

To: Lindsey Tucker, DVHA
From: GMMB
Date: April 27, 2012
RE: Stakeholder Outreach Findings

During the past six weeks, GMMB conducted with stakeholders in Vermont who represent the populations who continue to play a role in or will be greatly affected by the Exchange. More than 20 stakeholders were contacted, including those representing community organizations, businesses, providers, brokers, insurance carriers and consumer advocacy organizations in Vermont. Interviews were completed with 15 total stakeholders in March 2012. Each lasted between 30-60 minutes, and covered several topics, including:

- Important qualities to the Exchange
- Challenges and opportunities to development and implementation
- Lessons learned from existing enrollment practices
- Key audiences and how to reach them
- Characteristics and roles of Navigators

Through these one-on-one conversations, we have been able to identify recurring themes arising around Navigators, the enrollment process, outreach strategies and educational communications. The following is a summary of these findings and will inform components of the Exchange development.

IDEAL QUALITIES IN AN EXCHANGE

In nearly every interview, stakeholders emphasized that the Exchange has to be easy to use and understand. Stakeholders specified that the Exchange should contain an uncomplicated way to select a plan that is accessible to both the digital-savvy and others who have a more limited understanding of or access to the Internet. Most stakeholders also talked about the importance of affordability and the need for effective outreach assistance. Additional insights include:

- **Help when and where Vermonters need it.** Telephone or in-person assistance is essential for both individuals and small businesses, and should be tailored toward each. Stakeholders indicated that a strong Navigator program is going to be vital for those who don't have internet access and need help understanding their options.
- **The right balance of choice and simplicity.** The Exchange should be simple to shop through and enable Vermonters to make more informed choices.
- **Simplify the enrollment processes.** Stakeholders expressed the need to limit paperwork and streamline registration requirements as means to achieve a user-friendly interface.

- **Transparency and clarity.** Stakeholders want plan descriptions and pricing to be very clear so that consumers can understand what the options are with no hidden details or fine print. This is particularly important as it pertains to literacy and accessibility for non-English speakers.

CHALLENGES & OPPORTUNITIES

Overwhelmingly, stakeholders see the Exchange as an opportunity to get more Vermonters covered with quality coverage. And while many stakeholders hope to see the Exchange succeed in improving access to quality care and lowering healthcare costs for Vermonters in the long term, many expressed some skepticism about how this would be achieved and some anxiety about the challenges that lie ahead.

- **A cultural shift for the uninsured and small businesses.** As the State works to bring new populations into the health care system, stakeholders believe that education and outreach will be key and that the Exchange must be accessible, particularly to those unfamiliar with signing up for health insurance.
- **Addressing needs of current Medicaid beneficiaries.** Stakeholders emphasized the need to clearly communicate to Medicaid beneficiaries how their coverage will be impacted, if at all.
- **Affordability.** Stakeholders worry that subsidy-eligible Catamount and VHAP beneficiaries within the 133-200 FPL range will be faced with a new cost structure they are unfamiliar with.
- **Balance cost and choice/quality.** Stakeholders believe that Navigators and others will have to work closely with enrollees to ensure that they're finding the right set of benefits that fits their needs at a price they can afford. Stakeholders placed a priority on people needing to know exactly what they are getting.
- **Outreach assistance.** Stakeholders stated that Vermonters will need access to people who can help them enroll and help to instill confidence in the coverage being offered. They noted that there are residents who don't have daily internet access and they'll need an alternative way to enroll.
- **Frustration with State programs.** Stakeholders are warned that people who have had negative experiences in the health care system – either because of denials, paperwork, etc. – might be too frustrated to re-engage. They also noted that negative experiences with other State administered programs, such as food stamps or heating assistance, will impact individuals' receptiveness to the Exchange.
- **Reduced administrative burden.** Stakeholders believe that the Exchange presents an opportunity to simplify and lessen the administrative burden associated with enrollment.

IMPORTANT AUDIENCES

Depending on their varying experiences and their goals for the Exchange, stakeholders shared disparate ideas about the target audiences for information about the future Exchange. Stakeholders identified the general population, the uninsured, small businesses and the self-employed as priority audiences. All stakeholders recognize small businesses as particularly unique audience that will require targeted

outreach. Additionally, some stakeholders identified smaller populations that may require tailored outreach:

- Current VHAP and Catamount beneficiaries, some of which will be eligible for subsidies. Additionally, the open enrollment period will be a new concept for them.
- Employees currently covered by their small employers who may be in a position where their employer is considering dropping coverage and re-routing their employees through the Exchange.
- Young adults who recently finished college and may not have a job with benefits.

Among the uninsured population, stakeholders reported that the “hardest” audiences to enroll are young adults, individuals who will be eligible for subsidies and might not realize it, the self-employed and seasonal employees.

Stakeholders believe that individuals currently accessing health insurance on the individual market or through Catamount and VHAP may be the easier audiences to enroll. They are already in the health care system and have a clear understanding of enrollment or work with a navigator they already know and trust. Stakeholders also noted that some small businesses are often seeking better ways to get their employees covered and they will be open to the opportunity.

