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# **Statewide Coordinating Council (SCC) for Public Health**

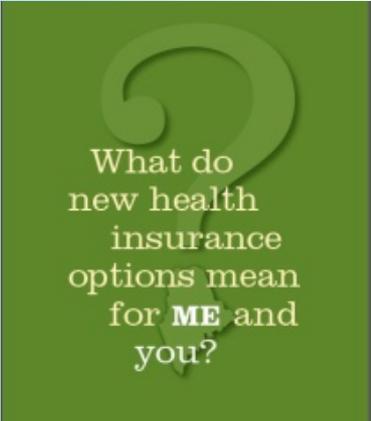
## **Meeting Package**



# *Health Reform: Marketplace Update & Next Steps in Maine*

September 2013

**Maine Primary Care Association  
Maine Medical Association/Maine Medical Education Trust**



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

# Goals of the ACA

- Expand health insurance coverage
- Improve coverage for those with health insurance
- Improve quality of care
- Control rising health care costs



# Expanding Coverage

- Mix of expanded private coverage through
  - increased Medicaid eligibility (now “optional”)
  - maintenance of employer-based coverage
  - expanded private coverage through Marketplace

# Expanding Coverage

*(in place since 2010)*

- Adult children can remain on their parents' health insurance policy until age 26
- Establishment of temporary insurance plan for adults with pre-existing conditions who are currently uninsured
- Small business tax credits available to employers with 25 or fewer employees with average wages below \$50,000



# Expanding Coverage: 2014

- Health insurance Marketplace for individuals and small business begin in every state
  - Maine's will be federally run
  - Centralized on-line marketplace for private insurance (think "Turbo Tax") – one for individuals one for small businesses
  - Web portal and telephone hotline
  - In person assistance
- Assistance with premium and cost-sharing provided to individuals from 100-400%
  - Sliding scales based on percent of income
  - See Subsidy Calculator at:  
[healthreform.kff.org/subsidycalculator.aspx](http://healthreform.kff.org/subsidycalculator.aspx)



# Expanding Coverage: 2014

## ■ Open Enrollment

- Enrollment begins October 1, 2013 runs through March 31, 2014
- In future years, Oct 15-Dec 7 every year
- Coverage begins Jan 1 if enroll by December 15, 2013
- After December 15<sup>th</sup>:
  - If you enroll between the 1st and 15th day of the month and pay your premium, your coverage begins the first day of the next month
  - If you enroll between the 16th and the last day of the month and pay your premium, your effective date of coverage will be the first day of the **second following month**
- “Qualifying events” allow to enroll throughout the year
  - E.g., Divorce, adoption, birth, change of address

# Expanding Coverage: 2014

- Subsidies (“Financial Assistance”)
  - Administered as an “Advanced Premium Tax Credit”
  - Paid directly to insurance companies
  - You are billed only for your portion
- What if income changes over the year?
  - Reconciliation
- Assist with covering premiums, cost sharing and out-of-pocket limits, based on income



# Expanding Coverage: 2014

- Health Plans in the Marketplace
  - Must include all “essential health benefits”
    - Being defined by regulations; in Maine = state’s most popular small group plan (Anthem PPO)
    - Must include 10 mandatory categories (i.e. ambulatory, emergency, maternity, prescription drug, mental health)
  - Meet requirements for out of pocket (max \$6,350) and deductible limits
  - Offer all “metal levels” of coverage (benefits with actuarial levels of 60%, 70%, 80%, 90% - average expenses in average year)

# Expanding Coverage: 2014

## ■ Health Plans in the Marketplace

- In Maine, plans will be offered by Maine Community Health Options (the CO-OP) and Anthem
- Detailed rate charts now available from Bureau of Insurance

### ■ Individual:

[http://www.maine.gov/pfr/insurance/ACA\\_Index.html](http://www.maine.gov/pfr/insurance/ACA_Index.html)

