

Iowa Health Benefit Exchange Consumer Outreach & Education Report

December 2012
Iowa Department of Public Health



TABLE OF CONTENTS

3	INTRODUCTION
3	About the Report
3	Education & Outreach Report Objectives
3	Definitions & Acronyms for this Report
4	Iowa's Health Benefit Exchange Guiding Principles
5	BACKGROUND INFORMATION
5	Background of Health Benefit Exchanges
5	Iowa's Regional Meetings & Focus Groups
6	Importance of Stakeholder Engagement
6	Importance of Public Education & Outreach
7	What is Outreach?
7	Difference Levels of Outreach
8	Laying the Foundation for Outreach in Local Communities
10	ACA Requirements for Stakeholder Engagement, Education & Outreach
10	Possibilities for Navigator Outreach
12	HBE RESEARCH
12	What are Other States Doing for HBE Outreach?
12	Additional Outreach & Educational Plans Created by Other States
13	WHO WILL BE THE CONSUMER?
13	Iowa Demographics
14	Iowa Household Income
14	Iowa Insurance Demographics
15	Organizations in Iowa
15	HBE, SHOP, & Basic Health Plan Eligibility
15	Market Research
17	OUTREACH PLAN
17	Branding Iowa's HBE & Why the Term "Exchange" Does Not Work
17	What is Iowa Going to Call the HBE?
18	What are Other States Calling Their HBE?
19	Tested Messaging
20	HBE Seal of Approval & Trusting the Exchange
21	What do Other States' HBE Logos Look Like?
22	PUBLIC EDUCATION CAMPAIGN DEVELOPMENT
22	Types of Media
23	Development of Outreach & Educational Materials
24	Outreach & Education to Multicultural Groups
25	Small Business Health Options Program (SHOP) Outreach
25	Iowa HBE Consumer & Business Research Survey
25	BEST PRACTICE APPROACHES
25	<i>hawk-i</i> Outreach
26	Iowa Get Screened: Colorectal Cancer Program Outreach
27	Stories & Quotes
28	Example Stories
29	RECOMMENDATIONS
29	CONCLUSION
30	HBE RESOURCES

INTRODUCTION

ABOUT THE REPORT

This report was developed by the Iowa Department of Public Health (IDPH) and it outlines consumer education and outreach research and strategies for Iowa’s Health Benefit Exchange. It reflects an initial draft plan for further discussion and amendment. Iowa’s Health Benefit Exchange will only succeed if there is stakeholder involvement in the planning process, extensive consumer education and engagement, and continued outreach.

EDUCATION & OUTREACH REPORT OBJECTIVES

- Develop and disseminate effective messages regarding the importance and accessibility of health insurance that resonate with Iowa residents who do not have health insurance.
- Establish a strong brand identity to help drive emotional connection with Iowa’s HBE, and establish the Exchange as a new way to shop for and compare health coverage.
- Build support among stakeholders, policymakers, community leaders, opinion leaders and experts in Iowa to help establish overarching credibility of the Exchange and its initiatives.
- Raise awareness and drive Iowans to access HBE information through digital and traditional educational materials and content.
- Ultimately move Iowans to take action via enrollment on the HBE website, through a dedicated call center, and/or through encounters with navigators in the community.

DEFINITIONS & ACRONYMS FOR THIS REPORT

Acronym	Full Name	Definition
HBE	Health Benefit Exchange	HBE’s are designed to make buying health coverage easier and more affordable. Starting in 2014, HBE’s will allow individuals and small businesses to compare health plans, get answers to questions, find out if they are eligible for tax credits for private insurance or public health programs, and enroll in a health plan that meets their needs.
ACA	Affordable Care Act	The comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on

		March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010.
IDPH	Iowa Department of Public Health	
DHS	Department of Human Services	
IID	Iowa Insurance Division	
SHOP	Small Business Health Options Program	Small Business Exchange that offers small businesses and their employees new choices. Through the SHOP, employers can offer employees a variety of Qualified Health Plans (QHPs), and their employees can choose the plans that fit their needs and their budget.
EHB	Essential Health Benefits	A set of health care service categories that must be covered by certain plans, starting in 2014. The ACA ensures health plans offered in the individual and small group markets, both inside and outside of the HBE's, offer a comprehensive package of items and services, known as essential health benefits. EHB's must include items and services within at least the following 10 categories: <ol style="list-style-type: none"> 1. Ambulatory patient services 2. Emergency services 3. Hospitalization 4. Maternity and newborn care 5. Mental health and substance use disorder services, including behavioral health treatment 6. Prescription drugs 7. Rehabilitative and habilitative services and devices 8. Laboratory services 9. Preventive and wellness services and chronic disease management 10. Pediatric services, including oral and vision care
QHP	Qualified Health Plan	Under the ACA, starting in 2014 certified insurance plans will be sold through the Exchange to provide essential health benefits. These plans will follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meet other requirements. A QHP will have a certification by each HBE in which it is sold.

IOWA'S HEALTH BENEFIT EXCHANGE GUIDING PRINCIPLES

- **Transparency:** Iowa's Exchange will be built on transparency and fairness to consumers
- **Governance:** Iowa's Exchange should establish Iowa consumer's (individuals, small businesses, and employees) interests are well represented
- **Affordability:** Iowa's Exchange should be structured to attract both people who are healthy and those with existing medical conditions

- **Simplicity:** The Iowa Exchange should standardize plan benefits within each level of coverage so that consumers can have a true apples-to-apples comparison
- **Seamlessness:** The Iowa Exchange should be well integrated with the state Medicaid and Children's Health Insurance Program (CHIP) programs to ensure seamless enrollment
- **Promote Access and Choice:** The Iowa Exchange will increase access, choice, and affordability for all Iowans, and especially for those who are uninsured
- **State-Run:** Iowa will run its own Exchange
- **Federally Approved:** Iowa will work closely with HHS approval entities to ensure approval for the Iowa Exchange

BACKGROUND INFORMATION

BACKGROUND OF HEALTH BENEFIT EXCHANGES

Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges in each state. Individuals and small businesses can use HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans. HBEs will ensure that participating health plans meet certain standards and facilitate competition and choices by rating health plans' quality. Individuals and families purchasing health insurance through HBEs may qualify for premium tax credits and reduced cost-sharing if their household income is between 133% and 400% of the FPL. HBEs will coordinate eligibility and enrollment with State Medicaid and CHIP ensure all Americans have affordable health coverage. The ACA requires states to have an Exchange certified or conditionally certified on January 1, 2013, or the federal government will operate a HBE for the state.

