

2.3 OUTREACH AND EDUCATION PLAN

Summary

A Health Insurance Exchange is a marketplace for individuals and business to compare, choose, and purchase health insurance at a fair price. An Exchange can make health care easier to navigate for consumers and small businesses. It can allow Minnesotans to easily compare health insurance options based on cost, quality, and consumer satisfaction. It can also foster fair and equitable competition to encourage insurers and health care providers to place a great focus on value, quality, and affordability.

An Exchange can help small businesses provide affordable coverage choices to their workers and allow employees to choose the plan that is best for them and their families. Subsidies and tax credits will be available to eligible individuals and small businesses to make coverage more affordable. Minnesotans can purchase private health insurance or enroll in public programs like Medical Assistance through the Exchange.

Projections indicate that the Minnesota Health Insurance Exchange (MNHIX) will service approximately 1.2 million consumers. A robust outreach, education and communications plan will be critical to reaching all audience segments. While the ultimate goal of a comprehensive campaign plan is to drive every potential user towards enrollment in the Exchange, the immediate objective is to introduce MNHIX to the Minnesota population and begin a dialog on how it can benefit their lives.

The plan must lay the groundwork for effective outreach and communications by assembling the communication and marketing pieces that will be the foundation, and base the platform on solid market research and data collection to capture audience mindsets and influence how messages are received. Overall, we aim to develop a proactive consumer outreach initiative that communicates the value of the Exchange and provides the necessary information to assist the consumer with making informed decisions about health insurance and the Exchange.

Overview of Federal Requirements/Guidance

Section 1311 (d) (6) of the ACA requires that all health insurance exchanges consult with certain groups of stakeholders as they establish their programs and throughout ongoing operations. The key stakeholders outlined are:

- a. Educated health care consumers who are enrollees in QHPs, including individuals with disabilities;
- b. Individuals and entities with experience in facilitating enrollment in health coverage;
- c. Advocates for enrolling hard-to reach populations including individuals with a mental health or substance abuse disorder; individuals with disabilities; and those who need culturally and linguistically appropriate services;
- d. Small businesses and self-employed individuals;

The Department of Health and Human Services (HHS) further outlined additional groups for inclusion under proposed rule (155.130):

- e. State Medicaid and CHIP agencies and consumers who are Medicaid or CHIP beneficiaries;
- f. Federally-recognized tribe(s) located within the Exchange's geographic area;
- g. Public health experts;
- h. Health care providers;

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- i. Large employers;
- j. Health insurance issuers; and
- k. Agents and brokers

HHS, through its Office of Consumer Information and Insurance Oversight (CCIIO), provided further guidance on expected milestones for the core area of outreach and education in the publication released January 1, 2011, *Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges*. The document stated that Exchanges should:

1. Perform market analysis/environmental scan to assess outreach/education needs to determine geographic and demographic-based target areas and vulnerable populations for outreach efforts.
2. Develop outreach and education plan to include key milestones and contracting strategy.
3. Distribute outreach and education plan to stakeholders and HHS for input and refinement.
4. Develop a “toolkit” for outreach to include educational materials and information.
5. Develop performance metrics and evaluation plan.
6. Design a media strategy and other information dissemination tools.
7. Submit a final outreach and education plan to HHS.
8. Focus test materials with key stakeholders and consumers, and make refinements based on input.
9. Launch outreach and education strategy and continue to refine messaging based on response and feedback from consumers.

Outreach, Communications and Marketing Approach

To achieve optimum results for the outreach and education plan, eight crucial steps will be followed: laying the foundation, determine resource needs, creative development, concept testing, campaign launch, performance measurement, results analytics and approach modification. Each step has a specific set of actions and deliverables. It is important to note that one area feeds into the next and, at times, will overlap; none are exclusive, rather they are collective, and the intent is to allow for efforts in each to evolve and adapt over time.