### ■ Small Group:

[http://www.maine.gov/pfr/insurance/ACA\\_SmallGroup\\_Index.html](http://www.maine.gov/pfr/insurance/ACA_SmallGroup_Index.html)



# Expanding Coverage: 2014

## ■ Marketplace Network Issues

### □ Maine Community Health Options

- Throughout state plans have in-network and out-of-network options
- Network not complete but have invited all hospitals to join

### □ Anthem

- Two different plans available based on county of residence
- Southern part of state: limited network, no out-of-network benefits available
- Northern part of state: all local hospitals included, out-of-network benefit available



# Expanding Coverage: 2014

## ■ Applying for Marketplace Plans

- One streamlined application
- Eligibility will be determined for Medicaid /CHIP; enrollment in a Qualified Health Plan; Premium Tax Credits and Cost-Sharing Reductions
- Electronic signature available for online application; can save, download, print, or email completed app and eligibility results
- Paper applications also available, but online applications strongly encouraged
- Applicants need personal financial information available



# Expanding Coverage: 2014

DRAFT 01.16.13

## Application for Health Insurance (and to find out if you can get help with costs)



### Use this application to see what insurance choices you qualify for

- Free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP)
  - A new tax credit that can help pay your health insurance premiums
  - Private health insurance plans
- You may qualify for a free or low-cost program even if you earn as much as \$92,000 a year (for a family of 4).**

### Who can use this application?

You can use this application to apply for anyone in your family, even if they already have insurance now. You can still apply even if you don't file a federal income tax return.

### Apply faster online

Apply faster online at [www.njplaceholder.gov](http://www.njplaceholder.gov).

### What you may need to apply

- Social Security numbers (or document numbers for any legal immigrants who need insurance)
- Birth dates
- Employer & income information for everyone in your family (for example, from paystubs or Forms W-2, Wage and Tax Statements)
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family

### Why do we ask for so much information?

We ask about income and other information to make sure you and your family get the most benefits possible. We'll keep all the information you provide private, as required by law.

### What happens next?

Send your complete, signed application to the address on page 19. If you don't have all the information we ask for, you should sign and submit your application anyway. We'll let you know what programs you might be eligible for within 1-2 weeks.

### Get help with this application

- Online:** [www.njplaceholder.gov](http://www.njplaceholder.gov)
- Phone:** Call our Help Center at 1-800-XXX-XXXX
- In person:** Visit our website or call 1-800-XXX-XXXX for a list of places near where you live
- En Español:** Llame a nuestro centro de ayuda gratis al 1-800-XXX-XXXX

THINGS TO KNOW

## STEP 1

### Tell us about yourself.

(We will need to contact an adult member of the family.)

First Name, Middle Name, Last Name & Suffix

Home Address Apartment Number

City State Zip Code County

Mailing Address (if different from home address) Apartment Number

City State Zip Code County

Check here if you don't have a home address. You still need to give a mailing address.

Phone Number Other Phone Number  
( ) - ( ) -

I would like to get information about this application by:

Email:  Yes  No Email Address: \_\_\_\_\_

Text:  Yes  No Cell Phone Number: ( ) - \_\_\_\_\_

Preferred Language Spoken (if not English) Preferred Language Read (if not English)

## STEP 2

### Tell us about your family.

Your income and family size help us decide what programs you qualify for. With this information, we can make sure everyone gets the most coverage possible.

#### Here's who you need to include on this application:

- Your spouse, if married
- Your children who live with you
- Your partner who lives with you (but only if you have children together who need health insurance)
- Anyone you include on your federal income tax return

Anyone else who lives with you will need to file their own application if they want insurance. You don't need to file taxes to apply for health insurance.

#### Complete one page (front and back) for each person in your family. Start with yourself!

If you have more than 6 people in your family to include, you'll need to make a copy of the next 2 pages and complete.

#### Your information is private.

- We'll keep your information private as required by law.
- We'll use the information on this form only to see if you qualify for health insurance.

