STATE OF MAINE
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Preliminary Report of the MAINE HEALTH EXCHANGE ADVISORY COMMITTEE

December 2013

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Representative Sharon Anglin Treat
Sen. Rodney L. Whittemore
Rep. Michael D. McClellan
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Executive Summary

The Maine Health Exchange Advisory Committee was established by joint order, H.P. 1136, to advise the Legislature regarding the interests of individuals and employers with respect to any health benefit exchange that may be created for this State pursuant to the federal Patient Protection and Affordable Care Act.

Senator Margaret M. Craven and Representative Sharon Anglin Treat served as the Senate and House chairs of the Advisory Committee. As required by the Joint Order, the Advisory Committee has 18 members: 5 Legislators representing the Joint Standing Committees on Insurance and Financial Services, Appropriations and Financial Affairs and Health and Human Services; 6 members appointed by the President of the Senate; and 7 members appointed by the Speaker of the House of Representatives. While the Joint Order directed the President of the Senate and the Speaker of the House of Representatives to invite the Superintendent of Insurance and Commissioner of Health and Human Services or their designees to participate as ex officio nonvoting members, the Governor declined to appoint any representatives of the Administration to serve on the Advisory Committee.

With authorization from the Legislative Council, the Advisory Committee met 5 times: September 23, October 21, November 18, December 2 and December 9. More information about the Advisory Committee can be found on its website, including agendas, meeting materials, links to related resources and audio recordings of all committee meetings, at: http://www.maine.gov/legis/opla/healthexchangeac.htm.

The Advisory Committee focused its efforts on educating members on the Federally-Facilitated Marketplace (FFM), the initial operations of the FFM and the consumer outreach and assistance resources available to individuals and small businesses.

To that end, the Advisory Committee received an update at each meeting from Christie Hager, Region Director for the United States Department of Health and Human Services, on the implementation of the FFM in Maine from the start of the open enrollment period, including the ongoing technical issues of the healthcare.gov website.

The Advisory Committee received presentations from the two Navigator organizations and other entities engaged in providing consumer outreach and assistance resources to individuals and small businesses. The Advisory Committee also received presentations on the health and dental plans available through the Federally-Facilitated Marketplace.

The Advisory Committee was disappointed that representatives of the Department of Health and Human Services, Bureau of Insurance and Dirigo Health Agency did not attend any meetings or make presentations as requested. Although these agencies did submit written information in response to requests from the Advisory Committee, the lack of full participation negatively affected the Advisory Committee's ability to meet its responsibilities to assess the

implementation of the Marketplace, including the role of state agencies charged by law with carrying out aspects of that implementation.

The Advisory Committee makes the following recommendations summarized below.

1. **Encourage the State to pursue federal grant funding under section 1311 of the Affordable Care Act to provide additional resources for consumer outreach and assistance**

2. **Continue and expand the Navigator program in 2015 with additional federal funding**

3. **Support changes in federal and state law and regulation to provide more transparency and financial certainty to employers regarding composite rating for employee and dependent coverage**

4. **Maintain the operation of the Federally-Facilitated Marketplace in Maine for 2015 while continuing to evaluate the Marketplace's effectiveness in meeting the needs of individuals and small businesses and make a determination in 2014 whether transitioning to an alternative Marketplace model for either the individual or SHOP exchanges in 2016 is recommended**

5. **Ensure that notices and other communications distributed by the Maine Department of Health and Human Services are useful to consumers and accurately reflect the health care coverage options available and all of the mechanisms to access coverage**

6. **Improve the effective operation of Maine's Marketplace by closing the coverage gap to ensure individuals have access to affordable health insurance coverage**

7. **Develop common definitions and data elements for use by the Maine Department of Health and Human Services, Bureau of Insurance, states agencies, Navigators, certified application counselors and other entities to collect and report demographic, eligibility and enrollment data on those individuals and small businesses seeking assistance in obtaining health care coverage through the Marketplace or other public programs**

8. **Request that the federal outreach and education materials, such as television commercials, be made available for organizations engaged in outreach and education at the state level**

9. **Direct the Maine Department of Health and Human Services to seek a waiver allowing MaineCare eligibility determinations to be processed for individuals referred by the Federally-Facilitated Marketplace pending the complete file transfer**

Pursuant to the Joint Order establishing the Advisory Committee, this is the preliminary report of the Advisory Committee. The Advisory Committee will submit its final report in November 2014. While the primary focus for the Advisory Committee in 2014 will be whether Maine's Federally-Facilitated Marketplace is effective for individuals and small businesses, the Advisory Committee has also identified additional issues for consideration.

I. INTRODUCTION

The Maine Health Exchange Advisory Committee was established by joint order, H.P. 1136, to advise the Legislature regarding the interests of individuals and employers with respect to any health benefit exchange that may be created for this State pursuant to the federal Patient Protection and Affordable Care Act. A copy of the Joint Order, H.P. 1136 is included as Appendix A.

Senator Margaret M. Craven and Representative Sharon Anglin Treat served as the Senate and House chairs of the Advisory Committee. As required by the Joint Order, the Advisory Committee has 18 members: 5 Legislators representing the Joint Standing Committees on Insurance and Financial Services, Appropriations and Financial Affairs and Health and Human Services; 6 members appointed by the President of the Senate; and 7 members appointed by the Speaker of the House of Representatives. While the Joint Order directed the President of the Senate and the Speaker of the House of Representatives to invite the Superintendent of Insurance and Commissioner of Health and Human Services or their designees to participate as ex officio nonvoting members, the Governor declined to appoint any representatives of the Administration to serve on the Advisory Committee.

The Advisory Committee members are:

Sen. Margaret M. Craven	*Senate Chair, Member of the HHS Committee ;appointed by the President of the Senate*
Rep. Sharon Anglin Treat	*Chair, House Member of the IFS Committee; appointed by the Speaker of the House*
Sen. Rodney L. Whittemore	*Senate Member of the IFS Committee; appointed by the President of the Senate*
Rep. Michael D. McClellan	*House Member of the IFS Committee; appointed by the Speaker of the House*
Rep. Linda F. Sanborn	*House Member of the AFA Committee; appointed by the Speaker of the House*
Christine Alibrandi	*Representing dental insurance carriers; appointed by the Speaker of the House*
John Benoit	*Representing insurance producers; appointed by the President of the Senate*
John Costin	*Representing individuals expected to purchase coverage through exchange; appointed by the President of the Senate*
Bob Dawber	*Employee of an employer expected to purchase coverage*

	through exchange; appointed by the Speaker of the House
Sara Gagne-Holmes	*Representing Medicaid recipients; appointed by the Speaker of the House*
Doug Gardner	*Advocate for enrolling hard-to-reach populations; appointed by the President of the Senate*
Laurie Kane-Lewis	*Representing federally-qualified health centers; appointed by the Speaker of the House*
Kevin Lewis	*Representing health insurance carriers; appointed by the Speaker of the House*
Elizabeth Neptune	*Representing a federally-recognized Indian tribe; appointed by the President of the Senate*
Kristine Ossenfort	*Representing health insurance carriers; appointed by the President of the Senate*
David Shipman	*Representing an employer expected to purchase coverage through exchange; appointed by the Speaker of the House*
Mitchell Stein	*Representing navigators or entities likely to be navigators; appointed by the President of the Senate*
Gordon Smith	*Representing health care providers; appointed by the Speaker of the House*

The complete membership of the Advisory Committee, including contact information, is included as Appendix B. The Office of Policy and Legal Analysis provided staffing support to the Advisory Committee.

