

# Maine Health Exchange Advisory Committee

**Monday December 2, 2013  
10am to 4pm  
Appropriations Committee Room 228**

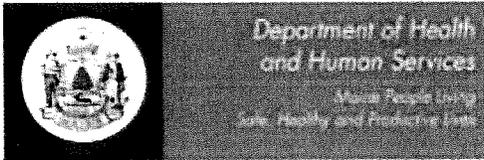
## Draft Agenda

- 10:00 am Welcome and introduction from chairs
- 10:15 am Information Requests/Updates from State Agencies
- 11:00 am Federal Update –conference call  
*Christie Hager, Region One Director,  
U.S. Department of Health and Human Services*
- 11:30 am Consumer Outreach and Enrollment Efforts of MaineHealth  
*Carol Zechman LCSW, Director, Access to Care Programs,  
MaineHealth*  
*Deborah Deatrack, MPH, Senior VP, Community Health  
Improvement, MaineHealth*
- 12:00 pm Lunch
- 1:00 pm Discussion and Development of Findings and  
Recommendations
- Review timeline
  - Review available consumer assistance resources

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**Final meeting: 10 am, December 9, 2013 in Room 228 State House**





Paul R. LePage Governor

Mary C. Mayhew Commissioner

Department of Health and Human Services  
Commissioner's Office  
221 State Street  
11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-3707, Fax (207) 287-3005  
TTY Users: Dial 711 (Maine Relay)

**To:** Senator Margaret M. Craven, Senate Chair  
Representative Sharon Anglin Treat, House Chair  
Members of the Maine Health Exchange Advisory Committee

**From:** Mary C. Mayhew, Commissioner, Department of Health and Human Services

**Re:** Maine Health Exchange Advisory Committee questions to the Department of Health and Human Services.

1. Please provide a current update on the # of referrals DHHS has received from the Federally-facilitated marketplace (FFM) for individuals assessed as potentiality eligible for MaineCare. How many individuals have been determined eligible and enrolled for coverage under current eligibility rules and under eligibility rules beginning January 1, 2014? How many individuals have been determined ineligible for MaineCare and referred back to the FFM for enrollment in a qualified health plan? DHHS provided this information on November 18<sup>th</sup>; the Advisory Committee is interested in the most up-to-date information.

**Response:** CMS is unable to send the application/account transfers at this time. They are sending a weekly file to FFM/assessment states which provides a name and an address of those individuals they have assessed that may be MaineCare eligible. Thus far, Maine has received 874 unique households consisting of 1799 individuals that have applied at the FFM and were assessed as potentially eligible for MaineCare. Due to the lack of the application/account transfer at this time from CMS, we are unable to process this information until CMS is technically prepared to transfer the required MAGI application for which a specific date has not yet been provided.

Since 10/1/2013 The State of Maine has had 1300 individuals apply for MaineCare via the State that were determined ineligible when their application was processed against our current non-MAGI rules. DHHS has processed those 1300 applications against the MAGI rules and have determined that 361 of the 1300 are eligible for MaineCare when employing the MAGI rules. The 361 have been notified and are scheduled for enrollment in MaineCare on 1/1/2014. The remainder have been notified and directed to the FFM.

2. Please provide information according to town of residence for those individuals identified by DHHS (and notified) who have lost eligibility or will lose eligibility for MaineCare coverage by category.

**Response:** Data will be sent shortly to respond.

3. Is DHHS providing any outreach or education about coverage alternatives through the FFM for those individuals determined ineligible for MaineCare? Please provide any notices or documents that are being used.

**Response:** Notices of decision when ineligible for MaineCare will include notice that the FFM will be receiving their information and contacting them regarding other coverage alternatives.

4. Please provide demographic information on the 1345 individuals enrolled in the PHIP program. What is the retention rate for those enrolled in PHIP coverage? See DHHS response to Question #8 in October 18<sup>th</sup> memo. DHHS indicated on November 18<sup>th</sup> that this information would be forthcoming.

**Response:** Please see the spreadsheet below.

### 49670 PHIP Member Count by location w gender & age group

Time Period: Paid Month			Aug 2013
Subsets			
			PHIP Members
			Members
County Current	Gender	Age In Years	
Androscoggin	Female	18 and under	43
		19 and over	42
	Male	18 and under	37
		19 and over	24
Aroostook	Female	18 and under	12
		19 and over	10
	Male	18 and under	11
		19 and over	11
Cumberland	Female	18 and under	68
		19 and over	61
	Male	18 and under	71
		19 and over	49
Franklin	Female	18 and under	12
		19 and over	7
	Male	18 and under	8
		19 and over	8
Hancock	Female	18 and under	8
		19 and over	6
	Male	18 and under	9
		19 and over	5
Kennebec	Female	18 and under	53
		19 and over	61
	Male	18 and under	58
		19 and over	29
Knox	Female	18 and under	7
		19 and over	14
	Male	18 and under	15
		19 and over	11
Lincoln	Female	18 and under	7
		19 and over	4
	Male	18 and under	10
		19 and over	7
Oxford	Female	18 and under	43
		19 and over	36
	Male	18 and under	49
		19 and over	23

County Current	Gender	Age In Years	
Penobscot	Female	18 and under	24
		19 and over	21
	Male	18 and under	32
		19 and over	18
Piscataquis	Female	18 and under	4
		19 and over	3
	Male	18 and under	3
		19 and over	1
Sagadahoc	Female	18 and under	7
		19 and over	8
	Male	18 and under	16
		19 and over	3
Somerset	Female	18 and under	24
		19 and over	17
	Male	18 and under	16
		19 and over	11
Strafford	Female	18 and under	2
		19 and over	1
	Male	19 and over	1
Waldo	Female	18 and under	17
		19 and over	14
	Male	18 and under	13
		19 and over	14
Washington	Female	18 and under	2
		19 and over	3
	Male	18 and under	2
		19 and over	1
York	Female	18 and under	41
		19 and over	28
	Male	18 and under	39
		19 and over	32



Paul R. LePage  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
BUREAU OF INSURANCE  
34 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0034

Eric A. Cioppa  
SUPERINTENDENT

December 2, 2013

Colleen McCarthy-Reid, Esq.  
Office of Policy and Legislative Analysis  
13 State House Station  
Augusta, ME 04333-0013

RE: Health Exchange Advisory Commission

Dear Ms. McCarthy-Reid:

Although I will be unable to attend the Advisory committee's meeting on December 4, I wanted to respond to the questions of November 26, 2013 which you have posed to this office on behalf of the Health Exchange Advisory Commission.

1. What is the federal and state legal or statutory authority that would allow the renewal of individual and small group health insurance policies under the transitional policy announced by the Obama Administration?

The federal Center for Medicare and Medicaid Services (CMS) has stated that it is exercising its discretionary authority in the implementation of laws to ensure that the goals of the law are met without undue hardship, and cites Heckler v. Cheney, 470 U.S. 821 (1985), as Supreme Court precedent recognizing that authority.

After careful review of the Bureau's authority under the Maine Insurance Code and consultation with counsel, the Bureau has concluded that 24-A M.R.S.A. §§4309 and 4320-D provide adequate authority for this office to allow the renewal of individual market policies issued on or before October 1, 2013 consistent with the federal initiative.

2. Please provide an update on the Bureau's decision on whether individual and small group health plans will be permitted to be renewed under the transitional policy and describe the regulatory process for reviewing and allowing that option to be provided to policyholders by carriers. What are the options being discussed with Anthem and other carriers? What information will be given to consumers and when? How many consumers might be affected?

