



DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

Bureau of
Insurance

STATE OF MAINE



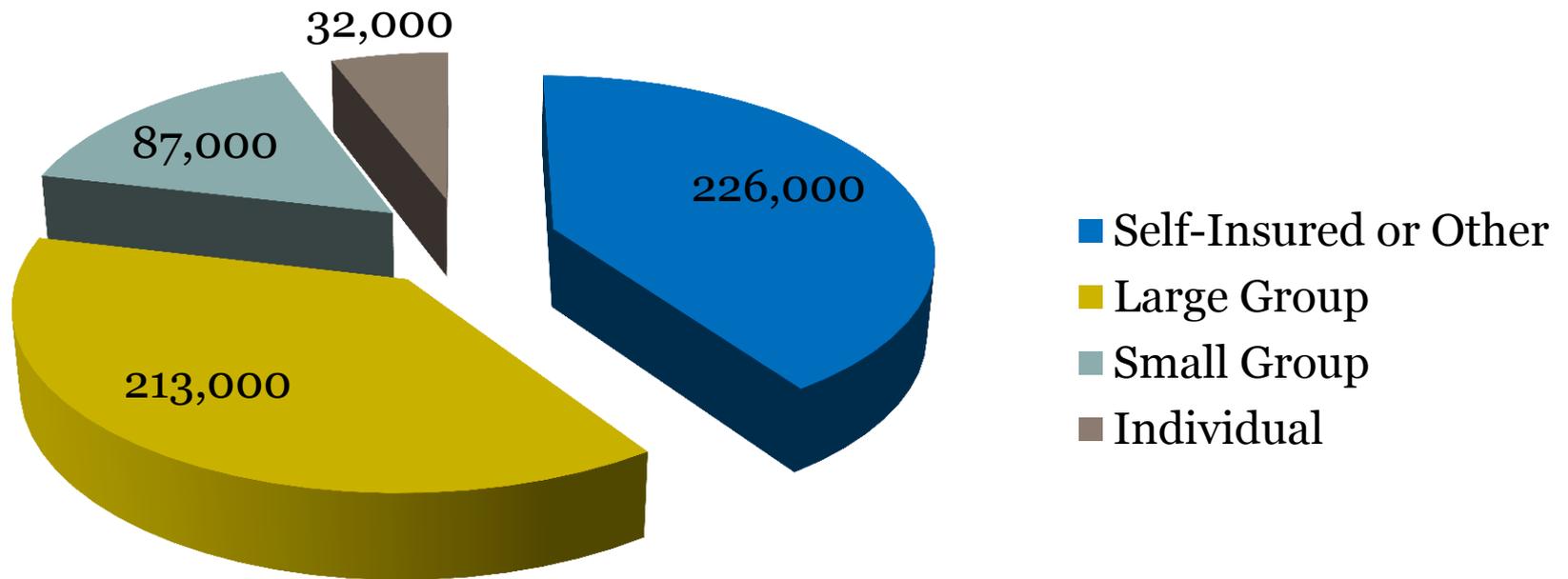
The 2015 Marketplace : Issues to Consider