With authorization from the Legislative Council, the Advisory Committee met 5 times: September 23, October 21, November 18, December 2 and December 9. All of the meetings were held in the Room 228 at the State House in Augusta and open to the public. Live audio of each meeting was made available through the Legislature's webpage.

The Advisory Committee also established a website which can be found at http://www.maine.gov/legis/opla/healthexchangeac.htm. The website includes agendas, meeting materials, links to related resources and audio recordings of all committee meetings.

II. ADVISORY COMMITTEE DUTIES

In its role as adviser to the Legislature regarding the interests of individuals and small businesses with respect to Maine's health benefit exchange, the Advisory Committee's specific duties are to:

- Advise the Legislature regarding the interests of individuals and employers with respect to any exchange that may be created for this State;

- Serve as a liaison between any exchange and individuals and small businesses enrolled in the exchange;

- Evaluate the implementation and operation of any exchange with respect to the following:

  - The essential health benefits benchmark plan designated in this State under the federal Patient Protection and Affordable Care Act, including whether the State should change its designation;
  - The impact of federal and state laws and regulations governing the health insurance rating for tobacco use and coverage for wellness programs and smoking cessation programs on accessibility and affordability of health insurance;
  - The consumer outreach and enrollment conducted by the exchange and whether the navigator program is effective and whether navigators or other persons providing assistance to consumers are in compliance with any federal or state certification and training requirements;
  - The coordination between the state Medicaid program and the exchange;
  - Whether health insurance coverage through the exchange is affordable for individuals and small businesses, including whether individual subsidies are adequate;
  - Whether the exchange is effective in providing access to health insurance coverage for small businesses;
  - The implementation of rebates under the federal Patient Protection and Affordable Care Act and the Maine Revised Statutes, Title 24-A, section 4319; and
  - The coordination of plan management activities between the Department of Professional and Financial Regulation, Bureau of Insurance and the exchange, including the certification of qualified health plans and rate review;

- Following the release of guidance or regulations addressing the basic health program option, conduct a study, and make recommendations as appropriate, that examines the potential for establishing a basic health program for eligible individuals in order to ensure continuity of care and that families previously enrolled in Medicaid remain in the same plan; and

- Make recommendations for any changes in policy or law that would improve the operation of an exchange for consumers and small businesses in the State.

III. ADVISORY COMMITTEE PROCESS

The Advisory Committee focused its efforts on educating members on the Federally-Facilitated Marketplace (FFM), the initial operations of the FFM and the consumer outreach and assistance resources available to individuals and small businesses.

To that end, the Advisory Committee received an update at each meeting from Christie Hager, Region Director for the United States Department of Health and Human Services, on the implementation of the FFM in Maine from the start of the open enrollment period, including the ongoing technical issues of the healthcare.gov website.

The Advisory Committee received presentations from the two Navigator organizations in Maine on their plans for consumer outreach and assistance:

- Jake Grindle, Western Maine Community Action; and
- Patrice McCarron, Maine Lobstermen's Association/Fishing Partnership Health Plan.

The Advisory Committee discussed other consumer outreach and assistance resources available to individuals and small businesses and invited presentations from the following individuals:

- Wendy Wolf, Maine Health Access Foundation, on the enroll207.com website;
- Vanessa Santarelli and Caroline Zimmerman, Maine Primary Care Association;
- Emily Brostek, Consumers for Affordable Health Care;
- Ann Woloson, Maine Equal Justice Partners;
- David Clough, National Federation for Independent Business-Maine chapter;
- Jeff Austin, Maine Hospital Association;
- Deborah Deatrick and Carol Zechman, Maine Health; and
- Janet McKenney, Maine State Library.

The Advisory Committee also received presentations on the health and dental plans available through the FFM:

- Michael Gendreau and Katie Dzurec-Dunton, Maine Community Health Options;
- Eric Jermyn, Anthem Health Plans of Maine; and
- Brian Staples, Northeast Delta Dental.

The Advisory Committee was disappointed that representatives of the Department of Health and Human Services, Bureau of Insurance and Dirigo Health Agency did not attend any meetings or make presentations as requested. Although these agencies did submit written information in response to requests from the Advisory Committee, the lack of full participation negatively affected the Advisory Committee's ability to meet its responsibilities to assess the implementation of the Marketplace, including the role of state agencies charged by law with carrying out aspects of that implementation.

IV. ADVISORY COMMITTEE RECOMMENDATIONS

The Advisory Committee makes the following recommendations summarized below.

1. **Encourage the State to pursue federal grant funding under section 1311 of the Affordable Care Act to provide additional resources for consumer outreach and**

assistance

The Advisory Committee encourages the State to pursue federal grant funding under section 1311 of the Affordable Care Act (ACA) to provide additional resources for consumer education, outreach and assistance. Under Section 1311 of the ACA[1], grants are available to states, such as Maine, with a Federally-facilitated Exchange and those states may apply for funding for consumer outreach, educational and assistance activities. Guidance issued by the federal government makes clear that permissible consumer assistance activities include developing an in-person assistance program to provide education and enrollment assistance to consumers and small businesses; developing state-specific consumer education materials; publicizing the Marketplace to consumers and small businesses; providing supplemental training for Navigators and other entities assisting consumers and small businesses; and monitoring the activities of Navigators and others assisting consumers and small businesses.

Grants may be awarded through December 31, 2014 and grant funds are available for approved and permissible establishment activities. Applications are accepted on quarterly basis; awards are made based on available funding. Remaining application deadlines are February 15, 2014; May 15, 2014; August 15, 2014 and October 15, 2014.

The Advisory Committee believes that additional resources are needed to enhance the consumer education, outreach and assistance efforts currently being provided. Because of the ongoing technical issues experienced by healthcare.gov and significant regulatory changes being made as the Marketplace and other ACA reforms are implemented, the Advisory Committee believes consumer education and outreach efforts must continue for both individuals and small businesses. Individuals and small businesses must be informed of regulatory changes and other implementation developments so they are able to make good decisions based on current information about their health coverage options.

