Maine’s Health Insurance Consumer Assistance Program
Consumers for Affordable Health Care
Pursuant to 24-A M.R.S. §4326 (PL 2019)
Reporting period: 01/01/21 – 12/31/21

**Purpose:** Maine’s Health Insurance Consumer Assistance Program (CAP) was authorized by statute to provide the following services:

A. Assisting consumers with filing complaints and appeals with a group health plan, health insurance carrier, or independent review organization and providing information about the internal and external appeal and grievance processes of a group health plan, health insurance carrier, or independent review organization.

B. Collecting, tracking, and quantifying inquiries regarding health insurance and problems encountered by consumers.

C. Educating consumers on their rights and responsibilities with respect to health insurance coverage.

D. Assisting consumers with obtaining health insurance coverage by providing information, referrals, or other assistance.

E. Assisting with obtaining federal health insurance premium tax credits under Section 36B of the United States Internal Revenue Code of 1986, as amended; and

F. Providing information to the public about the services of the consumer assistance program through a comprehensive outreach program and a toll-free telephone number.

Consumers for Affordable Health Care (CAHC) delivered these services statewide through its Consumer Assistance Program (CAP), which includes three components: a toll-free HelpLine (1-800-965-7476), staffed by experts in eligibility and enrollment in private and public health insurance, outreach and education, and private appeals and grievances.

**Introduction:** Consumers often find the world of public and private health insurance overwhelming to navigate. To start, these programs have different eligibility criteria, documentation requirements, waiting periods, and, in the case of private insurance, limited opportunities to enroll. Keeping track of when, where, and how to enroll in health insurance can be confusing. To complicate things, it is not uncommon for members of a single family to be eligible for different programs: one parent might have an employer plan, another parent might be eligible for a Marketplace plan, and the children eligible for the Children’s Health Insurance Program. Further, these difficulties describe *merely enrolling* in health insurance. Using health insurance effectively, i.e., understanding deductibles, co-pays, and co-insurance, creates other challenges. CAHC exists to assist consumers at every level.

CAHC helps consumers find, maintain, and fully maximize their health coverage. Due to the ongoing pandemic, CAHC continued to operate its toll-free HelpLine remotely through 2021. Staff answer calls, support enrollments, develop and facilitate trainings, engage in media activities, and provide presentations and enrolment assistance regularly using video
conferencing technology and web-based phone services. Safety protocols remain in place when it is necessary to work in the office to assist people who are unable to access our services remotely.

**CAP Response to Changes in Maine’s Insurance Market:** Open Enrollment (OE) for ACA 2022 Marketplace plans was extended an extra month this past year (11/01/21 – 1/15/22).¹ In addition, Maine’s Office of the Health Insurance Marketplace (OHIM) was created and launched the state’s new exchange at [CoverME.gov](http://CoverME.gov). The Maine Department of Health and Human Services (DHHS) announced more than 66,000 Mainers selected plans in the inaugural year, a 14% increase in enrollments over the previous year.

Though [CoverMe.gov](http://CoverMe.gov) and 2022 Open Enrollment were hugely successful, they were not without challenges. With respect to the new state-based exchange, these included data transfer issues from [Healthcare.gov](http://Healthcare.gov), the necessity of educating and training enrollment professionals, consumers, and call center representatives in how to use the new system and troubleshooting the new platform in real time. “Clear Choice Plans,” a system of plan design and presentation intended to make it easier for consumers to compare plans were also introduced. Consumers were required to choose a new plan or be auto-enrolled in a plan chosen by their previous carrier that best matched their current plan. The CAP’s role in educating Mainers and enrollment professionals about these changes, troubleshooting obstacles, and communicating with OHIM to address or remedy identified challenges was significant, performed in partnership with staff from Maine’s Department of Health and Human Services (DHHS) on occasion.

With the transition to a state-based exchange, CAHC HelpLine staff became Maine Enrollment Assistants (MEAS) by completing the MEA training provided by the Maine OHIM. MEAs are qualified to help consumers evaluate their private (and public) health coverage options can help consumers enroll in coverage.

