Regional Assister Roundtables:

Maximizing Enrollment Success by Creating a Community of Assisters

Supported by:
About Consumers for Affordable Health Care

Consumers for Affordable Health Care is a Maine advocacy organization that strives to ensure a strong consumer voice in decision making at all levels and in all forums in order to advocate for a consumer-oriented health system in Maine and the United States. Since 1988, Consumers for Affordable Health Care has provided leadership and support to consumers, businesses, organizations, and policymakers to specifically advocate for:

- Access to health care for all Maine residents including preventive, acute, chronic and long-term care that is assured through health care coverage
- Affordable health care coverage that is guaranteed for all Maine residents, taking into account an individual's ability to pay
- An individual's right to freely choose her or his provider and method of care within the confines of quality care that is based on objective standards and supported by publicly available data on individual providers and hospitals
- Financing coverage from a broad variety of government and private sources
- Controlling rising costs while preserving quality care

Consumers for Affordable Health Care provides resources to educate consumers and assist them in navigating the existing system.

Consumers for Affordable Health Care works with other organizations to educate them and to advocate our mission before legislative and regulatory bodies.
Acknowledgement and Thanks

The author wishes to thank the more than one hundred navigators, certified application counselors, insurance brokers, and other assisters who attended Consumers for Affordable Health Care’s seven regional roundtables to share their experiences and information that formed the basis for this report. Special thanks go to Jacob Grindle, April Gilmore, Susie Beal, Sue Mahar, Robin Bibber, and others for providing their personal insights, experiences, and quotes in this report. The regional roundtables held in Aroostook, Washington/Hancock, Penobscot, Kennebec, Sagadahoc, Cumberland, and York Counties gathered diverse voices and provided community-level details that we would never had known but for your attendance and willingness to share. In so doing, you will help others in communities across the U.S. just like yours to have hope, feel supported and recognized, and have new tools to use in their efforts to make sure that all people have high quality health coverage regardless of income.

The author gives many thanks to all of those individuals who actively participate in the Maine Assister Listserv to pursue eligibility and enrollment issues in greater depth and detail. Also, thank you to Anthem Health Plans of Maine, Northeast Delta Dental, and Maine Community Health Options for participating in these roundtables to provide greater information about your products to Maine’s navigators and assisters. The author also wishes to thank Rachel Klein, Director of Organizational Strategy and Enrollment Program Director, and David Lemmon, Director of Communications, at Families USA for their assistance in publishing this report on Families USA’s Enrollment Assistance Resource Web page, and sharing it with their extensive network of state consumer health advocates, policymakers, and the media. Additional thanks go to Raising Women’s Voices for their support of these roundtables.

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Finally, the author wishes to thank the Consumer Assistance Program staff of Consumers for Affordable Health Care Foundation. We thank Jaime D’Errico, Mary Schneckenburger, Andrea Irwin, Connie McCord, and Kathryn Ende for their incredible work to keep updated on Marketplace eligibility criteria and to assist navigators, assisters, and individuals with complex eligibility and enrollment, and for their commitment and dedication to our mission: to advocate the right to affordable, quality health care for every man, woman, and child!
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Introduction and Overview

On October 1, 2013, a major provision of the Affordable Care Act (ACA) took effect with the opening of the Health Insurance Marketplace. The Marketplace or “exchange” helps people find health coverage. Those who qualify can get financial help that makes this coverage more affordable through advanced premium tax credits or cost-sharing reductions. But finding and enrolling consumers in this new health insurance coverage proved to be a daunting task across the nation.

Maine is one of the nation’s enrollment success stories. In the first open enrollment period (October 1, 2013 – March 31, 2014), 44,258 Mainers enrolled in coverage, exceeding the Department of Health and Human Services’ (HHS) original goal of 23,000 enrollments by 92.4%.¹ This success ranks Maine as the number one state for enrollments per capita in the federally facilitated Marketplace.

Mainers overcame significant hurdles to accomplish this success. At the outset of open enrollment, 133,000 Maine residents were uninsured – 10% of the state’s population.² To achieve near universal coverage, 800 uninsured Mainers would need to enroll each day during the initial six-month open enrollment period. To assist people with enrollment, HHS made $67 million available nationwide to fund navigators to provide enrollment assistance, but only $600,000 was allotted to Maine. The pathway to enrollment success was created when the Maine Health Access Foundation funded a statewide public information and enrollment assistance campaign called “enroll207.”

