Connecticut Health Policy Project

Policymaker Issue Brief

March 2012

Connecticut consumer and small business input to insurance exchange outreach efforts

The CT Health Insurance Exchange is currently gathering input to help design and market the Exchange to its customers – individual consumers and small businesses. Connecticut has a mixed record with similar efforts. We have solicited input from individuals and groups with histories of successful outreach to these constituencies. We offer this experience to the Exchange to help ensure a viable, trusted Exchange is developed that makes serving its customers their first priority.

Deep distrust of insurance companies. Many potential Exchange customers or someone close to them has had a poor experience with insurance, particularly with the weak plan offerings available to low wage workers and small businesses. Customers often struggle for years to pay premiums every month, but when they need care, it is not covered. Many people will buy insurance fairly quickly once subsidies become available, especially people who need it due to high medical bills or debt, people who are risk averse, and those used to having it. However a significant number will be more difficult to reach. You will have to convince them that they will benefit from insurance coverage and that they should pay premiums every month while they are struggling to pay rent, mortgages or other basic bills.

Deep distrust of government's ability or willingness to protect consumers. The Affordable Care Act includes important provisions to repair the current insurance market, improve plans and protect customers. However many of those protections rely on state enforcement to become reality and Connecticut has a poor record of protecting insurance customers. Too often state government has been more concerned with accommodating the industry than addressing the needs of consumers and small businesses. Overcoming that distrust is another significant challenge for the Exchange.

Keep the message positive. Messages that are meant to warn or threaten are unlikely to work. People who live without insurance already know the risks, and most are very worried about the consequences. The financial penalties in the Affordable Care Act for not purchasing coverage are substantial, but are less than the cost of insurance and are imposed months after the decision to forgo coverage. Positive messages are more likely to be effective. People must come to believe that it is in their best interest to purchase coverage and that they can trust the Exchange to deliver options with value. Constructive messages that help people solve their problems, or potential problems, will be better received. Emphasizing the peace of mind that comes from securing good coverage is more likely to work. To get potential customers to buy coverage through the exchange, it is not necessary to get them to understand or approve of the Affordable Care Act or to trust government. Do not try to do everything. Emphasize the Exchange's independence from insurers and the insurance industry to build credibility. Make it clear that the Exchange is not "selling them something" but only exists to help them make the best choice for themselves, their families, and their employees.

The messenger is more important than the message. Given the distrust inherent in the Exchange's products and government sponsorship, any message must be delivered by trusted messengers. Trusted messengers vary by community, by population, by age and at least a dozen other variables; in some communities it will be clergy, in others educators, in others community organizations, and in others none of those. It would be easy if we could recommend one or two trusted groups or letterheads to deliver the message, but that just isn't realistic. It is critical to use data and objective research to identify effective messengers. You will get many recommendations but it is important to start with customers, ask people in communities who they trust, find overlapping recommendations and reach out to those community leaders. State and local elected officials are a good place to start as they are, by definition, well-connected to their communities. Create two (or more) levels of outreach as are other states. One should be well-trained navigators, versed in the details of the program that can give people official, specific answers and advice. The other should be community-rooted, diverse trusted messengers who have a good grasp on the program basics and can refer those who need it to highly trained navigators. Quality control monitoring on messages and service are critical for both levels to ensure people get accurate information and to mitigate the exchange's liability.

The enrollment process is more important than the message. It is critical not to lose potential customers because of unnecessary bureaucracy or a poorly designed enrollment process. People must be able to easily apply online, by phone or in person. The application must be simple, seamless and automated. They should enter their information once and receive a real-time, clear and specific assessment of what they are eligible for, a simple way to choose among the options, enroll in coverage and choose a health plan. Consumers should never be expected to know if they are eligible for Medicaid or exchange subsidies; all that processing should happen out of sight of applicants. Applicants must be able to save their work on an online application and return later without having to re-enter information. As much as possible, pre-populate the application with information available from other sources such as income, date of birth, family composition, etc. and ask for confirmation of the information. There must be timely assistance available from navigators and others where and when applicants need it.[i]

