



Connecticut's Health Insurance Marketplace

Brokers, Agents and Navigators

Advisory Committee Meeting

June 20, 2013

Carrier Update

- Carriers that have provided non-binding letters:

Individual

Aetna

Anthem Blue Cross

Connecticare

HealthyCT

SHOP

Anthem Blue Cross

Connecticare

HealthyCT

United Healthcare

The SHOP - Update #1

- The SHOP will be administered by HealthPass.
- Small businesses will have consolidated billing.
- Access Health CT will have multiple carriers and multiple health plan options, including bronze, silver and gold plans.
- Small Businesses Owners can decide to have their employees purchase vertically, horizontally or use a single choice.

The SHOP - Update #2

- Tax Credits for Small Businesses can only be obtained through the Connecticut Health Insurance Exchange (aka Access Health CT)
- Employers can decide how much to contribute toward premium costs.
- Employers can collect employee share of premiums through payroll deduction.
- Premium contributions can be made with **pre-tax dollars**.
- No Membership Fee will be charged to participate in the SHOP.

Broker Certification (Goals)

- To train and certify brokers to understand not only the ACA but also the nuances that are unique to the ACA, such as the Federal Tax Subsidy and the Small Business Tax Credit.
- To train brokers in order to help enroll individuals and small businesses into the new Connecticut Marketplace (formerly known as the Health Insurance Exchange).

Broker Certification

- AHCT recognizes that many brokers have a vast knowledge base when it comes to health plans available in the marketplace therefore the certification has been created to address that fact.
- Length of time for training per day: AHCT anticipates that training for this certification program should take no more than 4 hours, including a comprehension test.
- Training Start Date: AHCT anticipates that broker certification training in the State of Connecticut will begin in July 2013.
- Robert Noonan, Esq and Jennifer Lovett have been selected as the two initial training facilitators.

Broker Certification

- AHCT's primary goal is to have brokers interested in participating with the Connecticut Marketplace, both on the individual and SHOP programs, receive certification. If CEU credits are also made available based on this certification training AHCT would not object.
- Special Note regarding IT training: Due to scheduling changes, brokers should anticipate further training related to electronic enrollment of Individuals and small businesses (SHOP) during the first two weeks of September 2013.

Broker Certification

AHCT will base the “core certification program” on the federally proposed training for Navigator, Assister, Agent and Broker (ACA 155.210(b) (2):

- Affordable Care Act
- Needs of Underserved Populations
- Qualified Health Plans and Insurance Affordability Program
- Eligibility and Enrollment Rules and Procedures
- Conflict of Interest
- Exchange Privacy and Security Policies and Requirements/Standards

Broker Commissions

- Producers will not be compensated by the Marketplace.
- Producers will receive compensation from carriers, for enrollment in the Marketplace, in accordance with the Producers' contracts with the carriers in the same or similar manner as is done today.
- These contracts are outside the purview of the Marketplace.



Connecticut's Health Insurance Marketplace

Access Health CT

Marketing Update

Campaign Goals

The primary mission of our campaign is to:

- ✓ Build awareness of AHCT
- ✓ Educate individuals and businesses how they can benefit from the AHCT
- ✓ Drive enrollment
- ✓ Deliver an exceptional customer experience
- ✓ Foster long term favorability of AHCT

To achieve these goals, our plan utilizes an integrated approach consisting of range of tactics from both broad media use to targeted individual engagement. It is designed to produce multiple touches that build on themselves over the next 10 months.

Strategy Development

In developing our marketing and outreach strategy, we analyzed and reviewed information in five key areas:

Strategic Consideration	Marketing Action
1. Market Segmentation: <ul style="list-style-type: none"> • Demographic • Geographic • Attitudinal/Psychographic 	Provides the under pinning for identifying and sizing key target groups, determining their location, and guiding message creation and program tactics to effectively reach and engage them
2. Distribution Channels: <ul style="list-style-type: none"> • Retail (e.g. IPA's, Navigators, Brokers) • Wholesale (e.g. Hospitals, Providers) • Direct (e.g. call center, web) 	Combining segment information above with distribution options available guides decisions surrounding channel use, channel needs and forecast development for channel specific enrollment
3. Messaging <ul style="list-style-type: none"> • Value proposition by segments • Defining unique market position for the organization 	Building on the segment research, value propositions which appeal to key groups, and underscore the unique position of the Exchange are developed: Change → Benefits → Enroll (all with call to action)
4. Influencers and Stakeholders	Full implementation requires a well coordinated effort among both Exchange and non-Exchange personnel. Segment understanding drives assessment and development of key partner needs.
5. Enrollment Goals	Organizational enrollment objectives and targets need to be in line with marketplace experience