1. LAYING THE FOUNDATION

The essential building blocks for a successful outreach and education plan included:

- A. Gathering **background information** from other state exchanges and **establishing collaborative relationships**
 - In January and February, had in-depth conversations with Utah, Oregon, Maryland and Massachusetts.
 - From those conversations arose the desire to share information on a regular basis. A monthly call for state communicators was formulated and coordinated by GMMB. In addition to Minnesota, representatives from Utah, Oregon, Maryland, Colorado, Washington, Rhode Island and New York participate on a regular basis.
- B. Creating a **marketing plan for 2013**
 - Document is attached as a supporting example.
- C. Developing a **work plan**

- Document is attached as a supporting example.

D. Performing a **risk assessment**

- A risk assessment was performed in early May to identify potential problems before they occur so proper planning and step can be taken to mitigate adverse impacts on achieving objectives. The assessment for outreach and education was incorporated into the project management plan.

E. Conducting **market research**

- The public education and outreach market research was conducted by Salter Mitchell in three phases: key informant interviews, qualitative focus groups and quantitative surveys. In Phase One, Salter Mitchell performed in-depth individual interviews with key informants in business, health care, community outreach and insurance. For the second phase, qualitative research, 18 focus groups were conducted amongst both business and consumer audiences in all six geographic districts of the state. Audience segments targeted to participate in the focus groups included the uninsured, non-group purchasers, Hispanic, Medicaid enrollee and small business owners. In Phase Three, 797 consumers and 250 business owners were surveyed by phone.

2. **DETERMINE RESOURCE NEEDS**

Plot out and budget for the supporting infrastructure necessary to achieve outreach and education goals and objectives.

- Assemble the team. Determine the roles needed for outreach, communication and marketing functions.
- Factor in essential tools such as software programs and services (creative, email, online/digital, etc).
- Strategize for organizational memberships and professional training.

3. **CREATIVE DEVELOPMENT**

Leverage the foundation to develop the core elements of the communication/marketing platform:

A. Public relations and social media strategic plan

- Minnesota identified the need of expert industry assistance for public relations and social media planning to inform public outreach and education components of an Exchange. Himle Rapp, the selected vendor, began the project work on October 29. Along with a comprehensive, 6-month public communications and social media plan, the contractor will identify a circles of influence, develop key messaging and deliver written drafts of news releases, PSAs, and op-eds. The project duration is 6 weeks.
- The contract with Himle Rapp is attached as a supporting document.

B. Branding

- Minnesota intends to contract with a branding firm to perform a branding assessment that will successfully connect with Minnesotans and sell the services of the Exchange. The selected vendor will help to solidify an identity for the Exchange, and reaffirm our positioning strategy and key messages,

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along with creating a visual representation of the brand. Evaluation of proposals is underway and we anticipate having a contractor in place by mid-November for the estimated 8-week process.

C. Marketing materials

- Some initial material have already been created, e.g. materials for the Minnesota State Fair and Farm Fest exhibits. The bulk of the materials will be created in conjunction with the provider that is selected to develop a comprehensive campaign for 2013. Until then, materials will be created on an as-needed basis.

4. Concept Testing

Present creative, messaging and delivery concepts to target audience samples to obtain feedback and verify direction.

- Expected Deliverable: detailed report of findings along with recommendations for adjustments.

5. Campaign Launch

Develop integrated marketing campaign to launch the Exchange into the marketplace.

- Expected Deliverable: vendor will create a comprehensive, multi-channel, outreach and education campaign to reach all targeted audience segments.

6. Measure Performance

Establish measurement metrics to determine campaign's impact.

- Expected Deliverable: detailed measurement plans and tracking dashboards.

7. Analyze Results

Closely monitor campaign performance across all channels (enrollment numbers, web visits/clicks, event attendance, PR exposure, social media interaction, etc.)

8. Adjust Approach

Outreach, Communications and Marketing Work Group

In March 2012, the Exchange convened the Outreach, Communications and Marketing Work Group as one of ten work groups that provides information to the Advisory Task Force. This workgroup is composed of 27 members including consumer, employer, health insurer, and provider representatives, as well as market experts, and state agency staff. The purpose of the workgroup is to provide technical assistance and information on the options related to outreach, marketing, and communication for a Minnesota Health Insurance a Minnesota Health Insurance Exchange. The Advisory Task Force will use this information to inform their recommendations to the Governor.

