Maine Health Exchange Advisory Committee

Monday December 9, 2013
9am
Appropriations Committee Room 228

Draft Agenda

9:00 am	Welcome and introduction from chairs
9:15 am	Information Requests/Updates from State Agencies
9:30 am	Review Draft Report—Finalize recommendations
11:00 am	Federal Update –conference call *Christie Hager, Region One Director,* *U.S. Department of Health and Human Services*
11:30 am	Small Business Outreach *Seth Goodall, New England Regional Administrator* *Small Business Administration*
12:00 pm	Lunch
1:00 pm	Continue Review of Draft Report---if necessary

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MAINE HEALTH EXCHANGE ADVISORY COMMITTEE

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*

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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*
Gordon Smith	*Representing health care providers; appointed by the Speaker of the House*
Mitchell Stein	*Representing navigators or entities likely to be navigators; appointed by the President of the Senate*

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 2 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 Carole 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 Carole 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 affected the Advisory Committee's discussions.

IV. ADVISORY COMMITTEE RECOMMENDATIONS

[Draft below based on previous meetings and preliminary discussions by Advisory Committee; additional items to be added and revisions to be made after final meeting on December 9th]

The Advisory Committee makes the following recommendations summarized below.

❑ 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, 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.

States interested in a Federally-facilitated Exchange or State Partnership model 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 for all types of Exchanges, 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. Due to the ongoing technical issues experience by healthcare.gov and 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 about their health coverage options. The Advisory Committee is particularly concerned that education and outreach for small businesses has been limited and would like any additional consumer assistance resources to target small businesses.

Throughout the summer and fall of 2013, the Bureau of Insurance has been conducting public information sessions to educate consumers about the ACA. The Advisory Committee supports these outreach efforts and urges the State, through the Bureau of Insurance, to apply for federal grant funds to leverage the available resources to continue and enhance these efforts 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.

❑ Continue and expand the navigator program in 2015

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 health benefit 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 2 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 health benefit marketplace and to expand the number of entities that may be awarded contracts as navigators.

❑ 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. The Advisory Committee supports the proposed rule change and believes it will benefit both health insurers and employers.

- ❑ **Maintain the operation of the federally-facilitated marketplace in Maine for 2015 and consider a transition to an alternative marketplace model for 2016 if the marketplace fails to meet the needs of individuals and small businesses**

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 conclusion assessing the effectiveness of the FFM and 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 its own SHOP marketplace targeted to 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 appears to be one of the most successful state-based marketplaces. The Advisory Committee was impressed with Kentucky's approach to its small business exchange and the broad involvement of health insurance brokers. Because full implementation of the SHOP exchange 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 SHOP exchange 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. 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.

- ❑ **Ensure that notices and other communications distributed by the 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 Department of Health and Human Services and

other state agencies review all notices and communications distributed to consumers to ensure that the notices accurately reflect the health options available and all of the mechanisms to access coverage. In response to written questions from the Advisory Committee, the Department of Health and Human Services indicated that individuals notified that they are not eligible for MaineCare are also being notified that their information has been referred to the federally-facilitated marketplace (FFM) 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 capacity or resources to contact these individuals. Information was also provided to the Advisory Committee that notices are being sent by DHHS 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, potentially avoiding delays in their eligibility determination. Although the Advisory Committee has not been able to review requested sample notices, the Advisory Committee believes that the notices sent by State agencies must provide accurate information about all of the coverage options, about all of the ways consumers can apply for coverage and about all of the resources available to the consumer for assistance in evaluating health coverage options.

- ❑ **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 individuals who will lose eligibility for MaineCare and will not be able to access private health coverage through the marketplace or qualify for subsidies to provide assistance with purchasing that coverage. 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 individuals who will fall into the coverage gap are contacting them with concerns about their options for health care coverage. The Advisory Committee supports universal access to health coverage and the goal of reducing the uninsured and would support policy changes that would close the coverage gap and expand access to health coverage.

The Advisory Committee believes the operation and effectiveness of the marketplace will improve if there is no gap in eligibility for public programs and eligibility for private coverage through the marketplace. While there may be other policy options that meet the same objective, e.g. amendments to the ACA to expand the availability of premium tax credits to individuals with lower income levels, the Advisory Committee acknowledges that one option to expand eligibility for MaineCare is currently available to the State in accordance with federal law and regulation.

- ❑ **Develop common definitions and data elements for use by the 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 by the Department of Health

and Human Services, 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.

The Advisor 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 Department of Health and Human Services develop partnerships with interested organizations to adopt uniform data elements and survey instruments to collect and report demographic, eligibility and enrollment data.

