

# Outreach and Education Update

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Medicaid and Exchange Advisory Board Meeting

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# Today's Update

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- 1. Review of Research to Date**
- 2. Visual Identity**
- 3. Outreach & Education Plan**
- 4. Navigator Program**

# Research to Date

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# Research Conducted

- **Small Business Owner Interviews – March 2011**
  - 107 small businesses surveyed
  - Among participating businesses:
    - 22% – 1 to 9 employees
    - 23% – 10 to 24 employees
    - 25% – 25 to 49 employees
    - 20% – 50 to 99 employees
- **Focus Groups – April 2011**
  - Uninsured and underinsured individuals
  - 8 small focus groups (6 to 9 participants each)
  - Colchester, Rutland and St. Johnsbury



# Research Conducted

- **Statewide Benchmark Survey** – March 2012
  - Representative of overall population in Vermont (ages 18-64)
  - Telephone survey of 1,004 Vermont residents (including 300 via cell phone); Margin of error +/- 3.1%
- **Stakeholder Outreach** – March 2012/ongoing
  - Interviews with advocates, brokers, carriers, consumer groups, providers, small business representatives, etc.
  - Interviews generally last 30-60 minutes
  - Topics include the Exchange, implementation, enrollment, key audiences and Navigators
- **Focus Groups** – June 2012
  - Individuals under 400% FPL and small business owners with fewer than 50 employees
  - Eight small focus groups (6 participants each)
  - Rutland and Burlington

# Small Business Owner Interviews

- **Three-quarters (74%) of participating businesses offer health insurance to at least some of their employees**
  - 30% offer insurance to all employees
  - 44% offer insurance to full-time employees only
- **Small businesses rarely offer a choice of health plans or insurers**
  - 72% offer only one health plan from a single insurer
  - 28% offer more than one health plan from a single insurer
  - Only 3% offer several health plans from multiple insurers
- **Half (54%) of businesses that offer insurance use a broker**
- **What would make the Exchange attractive to small businesses?**
  - 43% – Affordable, low-cost
  - 13% – Good coverage/benefits
  - 10% – Easy to use and understand

# Uninsured and Underinsured Focus Groups

- **There are many similarities between the two groups**
  - Both frequently delay care
  - “I’m more surprised when something IS covered.”
    - Underinsured Vermonter
- **Uninsured and underinsured Vermonters have already tried to find an affordable private plan and/or a public plan**
- **A major challenge will be convincing these groups that it really will be easier to find, compare and afford health insurance**



# Uninsured and Underinsured Focus Groups



- **Wary of the “metals” rating system**
  - Assume they will only be able to afford lower-tier plans
- **Really like having a choice of health plans and amount of coverage**
- **Concerned about the agendas of health insurance companies**
  - Want to know that Exchange and Navigators are independent of insurers

# Statewide Benchmark Survey Results

- **89% of Vermonters currently have health insurance**
- **Nearly one-third (29%) are worried about losing their coverage or are uninsured**
- **Large majority (73%) are unaware of the Exchange**
- **75% of Vermonters are interested in using “an online health insurance exchange”**
  - After learning more, interest increases to 86%



# Statewide Benchmark Survey Results

- **Most effective reasons to use Exchange:**
  - “Every Vermonter, regardless of income or employment situation, will be able to get coverage.”
  - “By law, insurance plans cannot deny coverage to people because of pre-existing conditions, like asthma or diabetes.”
  - “All plans on the website will cover the basics – doctor visits, preventive care and prescription coverage – so there’s no guesswork about what’s covered.”
- **Three-quarters (75%) are comfortable picking a plan online**
- **Most popular ways to get help are (in order): in person (59%), by telephone (47%) and online (30%)**
  - 17% use the Internet twice a month or less

# Stakeholder Outreach Results

- **The Exchange should:**
  - Be easy-to-use
  - Provide a balance of choice and simplicity
  - Deliver transparent services and pricing
  - Streamline the enrollment process
  - Offer help where and when Vermonters need it
- **Implementation challenges/opportunities include:**
  - Outreach and enrollment (especially to the uninsured and small businesses)
  - Affordability of health plans
  - Frustration with state programs/chance to reduce administrative burden

# Stakeholder Outreach Results

- **In addition to the general public, important audiences include:**
  - Uninsured
  - Small businesses
  - Self-employed
  - Current VHAP and Catamount beneficiaries now eligible for subsidies
  - Employees of small businesses that may be dropping coverage
  - Young adults
- **Majority say there should be different types of Navigators for individuals and small businesses**
- **Navigators should be unbiased, licensed and familiar with target populations**
- **Success means... less administrative burden, a strong start and less churn**

# Focus Group Results

- **Participants know health insurance is important but searching for a health plan can be frustrating and difficult.**
  - Opportunity to present the Exchange as something new
- **The leading barrier to taking action for both individuals and small businesses is not believing health plans will be affordable.**
- **The most desired attribute in the Exchange is “user-friendly,” and people want to feel “confident” about using the site.**
- **Vermonters are looking for “side-by-side comparisons,” “easy-to-understand language,” and a list of comprehensive services. They want “high-quality” care that “fits {their} needs and budget.”**

