

Marketing, Outreach & Education and Assisters Program for the

“California Coverage”

sponsored by

California Health Benefit Exchange

Department of Health Care Services

Managed Risk Medical Insurance Board



May 16, 2012

Guiding Principles

What follows are draft principles articulated by the Exchange, DHCS, and MRMIB. These guiding principles are reflected in the various options that are being presented.

1. Promote maximum enrollment of currently uninsured individuals in coverage – including subsidized coverage in the Individual Exchange and Small Business Health Options 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 partners and state agencies 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 the mix and diversity of those eligible for coverage.

Guiding Principles

(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.
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” Goals

The goal of the project sponsors is to increase the number of insured Californians. Specific targets for the first years of this effort are to enroll at least the “enhanced” enrollment estimates from the UC-CalSIM modeling:

By the end of 2014:

- ENROLL 2.8 million Californians newly eligible for Medi-Cal, Healthy Families, subsidized coverage in the Exchange or enrolling in the Exchange without subsidies

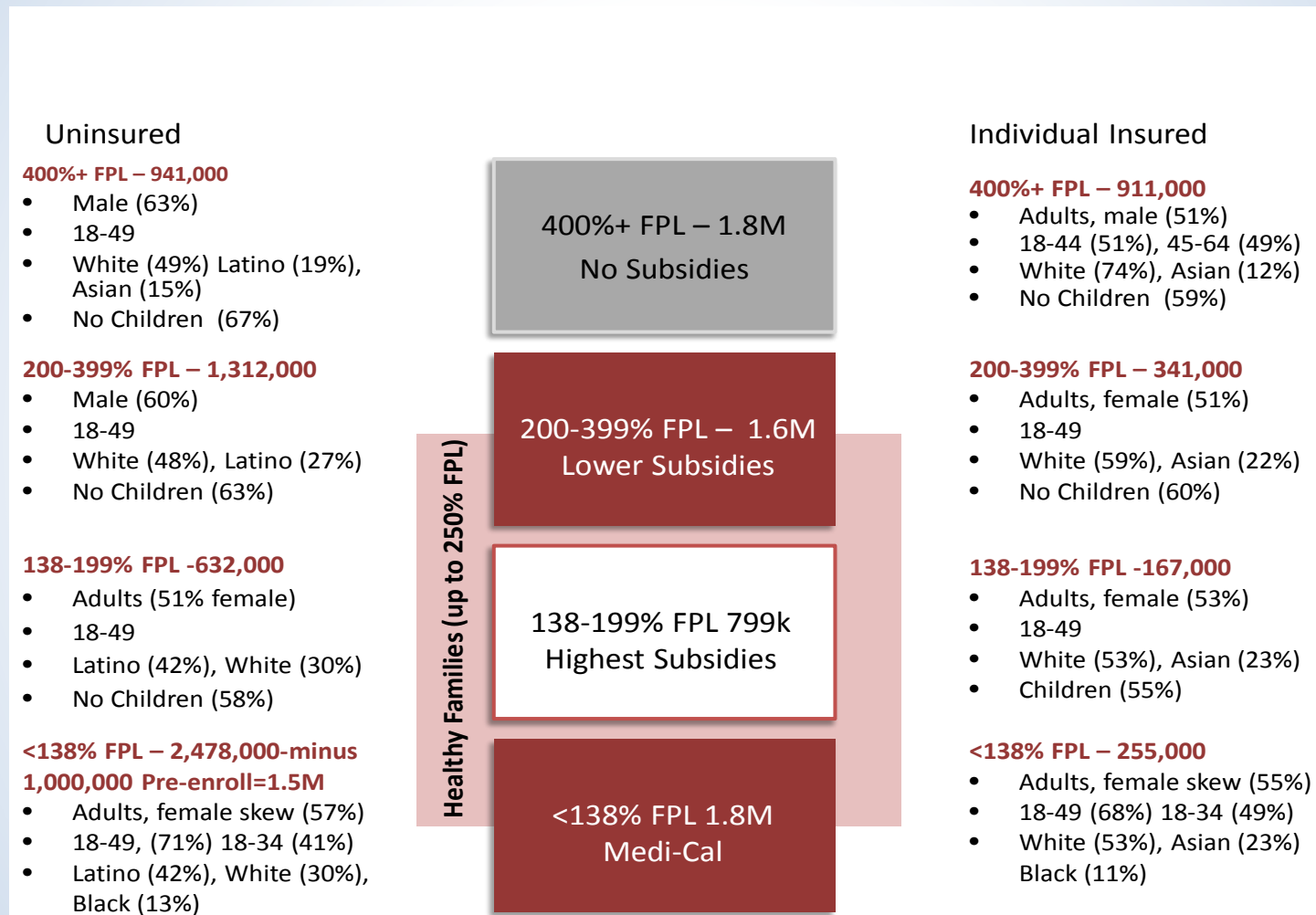
By the end of 2015:

- ENROLL 3.6 million Californians newly eligible for Medi-Cal, Healthy Families, subsidized coverage in the Exchange or enrolling in the Exchange without subsidies

By the end of 2016:

- ENROLL 4.4 million Californian newly eligible for Medi-Cal, Healthy Families, subsidized coverage in the Exchange or enrolling in the Exchange without subsidies
- Decrease the number of the uninsured by more 2.8 million

Characteristics of Target Segments by Federal Poverty Level/Product Type

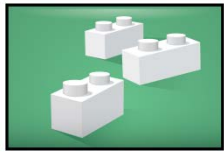


Note: Data is in the process of being validated.

Meeting the Goal of Enrolling 2.8 Million Californians By 2014

Challenges	Solution
<p>Little to no awareness of the Affordable Care Act, the marketplace and its benefits</p>	<ul style="list-style-type: none"> • Use high impact mediums • Heavy weight levels • Start early
<p>Short amount of time between generating awareness and driving purchase/enrollment</p>	<ul style="list-style-type: none"> • High message frequency necessary – persuasion is increased when consumers receive a message multiple times in different contexts/media
<p>A diverse target with various levels of acculturation, that is multi-generational, has very different lifestyle and motivations to purchase within target populations, multiple targets with differing messages</p>	<ul style="list-style-type: none"> • Balance the use of “traditional” and “new” media • Go beyond targeting demographics and make a connection to those who are proactive about health for greater interest and engagement
<p>The cost for mass media is very expensive since the state has 11 television DMAs and 20 radio metro areas to cover</p>	<ul style="list-style-type: none"> • Extend the budget and magnify its effect by layering media on top of each other in order to surround the target audience with the marketplace message with repetition and intensity

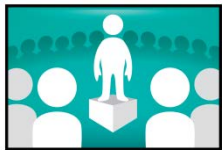
“California Coverage” Phases



PHASE I Build Out

September - December 2012

- Research, creative, message development, refine media plan, education and outreach grant program
- Aggressive earned and social media program
- Specific Latino, African American, API and other outreach, including small business
- Begin to develop Assisters Program management plan, administrative and IT system design and training curriculum



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”
- Segmentation /baseline study
- 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

- Extensive earned, paid and social media to announce the opportunity to enroll
- Sustain open enrollment for six months
- Marketplace launch conference & bus tour
- Continued outreach to CBO, FBO, NGO, small business, etc. outreach
- 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
- Lower (or no) levels of paid media
- 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” Phases

(continued)



PHASE V

Get Ready, Get Set...
Enroll!

August - December 2014

- Open enrollment #2
- 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
- Lower (or no) levels of paid media
- 2nd tracking survey
- All Navigator and Assister activities and update curriculum



PHASE VII

Get Ready, Get Set...
Enroll!

August - December 2015

- Open enrollment #3
- 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

Marketing & Outreach Plan Components and Options

The marketing & outreach plan includes eight key activity areas:

1. Research (quantitative and qualitative)
2. Message and Creative Development
3. Multi-platform paid media
4. Partnerships/Grant program
5. Public relations
6. Digital/Social Media
7. Events
8. Tracking & measurement

Within the activity areas, there are low (“bronze”), medium (“silver”) and high (“gold”) options to promote discussion. These options also tie to budget considerations.