The Work Group has been tasked with providing the Advisory Task Force with information about the following issues:

- What are the audiences for the Exchange?

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- What are the barriers to reaching the target audience? How can we overcome them?
- What are the best channels/methods to reach the audience segments?
- What groups or partners should we seek out to help spread the word on the Exchange?
- What messages and visuals will have the most impact on the audience to entice them to purchase health insurance from the Exchange?
- How do we best present information to drive traffic to the Exchange?
- How do we measure the effectiveness of our outreach efforts?

Members of the Outreach, Communications and Marketing Work Group are:

- Sue Abderholden, Minnesota Alliance on Mental Illness (co-lead)
- Mary Sienko, Minnesota Health Insurance Exchange (co-lead)
- Carley Barber, Minnesota Health Insurance Exchange
- Andy Cook, Regions Hospital Foundation
- Angela Dahl, National Marrow Donor Program
- Pamela Daniels, Department of Human Services
- Kathleen Davis, Legal Aid Society of Minnesota
- Mitchell Davis, Jr., Minneapolis Urban League
- Lauren Gilchrist, Health Reform Minnesota
- Kerri Gordon, Allina Hospitals & Clinics
- Sammy Gueringer, Ear, Nose and Throat Clinic and Hearing Center
- Annie Halland, Minnesota Public Health Association
- Jessica Hayssen, Minnesota AFL-CIO
- Ben Hill, Department of Commerce
- Carol Hernandez, Mille Lacs Band of Ojibwe
- Al Kruse
- Liz Kuoppala, Minnesota Coalition for the Homeless
- Shawn Leighton, Best Buy
- Matt Malloy, Blue Cross Blue Shield
- Patrick O'Leary, Citizen's League
- Joe Pederson, Lakes and Prairies Community Action Partnership
- Benjamin Schierer, Communicating for America
- Akhmiri Sekhr-Ra, Cultural Wellness Center
- Scott Smith, Minnesota Department of Health
- Peter Sorensen, Sorenson Flexible Benefits
- Donna Zimmerman, HealthPartners

Work Group members were selected via an open application process and will serve through the end of 2013.

Below is a summary of completed and upcoming Work Group meetings and agenda topics. Meeting materials and references can be found [online](#).

Date	Agenda Topics
March 7, 2012	<ul style="list-style-type: none">▪ Introduction of members and audience

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Date	Agenda Topics
	<ul style="list-style-type: none"> ▪ Overview of the Exchange ▪ Overview of the Outreach, Communications and Marketing Work Group ▪ Initial discussion of target audience for the Exchange ▪ Public Comment
April 10, 2012	<ul style="list-style-type: none"> ▪ Discuss and refine market research questions ▪ Continue discussion to define audience segments ▪ Review input from Advisory Task Force ▪ Public Comment
May 4 , 2012	<ul style="list-style-type: none"> ▪ Presentation from Peter Mitchell of Salter Mitchell on scope of market research project ▪ Further discussion on audience segments ▪ Public Comment
June 5, 2012	<ul style="list-style-type: none"> ▪ Overview of MA Health Connector campaign ▪ Presentation by David Godfrey, MDH on Medical Assistance landscape ▪ Initial discussion of outreach efforts ▪ Work plan check-in ▪ Public Comment
July 10, 2012	<ul style="list-style-type: none"> ▪ Presentation of preliminary Market Research results by Salter Mitchell ▪ Presentation of Enroll UX 2014 project by Pete Frank ▪ Discussion of guiding principles ▪ Distribution of demographic research for audience segments ▪ Public Comment
August, 2012	<p>Audience Segment Team Meetings</p> <ul style="list-style-type: none"> ▪ Drill down to barriers and benefits
September 11, 2012	<ul style="list-style-type: none"> ▪ Discussion and approval of guiding principles ▪ Audience Segment Team reports ▪ State Fair report ▪ Update on outreach, education, branding efforts by other states ▪ HIX update – IT build, work groups, blueprint certification application ▪ Public Comment
October 16, 2012	<ul style="list-style-type: none"> ▪ HIX updates - \$42.5 million grant, move to MMB, work groups, blueprint certification ▪ Review public education/outreach websites from other states – OR, MD, CO ▪ Discuss content for a Minnesota public education website ▪ Discuss outreach channels ▪ Work plan review ▪ Public Comment
November 19, 2012	<ul style="list-style-type: none"> ▪ Possible branding exercise ▪ Discussion of marketing dollars allocation ▪ Public Comment
December 11, 2012	<ul style="list-style-type: none"> ▪ Review and discuss public relations and social media strategic plan ▪ Discuss Exchange messaging in light of market research and public relations work

