

Outreach and Education

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Outreach and Education Activities

- The Exchange, the Department of Health Care Services and the Managed Risk Medical Insurance Board, with support from a team led by Ogilvy Public Relations, developed options and recommendations for an outreach and marketing effort to maximize enrollment in expanded coverage available in 2014.
- The options and recommendations were shared at the May 22nd Exchange Board meeting, with comments solicited by May 31st.
- Project Sponsor staff revised recommendations and prepared final recommendations for Exchange Board.
- The Exchange Board final decision on the Phase 1 and 2 of the Outreach Plan was made at the June 19th Board meeting to inform the Level 1.2 federal request.
- Much of the input received will inform the work going forward and ongoing research that will be conducted.

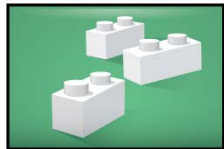
Guiding Principles for Outreach

1. Promote maximum enrollment of individuals in coverage – including subsidized coverage in the Individual Exchange and Small Business Health Option Program (SHOP), Medi-Cal and Healthy Families programs, as well as for individuals who can purchase coverage without subsidies.
2. Build on and leverage existing resources, networks and channels to maximize enrollment into health care coverage, including close collaboration with state and local agencies, community organizations, businesses, and other stakeholders with common missions and visions.
3. Consider where eligible populations live, work and play. 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.
4. Marketing and outreach strategies will reflect and target the mix and diversity of those eligible for coverage.

Guiding Principles for Outreach (continued)

5. Establish a trusted statewide Assisters Program that reflects the cultural and linguistic diversity of the target audiences and results in successful relationship and partnerships among Assisters serving state affordable health insurance programs.
6. Ensure Assisters are knowledgeable of both subsidized and non-subsidized health coverage and qualified health plans and that Assisters are equipped with the information and expertise needed to successfully educate and enroll individuals in coverage, regardless of the type of program for which they are eligible.
7. Promote retention of existing insurance coverage in public programs and the individual market, as well as in employer-based coverage.
8. Continue to learn and adjust strategies and tactics based on input from our national partners, California stakeholders, on-going research, evaluation and measurement of programs' impact on awareness and enrollment.

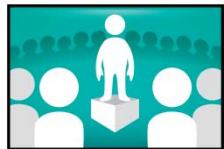
“California Coverage” 7 Phases: 1 – 4



PHASE I Build Out

September - December 2012

- Additional research to inform branding, messaging and creative development.
- Begin partnership engagement, community outreach and multicultural outreach.
- Develop creative and outreach materials in threshold languages, explore event participation and begin small business planning.
- Engage in media outreach (both social and traditional), media planning and earned media outreach.



PHASE II Consumer Outreach & Education The Benefits of Coverage & “It’s Coming” January - July 2013

- Begin educating consumers
- Begin paid media to promote the benefits of coverage and “it’s coming”
- Secure media buys beginning late spring/early summer to achieve significant campaign exposure
- Finalize training materials and tools, begin recruitment of organizations, training of Navigators and Assisters and provide technical support



PHASE III Get Ready, Get Set... Enroll! August 2013 - March 2014

- Launch marketplace three months before October 2013 open enrollment period
- Extensive earned, paid and social media to announce the opportunity to enroll
- Continued outreach to community-based organizations, faith-based organizations, non-governmental organizations, small business, etc.
- Continue recruitment of organizations, training of Navigators and Assisters and technical supports assistance



PHASE IV Retention & Special Enrollment April - July 2014

- To help address churn and promote special enrollment: paid, earned media, social media, storytelling
- Targeting of eligibles for subsidized programs without have open enrollment periods
- 1st tracking survey
- Conduct analysis of Navigator and Assister pool and continue to recruit organizations to reach all targeted segments. Ongoing training of Navigators and Assisters and technical support assistance

“California Coverage” 7 Phases: 5 – 7



PHASE V

Get Ready, Get Set...
Enroll!

August - December 2014

- Support second open enrollment period with paid media and other message delivery
- Use all outreach tools in Phase III including heavy paid, earned and social media
- All Navigator and Assister activities from Phase IV and update curriculum



PHASE VI

Retention & Special
Enrollment

January - July 2015

- To help address churn and promote special enrollment: paid, earned media, social media, storytelling
- Targeting of eligibles for subsidized programs without have open enrollment periods
- 2nd tracking survey
- All Navigator and Assister activities and update curriculum



PHASE VII

Get Ready, Get Set...
Enroll!

August - December 2015

- Support third open enrollment period with paid media and other message delivery
- Use all outreach tools in Phase III including heavy paid, earned and social media
- Evaluation and measurement
- All Navigator and Assister activities and update curriculum

Comments Received from Tribal Programs

- Tribal governments and Tribal-based health programs should be included in outreach efforts
- Tribal TANF programs, Indian Education Centers, Indian Workforce Development Organizations, and Indian social services and cultural groups are also valuable resources for outreach
- Targeted outreach, marketing and education should focus on the rights and entitlements available to American Indians through the Affordable Care Act

Next Steps

- Gather feedback through the Tribal Work Group on the design of outreach and education strategies for American Indians
- Work with Tribes, Tribal health programs and other Tribal organizations to begin outreach and education activities



Discussion