Consistent with the recent federal initiative, Anthem Health Plans of Maine will be permitted to renew non-grandfathered individual health plans issued between January 1 and October 1, 2013 for terms that extend beyond December 31,



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OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE 04345  
WWW.MAINE.GOV/INSURANCE

PHONE: (207) 624-8475

TTY users call Maine Relay 711

Customer Complaint: 1-800-300-5000

FAX: (207) 624-8599

2013. Anthem mailed an information package to affected policyholders on November 26, 2013. The package consists of a generic policyholder notice required by the federal Center for Consumer Information and Insurance Oversight (CCIIO), an explanatory letter from Eric Jermyn of Anthem, and a rate sheet showing renewal premium rates scheduled to go into effect February 1, 2014. The CCIIO notice includes a notice of the alternative option to buy new coverage in the Marketplace, and the subsidies that are available there for qualifying individuals. The Anthem letter and rate sheet have been reviewed and approved by the Bureau. Copies of these three documents as well as a Bureau Press Release regarding this matter are enclosed.

The new transition process replaces and supersedes a course of action which the affected policyholders had previously been notified would occur. Under that policy, the existing coverage of these policyholders would have been terminated as of December 31, 2013 and they would have been automatically enrolled in new ACA-compliant Anthem health plans most resembling their current coverage.

While affected policyholders will be able to renew their existing policies, they are not required to do so. At their option, they may buy any ACA-compliant health plan offered during the current open enrollment period by any insurer in Maine. Although the open enrollment period continues until March 31, 2014, consumers will need to enroll in a plan on or before December 23, 2013 in order for coverage to be effective January 1, 2014.

Our understanding is that Anthem policies covering 9,639 lives are affected by this initiative.

No insurers, other than Anthem, have sought to implement the new federal transitional policy in Maine's individual market and no insurers have sought to implement this policy in the small group market.

We hope this information is helpful. Please feel free to follow up as necessary and appropriate.

Sincerely,



Eric A. Cioppa  
Superintendent of Insurance

Enc  
Cc Holly Lusk



DEPARTMENT OF

Professional &  
Financial Regulation

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

FOR IMMEDIATE RELEASE  
November 26, 2013

Contact: Eric Cioppa, Superintendent  
Doug Dunbar, 624-8525  
TTY: Please Call Maine Relay 711

## Maine Bureau of Insurance Superintendent to Allow Anthem to Renew Existing Health Plans

GARDINER - The U.S. Department of Health and Human Services (HHS) announced a transitional policy on November 14 that would permit health insurance issuers to renew existing individual and small business health plans that do not comply with certain provisions of the Affordable Care Act (ACA). Plans in force when the ACA was enacted, and unchanged since that time, are "grandfathered" and therefore exempt from those provisions. The HHS announcement postpones the federal requirement for existing non-grandfathered plans to comply with those ACA provisions.

Bureau of Insurance Superintendent Eric Cioppa announced today that Maine will permit Anthem BlueCross BlueShield to renew current non-grandfathered individual health plans that are not ACA-compliant for terms that extend beyond December 31, 2013.

Superintendent Cioppa noted that allowing the non-grandfathered plans to continue into 2014 will lessen the anticipated premium increase for grandfathered plans. Anthem had proposed an average premium increase of 16.5% for its grandfathered plans. By allowing the non-grandfathered plans to continue, the average premium increase in 2014 for all current individual policies is expected to be 12.6%. Some of the premium increase is attributable to ACA fees and the transition from the state's successful reinsurance program to the federal reinsurance program.

"This decision is meant to give several thousand Maine policyholders another option for 2014," Superintendent Cioppa said. "It will also result in a smaller premium increase for those choosing to continue their current plan, and provide more time for those individuals to evaluate plans for future years."

Anthem is required to send notices to its non-grandfathered policyholders to explain the options and premium increase.

Any individual, family, or small business, including those currently covered by an Anthem individual plan, may choose to purchase any ACA-compliant plan sold by an insurer in Maine. Open enrollment continues until March 31, 2014. After that date, new coverage will not be available until October 2014 unless an individual has a qualifying "special circumstance.". Details about plans and federal subsidies to lower premium costs are available through the federal Health Insurance Marketplace ([www.healthcare.gov](http://www.healthcare.gov)).

Consumers can also contact the Bureau at 1-800-300-5000 or visit [www.maine.gov/insurance](http://www.maine.gov/insurance).

###



Dear Policyholder,

We previously notified you that your current policy is being replaced with a new policy because the current policy doesn't meet the minimum standards required by federal health care law. We are now writing to inform you that, under federal guidance announced in November 2013, you may keep your current coverage for the upcoming plan year beginning in 2014.

### **How Do I Keep My Current Plan?**

To keep your current plan, you do not need to do anything other than pay your premium. **Along with this letter, you'll find a sheet that lists the new premium amounts.** To find your new premium, look for your plan name, contract type (adult, adult/child, etc.) and deductible amount. The Maine Bureau of Insurance has conditionally approved these rates, but you may request a hearing by writing to the attention of Elena Crowley on behalf of the Superintendent, Bureau of Insurance, 34 State House Station, Augusta ME 04333. The Superintendent will determine whether a hearing is necessary.

As you think about your options, there are some things to keep in mind. If you choose to renew your current policy, it will NOT provide all of the rights and protections of the health care law. These include one or more of the following new protections of the Public Health Service Act (PHS Act) that were added by the health care law and that take effect for coverage beginning in 2014. As a result, your coverage:

- May not meet all the new standards for fair health insurance premiums, such as new rules further limiting the ability to charge older people more than younger people (section 2701).
- May not meet standards for guaranteed renewability (section 2703).
- May not meet standards related to pre-existing conditions for adults, so it might be able to exclude coverage for treatment of an adult's pre-existing condition during the first year of coverage (section 2704)
- May not meet standards for non-discrimination in providers (section 2706).
- May not cover essential health benefits or limit annual out-of-pocket spending, so it might not cover benefits such as prescription drugs or mental health treatment, and might have unlimited cost-sharing (section 2707).
- May not meet standards for participation in clinical trials, so you might not have coverage for services related to a clinical trial for a serious or life-threatening disease (section 2709).

### **How Do I Choose A Different Plan?**

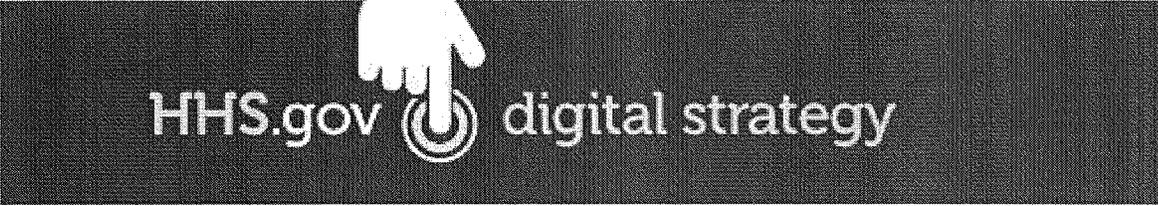
You have new options and rights for getting quality, affordable health insurance. You may shop in the Health Insurance Marketplace, where all plans meet certain standards to guarantee health care security and no one who is qualified to purchase coverage through the Marketplace can be turned away or charged more because of a pre-existing condition. The Marketplace allows you to choose a private plan that fits your budget and health care needs. You may also qualify for tax credits or other financial assistance to help you afford health insurance coverage through the Marketplace.