V. ADVISORY COMMITTEE AGENDA FOR 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; and
- Whether the State should consider changes to its designated rating areas for geographic area to the extent permitted by federal law and regulation.

DRAFT

For review December 9, 2013

MAINE HEALTH EXCHANGE ADVISORY COMMITTEE

OUTLINE OF SUGGESTED CHANGES AND REVISIONS TO DRAFT REPORT
(received before 12/9)

IV. ADVISORY COMMITTEE RECOMMENDATIONS

❑ **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**

1. Delete language referencing use of federal funds for other purposes or put in a footnote
2. Add more language describing reasons why more consumer assistance resources are needed—cite limited number of navigators and certified application counselors covering Maine's broad geographic area
3. Clarify that additional funds could be used to train insurance producers to focus on small businesses
4. Clarify that funds will help to pay costs of Bureau of Insurance's ACA-related activities

❑ **Continue and expand the navigator program in 2015**

1. Specify what action the committee has taken or will take to communicate its advice, e.g., letter to CMS, comments to federal register, phone communication with Christie Hager
2. Highlight that delay in SHOP exchange through healthcare.gov supports extension of navigator program

❑ **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**

1. Specify that committee will submit comments on proposed rule to CMS

❑ **Maintain the operation of the federally-facilitated marketplace in Maine for 2015 and consider a transition to an alternative marketplace model for 2016 if the marketplace fails to meet the needs of individuals and small businesses**

1. Clarify that committee will determine in 2014 whether a transition to an alternative model for either the individual or SHOP exchange is recommended

❑ **Ensure that notices and other communications distributed by the 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**

1. Add reference to ways that individuals may apply for MaineCare directly—through My Maine connection, in person or over phone
2. Clarify that reason Advisory Committee has not reviewed notices is because notices were not provided by DHHS as requested

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

1. Clarify that individuals on waiting list for MaineCare coverage are also ineligible for subsidies
2. Add language explaining potential for "churning"
3. Add language describing how coverage gap has added to complexity for administering the marketplace and the MaineCare program
4. If not unanimous recommendation, add language more specifically describing majority and minority positions

Suggested new recommendation and language:

❑ ***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.

V. ADVISORY COMMITTEE AGENDA FOR 2014

- Clarify that changes to essential health benefit package will be considered in 2016

STATE OF MAINE
DIRIGO HEALTH AGENCY
53 STATE HOUSE STATION AUGUSTA, MAINE 04333-0053

PAUL R. LEPAGE
GOVERNOR

KARYNLEE HARRINGTON
EXECUTIVE DIRECTOR

DATE: December 9, 2013

TO: Senator Craven, Representative Treat and Members of the Maine Health Exchange Advisory Committee

FROM: Karynlee Harrington, Executive Director, Dirigo Health Agency/Maine Quality Forum

CC: Colleen McCarthyReid, Legislative Analyst
Joe Bruno, Chair Dirigo Health Agency Board of Trustees

RE: Committee Questions

Dear Senator Craven, Representative Treat and Members of the Maine Health Exchange Advisory Committee,

Please accept my apologies for the delay in my response to the questions that were sent to me November 25th. I made a note to send a response by December 2 as requested and unfortunately several issues developed before the holiday break which diverted my attention. Again my apologies.

Outlined below are my responses to your questions. Please do not hesitate to contact me if you have addition questions.

Question: Describe in more detail the "transfer" assistance, information or guidance Dirigo members are receiving from DHA about coverage options in January 2014?

Response: The following information is being provided to our members by DHA staff:

- The federal Exchange toll free number 1-800-318-2596 and the www.healthcare.gov website.
- Brochures on the health plans offered by Maine Community Health Options and Anthem Blue Cross Blue Shield of Maine through the Exchange.
- Insurance broker information in members' respective areas.
- The personal, one on one assistance offered through local assisters at www.localhelp.healthcare.gov where their zipcode can be entered and help in their own areas is available.
- Possibility of Medicare coverage dependent on age or disability status.
- Possibility of MaineCare and the DHHS office phone numbers as needed.

Question: Provide information on how many employees remain and for how long?

Response: Currently the Agency employs four State Employee and four contracted employees. The current plan is to maintain three state employees and two contracted employees at least through the first quarter of 2014. The dates are fluid as we work through the transition/ run out issues including but not limited to member assistance, financial reporting and collection of final assessment payments, final program reports, audits, reconciliation issues, storing files etc.) for the DirigoChoice, Pre-Existing Condition Insurance Plan and Voucher Program.

Question: What type of consumer assistance will they provide?

