



Cumberland District Public Health Council
Full Council Meeting
November 15, 2013
10:00 a.m. — 12:00 p.m.
South Portland Community Center
50 Nelson Road, South Portland

Present: Jim Budway, Kristen Dow, Dennis Fitzgibbons, Colleen Hilton, Valerie Landry, Anne Lang, Jessica Loney, Becca Matusovich, Zoe Miller, Karen O’Rourke, Linda Putnam, Lucie Rioux, Ashley Soule, Ted Trainer, Lisa Wishart, Carol Zechman ; Shane Gallagher ; Nadeen Daniels, Caity Hager, Megan Hannan, Anne Hill, Alex Hughes, Sarah Mayberry, Barrett Wilkinson

Absent: Neal Allen, Leslie Brancato, Eric Covey, Faye Daley, Deb Deatrack, Steve Fox, Mark Grover, Paul Hunt, Paul Niehoff, Cathy Patnaude, Emily Rines, Erica Schmitz, Amanda Sears, Pamela Smith, Toho Soma, Peter Stuckey, Julie Sullivan

Topic	Discussion	Actions
Financial Update	Shane Gallagher provided the financial update to the Council (see Appendix A).	No actions required.
District Public Health Improvement Plan: Survey Results and Updates	<p>Updates for the Healthy Homes, Mental Health and Substance Abuse, Obesity, and Tobacco work groups were provided as hand outs and can be found in Appendices B, C, D, and E respectively.</p> <p>Becca Matusovich provided the Council with information regarding an upcoming Collective Impact webinar on December 11, 2013.</p>	Anyone interested in the collective impact webinar can contact Becca Matusovich (Becca.Matusovich@maine.gov).

Topic	Discussion	Actions
	<p>Becca Matusovich reviewed the core leadership survey results with the Council (see Appendix F). The results informed ways to develop support for work group leaders.</p> <p>Anne Hill, Caity Hager, and Jim Budway provided information on the activities of the Preparedness Work Group including Vigilant Guard.</p>	
Defending Childhood Update	<p>Barrett Wilkinson provided an update on the Portland Defending Childhood project. The Portland Defending Childhood team has had their initial award of \$500,000 increased to nearly \$2 million dollars. An additional \$600,000 was also recently awarded by the Department of Justice</p> <p>The project focuses on prevention, intervention, and treatment. The prevention focus area includes home visitation, developing school curriculum, media outreach, and education in the medical systems. The intervention focus area includes an advisory committee of over thirty service agencies which is working to develop an online professional network with de-identified data, a</p>	<p>If interested in more information regarding Portland Defending Childhood, please contact Barrett Wilkinson at bw@portlandmaine.gov or 874-8735.</p> <p>As an easy way to stay up to date, CDPHC members can join the Defending Childhood e-newsletter mailing list – contact Barrett as above.</p>

Topic	Discussion	Actions
	<p>domestic violence coordinator housed at Community Counseling Center, a child advocate at Family Crisis Services, a pilot project with Pine Tree Legal to provide legal services to children with legal needs, and a partnership with Community Health Outreach Workers at Portland Public Health Division on several culturally appropriate projects. The treatment focus area includes using several evidence based methods of treatment with children who have experienced or been exposed to domestic violence and other forms of violent trauma.</p>	
Affordable Care Act and MaineCare Expansion	<p>Carol Zechman presented information regarding the Affordable Care Act (see Appendix G).</p>	<p>No action required.</p>
Council Advocacy	<p>Valerie Landry led the Council in a discussion on Council advocacy on important public health issues, particularly the need to stay ahead of the curve regarding upcoming issues.</p> <p>The Council briefly discussed the results of the recent citizen’s referendum regarding marijuana in Portland.</p> <p>The Council also discussed the upcoming</p>	<p>Council members can send items of interest to Shane Gallagher or directly to Valerie Landry.</p> <p>Council Members who are not already individual members of the Maine Public Health Association are encouraged to become a member. CDPHC also has an organizational membership.</p>

Topic	Discussion	Actions
	legislative session which will be short (about 4 months). Medicaid expansion will be a major legislative item during this session.	

Next Meeting: Full Council—January 17, 2014, from 10:00 AM — 12:00 PM, at VNA Home Health & Hospice located at 50 Foden Road, South Portland. Executive Committee—December 16, 2013, from 1:00 PM — 3:00 PM, at City Hall, Room 24, 389 Congress Street, Portland.