**NEED HELP WITH YOUR APPLICATION?** Call us at 1-800-XXX-XXXX, or visit us at [www.njplaceholder.gov](http://www.njplaceholder.gov). Para obtener una copia de este formulario en Español, llame 1-800-XXX-XXXX.

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# Expanding Coverage: 2014

## ■ Consumer Assistance in the Marketplace

### □ Navigators

- Western Maine Community Action (WMCA) and Fishing Partnership Health Plan (FPHP)/Maine Lobstermen's Association
- Help individuals and small employers with application and enrollment process:
  - Conduct public education to raise awareness of Qualified Health Plans (QHPs) and public programs
  - Distribute fair and impartial information concerning enrollment in QHPs, premium tax credits, and cost sharing reductions
  - Facilitate enrollment in QHPs
  - Provide referrals to office of health insurance consumer assistance, or appropriate agencies for grievances, complaints, or questions
  - Provide information in a culturally and linguistically appropriate manner



# Expanding Coverage: 2014

## *Consumer Assistance (cont)*

- Certified Application Counselors (CACs)
  - CACs already exist in many states – assist with Medicaid. Certification ensures that CACs are qualified to help people apply for Medicaid, CHIP, and plans sold through the marketplace & premium / cost-sharing assistance
  - Do not receive any public funding. Enables organizations that would likely be engaged in application assistance anyway to help consumers in a more formal capacity.
  - Will help expand network of trained assistance that is available to consumers
  - **Health care institutions/providers should consider becoming CACs!**
  - **Learn more at <http://marketplace.cms.gov/help-us/cac.html>**



# Expanding Coverage: 2014

## *Consumer Assistance (cont)*

### ■ Brokers

- Still trusted advisors to many, especially small businesses
- Brokers can receive commissions, make specific recommendations and enroll individuals in plans sold on Marketplace



# Expanding Coverage: 2014

- Small Business Health Options Program (SHOP Exchange)
  - Small businesses will be able to purchase insurance for employees via the marketplace starting in 2014
  - Will also apply via marketplace for tax credits for purchasing insurance
  - Down the road, will be able to allow employees to choose different plans
  - Can continue to use broker



# Expanding Coverage: Individual Mandate

- Individuals will be required to have health coverage that meets minimum standards
- Mandate enforced through the tax system & now is considered a tax by the Supreme Court
- Penalty for not having insurance: greater of \$695 (up to \$2085 for family) or 2.5% of family income when fully phased in in 2016 (\$95 in 2014)
- Exemptions for certain groups and if people cannot find affordable health insurance

# Expanding Coverage: Individual Mandate

## ■ Who doesn't have to pay 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

# Some Uninsured Will Remain

- Who are they?
  - Those eligible for Medicaid but state did not accept federal funds (or individual did not enroll if state did expand)
  - Immigrants who are not legal residents
  - Exempt from the mandate (most because can't find affordable coverage)
  - Choose to pay penalty in lieu of getting coverage
- Many remaining uninsured will be low-income



# Final Take Away Messages

- Providers/Facilities should:
  - Know where to refer patients for help with marketplace insurance options:
    - [www.healthcare.gov](http://www.healthcare.gov) , 1-800-318-2596 (the Marketplace)
    - [www.maineahc.org](http://www.maineahc.org) , 1-800-965-7476 (Consumers for Affordable Health Care HelpLine)
    - [www.enroll207.com](http://www.enroll207.com) (find a navigator/CAC by zipcode)
    - **Patient info cards available! Request from us via email**
  - Consider becoming a CAC
  - Know there will be a continuing need for free care/charity care/sliding fee scale programs



# Useful ACA Web Sites

- CMS / The Marketplace

<http://www.healthcare.gov> (for patients or providers)

<http://www.marketplace.cms.gov> (for providers)

- WebMD:

<http://www.webmd.com/health-insurance/default.htm>

- AARP:

<http://www.aarp.org/health/affordable-care-act/>

<http://healthlawanswers.aarp.org/>

- Government (business focused):