You can also get new health insurance outside the Marketplace. Most new plans guarantee certain protections, such as your ability to buy a plan even if you have a pre-existing condition. However, financial assistance is not available outside the Marketplace.

You should review your options as soon as possible, since you have to buy your coverage within a limited time period to preserve your consumer protections.

### **How Can I Learn More?**

To learn more about the Health Insurance Marketplace and protections under the health care law, visit [HealthCare.gov](http://HealthCare.gov) or call 1-800-318-2596.



HHS.gov  digital strategy

## Operational Progress Report

Site Tags:

[Health IT](#)

Julie Bataille, Director of Communications, Centers for Medicare & Medicaid Services

Sunday, December 1, 2013

Read the full  
[Progress and Performance Report](#)

Today, Jeff Zients offered [an operational progress report](#) on our work to improve HealthCare.gov over the past five weeks.

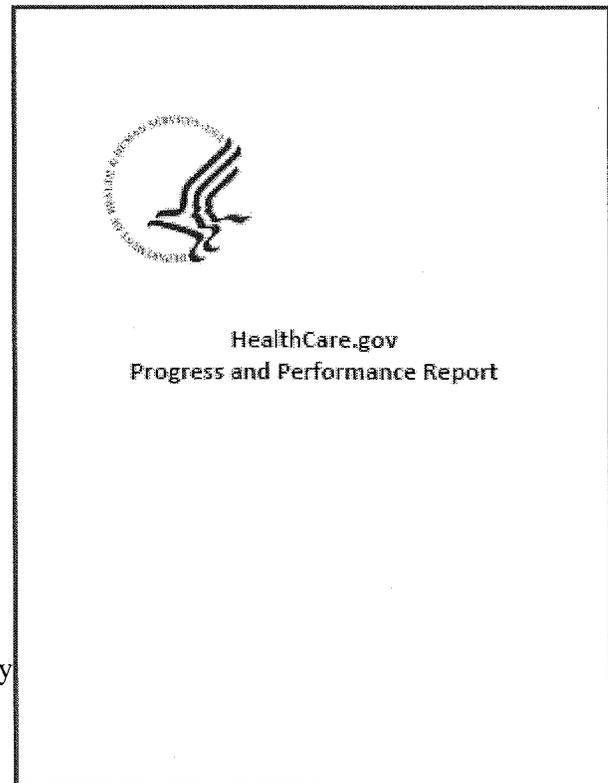
*In Jeff's own words: "The bottom line- HealthCare.gov on December 1st is night and day from where it was on October 1st."*

In addition, we also released a Progress and Performance Report which provides data on how the system is performing and can be viewed [here](#).

We've provided weekly reports up until now and today want to highlight our work as we begin December –detailing the many measurable improvements we've made to the site as well as acknowledge that more work remains to be done.

As we've said, with any web project there is not a magic moment but a process of continual improvement over time and we will continue to work to make enhancements in the days, weeks and months ahead.

As we begin December with a vastly improved web experience, we are mindful of the work to do to make sure those consumers who experienced frustration over the past several weeks are able to resolve their issues and complete their enrollment and confirm that those who have enrolled know



their next steps to make sure they get coverage. While our door is open for new consumers and we invite them in, we will place particular attention on those who still need questions answered in order to complete their enrollment. We are 2 months in to a sustained 6 month long outreach and education campaign that will continue through the end of March so that consumers have time to access and enroll in affordable health care options that best meet their needs and budget.

Before diving into the data, its important to provide some context for the Progress and Performance Report.

In mid-October, the President, Secretary Kathleen Sebelius, and Administrator Marilyn Tavenner asked Jeff Zients to provide short-term management assistance on HealthCare.gov.

We started by bringing in technology experts from across government agencies and from the private sector to conduct an assessment of HealthCare.gov

The assessment highlighted a number of significant problems, most notably an unacceptable user experience marked by very slow response times, inexplicable user error messages and frequent website crashes and system outages.

At the same time, the team identified the root cause problems that needed to be addressed to fix the site.

These root causes included: hundreds of software bugs, inadequate hardware and infrastructure, and a general lack of system monitoring and incident response capabilities.

The assessment also identified weaknesses in how the project was being managed, with slow decision making and diffuse or unclear accountability.

With these root causes identified, the conclusion was that HealthCare.gov was fixable, if significant changes were made to the management approach and if we executed against the lengthy punch list of software and hardware fixes with relentless focus and discipline.

In short, we needed to get the team working with the speed and urgency of a high performing private sector tech company.

The first key change made was appointing QSSI as the General Contractor and Systems Integrator.

QSSI has provided project management expertise, and coordinates the work with CMS and other contractors. They have also provided fresh eyes, talent, and dedicated teams of experts focused on system monitoring, software fixes, and hardware upgrades.

Working with QSSI, we instituted a new management structure to have clear accountability and rapid decision making. This management structure is centered on a Command Center that includes senior leaders from CMS and each contractor and vendor involved in HealthCare.gov.

The Command Center leadership monitors the site's performance in real time, evaluating key metrics and dashboards. There are examples of those 24 hour monitoring dashboards on page 4 of the report.

The Command Center team focuses on site monitoring and incidence response around the clock. Twice a day, the Command Center hosts standup war room meetings for real-time, data-driven decision making and prioritization of key hardware and software fixes. There is an open line -- or bridge -- connecting the Command Center with all the key programmers and managers working on the system, so that 24 hours a day we have rapid, effective response to any issues or problems the instant they appear.

This clear accountability, prioritization and quick decision making is central to the progress we've made in improving the site's performance.

In addition to implementing this new management structure and getting the team working with the velocity and discipline of a high-performing private sector company, we developed a prioritized punchlist of software fixes, hardware upgrades and user enhancements. Prioritization is based on what has the biggest impact on system stability, capacity and speed and user experience.

Over the last five weeks, we've made substantial progress working through the punchlist.

We've executed hundreds of software fixes and hardware upgrades, and the site is now stable and operating at its intended capacity, with greatly improved performance.

The report outlines some data on the fixes and upgrades and how the progress can be seen in the key operating metrics.

The top graphic on page 5 shows how the team has knocked more than 400 bugs and software improvements off the punchlist over the past two months. The pace has greatly accelerated once we got the new management structure and discipline in place.

After clearing through fewer than 100 bugs across the entire month of October, the speed has more than tripled, with over 400 bugs fixed. This has eliminated critical glitches and made improvements to the consumer experience throughout the site. This includes more than 50 bug fixes that were installed just last night, many of which made improvements in the back end of the system.

So a total of more than 400 software fixes have combined to improve the user's experience as they look for information, fill out applications, shop, and enroll.

At the same time, we've been working through the software items on the punchlist, the team has made substantial improvements to the underlying hardware infrastructure.

On that front, the team has executed a series of upgrades to key components of the system that have increased redundancy, reliability and scale (bottom of page 5).

There are four components that needed a lot of work. First, there's the front end of the system, the Registration Database. This is where we were experiencing a large bottleneck when the site first launched.

As consumers attempted to create accounts and log on to the site, they ran into error messages and website crashes.

In the last few weeks, the team has re-architected the design of the registration system and installed new, dedicated hardware; including a major new upgrade this past Friday night.

All together this has more than quadrupled the throughput of the registration database, so that many more users can successfully create new accounts and log on.

In effect, we've widened the system's on ramp – it now has four lanes instead of one or two.

