
Covered California

Marketing, Outreach & Enrollment Assistance Advisory Group

February 28, 2013

I. Welcome and Introductions

Marketing, Outreach and Enrollment Assistance Advisory Board Members

Frank Gilliam, Chair
Dean, UCLA Luskin
School of Public Affairs

James Araby, Executive
Director, Western States
Council, United Food and
Commercial Workers

Bryan Blum
Political Director, California Labor
Federation

Kathy Bowler
President, KBG (K Bowler Group)

Verne Brizendine
Director of State Programs,
Blue Shield of California

Lilian Coral
Director
2-1-1- California

Bill Lan
Head of Industry
Health Insurance & Services
Google Inc.

Pattie McCann
Marketing Director
Anthem Blue Cross

Alexandria Morehouse
Vice President, Permanente Brand
Experience & Advertising
Kaiser Permanente

Dale Reinert
Coordinator
Healthy Start Program
Los Angeles Unified School District

Christina Sanchez
Senior Partner
Milagro Strategy Group

Srija Srinivasan
Director of Strategic Operations
San Mateo County Health System

Pedro Toledo
Director
Community and Government Relations
Redwood Community Health Coalition

Sonya Vasquez
Policy Director
Community Health Councils

Anthony Wright
Executive Director
Health Access California

**Covered California Board
Participants**
Diana Dooley, Chair
Dr. Richard Ross, Member



Covered California's Vision and Mission

Vision

The vision of Covered California is to improve the health of all Californians by assuring their access to affordable, high quality care.

Mission

The mission of the Covered California is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Covered California's Values

Consumer-focused

At the center of the Exchange's efforts are the people it serves, including patients and their families, and small business owners and their employees. The Exchange will offer a consumer-friendly experience that is accessible to all Californians, recognizing the diverse cultural, language, economic, educational and health status needs of those we serve.

Affordability

The Exchange will provide affordable health insurance while assuring quality and access.

Catalyst

The Exchange will be a catalyst for change in California's health care system, using its market role to stimulate new strategies for providing high-quality, affordable health care, promoting prevention and wellness, and reducing health disparities.

Integrity

The Exchange will earn the public's trust through its commitment to accountability, responsiveness, transparency, speed, agility, reliability, and cooperation.

Partnership

The Exchange welcomes partnerships, and its efforts will be guided by working with consumers, providers, health plans, employers and other purchasers, government partners, and other stakeholders.

Results

The impact of the Exchange will be measured by its contributions to expanding coverage and access, improving health care quality, promoting better health and health equity, and lowering costs for all Californians.



Covered California Governance

Independent Public Entity with Qualified Board

Diana Dooley, Board Chair and Secretary of the California Health and Human Services Agency, which provides a range of health care services, social services, mental health services, alcohol and drug treatment services, income assistance and public health services to Californians

Kim Belshé, Senior Policy Advisor of the Public Policy Institute of California, former Secretary of California Health and Human Services Agency, and former Director of the California Department of Health Services

Paul Fearer, Senior Executive Vice President and Director of Human Resources of UnionBanCalCorporation and its primary subsidiary, Union Bank N.A., Board Chair of Pacific Business Group on Health, and former board chair of Pacific Health Advantage

Robert Ross, M.D., President and Chief Executive Officer of The California Endowment, previous director of the San Diego County Health and Human Services Agency from 1993 to 2000, and previous Commissioner of Public Health for the City of Philadelphia from 1990 to 1993

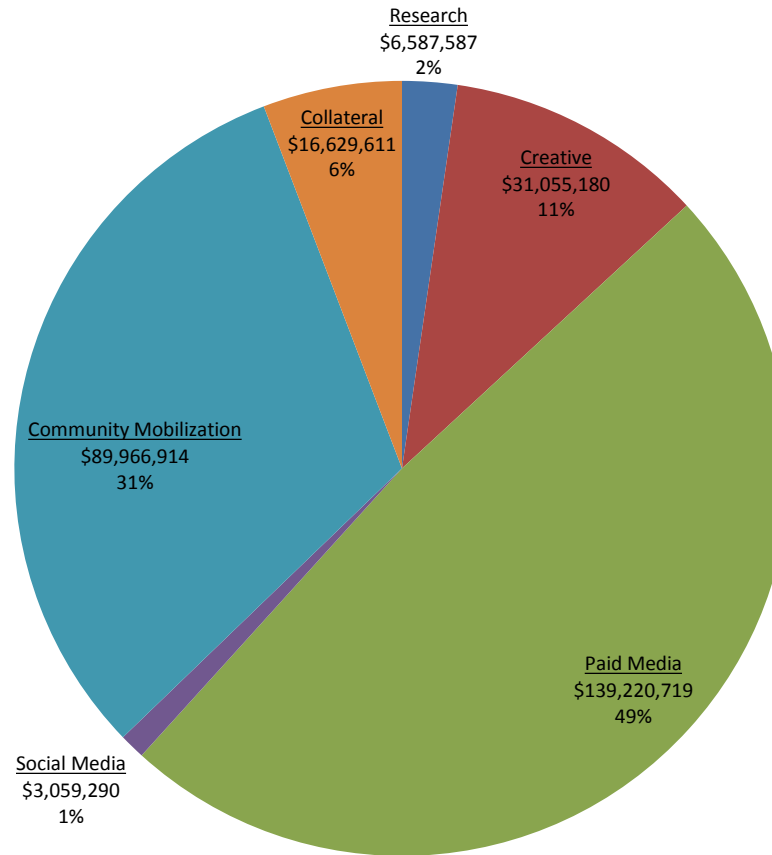
Susan Kennedy, Nationally-recognized policy consultant, former Deputy Chief of Staff and Cabinet Secretary to Governor Gray Davis, former Chief of Staff to Governor Arnold Schwarzenegger, former Communications Director for U.S. Senator Dianne Feinstein, and former Executive Director of the California Democratic Party