One key aspect of the enroll207 campaign was the development of a statewide network of enrollment assisters who could help Mainers apply for coverage at Healthcare.gov, the online portal to the federally-operated health insurance marketplace. As a rural state with an aging population, individual enrollment assistance was crucial to connect many Mainers with coverage. Many people depended on navigators, certified application counselors, brokers, and other assisters to complete the online application for health insurance coverage. This need was exacerbated by the technical problems that plagued Healthcare.gov’s launch in fall 2013. In the face of these challenges and with limited resources, coordinating the efforts of Maine’s assisters was vital.

Consumers for Affordable Health Care (CAHC), Maine’s designated Consumer Assistance Program, set out to connect Maine’s assister community through a series of regional roundtables with the support of the Maine Health Access Foundation. Roundtable sessions proved to be an effective strategy during Massachusetts health reform implementation, and provided a critical opportunity for enrollment and outreach.

workers to discuss their experiences, share tips, and troubleshoot the challenges they experienced in the field.3

The lessons we learned from these roundtables are summarized in this report. This report is intended to provide consumer advocates, funders, and government agencies with observations about what worked best in terms of consumer outreach. These observations are provided to bring attention to major problems; not all topics or issues discussed in these sessions are covered here.

The roundtables revealed many lessons learned about the common experience of assisters and best practices for outreach and enrollment. But the most important theme that emerged is the value of supporting and connecting assisters through a network. Being part of a network of assisters helps navigators, certified application counselors, and brokers stay connected to the latest changes and updates from the Marketplace, and provide people in their community with the best enrollment assistance possible.

3 Effective Education, Outreach, and Enrollment Approaches for Populations Newly Eligible for Health Coverage
http://bluecrossmafoundation.org/sites/default/files/Lessons%20for%20National%20Reform%20Outreach%20and%20Enrollment%20Toolkit.pdf
BACKGROUND

The Outreach and Enrollment Landscape in Maine

In Maine, two groups received federal navigator funding:

- Western Maine Community Action (WMCA), with a consortium consisting of eight of Maine’s ten community action programs
- Fishing Partnership Health Plan in collaboration with the Maine Lobsterman’s Association (MLA)

Maine’s 19 community health centers also received federal funding to provide outreach and enrollment assistance from the Health Resources and Services Administration (HRSA). Their work was supported and coordinated by the Maine Primary Care Association (MPCA).

Many hospitals, health programs, and other social service agencies and nonprofits also served as certified application counselor (CAC) organizations. Some conducted in-reach to their existing clients, while others provided enrollment assistance to anyone in their community.

The Maine Health Access Foundation (MeHAF) played a significant role in ACA education and outreach in Maine. Recognizing the great need for more awareness of the options available through the Marketplace and the availability of assistance, MeHAF launched enroll207, a coordinated, aggressive marketing campaign to raise public awareness. The campaign used television and radio ads, press events, bus ads, print materials, online ads, social media outreach, and educational forums for communities and small business owners.

The central focus point of the campaign was the website enroll207.com, which provided Maine-specific information and resources, including a zip code locator linking consumers with assisters in their community. Each ad included the enroll207 website, as well as CAHC’s toll-free HelpLine for consumers seeking telephone support and additional advocacy.

MeHAF also provided additional support for Maine’s assister community. Since 2010, MeHAF has coordinated a diverse group of grantees to educate Maine people about the ACA. This support continued through open enrollment, with MeHAF awarding $1.5 million in grants to support ACA outreach and education in 2014 (see Appendix 1 for a list of grantee organizations). Recognizing the limited navigator funding awarded in Maine, MeHAF provided CAHC with additional support throughout open enrollment. This support allowed CAHC to serve as a back-up center and resource for assisters, providing accurate information from the trained professionals on its HelpLine. This
dynamic also enabled CAHC to create a feedback loop by gathering real-time information from local assisters to share with national advocates at the Centers for Medicare & Medicaid Services (CMS).

Maine’s Regional Roundtables: Bringing Maine’s Assistors Together

In early 2014, CAHC convened a series of seven half-day meetings that connected navigators, certified application counselors, and others involved in education, outreach, and enrollment in regions throughout Maine (see Appendix 2 for a map of roundtable locations). These sessions were attended by 106 navigators, certified application counselors, brokers, and other assisters.

The roundtables had three major goals: 1) to provide assisters with eligibility and enrollment training and updates; 2) to build connections between assisters; and 3) to learn more about the challenges and successes assisters were experiencing in their communities.

Approximately one month before the first roundtable, CAHC distributed an interest survey to potential roundtable attendees. The results of this survey helped identify the topics each roundtable would cover (see Appendix 3 for a sample interest survey).

CAHC collaborated with partner organizations to get the word out about these roundtables to assisters across the state. The WMCA navigator consortium and MPCA both shared invitations to their assisters and encouraged their attendance. Enroll207 also sent out an invitation to its contact list, which included many brokers. In addition to sending email announcements and invitations about the event, CAHC reached out to key assisters in each region of the state to inform them about the roundtables, and encouraged them to attend (see Appendix 4 for sample invitation).