**Enrollment Assistance in Response to COVID-19:** Prior to the COVID-19 pandemic, enrollment assistance was provided in-person at CAHC’s office. In 2021, because of the pandemic, the majority of enrollment assistance was provided remotely. However, despite a growing familiarity with video conferencing technology, some consumers continue to face barriers accessing such technology and prefer in-person enrollment assistance. CAHC accommodated these requests as often as possible. Phone enrollments were least common.

Each enrollment option had its challenges. For a consumer to choose the best plan for themselves and/or their family, they needed to compare many plans, their provider networks, premiums, deductibles, out of pocket limits, and co-insurances. This research is best done online through the [Plan Compare Tool](http://Plan Compare Tool) developed by OHIM. When consumers had access to a computer or mobile device, CAHC’s MEAs used video-conferencing technology to share screens, thereby facilitating enrollments. When CAHC MEA’s assisted with an in-person enrollment at CAHC’s office, safety protocols, including COVID screening, masking, and physical distancing, ensured a

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¹ This report does not include CAHC Open Enrollment data after December 31, 2021.
safe enrollment experience for both the MEA and the consumer. If travel to Augusta posed a barrier, CAHC referred the consumer to a local assister. Phone enrollments were the most challenging because MEAs had to describe the multiple plans available to the consumer. Consequently, CAHC MEAs provided enrollment assistance by phone only when there was no other option available.

A. Complaints and Appeals.

CAHC offers several types of assistance for consumers seeking to challenge denied medical claims or eligibility determinations. In some cases, CAHC staff handle the appeals process directly as an authorized representative of the consumer. These cases involve considerable staff time devoted to medical policy analysis, research of medical literature, and writing the appeal(s) because each denied claim is different. In other cases, CAHC staff provided consumers with assistance in understanding the appeals process and suggestions for self-advocacy. In still other cases, when consumers have greater health coverage literacy, resources, and understanding, CAHC provides them a copy of its consumer guide, *Do It Yourself Health Insurance Appeal: A step by step guide to exercising your rights* with an offer of additional assistance if needed. CAHC mailed several copies of the guide to Mainers and directed other consumers to the online version.

During the reporting period, CAHC staff acted as the consumer’s authorized representative in 10 cases, challenging a denied medical claim, either through the private insurance appeals process or through filing a complaint with the Bureau of Insurance. Four of those cases are in process; 5 are resolved or partially resolved. During the reporting period, CAHC staff helped consumers recover more than $107,850 in medical benefit during the reporting period.

B. Collecting, tracking, and quantifying inquiries about health insurance.

The CAP collects data on the number of HelpLine calls from consumers, enrollment professionals, health professionals, elected officials, and many others. The HelpLine fielded 5641 calls (incoming and outgoing) in 2021. Call volume at the beginning of the year was consistent with numbers from 2020 and peaked in March, likely as a result of the passing of the American Rescue Plan (ARPA), which created a new Special Enrollment Period (SEP) for people to enroll in coverage and provided additional premium subsidies to make coverage more affordable.

In April, call volume dipped as is typical during the spring. However, an increase in calls during August coincided with the end of the ARPA SEP on August 15th. After a brief drop, call volume increased again for ACA 2022 Open Enrollment which ran November 1, 2021, until January 15, 2022. HelpLine Advocates spent an average 16 minutes on the phone with callers outside of Open Enrollment and 18 minutes on calls during Open Enrollment. Monthly HelpLine call volume and average times do not include information related to in person enrollment appointments.
Consumers rely heavily on CAHC’s HelpLine for information about health insurance coverage. At 77%, they account for the largest percentage of HelpLine calls, followed by others seeking assistance accessing health care (9%), other health or insurance professional\(^2\) (7%), agent or broker (3%), Certified Application Counselor (2%), and elected official and Navigator/MEA (1% each), the latter of which often reach out to CAHC for help when assisting Mainers about coverage issues. Some increase in calls or call time is likely attributed to support requests related to the launch of the state-based exchange.