There is a lot of wisdom from previous outreach attempts in Connecticut. A great deal of federal, state and private foundation money was spent on outreach in the early years of HUSKY. Unfortunately much of it wasn't effective in attracting new applications or getting families covered. Expensive ad campaigns that emphasized television and other paid media were ineffective. Focus groups with parents of uninsured children conducted by the CT Health Policy Project[ii] with DSS found that parents make health care coverage decisions based on information from people they trust, in formats they are used to, and need to hear the message several times. The most effective outreach was integrated into the current activities of community organizations, schools, churches and other trusted institutions. Connecticut can't afford to make the same mistakes again.

Strategically target the message. Blanket TV or other media ads are unlikely to be effective. Target messages at teachable moments and populations. People often think of insurance during life transitions – marriage, birth of a child, illness or death of a family member, and moving among others. People facing large bills, for an illness or emergency room visit for instance, are more likely to listen. Research shows that women make most health care decisions for their families. It is important to target the message to the Exchange population, people with incomes over 138% or 200% of the federal poverty level[iii]. While not wealthy, these working families are less likely to be homeless, speak no English and other characteristics than lower income populations with important implications for outreach. It is also critical to tailor the message to each sub-population. Small businesses, young invincibles, parents of

young children, and people with medical debt may respond best to different messages and need different portals into the Exchange. Target outreach accordingly.

Be smart about outreach. Soon after enrollment of higher income families began in the new HUSKY program in 1998, DSS conducted a survey of the small number of families that enrolled early. Asked how they learned about the program, a large proportion said they read about it in a newspaper. Based on that survey policymakers decided to spend outreach funds on Sunday newspaper inserts. Unfortunately, these were not very successful in soliciting responses. This should not have been surprising. Newspaper readers tend to be higher income and have more education than non-readers, indicators not generally correlated with lacking insurance. The survey targeted early adopters of HUSKY rather than people who had not applied. It was possible that, at that early stage, they had reached all the uninsured newspaper readers and were surveying the wrong population. In one of our focus groups with parents of uninsured children, a woman who only spoke Spanish told us that she had heard the word "HUSKY" at work. She said English was a second language for most workers there. Her employer had invited workers to hear someone from an outreach organization speak about the new program, but the organization did not send anyone who spoke Spanish so she had no idea that it might help her family. In developing an outreach campaign for HUSKY, Connecticut chose to pursue a bidding process and award large contracts to only a few groups. Unfortunately, while this process rewarded a few "winners" with resources to educate the public, it also created a longer list of organizations that were not awarded contracts and felt no investment in reaching out to clients. In contrast Massachusetts awarded small contracts to any group with a good idea. This engaged all stakeholders in getting the message out to every trusted messenger. They also held meetings and forums to share best practices between groups, spreading innovative ideas. Consequently Massachusetts was far more successful than Connecticut in enrolling eligible children in their program.

Test and evaluate everything, repeatedly. As an example, Martha Stewart Living and Kmart offered to let outreach workers provide shoppers with HUSKY applications and assistance on a series of weekends at several stores around the state. It was a great idea for a public –private partnership, but unfortunately it was not very successful in getting completed applications for a variety of reasons. It is important to learn from experiences like these and revise them, if possible, or choose another outreach strategy. And just because something worked last year, doesn't mean it will again this year.

Connecticut has a long history of well-meaning, but fatally flawed program design and implementation because policymakers are missing critical input. Consumers, advocates and small businesses know their constituents. Engaging them in development of the exchange is vital to success.

---

[i] E Rodman, The Ideal Application Process for Health Coverage, Families USA for Enroll America, February 2012, http://files.www.enrollamerica.org/best-practices-institute/publications-and-resources/2012/Ideal_Application_Process.pdf

[ii] E Andrews, HUSKY Focus Groups – What Parents are Saying, CT Health Policy Project for the Medicaid Managed Care Council and DSS, October 1999, http://www.cthealthpolicy.org/husky/focus/default.htm

[iii] Depending on whether Connecticut chooses to exercise the Basic Health Plan option under the Affordable Care Act.