Response: Staff will provide the following member assistance:

- Members without coverage effective January 1st will still need the guidance described in our response to question number one above.
- Assistance with any run out EBT/debit card issues.
- Responses to incoming calls, emails, faxes and correspondence.
- Contracts allow for certain changes to be made retroactively for 60 days. For example Members have 60 days from the effective date for notification of changes in their coverage tier such as marriage, birth, adoption, legal guardianship. Adding a new dependent to their coverage retroactive to December 1, 2013 thereby changes to family coverage necessitating changes to their subsidy (EBT), premium, deductibles etc.
- Responses to Bureau of Insurance queries, consumer assistance groups, various federal agencies, insurance brokers, etc on behalf of members and employers.

Question: Provide examples of the written communications/notices provided to DirigoChoice members.

Response: See attached examples of written communications to Individuals, Sole Proprietors, Employers, Employees, Insurance Brokers and the email message included on DHA staff emails since November 2012.

Dirigo Non Group Subscriber Notice
Final 9/19/13

Dear Subscriber,

As you may know, the DirigoChoice program will end on December 31, 2013. As a result, your Harvard Pilgrim coverage will also end on December 31, 2013. Harvard Pilgrim has been pleased to provide your health insurance coverage through DirigoChoice, and we hope we can continue to serve your coverage needs in 2014.

New coverage options
Starting October 1, 2013, you can enroll in a new health plan for coverage effective January 1, 2014. Harvard Pilgrim will offer two plan choices in 2014 that are available for you to buy either directly from Harvard Pilgrim or through a health insurance broker.*

Our Best Buy HSA HMO 5000 and Best Buy HSA PPO 5000 both feature access to Harvard Pilgrim's extensive network of participating providers in Maine, New Hampshire and Massachusetts. As a member you'll also enjoy Harvard Pilgrim's award-winning customer service, as well as savings on products and services that can help you live a healthy lifestyle. To learn more, or to request instant rates and enroll, visit **www.harvardpilgrim.org/buydirectmaine** or call **(855) 354-4742** after October 1. You may also ask a health insurance broker.

If you pursue health insurance coverage as an individual (not through your employer), please be aware that the Affordable Care Act (ACA, also referred to as health care reform) establishes mechanisms through which you may obtain guaranteed-issue health insurance coverage regardless of your health status. Open enrollment periods under the ACA begin in October 2013 and extend through March 2014.

Guaranteed-issue coverage is also available, as required by Maine law, to individuals through any carrier offering an individual health benefit plan at any time from now until the end of the open enrollment period under the ACA that ends in March 2014. Also, please be aware that if you qualify for a special open enrollment period under another group health plan (for example, under a spouse's employer-based health plan), you may have a limit of 30 days to apply for such coverage on a guaranteed-issue basis.

*These plans are offered subject to final regulatory approval by the Maine Bureau of Insurance.

You may find information regarding insurance carriers that will be offering ACA-compliant health benefit plan options in your state through the following sources:

- Maine Bureau of Insurance: **(800) 300-5000** or **(207) 624-8475**
  Website: **www.maine.gov/pfr/insurance**

- **www.HealthCare.gov/marketplace** or **(800) 318-2596** (managed by the U.S. Department of Health and Human Services) – This website will provide information regarding insurance plans available through the federally-facilitated Marketplace during open enrollment that begins October 1, 2013 (for coverage effective in January 2014). Individuals enrolling through the Marketplace may be eligible for subsidies based on their income.

If you will be adding members to or terminating members from your coverage during December 2013, please notify us by January 31, 2014. If you have any questions, please call our Member Services department at **(877) 213-5225.** Hours of operation are 8 a.m. – 5 p.m., Monday through Friday. For TTY service, call **(877) 213-5556**.

Sincerely,

Tony Odoms
DirigoChoice Operations Manager

Coverage underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care.

Dear Subscriber,

Thank you for choosing the DirigoChoice program and Harvard Pilgrim to provide you with health care coverage. We value your membership and want to provide you with an important update about the DirigoChoice program.

As you may know, in 2011 the state budget eliminated funding for the DirigoChoice program. Therefore, the DirigoChoice program will end next year on December 31, 2013. As a result, your current coverage provided through the program will no longer be available after December 31, 2013.

This letter is for your information only and explains what will happen as a result of this Maine law. Please be assured that upon renewal your coverage will remain in effect until December 31, 2013.