Date	Agenda Topics
	<ul style="list-style-type: none"> ▪ Discuss performance measures and evaluation ▪ Work plan check-in ▪ Public Comment
Future	<ul style="list-style-type: none"> ▪ Review and discuss branding assessment ▪ Discuss corporate partnership opportunities and member connections ▪ Review outreach community events. Prioritize and approve calendar. ▪ Review and discuss marketing campaign plan ▪ Review marketing materials ▪ Review advertising plan

The Outreach, Communications and Marketing Work Group continues monthly, public meetings to review and discuss ongoing issues related to outreach and education for the Exchange.

Outreach, Communications and Marketing Guiding Principles

The Outreach, Communications and Marketing Work Group discussed and adopted the following principles to help guide the work of the group and the Exchange in the areas of outreach and education.

- ❖ **Bring Everyone Along:** although not everyone in the State is immediately affected by the launch of the exchange, every opinion matters. The campaign’s core efforts will focus on enrollment of the key target audiences while opinion leaders, elected officials, media and the general public must also be educated. All information should be fact based and objective.
- ❖ **Pinpoint the Minnesota Audience and Find the Pulse:** only by delving deep to discern the personality – values, attitudes, interests – of the target audience, will it be possible to create effective messaging that engages and motivates. Clearly define audience segments; identify both the barriers to reaching them and the barriers that preclude their participation; and craft messaging that offers solutions in synch with the audience personality.
- ❖ **Include Targeted Outreach to Hard-to-Insure Populations:** a central goal of health reform and the Exchange is to maximize access to health care and reducing the uninsured rate in Minnesota. The Outreach approach should include strategies to reach the “newly covered” and “covered-but-not-enrolled” populations, engage organizations with culturally-specific expertise, and build partnerships with community organizations that have strong existing relationships with target groups.
- ❖ **Segment Audiences and Customize Communications:** develop actionable marketing, communications and outreach tactics based on research and evidence of how different populations can best be reached and encouraged to enroll and retain coverage; ensure materials are cultural and linguistically appropriate, understandable, and in plain language.

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- ❖ **Leverage the Power of Partnerships:** maximize education and enrollment by leveraging existing resources, networks and trusted channels, and identify new opportunities for collaboration and partnerships with common visions and missions to best reach the target audience.
- ❖ **Evaluate and Adjust Campaign Strategies:** monitor and modify, at least biannually, based on feedback from stakeholders, partners, on-going research, program metrics and national indicators.
- ❖ **Collaborate to Ensure Delivery of Consumer Experience:** interface with other Exchange Technical Work Groups to develop and provide a seamless consumer experience.

Target Audience Profiles

The Outreach, Communications and Marketing Work Group devoted many hours of discussion, and a number of meetings, to developing target audience profiles. Their extensive work, along with supporting data from the market research performed by Salter Mitchell, will be compiled into a report that will be presented to the Advisory Task Force at their December 6, 2012 meeting. While the report is still in development, the following information is a preliminary illustration of the presentation.

The Outreach, Communications and Marketing Work Group has identified the target audience into three main segments: Medicaid/Medical Assistance Enrollee, Small Employers and Individuals. The Individual audience segment contains multiple subsets.