# Focus Group Results

- **Important, personal decision**
  - No “sales-y” language
  - “Just give me the facts”
  - Don’t overpromise, but also don’t remind them of only-too-real challenges such as medical debt
- **Use simple words (e.g., “comprehensive” = complicated)**
- **Strong sense of pride in their state**
  - They want to know the Exchange is created in Vermont for Vermonters
  - Enjoy seeing mountains, evergreens, etc.
- **Trust state but want to make the choice themselves**

# Visual Identity

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# Visual Identity



- **The visual identity of the Exchange will be a public face of health reform in Vermont**
- **A range of possible names, taglines, logos, color schemes and images were developed**
- **Then, focus groups of Vermonters – including both individuals and small business owners – were asked to give feedback and discuss their reactions**

# Visual Identity

## ■ Exchange Name

- **Vermont Health Connect** tested best – and had very few negatives. The name benefits from the name of the state, the well-received word “Connect,” and being separate from “Green Mountain Care.”
- **Vermont Health Connect** would represent the name of the website where Vermonters can find private and public health plans (including the current Green Mountain Care family of programs).

## ■ Taglines

- Descriptive taglines did best in focus groups. “Find the plan that’s right for you” led the pack and received no negative comments.

# Visual Identity

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- **Mark and Colors**

- Focus group participants wanted the mark and colors to represent Vermont's geography. They view these particular shades of blue and green as signifying trust and experience.

- **Images**

- Images of Vermont itself and of health providers with patients were warmly received.



# VERMONT HEALTH CONNECT

Find the plan that's right for you.

# Outreach and Education Plan

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# Federal Requirements



- **Conduct stakeholder consultation**
- **Provide educational materials to the public about the Exchange**
- **Establish relationships and work with partners to connect with hard-to-reach populations**
- **Provide culturally and linguistically appropriate outreach and educational materials to the public**

# Federal Requirements

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**The state is required to develop an outreach plan for populations including:**

- Individuals
- Entities with experience in facilitating enrollment
- Small businesses and their employees
- Employer groups
- Health care providers
- Community-based organizations
- Advocates for hard-to-reach populations
- Other relevant populations

# Plan Components



- Stakeholder Engagement
- Grassroots
- Partnerships
- Materials Development
- Earned Media
- Paid Media
- Social Media
- State Employee Communications

# Guiding Strategies

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- **Implement an integrated campaign**
- **Plan communications “waves” throughout the year**
- **Highlight the help available**
- **Tailor outreach tactics**
- **Design innovative, mutually beneficial partnerships**
- **Adjust outreach for those without computer/Internet access**

# Target Audiences

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- **Uninsured and underinsured, Medicaid-eligible**
- **Uninsured and underinsured, subsidy-eligible**
- **Catamount beneficiaries**
- **Young adults (18 to 34)**
  - Make up 44 percent of Vermont's uninsured population
- **Small business owners**
- **Individuals who purchase private insurance**
- **Stakeholders**

# Stakeholder Engagement

- **Important to maintain transparent and collaborative relationships with external and internal stakeholders**
- **Stakeholders include:**
  - Advocates
  - Community organizations
  - Consumers and representing organizations
  - Health care professionals and points-of-care
  - Insurers
  - Medicaid and Exchange Advisory Board
  - Producers (brokers and agents)
  - Public officials (including the Green Mountain Care Board)
  - Small businesses and representing organizations

# Grassroots

- **One-on-one interactions are critical to instilling trust and providing needed in-person help**
- **Design grassroots outreach around reaching the audiences who need the most help, including those without computer/Internet access**
- **Possible Tactics**
  - Host a statewide grassroots kickoff meeting
  - “Launch” the Exchange in July 2013
  - Create a coalition of “ambassadors”
  - Distribute materials
  - Host mobile enrollment days
  - Conduct small business canvassing

# Partnerships

- **Help reach target audiences as they go about their daily lives**
- **Reinforce the information they receive via advertising and earned media**
- **Can make the difference between hearing a message and acting on it**
- **Possible partners:**
  - Community organizations and advocates
  - State agencies and offices
  - Corporate and retail entities
  - Health care professionals
  - Small business organizations

# Materials Development



## Collateral materials

- Advertising (television, radio, print and online ads)
- Posters
- Palm card or brochure
- Pharmacy bag insert

## Online materials

- Infographic
- Web buttons
- Tax credit calculator

## Training materials

- PowerPoint
- Frequently asked questions

# Earned Media

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## **Two main goals of earned media outreach:**

1. Educate eligible Vermonters about this new opportunity to access health coverage so that they have the information they need to enroll
2. Reach key stakeholders

## **Objectives include:**

- Build strong relationships with media
- Target outlets that Vermonters trust
- Engage a variety of mediums and outlets
- Tailor outreach tactics and materials
- Tell a story