IOWA'S REGIONAL MEETINGS & FOCUS GROUPS

As an initial step of the planning process, Iowa held a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement and consumer input. Joel Ario, former Director of the U.S. Health and Human Services Center of Health Insurance Exchange, attended the first of five regional meetings in Des Moines. Below was the Focus Group and Regional Meeting schedule:

- December 13, 2010: Des Moines
- December 14, 2010: Iowa City
- December 20, 2010: Waterloo
- December 21, 2010: Sioux City
- January 4, 2010: Ottumwa

- March 22, 2010: Iowa Caregiver's Association, West Des Moines (Focus Group only)
- March 24, 2010: Wright County, Clarinda (Focus Group only)
- March, 2010: Focus Groups with Iowa's Multicultural Population

The regional meetings and focus groups gained consumer buy-in and created transparency. Community stakeholder groups were given a chance to voice concerns and solicit ideas and expectations from what Iowans want out of an HBE. Participants in the focus groups were asked various open-ended questions concerning such elements as:

- What benefits should be included in the final benefit packages?
- How should the information be delivered?
- What tools should be available to make obtaining benefits more accessible?

The information gathered from the regional meetings and focus groups was compiled into an [Iowa HBE Regional Meeting and Focus Group Report](#) and shared with stakeholders and policymakers as part of the planning process.

IMPORTANCE OF STAKEHOLDER ENGAGEMENT

Developing a successful HBE to serve Iowans requires extensive knowledge and planning. Stakeholder and consumers, particularly those who will use the HBE and those who will provide services purchased through the HBE, are critical to the planning. Their knowledge and recognition of community needs are essential in order to build an Exchange that result in affordable, quality health care coverage for all Iowans.

Stakeholder and consumer input and involvement creates transparency and is high priority for Iowa throughout the entire planning and implementation process of creating an Exchange, and will continue beyond the completion of this initial plan.

IMPORTANCE OF PUBLIC EDUCATION & OUTREACH

While thousands of Iowans will be affected by the HBE, many are unaware of what an Exchange is and how it will affect them. Many of these Iowans will have had little experience with health coverage, and a sizeable number will have limited English proficiency, low health literacy, or other limitations that make it difficult for them to make informed health plan choices. A key element of Iowa's public education and outreach campaign will be to educate the public about the importance of health insurance and the key aspects of Iowa's HBE to ensure that they understand the issues, are able to make informed decisions, and know where to go for help. This knowledge is critical to attracting consumers and small businesses to the Exchange to make it affordable and competitive.

WHAT IS OUTREACH?

Outreach is an activity of providing services to populations who might not otherwise have access to those services. A key component of outreach is that the groups providing it are not stationary, but mobile; in other words they are meeting those in need of outreach services at the locations where those in need are. In addition to delivering services, outreach has an educational role, raising the awareness of existing services.

Planning for and implementing the Exchange should include consistent and quality outreach to effectively reach eligible participants and maximize enrollment. Effective outreach campaigns will require successfully target populations by making them aware of the Exchange and when needed assist those identified in enrolling in a healthcare plan.

According to a report produced by the Agency for Healthcare Research and Quality, there are steps that should be included for a successful outreach effort. They are listed below:

Targeting Eligible Populations

Step 1: Identify and understand the potentially eligible population

Step 2: Increase public awareness that the program exists

Step 3: Increase understanding of eligibility for the program

Step 4: Educate individuals about the program

Step 5: Motivate individuals to take action to find out more about, or enroll in, the program

Enrollment and Retention

Step 6: Facilitate individuals' actions needed to enroll in the program

Step 7: Address systemic barriers to enrollment or action

Step 8: Change state policies and program characteristics to address barriers

Ensuring Access to Care

Step 9: Address access to care and use of services after enrollment

DIFFERENT LEVELS OF OUTREACH

Community-Based Local Outreach

Reaching people in their communities where they work, go to school, and pray is the most effective outreach strategy to get people to "act." Community-based outreach strategies use entities and individuals whom families already know and trust to help spread the word. Community efforts are locally grown and driven and compliment state efforts and messaging. Community outreach can build the connections with hard-to-reach populations. According to the Kaiser Commission on Medicaid and the Uninsured, organized efforts should work

closely in partnerships with other public programs, private businesses, and community-based organizations throughout the planning, design, and implementation stages is vital for successful outreach campaigns. Information should be easily and locally available to the target audiences.

Person-to-Person Outreach

Outreach occurring at a local level is how relationships are made and nurtured. Members of the community trust their community leaders providing outreach because they establish personal contact with people. Face-to-face contact allows the community to tailor the message to the consumers' specific needs, situation, and language. Word of mouth is the most effective outreach strategy. According to the Kaiser Commission on Medicaid and the Uninsured, one-on-one outreach is the most cost-effective strategy to get consumers to enroll in public health insurance programs. The report goes on to conclude that these efforts are even more successful when done in partnership with public health agencies or other agencies that have a community presence. This local community contact at health clinics, schools, and community centers can be extremely useful in helping clients navigate the application and enrollment process and connect with the health care system. Person-to person outreach can also improve retention in healthcare coverage and reduce the churning that happens when there are gaps between coverage.

LAYING THE FOUNDATION FOR OUTREACH IN LOCAL COMMUNITIES

Outreach in ACTION- Critical Components

- **Stop and listen** to the stories. With permission record the stories and ask if they would be willing to share on a broader scale.
- **Be friendly** and treat everyone with respect even if they criticize the program.
- **Leave your office!** Being in the community is essential.
- **Research the community.** Know the demographics, health status and issues, local leadership.
- **Understand the local community.** Its history, needs, strengths, primary revenue sources and spirit.
- **Create a partnership plan / Capacity Building.** Look for partnership opportunities; be creative, work across boundaries.
- **Identify, search out and connect** with local organizations, leaders, and advocates.
- **Build on** already existing community initiatives and activities (e.g., health fairs, coalitions, wellness programs) to the extent possible.
- **Get feedback** through discussions with leaders, key contacts, elders and users.
- **Think OUTSIDE of the box.**
- **Ask those you meet to spread the word about the program.** Word of mouth is still the most effective tool for outreach.