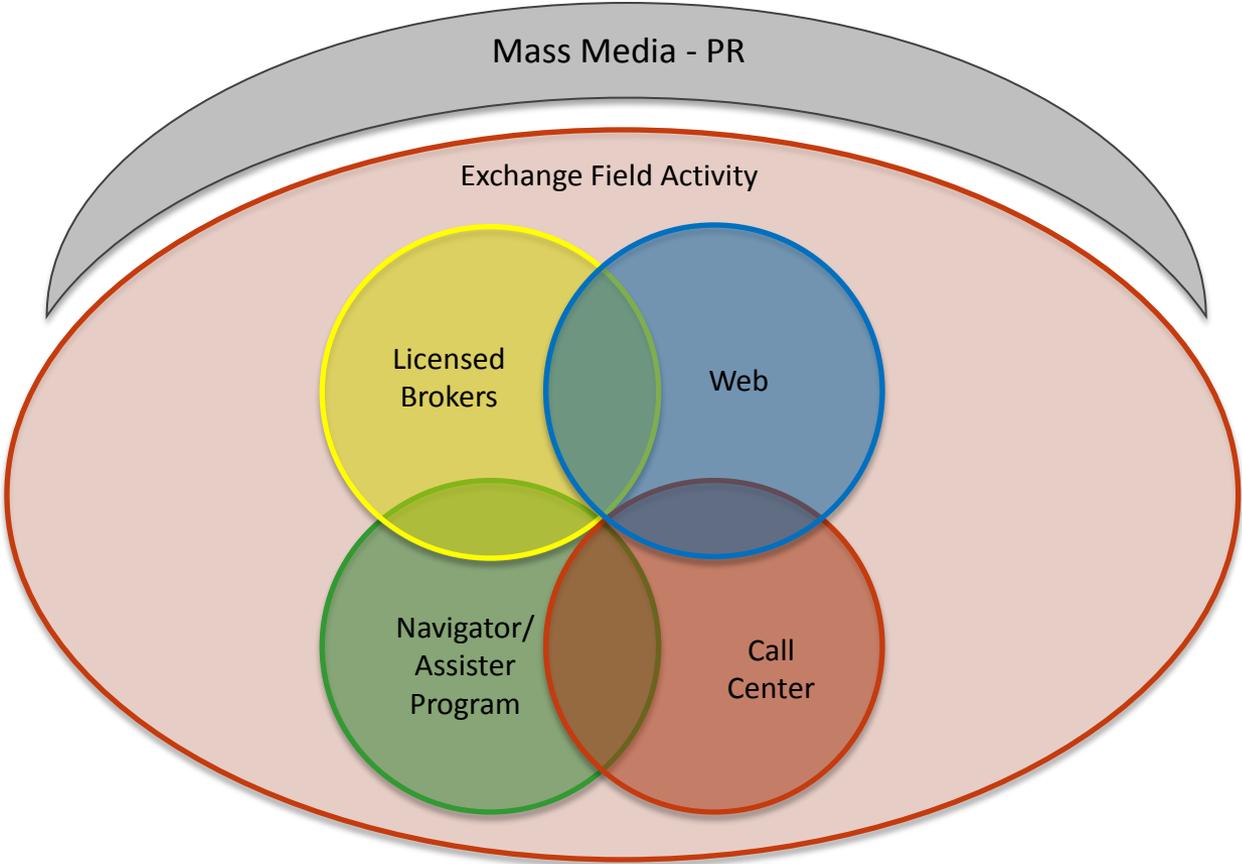
Tactical Development

A deep understanding of our target consumers based research among more than 2,000 individuals and businesses in past year, guides the choice of tactics to use in our plan.