Providing assistance, trainings, updates, and support to other entities (hospital billing staff, community health centers, social service agencies, etc.) and other individuals who work with consumers, further extends the CAP’s reach. Typically, agents and brokers rely on CAP program staff to help low-income Medicare Part B older Mainers/consumers enroll in the Medicare Savings Program under MaineCare.

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\(^2\) Doctor’s office, hospital staff.
The largest percentage of calls (52%) came from Cumberland County, Kennebec, York, and Penobscot Counties (24%, 10%, 9% and 9% respectively). According to American Community Survey Data (2019), 57% of Maine’s population resides in one of those 4 counties.

CAHC also breaks down calls by type. Callers requesting help getting coverage in 2021 (49%) was slightly higher than 2020 (46%). In 2021 more insured callers requested help understanding their coverage, provider networks or with insurance appeals (21%).

In 2021, more people called requesting help with Marketplace applications than the previous year (48% increase) and marketplace navigation (6% increase). These increases likely can be attributed to the launch of the state-based exchange, CoverME.gov. Requests for help with MaineCare applications and MaineCare program navigation increased as well. MaineCare
members and applicants often reach out to the HelpLine when they are unable to connect with an eligibility specialist due to high call volumes and lengthy hold times at DHHS. HelpLine advocates assist these callers with preliminary eligibility determination. They then provide them with assistance completing an application, which includes documentation and other information to use when they call DHHS.

CAHC collects reports of barriers to enrollment in health coverage. For both Marketplace and MaineCare, enrollment and/or application process barriers are the most common barrier reported. These process barriers include: not understanding how to use the online application platform, questions that require assistance from an eligibility specialist at CoverMe.gov, long wait times to speak with an eligibility specialist, income or asset questions, and application documentation related issues.

For consumers shopping the Marketplace, the new state-based exchange presented a significant learning curve in an already complicated process. Some consumers were unaware that the launch of CoverME.gov meant they could no longer access Healthcare.gov to enroll in coverage. Consumers and enrollment assisters encountered program and/or user errors that slowed or halted the enrollment process. Occasionally call center representatives were unable to resolve issues in real time resulting in a ticketing process to trigger a response from OHIM. Staff at DHHS and OHIM were responsive to the issues CAP staff and assisters across the state experienced with the new platform during Open Enrollment – responding to questions and making adjustments, when possible. Staff from DHHS also participated in an “Assister Update” training CAHC convened early in December to provide information about how to address issues Mainers and Assisters experienced with the new platform.

Affordability in general (19%) and the family glitch specifically (22%) are the next most frequently reported barriers to enrolling in coverage. The family glitch is an affordability barrier that affects
an estimated **34,000 people in Maine**. People fall into the glitch in instances when employer-based coverage is offered to family members, but it ultimately proves to be unaffordable. Under the ACA, employer-based coverage is deemed affordable when the **individual employee** premium is less than 9.61% of total household income. However, when employer-based coverage is extended to the employee’s family, the cost of the family member(s) premium often exceeds the 9.61% affordability test. Unfortunately, the offer of employer-based family coverage makes them ineligible for private Marketplace subsidies. HelpLine staff are sometimes able to help these families enroll children in MaineCare, but families who are over income for MaineCare often struggle to afford the coverage they need.

Determining and understanding how to count income can create barriers for people who are not sure what kind of coverage or subsidy for which they may qualify. Marketplace and MaineCare determine countable income differently. For example: supplemental unemployment benefits count towards Marketplace income, but not towards MaineCare income; Social Security benefits do not count as Marketplace income, but Social Security Disability benefits do. Self-employed and seasonal workers often have difficulties reporting and documenting changes in income over the course of a year. HelpLine staff spend a significant amount of time helping to educate consumers and enrollment professionals how income calculations work for each program. Time spent on income calculations increases when consumers receive supplemental payments, advanced child tax credits, new retirement benefits, and/or stimulus payments.