Consumer outreach has not been sufficient, given the small number of Navigators in Maine for the state's size and geography, despite the significant efforts and resources being provided by volunteers, non-profits, health care providers and the Bureau of Insurance. Although a consumer assistance grant could not be used to pay for additional Navigators, it could be used to support a wide range of activities such as training sessions and public outreach. Although consumers do have access to a statewide toll-free telephone assistance line through Consumers for Affordable Health Care, an initial "Mapping Navigation Gaps" analysis commissioned by the Maine Health Access Foundation shows that there are gaps based on geography in the available consumer assistance through Navigators, certified application counselors and federally-qualified health centers. A copy of the draft is included as Appendix C.

The Advisory Committee is concerned that education and outreach for small businesses has been limited and recommends that one focus of additional consumer assistance resources should be

[1] Federal funds may be awarded to States, the District of Columbia, and consortia of states, to provide financial assistance for the establishment of exchanges. Grants are available for states seeking to establish a state-based Exchange, to build functions that a state elects to operate under a state Partnership Exchange, and to support state activities to build interfaces with a Federally-facilitated Exchange.

assisting small businesses and providing education and outreach to brokers and producers. Kentucky's program provides a model for this outreach, which could be pursued even if the State continues to rely on a federally-facilitated SHOP exchange.

Throughout the summer and fall of 2013, the Bureau of Insurance has been conducting numerous public information sessions to educate consumers about the ACA. The Advisory Committee supports these outreach efforts and urge the State, through the Bureau of Insurance, to apply for federal grant funds to leverage the available resources to help pay the costs of the Bureau's ACA-related outreach activities throughout 2014. The Advisory Committee recommends that the Governor work with the Bureau of Insurance to develop a grant proposal before May 15, 2014 seeking federal funds to support consumer assistance activities.

2. Continue and expand the Navigator program in 2015 with additional federal funding

The Advisory Committee supports the Navigator program and recommends that federal resources for navigators in Maine be provided in 2015 to continue and expand the Navigator program. Pursuant to the ACA, the Marketplace in every state must have a Navigator program, whether the Marketplace is run by the State or the federal government. "Navigators" are trained individuals working under contract to the Marketplace to facilitate the selection of health plans by individuals and small businesses. For 2014, the federal government awarded $541,846 in grants to provide funds for two Navigator entities in Maine: (1) Western Maine Community Action and the Maine Lobstermen's Association/Fishing Partnership Health Plan. At the time of the grant award, funding was provided for one year only.

At this time, it is unclear whether funding for Navigators will be made available in 2015 and what level of funding will be allocated to Maine. The Advisory Committee believes that additional resources are needed in 2015 to allow Navigators to continue to provide assistance to individuals and small businesses seeking coverage through the Marketplace and to expand the number of entities that may be awarded contracts as Navigators, including, but not limited to, health systems that have care managers embedded in primary care practices that are uniquely qualified to identify individuals with gaps in coverage. The recently announced delay in the functionality of healthcare.gov enrollment for small businesses highlights the continued need for assistance to small businesses.

The Advisory Committee agreed to write a letter to Christie Hager and other representatives of the federal Department of Health and Human Services explaining their concerns and recommending additional federal funding to continue and expand the Navigator program.

3. Support changes in federal and state law and regulation to provide more transparency and financial certainty to employers regarding composite rating for employee and dependent coverage

The Advisory Committee supports changes in federal and state law and regulation to allow the use of composite rating by health insurers and to provide more transparency and financial

certainty to employers, especially small businesses. Prior to rating changes made by the ACA, composite rating was used by all health insurers in Maine. The changes necessitated by the ACA for rating 2014 health plans are causing confusion and financial uncertainty for employers trying to determine their fixed costs for employee and dependent health coverage.

On December 2, 2013, changes were proposed in federal regulation to clarify that health insurers may use composite rating for health plans in 2015. The comments also made clear that, if the proposed rule changes are finally adopted, health insurers are urged to voluntarily adopt the same approach to composite rating in 2014, if the proposed rule changes are adopted. The Advisory Committee supports the ability to use composite billing and believes it can benefit both health insurers and employers. The Advisory Committee will be submitting formal comments on the proposed rule with its recommendations to the Centers for Medicare and Medicaid Services, Center for Consumer Information and Insurance Oversight.

4. Maintain the operation of the Federally-Facilitated Marketplace in Maine for 2015 while continuing to evaluate the Marketplace's effectiveness in meeting the needs of individuals and small businesses and make a determination in 2014 whether transitioning to an alternative Marketplace model for either the individual or SHOP exchanges in 2016 is recommended

The Advisory Committee recommends that the State maintain the operation of the Federally-Facilitated Marketplace in Maine in 2015. Because the open enrollment period for the Marketplace extends through March 31, 2014, it is premature for the Advisory Committee to draw any conclusions from an assessment of the effectiveness of the FFM or make recommendations for any changes in the administration and operation of the Marketplace in Maine. The Advisory Committee will monitor the operations of the FFM and, during its meetings in 2014, may begin to consider a transition to an alternative Marketplace model for 2016 if the Marketplace fails to meet the needs of individuals and small businesses.

One suggestion that the Advisory Committee discussed is the potential for the State to establish a state-based SHOP Marketplace to serve small businesses. During its meetings, the Advisory Committee received a briefing on Kentucky's health benefit exchange, "kynect." In the early stages of open enrollment, Kentucky's Marketplace appears to be one of the most successful state-based Marketplaces. The Advisory Committee was impressed with Kentucky's approach to its small business Marketplace and the broad involvement of health insurance brokers. Because full implementation of the SHOP Marketplace through healthcare.gov has been delayed in FFM states like Maine until 2015, the Advisory Committee may be interested in exploring this potential model if the Federally-Facilitated SHOP Marketplace fails to attract enrollment from small businesses in Maine.

The Advisory Committee will also monitor the relationship of the FFM with the Bureau of Insurance and determine whether a transition to a formal partnership model would provide any added benefit. Through an exchange of letters, the Bureau of Insurance has assumed certain plan management functions for the FFM. The Bureau oversees the regulation of health insurance carriers participating in the FFM, including review of premium rates. As the Marketplace

continues its operations, the Advisory Committee will assess whether the current plan management arrangement between the FFM and the Bureau of Insurance is effective for regulators, insurance carriers and individuals and small businesses.