Research finding	Marketing Implication
1. CT's uninsured and underinsured residents are clustered in a handful of communities, with 80% or more of the uninsured in each county contained in 20 zip codes	Our plan will have a heavy focus on local level, grass roots community engagement in key urban areas, rather than traditional broad tactics
2. Available data sources provide robust information on key Exchange populations, allowing for precise targeting and meaningful segmentation development	We will reach out directly to our primary targets (e.g. mail, phone, canvassing, events, etc.) to build awareness and spur action, rather than utilizing more passive channels
3. Individuals have little to no understanding of how to enroll and purchase health insurance	We will offer substantial in-person enrollment support opportunities for individuals to get help rather than focusing on self service models (e.g. unassisted enrollment)
4. Skepticism and confusion abound, fostering inaction and aversion to potential messaging	More in-depth, sustained conversations need to occur to overcome these substantial obstacles, and come from trusted resources.
4. A portion of targeted individuals do not utilize and interact with traditional sales and marketing channels	CT's diverse cultural and ethnic populations will need to be reached through civic, faith based, and service organizations who have established trust in these communities and are seen as valuable and credible resources

Core Tactics Utilized

Campaign goals will be achieved through activity in 7 major tactical groups, as seen below. Interplay and overlap between them will be substantial, with an estimated 5 “touches” on average occurring for each individual who enrolls.



Media Program

In order to provide a robust level of media exposure to both build awareness of Access Health CT, as well as drive enrollment, an integrated media effort utilizing 7 categories of message delivery will be deployed.

TV (broadcast and cable)

Radio

Print

- FSJ's
- Community newspapers
- Ethnic Newspapers
- Major dailies/weeklies

Out of Home

- Bus interiors
- Bus exteriors
- Billboards
- Door hangers
- Retail posters

Digital Media

- Display/Mobile
- SMS
- Paid Search

Social Media

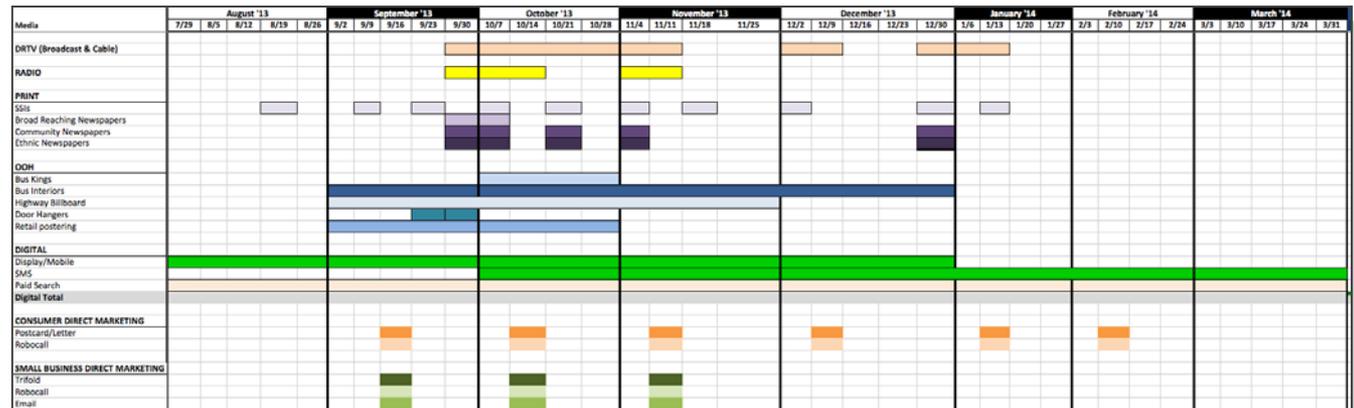
- Facebook
- Twitter
- YouTube
- LinkedIn

Direct Marketing

(Individual and Business)

- Mail
- Letters
- Postcards
- Outbound calling

Scheduling being finalized to launch test activity in July and begin full media presence in August, as well as increase digital in Q1.



Key Upcoming Dates

Date	Deliverable
03/01/13	Begin online paid search media effort
06/15/13	Launch social media presence with LinkedIn, Facebook, YouTube channel (Twitter feed currently live)
07/8/13	Run test campaign for radio and digital media tactics
08/01/13	Begin broad media activity, including radio, online display, newspaper and outdoor.
09/15/13	TV advertising begins
09/16/13	First of 6 planned mail drops to targeted individuals and businesses released

Field Activity Program

- In order to deliver key messages directly to our targeted populations and build awareness, generate qualified leads, and drive enrollment, AHCT will be deploying a number of high-touch, in person tactics
- Field activities will be focused on 10 key categories of activity beginning this summer
- Leads generated will be directed to use one of the 4 main enrollment channels