**C. Educating consumers about their rights and responsibilities.**

In addition to educating individuals through the HelpLine, CAHC maintains a library of more than 25 educational, inclusive, downloadable factsheets on its website under the Resources tab. These include factsheets about the Marketplace, MaineCare and Medicaid categories, specific programs designed to help underserved populations, health and dental clinics, prescription drug assistance programs, hospital free care and other safety net programs. These factsheets are distributed by CAHC’s network of enrollment professionals, at hospitals, health centers, community action programs statewide. CAP staff mailed or emailed 1,224 factsheets to individual consumers as appropriate during the reporting period.

CAP staff provide callers who are eligible for Marketplace plans, whether through SEP or during Open Enrollment, with in-depth education about private Marketplace coverage: how it is structured, what types of subsidies might be available to them, and how both Advanced Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR) work. The availability of these subsidies is an important component of making health insurance affordable for tens of thousands of Mainers. At the same time, consumers who take advantage of these subsidies incur significant responsibility. Callers need to fully comprehend that unexpected tax liability can result when an applicant’s actual income, as compared to their projected income when they apply for coverage, increases over the calendar year.

In explaining the APTC subsidy, CAHC staff emphasize two points: 1) applicants should report any changes in income during the calendar year, and 2) applicants will be required to reconcile the APTC against their actual income when filing federal taxes and may have to pay back the subsidy
if their income increases. CAHC considers this a critical educational piece so consumers who take advantage of the availability of APTC are not caught unaware in the event of an income change.

D. Assisting consumers in obtaining coverage.
CAHC HelpLine Advocates assist consumers in obtaining health coverage by evaluating their options. This process begins with a thorough screening to determine whether they are or may be eligible for private or public health insurance and providing application and enrollment assistance as needed. During Open Enrollment for Marketplace plans, CAP staff assisted approximately 1,531 consumers who appeared to be eligible for Marketplace plans by providing in-depth explanation about what Marketplace coverage is, including topics such as: metal levels (bronze, silver and gold plans), defining and explaining costs (premiums, deductibles, out of pocket limits, co-payments and co-insurance) and the features each include, such as the types of subsidies associated with each, who qualifies for which type, what SEPs are and who qualifies for them, things to look out for when choosing a plan, and, the importance of reconciling tax credits.

CAP staff enrolled 54 Mainers in ACA Marketplace plans, through safe, in-person meetings at CAHC’s office or remotely by either telephone or videoconferencing. ACA enrollments typically take between 1.5 and 2 hours because staff work with the consumer to review a variety of plans in advance of selection.

In contrast to the Marketplace, enrollment in MaineCare is available year-round if an individual or families meet certain income and other eligibility guidelines. During the reporting period, CAHC HelpLine staff assisted with 1,883 people who appeared eligible for MaineCare. In addition, CAHC made a substantial number of referrals: 836 to DHHS; 464 to the federal and state-based Marketplace; 63 to sliding-scale clinics or other safety net programs; 66 to Area Agencies on Aging; 25 to other assisters around the state; 30 to the Bureau of Insurance; and 78 to other nonprofit social service agencies.

An important means by which the CAP augments its impact is to ensure that enrollment professionals statewide have adequate training to assist Maine consumers in obtaining health insurance. Because of the pandemic, CAHC continued to hold trainings virtually.

Five hundred thirty-five consumers and professionals were trained by CAHC CAP staff through:

- 7 Workshops:
  - 3 Advanced MaineCare Classes (3/16/21, 5/18/21, and 9/21/21)
  - Family Glitch Workshop (5/10/21)
  - MaineCare Basics (9/1/21)
  - 2 Assister Round Tables (10/19/21 and 10/14/21)

- 12 presentations:
  - 2 Medicare workgroups (6/2/21 and 6/11/21)
  - AAA (Area Agencies on Aging) Marketplace update (9/29/21)
  - Legal Aid Conference
  - Maine Assister Update (12/2/21)
In addition, CAHC oversees an enrollment professional ListServ, which currently has 266 members representing social service and health care provider groups from across the state. The ListServ is an efficient means of crowdsourcing technical assistance to enrollment professionals, navigators, and insurance brokers who have specific coverage and enrollment questions. There were 617 posts (70% increase over the previous year) on 127 threads (38% increase) during the reporting period.