Foundations of Covered California's Success

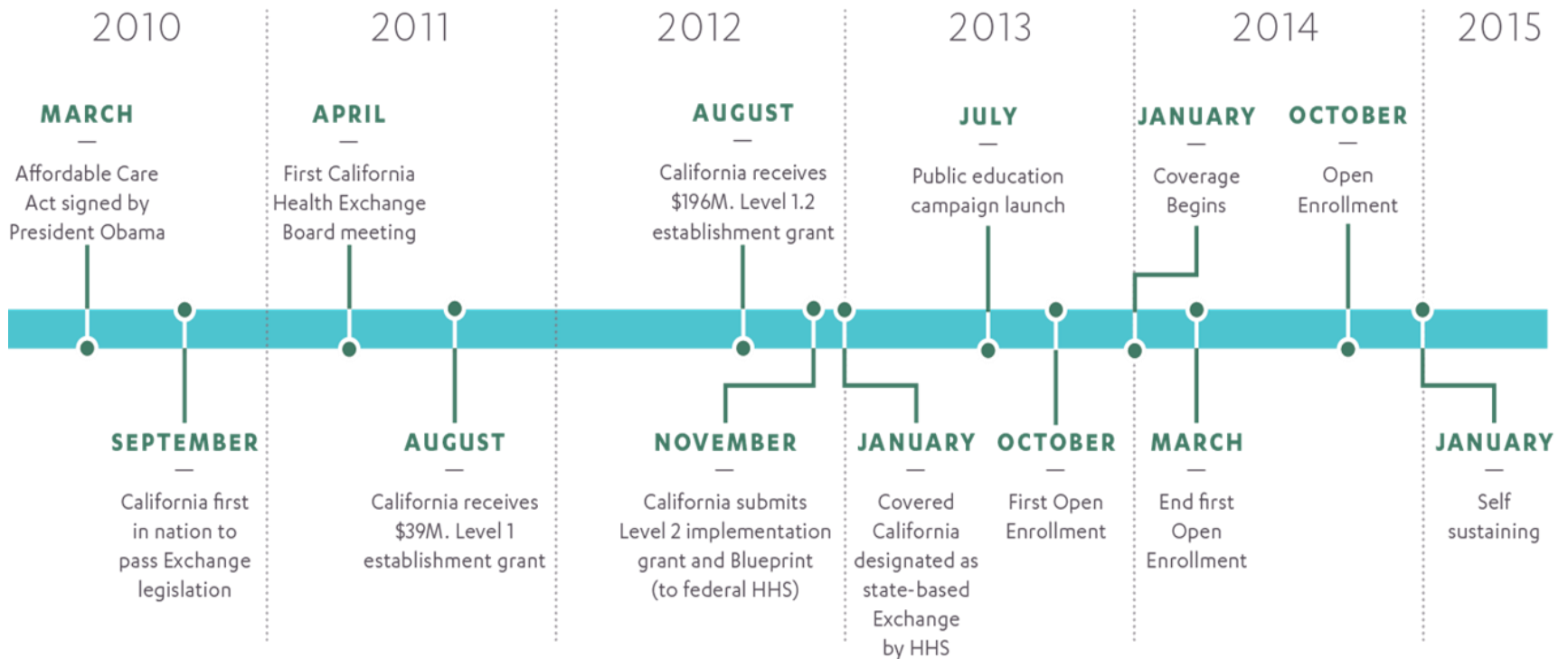


Marketing Budget : 2013-2014



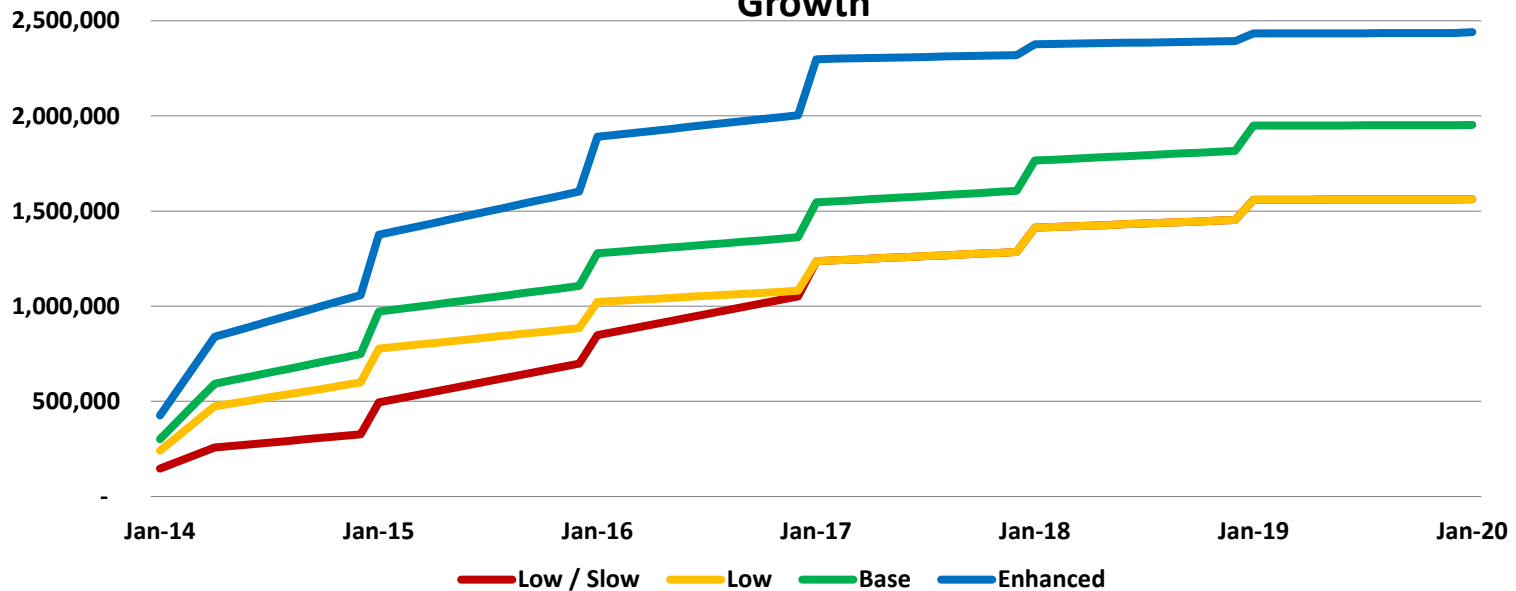
Total Marketing Budget: \$286,519,301

Covered California's Milestones



“Aim High” and Plan for Uncertainty

Exchange Subsidized & Unsubsidized Enrollment Projection Profile and Growth



	Jan-14	Jan-15	Jan-16	Jan-17	Jan-18	Jan-19	Jan-20
Low / Slow	150,000	490,000	850,000	1,240,000	1,410,000	1,560,000	1,560,000
Low	240,000	780,000	1,020,000	1,240,000	1,410,000	1,560,000	1,560,000
Base	300,000	970,000	1,280,000	1,550,000	1,770,000	1,950,000	1,950,000
Enhanced	430,000	1,380,000	1,890,000	2,300,000	2,380,000	2,430,000	2,440,000

Covered California is seeking to enroll as many Californians as possible. Covered California is working to meet and exceed its goals, while at the same time planning for lower enrollment by developing budgets that can be adjusted and constantly adjusting its marketing, outreach and operations as needed based on new information and experience.

Marketing, Outreach and Enrollment Assistance Advisory Group Charter

- **Purpose:** To collect California-specific perspectives from key experts and stakeholders, provide advice and recommendations and serve as a sounding board to the Covered California Board and staff to assist in the continual refinement of policies and strategies.
- **Scope:** To provide input on marketing strategies by target population and media channel, effective community outreach strategies and strategies for providing in-person assistance with enrollment in insurance affordability programs.
- **Structure:** Advisory Group members are selected for an initial two-year term and meet quarterly.

Commitment to Transparency

- We are very public:
 - Public Records Act: The Public has the right to inspect and/or obtain copies of public records maintained by Covered California.
 - Assume all emails will be in the LA Times
 - Meetings are public
 - Advisory group discussions – individuals’ comments will NOT be treated as “positions” of the organizations they represent, but press and the public will be at quarterly meetings
- Advisory Group members may be contacted by media organizations, but do not “represent” Covered California
- Covered California may informally reach out to some or all of the Advisory Group for input between meetings.