MAINE'S 2013 HEALTH INSURANCE MARKET

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Members

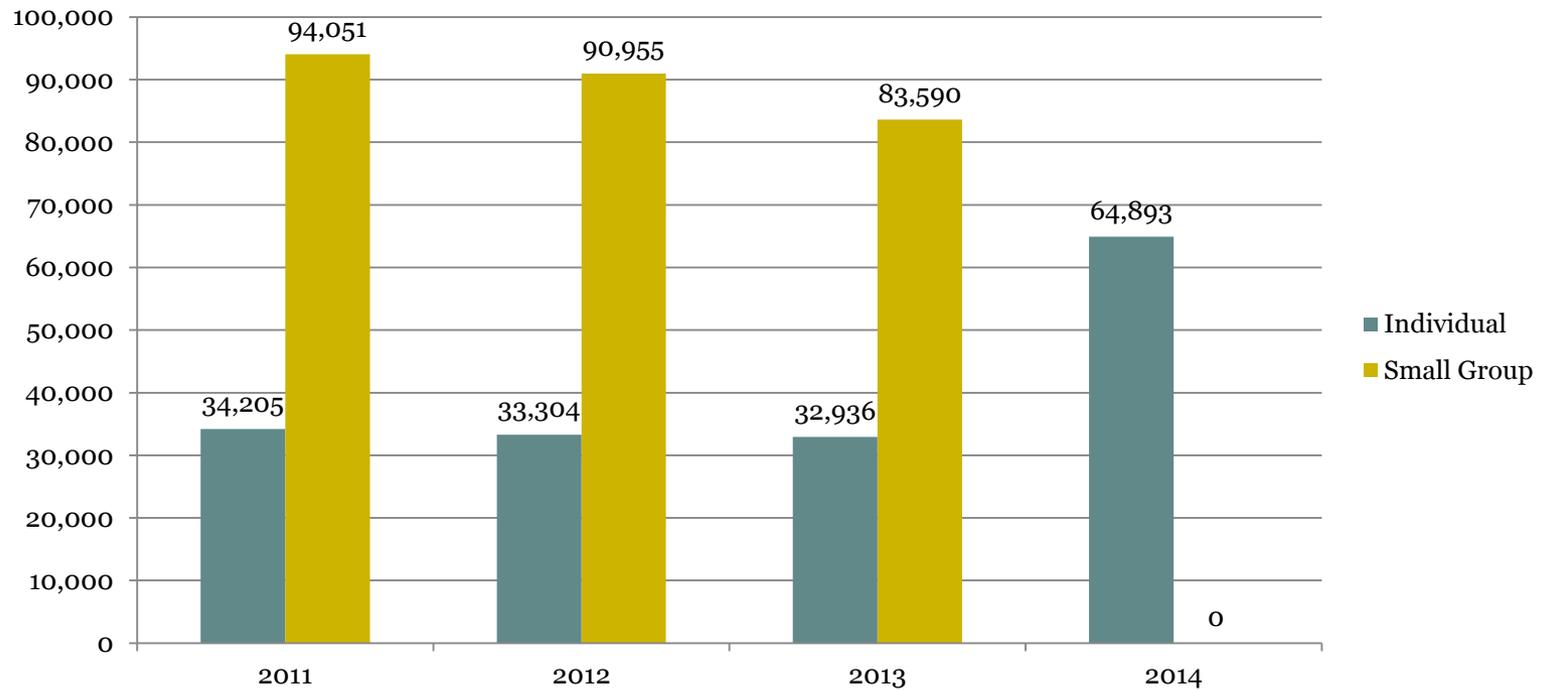


Source: 2013 Financial Results for Health Insurance Companies in Maine. Self-Insured estimated from most recent US Census Data.

Health Insurance Market Insured Lives

Small group enrollment for 2014 has not been reported yet.

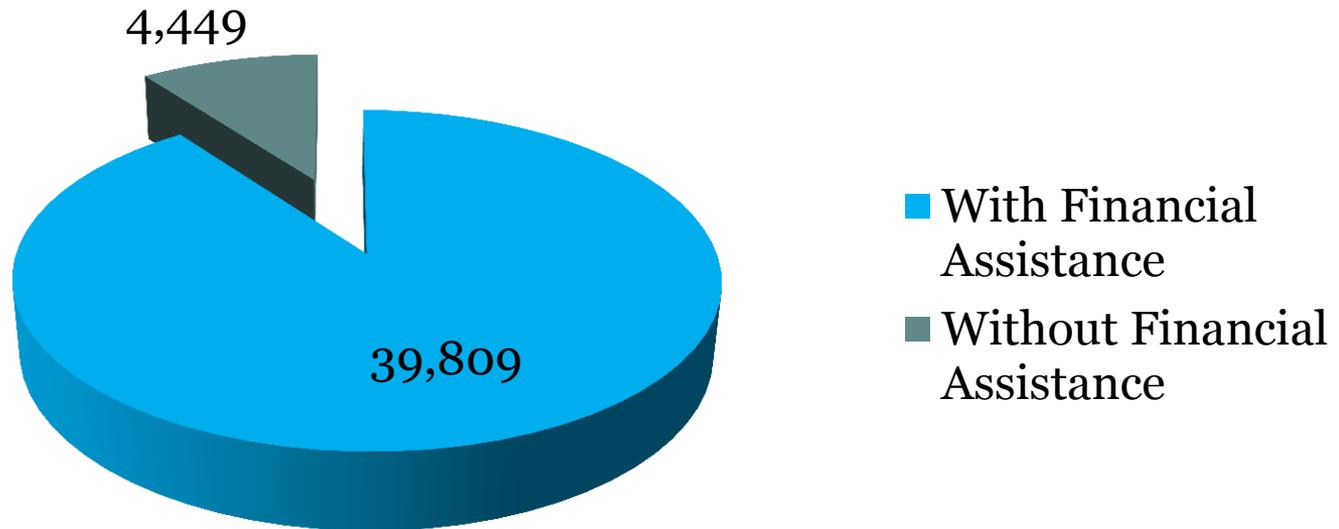
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Maine Marketplace (ACA) Plan Selection Characteristics