<http://business.usa.gov/healthcare>



# Questions?

## ■ Maine Medical Association

Jessa Barnard, Associate General Counsel

622-3374 x 211, [jbarnard@mainemed.com](mailto:jbarnard@mainemed.com)

## ■ Maine Primary Care Association

Caroline Zimmerman, Director of Health Initiatives

621-0677 x 222, [czimmerman@mepca.org](mailto:czimmerman@mepca.org)



# Statewide Coordinating Council for Public Health

## Community Transformation Grant Presentation



September 19, 2013



**Communities  
Transforming**

*To make healthy living easier*



*Paul R. LePage, Governor*

*Maine Center for Disease  
Control and Prevention*

*An Office of the  
Department of Health and Human Services*

*Mary C. Mayhew, Commissioner*



# Community Transformation Grant

## National Goals

- Investing in Healthier Communities
- The program is expected to improve the health of more than 4 out of 10 U.S. people—about 130 million Americans.
- Affordable Care Act Funding
  - CTG 1- 2011, a total of \$103 Million awarded: 61 awards in 36 States
  - CTG Small Communities Awards- 2012, a total of \$70 Million awarded to 40 communities





# MeCDC Community Transformation Grant

- CTG- 1
- Awarded Sept 30, 2011
- A five year cooperative agreement with CDC
- 1.3 million a year- approx.\$1 per person
- Building on Previous Efforts
- Structure: State and Community
  - CTG State Management Team
  - State Level CTG categorical workgroups
  - 9 Public Health Districts

*Making the Healthy Choice the Easy Choice in Maine*



# Strategic Areas

- Support Tobacco-free living
- Protect people from second hand smoke
- Increase active living and healthy eating
- Increase use of high impact quality clinical preventive services: Changes in usual clinical care to control high blood pressure, high cholesterol



# 5 Year Objectives

**PPO 1:** Increase the number of people with access to physical activity opportunities to 76,000 by September 2016. (PH District Objectives)

**PPO 2:** Increase the number of people with access to healthy and safe physical environments to 350,000 by September 2016. (PH District Objective)

**PPO 3:** Increase the number of people who access smoking cessation services from 0 to 6,000 by September 2016. (State Level Objectives)

**PPO 4:** Increase the number of people with increased access to environments with healthy foods or beverage options from 0 to 79,000 by September 2016. (State and PH District Objectives)

**PPO 5:** Increase the number of people that are protected from exposure to second hand smoke from 0 to 46,332 by September 2016. (State Level Objectives)

**PPO 6:** Increase the number of people covered by healthcare sites that support the control of high blood pressure and cholesterol to 104,316 by September 2016. (State and PH District Objectives)

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# State Level Implementation

- Improve Clinical care to control high blood pressure, high cholesterol: Federally Qualified Health Centers
- Improve Nutrition environments at DHHS worksites
- Reduce Tobacco use and increase smoke free environments: DHHS Contracted Behavioral Health Providers, Licensed Child Care Providers and Lesbian, Gay, Bisexual, and Transgender populations
- Maintain infrastructure to support the district and state level implementation





# Progress State

## Tobacco Objectives

- DHHS Contracted Behavioral Health Providers
    - 376 BH Sites were surveyed
    - The results of the survey will provide guidance for CTG in developing model tobacco and second hand smoke policies for use within the behavioral health communities.
    - Training on tobacco control best practices held in August and September with an average of 60 attendees
    - 37 sites have contacted CTI for enhanced clinical quality improvement as a result of this survey
- 
- 

# Progress State(cont.)

## Tobacco Objectives

- LGBT Pilot in progress
  - In the 2001-2009 Youth Risk Behavior Surveillance System MMWR report, current smoking for lesbian/gay/bisexual students was at median rate of 31%; median rate for heterosexual students was 14%
  - Working in school-based health centers to address this disparity
  - Competent Care for LGBT Youth/Tobacco Use in the LGBT Population training held in August
  - Health centers will be using Rapid Assessment for Adolescent Preventive Services (RAAPS) screening tool

