



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

JOHN ELIAS BALDACCI
GOVERNOR

KARYNLEE HARRINGTON
EXECUTIVE DIRECTOR

TO: Joint Standing Committee on Appropriations and Financial Affairs
Joint Standing Committee on Insurance and Financial Services

FROM: Karynlee Harrington, Executive Director, Dirigo Health Agency

CC: Trish Riley, Director of Governor's Office of Health Policy and Finance
Ryan Low, Commissioner, Department of Administrative and Financial Services
Ed Karass, State Controller
Dr. Robert McAfee, Chair of the Dirigo Health Agency Board of Trustees
Will Kilbreth, Deputy Director, Dirigo Health Agency

DATE: March 19, 2009

RE: Follow Up to questions raised at the March 4, 2009 Budget Hearing regarding the Dirigo Health Agency.

Please find outlined below responses to the questions raised by Committee members at the March 4, 2009 budget hearing regarding the Dirigo Health Agency:

1. What is the impact on enrollment if revenues were collected monthly and the financing was stabilized?

Response: Please refer to attachment A. Beginning in SFY 2011 and assuming monthly collection of annual revenue of approximately \$42 million the DirigoChoice program, based on the current plan design, will cover approximately 10,000 members a year. Given the program's experience with voluntary disenrollment approximately 4,000 members will terminate their DirigoChoice coverage in a year which allows 4,000 new members to pick up DirigoChoice coverage so the net result is the program provides coverage for up to 10,000 members on an annual basis. As discussed, the Dirigo Board of Trustees is prepared to redesign the DirigoChoice product with an end goal of covering more people with less and as such the expectation is the program will cover more than 10,000 members annually.

2. Provide the history of the impact capping DirigoChoice has had on the capacity for people to get into the program.

Response: In July 2007 the Dirigo Board of Trustees made the decision to cap the DirigoChoice program effective September 2007 indefinitely due to uncertainty with funding. Prior to the cap DirigoChoice covered 15,113 members. If the program had continued to grow at historical rates after the cap the Agency would today have 24,000 DirigoChoice members.

Currently the Agency has a waiting list of 2,000 people who have expressed a desire to enroll. In past months, the Agency's call volume has significantly increased from citizens who have recently lost their employment and who are seeking options to maintain health coverage.



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3. Identify the hospitals that are not part of the Maine Infection Prevention Collaborative.

Response: The Maine Infection Prevention Collaborative is comprised of a northern workgroup, a southern workgroup, and a coordinating committee. Currently all 39 of Maine's hospitals are members of the collaborative. To date a number of CEOs have signed and returned a pledge of support for their hospital's participation in the collaborative. It is the recommendation of the Maine Hospital Association's Board of Directors that all hospital CEOs pledge their support.

4. What is the process/authority for borrowing from the cash pool?

Response: Title 5, §131-B. Interfund transfers. In order that state obligations may be paid as they come due, the State Treasurer may request the State Controller to transfer funds on deposit among the various funds in the cash pool of State Government by journal entry in such a manner as to best manage the available funds to meet current obligations of the various funds and accounts.

5. Doesn't the negative cash balance have to be reconciled by end of FY 09? Why doesn't this appear to be addressed in this budget request?

Response: PL 2007 Chapter 629 would have eliminated the Agency's negative fund balance by the end of FY 09. The People's Veto in November left the Agency in the same fiscal position with little over half a fiscal year to address the negative balance.

The options to eliminate the negative balance in FY 09 at that time would have been:

- terminate the DirigoChoice and Medicaid Parent Expansion programs after the People's Veto - Approximately 16,000 people would have lost coverage, many of them currently in the middle of treatments or
- propose emergency legislation to change the SOP payment schedule accelerating the collection of \$19.6 million dollars by June 30, 2009 - Creating a significant timing issue and burden of payment of \$19.6 million from SOP payers by June 30, 2009.

Given the implications of these options, I have been working with the Commissioner of the Department of Administrative and Financial Services and the Governor's Office of Health Policy and Finance on alternatives. The language below is what we proposed to include in the budget bill as a way to address the cash balance at the end of SFY09.