- **Be FLEXIBLE.** Be prepared to be adaptive and open-minded to the needs of the community. Be ready to make changes to your plan. Remember this is the community's plan not yours.

Outreach efforts should be multifaceted implementing outreach strategies at many levels in chorus of one another. Combining statewide media marketing and local community-based outreach is a proven and effective approach, with the two approaches working in a complementary fashion. Using local and statewide media, such as small community newspapers, shoppers' guides, flyers, radio stations, signs on billboards and mass transit vehicles, and local newsletters are effective ways to reach target populations. The foundation of effective outreach depends on the trusted sources in local communities and the relationships that are built with face-to-face interactions.

Working closely in partnerships with a variety of public and private sector partners will be critical in implementing a multifaceted education and outreach campaign. Soliciting assistance from other trusted sources can assure that all pockets of Iowa's population is being reached in its outreach efforts.

Outreach efforts should be an ongoing effort to reach newly eligible people. Elements to an effective outreach campaign for the Exchange should include strategies based on knowledge of the population to be reached and collaborations with existing and new partnerships. The outreach campaign should be multifaceted and include activities from person-to-person opportunities on the local level that enhance statewide efforts that target individuals and small business owners. This information transfer often involves mass media, community-based, person-to-person outreach, or some combination of these.

Below is a list of potential partnerships that should be explored as Iowa creates its outreach campaign:

- Healthcare providers- private and public
- Trade, industry, and professional associations
- Community based organizations such as faith based and multi-cultural
- State and local government programs such as workforce offices, public health, schools, and libraries
- Local retail or businesses such as tax preparation sites and temp agencies
- Community voluntary groups such as Rotary clubs
- Agricultural organizations

The Federal government will also be developing a comprehensive education and outreach campaign. They will develop materials and resources that can be easily tailored for states to use at a local level.

RECOMMENDATION- Iowa's Health Benefit Exchange Consumer Education and Outreach Plan should align with and complement Federal outreach efforts. Outreach in Iowa should occur at the local level because reaching people in their communities where live is the most effective outreach strategy to get people to "act."

ACA REQUIREMENTS FOR STAKEHOLDER ENGAGEMENT, EDUCATION, & OUTREACH

The ACA requires HBE's to consult with a broad range of stakeholders in carrying out their activities (Section 1311 (d)(6)). It also requires states to provide an outreach program to inform the public of the services and coverage options available through the HBE. Successful HBE's will undertake aggressive and multi-faceted outreach to inform the public of their services and coverage options. They should work closely with consumer advocates, national insurers, and community-based insurers, including potential new market entrants, to create a competitive climate that will offer a range of product offerings.

Additionally, the ACA requires state Exchanges to establish a "navigator" program (Section 1311 (i)) that will help people who are eligible to purchase coverage through the Exchange learn about their new coverage options and enroll. States will award grants to entities that will provide these services.

POSSIBILITIES FOR NAVIGATOR OUTREACH

What is a navigator?

Under the law, navigators have the following five duties:

- 1) To conduct public education about the availability of qualified health plans. (Qualified Health Plans must meet certain standards, and they are certified to sell in the Exchange. Some qualified plans may be sold both inside and outside of an Exchange, depending on state law.)
- 2) To distribute fair, impartial information about enrollment in qualified plans and about the availability of premium tax credits and cost-sharing assistance in the Exchange.
- 3) To facilitate enrollment in qualified plans.
- 4) To refer people who need help resolving a problem with their health plan or with their premium assistance to a consumer assistance or ombudsman program or to another appropriate agency that can help with a grievance or appeal.
- 5) To provide information in a culturally and linguistically appropriate manner to the population being served by an Exchange.

The ACA lists a number of different kinds of entities that could become navigators, including:

- community- and consumer-focused nonprofits
- trade, industry, and professional associations;
- commercial fishing, ranching, and farming organizations
- chambers of commerce
- unions
- Small Business Administration resource partners
- licensed insurance agents and brokers

To be eligible to receive navigator grants, an entity must meet the following criteria:

1. **Relationships:** It must already have relationships, or be readily able to establish relationships, with one or more of the following populations that qualify to enroll in Exchange plans:
 - a. employers and employees;
 - b. consumers, including uninsured and underinsured consumers; and
 - c. self-employed individuals.

A state might contract with different organizations or entities to reach different segments of its population.

2. **Capabilities:** It must be capable of performing the duties of a navigator, described above.
3. **Meet standards established by the Secretary of HHS:** These standards, which have not yet been developed, will ensure that navigators are qualified and “licensed if appropriate” and that they avoid conflicts of interest. The law requires that navigators *cannot* be health insurers. Nor can they receive direct or indirect compensation from an insurer in connection with enrollment of any Exchange-eligible individuals or employers in a qualified health plan.
4. **Deliver fair and impartial information:** The Secretary and states will develop standards to ensure that navigators deliver fair, impartial, and accurate information.

Consumer assistors, very similar to navigators, will also be available to provide assistance to lowans. In addition to provisions related to outreach and enrollment, the ACA acknowledges the importance of post-enrollment support, especially for those who have limited experience with insurance or the health care system. It includes a number of initiatives that will assist the newly insured in accessing care and understanding how to use their coverage. Many of these initiatives will also promote wellness and prevention/reduction of chronic diseases.

HBE RESEARCH

WHAT ARE OTHER STATES DOING FOR HBE OUTREACH?

Most states are only in the initial planning for their states' outreach and marketing efforts. Only a handful of states have taken steps in implementing outreach efforts for their Exchanges. One step in this effort for a couple states has been to release RFPs to support their outreach efforts through contracts with outside identities. Included is Hawaii's and West Virginia's RFPs.

Hawaii

http://www.hawaiihealthconnector.com/uploads/RFP_No_2012-03_-_PR_Services_Final_Distribution_Copy_.pdf

West Virginia

http://www.statereforum.org/sites/default/files/final_education_and_outreach_scope_of_work_procurement.pdf

A few other states have released outreach and marketing plans for their outreach efforts. Information concerning plans for California, Kansas and Maryland are included.