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Financial Assistance Status



3-31-2014

Open Enrollment



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- Start Date – November 15, 2014
- Renew or change existing plan – December 15, 2014 for effective date of January 1, 2015
- End Date – February 15, 2015

Special Enrollment Period (SEP)

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- Loss of eligibility for other coverage (due to quitting a job or lay off, a reduction in hours, loss of student health coverage upon graduation, etc.)
- Loss of coverage by failing to pay premiums does **Not** trigger a special enrollment period.
- Divorce or legal separation that results in loss of coverage.

Special Enrollment Period (Continued)

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- Loss of dependent status (for example “aging off” of a parent’s plan at age 26).
- Moving to another state, or within a state if you move outside of your health plan service area.
- Exhaustion of COBRA coverage.

Special Enrollment Period (Continued)

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- Losing eligibility for Medicaid or the Children's Health Insurance Program (CHIP).
- If enrolled in a Marketplace plan (QHP), income changes that impact eligibility for subsidies.
- Change in immigration status

Special Enrollment Period (Continued)

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- Enrollment or eligibility error made by the Marketplace or another government agency or somebody acting on behalf of the individual enrollee, such as a Marketplace Assistor.

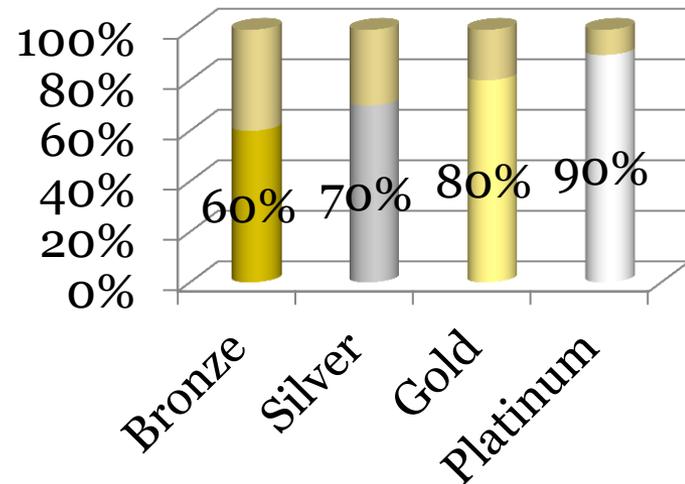
THE AFFORDABLE CARE ACT CHANGES FOR INSURERS

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Actuarial Value Requirements

■ Metal Tier Plans:

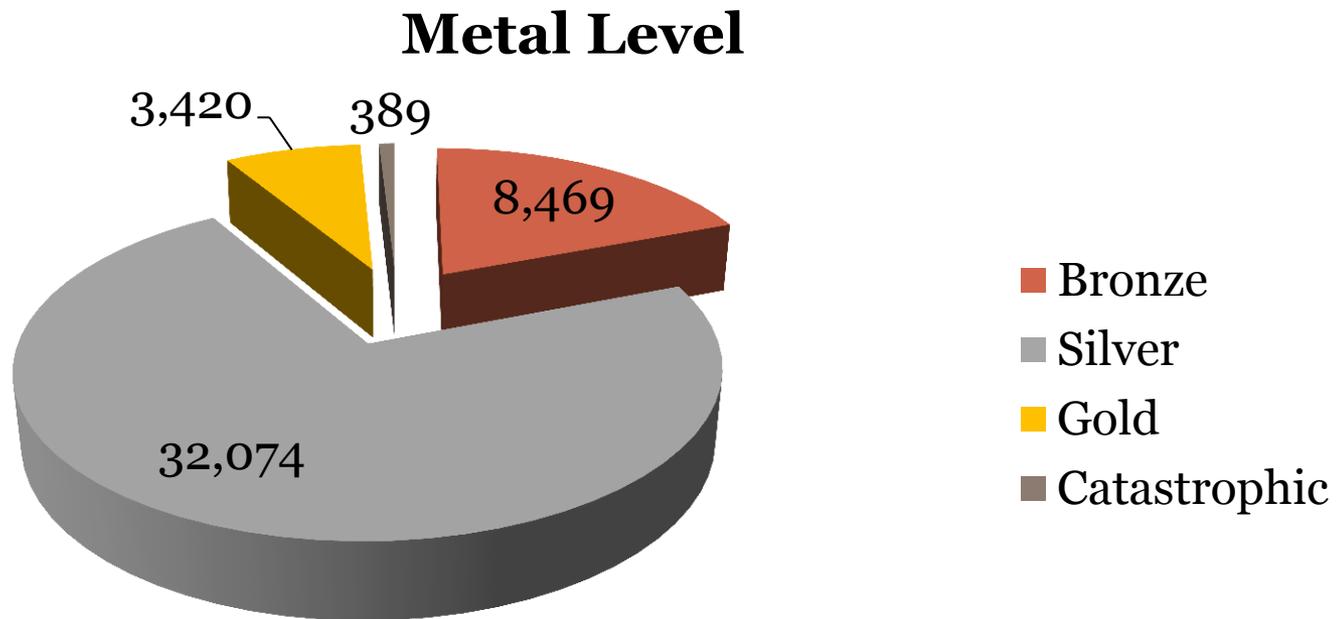
- Bronze— 60% AV
- Silver— 70% AV
- Gold— 80% AV
- Platinum— 90% AV



Catastrophic Plans – Financial hardship and for under age 30.
(Need to apply each year for financial hardship determination.)

Maine Marketplace (ACA) Plan Selection Characteristics

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3-31-2014

The Affordable Care Act Essential Health Benefits



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- Individual and Small Group Health Plans cover Essential Health Benefits which include at least these 10 categories:

- Ambulatory Patient Services

- Prescription Drugs

- Emergency Services

- Rehabilitative and habilitative services and devices

- Hospitalization

- Laboratory Services

- Maternity and Newborn Care

- Preventative and Wellness Services and Chronic Disease Management

- Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment

- Pediatric Services, including Oral and Vision Care

Preventative Services

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- No co-payments, coinsurance or deductibles for certain preventative services provided by network providers.
 - Gynecological Examinations
 - Pediatric Eye Examinations
 - Mammograms
 - Digital Rectal Examinations
 - Routine and Medically Necessary Colorectal Cancer Screening
- Be certain to check with your insurance company before making an appointment to determine which services are available to you without cost.

Visit www.healthcare.gov/prevention for a full list.

Preventative Services

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- In some cases enrollees who thought that they were obtaining a preventative service at no cost had a significant amount of their medical bill assigned to their deductible/out of pocket amount based on how the service was coded by the medical provider.
- Example: Colonoscopy. Individuals who have (polyp) tissue removed during a preventative screening end up with a diagnostic coded bill.

Cost Sharing

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- Understand your financial responsibilities for the services you receive.
- Terms to know:
 - Deductible,
 - Co-payment
 - Co-insurance
 - Maximum Out-of-Pocket (MOOP)
- Ask about and understand tiering of providers.



APTC changes from 2014 to 2015

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- Advanced Premium Tax Credits (APTC) (i.e., subsidies) are based on the price of the second lowest Silver Plan available.
- The price of the second lowest Silver plan is going down in two of the four areas in Maine, so APTC amounts are also decreasing.
- In some areas the Second lowest Silver plan is a different plan and a different insurance company than it was in 2014.

Second Lowest Silver Plan Rate Change

Below is an analysis of the change to the second lowest silver plan on-exchange for age 21.
The impact for each consumer will differ depending on their age and plan.

	2014		2015		
Age 21-Rates	Carrier-Plan	Premium	Carrier-Plan	Premium	Difference
Area 1- Cumberland, Sagadahoc, York	Maine Community Health Options- Community Choice Plan	\$230.81	Maine Community Health Options- Community Value Plan	\$220.60	-4.42%
Area 2- Kennebec, Knox, Lincoln, Oxford		\$250.26	Anthem Blue Cross Blue Shield- Silver X HMO 3500/20%	\$249.93	-0.13%
Area 3- Androscoggin, Franklin, Penobscot, Piscataquis, Somerset, Waldo		\$264.53	Maine Community Health Options- Community Choice Plan	\$267.08	0.96%
Area 4- Aroostook, Hancock, Washington		\$306.02			

Other Rate Changes

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- Age-based rates -- consumers receive an increase every year. (Largest change is age 20-21: 35% increase)
- Anthem tobacco factors have changed to age-based rates, starting at age 30, so possible decreases for some and increases for others.
- Federal Poverty Levels (FPL) are changing.