Research Plan Options

Component	Bronze	Silver	Gold
RESEARCH quantitative & qualitative	144 one-on-one message strategy interviews with general market, Spanish-language and African American	336 one-on-one message strategy interviews with general market, Spanish-language, African American, Chinese, Vietnamese, Korean, Tagalog, Hmong, and Cambodian	464 one-on-one message strategy interviews with general market, Spanish-language, African American, Chinese, Vietnamese, Korean, Tagalog, Hmong, Cambodian, Armenian, Arabic, Russian and Farsi
	4 small employer message strategy	4 small employer message strategy	4 small employer message strategy
	8 qualitative advertising copy testing	8 qualitative advertising copy testing	20 qualitative advertising copy testing
	Market Segmentation: phone, n=2,000 <i>or</i> mall intercepts, n=2,000	Market Segmentation: phone, n=3,000 <i>or</i> mall intercepts, n=2,000	Market Segmentation: phone, n=4,400 <i>or</i> mall intercepts, n=3,000
PROS	<ul style="list-style-type: none"> Basic level research will provide some important data on most key targets 	<ul style="list-style-type: none"> Increased interviews with additional target audiences Increased market segmentation 	<ul style="list-style-type: none"> Full research plan provides insight into all targeted languages Full creative testing Largest market segmentation
CONS	<ul style="list-style-type: none"> No data on API languages 	<ul style="list-style-type: none"> No data on Armenian, Arabic, Russian and Farsi 	<ul style="list-style-type: none"> Cost

Paid Media Plan Options

Component	Bronze	Silver	Gold
PAID MEDIA TV, radio, digital, out-of-home, print, grassroots and direct mail	Base level plan, no retention messaging, ethnic buy and SHOP	Year round advertising, lower level retention messaging, heavy ethnic buy and SHOP	Year round advertising, highest retention messaging, heavy ethnic buy and SHOP
PROS	<ul style="list-style-type: none"> • Front loaded plan with significant ethnic and SHOP buy 	<ul style="list-style-type: none"> • Retention messaging 	<ul style="list-style-type: none"> • Consistent presence in the market overtime • Highest retention messaging/4th quarter messaging level combats clutter
CONS	<ul style="list-style-type: none"> • No retention messaging 	<ul style="list-style-type: none"> • Lower retention messaging in the second year/4th quarter issues with Medi-Care 	<ul style="list-style-type: none"> • Cost

Media Mix

- Spending by medium varies by plan; however, all plans allocate approximately 2/3 of the spending to television and radio with a significant spend in ethnic media.
- Bronze - 64%, Silver – 68%, Gold – 67%

Bronze	Silver	Gold
<ul style="list-style-type: none"> • TV/Video (39%) • Radio/Pandora (25%) • Digital (21%) • Outdoor (9%) • Print (6%) 	<ul style="list-style-type: none"> • TV/Video (52%) • Radio/Pandora (16%) • Digital (14%) • Outdoor (11%) • Direct Mail (3%) • Print (3%) • Grass Roots (1%) 	<ul style="list-style-type: none"> • TV/Video (45%) • Radio/Pandora (22%) • Digital (13%) • Outdoor (9%) • Direct Mail (6%) • Print (3%) • Grass Roots (1%)

Targeted Ethnic PR, Partnerships & Events

Component	Bronze	Silver	Gold
LATINO, ASIAN PACIFIC ISLANDERS & AFRICAN AMERICAN + OTHER	<ul style="list-style-type: none"> • Significant CBO, NGO and FBO outreach and partnerships within these communities • Limited events presence • Limited paid partnerships • Limited ethnic PR 	<ul style="list-style-type: none"> • Extended CBO, NGO and FBO outreach and partnerships within these communities • Increased events presence • Increased paid partnerships • Ethnic marketplace launch • Increased ethnic PR 	<ul style="list-style-type: none"> • Robust CBO, NGO and FBO outreach and partnerships within these communities • Comprehensive events and festivals presence • Increased paid partnerships • Ethnic marketplace launch • Robust ethnic PR
PROS and CONS	<ul style="list-style-type: none"> • All options provide good coverage and outreach into specific targeted ethnic audiences. Options 2 and 3 provide heavier concentration throughout the year. Given the demographic and cultural breakdown of the eligible uninsured, Options 2 and 3 provide the possibility of higher enrollment numbers. 		

General Market PR, Partnerships & Events

Component	Bronze	Silver	Gold
PUBLIC RELATIONS	Limited PR, partnerships and events	Extended PR, partnerships and events	Robust PR, partnerships and events
PROS and CONS	In Option 1 the project sponsors manage the majority of PR in-house with limited counsel and advise from a consultant. In Option 2, a consultant would manage the majority of the PR activities with limited support from the project sponsors. In Option 3, a consultant would manage all PR activities.		
PARTNERSHIPS	In-kind partnerships with minimal paid (e.g., 4 sports team partnerships)	In-kind partnerships with increased paid (e.g., 8 sports team partnerships)	In-kind partnerships with increased paid (e.g., 11 sports team partnerships)
PROS and CONS	<ul style="list-style-type: none"> • Paid partnerships with sports teams have proven successful in other states. Since young men are a key target these paid sports partnerships could yield tremendous opportunities. The three levels reflect 4, 8 or 11 partnerships. Fall sports when open enrollment is going on includes nearly all professional sports including football, baseball, soccer and basketball. However, cost is a factor and paid sports partnerships can be expensive. 		
EVENTS	<ul style="list-style-type: none"> • No bus tour • Launch conference • Existing events 	<ul style="list-style-type: none"> • Bus tour (2x) • Launch conference • Increased existing events 	<ul style="list-style-type: none"> • Bus tour (4x) • Launch conference • Optimal existing events including county fairs
PROS and CONS	Bus tour is expensive with small enrollee numbers but will be offset by PR value.		