ADDITIONAL OUTREACH & EDUCATIONAL PLANS CREATED BY OTHER STATES

California

California Health Benefit Exchange, Department of Health Care Services (Medicaid department), and Managed Risk Medical Insurance Board (CHIP department) released recommendations for outreach and marketing and the Assistants Program.

http://www.statereforum.org/sites/default/files/v_chbe_dhcs_mrmib_comprehensive_marketing_outreach_plan_6_15_12.pdf

Kansas

The Kansas Insurance Department's Health Insurance Exchange Workgroup and Steering Committee was responsible for their consumer outreach and education plan.

http://www.ksinsurance.org/hbexplan/files/adopted/20120130_ADOPTED_Adopted_Consumer_Outreach_proposal.pdf

Maryland

Maryland created an advisory council to study and make recommendations on several issues pertaining to the building of their Exchange. The advisory council charged Weber Shandwick and its research division, KRC research with providing research and recommendations regarding how the Exchange

should conduct its public relations, outreach and advertising efforts.

Information concerning their plan is available at:

<http://dhmh.maryland.gov/exchange/pdf/FinalAdvertisingReportWeber.pdf>

Massachusetts

The Blue Cross Blue Shield of Massachusetts Foundation just released the second in our Health Reform Toolkit Series: Implementing a Successful Public Education and Marketing Campaign to Promote State Health Insurance Exchanges. This *Health Reform Toolkit Series* is designed to share examples, templates, experiences, and lessons learned from Massachusetts' implementation of health reform to help states plan, build, and implement elements of the ACA. Each toolkit will include a written narrative "guide" as well as a variety of primary source documents: organizational structures, job descriptions, RFPs, quotations, and other work products from Massachusetts' health reform implementation experience.

<http://bluecrossmafoundation.org/health-reform/lessons/~media/Files/Health%20Reform/Lessons%20from%20the%20Massachusetts%20Experience%20Marketing%20Toolkit%20v2.pdf>

WHO WILL BE THE CONSUMER?

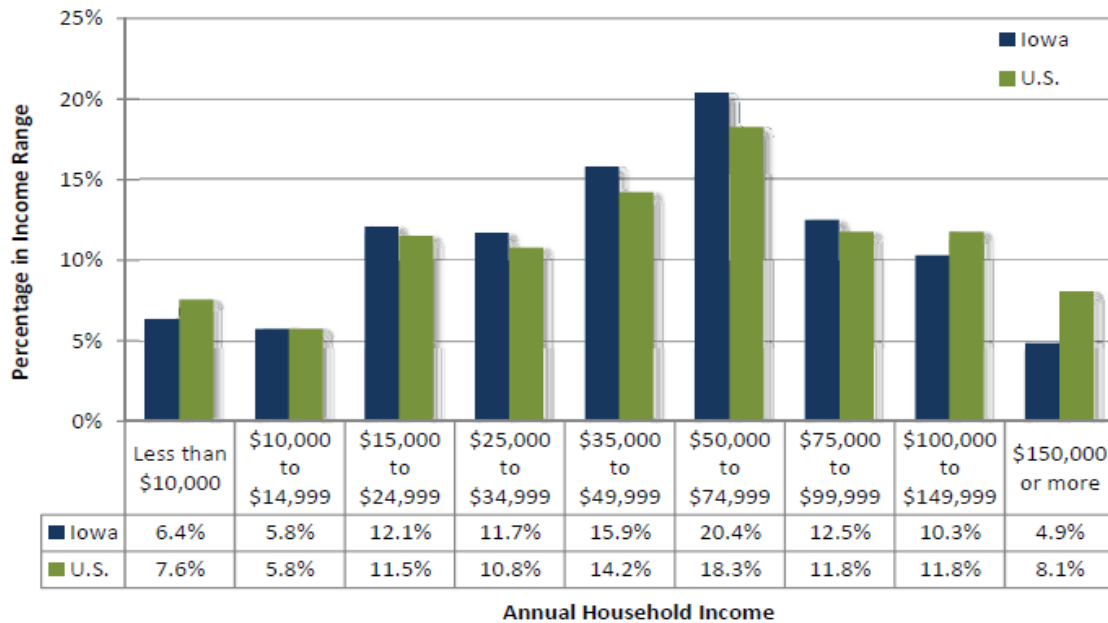
IOWA DEMOGRAPHICS

- Iowa has a population of approximately three million residents, which ranks 30th of the 50 states.
- Iowa is made up of 99 counties with county populations ranging from 430,640 in Polk County to 4,029 in Adams County.
- Iowa's population is stable and slowly growing.
- Iowans are generally healthier than the U.S. as a whole.
- A resilient, diversified economic base with low unemployment in comparison the U.S. average.
- Average household income is slightly below the U.S. average, but has more middle-class earners and fewer low and high-income earners.
- Iowans live longer and the average age is older than the average age of the U.S. population.
- While more Iowans now live in urban than rural areas, Iowa is still decidedly more rural than the nation as a whole.
- Under 400 % of poverty
- Iowa is experiencing a growing diverse population and increasing health disparities.

IOWA HOUSEHOLD INCOME

Iowa's average household annual income is \$47,961 which is slightly below the U.S. average of \$50,046. The distribution of annual household income for Iowa compared to the U.S. population is somewhat more centered to the average. Iowa has a smaller percentage of households earning less than \$10,000 and more than \$100,000, but a higher percentage in the middle ranges. The majority of the consumers who will purchase health insurance through the Exchange will be those under 400 percent of the Federal Poverty Level.

Comparison of Iowa Household Annual Income to U.S. Average



IA Households= 1,223,439; U.S. Households = 114,567,419

Source: David P. Lind Benchmark and Data Point Research, Inc. Iowa's Current Health Coverage Marketplace: Background Research, 2012

IOWA INSURANCE DEMOGRAPHICS

- While the percentage of those with health coverage is dropping, Iowans carry health insurance at a higher percentage than the nation.
- Of Iowans of working ages 18-64, 84 percent currently have health insurance coverage. This compares to a national average of 78 percent.
- Employer-based coverage is the primary health insurance source for 64 percent of working aged Iowans.
- Additionally, 12 percent of Iowans are insured through public plans, 11 percent purchase insurance directly, and 13 percent remain uninsured.
- Iowa has a heavily concentrated health insurance market with 57.45% of small group and 81.65% of individuals insured by Wellmark.

- The top five carriers in Iowa provide health insurance for 88.45% of the small group and 94% of the individual market.
- There were a total of 28 carriers in the state.

ORGANIZATIONS IN IOWA

- Out of Iowa's 209,000 employers including farmers, 98 percent have less than 50 employees.
- Less than 1% of Iowa organizations fall within the 51-100 employee size.
- Approximately 531,300 Iowa employees including farmers work for organizations with between 1 and 50 employees.
- An additional 125,700 employees work for organizations with 51 to 100 employees.