Sec. __. Transfer from Other Special Revenue Funds to Dirigo Health Enterprise Account.

Notwithstanding any other provision of law, the State Controller shall transfer up \$19,642,855 million dollars in fiscal year 2008-09 from Other Special Revenue Funds to Dirigo Health Enterprise Fund no later than June 30, 2009. On July 1, 2009, the State Controller shall transfer \$19,642,855 million dollars (matching specific dollar amount transferred on or before June 30, 2009) transferred from the Dirigo Health Enterprise Fund along with interest to Other Special Revenue Funds as repayment. This transfer is considered an interfund advance to be repaid with interest compounded annually at the earnings rate within the Treasurer of State's cash pool on the date of the advance.



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The budget the Agency has presented for SFY 10 and SFY 11 eliminates the Agency's negative fund balance by the end of SFY 10. However, due to the quarterly nature of the SOP payments, the Agency will not eliminate its monthly cash flow issues during the fiscal year.

6. What are the total administrative costs of the DirigoChoice Program?

Response: In SFY08, the Dirigo Health Agency's administrative costs were 2.8% of the total DirigoChoice program costs. If the costs for determining the aggregate measurable cost savings (AMCS) which is what the SOP is then based on were excluded in SFY08 the Agency's administrative costs would have been 1.8% of the total. Please refer to attachment B for a breakdown of the total administrative costs of DirigoChoice.

7. Provide Pro Forma financial statements for SFY09 and 10.

Response: Please refer to attachments C and D.

8. Provide an Agency Organizational Chart.

Response: Please refer to attachment E.

9. Please provide information on the Muskie survey on DirigoChoice disenrollment.

Response: The following is the Executive Summary from the November 2006 Muskie School of Public Service's report "Understanding Disenrollment from DirigoChoice." The full survey is available at:

http://www.dirigohealth.maine.gov/Pages/policy_land.html

In 2005, using funds from Maine's State Planning Grant, the Dirigo Health Agency contracted with the Muskie School of Public Service to study a relatively small group of Maine adults who either disenrolled from the DirigoChoice Program or elected not to participate after receiving an initial rate quote. The purpose of this work was (1) to better understand the reasons why people leave DirigoChoice and (2) to identify the specific barriers Maine employers encounter when they attempt to purchase and retain health insurance. A secondary goal was to gather consumer feedback to help inform future modifications to the program.

Two methodologies were used for this research.

- A telephone survey of adult disenrollees
- Key informant interviews with employers who disenrolled or withdrew their applications

Several major findings about the DirigoChoice program emerged from these two data collection efforts:

- Overall, disenrollment from DirigoChoice was low in the first year of program operation. In 2005, out of 4,022 new subscribers, only 716 (18 percent) ended or did not renew their coverage through DirigoChoice – a rate that compares favorably with other programs of individual and small group coverage.



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- A substantial proportion of study respondents reported that they left DirigoChoice not by choice, but due to a change in life circumstances. Most of these former members reported having a positive experience when they were enrolled in the program.

About a third of the interviewed employers said that their primary reason for dropping DirigoChoice was a change in life circumstance. These informants differed from other groups of disenrollees in that they tended to express satisfaction with the plan and reflect positively on what the program had to offer – mentioning specifically that they thought the program can be a “good deal” for employees. Some employers even contemplated returning to the program if their situation changed. In the survey, more than four in ten DirigoChoice members who disenrolled did not do so voluntarily, and withdrew because they left their job (24 percent), because their employer dropped DirigoChoice (16 percent) or because they were dropped by Dirigo (4 percent). When asked, all but 16% (n=13) indicated they would have preferred to remain enrolled in Dirigo if circumstances had allowed it. These “involuntary” disenrollees reinforce the perception that maintaining health insurance coverage is difficult for segments of the small group market because of economic vulnerabilities.

- Among voluntary disenrollees, by far the most common reason given for disenrollment from DirigoChoice was high cost.