# Progress State(cont.)

## Tobacco Objectives

- Smoke free environments in Licensed Early Care and Education Sites(child care providers)
  - Working with State tobacco program a tobacco brochure has been created for ECE
  - Timeline and strategies for dissemination have been created
  - Education and support for State Licensing personnel planned
  - Further support from Breathe Easy Coalition on developing model policy for ECE sites outlined

# Progress State(cont.)

## Nutrition Objective

- Maine CDC employee survey on nutrition in the workplace, March 2013 (58% response rate)
- The information collected will be used to develop nutrition guidelines, communications, and technical assistance for worksite nutrition at the other DHHS worksites.

# Progress State(cont.)

## Clinical Objective

- 3 FQHCs are actively involved in the piloting of the Patient Navigation Approach to Managing BP/Chol
  - Islands Community Medical Services
  - Sacopee Valley Health Center
  - Nasson Health Care
- Progress with Pilot includes:
  - Baseline assessments have been done at all three sites
  - Clinical Cohorts have been identified
  - Implementation Strategies underway
  - The State IRB is currently assessing evaluation questions and approach
  - The pilot will completed in Spring 2014

# Unique Features



## Islands Community Medical Services

- Island community
- Disproportionate self-pay/uninsured population



## Sacopee Valley Health Center

- New Hampshire border
- Extensive history with integrated care



## Nasson Health Care

- Special populations (public housing, homeless)
- Community Action Program (CAP)



# District Level Implementation

- Improve nutritional environments at Early Care and Education(required) and School settings(required)
  - Increase the amount of minutes/opportunities for daily physical activity at ECE and School settings(required)
  - Increase the number of recognized Active Community Environment Teams (optional)
  - Improve Clinical care to control high blood pressure, high cholesterol (optional)
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# Progress-District

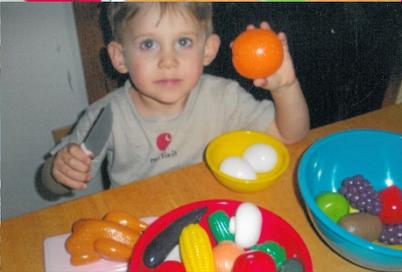
## Nutrition and Physical Activity Objectives(ECE sites)

- 379 sites enrolled
- 251 sites completed post assessment
- 247 sites have made changes!
  - 249 made changes in physical activity or nutrition
  - 98% made changes in nutrition
  - 96% made changes in physical activity



# Early Care and Education Progress

- Increased healthy foods and beverages, reduced screen time, and increased physical activity
- Increased awareness of healthy behaviors and culture/atmosphere shifted
- Attended training opportunities on healthy childcare environments
- Engaged parents and offered education in the form of workshops, activities, and/or take home materials
- Increased implementation and enforcement of rules/policies to promote healthy eating and active living



# Progress-District(cont.)

Nutrition and Physical Activity Objectives  
(school sites)