MEDICAID/MEDICAL ASSISTANCE ENROLLEE

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into three main groupings:

1. Those already on Medicaid, Minnesota Care, or other public assistance program
2. Those newly eligible for Medicaid
3. Those eligible but not on Medicaid

For those already receiving care through public assistance programs, the main goal will be to ensure every person clearly understands what and how this new system, the Exchange, will provide for them. It will be logical to work closely with agencies and organizations that currently facilitate for this population to deliver a smooth, seamless transition.

The newly eligible for Medicaid consumer will need a slightly different approach. Although they, too, will need a thorough explanation of the Exchange, they may not be familiar with public assistance programs and may need additional information or more assistance navigating the eligibility and enrollment process.

The hardest nut to crack, so to speak, will be those who are eligible for Medicaid but choose not to enroll. Due to lack of coverage, these individuals likely either go without health care or utilize hospital emergency rooms, community health centers, migrant clinics and similar non-primary care, non-coordinated services. This unifying characteristic may provide the means to identifying the proper channel(s) for outreach, communications, and enrollment. This group intersects with the Uninsured grouping within the Individual Audience Segment.

AUDIENCE CHARACTERISTICS

CURRENT MEDICAID/MEDICAL ASSISTANCE ENROLLEE

- Feel disrespected; seeking common courtesy and respect
- Dislike in-person application process
- Prefer help from real people

NEW TO MEDICAID

- Resistance; don't want to be there
- Wanting to do online
- May need a lot of assistance/information

BARRIERS TO ENROLLMENT

FOR THE ENROLLEE

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ Language ▪ To work yet keep benefits ▪ Not working but need cash ▪ Renewal ▪ Lack of privacy in rural areas ▪ Perception of low quality care providers to Medicaid | <ul style="list-style-type: none"> ▪ Political opposition ▪ Lack of trust/welcome ▪ May not want to participate ▪ Capture attention ▪ Time consuming to gather documentation ▪ Transience of population makes accessibility difficult |
|---|---|

WITHIN DISTRIBUTION CHANNELS

- Lack of staff
- Lack of knowledge/training to identify enrollee
- Communication not always coordinated between areas of agency/organization
- Proper documentation not completed or filed
- Program administrators must have direct communication w enrollees (fed regulations)
- May not be first priority – best to work from top down
- Volume of info, finding best avenue for the institution
- Identifying appropriate messenger/champion

CURRENT DEMOGRAPHICS

[Total Minnesota population: 5.3 million]

Program Breakout (Total enrollees: 700,000)			
Medical Assistance	9.7%	GAMC	0.7%
Minnesota Care	2.6%	TriCare	1.1%

Enrollees			Enrollees		
Children	350,100	50%	Individual – married	138,000	6.0%
Adults	350,300	50%	Individual – not married	400,000	15.7%
At Least 1 Full Time Worker	375,000	54%	Family – married	376,000	10.4%
Part Time Workers	155,600	22%	Family – not married	347,000	22.1%

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Non Workers	169,800	24%	Health Status – good/ very good/excellent	601,000	12.7%
Female	365,600	52%			
Male	334,700	48%	Health Status – fair/ poor	122,000	27.6%
White	460,700	66%			
Black	108,500	15%			
Hispanic	54,600	8%			
Other	76,500	11%			

Coverage Rates					
At Least 1 Full Time Worker	375,000	10%	Female	400,000	15.2%
Part Time Workers	155,600	32%	Male	323,000	12.7%
Non Workers	169,800	50%	White	437,000	9.9%
Under 100% FPL	308,600	48%	Black	124,000	55.9%
Under 139% FPL	408,100	46%	Hispanic	61,000	26.3%
139-250% FPL	177,500	22%	Asian	64,000	31.4%
251-399% FPL	68,100	7%	Other	38,000	35.8%
400%+ FPL	46,600	3%			