2014 Federal Poverty Guidelines

House-hold Size	100%	133%	150%	200%	250%	300%	400%
1	\$11,670	\$15,521	\$17,505	\$23,340	\$29,175	\$35,010	\$46,680
2	15,730	20,921	23,595	31,460	39,325	47,190	62,920
3	19,790	26,321	29,685	39,580	49,475	59,370	79,160
4	23,850	31,721	35,775	47,700	59,625	71,550	95,400
5	27,910	37,120	41,865	55,820	69,775	83,730	111,640
6	31,970	42,520	47,955	63,940	79,925	95,910	127,880
7	36,030	47,920	54,045	72,060	90,075	108,090	144,120
8	40,090	53,320	60,135	80,180	100,225	120,270	160,360

Tax Credits

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- **Advance premium tax credits (APTC):** Lower the monthly premium amount an individual pays throughout the year. The marketplace informs the individual of the subsidy when the individual applies online.
- Available to eligible individuals with household incomes between **100%** and **400%** of the FPL (\$46,680 for an individual and \$95,400 for a family of 4 in 2014).
- **Additional subsidy is available** to minimize cost sharing for those under 250% of the Federal Poverty Level who buy silver plans on the exchange.
- Individuals with access to employer sponsored coverage only eligible if coverage doesn't meet 60% actuarial value or if cost per employee exceeds 9.5% of family income.
- Based on household income and family size for the taxable year.
- Paid each month by the federal government to the insurer.
- **Reconciled on the taxpayer's income tax return.**

Auto Enrollment

- When auto enrolled, you will generally keep the same coverage. However, individuals with a subsidy in 2014 could lose the subsidy in 2015 or receive a smaller subsidy and pay more out of pocket if you don't go through a redetermination process.

Auto Enrollment General

- If the consumer authorized the Marketplace to review their final 2013 tax data and their income is below the 500% Federal Poverty Level (FPL), the Marketplace will continue the APTC at the same level in 2015.
- If it is above the 500% FPL, the Marketplace will notify the consumer to go onto healthcare.gov and take action regarding renewal. If no action is taken, the Marketplace will re-enroll the consumer without APTC or Cost Sharing Reductions (CSR).
- If a consumer goes onto the Marketplace and updates their tax information, the Marketplace will make a new determination of the consumer's APTC eligibility.

Auto Enrollment for Maine

- Consumers will be auto-enrolled in the same plan, or the plan closest to their old plan, if their old plan is no longer available.
- Crosswalks of old and new plans have been submitted by the insurance companies and reviewed by the Bureau.
- In Maine the only plans discontinued are the duplicate Anthem plans already offered by OPM. 1,573 consumers will be mapped to the identical Anthem plans administered by OPM.

Auto Enrollment Timeline

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- A health insurer must provide the policyholder written notice of renewal before the first day of open enrollment, but after they have signed issuer agreements with Centers for Medicare and Medicaid (CMS), which may be as late as November 3, 2014.
- The Marketplace must provide notice to consumers before November 15, 2014 advising of the open enrollment period, the consumer's coverage in 2015, and the opportunity to obtain an updated eligibility determination.

Consequences of Auto Enrollment

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- Important: Individuals whose income has changed significantly since their eligibility determination for 2014 should contact the Marketplace for redetermination.
- If income has **decreased** the individual may be entitled to greater APTC or CSR plans.
- If income has **increased** the individual should seek a redetermination for an accurate APTC determination to minimize potential tax liabilities.

Auto Enrollment

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- Eligibility determination is triggered by contacting the Marketplace to update eligibility information, authorize access to tax data, adjust APTC (subsidy) level or select a new QHP.