What will happen

Because the program will no longer be available after December 31, 2013, all coverage renewed after January 1, 2013 will only be renewed for terms of less than one year. These shorter term coverage plans will conclude, along with the program, on December 31, 2013. Your coverage will run from the date of your renewal until December 31, 2013, at which time coverage will terminate. For example, if your current coverage is renewed on February 1, 2013, the coverage plan will last for 11 months. Similarly, coverage renewed throughout 2013 will be effective for the corresponding number of months remaining in 2013. Please note that these shorter term coverage plans are nonrenewable.

About your options

Beginning January 1, 2014, there will be additional health insurance coverage options available to Maine residents through the new Health Insurance Exchanges created by the federal Affordable Care Act. Similar to the DirigoChoice program, financial assistance will be available through Exchanges based on your income. Open enrollment for the Exchanges is scheduled to begin next year on October 1, 2013 for coverage effective on January 1, 2014. You will be provided with additional information regarding your coverage options for 2014 closer to the start of the open enrollment period. Your broker can also provide you with information about your coverage options.

Harvard Pilgrim has been pleased to partner with the Dirigo Health Agency to provide you with comprehensive and affordable health insurance coverage. If you have any questions about this notice please call our Member Services department toll-free at 1-877-213-5225. Hours of operation are 8 a.m. – 5 p.m. If you are deaf or hard of hearing, call 1-877-213-5556 for TTY service.

Sincerely,

Tony Odoms
DirigoChoice Operations Manager

Coverage underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care.

Dirigo Small Group Employer
Final 9/19/13

Dear Employer,

As you know from a letter we sent earlier this year, the DirigoChoice program will end on December 31, 2013. As a result, your Harvard Pilgrim coverage will also end on December 31, 2013. Harvard Pilgrim has been pleased to provide health insurance coverage for you and your employees through DirigoChoice, and we hope we can continue to serve your coverage needs in 2014.

New coverage options
Starting October 1, 2013, you can receive quotes for and purchase a new health plan for coverage effective January 1, 2014. Harvard Pilgrim has a variety of attractive and affordable coverage options available to you as a small group employer, including HMO and PPO plans with a variety of deductible amounts.*

All plans feature access to Harvard Pilgrim's extensive network of participating providers in Maine, New Hampshire and Massachusetts. Members will enjoy Harvard Pilgrim's award-winning customer service, as well as savings on products and services that can help them live a healthy lifestyle. Please ask your broker or contact Jessica Bineau at **(207) 756-6306** for details on our small group guaranteed issue Maine offerings. You can also visit **www.harvardpilgrim.org/employers** for more information.

You can also buy coverage through the new Small Business Health Options Program (SHOP) Marketplace created by the federal Affordable Care Act. For more information, visit **www.healthcare.gov** or call **(800) 706-7893**.

We are obligated by law to send a notice to your insured employees that the current DirigoChoice plan will end on December 31, 2013. A copy of the letter your employees will receive is enclosed.

If you will be adding members to or terminating members from your coverage during December 2013, please notify us by January 31, 2014. If you have any questions, please call our Member Services

*These plans are offered subject to final regulatory approval by the Maine Bureau of Insurance.

department at **(877) 213-5225.** Hours of operation are 8 a.m. – 5 p.m., Monday through Friday. For TTY service, call **(877) 213-5556.**

Sincerely,

Tony Odoms
DirigoChoice Operations Manager

Coverage underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care.

Dear Employer,

Thank you for choosing the DirigoChoice program and Harvard Pilgrim to provide coverage for you and your employees. We value you as our customer and want to provide you with an important update about the DirigoChoice program.

As you may know, in 2011 the state budget eliminated funding for the DirigoChoice program. Therefore, the DirigoChoice program will end next year on December 31, 2013. As a result, your current coverage provided through the program will no longer be available after December 31, 2013.

This letter is to explain what will happen as a result of this Maine law and provide you with information on your available options. We have been pleased to provide coverage to you and your employees and hope we can continue to do so.

What will happen

Because the program will no longer be available after December 31, 2013, all coverage renewed after January 1, 2013 will only be renewed for terms of less than one year. These shorter term coverage plans will conclude, along with the program, on December 31, 2013. The coverage will run from the date of renewal until December 31, 2013, at which time coverage will terminate. For example, if the current coverage is renewed on February 1, 2013, the coverage plan will last for 11 months. Similarly, coverage renewed throughout 2013 will be effective for the corresponding number of months remaining in 2013. Please note that these shorter term coverage plans are nonrenewable.

About your options

In addition to your current coverage through the DirigoChoice program, Harvard Pilgrim offers additional small group coverage options for your business and employees. Full policy year quotes are available for these products. However, if you choose to enroll in one of these products, your employees will no longer be eligible for financial assistance from the Dirigo Health Agency. We would be pleased to provide you more information on our coverage options. Please feel free to contact Jessica Bineauat 207-756-6306 or discuss your options with your broker.