FY 14 YTD Fiscal Report



FY 14 YTD Revenue	
Carry Over FY 13	\$ 39,334.02
Cumberland County*	\$ 15,000.00
MaineHealth/CarePartners	\$ 4,000.00
total	\$ 58,334.02

FY 14 YTD Expenses	
Salary	\$ 13,152.40
Health on the Move	
T-shirts	\$ 365.00
Translation	\$ 425.00
Total Health on the Move	\$ 790.00
Mileage	\$ 147.67
Printing	\$ 71.66
Supply/Training	
APHA Membership Renew-Shane	\$ 200.00
Greyhound Ticket-APHA -Shane	\$ 32.50
Journal Subscription-Renew-Shane	\$ 127.00
WikiSpace, temp renew	\$ 20.00
Office Supplies	\$ 151.61
Total Supply/All Other	\$ 531.11

Total Expenditures YTD FY 14 \$ 14,692.84

Net Revenue \$ 43,641.18



District Public Health Improvement Priority
Healthy Homes Work Group
11/5/2013

Instructions: Please provide bullet points summarizing activities or outcomes over the past XX months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- The Healthy Homes workgroup has been meeting on a consistent quarterly basis.
- A comprehensive resource inventory has been completed.
- A webinar series has been initiated with a first webinar on healthy homes topics in general. A second webinar is scheduled for 12/5 and that one will focus on Eco-Healthy Child Care.

Facilitating Factors of Success:

- A very engaged group and regular meetings.

Barriers/Issues Encountered:

- Uncertainty around which Healthy Homes topics would be most helpful to provide webinars on.
- Collaboration of state and local resources on topic such as Asthma.

Plans to Overcome Barriers/Issues Encountered:

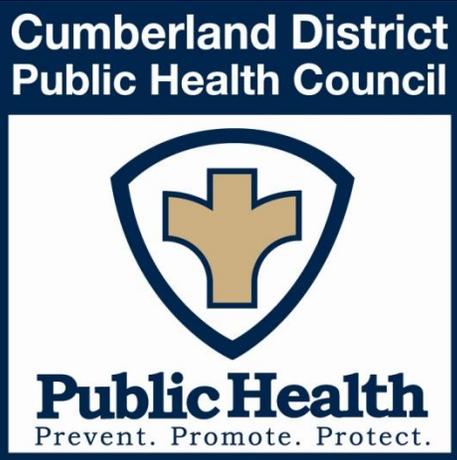
- A survey will be distributed to all webinar participants after the Eco-Healthy Child Care webinar to determine which topics would be the most useful for people in future presentations.
- Webinars should be planned to be conducted in collaboration between state and local resources. For example, May is Asthma awareness month. Maine Asthma Program and MaineHealth AH Asthma could perform a webinar together.

Outcomes – Anticipated or Unanticipated:

- Education of individuals who work with parents of young children on a variety of Healthy Homes topics.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- No



District Public Health Improvement Priority
Mental Health and Substance Abuse Work Group
November 5, 2013
Submitted by: Mark D. Grover

Overall Progress:

- Progress has been very good. The workgroup initially convened in July 2013 with twenty-seven MH/SA professionals responding to an invitation from Comm. Grover. The group has established a six-month work plan with deliverables and subtask leaders, has created an electronic collaboration infrastructure, and has made progress on several subtasks. Specifically, it is planning to create, distribute, publicize and evaluate the effectiveness of new promotional material about the statewide crisis and support phone lines.

Facilitating Factors of Success:

- Public interest in the subject has been high for some time.
- Comm. Grover acted as a catalyst to organize and focus the region's existing resources on a short-term, measureable task.
- The use of a Google Group (and email digest) for electronic discussion supports convenient, efficient, distributed, voluntary participation in the group's activities.
- The Council agreed to allocate initial funds for the project.

Barriers/Issues Encountered:

- After the initial plenary session, interest settled on a smaller core group.
- Some members have employers who restrict access to the electronic forum. Others may be unaccustomed to long-distance collaboration.
- Comm. Grover will only be in office for another year. No one has yet volunteered to take over the coordinator role.
- No ideas for the next six-month project have yet been proposed.
- No additional organizations have agreed to provide funding.

(more)



Plans to Overcome Barriers/Issues Encountered:

- Initial six-month schedule may be lengthened in order to allow time to complete all subtasks with a smaller group.
- The group coordinator is forwarding selected messages to some members who cannot access the website.
- The group coordinator will continue to encourage participation.
- Demonstration of initial success should be the best basis for soliciting additional funding.

Outcomes – Anticipated or Unanticipated:

- Information cards in two formats have been designed, based on an initial proposal and responses to group feedback.
- Public Health Council has approved \$2000 in initial funding.
- Printing costs are in the process of being obtained.
- Ideas for initial distribution have been presented to the group.
- Questions are arriving from outside the group with respect to when the materials will be available. Such interest is a good sign.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- None requested at this time, other than wider member participation in the electronic forum.