The agenda for each roundtable included brief content updates on the Marketplace, as well as opportunities for assisters to troubleshoot the issues they were experiencing in the field. Participants also engaged in a roundtable discussion on best practices for outreach. Each session concluded with a panel discussion with representatives from the three companies selling plans on Maine’s Marketplace. Assisters were also provided with a packet of helpful materials and resources (see Appendix 5 for sample list of handouts).

Since building connections with other assisters was another important goal of these
roundtables, each session also included opportunities to network over breakfast, lunch, or breaks (see Appendix 6 for sample agenda).

LESSONS LEARNED

Common Challenges

Assisters in Maine shared similar experiences during the initial open enrollment period that posed challenges for their work. Discussions at roundtables helped identify these shared experiences, which included:

- **“Glitches” on Healthcare.gov, misinformation, and confusion.** The top challenges reported by assisters were related to system failures and glitches in the Healthcare.gov system. Although website functions improved after the first two months of open enrollment, problems with identity verification, eligibility determinations, and other errors persisted throughout open enrollment. Assisters expressed frustration about these ongoing issues, which at times prevented the successful enrollment of the consumers they assisted. Assisters also expressed frustration with communication from HHS about glitches and frequently changing processes to “work around” the glitches. Some stated that they did not receive updates about these changes.

  
  I would say the biggest challenge I found, was the misinformation from different sources. You could call the call center and ask the same question three times and get three answers. And you can’t just pick the answer you liked best, it just doesn’t work that way.

  – A Certified Application Counselor at Harrington Family Health Center

- **Confusion about complicated eligibility rules.** When open enrollment began many assisters had only been on the job for a short time, and some were hired after open enrollment began. There was significant “on the job” learning, and assisters wanted somewhere to turn for answers to frequent questions, such as:
  
  - Does divorce qualify someone for a special enrollment period?\(^4\)
  - How do I determine whether a job-based plan is considered affordable?\(^5\)
  - Can someone who has a COBRA plan get financial help on the Marketplace?\(^6\)

\(^4\) Losing minimum essential coverage due to a divorce is a qualifying event, but divorce itself is not.

\(^5\) A plan is considered affordable if the employee’s share of the annual premium for self-only coverage is less than 9.5% of the household’s income. The cost of dependent coverage is not included in this calculation.

\(^6\) During open enrollment, consumers can drop their COBRA coverage and sign up for a Marketplace plan. Outside of open enrollment, consumers can get a special enrollment period if their COBRA coverage ends. However,
• If a job-based plan is affordable for the employee but not for their dependents, can the family get financial help on the Marketplace?7
• Does ______ count as income?8

Although CMS provided assisters with a weekly newsletter and webinar for technical updates and support, some assisters were not aware of these resources, while others reported that they were still left with unanswered questions. Many assisters also shared experiences with Marketplace call center representatives, who often had inaccurate information about eligibility, such as what income should be reported. Assisters reported feeling frustrated and, at times, overwhelmed. These feelings were compounded by confusion and uncertainty about whether the information assisters had was accurate and up-to-date, given frequent changes in rules, application deadlines, and the application process as Healthcare.gov was fixed.

• Feeling disconnected from other assisters. Assisters who were not part of a coordinated consortium or assister group reported feeling isolated and disconnected. Most notably, assisters who were the only staff members providing application assistance at their organization often felt less informed and less supported. This is the case at many hospitals and other health organizations, which have been designated as certified application counselor organizations, but may have only one staff person trained as a certified application counselor. Individuals who only provided enrollment assistance part time, especially those who only did this work infrequently, also shared that they felt ill-equipped to deal with complicated eligibility issues. Brokers and agents, who are not part of the weekly assister calls and emails provided by CMS, also reported feeling isolated and uninformed about the latest updates in Healthcare.gov functions and other changes.

voluntarily dropping COBRA coverage outside of open enrollment does not qualify consumers for a special enrollment period. On May 2, 2014, CMS issued a bulletin describing a special enrollment period for COBRA qualified beneficiaries that ends on July 1, 2014.

7 Unfortunately, the cost of family coverage is not included when calculating whether an employer-based plan is affordable. If family members have access to this coverage – that is, if they are eligible to be included in this plan – and it is considered affordable for the employee, they will not qualify for financial help on the Marketplace. This is sometimes referred to as the “family glitch” or “family conundrum.” Depending on the cost of the coverage, they may qualify for an affordability exemption.