HBE, SHOP, & BASIC HEALTH PLAN ELIGIBILITY

- About 2.4 percent (62,200) of 2.6 million Iowa residents under age 65 are estimated to be eligible for the BHP. Of these, about 40,000 are expected to enroll.
- If Iowa implemented the BHP for qualified low-income adults, the number of uninsured people would be reduced by 5,650 residents.

MARKET RESEARCH

The Robert Wood Johnson Foundation has conducted extensive market research in other state to help understand the attitudes of the uninsured population who will likely utilize the Exchange. Key findings include:

- Huge barriers to enrollment exist. Many people without insurance do not think they can get insurance if it is not offered by their employer. Most who tried to purchase it found it to be complicated and unaffordable.
- Despite barriers, most people without insurance would prefer to have it. Ease and affordability were essential for all audiences.
- Many people without insurance had little or no awareness of the health reform law or health benefit Exchanges.

Percent of Poverty Guidelines

Family Size	% Gross Yearly Income						
	100%	133%	150%	200%	250%	300%	400%
1	\$11,170	\$14,856	\$16,755	\$22,340	\$27,925	\$33,510	\$44,680
2	\$15,130	\$20,123	\$22,695	\$30,260	\$37,825	\$45,390	\$60,520
3	\$19,090	\$25,390	\$28,635	\$38,180	\$47,725	\$57,270	\$76,360
4	\$23,050	\$30,657	\$34,575	\$46,100	\$57,625	\$69,150	\$92,200
5	\$27,010	\$35,923	\$40,515	\$54,020	\$67,525	\$81,030	\$108,040
6	\$30,970	\$41,190	\$46,455	\$61,940	\$77,425	\$92,910	\$123,880
7	\$34,930	\$46,457	\$52,395	\$69,860	\$87,325	\$104,790	\$139,720
8	\$38,890	\$51,726	\$58,335	\$77,780	\$97,225	\$116,670	\$155,560
For each additional family member	\$3,960	\$5,267	\$5,940	\$7,920	\$9,900	\$11,880	\$15,840

Since the HBE will serve individuals receiving coverage from both public and private sources, the HBE will ultimately serve populations at all income levels. Other states that have developed outreach plans have decided to initially focus on those who will be incentivized to utilize the HBE. The HBE will offer coverage to individuals up to 400% of FPL. Those up to this income level will be offered coverage either through a public program or will receive tax credits and subsidies to assist with health insurance premiums. The initial target should be adults whose income falls within these limits and the small businesses that will also be eligible to receive tax subsidies through the HBE. Iowa has a low uninsured rate for children at 6 percent and already has a successful outreach program under the hawk-i program. The HBE outreach efforts should closely align with the **hawk-i** outreach program to assure that all eligible individuals and families are being reached.

A report was prepared for the Iowa HBE project called *Iowa's Current Health Coverage Marketplace* which provides tremendous detail about the potential users of an Exchange. Of the nearly 700,000 Iowans without current employer-based insurance coverage, 262,000 fall below 133% FPL and may be covered by Medicaid and other public need-based programs if Iowa chooses to expand Medicaid. Of the 222,270 Iowans between 133% and 400% FPL who purchase their own coverage directly or are uninsured and would be potentially eligible for Advance Premium Tax Credits (APTC) and/or Cost Sharing Reductions (CSR), 124,100 would be required to obtain health insurance coverage or incur a tax penalty. The remaining 98,170 who are at or above the 400% FPL and ineligible for APTC/CSR may or may not use the Exchange to obtain health insurance. Taking all these populations into consideration, there could be as many as 574,270 individuals seeking health insurance coverage.

OUTREACH PLAN

BRANDING IOWA'S HBE & WHY THE TERM "EXCHANGE" DOES NOT WORK

States setting up HBEs are finding many people don't know what an Exchange is and don't necessarily like the sound of it. Extensive research has been done in many states and at the national level on Exchanges. Consistently, it has been found that consumers are confused by the term "Exchange". Some feel that the term implies that they will have to trade their current coverage for something else. It has been reported several times that the term "throws them off," making them think of the stock exchange. Additionally, the term causes some consumers to become suspicious and believe there will be loopholes and fine print. Currently, in almost every news story about Exchanges, the word "marketplace" is used as a synonym to help readers understand the concept.

The Exchange will be completely new for consumers and there will be a lot of confusion at the beginning. The HBE will succeed if it simplifies its brand positioning and communications. The brand for the Exchange must not be stigmatized as a medical assistance product/program, but rather a destination for choosing from qualified health insurance plans.

WHAT IS IOWA GOING TO CALL THE HBE?

IDPH and the Iowa Collaborative Safety Net Provider Network have partnered to plan outreach activities related to Iowa's HBE. One of the activities included a survey to safety net providers, outreach workers, and public health agencies to solicit some basic information about the HBE. The survey collected sixty-one (61) responses and the following question related to branding the Exchange was included:

What is the best term to describe Iowa's HBE that you feel consumers would identify with? For example, some states have decided not to use the term "Exchange" and opted for terms like "marketplace" or "health connector" to refer to their Exchange.

The responses include:

- Health Connector
- Health Benefit Marketplace
- Iowa Health Insurance Marketplace
- Healthcare Insurance Market
- Health Benefit Resource
- Consumer Options

- Health Exchange
- Health Benefit Coverage
- Health Benefit Market
- Health Care Link
- Health Connection
- Health Coverage Connector
- Health Insurance Marketplace
- Health Match Iowa
- Iowa Health Connection
- Iowa Health Insurance Access
- Iowa's Health Support Network
- Individual Health Access Assurance
- Menu

Additional Comments

- I think the "Exchange" is somewhat misleading
- I would NOT encourage the use of the term "marketplace." I do like Exchange but if we decided to change, connector or connection is appropriate
- If there is a message that has been tested as optimal to attract consumers to participate, we are open to what word proves to test the best. Otherwise, there is a benefit to using the word "Exchange", which consumers at least have some awareness from ACA-related discussion/education
- Insurance – people understand it and know what you're talking about
- Insurance store or similar term that someone with a 6th grade reading comprehension skill will understand
- Something with the word Health
- Don't use the term "Exchange" because it implies that you are trading something
- The more consistency the better (what are nearby states using?)
- Warehouse --most everyone is familiar with Sam's Club or Costco--so a similar approach may work

WHAT ARE OTHER STATES CALLING THEIR HBE?