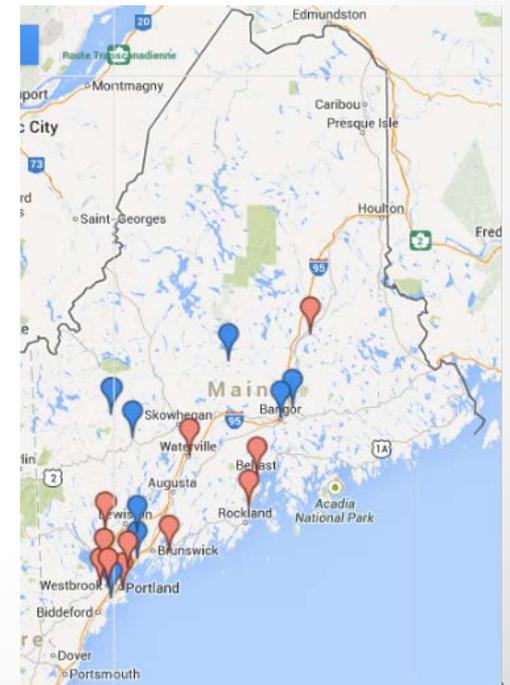
# School Progress

- 49 schools enrolled
- 37 schools have completed baseline assessment: for some schools, best practice is already routine when it comes to:
  - Allowing students to have water at any time during the school day (58%)
  - Offering healthy cafeteria/a la carte options (44%)
  - Using physical activity as a reward (30%)
  - Not allowing physical activity to be withheld as a form of discipline (33%)
  - Most schools need work to...
  - Make healthy options available at celebrations/parties/events (9%)
  - Provide healthier snacks (24%)
  - Assign an adult to encourage movement at recess either by monitoring student-led activities or by leading/organizing activities (13%)

# Progress-District(cont.)

Active Community Environment (ACE) Teams objective(optional objective)

- Four Districts have been actively working on the ACET objective: Penquis, Cumberland, Western, and MidCoast
- 8 Formally Recognized ACE Teams
- 7 ACE Teams in Progress



# Progress-District(cont.)

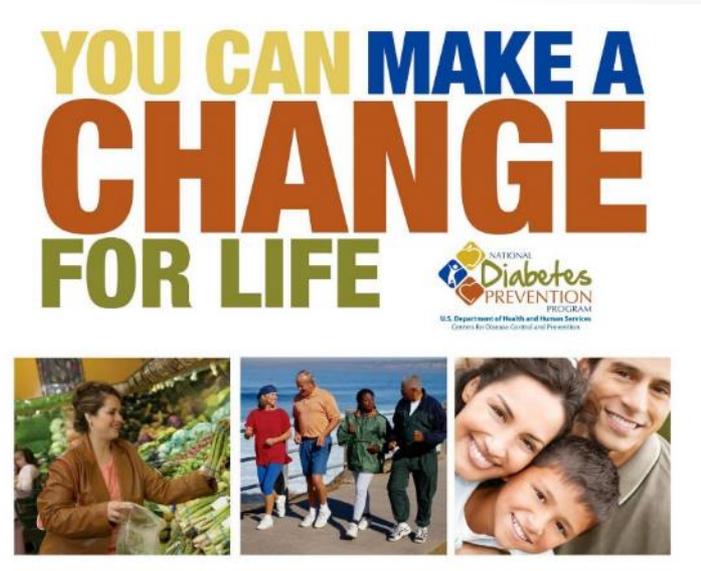
Community Clinical Prevention Objective(optional objective)

- Wabanaki PH Health District: “Focused Approach to Managing High Blood Pressure and High Blood Cholesterol” 12-month pilot was launched this summer with 3 health centers
  - Community Outreach
  - Health fairs, clinic referrals, community outreach
  - Clinical Focused Approach
  - Measurements of blood pressure and cholesterol meet guidelines
  - Identification of high risk patients
  - Work with patients to set goals and link to clinical and community resources for follow-up.
  - Follow-up with patients to check on progress!

# Progress-District(cont.)

Community Clinical Prevention Objective(Optional Objective)

- Million Hearts and the National Diabetes Prevention Program





# General CTG updates

- General Updates
  - Maine CTG submitted our first Success Story for consideration into US CDC Division of Community Health Library of Community work; it is final clearance from US CDC and is set to be published nationally!
  - CTG State Manager presented at the CTG Atlanta Meeting in August on Maine CDC use of the US CDC Success Story tool
  - CTG will be presenting on the Success within ECE at the Annual American Public Health Association Meeting in November
  - Maine has been receiving recognition with US CDC on the structure and implementation of our award.
  - Our US CDC Project Officer is visiting Maine this week

*Making the Healthy Choice the Easy Choice in Maine*



# Questions?

*Making the Healthy Choice the Easy Choice in Maine*