS that premium credits remain available and that no one need take any action or make changes as a result of these decisions of the Courts of Appeals.

Part of your question to us is whether there is anything the State of Maine, its employers or citizens should be doing differently in light of these two contradictory rulings. The answer is no, not that we can see. There is no ruling in our federal court circuit that indicates the credits are not legal or that they are likely to be revoked just because we are one of 36 states that have not chosen to institute a state exchange.

If you have specific questions about the attached summary, we would be happy to try to assist you.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Pistner'.

Linda Pistner
Chief Deputy Attorney General

Attachment - 1

The issue: Are premium credits available to individuals who purchase insurance in states which elected to have the federal government establish their insurance exchange?

The Affordable Care Act (“ACA”) authorizes the Internal Revenue Service (“IRS”) to provide premium tax credits to individuals with household incomes between 100 and 400 percent of the federal poverty level if they are not eligible for other minimum essential coverage such as affordable and adequate employer coverage, Medicare or Medicaid. Only individuals who purchase coverage through an insurance exchange can claim the credit.

The implementing rule adopted by the IRS has been challenged in federal courts in four states on the ground that premium tax credits are not available in states that opted to allow the federal government to establish their insurance exchanges.

The legal challenges and their current status

On July 22, 2014, the Court of Appeals for the District of Columbia Circuit in a 2-1 decision interpreted the ACA to preclude the Internal Revenue Service (IRS) from providing premium tax credits to residents of the 34 States that opted to allow the federal government to establish exchanges on their behalf. *Halbig v. Burwell*, ___ F.3d ___, 2014 WL 3579745 (D.C. Cir., July 22, 2014). The U.S. has requested a rehearing *en banc*, which, if granted, would result in the full eleven judge panel of the D.C. Circuit setting aside the decision of the three judge panel and rehearing the case itself. As of today, the request remains pending before the court.

Also on July 22, the Court of Appeals for the Fourth Circuit unanimously upheld the IRS rule. *King v. Burwell*, ___ F.3d ___, 2014 WL 3582800 (4th Cir., July 22, 2014). The plaintiffs filed a petition requesting the U.S. Supreme Court to grant *certiorari* and review the Fourth Circuit’s decision. Their petition has not yet been acted on by the Court, and there is no prescribed time frame governing the issuance of a ruling.

Challenges to the IRS rule are also pending in federal district courts in Indiana and Oklahoma.

Premium tax credits remain available in all states at this time

Given the procedural posture of these two decisions, the IRS has posted a notice on its website that premium credits continue to be available in all states:

Information on the two July 22, 2014, Federal Appeals Court rulings regarding Premium Tax Credits under the Affordable Care Act

It’s important for individuals receiving advance payments of the premium tax credit to know that at this time, nothing has changed and tax credits remain available. Whether enrolled in coverage through a federally-run or state-run Health Insurance Exchange, also known as a Marketplace, individuals do not need to take any additional action or make

any changes in response to the court rulings. We will provide any updates on [IRS.gov/aca](http://www.irs.gov/aca).

<http://www.irs.gov/uac/Information-on-the-two-July-22-2014-Federal-Appeals-Court-rulings-regarding-Premium-Tax-Credits-under-the-Affordable-Care-Act> (last viewed August 25, 2014).

The decisions in *Halbig* and *King*

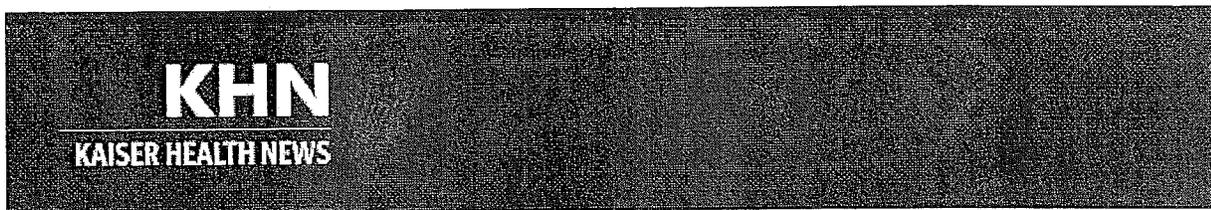
Both Courts found that the plaintiff individuals and employers had standing to bring their lawsuits. Both also cited *Chevron USA, Inc. v. Natural Res. Def. Council*, 467 U.S. 837 (1984), the seminal case on the legal standard by which challenges to federal agency rules are to be reviewed. Where they differ is in the application of the standard.

1. *Halbig v. Burwell*. The touchstone of the D.C. Circuit's majority decision in *Halbig* is its conclusion that Congress unambiguously expressed its intent that premium tax credits are authorized only for insurance purchased through a state-established insurance exchange. The Court read "an [e]xchange established by the State under 1311" in the premium credit statute, 26 U.S.C. § 36B ("36B"), to exclude state exchanges facilitated by the federal government under 1321 in states that did not opt to create one for themselves.

This determination that the law is unambiguous provides the basis for the remaining analysis. It accounts for the *Halbig* majority's rejection of arguments that its reading of the statutes does not take into account the interrelation of section 1311 with section 1321 (which speaks to establishment of an exchange by the federal government in states that fail to establish their own), and that other provisions of the ACA, such as reporting requirements, make little sense under such an interpretation. Additionally, the Court found that while it was unnecessary to consider the legislative history of an unambiguous statute, the ACA's history was silent as to whether Congress intended that premium credits be available in states with federally-facilitated exchanges. The Court concluded that 36B itself is the best evidence of Congress' intent, and that it unambiguously limited the availability of credits to state-established exchanges.