Other states that have decided on what they will brand their HBE or what they are leaning towards include:

- [Washington Healthplanfinder: Click. Compare. Covered.](#)
- [Nebraska Health Care Alliance](#)
- [Maryland Health Connection](#)
- [Massachusetts Health Connector](#)
- [Vermont Health Connect](#)
- [Hawaii Health Connector](#)

- [One, Mississippi](#)
- [California Health Benefit Exchange](#)
- [Colorado Health Benefit Exchange](#)
- [Utah Health Exchange](#)
- [Silver State Health Insurance Exchange \(Nevada\)](#)

TESTED MESSAGING

Various other states have tested certain messaging to work in combination with their branding development. Below are some messages that had positive responses in other states. Iowa's HBE could easily test these messages with Iowa populations to see if there was a similar response. They could also be easily tailored depending on the response received.

- A place for one-stop shopping
- Straightforward, easy to use, concrete information
- Emphasize Choice
- A place to go to understand what options you qualify for
- Easy plan comparison
- Enroll in the right plan for you
- Committed to ensuring greater health
- References to self, families, and communities as beneficiaries of insurance
- The opportunity for greater health and security
- Showcase Prevention benefits

Key messages to target audiences could potentially include the following:

To the General Public:

- Iowa is making it easier and more affordable for all residents to get the health insurance they need through Iowa's Health Benefit Exchange.
- As a result of this shared undertaking, everyone in Iowa can have the health security they need- including regular doctor visits and preventative care, prescription drug coverage, and protection in case of hospitalization or medical emergency.
- In addition to giving you access to preventative care, health insurance will provide you with protection from financial risk, in the event of a medical need. You can also take your coverage with you if you lose or change jobs.

To Iowa Businesses:

- Iowa's Health Benefit Exchange will provide you with a new way to offer health insurance to your employees that is easy and more affordable.
- Offering your employees health insurance is one of the best ways to recruit and retain talent in your company.
- You can choose from a variety of plans and coverage options that will suit your budget and keep your employees protected.

To Iowans who are uninsured:

- Health insurance will help you, and provide preventative care as well as financial protection
- Iowa's Health Benefit Exchange is making health insurance more affordable and easier to get.
- You may be eligible for subsidies that would lower the cost of your health insurance and make it more affordable- even if it has not been affordable in the past.
- Everyone in Iowa is required to get health insurance- Iowa's Health Benefit Exchange is the best way for you to get it.
- You can tailor your health insurance plan to you own needs and budget. The Exchange will help you get the information you need to compare coverage and make a decision that works for you and your family.

**Source:* These targeted messages were developed by the Maryland Health Benefit Exchange and could be modified or adapted to fit Iowa's population.

The Exchange must be:

- **Relevant-** to all audience segments
- **Arresting-** it must capture their attention
- **Motivating-** it must drive awareness, motivate audiences to act- and ultimately purchase insurance by using the resources of the Exchange
- **Storytelling-** it must engage audiences through the power of storytelling

HBE SEAL OF APPROVAL & TRUSTING THE EXCHANGE

During the consumer focus groups that took place throughout Iowa, it was mentioned numerous times that Iowa's Exchange should have a "seal of approval" to ensure that the information is coming from a trusted source and is not coming from a scam. Listed below are the comments that were given regarding the seal of approval and trusting the Exchange.

- Iowa's HBE website, advertisements, and other material should have a "Seal of Approval" similar to the Good Housekeeping seal so they know it is the real thing.
- Iowa should have a seal of approval for quality and value. Iowa's HBE Outreach Campaign should serve to strengthen Iowa's brand, making the HBE the "go-to site" for reliable advice on health insurance and the new law, as well as the source for health plan enrollment in both subsidized and private coverage.
- Provide a secure, trustworthy source for applying and purchasing insurance.
- Each community has different trusted sources and there should be multiple entities and access points.
- All ads, etc. should be through the HBE in order to keep it trustworthy.
- If it looks like a reputable site; the credibility of the Exchange itself.

- Make sure it has a privacy lock on it.

WHAT DO OTHER STATES HBE LOGOS LOOK LIKE?

An important component to branding Iowa's HBE will be to create a logo that will help consumers easily identify what the Exchange is and where to go to get help.



RECOMMENDATION- As part of Iowa's Health Benefit Exchange planning effort, the Interagency Workgroup should convene focus groups to evaluate the Exchange branding, logo, messaging, pitch, and seal of approval to ensure consumer input.

PUBLIC EDUCATION CAMPAIGN DEVELOPMENT

Types of Media

There are generally three types of media being used for today's marketing needs. These include earned media, paid/mass media and social media. Regardless of the media outlet, messaging should be simple, clear and consistent across all efforts.

Earned Media

Earned media is usually free or low-cost, but can take a lot of work. Earned media is generally achieved through efforts other than advertising. Usually there is a lot of power in earned media because it comes from trusted sources. An endorsement from a local newspaper can have more influence on an individual than a bulletin board. Examples of earned media are below:

- Letters to the Editor
- Press Conferences
- Opinion Pieces
- TV and radio show appearances
- News articles
- Retail and Community Partnerships
- Public Service Announcements

Paid/Mass Media

Paid media can reach a much larger group of people but can also be very expensive. Generally, a third party is paid to display developed messages, products and services. Targeting your audience to the types of paid media can assist in a successful campaign. Examples of paid media are below:

- Commercials
- Bulletin boards
- Advertisements in newspapers and bus benches etc..
- Radio

Social Media

Social media is the newest form of media. Social media are interactive web based applications and forums which individuals and communities share and discuss aspects of their lives. Participants can share and create various mediums such as music and videos through these platforms. Social media can be accessed through a variety of devices from computers, notebooks and phones. Examples of social media are below:

- **Facebook**

- **Twitter**
- **Blogs**
- **YouTube**
- **Text Messaging**- text messaging is an added "channel" for community outreach and education. There is plenty of room for creating unique and creative text message campaigns to promote Iowa's HBE.



RECOMMENDATION- Iowa should create and implement a media campaign about the Exchange and it should include earned media, paid media, community outreach, public education, social media, and digital communications.