Beyond Registration, the entire site rests on a Core Database that enables consumers to shop, compare plans, and enroll.

Here, we've made two significant changes. We've deployed 12 large, dedicated servers. And we've significantly upgraded a storage – or memory – unit to improve response time. As a result, we've increased the system's database throughput by more than 3 times.

Third, we've brought additional application environments online, more than doubling the website's capacity.

And last, we've upgraded the firewall that protects the system. The team identified that the firewall was a constraining factor on the system's capacity and throughput, so we upgraded and reconfigured it to allow more than 5 times the network throughput.

The cumulative effect of these hardware changes, along with others, is that the underlying infrastructure of HealthCare.gov is much stronger today than it was a few weeks ago.

The system is now able to handle its intended volume of consumer visits, and it has redundancy built in to avoid the type of instability that we saw in October.

The result of these efforts can be seen in the improvement in the sites' operating metrics, starting with response times (page 6).

Response times is the measure of how quickly a page responds to a user request. In late October, the average response time on healthcare.gov was running around 8 seconds which was clearly unacceptable and very frustrating for consumers. Driven by the software and hardware fixes, we now have much faster response times. Over the last three weeks, the average response time has been well under 1 second. This means that consumers are having a much faster, smoother experience on the site.

Page 6 also shows system error rate, another key operating metric.

This is the measure of how often, on a per page basis, the system times out or presents an error message. The team has made progress. In late October, the error rate was approximately 6%.

We got that down to about 2% by November 9<sup>th</sup>, to 1% by November 16<sup>th</sup>, and this past Friday, the average error rate was approximately .75 or three quarters of one percent.

In addition to improving system speed and reducing the error rate, we've also made measurable progress increasing the system's stability (page 7).

System stability, which is typically referred to as system uptime -- is measured by the percentage of time the site is available on a given day, excluding planned downtime for scheduled maintenance.

HealthCare.gov is now seeing uptime consistently above 90%. For the week ending November 2<sup>nd</sup> was only 42.9%. In fact, that's what we think the system averaged through most of October as well.

The uptime improved to 71.9% by November 9<sup>th</sup>, and has been consistently above 90% since then, including 95% uptime this past week. Again, this improvement in stability is driven by the hardware and software fixes, and we expect to see further improvements given the redundancy and capacity we've added to the system.

And just as importantly, when we do experience system glitches or slowdowns, we can resolve issues much more quickly, due to the continuous monitoring and rapid response teams. Back in October, a typical system outage lasted several hours or more. Now, the team can generally diagnose root cause problems and make the necessary fixes within 60 minutes.

So we have a much more stable system that's reliably open for business.

That's important, because at the end of the day, we need high system up time so consumers are able to use the system to seek information, fill out applications, shop and enroll. It's critical that the result of

all the improvements we've made is that we've doubled the system's capacity, and HealthCare.gov can now support its intended volumes.

The chart on the bottom of page 7 outlines the simple math.

The site now has the capacity to handle 50,000 concurrent or simultaneous users at one time. And we know that each visitor spends, on average, 20 to 30 minutes on the site per visit. So the site will support more than 800,000 consumer visits a day.

Now to be clear, there likely will be times that even with this increased capacity, it will be insufficient to handle peaks in simultaneous demand. So to prepare for those times when spikes in user volume outstrip the systems' expanded capacity, we will deploy a new queuing system to serve consumers in an orderly fashion. It will allow consumers to request email notifications when it's a better time to come back to the site.

So, lifting up, we've made significant progress in improving HealthCare.gov, and achieving a system that runs smoothly for the vast majority of consumers.

This progress is summarized on page 8 of the report.

Response times are under 1 second.

Error rates are down well under 1%.

And the system is stable, with uptimes exceeding 90%.

We now have a rapid response team and continuing monitoring in place to ensure optimal system performance and to respond quickly to glitches or other issues that crop up.

All of which means the site has the ability to serve 50,000 concurrent users and support 800,000 consumer visits a day as consumers seek information, fill out applications, shop and enroll.

As with any website, the team will continue to address additional bugs and glitches and will continuously evaluate emerging infrastructure needs.

The general contractor and rapid response team has served us well; enabling us to execute with private sector speed and focus currently and for the long term.

While we still have work to do, we've made significant progress with HealthCare.gov working smoothly for the vast majority of consumers.



**HealthCare.gov**  
**Progress and Performance Report**

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## **Overview**

In mid-October, the Obama administration conducted an assessment of the site HealthCare.gov. The assessment was conducted by experts from across government and private sector. The team identified the problems and necessary fixes and determined that HealthCare.gov was fixable, but only with significant changes to the management approach, and a relentless focus on execution. This report details the substantial progress that has been made to improve and stabilize HealthCare.gov, including hundreds of software fixes and numerous hardware upgrades, so that the system runs smoothly for the vast majority of users.

The status of HealthCare.gov in October was marked by an unacceptable user experience. Consumers were experiencing slow response times and frequent, inexplicable error messages. The website experienced frequent outages. For some weeks in the month of October, the site was down an estimated 60 percent of the time. The assessment determined the root causes for these site flaws to be hundreds of software bugs, insufficient hardware and infrastructure. The system monitoring and response mechanisms were not sufficient for identifying issues or bugs or responding to them in real time. Inadequate management oversight and coordination among technical teams prevented real-time decision making and efficient responses to address the issues with the site.

Improving the user experience for HealthCare.gov required deeper real-time analysis to the system, additional technical expertise, and a strong management structure to drive the prioritization and metric-driven execution of fixes. The Center for Medicare and Medicaid Services (CMS) appointed QSSI as the General Contractor and Systems Integrator. QSSI, with their deep project management expertise, coordinates all activity with CMS and other contractors. With one central command structure and “War Room” meetings of all key parties held twice a day for real-time, data-based decision making, the team has been able to implement high-performance management practices and drive through a priority set of fixes.

The newly installed technical monitoring instruments have allowed for constant real-time analysis of site performance. With this new data and management structure the team has the capacity to rapidly respond to any incidents and to better understand root causes.

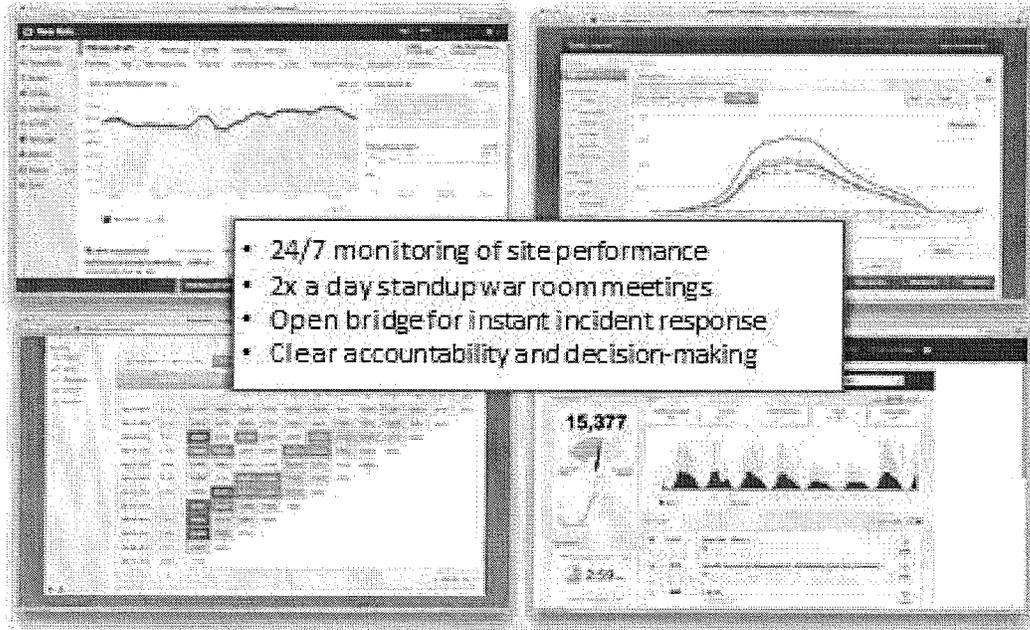
Over the last five weeks, substantial progress has been made improving HealthCare.gov and getting the system to where it needs to be:

- Hundreds of software fixes, hardware upgrades and continuous monitoring have measurably improved the consumer experience
- Site capacity is stable at its intended level
- Operating metrics are greatly improved, and activity levels demonstrate the site is working for consumers

While there is more work to be done, the team is operating with private sector velocity and effectiveness, and will continue their work to improve and enhance the website in the weeks and months ahead. The following charts provide data on the systems enhancements that have been executed, and the resulting improvements in the site’s key operating metrics over the last several weeks.

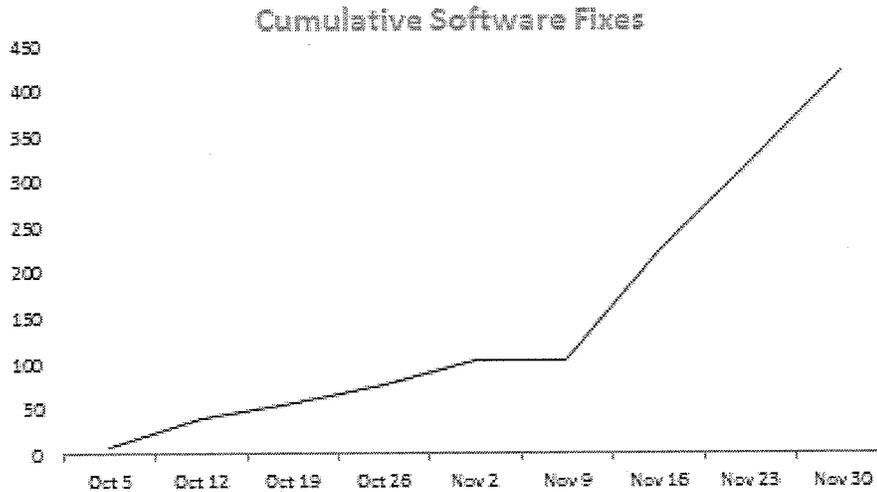
## Real-Time Monitoring

*Dedicated team focused on site monitoring and instant incident response*



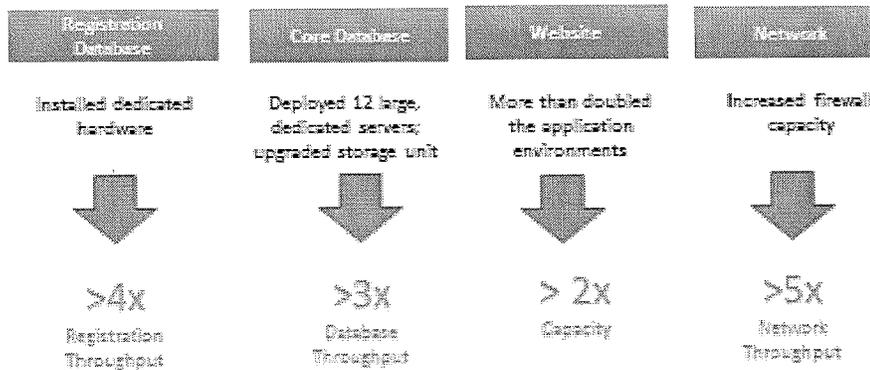
## Software Fixes

*The team has knocked more than 400 bug fixes and software improvements off the punch list*



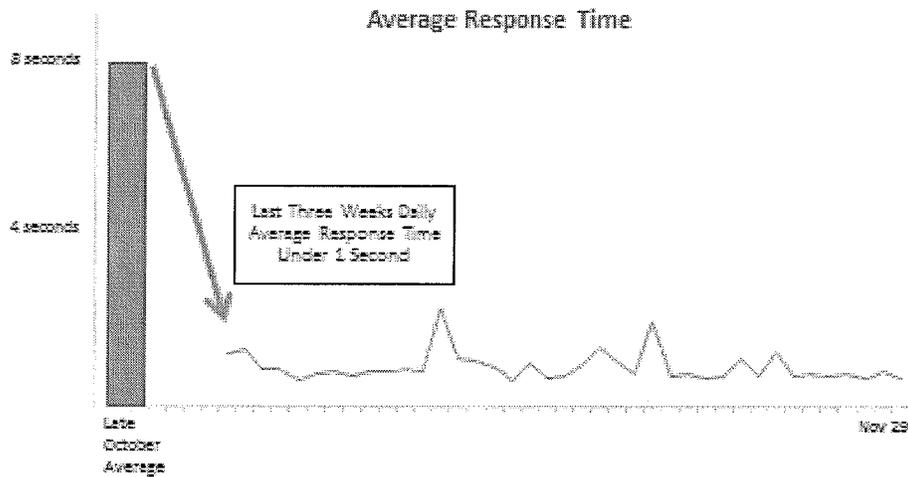
## Hardware Upgrades

*A series of significant hardware enhancements have increased redundancy, reliability and scale*



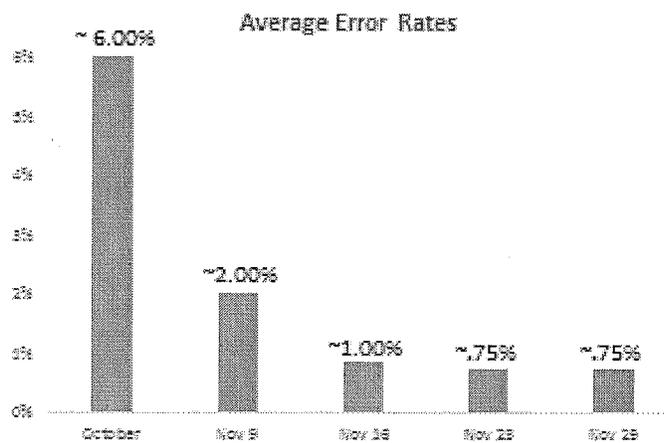
## Response Times

*System speed has increased dramatically, with response time running under 1 second*



## Error Rates

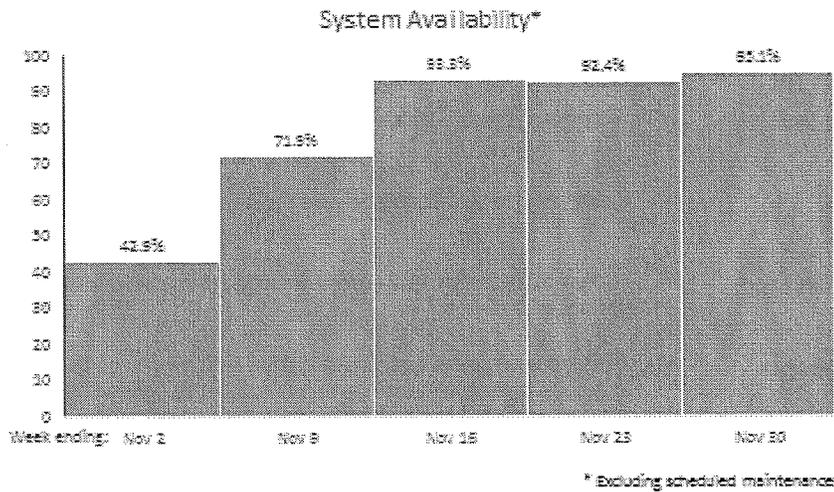
*Per page system time outs or failures have been driven down from over 6% to well under 1%*