2. *King v. Burwell*. The Fourth Circuit's decision in *King* looks at the same statutes—1311 and 1321 of the ACA, and 36B--and concluded that reading these statutes together creates some ambiguity about the intent of Congress to afford premium tax credits to federally facilitated exchanges, with the federal government's argument being somewhat more persuasive.

The *King* majority then applied the *Chevron* rule to require deference to the IRS's interpretation provided it is not arbitrary, capricious or manifestly contrary to the statute. (The concurring opinion of the third judge did not reach this step in his analysis, having found that the IRS has interpreted the statutes correctly.) Noting the tax credits' interrelationship with the market reforms and individual mandate requirements, the majority concluded that the IRS's interpretation is "entirely sensible" given the importance of the tax credits to the economic framework of the ACA.



Brief Consumer Guide To Health Law Court Decisions

TOPICS: HEALTH REFORM, STATES, POLITICS, INSURANCE, MARKETPLACE

By MARY AGNES CAREY

KHN Staff Writer

JUL 22, 2014

This KHN story can be republished for free. (details)

On Tuesday two U.S. appeals courts issued conflicting rulings on a subject that's important to millions of people: the availability of subsidies to help purchase coverage under the health-care law. KHN's Mary Agnes Carey answers some frequently asked questions about those court decisions and how they impact consumers.

Q: What did the courts decide?

A: In a blow to the health law, the U.S. Court of Appeals for the District of Columbia Circuit ruled that the health law's subsidies are available only to individuals in the 14 states and the District of Columbia now operating their own health insurance exchanges. The federal government now runs the exchanges in 36 states. Judge Thomas Griffith, writing the majority opinion in the 2-1 decision, said they concluded "that the ACA unambiguously restricts" the subsidies to "exchanges 'established by the state.' "

In a separate ruling, a three-judge panel for the Fourth Circuit Court of Appeals in Richmond, Va., ruled unanimously for the Obama administration, allowing subsidies to be available to residents in all states. Judge Roger Gregory, writing the opinion, said while the health law is "ambiguous and subject to multiple interpretations," the court decided to uphold the IRS's interpretation of the law that residents of states using the federal exchange are entitled to subsidies.

Q: What was the issue the courts decided on?

A: The case centers on a brief description in the health law that says subsidies will be available "through an exchange established by the state."



In implementing the law, the Internal Revenue Service (IRS) interpreted the law to allow eligible consumers to receive subsidies to help purchase coverage, regardless of whether they are in an exchange run by their state or by the federal government.

Opponents of the law questioned that interpretation, saying that the law as written clearly directs subsidies to state-based exchanges only. But proponents— including several lawmakers who helped write it — said lawmakers fully intended that subsidies be offered on all exchanges no matter if they were administered by the feds or state officials.

Q I don't know if my state runs its own exchange. Which states do?

A: California, Colorado, Connecticut, Hawaii, Kentucky, Maryland, Massachusetts, Minnesota, Nevada, New York, Oregon, Rhode Island, Vermont, Washington and the District of Columbia all run their own exchanges.

Idaho and New Mexico intend to set up their own marketplace for the next enrollment period, which begins in November, but used healthcare.gov this year.

Q: I live in a state with a federally run exchange, and I get a subsidy to help me buy coverage. Am I going to lose it?

A: Nothing is happening immediately. Justice Department officials said Tuesday they plan to seek an *en banc* review from the D.C. Appeals Court, meaning that the panel's full contingent of 11 judges would hear the case. Six of the court's judges would have to agree for the full panel to review the case. The full panel is dominated by judges appointed by Democrats, 7-4.

Eventually the case could be considered by the Supreme Court, but the current subsidies would likely remain in place until there is a final legal decision on the matter.

"In the meantime, to be clear, people getting premium tax credits should know that nothing has changed; tax credits remain available," said Emily Pierce, deputy director of the Justice Department's office of public affairs.

White House spokesman Josh Earnest said the administration was confident it would prevail. "You don't need a fancy legal degree to understand that Congress intended for every eligible American to have access to tax credits that would lower their health care costs, regardless of whether it was state officials or federal officials who were running the marketplace."

Supporters of the court challenge to the IRS interpretation on subsidies also maintain their case is strong. "The executive branch does not get to rewrite statutes just because it thinks those statutes would work better a certain way," said Michael Cannon, director of health policy studies at the libertarian Cato Institute who championed the subsidy appeals. "If people lose those subsidies it is because the courts have ruled that those subsidies are and always have been unlawful -- that the administration had no authority to administer those in the first place."

Q: Are these the only two court cases?

A: No. There are two other similar cases pending in courts in Oklahoma and Indiana.

Q: If there are legal disputes ongoing about who qualifies to receive a subsidy, do I still have to buy health insurance?

A: Yes. The law's "individual mandate," which requires most people to purchase health insurance or pay a fine, is still in place.

Q. What if I get my insurance through work?

This decision applies only to policies sold on the online marketplaces. It does not affect work-based insurance, Medicare or Medicaid, regardless of where you live.



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