Activity Areas	Activity Areas
<p>1) Street Fairs and Festivals: Attendance at 46 festivals across CT during June to January time frame</p>	<p>6) Health Fairs: Presence at 20 Health Fairs to distribute information, but also have enrollment capabilities on site</p>
<p>2) Canvassing: Door to door canvassing to 120,000 households in key zip codes and dense uninsured prospect groups</p>	<p>7) Storefronts: Branded retail presence in 6 major metros to provide a space for both independent consumer enrollment, as well as enrollment programs for brokers, navigators and outreach workers</p>
<p>3) Retail Intercepts: Prospect engagement outside high traffic, targeted locations to distribute information and capture leads.</p>	<p>8) Tele-Town Halls: Telephone based town hall meetings promoted by local leadership, with ability to connect at any time to a customer service agent to begin shopping and enrollment process</p>
<p>4) Seasonal outreach: Access Health presence at CT shoreline beaches and key fall locations</p>	<p>9) Partnerships: Ongoing Access Health presence at key community partner locations such as community colleges, hospitals and libraries as well as commercial endeavors.</p>
<p>5) “Healthy Chat” and “Get Covered” events: Enrollment focused events occurring in community locations and coordinated with state and local leaders, as well as general advertising and promotion</p>	<p>10) Business Visibility: Field staff outreach to local community businesses to facilitate the placement of signs, posters, lead cards, brochures in these locations.</p>

Key Upcoming Dates

Date	Deliverable
6/1/13	Community presence at outdoor events begins, including street fairs, festivals, health fairs and seasonal locations
6/15/13	Begin next round of Healthy Chat events in key cities, with a focus on enrollment readiness and lead capture
7/1/13	Launch retail intercept program, with goal of refining approach and best locations in advance of Octobers launch
8/1/13	Open first of 6 retail locations (New Britain)
9/1/13	Perform the first of 2 canvassing efforts in key zip codes containing 240,000 of the states uninsured
9/15/13	Remaining 5 retail locations open for business
9/30/13	Tele-town hall activity begins

Key Upcoming Dates

Date	Deliverable
5/1/13	RFP issued for the In Person Assistor program
5/15/13	RFP issued for Navigator program
6/1/13	RFP period ends and chosen organizations notified within 2-weeks of closing
6/24/13	Training program for individuals performing Navigator and In Person Assistor duties begins . This will utilize multiple locations across the state, and contain both online and in-person training modules
8/30/13	Training and certification of all Navigators and In Person Assistors complete
9/1/13	Navigators and In Person Assistors begin work executing agreed upon plan submitted in RFP process, finishing work at end of the enrollment period in March of 2014.

Broker Program

- The Exchange has fostered strong relationships with the broker sales and distribution channel in Connecticut.
- The Exchange will be partnering with brokers to execute a full broker lead and sales program containing 3 major components as detailed below. This will be in addition to providing sales support collateral for use with existing clients or to accompany their own independent efforts.
- 250 active brokers will be recruited to enroll in this program across the state, and will need to take an Exchange specific training and certification program to participate.

1

Listing in Public Exchange Approved Broker Database

- Participating brokers will be listed on searchable database available on our web site, as well as utilized by our call center for broker referrals

2

Participation in Broker Lead Program

- Qualified leads generated during both pre-open enrollment and open enrollment events will be distributed to brokers via a trackable lead management system.