2015 HEALTH INSURANCE MARKET

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- Individual Marketplace/Exchange:
 - Maine Community Health Options will offer:
 - ✦ 3 Bronze Plans, 5 Silver Plans, 1 Gold, 1 Catastrophic
 - Anthem Health Plans of Maine will offer:
 - ✦ 11 Bronze Plans, 9 Silver Plans, 4 Gold, 2 Catastrophic
 - Harvard Pilgrim Health Care will offer:
 - ✦ 1 Bronze Plan, 2 Silver Plans, 1 Gold

MEGA is non-renewing approximately 6,200 lives in 2014 and 2015

2015 HEALTH INSURANCE MARKET

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- Individual Marketplace/Exchange:
 - Maine Community Health Options:
 - ✦ Average Rates decreased 0.8%
 - Anthem Health Plans of Maine:
 - ✦ Average Rates decreased 1.1%
 - Harvard Pilgrim Health Care:
 - ✦ Average Rates increased 2.2% from off-exchange last year



2015 Individual Off-Exchange Market

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- **Individual Off-Exchange:**
 - All the exchange plans will also be available off-exchange.
 - One additional off exchange plan is being offered by HPHC Insurance Co. (Bronze PPO).
 - Aetna Health Inc. will offer 4 off-exchange plans in a new HMO Product, in:
 - ✦ Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, and York.

Provider Network Type

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- **Aetna – HMO**
 - Two tiers of in-network providers – no out-of-network coverage.
 - (Androscoggin, Cumberland, Franklin, Knox, Lincoln, Oxford, Sagadahoc, Waldo, York)
- **Anthem – HMO – Southern Counties**
 - (Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo, York)
- **Anthem - PPO – Northern Counties**
 - (Aroostook, Hancock, Penobscot, Piscataquis, Somerset, Washington)
- **Maine Community Health Options – PPO**
- **Harvard Pilgrim Health Care – HMO**
- **HPHC - PPO**

Provider Networks

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- Check with the Insurance company to determine if your providers and hospital are in the network for the product you have selected and not just participating with the Insurance company.
- Determine if providers out-of-state or out-of-country are covered under your specific health policy.
- Does your plan cover emergency services while traveling out-of-country?

Prescription Drug Coverage

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- Prescription Drug Formularies change every year. Check with your insurance company to determine if your prescriptions are covered by the policy that you are purchasing.
- Understand the tiers (for example generic vs. name brand) of prescription drugs and your cost sharing responsibilities for each tier.



Wellness Programs and Incentives

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- Does your health plan offer wellness programs for your specific chronic disease? For example diabetes, chronic obstructive pulmonary disease (COPD).
- Does your health plan offer incentives such as smoking cessation or weight loss programs?



OPM Multi-State Plans (Office of Personnel Management)

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- OPM is offering a Silver Plan and a Gold Plan through Anthem.
- Multi-State Plans have differences from other ACA plans:
 - Do not cover elective abortions.
 - The external review process is handled at the federal level rather than the state level.

Important: Multi-State plans do not provide coverage in other States.

OPM Multi-State Plan Changes

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- In 2015, the 2014 Anthem versions of these plans will be discontinued to decrease consumer confusion when shopping on the Exchange/Marketplace.
- This affects 1,573 members, who will be renewed into the Multi-State plans.
- Anthem will be notifying these members of this change.

Individual Dental Plans Available 2015

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- **On-Exchange:**
 - Anthem, Delta Dental and Dentegra are offering pediatric plans and family plans.
- **Off-Exchange:**
 - Anthem, Delta Dental, Dentegra and Renaissance are offering pediatric plans and family plans.
- **Rates:**
 - Dental rates range from \$25-\$50 monthly depending on the plan benefits, insurance company, and area in which the consumer lives.

2015 Rate Calculator

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- [Http://www.maine.gov/pfr/insurance/index.shtml](http://www.maine.gov/pfr/insurance/index.shtml)
- [Individual Health Insurance Options](#)
- **NEW!** [2015 Rate Calculator Now Available](#)
- [Small Group Health Insurance Options](#)

2015 Rate Calculator

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- Go to rate calculator ([Here](#))

The Henry J. Kaiser Family Foundation Subsidy Calculator

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<http://kff.org/interactive/subsidy-calculator/>

Individual Mandate



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Individuals required to have a minimum coverage beginning January 1, 2014.

Penalties	2014	\$95 per adult up to \$285 or 1% of household income, whichever is higher
	2015	\$395 per adult up to \$885 or 2% of household income, whichever is higher
	2016	\$695 per adult up to \$2,085 or 2.5% of household income, whichever is higher

For tax year 2014, anyone who enrolled for coverage before March 31st will not be penalized.