5. Ensure that notices and other communications distributed by the Maine Department of Health and Human Services are useful to consumers and accurately reflect the health care coverage options available and all of the mechanisms to access coverage

The Advisory Committee recommends that the Maine Department of Health and Human Services (DHHS) and other state agencies review all notices and communications distributed to consumers and revise those notices if they do not accurately reflect the health options available and all of the mechanisms to access coverage. In response to written questions from the Advisory Committee, DHHS indicated that individuals notified that they are not eligible for MaineCare are also being notified by DHHS that their information has been referred to the Federally-Facilitated Marketplace and that the FFM will contact them about alternative health coverage options through the FFM. It is not clear to the Advisory Committee that the FFM is engaging in this activity or even has the authority, capacity or resources to contact these individuals.

Information was also provided to the Advisory Committee that DHHS is sending notices to individuals applying for coverage through the FFM that DHHS cannot assess their eligibility for MaineCare because of delays in transferring needed information by the FFM. These notices, however, appear not to also inform the individual that he or she may submit a MaineCare application directly to the State via the "My Maine Connection" website, in person or over the telephone, potentially avoiding delays in their eligibility determination. Although the Advisory Committee has not been able to review requested sample notices because they were not provided to the Advisory Committee by DHHS despite the Committee's request, the Advisory Committee recommends the notices sent by State agencies be required to provide accurate information on all of the coverage options, all of the ways consumers can apply for coverage and all of the resources available to the consumer for assistance in evaluating health coverage options.

6. Improve the effective operation of Maine's Marketplace by closing the coverage gap to ensure individuals have access to affordable health insurance coverage

The Advisory Committee recommends that the State take action to close the coverage gap to ensure individuals have access to affordable health insurance coverage. As changes in MaineCare eligibility are implemented in January 2014, there are thousands of individuals who will lose eligibility for MaineCare and will not qualify for subsidies to provide assistance to access private health coverage through the Marketplace. In addition to the individuals losing coverage, there are approximately 26,000 individuals who have been on the waiting list for the childless adult waiver program who are also ineligible for subsidies due to their low incomes. These individuals are described as being in the "coverage gap.

During its deliberations, the Advisory Committee heard from representatives of federally-qualified health centers, Navigators and certified application counselors that a significant

proportion of individuals contacting them for information about affordable health care coverage options or for assistance signing up for health insurance fall into the coverage gap. Even without the coverage gap, meeting the goal of a seamless system between public health programs, employer-sponsored health insurance and individual insurance both on and off the marketplace is complicated. Already, the existence of the coverage gaps has caused confusion in the notices sent to individuals who do not qualify for MaineCare. The Advisory Committee also believes the coverage gap has resulted in additional complexity for the DHHS and for the FFM in enrolling individuals in MaineCare and administering the Marketplace.

Since insurance coverage doesn't start until January 1, 2014, the Advisory Committee has not had an opportunity to gather data about the impact of the coverage gap on "churn". Churning is the movement of consumers between systems of health coverage. Churn can occur between public and private health coverage and between private health plans in and outside of the Marketplace. Churning makes programs more complicated and costly to administer and interrupts continuity of coverage and care. It can also create gaps in coverage when consumers need to move between programs or health plans, and interfere with accurate and comprehensive quality measurement. The coverage gap and churn can also have an effect on the financial stability of federally-qualified health centers, hospitals and other health care providers depending on reimbursement for services provided to individuals enrolled in public and private health plans. The Advisory Committee is concerned about the effects of the coverage gap and churn on the effectiveness of the Marketplace and will monitor those effects in 2014.

The Advisory Committee supports providing access to affordable health care coverage for all Maine people as well as the goal of reducing the uninsured and would support policy changes that would close the coverage gap as soon as possible and expand access to affordable health coverage. For the Advisory Committee, affordable health coverage means the availability of the appropriate health care at the right time, at the right place and at the right price. While individuals may be eligible to purchase private health care coverage through the marketplace, the affordability of that coverage is a significant issue for those with limited income.

The Advisory Committee believes the operation and effectiveness of the marketplace will improve if identified gaps in coverage are closed as soon as possible and in the most cost effective manner possible. All policy options should be explored, including amendments to the ACA to expand the availability of premium tax credits to individuals with lower income levels and expanded eligibility for MaineCare, an option which is currently available to the State in accordance with federal law and regulation.

The Advisory Committee acknowledges that this recommendation is significant because it represents the consensus of its members; individual members of the Advisory Committee have differing opinions on specific policy options available to address the coverage gap, but all support this recommendation in the interest of achieving consensus.

7. **Develop common definitions and data elements for use by the Maine Department of Health and Human Services, Bureau of Insurance, states agencies, Navigators, certified application counselors and other entities to collect and report demographic, eligibility and enrollment data on those individuals and small businesses seeking**

assistance in obtaining health care coverage through the marketplace or other public programs

In order to assess the implementation of the Marketplace and the relationship between the marketplace and the State's MaineCare program, the Advisory Committee recommends that uniform data elements and common definitions be developed for use, to the extent possible, by the Maine Department of Health and Human Services (DHHS), Bureau of Insurance, state agencies, navigators, certified application counselors and other entities to collect and report data. The Advisory Committee believes it is very important to develop a uniform system to collect and report demographic, eligibility and enrollment data on those individuals and small businesses seeking assistance in obtaining health care coverage through the Marketplace or through public programs like MaineCare. Advisory Committee believes that the data should be reported on a regular basis to the Advisory Committee, policymakers and the public to provide objective data to assess the operation of the Marketplace in Maine and to inform future recommendations for changes in policy or law affecting the marketplace. The Advisory Committee recommends that the DHHS develop partnerships with interested organizations to adopt uniform data elements and survey instruments to collect and report demographic, eligibility and enrollment data.

8. Request that the federal outreach and education materials, such as television commercials, be made available for organizations engaged in outreach and education at the state level

Given the limited federal resources being spent in Maine on outreach, education and enrollment, the Advisory Committee believes that asking the federal government to share its resources with foundations and organizations engaged in outreach, education and enrollment activities would be an efficient use of existing resources. Maine has a number of organizations and foundations engaged in outreach, education and enrollment; however, available resources are limited, therefore receiving permission to use existing resources would enable more widespread outreach, education and enrollment.

9. Direct the Maine Department of Health and Human Services to seek a waiver allowing MaineCare eligibility determinations to be processed for individuals referred by the Federally-Facilitated Marketplace pending the complete file transfer

The Advisory Committee recommends that the Maine Department of Health and Human Services (DHHS) seek a waiver allowing the department to process referrals from the FFM for individuals identified as potentially eligible for MaineCare as permitted in recent guidance issued by CMS. Since the start of the enrollment period, the incomplete transfer of files from the FFM to the State has hindered the ability of the State to fully process the applications and make a final determination of MaineCare eligibility. To facilitate the enrollment process and reduce administrative backlogs, CMS will permit States that choose to do so to use the information currently available to enroll individuals in Medicaid coverage pending the file transfer for

coverage beginning January 1, 2014. The Advisory Committee agreed that DHHS should seek the available waiver.