II. Marketing: Benefits Standardization Messaging

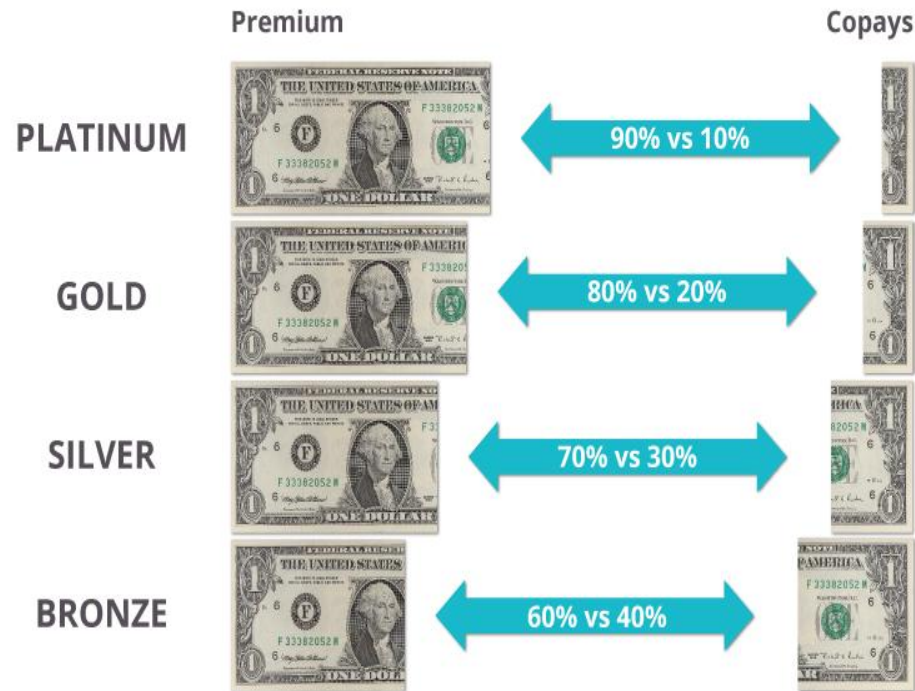


Consumer benefits of new health care market rules

- No one can be denied, no lifetime limits
- Carriers must spend 80% of premiums on care
- Health plans held accountable for quality
- Essential benefits:
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care

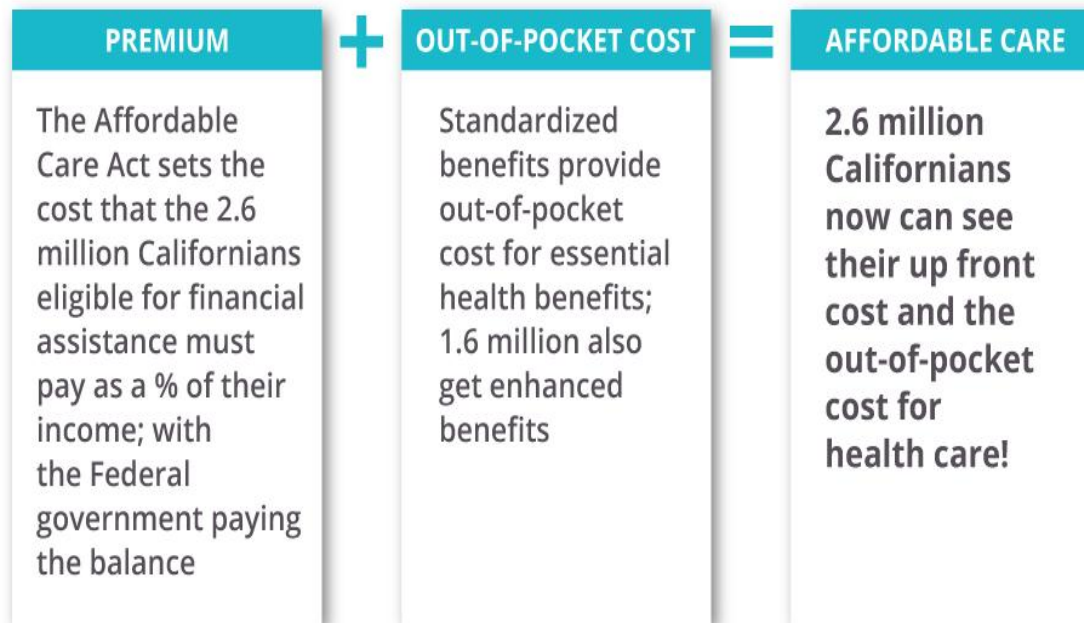


Consumers make informed decisions about premiums vs. copays





Making care more affordable



Covered California's 2014 Standard Plans for Individuals – Key Benefits

	Platinum	Gold	Silver	Bronze
	89.1% of Costs	79.0% of Costs	68.4% of Costs	59% of Costs
	No Deductible	No Deductible	No Deductible	\$5,000 Deductible for Medical and Drugs
Preventive Care Copay	No Cost – 1 Ann Visit	No Cost – 1 Ann Visit	No Cost – 1 Ann Visit	No Cost – 1 Ann Visit
Primary Care Visit Copay	\$20	\$30	\$45	\$60 for 3 Visits
Specialty Care Visit Copay	\$40	\$50	\$65	\$70
Urgent Care Visit Copay	\$40	\$60	\$90	\$120
Emergency Room Copay	\$150	\$250	\$250	\$300
Lab Testing Copay	\$25	\$30	\$45	30%
X-Ray Copay	\$40	\$50	\$65	30%
Generic Medication Copay	\$5	\$20	\$25	\$25
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans).	<u>HMO</u> Outpatient Surgery -- \$250; Hospital -- \$250 per day up to 5 days <u>PPO</u> 10%	<u>HMO</u> Outpatient Surgery -- \$600; Hospital -- \$600 per day up to 5 days <u>PPO</u> 20%	\$2,000 Medical Deductible <u>HMO</u> Outpatient Surgery -- \$600; Hospital -- \$600 per day up to 5 days <u>PPO</u> 20%	30% of Your Plan's Negotiated Rate
Brand Medications may be subject to an Annual Deductible before you Pay the Copay	None	None	\$250 Drug Deductible then you pay the Copay Amount	No Separate Drug Deductible
Preferred Brand Copay After Deductible is Paid	\$15	\$50	\$50	\$50
ANNUAL MAXIMUM OUT-OF-POCKET COST TO YOU	\$4,000 for you and \$8,000 for your family	\$6,400 for you and \$12,800 for your family	6,400 for you and \$12,800 for your family	6,400 for you and \$12,800 for your family