In the employer interviews, high cost was the number one complaint cited by both disenrollees and employers who withdrew their applications. Informants expected greater cost savings than they actually experienced or were quoted, and the majority of employers who mentioned cost as a problem were discouraged that Dirigo’s discounts did not extend to small business employers. In the disenrollee survey, subscribers who left DirigoChoice voluntarily cited cost issues (premiums too expensive, deductible too high) most frequently as being important in their decision to leave the program. This was true across almost all contract types and discount groups.

- To a lesser extent, misinformation and lack of covered benefits were important reasons for disenrollment. Because most respondents were early adopters of DirigoChoice, concerns expressed about misinformation may reflect issues related to start-up of the program.

Some employers reported that they had difficulty in accessing information about DirigoChoice or received inaccurate or inconsistent information. Common problems were: (1) required rates of employee participation, (2) eligibility requirements for discounts and (3) services covered as part of the program’s benefit package. About one fourth of disenrolled small group owners and sole proprietors in the survey cited “administrative hassles” as being important in their decision to leave Dirigo, specifically mentioning difficulties with the reimbursement process, the amount of paperwork, the enrollment process, and

confusion about coverage. A few employers felt that DirigoChoice’s benefits were not comprehensive enough or were disappointed that DirigoChoice did cover a specific service that they had covered under a previous plan. This concern was more prevalent among non-subsidized participants.

- The majority of subscribers who disenrolled from DirigoChoice obtained other health coverage after leaving.

Almost three quarters of disenrollees in our sample did have other health coverage after leaving, including 58 percent with private coverage and 14 percent with public coverage. Only 28 percent were uninsured.



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- In addition to directly reducing the number of uninsured in Maine by providing affordable coverage to previously uninsured enrollees, our findings suggest that DirigoChoice is serving to connect some uninsured individuals to the private market, and bridging a potential gap in coverage for some small employers.

Among disenrollees who were uninsured prior to enrollment in DirigoChoice, almost half (47 percent) obtained private coverage after they left. For these previously uninsured subscribers, DirigoChoice appears to have served as a bridge into the private insurance market. Similarly, for many employers who were interviewed, DirigoChoice served as a 'bridge' between two insurance products. Fifteen of nineteen employers who had insurance immediately prior to DirigoChoice either (a) switched to insurance through a spouse or public program and/or (b) found another insurance product which they considered to be of better value.

- In 2005, young adults and those without dependents were the most likely to disenroll from DirigoChoice. The disproportionate loss of young enrollees might have negative financial implications for the program.