V. AGENDA FOR 2014

Pursuant to the Joint Order establishing the Advisory Committee, this is the preliminary report of the Advisory Committee. The Advisory Committee will submit its final report in November 2014. While the primary focus for the Advisory Committee in 2014 will be whether Maine's Federally-Facilitated Marketplace is effective for individuals and small businesses, the Advisory Committee also plans to consider the following issues:

- Whether the State should transition to a partnership exchange or state-based exchange in 2016;
- Whether the State should establish a Basic Health Plan;
- Whether the State should consider changes to its designated benchmark plan for essential health benefits to the extent permitted by federal law and regulation in 2016;
- Whether the State should consider changes to its designated rating areas for geographic area to the extent permitted by federal law and regulation;
- Whether health care coverage provided through the Marketplace is affordable for individuals and small businesses;
- The impact of "churn" on the effective operation of the Marketplace, public health programs and the private health insurance market;
- Whether the risk adjustment programs established under federal law and regulation are operating effectively;
- The impact of federal requirements to provide employer-sponsored health coverage on the health care workforce; and
- Whether changes should be considered in federal law or regulation to address dental health coverage available through the Marketplace.

APPENDIX A

Authorizing Joint Order

H.P. 1136, Joint Study Order, Establishing the Maine Health Exchange Advisory Committee

ORDERED, the Senate concurring, that, notwithstanding Joint Rule 353, the Maine Health Exchange Advisory Committee, referred to in this order as "the advisory committee," is established to advise the Legislature regarding the interests of individuals and employers with respect to any health benefit exchange, referred to in this order as "the exchange," that may be created for this State pursuant to the federal Patient Protection and Affordable Care Act.

1. Appointment; composition. The advisory committee consists of members appointed as follows:

A. The following 5 members of the Legislature, of whom 3 members must serve on the Joint Standing Committee on Insurance and Financial Services and 2 members must serve on the Joint Standing Committee on Health and Human Services or the Joint Standing Committee on Appropriations and Financial Affairs:

(1) Two members of the Senate, appointed by the President of the Senate, including one member recommended by the Senate Minority Leader; and

(2) Three members of the House of Representatives, appointed by the Speaker of the House, including one member recommended by the House Minority Leader;

B. Two persons representing health insurance carriers, one of whom is appointed by the President of the Senate and one of whom is appointed by the Speaker of the House of Representatives;

C. One person representing dental insurance carriers, appointed by the Speaker of the House of Representatives;

D. One person representing insurance producers, appointed by the President of the Senate;

E. One person representing Medicaid recipients, appointed by the Speaker of the House of Representatives;

F. Two persons representing health care providers and health care facilities, including one member representing federally qualified health centers, appointed by the Speaker of the House of Representatives;

G. One person who is an advocate for enrolling hard-to-reach populations, including individuals with mental health or substance abuse disorders, appointed by the President of the Senate;

H. One member representing a federally recognized Indian tribe, appointed by the President of the Senate; and

I. Four members representing individuals and small businesses, including:

(1) One person, appointed by the President of the Senate, who can reasonably be expected to purchase individual coverage through an exchange with the assistance of a premium tax credit and who can reasonably be expected to represent the interests of consumers purchasing individual coverage through the exchange;

(2) One person, appointed by the Speaker of the House of Representatives, representing an employer that can reasonably be expected to purchase group coverage through an exchange and

who can reasonably be expected to represent the interests of such employers;

(3) One person, appointed by the President of the Senate, representing navigators or entities likely to be licensed as navigators; and

(4) One person, appointed by the Speaker of the House of Representatives, employed by an employer that can reasonably be expected to purchase group coverage through an exchange and who can reasonably be expected to represent the interests of such employees.

The President of the Senate and the Speaker of the House of Representatives shall invite the Superintendent of Insurance, or the superintendent's designee, and the Commissioner of Health and Human Services, or the commissioner's designee, to participate as ex officio nonvoting members.

2. Chairs. The first-named Senator is the Senate chair of the advisory committee and the first-named member of the House of Representatives is the House chair of the advisory committee.

3. Appointments; convening. All appointments must be made no later than 30 days following passage of this order. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been made. When the appointment of all members has been completed, the chairs of the advisory committee shall call and convene the first meeting of the advisory committee. If 30 days or more after the passage of this order a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the advisory committee to meet and conduct its business.

4. Duties. The advisory committee shall:

A. Advise the Legislature regarding the interests of individuals and employers with respect to any exchange that may be created for this State;

B. Serve as a liaison between any exchange and individuals and small businesses enrolled in the exchange;

C. Evaluate the implementation and operation of any exchange with respect to the following:

(1) The essential health benefits benchmark plan designated in this State under the federal Patient Protection and Affordable Care Act, including whether the State should change its designation;

(2) The impact of federal and state laws and regulations governing the health insurance rating for tobacco use and coverage for wellness programs and smoking cessation programs on accessibility and affordability of health insurance;

(3) The consumer outreach and enrollment conducted by the exchange and whether the navigator program is effective and whether navigators or other persons providing assistance to consumers are in compliance with any federal or state certification and training requirements;

(4) The coordination between the state Medicaid program and the exchange;

(5) Whether health insurance coverage through the exchange is affordable for individuals and small businesses, including whether individual subsidies are adequate;

(6) Whether the exchange is effective in providing access to health insurance coverage for small businesses;

(7) The implementation of rebates under the federal Patient Protection and Affordable Care Act and the Maine Revised Statutes, Title 24-A, section 4319; and

(8) The coordination of plan management activities between the Department of Professional and Financial Regulation, Bureau of Insurance and the exchange, including the certification of qualified health plans and rate review;

D. Following the release of guidance or regulations from the federal Centers for Medicare and Medicaid Services addressing the basic health program option, as set forth in Section 1331 of the federal Patient Protection and Affordable Care Act, conduct a study, and make recommendations as appropriate, that examines the potential for establishing a basic health program for eligible individuals in order to ensure continuity of care and that families previously enrolled in Medicaid remain in the same plan. In conducting the study, the advisory committee shall consider the affordability of coverage for low-income populations, the potential cost savings to the state Medicaid program, the systems needed to create a seamless transition between a basic health program and Medicaid coverage, the impact of a basic health program on the negotiation of rates or receipt of rebates and the cost-effectiveness of delivering coverage through a basic health program; and

E. Based on the evaluations conducted by the advisory committee pursuant to this order, make recommendations for any changes in policy or law that would improve the operation of an exchange for consumers and small businesses in the State.

5. Compensation. The legislative members of the advisory committee are entitled to receive the legislative per diem, as defined in the Maine Revised Statutes, Title 3, section 2, and reimbursement for travel and other necessary expenses related to their attendance at authorized meetings of the advisory committee. Public members not otherwise compensated by their employers or other entities that they represent are entitled to receive reimbursement of necessary expenses and, upon a demonstration of financial hardship, a per diem equal to the legislative per diem for their attendance at authorized meetings of the advisory committee.