8 Eligibility for financial help on the Marketplace is based on Modified Adjusted Gross Income, or MAGI. This includes sources of income that are included in Adjusted Gross Income (line 37 on a Form 1040), plus non-taxable Social Security benefits, tax-exempt interest, and foreign earned income and housing expenses. A useful reference from the UC Berkeley Labor Center which was provided at the roundtables may be found here: http://laborcenter.berkeley.edu/healthcare/MAGI_summary13.pdf
Assisters felt responsible for giving people in their community the right information to help them get coverage; the burden of providing this assistance with little support led to a great deal of stress for some assisters. A number of assisters indicated that this stress has had an impact on their lives, and in some cases keeps them awake at night.

- **Connections between Marketplace and Maine’s Medicaid program.** The application and enrollment on Healthcare.gov was intended to provide consumers with a seamless experience, no matter what they qualified for. Unfortunately, this proved not to be the case for people who were assessed as eligible for MaineCare, Maine’s Medicaid program. Healthcare.gov was unable to transfer income and other data to the Maine Department of Health and Human Services, leaving thousands of Mainers in limbo. Some consumers were incorrectly assessed eligible for Medicaid by Healthcare.gov, an error which often took weeks or months to correct. Assistors quickly learned that they needed to understand MaineCare eligibility, a topic that was not covered in the required federal training for assisters. Fortunately, CAHC has honed its MaineCare expertise over the past 26 years, and regularly provides trainings and workshops on this topic. During each roundtable session, CAHC provided participants with information and materials on MaineCare, including quick reference charts that helped assisters identify which program an individual or family qualifies for.

- **Challenges working with people in or near the “coverage gap.”** Maine has not accepted federal funds to provide low-income Mainers with the opportunity to enroll in Medicaid. This means that thousands of Mainers with incomes below the federal poverty level ($19,530 a year for a family of three) are left without affordable coverage options, because they are ineligible for financial help with the cost of health insurance in the marketplace.9 Many assisters were uncertain about the best way to help these individuals and requested additional resources and support.

These roundtables provided CAHC an opportunity to give assisters guidance and resources that would help them talk with people in this situation. For example, assisters were provided with up-to-date flyers prepared by CAHC about hospital free care, sliding scale clinics, prescription assistance programs, and other safety net programs in communities throughout Maine that can provide care to people in the coverage gap. They were also trained on how to properly screen people to

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9 Advanced premium tax credits for Marketplace plans are available to those with incomes between 100% - 400% of federal poverty (between $11,490 and $45,960 a year for individuals). The ACA gave states the option of expanding their Medicaid program so that people with low incomes would get covered that way. Without this expansion, those with incomes below the federal poverty line find themselves in a “coverage gap.”
ensure they were projecting their income accurately. For example, many people who appear to be in the coverage gap based on their wages may assume that other kinds of income, such as social security or unemployment, does not “count,” and so will not mention it when they meet with an assister.

Emerging Best Practices for Outreach

With one round of open enrollment behind them, assisters now have experience with different strategies for finding uninsured consumers, educating them about their new health insurance options, and encouraging them to complete an application. Each roundtable included a discussion about the effectiveness of these different outreach strategies. Assisters reported success with distributing materials and providing informational presentations in a variety of settings, including:

- Churches
- Targeted mailings to specific businesses or groups
- Adult education programs
- Career centers
- Food pantries
- Hair salons
- Professional associations
- Hobby-specific interest groups
- Public libraries
- Public schools
- Hospitals and other health care facilities
- Small businesses
- Local media
- Signs/banners in high traffic areas
- Social media

Assistors reported the greatest success with the following outreach strategies:

- **Word of mouth.** Many assisters found that word of mouth was their most powerful tool in educating people about their new coverage options. This was particularly true in rural areas of the state, where assisters noted that people were less likely to show up at public presentations or forums. However, once people heard that a family member, neighbor, coworker or friend had a successful enrollment experience, they would seek out assisters to learn about their own options. One assister said, “You
need to start conversations with people, wherever you are, and bring stuff with you everywhere." Assisters reported keeping brochures, applications and other informational materials in their car or purse at all times.

Many connections were forged through informal conversations and existing relationships. For example, an assister in a rural Maine county recounted how she had helped her hairdresser enroll in Marketplace coverage. That hairdresser then helped her to set up an informational session for hairdressers and stylists. Every salon in the area closed for an hour so that their workers could attend. This led to many more individual enrollment assistance sessions.

Once assisters realized how successful word of mouth could be, they began finding ways to encourage this spread of information. An assister with the Harrington Family Health Center shared, “I asked every new enrollee to refer at least 5 friends or family members they knew could use coverage.” Assisters began handing out business cards with other enrollment materials after an in-person assistance session, asking consumers to speak to their friends and family about their experience enrolling and encourage them to set up their own appointment. In some cases, assisters would ask consumers they assisted for a chance to speak with any groups or associations they were part of, and thus gain access to a whole new group of people.