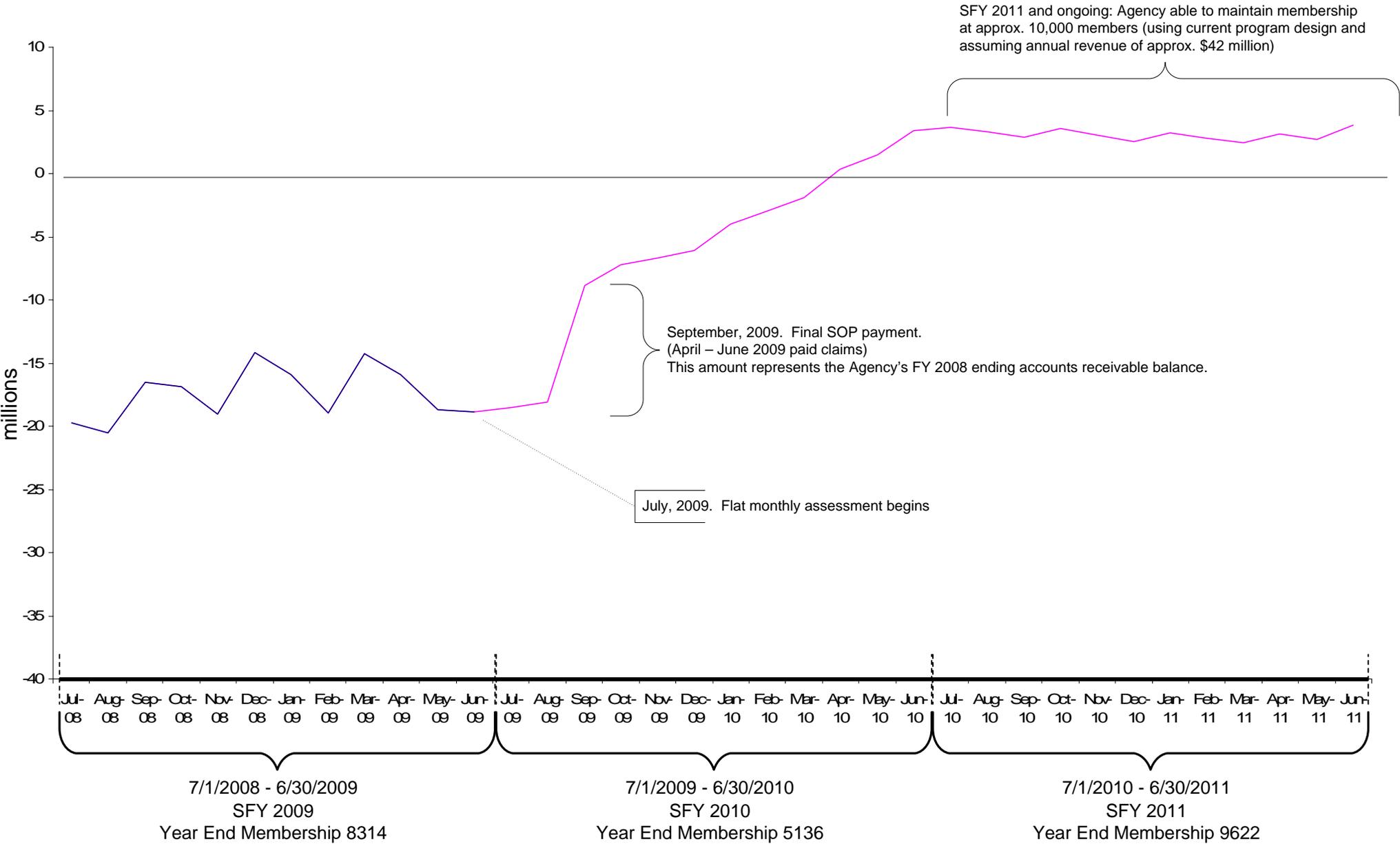
Analysis of all 2005 contracts indicated that 35 percent of subscribers between the ages of 18 and 24 terminated their contracts in 2005, versus only 22 percent among those age 25 – 44, and 13 percent among those age 45 or older. A continued process of selective attrition in which young, healthy individuals leave the program in disproportionate numbers could raise average subscriber costs making the program less attractive to employers, and increasing public costs.

- While a higher proportion of small group contract holders disenrolled in 2005 relative to individuals and sole proprietors, this difference can be attributed to the fact that enrollment did not open to individuals and sole proprietors until the second quarter.

21% of small groups terminated contracts in 2005, versus 17% of sole proprietors and 14% of individuals. A multivariate analysis of all 2005 contracts showed that small group enrollees were no more likely to disenroll than sole proprietors or individuals,

Attachment A
Projected Average Cash Balance

Dirigo Health Fund Average Cash Balance FY 2009 – 2011 Assuming Monthly Flat Assessment



Attachment B
DirigoChoice Program Total Cost Breakout

DirigoChoice Total Program Cost Breakdown

January 2005 through end of SFY 2008 (June 2008) out of pocket costs (copayments and coinsurance) for members were 19.1% of the total payments to providers.

In aggregate in that same time period the total DirigoChoice premium (i.e., the amount paid by the Agency, Members, and Employers to the carriers) was \$179 million¹, broken down as:

- Agency share: \$100 million
- Employer / Member share: \$79 million

Of the \$179 million in premium, the carrier retained \$27 million for administrative costs, taxes, reserves, and profit (based on the loss ratio reports from the carrier).

- Administrative costs, etc.: \$27 million
- Payments to providers: \$152 million

In addition to the payments the carrier made to providers for DirigoChoice member claims, the members have been responsible for copayments and coinsurance as described above.