Instructions: Please provide bullet points summarizing activities or outcomes over the past 9 months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- In previous discussions that occurred with various Council members and in the CTG Oversight Subcommittee (of the CDPHC), a desire was expressed to somehow map the public health related work that was currently happening related to obesity prevention in the District and to identify gaps.
- In the summer of 2013, staff began the task of mapping the Healthy Maine Partnership (HMP) workplans for the County using the CDC's Recommended Strategies for Obesity Prevention as a guide. Workplans for four funded projects were compared to the CDC's Recommended Strategies for each of the four HMPs (16 workplans total).
- The next step is for the "map" to be expanded to include the workplans of others in the District working on this topic from a public health approach (the Recommended Strategies are public health in nature, so while other very valuable work is occurring, the map will only include the public health strategies). In the upcoming months, staff will meet with Let's Go at MMC, MaineHealth, UNE and the Public Health in Transportation workgroup to map their workplan against the Recommended Strategies. Staff will also ask Council members if there is anyone else with whom they should meet.
- The resulting map will be the starting point for the Obesity Committee discussion. The first meeting will be to review the work that is currently under weigh and identify gaps, as they relate to the CDC's Recommended Strategies for Obesity Prevention. We anticipate the first meeting to happen during the first part of 2014.

Facilitating Factors of Success:

- Using the CDC's Recommended Strategies provides an evidenced based framework for the discussion.

Barriers/Issues Encountered:

- The time to map the workplans is substantial and has taken longer than anticipated.

Plans to Overcome Barriers/Issues Encountered:

- A staff member at one of the HMPs has offered to take on this project to complete the next phase of meeting with partners and mapping their workplan by the end of 2013.

Outcomes – Anticipated or Unanticipated:

- None to report at this time.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

- None at this time.



Instructions: Please provide bullet points summarizing activities or outcomes over the past XX months for each of the categories below. Please send completed record to Shane Gallagher (stg@portlandmaine.gov).

Overall Progress:

- The Tobacco Workgroup continues to meet every other month with a very strong core of six participants and an additional 20 who have attended at least one meeting and have indicated an interest on staying on the mailing list.
 - On 10/7/13 the Workgroup conducted a community event which featured Carol Coles of the Maine CDC, DHHS Partnership For A Tobacco-Free Maine speaking on the topic "Tobacco-related Disparities" with close to 30 healthcare professionals in attendance. Carol Coles' presentation was extremely well received and led to an excellent discussion of the work to address tobacco-related health disparities in general and the work of the Cumberland County Tobacco Workgroup specifically. Several in attendance who were new to the workgroup indicated an interest in attending future meetings and were added to the e-mail distribution list.

Facilitating Factors of Success:

- Very strong core group who highly value these meetings, are already engaged in tobacco control-related activities and are consequently very knowledgeable and dedicated to the topic
- A clear focus on collaboration among participants. A strong infrastructure and several initiatives which address tobacco use are already in place. It was therefore agreed that the work of this group would primarily focus on collaboration vs. the development of new initiatives. All involved view the workgroup as a resource and support for their existing work.

Barriers/Issues Encountered:

- Tobacco is a broad topic with several organizations employing a variety of approaches. Though this is very positive, it also creates a challenge related to information exchange, coordinating efforts and positioning this work group to supplement, but not, compete with, other organizations' mission and projects. Time. Everyone has lots of other projects and committees.



Plans to Overcome Barriers/Issues Encountered:

-

- Rather than adding to the workload of existing members, it was early agreed that the primary value of the workgroup would be on information exchange, mutual support and collaboration. Members universally look forward to these meetings as a way to gather support for existing projects.

Outcomes – Anticipated or Unanticipated:

- As a result of the community event with Carol Coles, the workgroup anticipates a growth in participation in future meetings. Based on that success, possible discussion of future similar events.

Any assistance needed from Becca, Shane, Executive Committee, or Council members?