Covered California's 2014 Sliding Scale Plans – Family of 4

*Eligible for Federal Subsidy

Annual Income	\$23,550 - \$35,325	\$35,325 - \$47,100	\$47,100 - \$58,875	\$58,875 - \$94,200
Monthly Consumer Cost <small>(Balance paid by Federal subsidy)</small>	\$39 - \$118	\$118 - \$247	\$247 - \$395	\$395 - \$746
Deductible (if Any)	No Deductible	No Deductible	\$1500 Medical Deductible	\$2000 Medical Deductible
Preventive Care Copay	No Cost – 1 Annual Visit	No Cost – 1 Annual Visit	No Cost – 1 Annual Visit	No Cost – 1 Annual Visit
Primary Care Visit Copay	\$3	\$15	\$40	\$45
Specialty Care Visit Copay	\$5	\$20	\$50	\$65
Urgent Care Visit Copay	\$6	\$30	\$80	\$90
Lab Testing Copay	\$3	\$15	\$40	\$45
X-Ray Copay	\$5	\$20	\$60	\$65
Generic Medication	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans)	<u>HMO</u> Outpatient Surgery -- \$250; Hospital -- \$250 per day up to 5 days <u>PPO</u> 10%	<u>HMO</u> Outpatient Surgery -- \$600; Hospital -- \$600 per day up to 5 days <u>PPO</u> 20%	20% or Your Plan's Negotiated Rate	20% or Your Plan's Negotiated Rate
Brand Medications May be subject to Annual Drug Deductible before the Copay	No Deductible on Brand Drugs	\$50 Brand Drug Deductible then you pay the Copay Amount	\$250 Brand Drug Deductible then you pay the Copay Amount	\$250 Brand Drug Deductible then you pay the Copay Amount
Preferred Brand Copay After Drug Deductible	\$5	\$18	\$30	\$50
MAXIMUM OUT-OF-POCKET FOR ONE	\$2,250	\$2,250	\$5,200	\$6,400
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$4,500	\$4,500	\$10,400	\$12,800



Message Testing Study Specifics

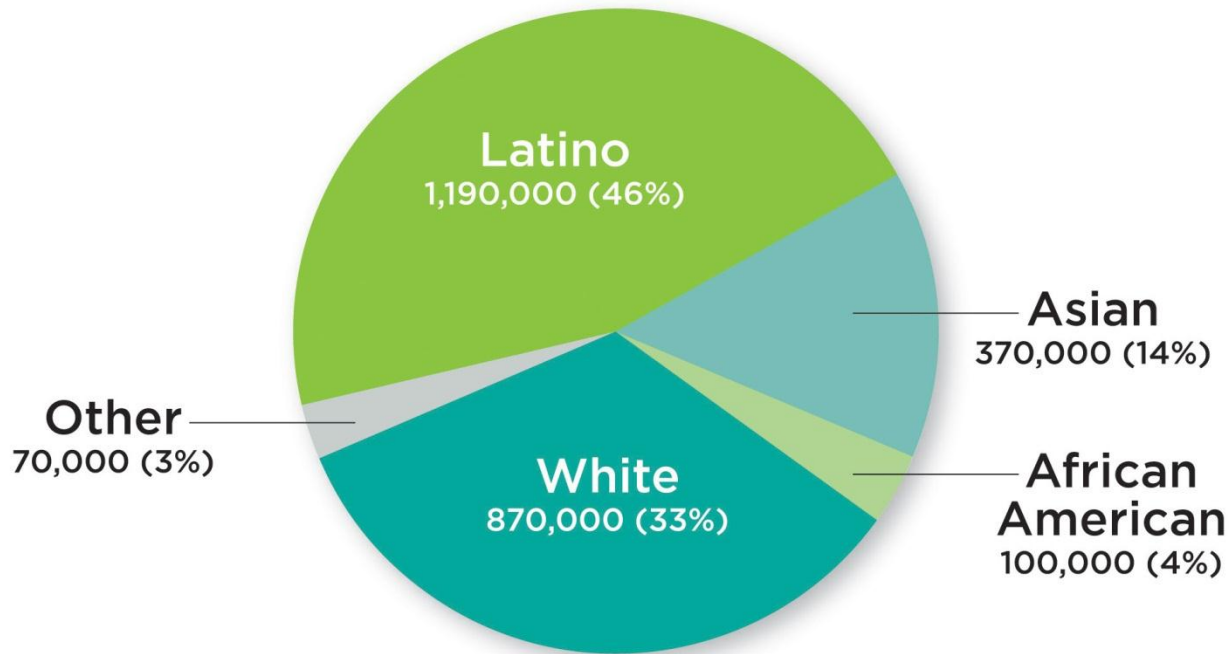
• Segment Messages

- While all segments are aware of the coming changes, they are unsure of how the changes relate specifically to them. In the main message, it is key to share pertinent information about how they can take advantage of the new health care law
- All segment types quote costs and coverage as primary concerns when looking to buy health insurance
- Younger segments (Just Getting Started, Independent and Connected and Calculated Risk Takers) believed that they didn't need insurance, whereas older segments (At Risk & Aging and Aging & Denied) mentioned that they would get peace of mind if they purchased health insurance
- Individual mandate resonates more with certain segment types than others
- Differences exist between the segments about attitudes over the coming changes and messaging will need to be couched per their current attitudes
- Channel of enrollment differs between older segment and younger segment types

• Message Testing Methodology

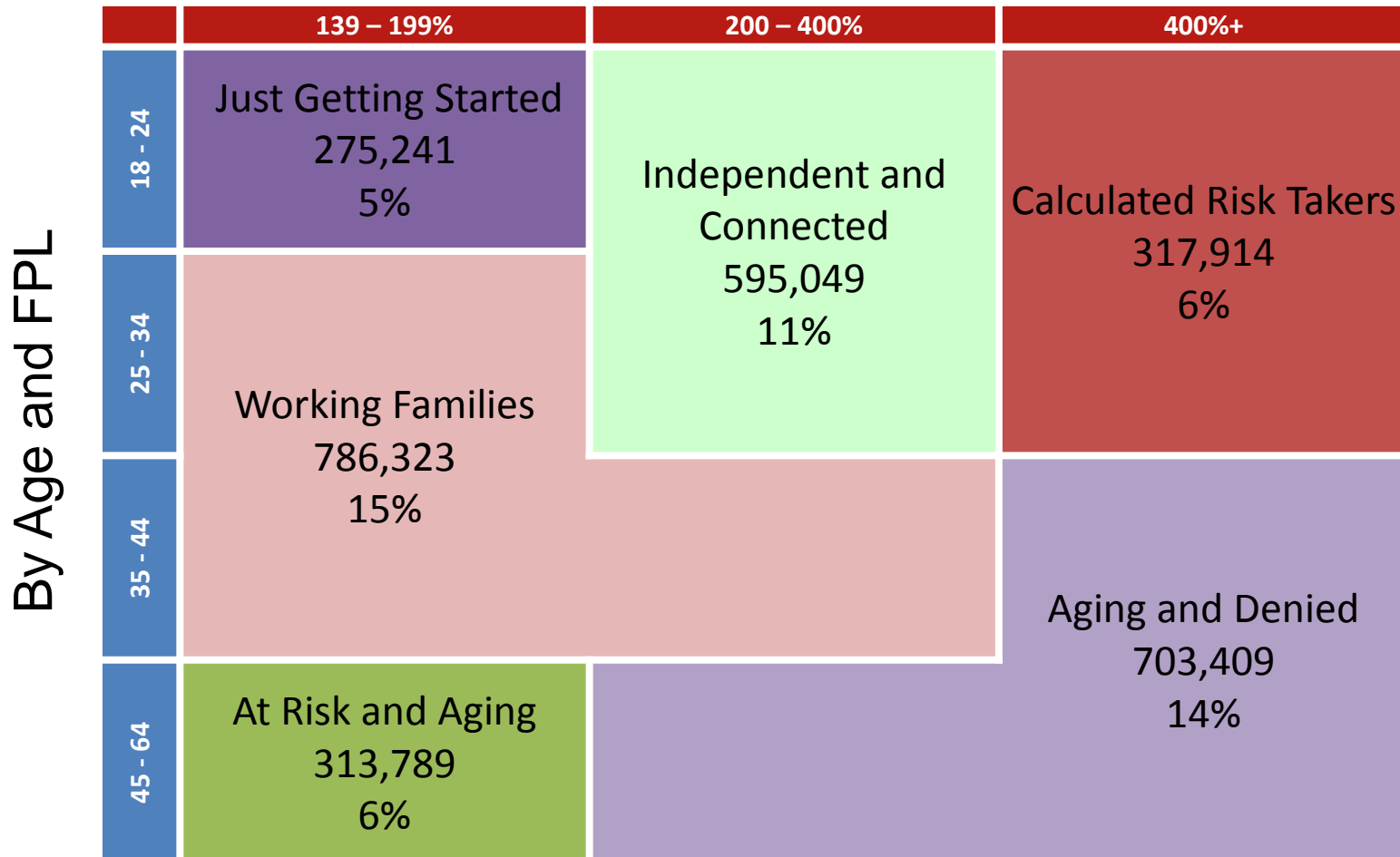
- 24 focus groups across all Exchange languages will be conducted in Los Angeles, San Francisco, Fresno and Sacramento
- Participants were asked about their sentiments about the coming changes, why they are uninsured and their sentiments about having access to health insurance
- Given the still-growing awareness of Covered California, it is important to test an overarching message as well as segment-specific messages
- First, the overarching message was tested. This was followed by segment-specific and segment-adjacent messages
- Finally, the participants were asked to rank order support points (most to least important)