# Paid Media

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- **Extend the reach of the campaign through television, radio, online outlets and print publications**
- **Provide “air cover” to support Exchange activities on the ground**
- **Will include statewide placements as well as targeted placements by county to reach uninsured Vermonters and small business owners**

# Paid Media



- **Television** – best and widest reaching medium and is in 94% of all homes in Vermont
- **Radio** – only second to TV with over 80% of Vermonters listening
- **Online** – will link Vermonters directly to the Exchange website
- **Print** – has great reach in smaller, rural communities as well as within ethnic groups

# Social Media

- **Facebook, Twitter, LinkedIn, etc.**
- **Goals**
  - **Keep stakeholders informed** about Exchange development and implementation
  - **Engage media** and provide helpful resources and information
  - **Allow Vermonters to participate in conversation** about health coverage
  - **Drive Vermonters to Exchange website** to compare health plans and enroll
  - **Inspire online conversations** about the Exchange
- **Not everyone, or all parts of the state, regularly use the Internet. Outreach is targeted to a smaller demographic that is more likely to be online.**

# State Employee Communications

- **State employees interact with Vermonters on a daily basis**
- **Ensuring employees' familiarity with the Exchange will be crucial to outreach**
- **Identify contacts in State agencies and offices and arm them with news, updates and communications they can share with co-workers**
- **Hold “train-the-trainer” sessions at state employee meetings**
- **Allow for two-way conversations to give employees an opportunity to engage**

# Navigator Program

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# Federal Requirements

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## **Function of a Navigator:**

- Educate individuals and families about options
- Provide information on plans
- Help them enroll

## **Duties of Navigator (abbreviated)**

- Maintain expertise in eligibility, enrollment and programs
- Conduct public education activities
- Provide information and services
- Facilitate selection
- Provide referrals
- Provide information in a culturally and linguistically appropriate manner

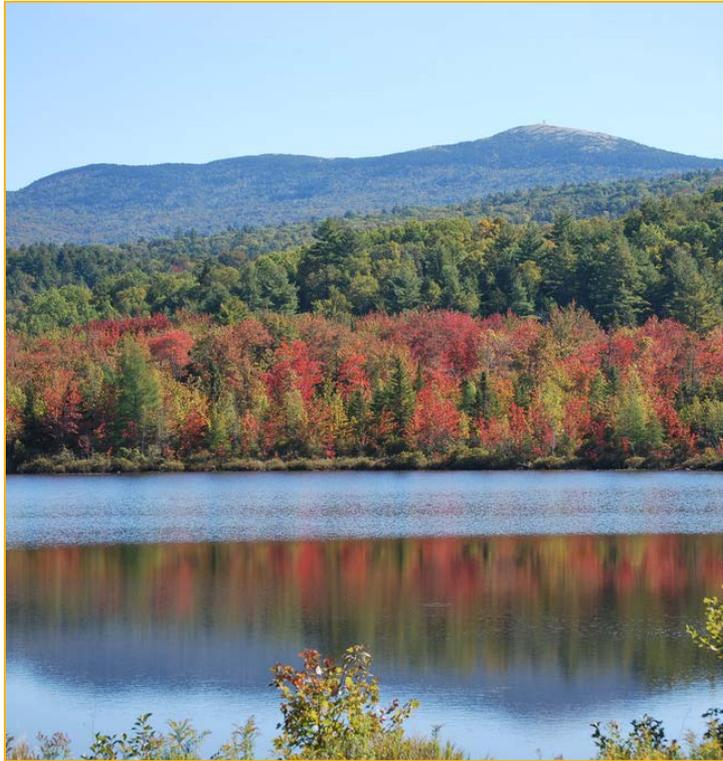
# Federal Requirements

## A Navigator Must:

- Meet any licensing and certification standards
- Have no conflicts of interest
- Comply with the privacy and security standards
- Demonstrate existing relationships



# State Requirements



## Act 48 Requires:

- Navigators to distribute information to health care professionals, community organizations and others to facilitate enrollment in public health benefit programs
- Compliance with the American Disability Act

## H.559 Requires:

- Navigators provide information about Sec. 125 plans (cafeteria plans) and assist employers in setting them up.

# Who Can Serve as a Navigator?

## Organizations that may receive Navigator grants:

- Community and consumer-focused non-profit groups
- Trade, industry and professional associations
- Commercial fishing industry organizations
- Ranching and farming organizations
- Chambers of commerce
- Unions
- Partners of Small Business Administration
- Licensed insurance agents and brokers
- Other entities that are capable of carrying out the Navigator duties and meet other standards

## Note:

- An Exchange must include at least two types of entities as Navigators; one must be a community or consumer-focused nonprofit.

# Our Progress

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## Underway:

- Designing compensation plan
- Evaluating role of brokers
- Estimating the needed capacity
- Developing the certification criteria and process
- Creating a training program
- Responding to CMS design review

# Next Steps

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## Next Steps:

- Developing an RFP and model contract
- Creating an evaluation process

**All recommendations will be shared with MEAB**