3

Access and Participation at Exchange Facilitated Enrollment Events

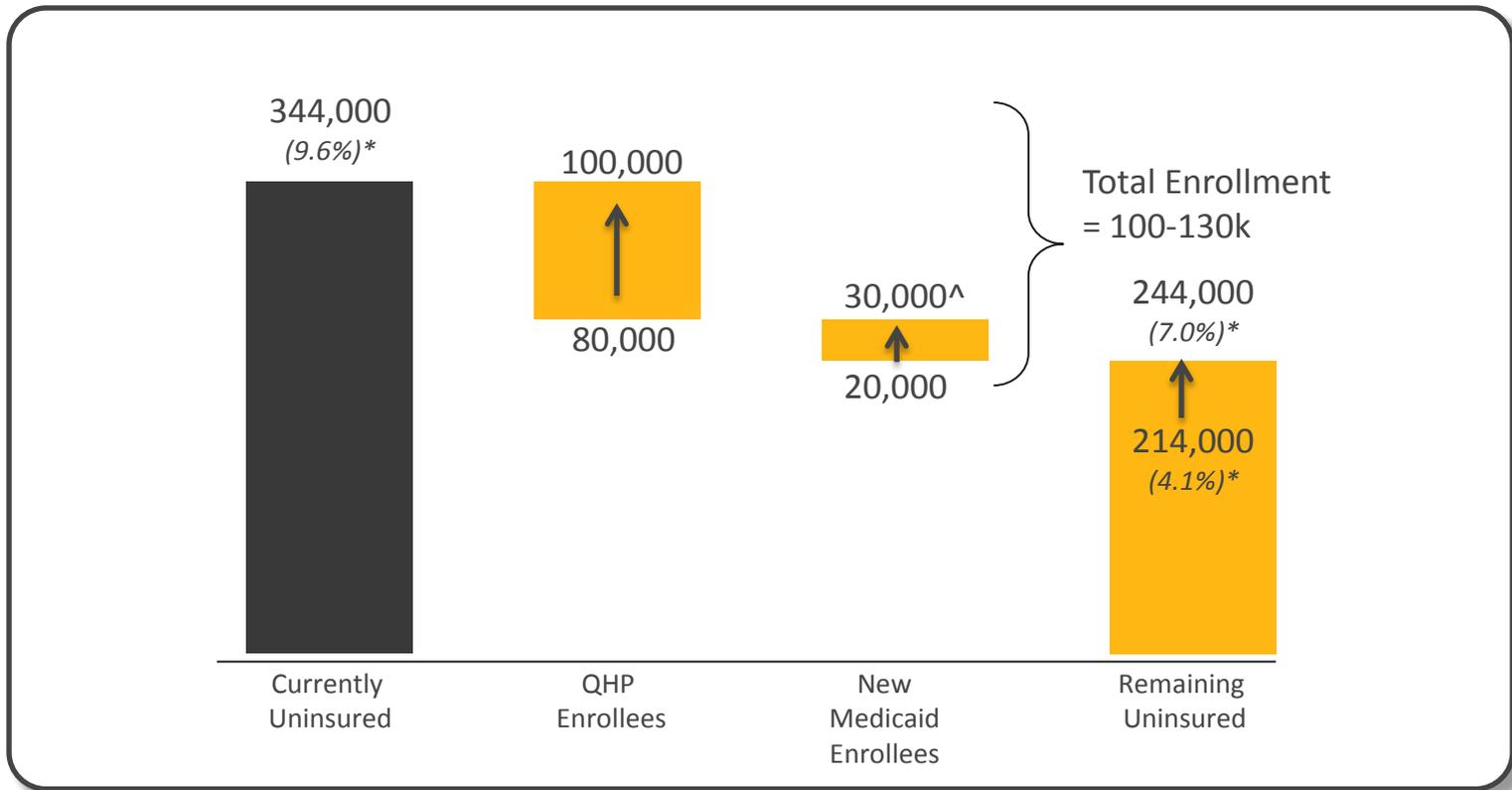
- Brokers will be given access to Exchange executed events (enrollment fairs, store front activity, business expo's) to engage and enroll clients.

Key Upcoming Dates

Date	Deliverable
May 20, 2013	Formally announce broker lead program, and provide full details of program requirements and benefits
May 27, 2013	Execute formal broker recruitment program process yielding 250 participants (email via professional associations, trade advertising, etc.). This will build on broker outreach and education efforts already under way .
July 8, 2013	Begin formal broker training process. This will utilize multiple locations across the state, and contain both online and in-person training modules).
August 16, 2013	Training and certification of all participating brokers complete.
September 1, 2013	Training complete, all supporting material delivered, and brokers engaged in established Exchange events as well as their own independent outreach

Enrollment Targets

The current uninsured rate in CT is approximately 9.6%. Our marketing plan is targeted to generate 100-130k net new enrollments over the course of open enrollment.