Ethnic Mix of Exchange Subsidy Eligible Californians



Source: CalSIM model, Version 1.8

Who are Covered California's Target Audiences?



Messaging Architecture

BIG IDEAL	<p>The Marketplace believes California would be a better place if everybody believed that investing in their health was a good deal.</p>					
MAIN MESSAGE	<p>Taking care of your health has always been important, but it hasn't always been worthwhile – not affordable and not easy. Covered California is changing all that by providing a simple and easy destination to access first-rate plans from companies you trust. Covered California is the only place where you can get financial help from the federal government to lower your cost of insurance. Whether you are looking for general check-ups, care for an existing condition or protection from an unforeseen event, there is a worthwhile plan for you and your family. It's not just about the law; it's about your peace of mind.</p>					
SEG	Just Getting Started	Working Families	Independent and Connected	Calculated Risk Takers	At Risk and Aging	Aging and Denied
SEGMENT MESSAGE	<p>Protect your health for much less than you'd expect.</p>	<p>The pride of protecting what's most important to you – your family.</p>	<p>A full life requires a protection plan.</p>	<p>We hope you never need it, but it's good to know you have it.</p>	<p>The healthcare you've been waiting (and waiting and waiting) for is here.</p>	<p>A major improvement to the options you had.</p>
SUPPORT POINTS	<ul style="list-style-type: none"> • Huge subsidies • Many will pay \$0 premium • Covers reproductive services 	<ul style="list-style-type: none"> • Financial help provided based on income level • First-rate care • Simple to use 	<ul style="list-style-type: none"> • Easy to access • First-rate care • Compare private plans 	<ul style="list-style-type: none"> • Simple to use • Accessible online, but live people are available • Even if you think you don't need it 	<ul style="list-style-type: none"> • Cannot be dropped or denied coverage – even for pre-existing conditions • Healthcare for all • Historic, fundamental change 	<ul style="list-style-type: none"> • Cannot be dropped or denied coverage – even for pre-existing conditions • The government has leveled the playing field • Compare private plans



Communications Blueprint

 **DESIRED RESPONSE**

 **PRIMARY BARRIERS**

 **PRIMARY DRIVERS**

 **ROLES FOR COMMUNICATIONS**

	DESIRED RESPONSE	PRIMARY BARRIERS	PRIMARY DRIVERS	ROLES FOR COMMUNICATIONS
INSPIRATION TO CONSIDER	“Wow, this is actually different. The government is making sure that the insurance companies provide first-rate, affordable healthcare coverage to everyone.”	<ul style="list-style-type: none"> • “It doesn’t matter what they do or say. Healthcare is just too expensive.” • “This is going to be second-class coverage.” 	<ul style="list-style-type: none"> • “It must be real. People are excited. I see it all over .” • “I’ve been waiting for healthcare to be affordable.” • “I want to choose the plan that is right for me.” 	TRANSFORM the perception of insurance as an unaffordable burden to a good deal that has real benefits
EXPLORATION	“Getting covered makes sense for me/my family. It might not be easy, but I know I /we can afford it.”	<ul style="list-style-type: none"> • “This is still quite expensive.” • “This seems complex and time consuming. I don’t know how to deal with this.” • “I don’t want a government handout.” 	<ul style="list-style-type: none"> • “This will allow me to take care of my/my family’s health and not put them at risk.” 	EQUIP people with personalized resources to compare the price and effort required with the tangible and emotional benefits that insurance provides
PURCHASE	“The experience was manageable. I was able to compare plans and pick the right one for me/us at a price I could afford.”	<ul style="list-style-type: none"> • “I’m completely overwhelmed. There are way too many plans, and I don’t know which is the right one for me/us.” 	<ul style="list-style-type: none"> • “There are a lot of people/tools who are able to help point me in the right direction.” 	NAVIGATE people through the signup process in a clear, reassuring, personalized way; offering personalized assistance if they require it, wherever and whenever it's needed.
RELATIONSHIP	“I’m no longer on my own. I can now get/am getting care when I need it.”	<ul style="list-style-type: none"> • “I feel like I’m getting second class coverage.” • “What am I paying for? I don’t really have any health issues.” 	<ul style="list-style-type: none"> • “The service center is my advocate. They’re able to help me with all of my issues and questions.” • “My insurance plan is worth it. The care is great.” 	PARTNER with plans so that people understand how to maximize the value of their coverage
AMPLIFICATION	“I’m going to tell my friends and family about the marketplace.”	<ul style="list-style-type: none"> • “I’m not on welfare, and I don’t want people thinking that I am.” 	<ul style="list-style-type: none"> • “Getting covered worked for me, and I know others this can help.” • “There’s no shame in tax credits on my mortgage, education. Why not health care?” 	CELEBRATE real life success stories in order to accelerate the ubiquity of the insured