- Carrier payments to providers: \$152 million
- Member copayments and coinsurance: \$36 million

In summary:

Total member/employer payments:	\$115 million	Total payments to providers:	\$188 million.
Total Agency payments (subsidy)	\$100 million	Total carrier administration:	\$27 million
<u>Total:</u>	<u>\$215 million</u>	<u>Total</u>	<u>\$215 million</u>

Total program costs including DHA administration:

		Without AMCS included	
Total DHA administrative cost:	\$12 million ² (5%)	Total DHA administrative cost:	\$9 million (4%)
Total carrier administration:	\$27 million ³ (12%)	Total carrier administration:	\$27 million (12%)
Total payments to providers:	\$188 million (83%)	Total payments to providers:	\$188 million (84%)
<u>Total program costs</u>	<u>\$227 million</u>	<u>Total program costs</u>	<u>\$224 million</u>

In SFY 2008, the Agency's administrative costs were 2.8% of total program costs. Without including AMCS costs, the Agency's administrative costs were 1.8% of the total. In SFY 2009 (to date) the Agency's administrative costs are 2.7% of the total program costs.

¹ Figures in this section have been rounded to the nearest million.

² DHA's administrative costs over this period reflect the Agency's initial startup expenses for infrastructure and system development.

³ In 2005 – 2007, Anthem rated DirigoChoice assuming an 80% loss ratio, that is, they assumed that for every dollar in premium they would use \$.20 for administrative costs and use \$.80 for provider payments. In 2008 – 2009, HPHC has rated DirigoChoice assuming 90% loss ratio (\$.10 for administrative costs).

Attachment C
Pro Forma Financial Statements SFY 2009

Dirigo Health Agency

Income Statement - Pro Forma

***Unaudited Statement - Without accompanying discussion this document is incomplete for 6/1/2009, State Fiscal Year 2009**

		Dirigo Health Agency	
Revenue:			
	Employer & Individual's Contributions	2581	\$ 27,828,187.98
	Membership Fees		\$ 763,679.28
	Less: Subsidy Discounts	2582	\$ (3,454,112.41)
	Grants	2583	(5,482)
**	Savings Offset Payment	2584	\$ 41,458,157.37
	Misc Income	2686	2,952
	Contribution from General Fund	2716	-
	Adj of All Other Balance Forward	2953	1,764
	Jury Duty Reimbursement	2611	10
	NSF Fees	8210	60
	Total Revenue:		66,595,216
Cost of Services			
	Employer/Individual Cost of Coverage	6581	\$ 27,318,387.89
	Agency Cost of Coverage	6584	31,087,011.70
***	Allocation of Healthy ME Funding PL 20C	6584	(5,000,000)
	Parent Expansion program	2981	\$ 4,399,999.83
	Medicaid (expansion)	6585	-
	HealthyME Incentives	6583	-
	***Total Cost of Services:		57,805,399
	Gross Profit (Loss):		8,789,817
	Total Operating Expenses:		\$ 3,181,726.21
	Net Gain (Loss):		\$ 5,608,090.49

Notes:

*Unaudited Statement - Without accompanying discussion this document is incomplete

**It is projected that there is an additional \$10,063,000 of SOP Year 3 Revenue that will be collected over the first three quarters of State Fiscal Year 2010.

***As of November 30, 2008 DHA has received \$2,500,000 of the \$5,000,000 in accordance with Public Law 2007 629.

In accordance with Accrual based accounting procedures DHA recognizes Revenue in the period that the services are rendered and payments are anticipated to be collected. In addition, Employer/Individual Cost of Coverage expenditure is recognized during the period which payment is rendered for invoiced services. DHA does encounter instances where Employer/Individuals do submit payments prior to the month when services are to be rendered. These "pre-payments" will be reviewed and addressed at year-end with a Deferred Revenue entry if required.