6. Quorum. A quorum is a majority of the members of the advisory committee.

7. Meetings. The advisory committee shall meet at least 4 times a year at regular intervals and may meet at other times at the call of the chairs. Meetings of the advisory committee are public proceedings as provided by the Maine Revised Statutes, Title 1, chapter 13, subchapter 1.

8. Records. Except for information designated as confidential under federal or state law, information obtained by the advisory committee is a public record as provided by the Maine Revised Statutes, Title 1, chapter 13, subchapter 1.

9. Staffing. The Legislative Council shall provide staff support for the operation of the advisory committee, except that the Legislative Council staff support is not authorized when the Legislature is in regular or special session or for more than 4 meetings annually between regular or special sessions of the Legislature. In addition, the advisory committee may contract for administrative, professional and clerical services if funding permits.

10. Funding for advisory committee activities. The 'Legislative Council on behalf of the'advisory committee may accept from the Department of Professional and Financial Regulation, Bureau of Insurance and the Department of Health and Human Services any grant funding made available to the

State for exchange implementation and plan management activities that is received by those state agencies. The Legislative Council on behalf of the advisory committee may apply for and receive funds, grants or contracts from public and private sources to support its activities. Contributions to support the work of the advisory committee may not be accepted from any party having a pecuniary or other vested interest in the outcome of the matters being studied. Any person, other than a state agency, desiring to make a financial or in-kind contribution shall certify to the Legislative Council that it has no pecuniary or other vested interest in the outcome of the advisory committee's activities. Such a certification must be made in the manner prescribed by the Legislative Council. All contributions are subject to approval by the Legislative Council. All funds accepted must be forwarded to the Executive Director of the Legislative Council along with an accounting record that includes the amount of funds, the date the funds were received, from whom the funds were received and the purpose of and any limitation on the use of those funds. The Executive Director of the Legislative Council shall administer any funds received by the advisory committee.

11. Reports. The advisory committee shall submit to the Joint Standing Committee on Insurance and Financial Services a preliminary report on its activities no later than December 4, 2013. The advisory committee shall submit to the Joint Standing Committee on Insurance and Financial Services a final report on its activities no later than November 5, 2014, and shall include in its report a review and evaluation of the continued necessity of a state health exchange advisory committee, including the staffing and funding needs of such an advisory committee, recommendations as to whether such an advisory committee should be established by the 127th Legislature and whether any changes should be made to the Maine Revised Statutes governing such an advisory committee.

APPENDIX B

Membership list, Maine Health Exchange Advisory Committee

Maine Health Exchange Advisory Committee
Joint Order, H.P. 1136

Appointment(s) by the President

Sen. Margaret M. Craven – Chair 41 Russell St. Lewiston, ME 04240	Senate Member
Sen. Rodney L. Whittemore P.O. Box 96 Skowhegan, ME 04976	Senate Member
Ms. Kristine Ossenfort Government Relations Anthem Blue Cross/Blue Shield 2 Gannett Drive South Portland, ME 04106	Representing health insurance carriers
John Benoit Employee Benefits Solutions 1085 Brighton Avenue Portland, ME 04102	Representing insurance producers
John Costin 1 Colonial Gelardi Drive Kennebunk, ME 04043	Expected to purchase coverage through an exchange
Doug Gardiner Department of Health & Human Services City of Portland 389 Congress Street Portland, ME 04101	Enrollment advocate
Elizabeth Neptune P.O. Box 102 Princeton, ME 04668	Representing a federally recognized Indian tribe
Mitchell Stein Consumers for Affordable Health Care P.O. Box 2490 Augusta, ME 04338	Representing navigators

Appointment(s) by the Speaker

Rep. Sharon Anglin Treat – Chair 22 Page Street Hallowell, ME 04347	House Member
Rep. Michael D. McClellan 27 Pismire Mountain Road Raymond, ME 04071	House Member
Rep. Linda F. Sanborn 170 Spiller Road Gorham, ME 04038	House Member
Christine Alibrandi, Esq. Northeast Delta Dental One Delta Drive P.O. Box 2002 Concord, N.H. 03302-2002	Representing dental insurance carriers
Bob Dawber York County Shelter Programs, Inc. P.O. Box 820 Alfred, Maine 04002	Employee of an employer expected to purchase group coverage through an exchange
Sara Gagne-Holmes Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	Representing Medicaid recipients
Laurie Kane-Lewis DFD Russell Medical Center 180 Church Hill Road, Suite 1 Leeds, ME 04263	Representing federally qualified health centers
Kevin Lewis, CEO Community Health Options P.O. Box 1121 Lewiston, ME 04243	Representing health insurance carriers
David Shipman 94 Maple Ridge Road China, ME 04358	Representing employer expected to purchase group coverage through an exchange

Gordon Smith
Maine Medical Association
P.O. Box 190
Manchester, ME 04351

Representing health care providers and facilities

Staff:

Colleen McCarthy Reid
Office of Policy and Legal Analysis
13 State House Station
Augusta, Maine 04333-0013

APPENDIX C

Mapping Navigation Gaps Draft, prepared for the Maine Health Access Foundation

Appendix C

Maine Health Access Foundation
Mapping Navigation Gaps

DRAFT: December 6, 2013

Maine's 77 Service Center towns account for almost 80% of the state's retail sales and payroll wages. Service Centers are where most people work and shop, and they are also home to most of Maine's hospitals, colleges, and cultural/social institutions.

The following chart is intended to be a very rudimentary sketch of how Maine's Navigator and Certified Application Counselor (CAC) functions overlap with Service Center towns. This information may help identify weaknesses or gaps in current Marketplace assistance opportunities for the general public and the geographic strategies needed in response. To avoid misrepresentation of geographic coverage, this chart does not include the Maine Lobstermen's Association and other CACs that focus on enrolling specific populations.