Communications Blueprint



**DESIRED
RESPONSE**



**ROLES FOR
COMMUNICATIONS**

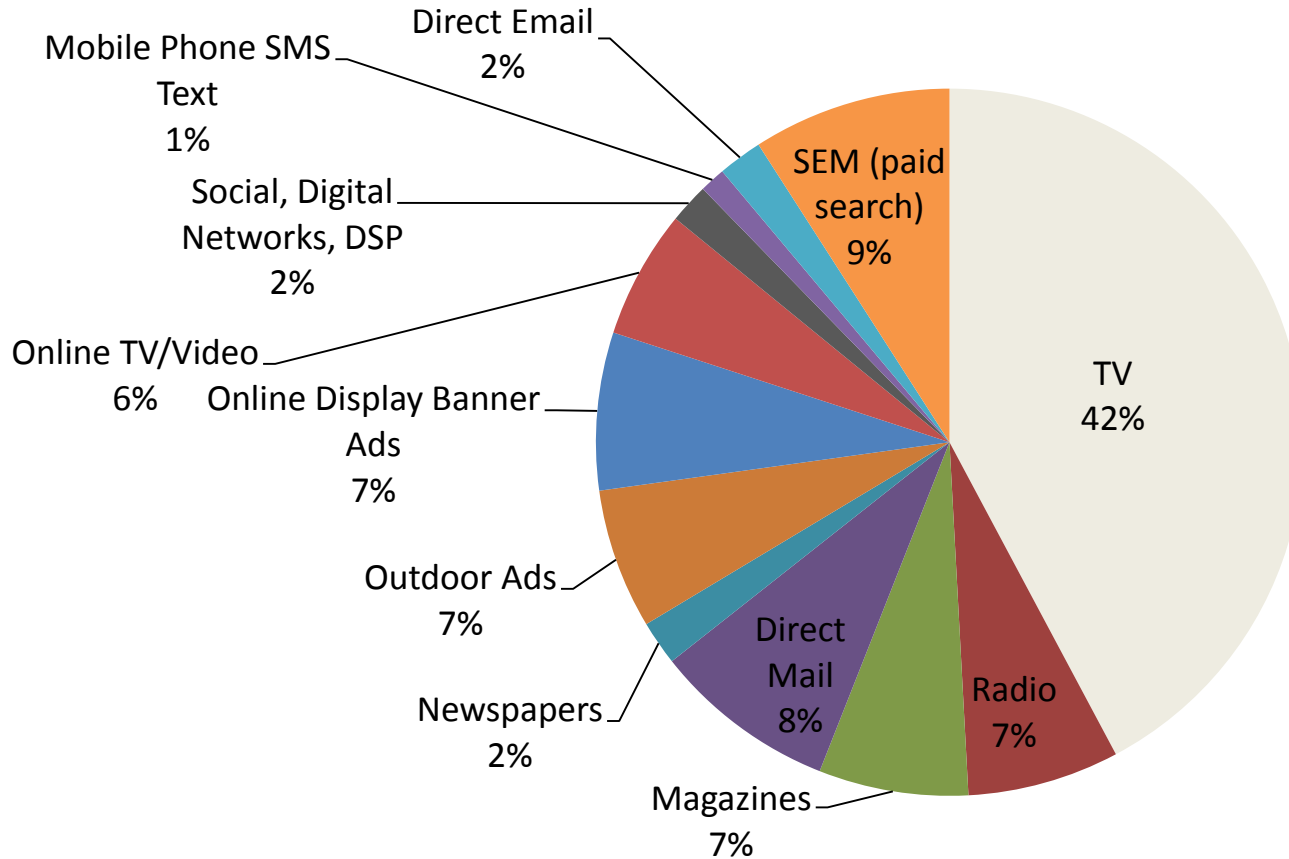


**CHANNEL
PALETTE**

			MASS	ONE TO ONE	EXPERIENTIAL
INSPIRATION TO CONSIDER	“Wow, this is actually different. The government is making sure that the insurance companies provide first-rate, affordable healthcare coverage to everyone.”	TRANSFORM the perception of insurance as an unaffordable burden to a good deal that has real benefits	<ul style="list-style-type: none"> • Media Relations • TV (Broadcast, DRTV, PSA) • Digital sponsorships • OOH (30 sheets, bulletins) • Print (Magazine & Newspaper) • Digital & Traditional Radio • Branded Entertainment 	<ul style="list-style-type: none"> • Mobile Texts • Assisters • Paid Social Media • Pamphlets • Out-bound Telemarketing 	<ul style="list-style-type: none"> • Event and Festival Sponsorship • Community Outreach • Retail/ Pharmacy Partnerships • Other Partnerships
EXPLORATION	“Getting covered makes sense for me/my family. It might not be easy, but I know I /we can afford it.”	EQUIP people with personalized resources to compare the price and effort required with the tangible and emotional benefits that insurance provides	<ul style="list-style-type: none"> • Vertical Interest Print • Retargeted Digital banners • Media Relations • Digital Rich Media units 	<ul style="list-style-type: none"> • Direct Mail/Email • SMS Response • Social CRM • Assisters • Website • Personalized Tools (Calculator) • Search 	<ul style="list-style-type: none"> • Retail/ Pharmacy Partnerships
PURCHASE	“The experience was manageable. I was able to compare plans and pick the right one for me/us at a price I could afford.”	NAVIGATE people through the signup process in a clear, reassuring, personalized way; offering personalized assistance if they require it, wherever and whenever it's needed.	<ul style="list-style-type: none"> • Strategic Partnership Co-Marketing • Digital banners and video • Digital rich media units (PC and Mobile) 	<ul style="list-style-type: none"> • Website • Assisters • Click-to-Chat • 1800 Hotline and Helpdesk 	<ul style="list-style-type: none"> • Custom/Original Events • Retail/ Pharmacy Partnerships
RELATIONSHIP	“I’m no longer on my own. I can now get/am getting care when I need it.”	PARTNER with plans so that people understand how to maximize the value of their coverage	<ul style="list-style-type: none"> • Health Plan Co-Marketing le: Email, print, online, events • Media Relations • Local digital sponsorships on relevant editorial sites • Affiliate programs 	<ul style="list-style-type: none"> • Direct Mail • CRM E-mail • CRM Phone • 1800 Hotline and Helpdesk • Health Plan Co-CRM • Newsletter • Retargeted Digital 	<ul style="list-style-type: none"> • Custom/Original Events
AMPLIFICATION	“I’m going to tell my friends and family about the marketplace.”	CELEBRATE real life success stories in order to accelerate the ubiquity of the insured	<ul style="list-style-type: none"> • Online Testimonials • Social Media Testimonials • Flexible Film • Cross-Media Editorial • Media Relations • Retargeted Digital Display/Video 	<ul style="list-style-type: none"> • Paid social banners • Social outreach • Mobile text/video 	<ul style="list-style-type: none"> • Custom/Original Events • Community Outreach



Paid Media 2013/2014 (Subject to Change)



Initial Reaction – Questions, Comments

Are We On The Right Track?

What Are We Missing?

Other Suggestions?

III. Web Presence & Social Media



Now online



www.CoveredCA.com



facebook



WWW.CoveredCA.Com

- Easy to understand, basic information
- Cost Calculator provides estimate on federal assistance possible to households, based on income and numbers in household.
- Fact Sheets in the following languages:
 - English
 - Spanish
 - Vietnamese
 - Khmer (Camodian)
 - Hmong
 - Armenian
 - Chinese
 - Korean
 - Russian
 - Farsi
 - Laotian
 - Tagalog
 - Arabic

Social Media 2013 Phased Approach

Conversation research shows that consumers are uneducated about California's adoption of the Affordable Care Act, and the only people talking in social spaces are reporters and politicians who are sharing opinion or general news, not facts about Covered California. Because of this, we have developed a phased approach for social media. Phases Two and Three are under development at this time and will be informed by additional research being conducted right now along with conversation data gathered during Phase One. The Phases are as follows:

Phase One: Education & Content Development

- January – April

Phase Two: Program Amplification & Storytelling

- May – August

Phase Three: Enrollment & Event Activation

- September – December



Phase One: Education & Content Development

During Phase one, Covered California launched all official social media channels and resources.