Dirigo Health Agency

Pro Forma Balance Sheet* as of June, 2009

Assets:

Current:		
Cash	\$	(19,642,855)
Accounts Receivable (Net)	\$	9,830,629.18
Due From Other Funds	\$	(228,981)
Prepaid Expenses	\$	-
Working Capital Advance	\$	98,423
General Fund Advance	\$	-
Total Assets:	\$	(9,942,784)

Liabilities:

Current:		
Due to Other Funds (Treasury for	\$	158,676
Payable Compensated Absc.	\$	82,789
Deferred Revenue	\$	-
Accounts Payable	\$	22,800
Res for Adv from General Fund	\$	-
Total Liabilities:	\$	264,265

Fund Equity:

Balance Beginning of Year	\$	(15,814,477)
Reserve for Encumbrances	\$	-
Unidentified Equity	\$	-
Gain(Loss) from Operations	\$	5,608,090.49
Balance End of Period	\$	(10,206,387)

Total Liabilities and Fund Equity:	\$	(9,942,122)	
	\$	(0)	unidentified

Notes:

- *Unaudited Statement - Without accompanying discussion this document is incomplete
Source Documentation - Fortis Trial Balance Report A6141
- ** The Agency projected that there was an additional \$18,720,650 of SOP Year 2 Revenue that would be collected over the first three quarters of State Fiscal Year 2009.
To date the Agency has collected \$15,005,863.47 of that SOP 2 revenue.
- *** The Agency projects that it will collect an additional \$18,863,574 SOP Year 3 revenue in the first 3 quarters of State Fiscal Year 2010
- ****As of November 30, 2008 DHA has been allocated \$2,500,000 of the \$5,000,000 in accordance with Public Law 2007 629.

Comments:

- (1) Assets: are in general economic resources owned by the Agency. In our case this is usually comprised of Cash, amounts owed to us, and items we have pre-paid for.
- (2) Liabilities: debts of the Agency which have been recognized. We show the amount of discounts not yet taken but authorized, and amounts owed for billed materials or services.
- (3) Fund Equity: the "net value" of the Agency. The amount of economic resources available to fund future operations. This amount always equals Assets minus Liabilities, and is shown with the Fiscal Year's beginning balance and the net of all other financial activity.
- (4) Cash: this is the amount of actual cash we have on hand as of the date of the report. It includes amount remaining of our initial funding. The total of all Liabilities should be subtracted from the cash balance as these amounts are approved expenditures and are pending payment.
- (5) Accounts Receivable: These are amounts owed to the Agency for various reasons. We typically have amounts due to us because we have billed for Returned Check Fees, Unearned Discounts and amounts still due for coverage for previous months.

Attachment D
Pro Forma Financial Statements SFY 2010

Dirigo Health Agency

Income Statement - Pro Forma

***Unaudited Statement - Without accompanying discussion this document is incomplete**

for 6/1/2010, State Fiscal Year 2010

		Dirigo Health Agency	
Revenue:			
Employer & Individual's Contributions	2581	\$	19,228,594
Membership Fees		\$	522,439
Less: Subsidy Discounts	2582	\$	(2,461,383)
Grants	2583		
Savings Offset Payment	2584	\$	38,600,000
Misc Income	2686		
Contribution from General Fund	2716		
Adj of All Other Balance Forward	2953		
Jury Duty Reimbursement	2611		
NSF Fees	8210		
Total Revenue:		\$	<u>55,889,650</u>
Cost of Services:			
Employer/Individual Cost of Coverage	6581	\$	19,228,594
Agency Cost of Coverage	6584	\$	22,152,449
Allocation of Healthy ME Funding PL 20C	6584	\$	(4,718,571)
Parent Expansion program	2981	\$	5,052,660
Medicaid (expansion)	6585	\$	-
HealthyME Incentives	6583	\$	-
Total Cost of Services:		\$	<u>41,715,132</u>
Gross Profit (Loss):		\$	14,174,519
Total Operating Expenses:		\$	<u>4,200,000</u>
Net Gain (Loss):		\$	<u><u>9,974,519</u></u>

Notes:

*Unaudited Statement - Without accompanying discussion this document is incomplete

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Dirigo Health Agency

**Pro Forma Balance Sheet*
as of June, 2010**

Assets:

Current:

Cash	\$ (11,681,940.00)	
Accounts Receivable (Net)	\$ 11,681,940.00	
Due From Other Funds		
Prepaid Expenses	\$ -	
Working Capital Advance		
General Fund Advance	\$ -	
Total Assets:		\$ 0

Liabilities:

Current:

Due to Other Funds (Treasury for Discounts)		
Payable Compensated Absc.		
Deferred Revenue		
Accounts Payable		
Res for Adv from General Fund	\$ -	
Total Liabilities:		\$ -

Fund Equity:

Balance Beginning of Year	\$ (9,974,539)	
Reserve for Encumbrances	\$ -	
Unidentified Equity	\$ -	
Gain(Loss) from Operations	\$ 9,974,539	
Balance End of Period		\$ 0

Total Liabilities and Fund Equity:

\$ 0	
\$ (0)	unidentified

Notes:

*Unaudited Statement - Without accompanying discussion this document is incomplete

Comments:

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Attachment E
Agency Organization Chart and Board of Trustees Membership

Dirigo Health Agency Organization Chart

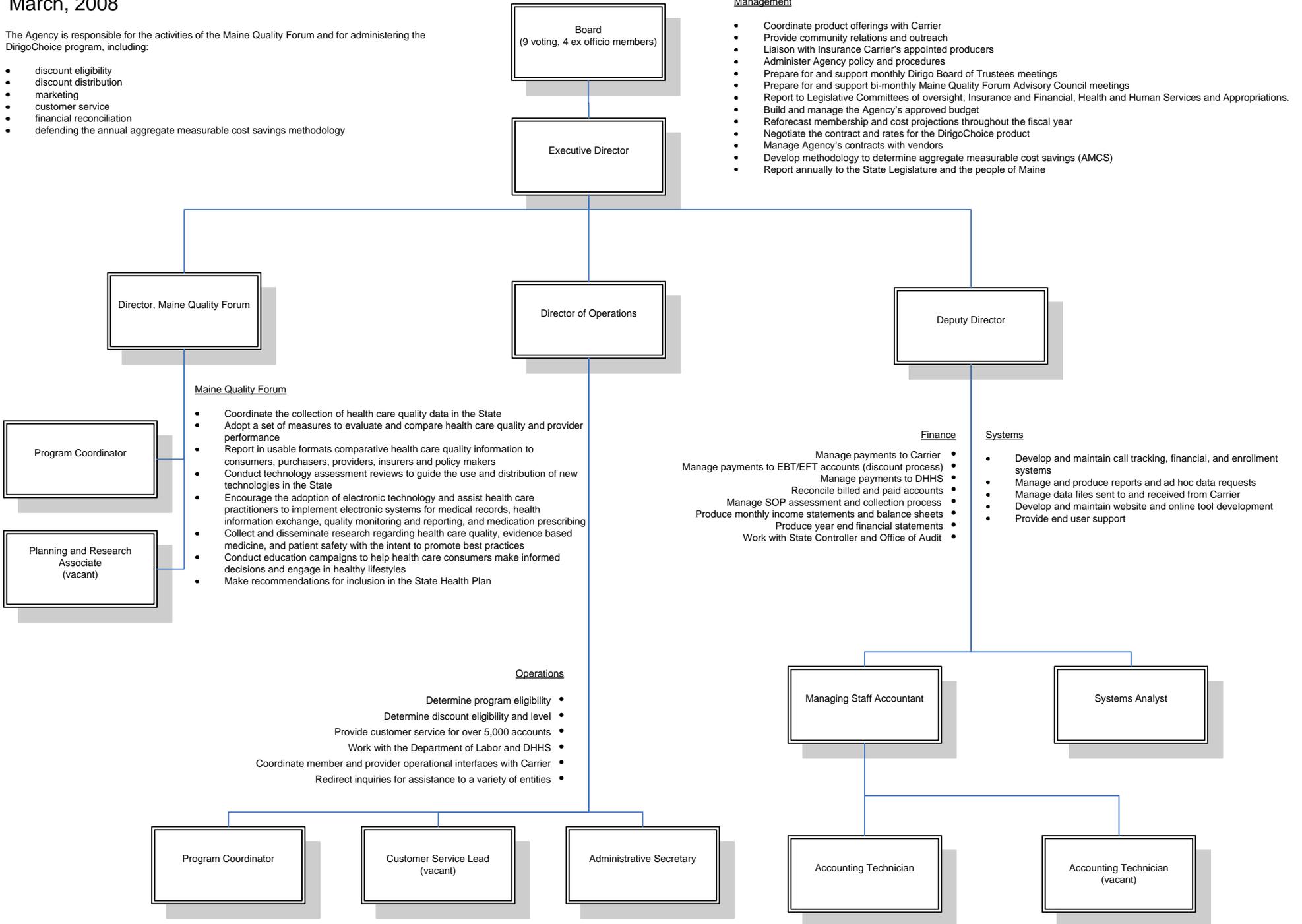
March, 2008

The Agency is responsible for the activities of the Maine Quality Forum and for administering the DirigoChoice program, including:

- discount eligibility
- discount distribution
- marketing
- customer service
- financial reconciliation
- defending the annual aggregate measurable cost savings methodology

Management

- Coordinate product offerings with Carrier
- Provide community relations and outreach
- Liaison with Insurance Carrier's appointed producers
- Administer Agency policy and procedures
- Prepare for and support monthly Dirigo Board of Trustees meetings
- Prepare for and support bi-monthly Maine Quality Forum Advisory Council meetings
- Report to Legislative Committees of oversight, Insurance and Financial, Health and Human Services and Appropriations.
- Build and manage the Agency's approved budget
- Reforecast membership and cost projections throughout the fiscal year
- Negotiate the contract and rates for the DirigoChoice product
- Manage Agency's contracts with vendors
- Develop methodology to determine aggregate measurable cost savings (AMCS)
- Report annually to the State Legislature and the people of Maine



Maine Quality Forum

- Coordinate the collection of health care quality data in the State
- Adopt a set of measures to evaluate and compare health care quality and provider performance