Development of Outreach & Education Materials

A variety of materials should be developed and utilized at a local level to educate and provide outreach to community members about the Exchange. Examples of materials to be developed include:

- Glossary of terms that apply to the new Exchange marketplace
- Brochures (targeting consumers – explaining the “why,” “how,” “what,” and “where” to go for more information or to enroll)
- Brochures (targeting employers)

- Tip cards (less in-depth than the brochures, but including key points of the “why,” “how,” “what,” and “where”)
- Posters (for program partners and employers to display at their places of business)
- Partner education tools (PowerPoint presentations, briefing kits)
- Overview videos
- Electronic media kits
- Print ads (non-paid print ad for partners to use in newsletters or online)
- Speaker training manuals
- Email templates
- Event displays (to be used at various community events)
- Promotional items (pens/pencils, or other items that may be used during the enrollment process)

RECOMMENDATION- Iowa should develop a variety of HBE educational materials targeting consumers and the materials should be tested and reviewed by this target population.

OUTREACH & EDUCATION TO MULTICULTURAL GROUPS

Iowa's ethnically diverse populations require specific and targeted outreach, which is both language-appropriate and culturally sensitive to the specific needs of these communities. Language barriers, cultural difference, health literacy and socio-economic circumstances all have contributed to the challenges of securing and maintaining health coverage for this population. When providing outreach, it is important to target local community organizations such as churches, racial/ethnic clubs, libraries, schools, grocery stores, clinics and any other area where the group frequents. Advertising the Exchange in a culturally appropriate media will ensure that information reaches the target outreach group. When providing targeted outreach and education to multicultural groups, it is important to:

- Ensure plan uses multiple tactics to reach multiple audiences
- Ensure consistency in messaging
- Ensure that you include a call to action with a place to go for more information
- Think about metrics to measure results

RECOMMENDATION- Iowa should develop Iowa specific materials on a variety of different languages targeting diverse populations and multicultural groups.

SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP) OUTREACH

Beginning in 2014, Exchanges will also operate a Small Business Health Options Program – or SHOP – that offers small businesses and their employee’s new choices. Through the SHOP, employers can offer employees a variety of Qualified Health Plans, and their employees can choose the plans that fit their needs and their budget. SHOPS can help Iowa small business by:

- **Simplifying Choices-** SHOPS will provide side-by-side comparisons of Qualified Health Plans, their benefits, premiums, and quality.
- **Expanding Employee Options-** SHOPS will enable businesses to offer employees a choice of Qualified Health Plans from several insurers, much as large employers can.
- **Preserving Employer Control-** Businesses will be able to decide whether and when to participate in SHOP. Businesses will be able to choose their own level of contribution toward their employees’ coverage, and make a single monthly payment via SHOP rather than to multiple plans.
- **Lowering costs-** SHOP can save businesses money by spreading insurers’ administrative costs across more employers. In addition, businesses may be eligible for small business tax credits when they offer health coverage for their employees through a SHOP.

IOWA HBE CONSUMER & BUSINESS RESEARCH SURVEY

To gain input from Iowa businesses during the Exchange planning process, IDPH is contracting with the University of Iowa to conduct a survey targeted at consumers and businesses to solicit ideas and gain important feedback. This survey will expand beyond the initial HBE focus group research and will collect more extensive and comprehensive data. Questionnaires will be given through an internet-based survey and will be targeted toward consumers and small businesses to further determine their perspective. This type of information will allow Iowa to predict the feasibility of the HBE and will help design and structure the education and outreach programs.

BEST PRACTICE APPROACHES

HAWK-I OUTREACH

The federal Balanced Act of 1997 requires states to conduct outreach for their Children’s Health Insurance Program (CHIP). The CHIP program in Iowa is known as the Healthy and Well Kids in Iowa program or the **hawk-i** program. DHS currently contracts with IDPH to conduct outreach on a local and statewide level. This successful partnership has been in place since 2003. A Statewide **hawk-i** Outreach Coordinator is employed by IDPH who performs outreach on a statewide level and provides leadership to local outreach efforts. IDPH then contracts with 22 community-based Title V agencies, covering the state’s 99

counties to conduct **hawk-i** outreach on a local level. Iowa's Title V agencies assume the responsibility for the preventive and primary care of pregnant women, infants, children and adolescents in the state. The structure for Title V services successfully integrates grassroots **hawk-i** outreach, Early Periodic Screening Diagnosis and Treatment (EPSDT), health and safety in child care, and early intervention, including healthy mental development for a comprehensive package of services.

Outreach efforts on a local level are targeted to four focus areas. They include schools, faith-based organizations, medical providers and underserved populations. Effective avenues for outreach have been established for **hawk-i** that also goes well beyond these four targeted areas. Some of the most successful of these efforts include, working with insurance agents, YMCAs, Girl and Boy Scout troops, beauty salons, local businesses and tax preparation sites. As part of outreach efforts, coordinators work closely with families and assist them in filling out applications and following through the process with the families until the children are enrolled in the **hawk-i** program. Iowa's These efforts have played a critical role in developing effective outreach strategies and implementing key components to reduce barriers to enrollment and retention in the state's publicly funded health insurance programs.

In 2010, the local **hawk-i** outreach coordinators were instrumental in assisting DHS in the implementation of the Presumptive Eligibility (PE) for Children program. On March 1, 2010, Iowa implemented presumptive Medicaid eligibility for children under age 19. Only qualified entities could enroll applicants into the PE program. A qualified entity must be determined by DHS to be capable of making the PE determination. After extensive research of other states' experience with PE for children, DHS piloted PE with selected **hawk-i** outreach coordinators.

All 22 of the **hawk-i** outreach coordinators are qualified entities and have the capacity to enroll eligible applicants in presumptive Medicaid within a matter of minutes. All presumptive eligibility applications are forwarded to DHS for determination of whether the applicant qualifies for Medicaid or **hawk-i**. The **hawk-i** outreach coordinators subsequently follow the family through the PE application process and provide families with additional support once the PE application is submitted. The **hawk-i** outreach coordinators assist the families in submitting the required citizenship, identity, and income verification needed for a formal determination to be made. **hawk-i** outreach coordinators link families to care coordinators that can assist them in finding medical and dental homes.