TACTICS:

- Ongoing Community Management on Facebook, Twitter, Google+ and YouTube
- Ongoing Listening and Monitoring on all social channels across the web
- Monthly “Ask the Expert” Q&A Series via online forum
- Monthly Influencer Outreach and Engagement

J F M A M J J A S O N D

TIMING



Phase Two: Program Amplification & Storytelling

Once Covered California is more widely recognized and has established a strong social media presence, we will begin incorporating more engaging content, increasing influencer outreach efforts and launch social media paid advertising.

TACTICS:

Consumer Story Sharing via Facebook Tab

Social Video Series

Live Exchange Forums: Quarterly Roundtable Discussions

SMS Texting/Mobile Campaign

J F M A M J J A S O N D

TIMING



Phase Three: Enrollment & Event Activation

We will leverage all Covered California assets online to show Californians the power of health insurance, its attainability and immediacy, and we will drive them to the CalHEERS site to sign up.

TACTICS:

Paid Social Media Advertising on Twitter, Facebook, LinkedIn

J F M A M J J A S O N D

TIMING



Initial Reaction -- Questions? Comments?

**When Do We Start Driving Business To Website?
(Open Enrollment or Before?)**

**Suggestions for Pushing Web Traffic and Social Media
Between Now and Open Enrollment.**

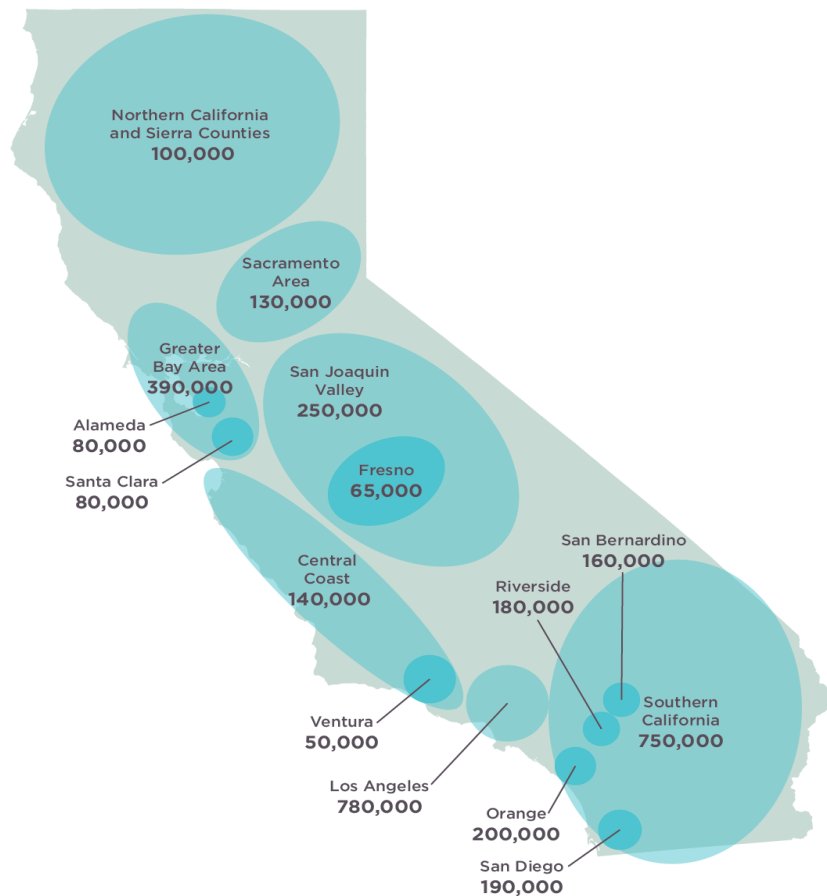
Other Effective Engagement Methods?

IV. Community Mobilization

California's Subsidy Eligible Population is Spread Throughout the State

California's expanse, diverse geography and mix of rural and urban areas are unique and present outreach challenges.

Exchange Eligible Population by Region



Source: CalSIM model, Version 1.8



Outreach and Education Grant Program Update

Release of Grant Application – 1/25/13

- \$43 million program
- Range \$250,000 - \$1,000,000 awards
- Estimated 100 – 150 awards

Bidder's Conference – 2/6/13

- Over 650 individuals attended the webinar

Over 350 Letters of Intent to Apply were received

Awards in late April



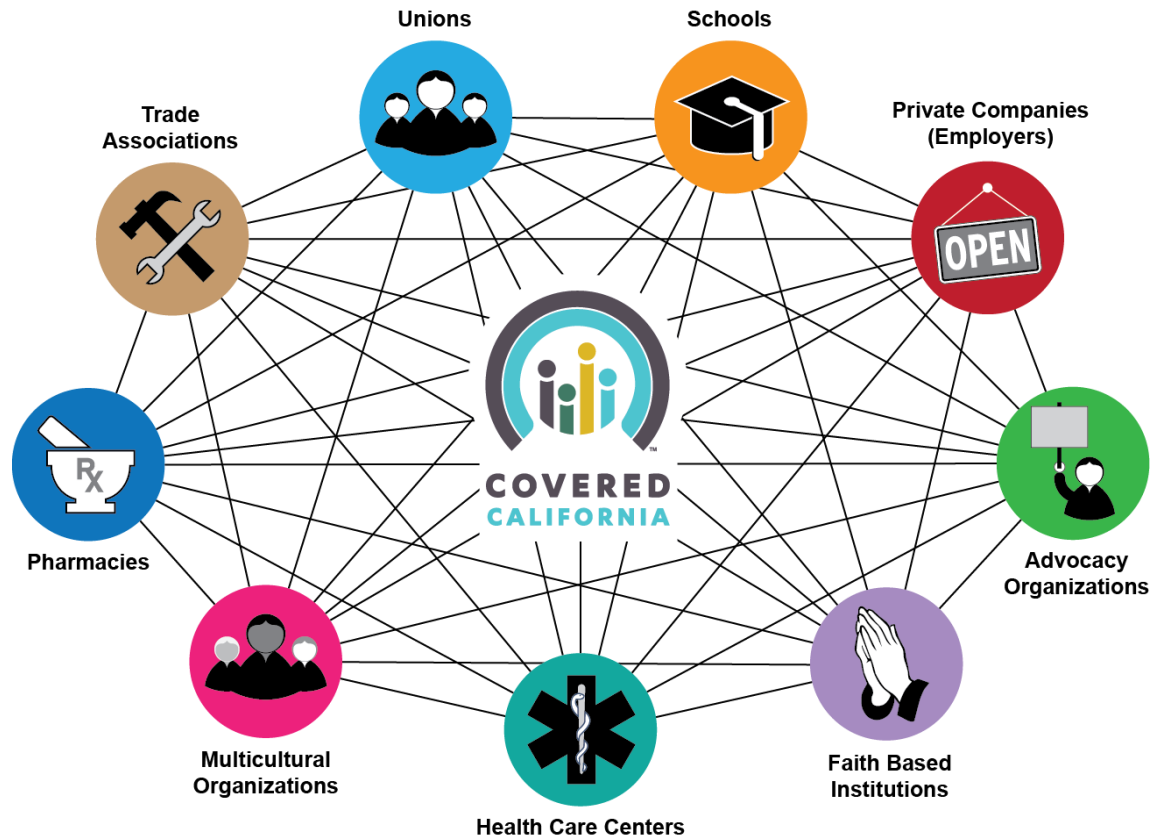
Covered California Network

Organizations may have multiple roles with Covered California:



Community Outreach Networks

The Community Outreach Network will drive consumers to outreach, education and enrollment activities.