Grant Program Options

- Under the Partnership component of the marketing & outreach plan, there is the option for an education and outreach grants program that will be facilitated through the Assisters Program.
- These grantees would be responsible for delivering in-language education and outreach to diverse target markets with messaging tailored to preferences and driving consumers to assistance resources.

Grant Program Options

Component	Bronze	Silver	Gold
Awareness & Education Grants	Non-paid grantees: “Grantees” are provided the tools needed to conduct awareness and education activities, but are not financially compensated.	Paid grantees: Award 50 grants ranging on an annual basis for awareness, education and outreach activities.	Paid grantees: Award 100 grants on an annual basis for awareness, education and outreach activities.
PROS	In-kind awareness and education support	Enhanced access to target markets through trusted messengers	Enhanced access to target markets through trusted messengers
CONS	Securing only in-kind support for awareness, education and outreach activities can be challenging particularly for organizations that have limited resources. Investment for a grant program can be significant.		

Other Plan Elements

- Creative development
- Digital (social media, etc.)
- Tracking and measurement

Questions/Comments Outreach, Education & Marketing

Assisters Program

Affordable Care Act Guidelines

The Affordable Care Act requires that state exchanges employ Navigators to assist with education and enrollment activities and establishes several regulations related to Navigator eligibility and compensation.

- Navigators may not be directly compensated for enrollment in marketplace products by health insurance carriers.
- Level II federal Grant funds may not be used to compensation Navigators for enrollment.
- Brokers may serve as Navigators, but must adhere to all Affordable Care Act guidelines and may not receive compensation from health insurance carriers.

Leaves considerable discretion up to states to design their plan for assistance within these constraints.

Assister Guiding Principles

- ***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.
- ***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.
- ***Promote retention of existing insurance coverage*** in public programs, and the individual market.

Additional Guiding Priorities

- ***Identify incentive options*** that encourage different types of Assisters to conduct activities that result in the successful enrollment of the target audiences into health care coverage.
- ***Establish quality assurance standards*** and protocols that:
 - ✓ Ensure enrollment goals are met,
 - ✓ Maintain program integrity ,
 - ✓ Prevent conflicts of interest ,
 - ✓ Ensure a high quality consumer experience, and
 - ✓ Promote a positive public perception of the marketplace.

Assisters Program Additional Priorities

In order to eliminate barriers to enrollment, it will be important for the program to consider:

- **High Need:** Need for in-person assistance will be high during the early years; up to 75% of consumers may need assistance from an assister to enroll, based on estimates prepared for the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS).
- **Target Based on Opportunity:** Program should have the ability to target assister resources based on opportunity – i.e., regions where the greatest number of eligibles are located.
- **Access to Diverse Markets:** Assisters network will need to include organizations that have access to California's diverse target markets, including Limited English Proficient, newly eligible populations, and rural areas.

The Need for Assistance

Some communities will be reached through traditional marketing campaigns and will enroll on their own; others will need in-person assistance to enroll. For those folks that need assistance, Assisters:

- Will serve populations based on cultural and linguistic factors (in-language).
- Educate and communicate program information.
- Eliminate barriers to enrollment through personalized education and outreach.
- Enroll consumers in marketplace products regardless of program eligibility.
- Reflect the target consumer, understand their preferences, perceptions and barriers, and tailor key messages to their communities.

“California Coverage” Potential Approach

The Affordable Care Act mandates that state exchanges employ Navigators to assist consumers with engagement and enrollment in public and private coverage options.

A broad range of Assisters in public and private coverage distribution channels will need to be engaged, including Assisters that fulfill the Affordable Care Act Navigator roles, as well as other types of assisters.