Our best “outreach” came from people who’d used our services and then wanted to spread the word. Amid all the new health coverage options and the rapid pace of change, people were relieved to find a reliable, professional, and friendly source of assistance – and they were also glad to tell their friends about it.
– A Certified Application Counselor at the Portland Community Health Center

For me the best form of outreach was word of mouth. I helped a family enroll in coverage and they were very excited to be able to have a plan that was finally affordable...This couple then told all their friends and as a result many more people in that community were enrolled. I had this happen in several instances – people excited about coverage and sharing how affordable it really was to be covered made a lot of difference.
– A Navigator at York County Community Action

When a client has a positive experience, then it is a great way to spread the word. Even the ones that were disappointed that could not receive help, it’s important to give them options too. Very difficult for some to ask for help
– A Certified Application Counselor at St Croix Regional Health Center
• Using trusted leaders to gain access to communities. While some people clamored for Marketplace coverage and readily reached out to assisters for help, other groups were more hesitant. They were distrustful or fearful about “Obamacare” based on what they had heard on the news, or they assumed the help available through the Marketplace would go away with the next election or congressional vote. Still others were simply unaware of the Marketplace or what they might be eligible for.

Going through trusted leaders to gain access to these groups proved crucial. For example, navigators in Downeast Maine initially experienced resistance when they reached out to Maine’s lobstering and fishing communities. However, once an assister was able to successfully enroll one member of the lobstering community, word spread, and they began helping many others in this community based on his recommendation. As one assister shared, “it just takes one person.” Assister groups working with immigrant and refugee communities relied on this strategy as well, using community health outreach workers to spread the word about new coverage options within their own communities.

• Reach people where they are. Although many had success with public presentations and forums in community settings, particularly in more urban or densely populated parts of the state, other assisters found that they had the greatest success when they found ways to connect with people where they live, learn, and play. Some assisters staffed informational tables in high traffic areas, such as corner stores or community college dining halls. Others held “open hours” at libraries or other community settings for those needing enrollment help.

Assisters regularly had to conduct outreach or enrollment assistance on nights and weekends in order to reach consumers at times most convenient to them. In some communities, this meant providing enrollment help in some unusual settings. For example, assisters in rural communities were often challenged to find public spaces that were available outside of normal business hours and provided internet access. One assister held an enrollment session at the local McDonald’s, which was the only available space in their community open after 6 pm with internet access.

Young adults proved a particularly difficult group to reach, requiring more out-of-the-box thinking on behalf of assisters. Some assisters reported success attending social networking events and happy hours attended by young adults to provide information and materials on the Marketplace, using scavenger hunts and other activities to engage attendees. Others relied heavily on social media, sharing the stories of those they had helped enroll on Facebook.
• **Educating people about the penalty.** Assisters quickly learned that if they were going to educate people about their new coverage options, they had to educate people about the penalty for those who go without insurance as well. Many consumers mistakenly believed that the most they would pay for being uninsured in 2014 is $95, despite the fact that many families will end up paying 1% of their income, which may be a much higher amount. Educating people about how much they would pay in penalty based on their own income, as well as how much a Marketplace plan would cost, often helped consumers begin to consider their options more seriously. As a navigator with the Maine Lobsterman’s Association shared, “I tell people, you can give that money away – or you can put it to work for you.”

• **Coordinating and collaborating with other assisters and community resources.** Many of the assisters who reported the most success in enrolling people in their communities had strong ties to other assisters in their area. These assisters would call one another when they had a question about a complicated eligibility issue, share resources and strategies, and invite one another to different outreach events. Some assisters reported that they conducted enrollment appointments at one another’s offices, or provided coverage for one another when their appointments booked up. Doing so kept them from being overwhelmed during what was often a very hectic open enrollment period, and allowed assisters to provide the best enrollment help possible.

> Our most successful outreach events were collaborations with partners like CAHC, community health centers, hospitals and libraries. As a state, so many groups worked together during open enrollment and that’s how we were able to really get the word out.
> – A Navigator with the Western Maine Community Action Navigator Consortium

> My fellow CACs here in Washington County are a HUGE source of help, encouragement and even though we are in 5 different offices, we really are one team.
> – A Certified Application Counselor at Harrington Family Health Center

**The Value of a Supportive Network**

Discussions with Maine’s assisters at these roundtables helped highlight some emerging best practices in outreach and enrollment. While further study of these outreach strategies will be needed to identify which methods are most effective and
yield the most enrollments, these discussions shed light on some of the most promising strategies employed during the first open enrollment period in Maine.