**F. Outreach and toll-free assistance.** CAHC publicized the availability of free, professional assistance in finding and understanding, health insurance in a variety of ways during the reporting period. These included staff appearances at virtual events, television advertisements, the distribution of printed material, and earned and social media. CAHC’s toll-free number (1-800-965-7476) is listed on all private insurance Explanation of Benefit statements, on the Department of Human Services’ [CoverMe.gov](http://CoverMe.gov) website, and on Maine Department of Labor (DOL) DOL notices to filers for unemployment insurance.

CAHC continued to work closely with the Maine DOL to reach Mainers with employer-based health insurance who were laid off as a result of the COVID-19 epidemic and/or other economic factors. CAHC has maintained its working relationship with DOL to educate as many laid-off workers about their health insurance options as possible, such as workers from Somerset Rehabilitation & Living Center, Island Nursing Home, Puritan Medical Products, two McDonald’s sites, and Maine Bucket.

The CAP engaged in other outreach and education activities regarding health coverage options and enrollment deadlines, including but not limited to:

- Weekly stories in Coffee CAHC, CAHC’s blog;
- Several press releases and press events;
- Participation in six Department of Labor rapid responses workshops provided to recently laid off employees (9/8/21, 9/27/21, 9/28/21, 10/12/21, 10/13/21, and 10/14/21); and
- Printed Material Distribution, such as the “Good News” flyer, which advised people of the availability of low-cost Marketplace insurance distribution through food banks in late July 2021.

In addition, CAHC appeared in or published stories in newspapers or television 48 times over the report period. During Open Enrollment, CAHC ran television ads in the Bangor and Portland catchment area reaching an estimated 189,000 and 114,000 viewers, respectively. Radio ads during the same time period reached an estimated 214,400 listeners. Other paid media publications regarding Maine’s CAP and coverage information included but were not limited to:

- Stories published in Turner Publishing local weekly/monthly print and on-line news publications, including those directly mailed to nearly 200,000 households in May 2021, mostly in Western and central Maine.
- “Mainers have more help available to pay for health insurance bills,” a press release that
was published in the print edition of The Town Line, reaching 4,500 people in Kennebec and Somerset Counties in April 2021.

- “Mainers have more help available to pay for health insurance bills” that appeared in the printed and online versions of the Central Maine Non-profit Guide, published by the Kennebec Journal/Morning Sentinel, also in April 2021.

The CAP also uses a number of social media platforms including Facebook, Twitter, and Instagram to reach Mainers. CAHC posted information about Open Enrollment and coverage options on Facebook 524 times during the reporting period. These posts were viewed 167,302 times. There were three types of content: posts that promoted the CAP’s services; posts that educated the public about availability of coverage through the ACA Marketplace including during SEP and that provided information about the new state-based Marketplace, CoverME.gov.

Instagram posts reached 8,049 users, made 8,517 impressions, and engaged them 585 times. CAHC tweeted about health insurance 554 times and had a total of 122,152 impressions.

A social media example is provided below:

![Social Media Example](image)

**Conclusion:** CAHC effectively served as Maine’s Health Insurance Consumer Assistance Program, which provided important services to Maine people without interruption over the past year. The Consumer Assistance Program will continue to expand its reach in the upcoming year to address the health insurance needs of all Maine people, especially as the state works to address Mainers’
health care needs during the pandemic and as part of the State’s recovery efforts. The CAP program will also spearhead an education campaign to inform Mainers about the No Surprise Act passed by Congress and which became effective 1/1/22, in an effort to provide health care consumers with protections against surprise medical bills.

For more information visit Consumers for Affordable Health Care at: Consumer Assistance Program, email info@mainecahc.org, or call 1-800-965-7476.