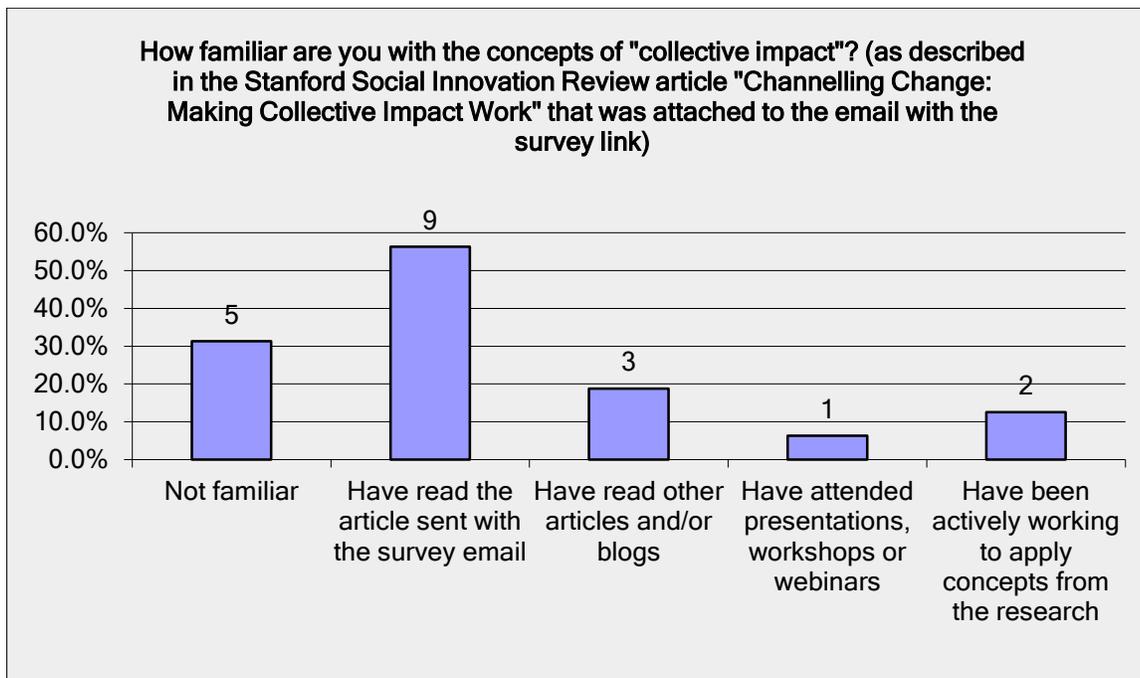
- The workgroup appreciates the designation of tobacco as a priority. Any assistance in keeping tobacco in everyone's sightline and promoting participation in the workgroup is helpful.

CDPHC – DPHIP Core Leadership & Backbone Support Survey Results (August 2013)

19 Respondents:

Liz Trice
 Mark D. Grover
 Fred Wolff
 Claire Schroeder
 Alex Hughes
 Cathy Patnaude
 Bridget Rauscher
 Sarah Mayberry
 Anne Hill
 Shane Gallagher
 Bethany Sanborn
 Karen O'Rourke
 Cassandra Grantham
 Leigh Ann Miller
 Sarah Bly
 Caity Hager
 Kristen Dow
 Toho Soma
 Anne Lang

Please mark the DPHIP priority/priorities for which you are leading/coordinating a workgroup or collaborative initiative	Backbone support	Core leadership
Flu vaccination	1	2
Health Equity	2	1
Healthy Homes	2	2
Mental Health & Substance Abuse	3	1
Obesity/nutrition/physical activity	3	3
Public Health Preparedness	1	1
STDs/Reproductive Health	3	3
Tobacco	3	2



What kind of support would be helpful to you in your backbone support and/or core leadership role(s)? Check all that apply.

Answer Options	Response Percent	Response Count
Getting together for group discussions with other workgroup leaders	38.5%	5
Regular individual check-ins with the District Liaison and/or other Executive Committee members	46.2%	6
Clarity on expectations for backbone support and core leadership roles	38.5%	5
Opportunities to learn more about applying "collective impact" concepts	53.8%	7
Ability to use shared documents site or wiki	15.4%	2
Access to a GoToMeeting or Adobe Connect account for web meetings	0.0%	0
Other (please specify below)	7.7%	1
Comments:		2
<i>answered question</i>		13
<i>skipped question</i>		6

Does your workgroup (or workgroups) have enough key players engaged to be able to make good progress?

Answer Options	Response Percent	Response Count
Yes	31.3%	5
Somewhat (sufficient engagement, but we'd prefer more)	50.0%	8
No	18.8%	3
Comments		9
<i>answered question</i>		16
<i>skipped question</i>		3

- Phit could use a few more public health members. Mental health has a large group but we haven't fully "harnessed" them yet!
- Initial workgroup meeting was very successful, with 27 attendees. Uncertain as to number who will continue to participate.
- Healthy Homes Workgroup has enough key players and good diversity of organizations.
- STD Workgroup could use more engagement.
- Healthy Homes is fabulous there are a large number of organizations engaged and great strides are being made to address the issue.
- There is a solid amount of meeting participation for tobacco but many of the players aren't in positions to help progress the issue (feels a little bit like a training group for new tobacco workers and an opportunity to discuss what is happening at each organization - this is a quality use of time but without more key stakeholders there isn't a way to make progress).
- We will continue to build Health Care Preparedness Coalition
- Again, not sure it has even formed.
- We have not pulled the group together yet, so I am not sure.
- Initially we were making progress and showing signs of investment from partners, but now it is flailing.