## System Stability

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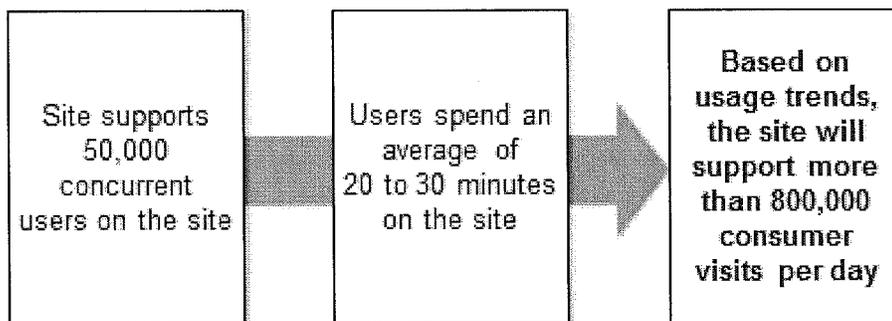
*Uptime is consistently surpassing 90%*



## System Capacity

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*Software and hardware upgrades enable the system to support its intended volumes*



## Summary

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*Achieving a system that runs smoothly for the vast majority of consumers*

	Progress Update
Response Time	✓ Average system response time lower than 1 second
Error Rate	✓ Lower error rate, consistently well below 1%
System Stability	✓ Hardware upgrades and software fixes to support system uptime of 99%+
Rapid Response Team	✓ 24/7 monitoring and operations center and team in place to ensure optimal system performance and to respond to glitches and unplanned downtimes
Concurrent Users	✓ Capacity for concurrent user target of 50,000, supporting a minimum 800,000 visits per day

## Conclusion

As the metrics detailed in this report reveal, dramatic progress has been made on improving HealthCare.gov. There is more work to be done to continue to improve and enhance the website and continue to improve the consumer experience in the weeks and months ahead. The new management system and instrumentation have helped improve site stability, lower the error rating below 1%, increase capacity to allow 50,000 concurrent users to simultaneously use the site and will help drive continuous improvement on the site. While we strive to innovate and improve our outreach and systems for reaching consumers, we believe we have met the goal of having a system that will work smoothly for the vast majority of users.

**Maine Health Exchange Advisory Committee  
Marketplace Timeline: Implementation Dates**

Oct. 1, 2013	<ul style="list-style-type: none"> <li>• Open enrollment begins</li> </ul>
Dec. 23, 2013	<ul style="list-style-type: none"> <li>• Enrollment deadline for Jan. 1<sup>st</sup> coverage</li> </ul>
Jan. 1, 2014	<ul style="list-style-type: none"> <li>• Marketplace coverage begins</li> <li>• Market reforms effective (except for health plans renewed for additional year in accordance with transitional policy announced Nov. 15, 2013)</li> </ul>
Feb. 15, 2014	<ul style="list-style-type: none"> <li>• Grant funding deadline for Sec. 1311 funds for exchange-related activities</li> </ul>
Mar. 31, 2014	<ul style="list-style-type: none"> <li>• Open enrollment for 2014 plan year ends</li> </ul>
May 15, 2014	<ul style="list-style-type: none"> <li>• Grant funding deadline for Sec. 1311 funds for exchange-related activities</li> </ul>
May 31, 2014	<ul style="list-style-type: none"> <li>• Health insurance issuers file application and rates to offer coverage through marketplace for 2015 plan year</li> </ul>
June 15, 2014	<ul style="list-style-type: none"> <li>• States must have approval or conditional approval for changes in exchange model for 2015 plan year (proposed extension from Jan. 1<sup>st</sup>)</li> </ul>
Aug. 15, 2014	<ul style="list-style-type: none"> <li>• Grant funding deadline for Sec. 1311 funds for exchange-related activities</li> </ul>
Oct. 15, 2014	<ul style="list-style-type: none"> <li>• Grant funding deadline for Sec. 1311 funds for exchange-related activities</li> </ul>
Nov. 15, 2014 to Jan. 15, 2015	<ul style="list-style-type: none"> <li>• Open enrollment period for 2015 plan year</li> </ul>
Jan. 1, 2015	<ul style="list-style-type: none"> <li>• Enrollment in SHOP through healthcare.gov (delayed from 2014)</li> </ul>
Jan. 1, 2017	<ul style="list-style-type: none"> <li>• Large group enrollment in SHOP permitted</li> <li>• State innovation waivers begin</li> </ul>



## Maine Health Exchange Advisory Committee

**Available Consumer Assistance Resources**

Assistance for Individuals:

117 results—certified application counselors\*

Aroostook County Action Program	Fort Kent, Houlton, Presque Isle
Kennebec Valley Community Action Program (KVCAP)	Augusta, Skowhegan, Waterville
Midcoast Maine Community Action	Bath, Rockland
The Opportunity Alliance	Casco, Portland (3), South Portland, Westbrook
Waldo County Action Partners (WCAP)	Belfast, Blue Hill
Washington-Hancock Community Agency	Ellsworth, Machias
Western Maine Community Action(WMCA)	Auburn, East Wilton, Lewiston, South Paris, Rumford
York County Community Action	Sanford, Springvale
Health Reach Community Health Centers	Albion, Belgrade, Bethel, Bingham, Coopers Mills, Kingfield, Livermore Falls, Madison, Rangeley, Richmond, Strong, Waterville
Biddeford Free Clinic	Biddeford
Bridgton Hospital	Bridgton
Bucksport Regional Health Center	Bucksport
City of Portland, Public Health Division	Portland
Community Clinical Services	Lewiston
Consumers for Affordable Health Care Foundation	Augusta, toll-free assistance line
DFDRussell Medical Centers	Leeds, Monmouth, Turner
East Grand Health Center	Danforth
Eastport Health Care	Calais, Eastport, Machias
Health Access Network	Lincoln, Medway, Millinocket, West Enfield
Family Planning Association of Maine	Augusta, Bangor, Belfast, Lewiston, Presque Isle
Fish River Rural Health	Eagle Lake
Franklin Memorial Hospital	Farmington
Harrington Family Health Center	Harrington
Island Community Medical Services, Inc.	Vinalhaven
Katahdin Valley Health Center	Houlton, Island Falls, Millinocket, Patten
Maine Migrant Health Program	Augusta, mobile unit
Maine Township	Park Ridge
MaineHealth-carepartners	Augusta, Belfast, Damariscotta, Portland, Waterville
MaineHealth-medaccess program	Belfast, Biddeford, Damariscotta, Portland, Norway
Mercy Health System	Portland
Motivational Services, Inc.	Augusta, Waterville
Northern Maine Medical Center	Fort Kent