IOWA GET SCREENED: COLORECTAL CANCER PROGRAM OUTREACH

The Iowa Get Screened (IGS) program screens Iowans age 50-64, who are at average or increased risk for colorectal cancer, who are at or below 250% FPL

and who are uninsured or underinsured. There are currently 10 IGS programs around the state. In addition to providing screening services, the IGS program also focuses on policy and systems change, as well as provide public education and outreach to all Iowans.

Educational/outreach projects include:

- Created two public service announcements (PSAs) with a local PR firm and aired them on TV and cable stations statewide.
- Created a radio campaign that coincided with the TV/cable PSAs which aired statewide.
- Created a web campaign during Colorectal Cancer (CRC) Awareness Month (March) to educate both the public and health care professionals on CRC. Worked with a local PR firm to purchase ads on Facebook and Hulu to drive consumers to the IGS website.
- Created two drink coasters with colorectal cancer educational messages on them which will be placed in bars/taverns around the state. The coaster campaign is currently in a pilot phase and then will be expanded statewide. The campaign includes a letter to the bar owner, a pre-campaign survey and post-campaign phone call with the IGS evaluator, a letter to the local public health administrators, as well as a letter to any medical clinics in those areas making them aware of the campaign and the possibility of increase in calls/questions regarding CRC. The IGS website and phone number are printed on the back of the coasters for any questions regarding CRC and available resources. IGS is also planning to work through the counties in Iowa who have listed increasing colon cancer screenings in their Health Improvement Plans.
- Colorectal cancer social marketing campaigns focusing on rural Iowans, African American, SE Asian, Latino and men in Iowa. The educational campaigns were created through contractors at the University of Northern Iowa. Focus groups were pulled together to create campaigns that resonate with each population. Postcards and Posters are available and have been disseminated statewide, or where specific populations reside.

STORIES & QUOTES

In an effort to explain the complex HBE, Iowa's Education and Outreach Plan should employ clear and effective "storytelling" techniques to help consumers gain an understanding. Storytelling techniques will humanize the message about the Exchanges so it resonates with audiences on a personal level. This technique turns basic messages into stories that capture attention and deliver a clear engagement message and call-to-action to target audiences.

Telling the stories of individuals, families, and businesses that benefit from new coverage opportunities are an important tool to engage potential enrollees. As

the Exchange opens, individuals, families, and small businesses can tell their enrollment stories in a variety of ways and in a variety of languages to help educate the public about the Exchange.

Strategies include:

1. Identifying real experiences of individuals, families, and businesses currently without insurance to promote the opportunity to enroll.
2. Ensuring that testimonials represent the diversity of Iowa, culturally, linguistically, and regionally.
3. Promoting the real stories to a variety of communication channels- traditional media, social media, partners, etc.

Include stories on the first effective enrollees, enrollment number milestones, and enrollee testimonials. Each of these becomes the focus for positive, brand-reinforcing stories. The Exchange can be successful by putting a human face on health reform. Finding real individuals whose lives have been saved or improved because they have enrolled in health insurance is an important strategy that has worked well in Iowa.

EXAMPLE STORIES

The local outreach coordinator was given a referral for a family needing health insurance for their children. The client reported he had been laid off from his employment and that same day was to make a decision about purchasing a very expensive COBRA plan for his family. He had little knowledge of the state health insurance programs. The outreach coordinator explained the options available to his family. They met in person that afternoon and processed a Presumptive Eligibility for Children application. In less than six hours in one day, his children were presumed eligible and were covered. The father was able to then insure himself through COBRA. The outreach coordinator helped to remove a great source of worry and anxiety from this father's life.

- Eastern Iowa

The local outreach coordinator helped a single mother fill out an application for hawk-i. A mother and her toddler son are struggling to afford health insurance premiums on their own. The mother works at a job that does not provide any health insurance benefits. After much discussion, the outreach coordinator convinced them to fill out the application. The outreach coordinator shared the hawk-i income guidelines with the mother and they realized that they fell well within the income limits. The outreach coordinator helped the mother fill out the application and gather the required income information to be submitted with the application. The family is now able to afford more of the basic items that they need to live.

- Southwest Iowa

RECOMMENDATION- Iowa should explore existing outreach initiatives to see if they could be expanded to include outreach and education for Iowa's HBE.

RECOMMENDATIONS

The six overarching recommendations that were created from this report are:

- 1. As part of Iowa’s Health Benefit Exchange planning effort, the Interagency Workgroup should convene focus groups to evaluate the Exchange branding, logo, messaging, and pitch to ensure consumer input.**
- 2. Iowa’s Health Benefit Exchange Consumer Education and Outreach Plan should align with and complement Federal outreach efforts. Outreach in Iowa should occur at the local level because reaching people in their communities where live is the most effective outreach strategy to get people to “act.”**
- 3. Iowa should create and implement a media campaign about the Exchange and it should include earned media, paid media, community outreach, public education, social media, and digital communications.**
- 4. Iowa should develop a variety of HBE educational materials targeting consumers and the materials should be tested and reviewed by this target population.**
- 5. Iowa should develop Iowa specific materials on a variety of different languages targeting diverse populations and multicultural groups.**
- 6. Iowa should explore existing outreach initiatives to see if they could be expanded to include outreach and education for Iowa’s HBE.**

CONCLUSION

Iowa will need to have a multi-faceted approach in promoting maximum enrollment of individuals in insurance coverage through its HBE. A marketing, outreach and education program for the HBE will need to have the right mix of public relations strategies including paid advertising, media relations, community education, grassroots outreach, business outreach, community and statewide partnerships and collaborations, social media and direct marketing. Since the HBE will serve individuals receiving coverage from both public and private sources, the HBE will ultimately serve populations at all income levels. These groups may have different needs and motivations and will need different

messages and delivery to promote them to seek coverage through the HBE. Since there is no other state like Iowa and no one community in Iowa is exactly alike, outreach should happen on both a federal, state and community level. IDPH looks forward to having the opportunity to take the lead on outreach and education efforts in Iowa because local health departments already have infrastructures in place to work with their communities. They have a history of convening stakeholders and developing community needs assessments and planning. Local health departments exist in all of Iowa's 99 counties and they are well suited to provide outreach and education to their community about the Exchange.

HBE RESOURCES

- [CMS Center for Consumer Information & Insurance Oversight \(CCIO\)](#)
- [Healthcare.gov](#)
- [State Refor\(u\)m](#)
- [Kaiser Family Foundation](#)
- [State Health Facts](#)
- [National Conference of State Legislators, Health Reform](#)
- [Enroll America](#)