Color Code by Miles:
Dark Blue: 1-15 miles
Light Blue: 16-30 miles
White: 31+ miles

Color Code by Coverage within 15 miles:
Dark Green: "Full" Coverage (NAV + at least 1 CAC)
Light Green: "CACs Only" Coverage (No NAV, ≥2 CACs)
Yellow: "Single" Coverage (Only 1 NAV or CAC)
Red: No Coverage

Service Center Town	County	Number of Uninsured (18-64 y.o.) in County	Miles to Closest CAP (Navigator)	Miles to Closest FQHC (CAC)	Miles to Closest Other CAC	Overall Coverage within 15 miles
Auburn	Androscoggin	8,139	1 Auburn	12 Turner	1 Lewiston	FULL
Lewiston	Androscoggin	8,139	1 Lewiston	12 Turner	1 Lewiston	FULL
Ashland	Aroostook	7,519	23 Presque Isle	23 Presque Isle	>100	NONE
Caribou	Aroostook	7,519	13 Presque Isle	1 Caribou (2)	>100	FULL
Fort Kent	Aroostook	7,519	1 Fort Kent	1 Fort Kent	>100	FULL
Houlton	Aroostook	7,519	1 Houlton	1 Houlton	>100	FULL
Limestone	Aroostook	7,519	22 Presque Isle	10 Caribou (2)	>100	CACs ONLY
Madawaska	Aroostook	7,519	19 Fort Kent	19 Fort Kent	>100	NONE
Mars Hill	Aroostook	7,519	14 Presque Isle	14 Presque Isle	>100	FULL
Presque Isle	Aroostook	7,519	1 Presque Isle	1 Presque Isle	>100	FULL
Van Buren	Aroostook	7,519	35 Presque Isle	1 Van Buren	>100	SINGLE
Bridgton	Cumberland	22,975	16 Casco	40 Portland (2)	1 Bridgton	SINGLE
Brunswick	Cumberland	22,975	19 Lewiston	21 Richmond	19 Lewiston	NONE
Falmouth	Cumberland	22,975	9 Portland	9 Portland (2)	9 Portland (3)	FULL
Freeport	Cumberland	22,975	17 Portland	17 Portland (2)	17 Portland (3)	NONE
Portland	Cumberland	22,975	1 Portland	1 Portland (2)	1 Portland (3)	FULL
Scarborough	Cumberland	22,975	7 Portland	7 Portland (2)	7 Portland (3)	FULL

South Portland	Cumberland	22,975	1 South Portland	4 Portland (2)	4 Portland (3)	FULL
Westbrook	Cumberland	22,975	1 Westbrook	7 Portland (2)	7 Portland (3)	FULL
Windham	Cumberland	22,975	11 Westbrook	14 Portland (2)	14 Portland (3)	FULL
Farmington	Franklin	2,619	5 East Wilton	11 Strong	34 Waterville (2)	FULL
Rangeley	Franklin	2,619	43 Rumford	1 Rangeley	74 Waterville (2)	SINGLE
Bar Harbor	Hancock	5,476	21 Ellsworth	40 Bucksport	59 Belfast	NONE
Blue Hill	Hancock	5,476	1 Blue Hill	17 Bucksport	35 Belfast	SINGLE
Ellsworth	Hancock	5,476	1 Ellsworth	20 Bucksport	38 Belfast	SINGLE
Mt. Desert	Hancock	5,476	18 Ellsworth	37 Bucksport	56 Belfast	NONE
SW Harbor	Hancock	5,476	21 Ellsworth	41 Bucksport	59 Belfast	NONE
Augusta	Kennebec	9,276	1 Augusta	11 Belgrade	1 Augusta (2)	FULL
Gardiner	Kennebec	9,276	6 Augusta	11 Richmond	6 Augusta (2)	FULL
Waterville	Kennebec	9,276	1 Waterville	14 Albion	1 Waterville (2)	FULL
Camden	Knox	3,848	8 Rockland	28 Coopers Mills	18 Belfast	SINGLE
Rockland	Knox	3,848	1 Rockland	29 Coopers Mills	26 Belfast	SINGLE
Rockport	Knox	3,848	6 Rockland	26 Coopers Mills	20 Belfast	SINGLE
Thomaston	Knox	3,848	4 Rockland	27 Coopers Mills	21 Damariscotta	SINGLE
Boothbay Harbor	Lincoln	2,905	24 Bath	26 Richmond	18 Damariscotta	NONE
Damariscotta	Lincoln	2,905	19 Bath	20 Coopers Mills	1 Damariscotta	SINGLE
Wiscasset	Lincoln	2,905	11 Bath	13 Richmond	8 Damariscotta	FULL
Bethel	Oxford	4,767	24 Rumford	1 Bethel	26 Norway	SINGLE
Mexico	Oxford	4,767	1 Rumford	24 Bethel	36 Norway	SINGLE
Norway	Oxford	4,767	2 South Paris	25 Bethel	1 Norway	FULL
Oxford	Oxford	4,767	8 South Paris	31 Bethel	7 Norway	FULL
Rumford	Oxford	4,767	1 Rumford	24 Bethel	36 Norway	SINGLE
Bangor	Penobscot	16,097	27 Ellsworth	1 Bangor (8)	36 Belfast	CACs ONLY
Brewer	Penobscot	16,097	26 Ellsworth	1 Brewer (2)	38 Belfast	CACs ONLY
Dexter	Penobscot	16,097	39 Skowhegan	1 Dexter	42 Waterville (2)	CAC's ONLY

Maine Health Access Foundation
Mapping Navigation Gaps

DRAFT: December 6, 2013

Hermon	Penobscot	16,097	33 Ellsworth	8 Bangor (8)	37 Belfast	CACs ONLY
Lincoln	Penobscot	16,097	79 Ellsworth	8 West Enfield	86 Belfast	SINGLE
Millinocket	Penobscot	16,097	70 Houlton	1 Millinocket (2)	>100	CACs ONLY
Newport	Penobscot	16,097	26 Skowhegan	7-Pittsfield 14-Newport	29 Waterville (2)	CACs ONLY
Orono	Penobscot	16,097	39 Ellsworth	10 Bangor (8)	64 Waterville (2)	CACs ONLY
Dover-Foxcroft	Piscataquis	1,647	46 Skowhegan	1 Dover-Foxcroft	55 Waterville (2)	SINGLE
Greenville	Piscataquis	1,647	62 Skowhegan	34 Dover-Foxcroft	81 Waterville (2)	NONE
Guilford	Piscataquis	1,647	38 Skowhegan	8- Dover-Foxcroft 13- Dexter	55 Waterville (2)	CACs ONLY
Bath	Sagadahoc	2,847	1 Bath	18 Richmond	27 Lewiston	SINGLE
Topsham	Sagadahoc	2,847	9 Bath	17 Richmond	18 Lewiston	SINGLE
Bingham	Somerset	4,333	24 Skowhegan	1 Bingham	42 Waterville (2)	SINGLE
Jackman	Somerset	4,333	73 Skowhegan	49 Bingham	91 Waterville (2)	NONE
Pittsfield	Somerset	4,333	22 Skowhegan	1-Pittsfield 8-Newport	22 Waterville (2)	CACs ONLY
Skowhegan	Somerset	4,333	1 Skowhegan	10 Madison	20 Waterville (2)	FULL
Belfast	Waldo	3,865	1 Belfast	25 Albion	1 Belfast	FULL
Calais	Washington	3,410	44 Machias	1 Calais (2)	1 Calais (2)	CACs ONLY
Eastport	Washington	3,410	44 Machias	1 Eastport	1 Eastport	CACs ONLY
Machias	Washington	3,410	1 Machias	1 Machias	1 Machias	FULL
Milbridge	Washington	3,410	29 Machias	8 Harrington	29 Machias	SINGLE
Biddeford	York	15,680	1 Biddeford	18 Springvale	1 Biddeford	FULL
Cornish	York	15,680	30 Sanford	30 Springvale	31 Biddeford	NONE
Kennebunk	York	15,680	9 Biddeford	16 Springvale	9 Biddeford	FULL
Kittery	York	15,680	1 Kittery	34 Springvale	34 Biddeford	SINGLE
Old Orchard	York	15,680	4 Biddeford	25 Springvale	4 Biddeford	FULL
Saco	York	15,680	1 Biddeford	17 Portland (2)	1 Biddeford	FULL
Sanford	York	15,680	1 Sanford	2 Springvale	18 Biddeford	FULL