Are there organizations or individuals with a key role in the identified priority who are not yet engaged and whom you would like assistance recruiting?

- One of the challenges is finding more elected officials and others who can have a loud advocacy voice. In the case of PHiT, that voice ends up mostly being BCM; how do we influence and engage general policy leaders?
- We'd like more participation from the western part of the county.
- It is difficult to say at this point because it is unclear who is involved.

What is working well (about the collaborative efforts on the DPHIP priority/priorities for which you are providing backbone support or core leadership)?

- Both groups seem to appreciate getting to know their peers and sharing information with them.
- Group agreed on the six-month focused project with electronic communication.
- Efficient meetings, which members take value from each time.
- Diverse fields of work, with shared vision to reduce tobacco's impact, which allows for a range of perspectives and information
- Effective means of communicating county wide initiatives.
- Useful for brainstorming new ideas and problem solving challenges that arise."
- Partners are active and engaged, they seem to feel their area of expertise is being valued because it was selected as DPHIP priority.
- Healthy homes is doing great work - having a staff person (Alex H) who is able to devote some time to keeping the group on task and focused on addressing healthy homes has made the collaborative effort work really well. There is a large amount of engagement with different organizations, I think it is a great model for how well the collaborative priority efforts can work.
- Expanded our group to include a full range of healthcare providers.
- Networking, brainstorming
- Too early to tell.
- Engaged core leadership, but attendance fluctuates and wanes when flu season is not present. We have several "annual" activities and started a good communications plan.
- Our initial efforts to publicize STD testing events were well supported.
- Small group of committed folks, who are devoted to the topic. Working with folks who see this as a priority and to whom STDs/reproductive health is already a major part of their work.
- Preparedness has a strong group of partners that meet regularly for various reasons and appears to make progress at a good rate. The Southern Maine RRC will be holding more regular (monthly) healthcare coalition meetings that will further strengthen this priority.
- Regular meetings, tangible work for people to engage in.
- Tobacco workgroup meets regularly, and is connected in the interim.
- Countywide PA/N efforts have recently been coordinated by Rebecca Drewette-Card, in terms of who is doing what.

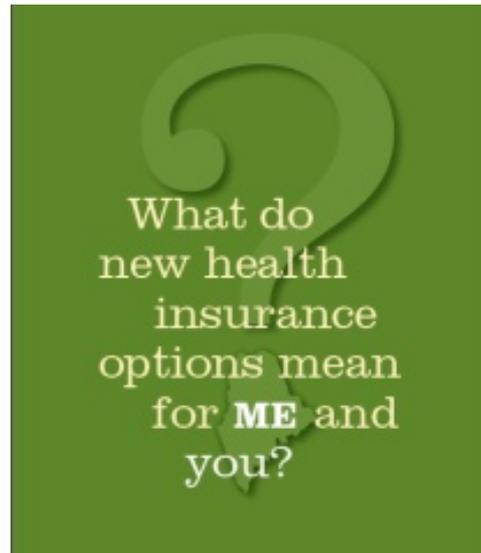
Are there challenges/barriers you are struggling with?

- Too soon to tell whether a critical mass in the group will continue to participate. We will also be requesting funds once the initial tasks of the project seem likely to be completed.
- Due to the wide range of needs in Cumberland county and the distinct geographic regions it has been a challenge to engage all our communities equally.
- We are also actively working to be seen as a resource to other folks doing this work, as well as are interested in a broader reach of professionals working on tobacco prevention and reduction.
- The pull on all partners' time. It adds a time commitment to join these groups and some partners are already stretched very thin in their workloads.
- Momentum
- The work group is going well however I think there is a lack of strong direction about what we are trying to accomplish as a group.
- Unsure how well we have identified the numbers and needs of population cared for primarily in their home.
- Time, funding, available data.
- Too early to tell - we are just getting started. Sorry.
- Who convenes?
- Need to figure out how to do a better job funding items that need fiscal resources, specifically around communications.
- Continued commitment and investment in the project
- Lack of involvement from partners in the area who are key players.
- No
- Keeping up with changing demographics
- It's not necessarily a bad thing, but grants come and go and change the scope of some of the existing work.