Penobscot Community Health Center	Bangor (3), Brewer, Old Town
Pines Health Services	Caribou
Portland Community Health Center	Portland
Regional Medical Center at Lubec	Lubec, Calais, East Machias
Sacopee Valley Health Center	Porter
Sebasticook Family Doctors	Canaan, Dexter, Dover-Foxcroft, Newport, Pittsfield
St. Croix Regional Health Center	Princeton
St. Joseph Hospital	Bangor
National Alliance for Hispanic Health	Toll-free line
Volunteers of America Northern New England	Bath, South Portland
York Hospital	York
Maine Lobstermen's Association (focused on fishermen and families)	Brunswick, Cutler, Damariscotta, Ellsworth, Kennebunk, Machias, Millbridge

Assistance for Small Businesses: 26 results---certified application counselors*	
Aroostook County Action Program	Fort Kent, Houlton, Presque Isle
Kennebec Valley Community Action Program (KVCAP)	Augusta, Skowhegan, Waterville
Midcoast Maine Community Action	Bath, Rockland
Opportunity Alliance	Casco, Portland (3), South Portland, Westbrook
Waldo County Action Partners (WCAP)	Belfast, Blue Hill
Washington-Hancock Community Agency	Ellsworth, Machias
Western Maine Community Action(WMCA)	Auburn, East Wilton, Lewiston, South Paris, Rumford
York County Community Action	Biddeford, Kittery, Sanford
Maine Lobstermen's Association (focused on fishermen and families)	Brunswick, Cutler, Damariscotta, Ellsworth, Kennebunk, Machias, Millbridge

\*Listed on healthcare.gov as of December 1, 2013; list does not include Maine Lobstermen's Association

**Maine Health Exchange Advisory Committee**

**Potential Recommendations for Consideration---Discussion Draft**

1. Recommend that the State pursue federal grant funding under section 1311 of the Affordable Care Act to provide additional resources for consumer outreach and assistance
2. Recommend changes in federal and state law and regulation to provide more transparency and information to employers regarding composite rating for employee and dependent coverage
3. Recommend that the timeline for open enrollment be extended beyond March 31, 2013
4. Recommend that the State consider establishing a state-based SHOP exchange for small businesses
5. Recommend that the Department of Health and Human Services shall collect and report the following data related to the relationship between MaineCare and the Federally-facilitated Marketplace:  
*{identify data points on December 2<sup>nd</sup>}*
6. Recommend that, in 2014, the Maine Health Exchange Advisory Committee consider the following issues:
  - Whether the State should establish a Basic Health Plan
  - Whether the State should transition to a partnership exchange or state-based exchange
  - Whether the State should consider changes to its designated benchmark plan for essential health benefits to the extent permitted by federal law and regulation
  - Whether the State should consider changes to its designated rating areas for geographic area to the extent permitted by federal law and regulation
  - *Other issues to be identified on December 2<sup>nd</sup>??*



## McCarthyReid, Colleen

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**From:** Kevin Lewis <klewis@maineoptions.org>  
**Sent:** Monday, December 02, 2013 5:24 AM  
**To:** 'Christine Alibrandi'; CALibrandi@nedelta.com; dsg@portlandmaine.gov; elizabeth@neptuneadvantage.com; gsmith@mainemed.com; jbenoit@holdenagency.com; kirship@gmail.com; BobD@ycspi.org; klewis@maineoptions.org; laurie.kane-lewis@dfdrussell.org; mmcraven@roadrunner.com; rodwhitemore@gmail.com; sgh@mejp.org; VSU@gwi.net; kristine.ossenfort@anthem.com; Linda Sanborn; Treat, RepSharon (FWD); Sara Gagne-Holmes; McCarthyReid, Colleen  
**Subject:** ME Health Exchange Ad. Committee---Proposal for Consideration

At the last meeting, November 18<sup>th</sup>, I had mentioned the need for an examination of the continuous updating / adjustments to small groups' ratings now required under CMS regulations. The proposal below details the policy issue and the proposal to continue with current rating allowances, giving small groups relief from what could be very problematic in a state as "old" as we are in Maine.

### Proposal for Consideration by the Exchange Advisory Council

The Small Group Market Rating of the ACA calls for a few changes from prior practice, including the necessity to adjust total premium for a group on its actual current enrollment. This is understood to mean that when a group's demographics change (for instance, it loses two younger workers and brings on two older workers in their place) the group has to be re-priced according to its new profile.

This differs from current practice which gives insurers the discretion (but not the requirement) to adjust rates if there is more than a 10% swing in rates. Heretofore carriers have developed composite rates based upon the census on the effective date - those are then held steady though out the plan year, but have the right to re-rate if the census changes by more than 10%. So they have the option, but not an obligation to re-rate during the plan year. Midyear adjustments in the small group market, in actual practice, don't occur when changes exceed the 10% threshold. For instance, rates rarely, if ever, change during the plan year should a couple of employees be added to a ten person group. However, the per member re-rating of a group is required at the point of any demographic or census changes under the current regulations going into 2014.

The rationale of the rulemaking cited the greater accuracy of continually updated per-member rating and stated that this accuracy is "an issue of particular importance in smaller groups." On the other hand, the issue of uncertainty of rate movement based on changing demographics is also an issue of concern, particularly for smaller groups because of this new difficulty of budgeting for possible benefit variances due to staffing changes.

This proposal is to change the new requirement that rates be immediately recalibrated with any and all changes in the group demographics, but rather stick with current practice and allow small groups the latitude to establish an accurate composite rating (or per member rating as the case may be) at the beginning of the plan year and allow them to carry that through the plan year despite changes in the employment roster. Current practice, and thus this proposal, would still allow for significant changes that result in premium changes greater than 10%. Carriers develop a composite rate on the effective date, or based upon the census of currently covered employees and dependents prior to the renewal date - absent a change in census requiring 10% or greater change to composite rates. This would reduce the unpredictability to employers of the newly instituted per member rating, placing the insurance risk on the insurer instead. Across many groups, the differences experienced by an insurance issuer would even out (the nature of insurance), thereby mitigating risk on the whole.

As a side benefit, this policy might encourage greater hiring of older workers, or conversely not create a policy environment that unintentionally discourages the hiring of older workers because of the immediate impact on an employer's benefits expense.

Thanks for your consideration.

Kevin



**Kevin Lewis , Chief Executive Officer**  
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**207-402-3309 (office) | 207-754-9516 (mobile)**  
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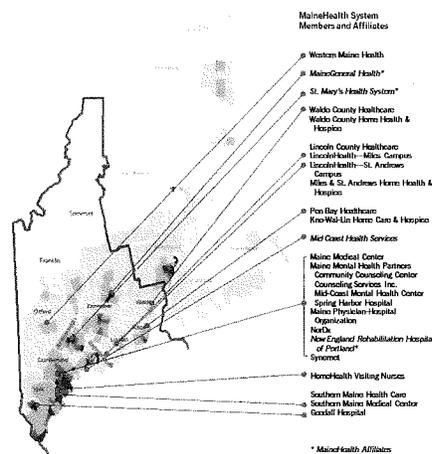
# MaineHealth – Access To Care Programs and ACA Implementation

## Presentation to the Maine Health Exchange Advisory Committee

December 2, 2013



# MaineHealth Members & Affiliates



Partners  
Your Maine Access to Healthcare

medaccess

## MaineHealth Access to Care CarePartners, MedAccess, MCRCCP, Dental Programs

3

MaineHealth

Partners  
Your Maine Access to Healthcare

medaccess

## CarePartners and MedAccess Goals

- Increase access to healthcare and existing community resources for low income, uninsured adults.
- Support healthy behaviors, appropriate utilization of healthcare services, and improved health status outcomes for enrollees.
- CarePartners started in 2001, MedAccess in 2005.