Service Center information

- Reviving Service Centers (PDF 309KB)
- Map of Identified Regional Service Centers (PDF 1.6MB)
- Data Used to Identify Regional Service Centers (Excel 179KB)
- Methodology for Identifying Regional Service Centers (Amended Chapter 220)

CAP Agencies (and locations) serving as Navigators

- **Aroostook** (Presque Isle, Fort Kent, Houlton)
- **Kennebec Valley** (Waterville, Skowhegan, Augusta)
- **Midcoast** (Bath, Rockland)
- **Opportunity Alliance** (Portland, South Portland, Westbrook, Casco)
- **Waldo** (Belfast)
- **Washington Hancock** (Machias, Ellsworth, Blue Hill)
- **Western Maine** (East Wilton, Lewiston, Auburn, South Paris, Rumford)
- **York County** (Sanford, Biddeford, Kittery)

Federally Qualified Health Centers serving as CACs (by county)

- **Androscoggin:**
  - DFD Russell Medical Center
    - Leeds
    - Turner
  - HealthReach Community Health Centers
    - Livermore Falls (Western Maine Family Health)
- **Aroostook:**
  - Fish River Rural Health
    - Eagle Lake
    - Fort Kent
  - Katahdin Valley Health Center
    - Patten
    - Houlton
    - Island Falls
  - Pines Health Services
    - Caribou (Caribou Health Center)
    - Caribou (The Center for Women & Children's Health)
    - Presque Isle (Pines Family Health Center)
    - Van Buren (St. John Valley Health Center)
- **Cumberland:**
  - City of Portland Public Health Dept.
    - Portland (Health Care for the Homeless)
  - Portland Community Health Center
    - Portland
- **Franklin:**
  - HealthReach Community Health Centers
    - Kingfield (Mt. Abram Regional Health Center)
    - Rangeley (Rangeley Region Health Center)
    - Strong (Strong Area Health Center)
- **Hancock:**
  - Bucksport Regional Health Center
    - Bucksport
- **Kennebec:**
  - DFD Russell Medical Center
    - Monmouth
  - HealthReach Community Health Centers
    - Belgrade (Belgrade Regional Health Center)
    - Albion (Lovejoy Health Center)
  - Maine Migrant Health Program
    - Augusta
- **Knox:**
  - Islands Community Medical Services, Inc.
    - Vinalhaven

- **Lincoln:**
  - HealthReach Community Health Centers
    - Richmond (Richmond Area Health Center)
    - Sheepscot Valley Health Center (Coopers Mills)
- **Oxford:**
  - HealthReach Community Health Centers
    - Bethel (Bethel Family Health Center)
  - Sacopee Valley Health Center
    - Porter
- **Piscataquis:**
  - Sebasticook Family Doctors
    - Dover-Foxcroft
- **Penobscot:**
  - Health Access Network
    - West Enfield (Cold Stream)
    - Millinocket (Millinocket Primary Care)
  - Katahdin Valley Health Center
    - Millinocket
  - Penobscot Community Health Care
    - Bangor (Penobscot Community Health/Dental Center; Extended Care Services)
    - Bangor (Summer Street Community Clinic)
    - Bangor (Hope House)
    - Bangor (Brewer Community Clinic)
    - Bangor (Capehart Community Clinic)
    - Bangor (Warren Center)
    - Bangor (Penobscot Pediatrics)
    - Bangor (Eastern Maine AIDS Network)
    - Brewer (Middle & High School Clinics)
    - Brewer (Brewer Medical Center)
    - Old Town (Helen Hunt Health Center)
  - Sebasticook Family Doctors
    - Newport
    - Dexter
- **Somerset:**
  - HealthReach Community Health Centers
    - Bingham (Bingham Area Health Center)
    - Madison (Madison Area Health Center)
  - Sebasticook Family Doctors
    - Canaan
    - Pittsfield
- **Washington:**
  - East Grand Health Center
    - Danforth
  - Eastport Health Care
    - Eastport
    - Machias
    - Calais
  - East Machias Clinic
    - East Machias
  - Harrington Family Health Center
    - Harrington
  - HealthWays Counseling Services
    - Calais
  - Regional Medical Center at Lubec
    - Lubec
  - St. Croix Family Health Center
    - Princeton

- **York:**
  - Nasson Health Care
    - Springvale

Other CACs (by county)

- **Androscoggin:**
  - Community Clinical Services
    - Lewiston (The B Street Clinic)
- **Aroostook:**
  - Houlton Band of Maliseets
    - Houlton
- **Cumberland:**
  - Bridgton Hospital
    - Bridgton
  - CarePartners
    - Portland
  - MedAccess
    - Portland
  - Mercy Hospital
    - Portland
- **Kennebec:**
  - Care Partners
    - Augusta (MaineGeneral Medical Center)
    - Waterville (MaineGeneral Medical Center - Seton Campus)
  - Motivational Services Inc.
    - Augusta
    - Waterville
- **Lincoln:**
  - CarePartners
    - Damariscotta (Lincoln County Health Care)
- **Oxford:**
  - MedAccess
    - Norway (Stephens Memorial Hospital)
- **Penobscot:**
  - Penobscot Nation Health Center-
    - Indian Island
- **Waldo:**
  - CarePartners
    - Belfast (Waldo County Healthcare, Inc.)
  - Islesboro Health Center
    - Islesboro
- **Washington:**
  - Calais Behavioral Health Center
    - Calais
  - Calais Podiatry Clinic
    - Calais
  - Indian Township-
    - Princeton
  - Machias Behavioral Health Center
    - Machias (Machias Family Practice)
  - Pleasant Point Health Center-
    - Perry
  - Rowland B. French Medical Center
    - Eastport (Vogl Behavioral Health Center)
- **York:**
  - MedAccess
    - Biddeford (Southern Maine Medical Center)