Penalty for a child under 18 is 1/2 that of an adult.

Penalties keep increasing after 2016.

Maximum penalty for 2014 is \$3,600 for individual and \$11,000 for a family of 4.

Employer With 50 FTEs Mandate

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- Applies to employers with 50 or more full-time equivalent (FTE) employees.
- Large employers must make coverage available to full-time employees and their dependents. Make available to at least 70% of employees in 2015 and 95% thereafter.
- Coverage must meet minimum standards (60% actuarial value) and be “affordable” (employee’s share of premium cannot exceed 9.5% of employees income – based on cost of employee coverage only, not cost of family coverage).
- Penalties apply if at least one full-time employee has subsidized individual coverage in the Marketplace.
- A full-time employee is defined as working 30 hours or more a week, averaged over the course of a month.

Employer With 50 FTEs Mandate

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- For failing to offer minimum coverage, the penalty is \$2000/year times (number of full-time employees minus 30). Begins in 2015 for employers with 100 or more employees and 2016 for mid-sized employers 50-99 employees.
- For offering unaffordable coverage, penalty is \$3000/year times the number of full-time employees with subsidized coverage (but not more than the penalty would be for failing to offer coverage).
- Part-time employees are not covered by the mandate – only relevant for determining whether the employer is a “large employer.”
- Penalties apply only after an employee receives a subsidy on the exchange.

Premium Tax Credits & Employer Coverage

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- An individual is not eligible for premium tax credits if he/she is eligible for other minimum essential coverage (MEC)
 - Most employer-sponsored coverage is MEC
- **An offer of coverage (including dependents) – even if it’s not taken – can make someone ineligible for premium tax credits**
- Exception: an individual may be eligible for premium tax credits if the employer plan is unaffordable or inadequate and if the employee does not enroll in it

Small Group Rating

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- **Member Rating:** The total premium charged to the group is determined by summing the premiums of each employee and their dependents for their individual ages. Dependents per family are capped at 3 children under age 21, for rating purposes.

2015 Small Group Market

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- On/Off-SHOP exchange:
 - Anthem Health Plans of Maine- PPO, HMO, HMO/POS
 - ✦ Average rates increased 6.7%
 - Maine Community Health Options-PPO
 - ✦ Average rates decreased 10%
 - Harvard Pilgrim Health Care Inc.-HMO
 - ✦ Average rates increased 6.2%

2015 Small Group Market

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- Only Off-SHOP exchange:
 - HPHC Insurance Co.-PPO
 - ✦ Average Rates increased 6.2%
 - Aetna Health Inc.-HMO, PPO
 - ✦ Average PPO Rates increased 7.8%
 - United Healthcare-PPO
 - ✦ Average Rates decreased 2.9%

Small Group Dental Plans Available 2015

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- **On-Exchange:**
 - Anthem, Delta Dental, Guardian Life and Dentegra are offering pediatric plans and family plans.
- **Off-Exchange:**
 - Anthem, Delta Dental, Guardian Life, Lincoln National Life Ins., Ameritas Life Ins., Standard Insurance Co., Reliance Standard Co., Companion Life, Kansas City Life, Metropolitan Life, Principal Life, Dentegra and Renaissance.
- **Rates:**
 - Dental rates range from \$25-\$50 monthly depending on the plan benefits, insurance company, and area in which the consumer lives.

Small Group per member rating beginning in 2014

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- **Member rating:** The total premium charged to the group is determined by summing the premiums of each employee and their dependents for their individual ages. Dependents per family are capped at 3 children under the age of 21, for rating purposes.
- Each employee is charged the premium for their coverage minus any employer contribution.

Grandfathered and Grandmothered Plans

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- **Anthem has 11,500 Grandfathered and Grandmothered plans**
 - Anthem has filed for an average 19.6% increase.
 - The Bureau is holding a rate hearing on October 21st, 2014 regarding this rate filing.
 - The Bureau is advising consumers to compare their current coverage to the new ACA coverage.

Contact Information

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Centers for Medicare and Medicaid Services (CMS)

www.Healthcare.gov

www.healthcare.gov/marketplace

<https://www.healthcare.gov/small-businesses/>

1-800-318-2596

1-800-706-7893 (SHOP)

Enroll 207

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- <http://www.enroll207.com/>



Enroll207 is a project of the Maine Health Access Foundation, the state's largest private, nonprofit foundation with a mission to promote access to quality health care, especially for those who are uninsured and underserved, and improve the health of everyone in Maine.



DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

Bureau of Insurance

STATE OF MAINE



Toll Free Line 1-800-300-5000

TTY for hearing impaired: Please call Maine relay 711

207-624-8475

www.maine.gov/insurance

Insurance.PFR@maine.gov

Bureau of Insurance
#34 State House Station
Augusta, ME 04333-0034

Preventative Services Recommended by the USPSTF

	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Abdominal aortic aneurysm, screening – one-time screening by ultrasonography in men age 65-75 who have ever smoked.	x			
Alcohol misuse screening and behavioral counseling interventions	x	x	x	
Aspirin for prevention of cardiovascular disease – when the potential harm of an increase in gastrointestinal hemorrhage is outweighed by a potential benefit of a reduction in myocardial infarctions (men 45-79) or in ischemic strokes (women 55-79).	x	x		
Asymptomatic bacteriuria in adults, screening – pregnant women at 12-16 weeks gestation or at first prenatal visit, if later.			x	
Breast cancer, screening – biennial screening mammography for women aged 50-74 years. See Summary of 2002 Recommendations for information about the Affordable Health Care Act.		x		
Breast and ovarian cancer susceptibility, genetic risk assessment and BRCA mutation testing – refer women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes for genetic counseling and evaluation for BRCA testing.		x		
Breastfeeding, primary care interventions to promote – interventions during pregnancy and after birth to promote and support breastfeeding.		x	x	
Cervical cancer, screening – women aged 21-65 who have been sexually active and have a cervix.		x		

Preventative Services Recommended by the USPSTF

Continued

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Chlamydial infection, screening – sexually active women 24 and younger and other asymptomatic women at increased risk for infection. Asymptomatic pregnant women 24 and younger and others at increased risk.		x	x	
Colorectal cancer, screening – adults aged 50-75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy.	x	x		
Congenital hypothyroidism, screening – newborns.				x
Depression (Adults), screening – When staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.	x	x		
Folic Acid Supplementation - all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg of folic acid.		x		
Gonorrhea, screening – sexually active women, including pregnant women 25 and younger, or at increased risk for infection.		x		
Gonorrhea, prophylactic medication – prophylactic ocular topical medication for all newborns against gonococcal ophthalmia neonatorum.				x
Hearing loss in newborns, screening.				x
Hepatitis B virus infection, screening – pregnant women at first prenatal visit.			x	
High blood pressure, screening.	x	x		
HIV, screening – all adolescents and adults at increased risk for HIV infection and all pregnant women.	x	x	x	x

Preventative Services Recommended by the USPSTF

Continued

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Iron deficiency anemia, prevention – routine iron supplementation for asymptomatic children aged 6-12 months who are at increased risk for iron deficiency anemia.				X
Iron deficiency anemia, screening – routine screening in asymptomatic pregnant women.			X	
Lipid disorders in adults, screening – men aged 20-35 and women over age 20 who are at increased risk for coronary heart disease; all men aged 35 and older.	X	X		
Major depressive disorder in children and adolescents, screening – adolescents (age 12-18) when systems are in place to ensure accurate diagnosis, psychotherapy, and follow-up.				X
Obesity in adults, screening – intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	X	X		
Obesity in children and adolescents, screening - screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.				X
Osteoporosis, screening – women 65 and older and women 60 and older at increased risk for osteoporotic fractures.		X		
Phenylketonuria, screening – newborns.				X
Rh(D) incompatibility, screening – blood typing and antibody testing at first pregnancy-related visit. Repeated antibody testing for unsensitized Rh(D)-negative women at 24-28 weeks gestation unless biological father is known to be Rh(D) negative.			X	
Sexually transmitted infections, counseling – all sexually active adolescents and adults at increased risk for STIs.	X	X		X
Sickle cell disease, screening – newborns.				X
Syphilis infection, screening – persons at increased risk and all pregnant women.	X	X	X	
Tobacco use and tobacco-caused disease, counseling and interventions – ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco; provide augmented, pregnancy-tailored counseling for those pregnant women who smoke.	X	X	X	
Type 2 diabetes mellitus in adults, screening – asymptomatic adults with sustained blood pressure greater than 135/80 mg Hg.	X	X		
Visual impairment in children younger than age 5 years, screening – to detect amblyopia, strabismus, and defects in visual acuity.				X