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MaineHealth



## CarePartners and MedAccess Key Achievements

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- 31,900 screened and assisted with healthcare and social service questions
- 9,807 enrolled in CarePartners
- 1,468 Current enrollment
- \$37,006,099 value of free medications received via the Prescription Assistance Programs (09/2013)
- \$65,466,611 total donated medical care for CarePartners patients (thru 12/2012)
- MedAccess - 39,191 PAPs completed for a value of \$42.2 million in free medications
- MedAccess - 19,700 individuals served with over 9,600 people referred directly from medical providers



## MaineHealth Hospital ACA Outreach Activities

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- Collaborative Partners
  - Maine Medical Association
  - Maine Primary Care Association
  - Consumers for Affordable Healthcare
- Target Audiences
  - Hospital Administration
  - Hospital Staff
    - Billing
    - Patient Registration Staff
    - Social Work/Discharge Planning Staff
    - Human Resources Department Staff
  - Community-based Medical Practices
  - FQHCs



## Methods and Materials to Assist MaineHealth Members and Affiliates

- **Face - To - Face Meetings**
  - (May-July) Hospital Administrations identify needs and gaps
  - Billing and Central Registration Directors
- **Educational Presentations**
  - Practice Based Nurse Care Managers
  - Central Billing Office Staff
  - HR Benefits Staff
  - Maine Mental Health Partners
  - Central Registration Staff
  - Primary Care Office Staff
- **Webinars**
  - Critical Access Hospitals
  - General Hospital and Medical Provider Staff
  - Quality Counts
- **Sponsored Community Forums**
  - Southern Maine Medical Center
  - Goodall Hospital
  - Lincoln County Health Care
  - Stephens Memorial Hospital
  - St. Mary's Hospital



## Methods and Materials to Assist MaineHealth Members and Affiliates (cont)

- ACA Resource Cards (Over 100 practices)
- One Page Overview
- FAQs and Staff Scripts
- Kaiser Foundation Flow Charts
- CMS Materials
- Free Care is Not Insurance handout



## MaineHealth System Strategy

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- Ask members and affiliates what they need and want.
- Respond with information, tools, and resources geared to local needs.
- Primary role of the system is to support efforts of our members and affiliates (hospitals, physicians, patients, families, etc.).
- We view our role as ongoing (beyond initial signup).



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## Comments and Questions?

Deborah Deatrick MPH, Senior VP, Community Health  
[deatrd@mainehealth.org](mailto:deatrd@mainehealth.org)

Carol Zechman LCSW, Director, Access to care Programs  
[zechmc@mainehealth.org](mailto:zechmc@mainehealth.org)



## What do your patients need to know about the health insurance Marketplace?

**In the Marketplace, people can enroll in health insurance coverage during the “open enrollment” period.**

Open enrollment begins: October 1, 2013

Coverage begins: January 1, 2014

Open enrollment Closes: March 31, 2014

**There are phone numbers that provide information or help enrolling into coverage.**

Health Insurance Marketplace Call Center: 1-800-318-2596.

Representatives are available to assist you 24 hours a day, 7 days a week.

TTY users can call 1-855-889-4325

**Learning about health insurance options is getting easier.**

Assistance is available in many ways: in person, on the phone or online.

Your patients can get help in person through navigators and certified application counselors. Many of these supports will be based in community settings.

By phone: Health Insurance Marketplace Call Center: 1-800-318-2596.

Representatives are available to assist you 24 hours a day, 7 days a week.

TTY users can call 1-855-889-4325

Online: [www.HealthCare.gov](http://www.HealthCare.gov) , live chat is available 24 hours, 7 days/week.

Also: [www.CuidadoDeSalud.gov](http://www.CuidadoDeSalud.gov), for resources in Spanish.

**Will there be help for patients to afford the cost of insurance?**

It depends. When people get health insurance coverage in the Marketplace, they may be able to get lower costs on monthly premiums. This depends on income and family size.

Visit [www.healthcare.gov](http://www.healthcare.gov) for more information.

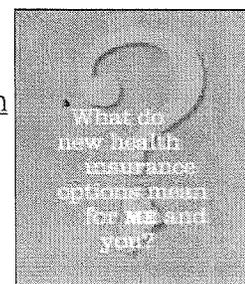
**What about sliding scale/free care programs?**

If your site provides free care or a sliding scale, you will still have patients looking for support through those programs. While the Marketplace will provide options for coverage to some of your patients, there will still be those who will remain uninsured due to the cost of insurance as well as limited MaineCare coverage for adults. And for those who are able to find coverage, some may still have affordability issues with their portion of the bills.

**Patient resources:**

Official Marketplace Site: <https://www.healthcare.gov/marketplace/individual>

Consumers for Affordable Health Care: <http://www.maineahc.org/marketplace.htm>





## Statewide:

Enroll207.com

MedAccess 1-877-275-1787

CarePartners 1-877-626-1687

CAHC 1-800-965-7476

### Androscoggin County:

Western Maine Community Action  
1-800-645-9636

### Aroostook County:

Aroostook County Action Program  
1-800-432-7881

### Cumberland County:

The Opportunity Alliance 1-877-429-6884  
Portland Community Health Center  
(207) 874-2141 ext. 5007

### Franklin County:

Western Maine Community Action  
1-800-645-9636

### Hancock County:

Washington Hancock Community Action  
(207) 664-2424

### Kennebec County:

Kennebec Valley Community Action Program  
1-800-542-8227

### Knox County:

Midcoast Maine Community Action  
1-800-221-2221  
Waldo Community Action Partners  
1-877-930-7351

### Lincoln County:

Midcoast Maine Community Action  
1-800-221-2221

### Oxford County:

Western Maine Community Action  
1-800-645-9636

### Penobscot County:

Penobscot Community Health Care (207)  
404-8000

### Piscataquis County:

Sebasticook Family Doctors (207)564-8710

### Sagadahoc County:

Midcoast Maine Community Action  
1-800-221-2221  
Western Maine Community Action  
1-800-645-9636

### Somerset County:

Kennebec Valley Community Action Pro-  
gram 1-800-542-8227

### Waldo County:

Waldo Community Action Partners  
1-877-930-7351

### Washington County:

Washington Hancock Community Action  
(207) 664-2424

### York County:

York County Community Action Corp  
1-800-965-5762

# Maine Federally Qualified Health Centers

B Street Health Center

(207) 753-5400

Bucksport Regional Health Center

(207) 469-7371

Community Clinical Services

(207) 777-8841

DFD Russell Medical Center

(207) 524-3501

East Grand Health Center

(207) 448-2347

Eastport Health Care

(207) 255-3400

Fish River Rural Health

(207) 444-5973

Harrington Family Health Center

(207) 483-4502

Health Access Network

(207) 794-6700

HealthReach Community Health Centers

1-800-299-2460

Islands Community Medical Center

(207) 863-4341

Katahdin Valley Health Center

1-866-366-5842

Maine Migrant Health Program

(207) 622-9252

Nasson Health Care

(207) 490-6900

Penobscot Community Health Care

(207) 404-8000

Pines Health Center

(207) 498-2356

Portland Community Health Center

(207) 874-2141

Regional Medical Center at Lubec

(207) 733-5541

Sacopee Valley Health Center

(207) 625 8126

Sebasticook Family Doctors

(207) 368-5189

St. Croix Regional Family Health Center

(207) 796-5503