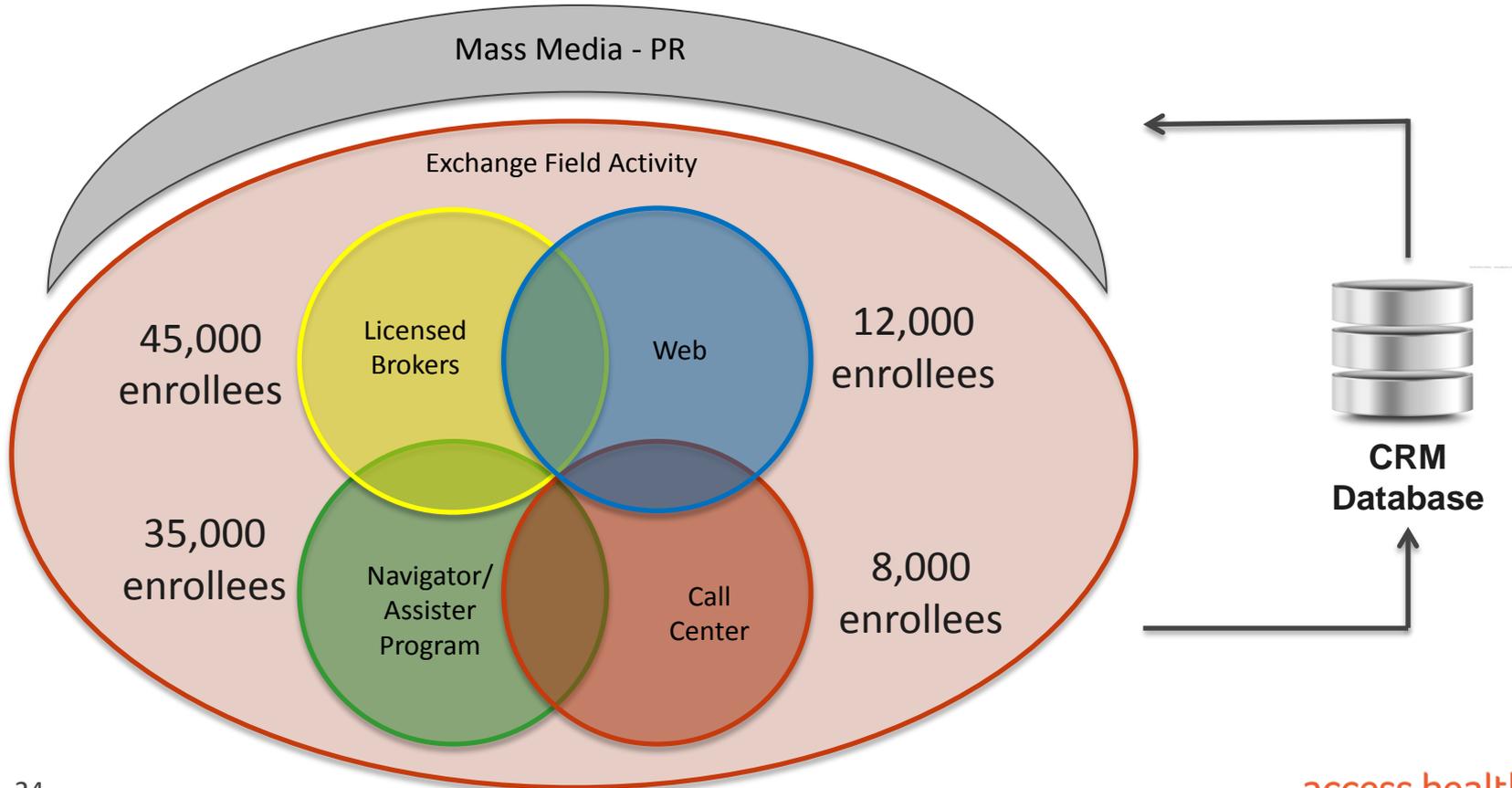


* Among a total state population of 3.5 million

^ Newly eligible Medicaid enrollee's only. This does not include current beneficiaries who may use the system.

QHP Enrollments by Channel

- Enrollment estimates are projected for each of the 4 major enrollment channels.
- Campaign performance and ROI will be evaluated overall, as well as by channel
- The forthcoming CRM database will be the means to conduct this analysis



Next Steps

1. Map channel enrollment projections to segments and media for tracking
2. Finalize training strategy for consumer facing support roles
3. Review customer focused portal enhancements (usability testing)
4. Review decision support strategy for self-guided enrollments

Store Fronts

- The state health exchange that will start selling medical insurance on Oct. 1 .
- It will open its own stores.
- The quasi-public agency is still working out the details
- Among the estimated 344,000 uninsured people in Connecticut, an astounding 85 percent live in the targeted cities: Hartford, Bridgeport, New Haven, Stamford, Waterbury and New Britain. The seventh location remains undecided, but will be in the eastern part of the state, probably Willimantic or Norwich.

Advertising/Brokers

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