Initial Reaction --

**How Can We Integrate Community Mobilization
With Marketing, Social Media and Other Efforts?**

**Outside of Those Getting Grants, Who Should We Also
Be Working With?**



V. Enrollment Assistance

Introduction to Assisters Program

- The Assisters Program will be comprised of trusted and known organizations that are critical resources in order to build a “culture of coverage” to help millions of Californians enroll into affordable health insurance.
- The Assisters Program will engage organizations to help consumers learn, navigate, and apply for qualified health plans offered by Covered California.
- The Assisters Program will be implemented statewide and will motivate consumers to take steps to enroll into Covered California.
- The Assisters Program will provide one-on-one, in-person assistance to help California’s diverse population learn about their health insurance options. Assistance will be provided in culturally and linguistic appropriate manners.

Assisters Program, Outreach, Education, Marketing & Enrollment Guiding Principles

- Promote maximum enrollment of individuals into health coverage by providing a one-stop shop marketplace for affordable, quality health care options and health insurance information.
- Build on and leverage existing resources, networks and channels to maximize enrollment, including close collaboration with state and local agencies, community organizations, businesses and other stakeholders with common missions.
- Consider where the eligible populations live, work, play and shop; and, select tactics and channels that are based on research and evidence of how different populations can best be reached and encouraged to enroll (and once enrolled, retain coverage).
- Marketing and outreach strategies will reflect and target the mix and diversity of those eligible for coverage.
- Establish a trusted statewide Assisters Program that reflects the cultural and linguistic diversity of the eligible populations.
- Ensure that Assisters are knowledgeable of both subsidized and non-subsidized health care options.

Assisters Program Overview

Assister Enrollment Entities and Individual Assisters:

Types of Assister Enrollment Entities and Assisters:

- In-Person Assistance
- Navigators
- Collectively referred to as “**Assisters Program**”

What are Assister Enrollment Entities?

- Entities and organizations eligible to be trained and registered to provide in-person assistance to consumers and help them apply for Covered California programs.
- Entities that have access to Covered California’s targeted populations.

Who are Individual Assisters?

- Individuals who are employed, trained, certified, and linked to Assister Enrollment Entities to provide in-person assistance to consumers and help them apply for Covered California programs.
- Individuals who provide assistance in culturally and linguistic appropriate manners to consumers.



Assisters Program Overview

Similarities between In-Person Assistance Program and Navigator Program:
Roles and responsibilities include:

Roles & Responsibilities:	In-Person Assistance Program	Navigator Program
1. Conduct public education activities to raise awareness of the availability of Covered California products	–	X
2. Distribute fair and impartial information concerning enrollment into qualified health plans	X	X
3. Facilitate enrollment into qualified health plan available through Covered California	X	X
4. Provide referrals to Consumer Assistance Programs	X	X
5. Provide information that are culturally and linguistically appropriate	X	X

Assisters Program Overview

Differences between In-Person Assistance Program (IPA) and Navigator Program:

	In-Person Assistance Program	Navigator Program
Funding Source	Level 2 - Initial Application Operating Costs/Self-Sustainability Funds- Renewals	Operating Costs (e.g., self-sustainability funds)
Compensation	Fee-for-enrollment program providing application assistance payment for application resulting in successful Covered California initial enrollment or renewal	Grant –based program performance-based block funding based on grantees’ Covered California QHP enrollment targets.
Payment Method	“Flat Fee Basis” Per Successful Application (\$58) Per Successful Annual Renewal (\$25)	Grant Program
Implementation Timeline	Occurs Before Open Enrollment (pre-October 2013)	Occurs After Open Enrollment (December 2013) *

(e.g., geographic areas and/or targeted market segments), enrollment grants for the Navigator Program will be awarded to entities to minimize gaps in providing enrollment assistance.



Assisters Recruitment Strategies

Assisters Recruitment Strategy:

- **Reflect the mix and diversity of Covered California's eligible populations:**
 - Geographic factors (county level)
 - Non-geographic factors:
 - Ethnicity of eligible population
 - Primary language of eligible population (e.g., limited-English proficiency)
 - Income levels of eligible population (e.g., 138% - 250% FPL, 250% - 400% FPL, and 400%+ FPL)
 - Employment sectors of eligible populations (including college students)
 - Coordination with paid media and community mobilization activities
- **Passive Recruitment (preliminary strategies – 1st Quarter 2013):**
 - Broad outreach to potentially eligible entities:
 - Outreach & Education Grant Application – “Assisters Interest Form”
 - Provide link to “Assisters Interest Form” on Exchange’s website
 - Webinars soliciting interest from entities
 - Announce recruitment via Covered California ListServe
 - Promote “Assisters Interest Form” in MRMIB’s Enrollment Entity Newsletter and Health-e-App e-mail blast – targeting existing Assisters network

Assisters Recruitment Strategies

Assisters Recruitment Strategy:

- *Active Recruitment (preliminary strategies – 2nd Quarter 2013):*
 - Identify gaps based on entities who have expressed interest
 - Deploy Assister Program Specialists to conduct targeted recruitment in each county (calls and in-person recruitment)
 - Work with organizations to reach entities that have access to targeted population
 - Leverage work of Community Outreach Network to identify and recruit interested entities
 - Advertisements in specific newsletters and ads in relevant publications
 - Letters to existing enrollment entities and organizations whose mission align with Covered California
 - Presentation at Conferences

Training Overview

Assisters Program Training

- 2-3 Day Training
- Instructor Lead training available
- Computer Based training available
- Training located at various locations throughout California (TBD)

Currently Identified Training Requirements

- Initial Training
- Refresher Training
- Annual Recertification Training
- Agent Training

Proposed Timeline

In-Person Assistance Program	Date
Assisters Enrollment Entity & Individual Assisters Application Release	Early-April 2013
Assisters Help Desk Launch	Early-April 2013
IPA Recruitment Begins	Early-May 2013
Assisters Enrollment Entity Training Begins	Early-Mid-August 2013
Individual Assisters Training & Certification Begins	Early-Mid-August 2013
IPAs Begin Enrollment Assistance	October 1, 2013

Navigator Program	Date
Navigator Grant Application Release	June 2013
Navigator Application Due	Mid-July 2013
Enrollment Grant Award	Early October-2013
Navigator Grantee Training Begins	Early November-2013
Navigator Certification Begins	Mid-November-2013
Navigators Begin Enrollment Assistance	Early December-2013

Working Through Big Issues

- Background checks for Assisters (e.g., IPA & Navigator) and requiring Assisters to pay for fees for the background clearance check.
- Recruitment
- Training
- Monitoring

**Initial Reaction –
Questions, Comments?
How Can We Integrate Enrollment
Assistance With Community Mobilization,
Social Media and Marketing?**

Public Comment

Send Us Your Comments
Outreach@Covered.ca.gov