Feel free to offer any other questions or comments here:

- Thank you for all you do, Becca. Working statewide I really appreciate your hard work and that of the CDPHC to take on so many priorities and make an impact.
- I know we should have started this process but I think once we meet we can really identify what needs to happen very quickly.

The Affordable Care Act: Marketplace Update



Cumberland County DCC
November 2013



A Rose is A Rose.....

HealthCare Reform

Patient Protection & Affordable Care *Act* “PPACA” or “ACA”

“ObamaCare”



Why do we need health reform?

- 16% of Americans are uninsured
- We spend more on health care (17% of our Gross Domestic Product) than any other nation, but we rank 37th in terms of health status
- High costs put a strain on state and federal budgets, impact our ability to spend on other needs like education, roads/bridges, etc.

What about Maine?

- We have a fairly low rate of uninsured compared to other states (133,000 people, about 10%)
- But...Maine has the oldest median age in the country and high rates of chronic disease leading to higher medical costs
- Dirigo Health program is ending (10,000 people losing coverage Dec. 31, 2013)
- The good news: 90% of uninsured expected to qualify for financial help in the Marketplace

Timeline

(source: Kaiser Commission on Medicaid and Uninsured)

2010

- Some insurance market changes—no cost-sharing for preventive services, dependent coverage to age 26, no lifetime caps
- Pre-existing condition insurance plan
- Small business tax credits
- Premium review

2011-2013

- No cost-sharing for preventive services in Medicare and Medicaid
- Increased payments for primary care
- Reduced payments for Medicare providers and health plans
- New delivery system models in Medicare and Medicaid
- Tax changes and new health industry fees

2014

- Medicaid expansion
- Health Insurance Exchanges
- Premium subsidies
- Insurance market rules—prohibition on denying coverage or charging more to those who are sick, standardized benefits
- Individual mandate
- Employer requirements

2010 – present: What's already changed?

- Medicare strengthened and improved (preventive care covered at 100% and lower prescription drug costs)
- Children with pre-existing conditions can't be denied coverage
- Tax credits to help small businesses cover their employees
- Young adults can stay on parents' plan up to age 26
- No more annual or lifetime limits on how much insurance companies will cover
- No more arbitrary cancellations or rescissions in coverage
- Increased federal funding for community health centers

ACA: New Preventive Benefits

All new insurance plans are **required to cover key preventive services**, without charging co-pays, coinsurance, or deductibles (must be in-network)

- Applies to all US Preventive Services Task Force Recommendations rated A & B, including:
 - ✓ Mammograms
 - ✓ Pap smears
 - ✓ Colonoscopies
 - ✓ blood pressure, diabetes and cholesterol testing
 - ✓ counseling about quitting smoking, losing weight, choosing healthy foods, treating depression, reducing alcohol use



And more preventive benefits!

- ✓ FDA-approved birth control methods
- ✓ screening for HIV, sexually-transmitted diseases
- ✓ screening for intimate partner violence
- ✓ Osteoporosis screening
- ✓ Flu vaccine and other immunizations
- ✓ Breastfeeding counseling and supplies
- ✓ Prenatal care
- ✓ Pediatric vision and oral health screenings



The list goes on: www.healthcare.gov/prevention

Marketplaces (Exchanges)

- An Exchange is a marketplace that is an easier way to shop for health insurance (now referred to as the Marketplace)
- The marketplace provides a way to compare and review choices in a consumer-friendly format
- Most people get a break on costs: Offers sliding scale subsidies for individuals between 100% - 400% FPL
- Enrollment begins October 1, 2013
- Coverage will begin for all new enrollees on January 1, 2014
- Enrollment annually or at “qualifying event”



Health Insurance Marketplace: Streamlined Application

- One streamlined application (similar to online tax software) – one application, one time, and see all plans and programs available
- Eligibility will be determined for Medicaid and CHIP; enrollment in a QHP (Qualified Health Plan); Advanced Payments of the Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSRs)

Marketplaces (cont.)

- Maine will have a Federally-facilitated Marketplace
- Two Marketplaces
 - Individual Marketplace
 - Small Business Health Options Program (SHOP)
- Standardized plan levels (Metal plans: Bronze, Silver, Gold, Platinum, Catastrophic)
- Compare plans in “apples to apples” fashion with standardized information and comparison tools
- Not just a website...



Health Insurance Marketplace: Benefits Covered

■ Essential Health Benefits (EHB)

- The minimum benefits all (insured) plans must cover (inside OR outside the Marketplace)
- Each state had the ability define their own EHB
- 10 Mandatory Categories of Coverage:
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management, and
 - Pediatric services, including oral and vision care



What kinds of plans are available in the Insurance Marketplace?