Harvard Pilgrim has been most pleased to partner with the DIRIGO Health Agency to provide you and your employees with comprehensive and affordable health insurance coverage. If you have any questions about this notice or options available to you, please call our Member Services department toll-free at 1-877-213-5225. Hours of operation are 8 a.m. – 5 p.m. If you are deaf or hard of hearing, call 1-877-213-5556 for TTY service.

Sincerely,

Tony Odoms
DirigoChoice Operations Manager

Coverage underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care.

Dirigo Small Group Subscriber Notice
Final 9/19/13

Dear Subscriber,

As you may know, the DirigoChoice program will end on December 31, 2013. As a result, your current Harvard Pilgrim coverage will also end on December 31, 2013. Harvard Pilgrim has been pleased to provide your employer with health insurance coverage through DirigoChoice, and we hope we can continue to serve your coverage needs in 2014.

New coverage options
Harvard Pilgrim has a variety of plan options available to you, either through your employer or as an individual.* To see if you will be able to enroll in a new Harvard Pilgrim group plan for employees, please check with your employer.

If you need to purchase your own coverage (i.e., you will not have employer sponsored coverage), you will be able to receive quotes and enroll in a new health plan starting October 1, 2013, for coverage effective January 1, 2014. Harvard Pilgrim will offer two plans in 2014 that you can buy either directly from Harvard Pilgrim or through a health insurance broker. To learn more about Harvard Pilgrim's plans, or to request instant rates and enroll in a plan, visit **www.harvardpilgrim.org/buydirectmaine or call (855) 354-4742 after October 1.**

If you pursue health insurance coverage as an individual (not through your employer), please be aware that the Affordable Care Act (ACA, also referred to as health care reform) establishes mechanisms through which you may obtain guaranteed-issue health insurance coverage regardless of your health status. Open enrollment periods under the ACA begin in October 2013 and extend through March 2014.

Guaranteed-issue coverage is also available, as required by Maine law, to individuals through any carrier offering an individual health benefit plan at any time from now until the end of the open enrollment period under the ACA that ends in March 2014. Also, please be aware that if you qualify for a special open enrollment period under another group health plan (for example, under a spouse's employer-based health plan), you may have a limit of 30 days to apply for such coverage on a guaranteed-issue basis.

*These plans are offered subject to final regulatory approval by the Maine Bureau of Insurance.

You may find information regarding insurance carriers that will be offering ACA-compliant health benefit plan options in your state through the following sources:

- Maine Bureau of Insurance: **(800) 300-5000** or **(207) 624-8475**
  Website: **www.maine.gov/pfr/insurance**

- **www.HealthCare.gov/marketplace** or **(800) 318-2596** (managed by the U.S. Department of Health and Human Services) – This website will provide information regarding insurance plans available through the federally-facilitated Marketplace during open enrollment that begins October 1, 2013 (for coverage effective in January 2014). Options are available on the Marketplace for individuals who may benefit from subsidies.

If you will be adding members to or terminating members from your coverage during December 2013, please notify us by January 31, 2014. If you have any questions, please call our Member Services department at **(877) 213-5225.** Hours of operation are 8 a.m. – 5 p.m., Monday through Friday. For TTY service, call **(877) 213-5556**.

Sincerely,

Tony Odoms
DirigoChoice Operations Manager

Coverage underwritten by HPHC Insurance Company, an affiliate of Harvard Pilgrim Health Care.

To Our Maine Broker Partners:

Starting today, Harvard Pilgrim is notifying our Dirigo customers (individuals and small group employers and their employees) that the Dirigo Choice program and their Harvard Pilgrim coverage will be ending on December 31, 2013. Copies of the letters they will receive are attached.

We look forward to working with you and your clients to offer new Harvard Pilgrim plans that best meet their cost and coverage needs and comply with the Affordable Care Act. We will announce details on our new individual and small group plans upon approval by the Maine Bureau of Insurance.

For questions about Dirigo Choice coverage through the end of 2013, please call (877) 213-5225.

For information about Harvard Pilgrim's 2014 options for small group employers, contact Jessica Bineau by phone at (207) 756-6306 or by email at jessica_bineau@hphc.org.

To learn about our 2014 options for individuals, call (855) 881-4742 or visit www.harvardpilgrim.org/buydirectmaine after October 1.

DHA staff Email messaging:

Reminder: The DirigoChoice Programs and the Part-Time Worker Coverage Voucher Program will end on December 31, 2013 and will no longer be available at that time. For more information call us at 1-877-892-8391 or 207-287-9900.

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)