The most important lesson, however, is the value of supporting and connecting assisters. Providing education, outreach, and enrollment assistance is a challenging task which requires in-depth knowledge of a complicated public program. During this initial open enrollment period, assisters were also challenged by the glitches on Healthcare.gov, and by changes in rules and Marketplace application deadlines.

The support of a network of other assisters allows people to do this work successfully. Assisters drove home this lesson repeatedly during these roundtables. Being part of a network of assisters helps navigators, certified application counselors, and brokers stay connected to the latest changes and updates from the Marketplace, and provide people in their community with the best enrollment assistance possible.

Establishing a state-wide network of assisters yielded other benefits, too. A strong, local network facilitates the sharing of important updates, new resources, and other vital information. This network can also help consumer advocates identify emerging trends and issues more quickly, thus serving a sentinel function.

Such local networks and sources of support are crucial to the continued success of Marketplace enrollment in Maine. While many assisters who attended the regional roundtables organized by CAHC stated they were familiar with national resources such as In the Loop, a project of Community Catalyst and the National Health Law Program, the Families USA Enrollment Assister Resource Center, or with the weekly assister emails or webinars provided by CMS, these resources lacked the local support that they needed. Many assisters found they needed to understand eligibility for Maine’s Medicaid program, MaineCare, in order to guide families to the correct coverage option. They also needed information on local safety net programs for consumers in the “coverage gap.”

To help support the development of a statewide network of assisters, CAHC launched a listserv for Maine’s assisters following these roundtables, giving assisters a way to stay connected. In the last, hectic weeks of open enrollment, assisters were able to use this listserv to coordinate with others in their region about their availability, helping ensure that all consumers who tried to get enrollment assistance got help.

When CMS announced the availability of a special enrollment period for victims of domestic violence, CAHC was able to quickly update Maine’s assister community through this listserv. After open enrollment closed on March 31, CAHC used this listserv to distribute important information on talking with consumers outside of open enrollment,
including details about special enrollment periods.

CAHC has also used the listserv to track emerging trends. For example, when CAHC began to hear reports on its Consumer Assistance HelpLine about consumers who had signed up for coverage on healthcare.gov lookalike sites, we turned to the listserv to find out if other assisters had heard similar stories. CAHC was able to compile these stories and share them with the Maine Bureau of Insurance.

In addition to this assister listserv, CAHC also began promoting its Consumer Assistance HelpLine as a resource for assisters who don’t have a network of fellow assisters in their organization or community. Many assisters began using the HelpLine when they were in enrollment appointments to troubleshoot application and eligibility issues.

Having a state-based resource center proved to be a critical tool for assisters. As a representative for the WMCA navigator consortium stated, “Almost all of our navigators used the CAHC Helpline as a resource. It was a place to turn for help with especially complicated situations and to find options for consumers who were falling into ‘gaps in coverage.’”

I often sent people to the hotline when they were even more completely stuck than I could help with – I still send people to the hotline for the same reason. It’s been nice to have you all as a resource with this as at times it seemed like everything was changing quickly – you guys made sure the info about changes was spread efficiently and quickly.

–A Navigator at York County Community Action Corporation

Our health center often struggled to meet the huge demand for help before monthly enrollment deadlines, and the CAHC HelpLine was an especially crucial resource to which to refer consumers during those “crunch times”.

–A Certified Application Counselor at the Portland Community Health Center

The Consumers for Affordable Health Care HelpLine was extremely helpful with questions about Medicaid eligibility and for resources for the families that fell into the “gap.” CAHC was also there to support navigators/CACs around the state with enrollments during high demand.

–A Navigator at the Maine Lobsterman’s Association
CONCLUSION

Regional roundtables and other in-person meetings at the community level are a valuable tool in ACA outreach and enrollment, providing an opportunity for assisters to connect, gain vital updates and resources, and share trends and ongoing issues. These roundtables provide a way to begin building a strong regional network of assisters, thus providing the ongoing support that assisters need in order to be successful in their work.