The Assisters Program may include two types of Assisters registered and certified by the Exchange:

- **Navigators:** Paid by the Exchange.
- **Direct Benefit Assisters:** Not paid by the Exchange.

Program Design Options

The project sponsors are considering several design options on the following topics:

Eligibility Options

1. Assisters must be attached to an active Enrollment Entity (EE) or organization.
2. Assisters may be independent of an EE or organization.

Training Options

1. All participants must complete same 2-day training.
2. Only individuals eligible for compensation complete 2-day training; others complete 1-day.

Compensation Model Options

1. No compensation
2. Pay for Enrollment only
3. Grants only
4. Pay for Enrollment (Hybrid)

Program Options - Payments

Compensation Levels

1. Payment is the same for each program
2. Payment is different for each coverage option
 - Smaller payment for public plans
 - Larger payment for QHPs
3. Payment is only available for enrollment in some plans, and not for others

Who is eligible to receive compensation?

1. All organizations assisting with enrollment
2. A subset of organizations assisting with enrollment
3. No compensation for enrollment activities

Program Options - Payments

What are the pay for enrollment compensation amount options?

1. \$29
2. \$58
3. \$87

What action triggers compensation?

1. Application submission
2. Successful enrollment (approval)
3. Successful enrollment over a certain period of time (30 – 90 days)
4. Enrollment and utilization of health care

Renewal Compensation

1. No compensation for renewal
2. \$25 for renewal

Tiers of Assistance for the Assisters Program

Navigators Paid by the Exchange: Perform all Affordable Care Act mandated activities and will be compensated by the Exchange.

Potential Navigator Enrollment Entities

1. Any non-profit organization not deemed a DBA entity that meets minimum criteria and registers with the Exchange.
2. Only specific types of organizations (i.e., non-profits, 501c3 or public agencies) that meet minimum criteria.

Direct Benefits Assisters (DBAs) not compensated by the Exchange: May be required to complete most, but not all of the Affordable Care Act mandated activities and are not compensated by the Exchange. May be compensated by other sources or have a business interest in enrolling people.

Potential DBAs	Number in CA	Compensation
Brokers & Agents	8,000	Health Insurance Carriers
Hospitals	512	Business Interest
Providers	66,480	Business Interest
Community Clinics	632	Business Interest

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Required Navigator Role

Required Roles per the Affordable Care Act

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the marketplace.
- Provide information and services in a fair, accurate and impartial manner.
- Facilitate selection of a Qualified Health Plan.
- Provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the marketplace.
- Ensure accessibility and usability of Navigator tools and functions for individuals with disabilities.

Options for Assisters' Roles

What are Assisters' required roles?

1. All Assisters (Navigators and Direct Benefit Assisters) must complete all mandatory roles as defined in the Affordable Care Act.
2. Direct Benefit Assisters complete some, but not all of the Navigator roles as defined in the Affordable Care Act.

What are the required services provided by Assisters?

1. All Assisters (Navigators and Direct Benefit Assisters) provide outreach, education, enrollment, retention, and utilization services.
2. Assisters provide some, but not all enrollment services (i.e. enrollment and education).

What products must Assisters provide assistance with?

1. All products offered by the Exchange.
2. Some products offered by the Exchange (i.e. Medi-Cal and Healthy Families only; or, Qualified Health Plans only).
3. Navigators assist with enrollment in all products; Direct Benefit Assisters may specialize in certain products.

Sample Option for Assisters Roles

Tiers	Entities	Required Services						Required Product	
		Outreach	Education	Eligibility	Enrollment	Retention	Utilization	Public MC/HF	QHPs Subs. & Unsubs.
Navigator		✓	✓	✓	✓	?	○	✓	✓
Direct Benefit Assisters	Brokers		✓	✓	✓	○	○	○	✓
	Health Plans		✓	✓	✓	○	○	○	○
	Providers and Hospitals		✓	✓	✓	○	○	○	○
	Community Clinics		✓	✓	✓	○	○	○	○

✓ Required Activity

○ Optional Activity

? Under Review

Questions/Comments Assisters Program

Next Steps

Outreach, Education & Marketing Plan and Assisters Program

1. Review feedback received during the webinar.
2. Send any written feedback to info@hbex.ca.gov by May 31st .
3. May 22nd Board Meeting: Present options for initial Board discussion and consideration.
4. June 12th and June 19th Board Meetings: Presentation of revised options and recommendations for discussion and potential action.
5. Additional stakeholder meetings to update and refine strategies in the summer and fall.

THANK YOU !