REACHING TARGET AUDIENCES

Stakeholders report that small businesses and individuals will need different sets of information and different kinds of assistance with enrollment. There need to be different messages for different audiences that aren’t contradictory to each other and are carefully tailored.

SMALL BUSINESSES

Stakeholders suggested connecting with businesses through trusted channels with which they are already familiar and comfortable, and considering avenues they already use to access health care for their employees. Overwhelmingly, stakeholders suggested reaching out to small businesses through associations, including Chambers of Commerce and human resources associations. That said, stakeholders indicated that one-on-one conversations were the best means to connect with small businesses. Stakeholders said that those conversations, and other communications, need to address:

- **Their bottom line.** Several stakeholders insisted that small businesses need to know how the cost of covering their employees impacts their businesses accounting, including tax implications.
- **The facts.** Several stakeholders spoke about the confusion around implementation of the Exchange versus plans regarding a single-payer system.

Ultimately, small business owners will also need information they can share directly with their employees.

INDIVIDUALS

Most stakeholders suggested building upon the existing outreach infrastructure to communicate with individuals. It will be important to tap existing networks and avenues for accessing information about health care coverage to enlist the help of people who are already doing outreach and enrollment. There will always be that part of the population that will require the help of outreach assisters.

Stakeholders expressed varying views on the “Green Mountain Care” brand and how it should play into the Exchange. Some felt it was the simplest transition, from the umbrella of existing coverage programs to single-payer, while others felt it was too closely associated with single-payer.

Stakeholders uniformly agreed that in-person conversations generally result in the most successful communications. One-on-one conversations are opportunities to provide a detailed explanation of benefits, to share materials and to clearly convey the different options that are available. Stakeholders suggested engaging Vermonters in their communities and made the following recommendations for outreach:

- Schools
- Grocery stores
- Newspapers
- Radio
- Churches
- Libraries
- Farmers markets
- Daycare centers

Stakeholders were split on whether the Exchange should provide additional information. Some felt that it would be helpful to streamline other systems (heating assistance, food stamps) by rolling them into the Exchange. They are interested in seeing wellness and healthy lifestyle information on the Exchange website as additional, useful content for Vermonters. A few others felt that it was better to keep things simple until the Exchange is fully established.

BUILDING A NAVIGATOR PROGRAM

All stakeholders interviewed were familiar with the basic role of a Navigator. A majority of stakeholders agree that there should be different types of Navigators for individuals and small businesses. All stakeholders agreed that individuals and small businesses will want help from a navigator and most believe that the first year will be the most valuable to the Exchange and Navigator program.

When considering necessary characteristics of Navigators:

- Stakeholders identified certification and training, experience (with target populations and with the health system), and “people skills” as important characteristics of would-be Navigators. Most stakeholders felt that certification and/or licensure must be a requirement of all Navigators, but it cannot be the only requirement. Experience with target populations in Vermont, particularly with enrolling them in health coverage programs or private plans, is as important communication and “people skills,” such as patience, empathy and listening skills.
- Stakeholders also felt strongly that Navigators must be unbiased and have no financial interest in the plan selection of individuals and small businesses.

Uniformly, stakeholders indicated the organizations that would make the “best Navigators” are those currently in the health system and interacting with Vermonters on a regular basis. Community health

centers, clinics, and safety net providers were recommended as types of organizations that could serve as Navigators for the uninsured individual population. Brokers and business associations offering health insurance to their members were recommended as potential Navigators for the small group market. Medical settings, such as doctor's offices, hospitals and medical homes, were noted as strong locations for interacting with Navigators.

When asked if there were any specific organizations that could serve as Navigators, stakeholders mentioned:

- Vermont Campaign for Healthcare Security
- Bi-State Primary Care Association
- Vermont Coalition of Clinics for the Uninsured
- Spectrum
- Existing brokers
- Chambers of Commerce

Stakeholders were mixed on their assumptions as to where individuals and small businesses will prefer to get help – online, over the phone or in-person. In-person help, particularly if it can be in communities across the state, was the most common response while a small majority felt that help over the phone would be extremely important. However, most made the point that the Exchange will only be successful if the online interface was well done.

As for the responsibilities of Navigators, when Vermonters are seeking help, stakeholders felt that plan comparison will be an extremely important component of the Navigator's role. Some stakeholders felt that ongoing support for enrolled individuals and businesses does not need to be a priority, while others felt it was essential for the uninsured population. Stakeholders noted that ongoing support should be the responsibility of the health plan in which the individual is enrolled.

DEFINITIONS OF SUCCESS

For stakeholders, the prime measure of success is a reduction in the number of uninsured and underinsured Vermonters. A majority of stakeholders agreed that much of the Exchange's success would be reliant on affordability. Without it, people simply won't enroll.

- **Easy to use, less administrative burden.** Ease-of-use on the front-end will be just as important as on the back-end for all parties, including insurers.
- **A strong start.** Many stakeholders said that there can't be a failure or glitch in the beginning, such as when Medicare Part D started as one stakeholder noted. Bad experiences early on make it difficult to engage people who have been unsuccessful in obtaining health coverage in the past.
- **Less churn.** Stakeholders said that the Exchange will be a success insofar that it can keep customers on one plan despite the changes in their lives.