These roundtables also highlighted the value of state consumer assistance programs for successful outreach and enrollment efforts, and the need for greater funding to provide support and resources to assisters. CAHC’s Consumer Assistance Program proved to be an invaluable source of local back-up and support for assisters, and provided expertise on Maine’s Medicaid program, as well as other state and regional programs, that was not available through national resources and partners. Without funding provided by the Maine Health Access Foundation, this support may not have been possible. Future funding for navigators, CACs, and other assisters should take the importance of regional support and assistance into consideration in order to maximize the number of people who are successfully enrolled into coverage.
### Appendix 1 – 2014 Maine Health Access Foundation Grantees

**Health Reform Outreach, Education and Enrollment Awards**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
<th>Phone</th>
<th>Grant</th>
</tr>
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<tbody>
<tr>
<td>Consumers for Affordable Health Care</td>
<td><a href="http://mainecahc.org/">http://mainecahc.org/</a></td>
<td>(207) 622-7083</td>
<td>$250,000</td>
</tr>
<tr>
<td>Hand in Hand / Mano en Mano, Inc.</td>
<td><a href="http://www.manomaine.org/">http://www.manomaine.org/</a></td>
<td>(207) 598-8926</td>
<td>$30,000</td>
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<td>Healthy Community Coalition of Greater Franklin County</td>
<td><a href="http://www.fchn.org/hcc">http://www.fchn.org/hcc</a></td>
<td>(207) 779-2750</td>
<td>$120,000</td>
</tr>
<tr>
<td>Maine Association of Area Agencies on Aging</td>
<td><a href="http://www.maine4a.org/">http://www.maine4a.org/</a></td>
<td>(207) 592-9972</td>
<td>$120,000</td>
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<tr>
<td>Maine Medical Education Trust</td>
<td></td>
<td>(207) 662-3374</td>
<td>$85,790</td>
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<tr>
<td>Maine People's Resource Center</td>
<td><a href="http://www.mprc.me/">http://www.mprc.me/</a></td>
<td>(207) 797-9207</td>
<td>$120,000</td>
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<tr>
<td>Maine Primary Care Association</td>
<td><a href="http://mepca.org/">http://mepca.org/</a></td>
<td>(207) 621-0677</td>
<td>$25,000</td>
</tr>
<tr>
<td>MaineHealth/CarePartners</td>
<td><a href="http://www.mainehealth.org/mh_body.cfm?id=3441">http://www.mainehealth.org/mh_body.cfm?id=3441</a></td>
<td>(207) 662-7960</td>
<td>$119,732</td>
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<tr>
<td>Planned Parenthood of Northern New England</td>
<td><a href="http://www.plannedparenthood.org/ppnne/">http://www.plannedparenthood.org/ppnne/</a></td>
<td>(802) 448-9736</td>
<td>$120,000</td>
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<tr>
<td>Preble Street</td>
<td><a href="http://www.preblestreet.org/">http://www.preblestreet.org/</a></td>
<td>(207) 775-0026</td>
<td>$120,000</td>
</tr>
<tr>
<td>Somali Culture &amp; Development Association</td>
<td><a href="http://www.mesom.org/">http://www.mesom.org/</a></td>
<td>(207) 233-6014</td>
<td>$120,000</td>
</tr>
<tr>
<td>Western Maine Community Action</td>
<td><a href="http://wmca.org/">http://wmca.org/</a></td>
<td>(207) 860-4461</td>
<td>$25,000</td>
</tr>
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</table>
Appendix 2 – Regional Roundtable Locations

1. Southern Maine – York County (Sanford)
2. Greater Portland – Cumberland County (South Portland)
3. Midcoast Maine – Sagadahoc County (Bath)
4. Penobscot County (Bangor)
5. Central Maine – Androscoggin County (Lewiston)
6. Downeast Maine – Washington-Hancock Counties (Harrington)
7. Northern Maine – Aroostook County (Presque Isle)
Appendix 3 – Sample Interest Survey

Thank you for your interest in Consumers for Affordable Health Care’s Regional Roundtables for navigators, certified application counselors, and others assisting with Marketplace enrollment.

Please answer the questions in this survey to help us understand the topics you would like to discuss and learn about during these roundtables. We will use your responses to plan these sessions.

1. What is your role?
   - Navigator
   - Certified application counselor
   - Broker
   - Other (please specify)

2. How likely is it that you will attend the regional roundtable in your area?
   - I will definitely attend
   - I will probably attend
   - I am not sure if I will attend
   - I will probably not attend
   - I will definitely not attend

3. What county or counties do you serve? You can mark more than one.
   - Statewide
   - Androscoggin
   - Aroostook
   - Cumberland
   - Franklin
   - Hancock
   - Kennebec
   - Knox
   - Lincoln
   - Oxford
   - Penobscot
   - Piscataquis
   - Sagadahoc
   - Somerset
   - Waldo
   - Washington
   - York

4. How connected do you feel to navigators, CACs, brokers, and others who are doing outreach and enrollment in your community?
   - Very connected
   - Somewhat connected
   - Neither connected or disconnected
   - Somewhat disconnected
   - Very disconnected

5. What have been your biggest challenges in helping people enroll so far? Please be as specific and detailed as possible.
6. What resources would help you to overcome this challenge? Please be specific.