- Report in usable formats comparative health care quality information to consumers, purchasers, providers, insurers and policy makers
- Conduct technology assessment reviews to guide the use and distribution of new technologies in the State
- Encourage the adoption of electronic technology and assist health care practitioners to implement electronic systems for medical records, health information exchange, quality monitoring and reporting, and medication prescribing
- Collect and disseminate research regarding health care quality, evidence based medicine, and patient safety with the intent to promote best practices
- Conduct education campaigns to help health care consumers make informed decisions and engage in healthy lifestyles
- Make recommendations for inclusion in the State Health Plan

Operations

- Determine program eligibility
- Determine discount eligibility and level
- Provide customer service for over 5,000 accounts
- Work with the Department of Labor and DHHS
- Coordinate member and provider operational interfaces with Carrier
- Redirect inquiries for assistance to a variety of entities

Finance

- Manage payments to Carrier
- Manage payments to EBT/EFT accounts (discount process)
- Manage payments to DHHS
- Reconcile billed and paid accounts
- Manage SOP assessment and collection process
- Produce monthly income statements and balance sheets
- Produce year end financial statements
- Work with State Controller and Office of Audit

Systems

- Develop and maintain call tracking, financial, and enrollment systems
- Manage and produce reports and ad hoc data requests
- Manage data files sent to and received from Carrier
- Develop and maintain website and online tool development
- Provide end user support

Current Dirigo Health Agency Board of Trustees

Robert McAfee, MD, Chair

Jonathan S.R. Beal

Joseph Bruno

Edward David, MD, JD

Sara Gagne Holmes

Mary E. McAleney

Marianne Ringel

Mary Anne Turowski

Ellen Schneider, Ex Officio (Department of Financial Services Representative)

Trish Riley, Ex Officio (Governor's Office of Health Policy Representative)

Anne Head, Ex Officio (Bureau of Insurance Representative)

David G. Lemoine, Ex Officio (State Treasurer's Office Representative)