- Two companies will offer Marketplace insurance in Maine: **Anthem BlueCross BlueShield** and **Maine Community Health Options**.
- Each company will offer about ten different plans.



Health Insurance Marketplace: What Insurers Will Participate?

■ Maine Community Health Options

- This is Maine's new Insurance COOP (community owned and operated plan)
- Received loan from Federal government to facilitate start-up
- Will offer products on and off the marketplace
- Fully licensed by Maine Bureau of Insurance

■ Anthem

- State's largest insurer will offer products on and off the marketplace

Other insurers will offer individual and small group plans off the marketplace



Health Insurance Marketplace: Subsidies

Who can get an individual subsidy?

- If NO access to employer coverage:

- Household income between 100 and 400% FPL (under 100% FPL legally present non-citizens)

- If YES access to employer coverage:

Income between 100 and 400% FPL (under 100% FPL legally present non-citizens)
AND

- Employer plan coverage less than 60% of average expenses or
- Employer plan for employee costs more than 9.5% of income

- Sample 2013 FPLs:

100% Single - \$11,490, Family of 4 - \$23,550

400% Single - \$45,960, Family of 4 - \$94,200



Health Insurance Marketplace: Subsidies (cont.)

- Administered as an “Advanced Premium Tax Credit”
- Subsidies are paid directly to insurance companies
 - You are billed only for your portion
- What if income changes over the year?
 - Reconciliation
- Penalty for choosing not to purchase coverage (\$95 or 1% of income in 2014; goes up gradually each year; no jail)

Online calculator:

- <http://healthreform.kff.org/subsidycalculator.aspx>



Table 1

Premium Credits by Income Under Health Reform¹

Income		Expected Premium Contribution Remaining After Premium Credit	
Percentage of poverty line	Annual dollar amount (2013 \$)	Premium contribution as percentage of income	Monthly premium contribution
Family of four			
100 - 133%	\$23,550 - \$31,322	2%	\$39 - \$52
133 - 150%	\$31,322 - \$35,325	3 - 4%	\$78 - \$118
150 - 200%	\$35,325 - \$47,100	4 - 6.3%	\$118 - \$247
200 - 250%	\$47,100 - \$58,875	6.3 - 8.1%	\$247 - \$395
250 - 300%	\$58,875 - \$70,650	8.1 - 9.5%	\$395 - \$559
300 - 350%	\$70,650 - \$82,425	9.5%	\$559 - \$652
350 - 400%	\$82,425 - \$94,200	9.5%	\$652 - \$745
Individual			
100 - 133%	\$11,490 - \$15,282	2%	\$19 - \$25
133 - 150%	\$15,282 - \$17,235	3 - 4%	\$38 - \$57
150 - 200%	\$17,235 - \$22,980	4 - 6.3%	\$57 - \$121
200 - 250%	\$22,980 - \$28,725	6.3 - 8.1%	\$121 - \$193
250 - 300%	\$28,725 - \$34,470	8.1 - 9.5%	\$193 - \$272
300 - 350%	\$34,470 - \$40,215	9.5%	\$272 - \$318
350 - 400%	\$40,215 - \$45,960	9.5%	\$318 - \$364

Source: <http://www.cbpp.org/files/premium-credit-webinar.pdf>

Tax Credit Example



Center on Budget and Policy Priorities

John:

Age: 24

Plan Cost: **\$5,000**



Example 1: 200% FPL

Income: **\$22,980**

Expected Contribution:

- Share of income: **6.3%**
- Amount: **\$1,448**

Premium Credit: **\$3,552**

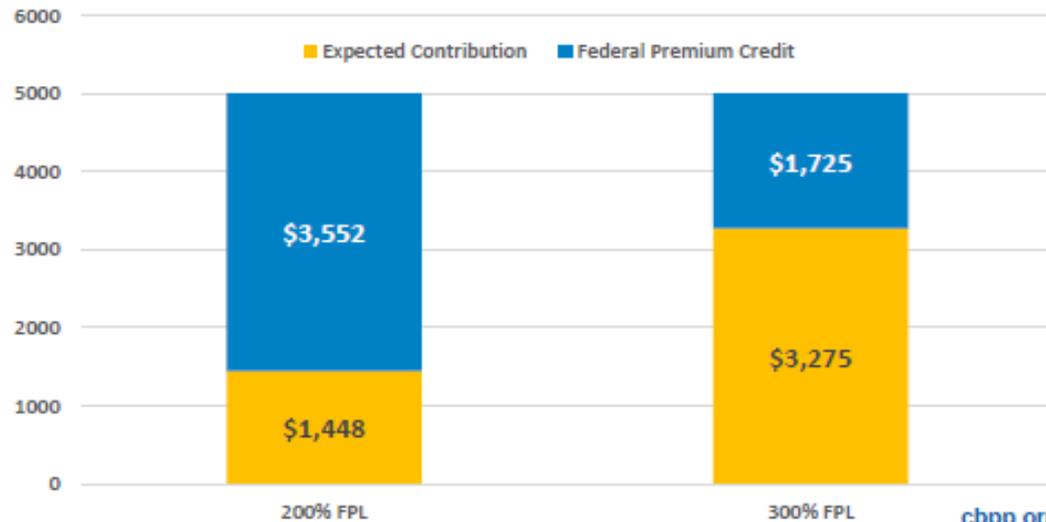
Example 2: 300% FPL

Income: **\$34,470**

Expected Contribution:

- Share of income: **9.5%**
- Amount: **\$3,275**

Premium Credit: **\$1,725**



cbpp.org

What do
new health
insurance
options mean
for **ME** and
you?

Other Financial Help

- **Cost-sharing subsidies (only if Silver plan purchased):**

Income Level	Actuarial Value* increased to...
100-150% FPL	94%
150-200% FPL	87%
200-250% FPL	73%

*Actuarial Value is percent of average individual's medical costs covered by the plan

- **Out-of-pocket spending limits**

- For insured plans sold on or off the Exchange, maximum individual out-of-pocket is \$6,350 (will adjust each year)
- Note OOP Max does not include premium costs and does not apply to out-of-network charges

How Much Do the Plans Cost?

What determines the rate?

- Age (can vary by ratio of 3 to 1)
- Tobacco Status (Anthem only)
- Geography - 4 regions
- Factor in Subsidies, based on:
 - Household Income
 - Family Size
 - Type of coverage



Individual Mandate

Who doesn't have to pay the penalty?

- **You have insurance through MaineCare, Medicare, an employer or veteran's health program.**
- **You cannot afford health insurance because;**
 - You earn so little that insurance would cost more than 8% of your income;
 - Your income is so low that you do not have to file a tax return (less than \$10,000 for individuals or \$20,000 for married couples); **or**
 - You are an adult with income below 138% of the federal poverty level and you cannot get MaineCare (this exemption does not apply if the reason you cannot get MaineCare is because of your immigration status).
- **You are a member of a federally recognized Indian tribe;**
- **You belong to a recognized religion that objects to buying health insurance;**
- **You are a member of a health care sharing ministry;**
- **You are in jail or prison;**
- **You qualify for a hardship exemption** (based on an unexpected circumstance that makes you unable to get insurance); **or**
- **You are an undocumented immigrant or a guest worker in the country for 3 months or less**



Medicaid Expansion Potential

- ACA creates option to cover all adults under 65 with incomes at or below 138% FPL
- From 2014 -2016 Feds will cover 100% of the costs (note this is a calendar year definition, not the first three years of a State's program).
- It is estimated that up to 70,000 uninsured Mainers would gain coverage under the proposed change in Medicaid eligibility

MaineCare: Current status in Maine

- The legislature passed a bill - vetoed by the Governor.
- So, most individuals(1) who earn less than 100% of FPL and are currently uninsured or whose coverage will end as of 12/31/2013 (some parents and childless adults) will not be eligible for Medicaid OR for subsidies on the exchange (2).
- Existing CHIP, Free Care, Charity Care and other programs (such as sliding fee scales for services at Federally Qualified Health Centers and prescription assistance programs), will continue.
- In states that didn't expand Medicaid, individuals below 138% FPL will not have to pay the shared responsibility fee (this fee is required to be paid should an individual chose to be uninsured).

Notes:

1 – Individuals who are not citizens and not permanent residents who have been here for five years but are legally present will have access to subsidies

2 – We know that even some individuals earning more than 100% FPL who will have access to the new subsidies may still not be able to afford coverage



MaineCare 2014

- Non-cats and Parents between 100-133% FPL who will lose coverage in January 2014 by County *(DHHS provided the AFA Committee with the following data on September 6, 2013)*

County	Non-cats	Parents
Androscoggin	757	1,368
Aroostook	593	971
Cumberland	1,614	2,048
Franklin	263	380
Hancock	265	564
Kennebec	805	1,474
Knox	268	476
Lincoln	204	404
Oxford	534	852
Penobscot	1,065	1,565
Piscataquis	111	212
Sagadahoc	136	386
Somerset	527	736
Waldo	279	506
Washington	485	498
York	804	1,927
(Unknown or Other)	22	6
Total	8,732	14,272



Questions?

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