7. What topics would you most like to learn about or discuss at this event?
   - Helping people with Marketplace appeals
   - Helping people apply for exemptions
   - Qualified Health Plans (QHPs) on the Marketplace
   - Troubleshooting common application and eligibility issues
   - MaineCare
   - Effective outreach strategies
   - Safety net programs for people who can't get coverage
   - Helping people understand health insurance basics
   - Other (please specify)

8. Is there anything else you would like us to know or consider as we plan this event?
Appendix 4 – Sample Invitation to Regional Roundtable

Are you a navigator, certified application counselor, or broker who is helping people in your community with Marketplace enrollment? Consumers for Affordable Health Care is convening Regional Roundtables for everyone assisting with Marketplace enrollment in seven regions throughout the State: Sagadahoc, Penobscot, Cumberland, Washington/Hancock, Androscoggin, York, and Aroostook counties.

Registration for all Roundtables is now available (see below).

Come to your local roundtable and you will:

- Hear Marketplace updates and enrollment best-practices,
- Troubleshoot problems, and
- Network with other assisters in the area.

Who should attend:

- Navigators
- Certified Application Counselors
- Insurance agents and brokers

Want to learn more about a specific topic? Fill out our roundtable interest survey.

When and where:

Penobscot Regional Roundtable
Penquis
262 Harlow Street, Bangor
Piscataquis Room
9 am- 12:30 pm Tuesday, January 21st
(Snow date: Tuesday, January 28th)
Register now! Preregistration is required.

Androscoggin Regional Roundtable
St. Mary's Medical Center
99 Campus Ave, Lewiston
Potvin Room
9 am- 1 pm Tuesday, February 18th
(Snow date: Thursday, February 20th)
Register now! Preregistration is required.

Cumberland Regional Roundtable
The Opportunity Alliance
50 Lydia Lane, South Portland
Timbers Room
9 am- 12:30 pm Monday, February 3rd
(Snow date: Wednesday, February 5th)
Register now! Preregistration is required.

Washington - Hancock Regional Roundtable
Harrington Family Health Center
50 E Main St, Harrington
Conference Room
9 am- 1 pm Wednesday, February 26th
(Snow date: Wednesday, March 5th)
Register now! Preregistration is required.

Aroostook Regional Roundtable
Aroostook County Action Program
771 E Main St, Presque Isle
Conference Room
9 am- 1 pm Wednesday, March 12th
(Snow date: Thursday, March 13th)
Register now! Preregistration is required.

York Regional Roundtable
Sanford City Hall Annex Building
917 Main St.
Council Chambers
9 am- 1 pm Tuesday, March 18th
(Snow date: Thursday, March 20th)
Register now! Preregistration is required.
Appendix 5 – List of Handouts at Regional Roundtables

1. **Attendee List**, including contact information
2. **CAHC Flyers**
   a. Hospital free care
   b. Hospital sliding scale care
   c. Free clinics
   d. Sliding scale clinics
   e. Dental clinics
   f. MaineCare Spend down
   g. Help Paying for Health Insurance: What Do You Qualify for?
3. **Modified Adjusted Gross Income under the Affordable Care Act**\(^{10}\), a flyer created by the UC Berkeley Labor Center
4. **Tips for Immigrant/Refugee Applications in the Health Insurance Marketplace**, a flyer created by Libby Cummings at Portland Community Health Center and Robyn Merrill at Maine Equal Justice Partners
5. **Resource List**, including key websites, toolkits, and consumer materials available online
6. **Marketplace Exemption Applications**
   a. Hardship exemption
   b. Affordability exemption
7. **Marketplace Appeal Application**
8. **CMS Tip Sheets for Assisters**

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\(^{10}\) [http://laborcenter.berkeley.edu/healthcare/MAGI_summary13.pdf]


Appendix 6 – Sample Roundtable Agenda

Regional Roundtable for Assisters – Androscoggin County

Meeting Agenda

Tuesday, February 18, 2014

St Mary’s Regional Medical Center

8:30AM – 9:00AM  Breakfast
9:00AM – 9:15AM  Welcome & Introductions
9:15AM – 10:15AM Enrollment & Eligibility Updates
  • Options for people who do not qualify
  • Troubleshooting common issues
  • Other updates
10:15AM – 10:35AM BREAK
10:35AM – 11:35AM Roundtable Discussion:
  Best practices and biggest challenges
11:35AM – 12:35PM Understanding the QHPs on Maine’s Marketplace:
  Panel discussion with Anthem, Delta Dental, and Maine
  Community Health Options
12:35PM – 1:00PM  Lunch and Continued Discussions