OUTREACH CHANNELS

Channel	Geographic Area
DHS – Medical Assistance	statewide
DHS – MinnesotaCare	statewide
DHS – Minnesota Family Planning Program	statewide
DHS – Home and community-based waiver programs	statewide
DHS – Minnesota Community Application Agent Program	statewide
MDH – State Health Care Homes	statewide
MDH – Office of Rural Health & Primary Care	statewide
MDH – Community & Family Health	statewide
MDH – Health Promotion & Chronic Disease Division	statewide
MDH – Office of Minority & Multicultural Health	statewide
MDH – Office of Statewide Health Improvement Initiatives	statewide
Association of MN Counties (AMC)	statewide
CAPI	statewide
Catholic Charities	statewide
Community Mental Health Center	Metro
Education MN	statewide
Federal Bar Association – MN Chapter	statewide

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Health Care for Homeless	statewide
Indian Child Welfare Act (ICWA)	statewide
Legal Aid Society of Minnesota	statewide
Lutheran Social Services	statewide
Minnesota State Bar Association	statewide
MN Administrators for Special Education	statewide
MN Assn of Community Health Centers (MNACHC)	statewide
MN Assn of County Social Service Admin (MACSSA)	statewide
MN Association of Social Workers	statewide
MN Community Action Partnership (MNCAA)	statewide
MN Community Health Workers Alliance	statewide
MN Corrections Association (MCA)	statewide
MN Council of Nonprofits	statewide
MN Homeschooler's Alliance (MHA)	statewide
MN Hospital Association (MHA)	statewide
MN Medical Assn (MMA)	statewide
MN Medical Group Management Assn	statewide
MN Nurses Assn (MNA)	statewide
MN Social Service Assn (MSSA)	statewide
MN State Colleges and Universities (MNSCU)	statewide
NAMI – Minnesota Alliance on Mental Illness	statewide
Portico	statewide
U of M Medical School	statewide
U of M School of Public Health	statewide
U of M School of Social Work	statewide
United Way – 211 program	statewide
United Way – Linkage lines	statewide
William Mitchell correctional re-entry clinic	Metro
<i>Minority organizations (listed within Individual segment)</i>	

- Child support workers
- Child protection services
- Discharge worker
- Parole officer
- Private schools
- For-profit schools
- Homeless liaison
- School board
- Teachers
- Superintendants
- CAP agencies
- Migrant Health organizations
- Legal Services

SMALL BUSINESS EMPLOYER

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into two main groupings:

1. Establishments who currently offer health insurance to employees
2. New purchasers

For employers who currently offer health insurance to their employees, the role of the agent/broker within the Exchange will be crucial. The market research by Salter Mitchell clearly showed that (1) the majority of employers offering health insurance rely on an agent/broker for assistance; (2) small employers value and trust their relationship with their agent/broker; and (3) the majority have held relationships with their agent/broker for 5 years or more.

Amongst new purchasers, the agent/broker connection may not be nearly as strong, or may even be non-existent. If the Exchange is able to relay the same level of service without the cost, that will be attractive to new purchasers, because the impact of health insurance on a small employer's bottom line is the most important factor.

AUDIENCE CHARACTERISTICS

ESTABLISHMENTS CURRENTLY OFFERING INSURANCE

- Dissatisfied with current insurance status
- Getting insurance isn't easy
- Strong trust in and loyalty to broker/agent
- Believe others like them are the same – either offer or don't offer insurance (norm affect)
- Frustrated with frequent premium increases
- Options are becoming more limited
- Plans are too complex
- Difficult to compare benefits/prices across plans
- Difficult to understand what is covered by the plans
- Open to the exchange concept
- Typically pay 18% more in health insurance costs than large companies

NEW PURCHASERS

- Open to the exchange concept
- Will need to be shown that they can afford it
- Will need a lot of assistance/information

BARRIERS TO ENROLLMENT

FOR THE SMALL EMPLOYER

- Cost – may not qualify for tax credit
- Cost perception – think it's more expensive than it is
- Language
- Political opposition
- Lack of trust of government
- Industry terminology
- Technology challenge – lack of knowledge of computers
- Internet access
- May have access to national group insurance (non-profit associations)
- Participation requirements
- Capture attention

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WITHIN DISTRIBUTION CHANNELS

- Some channels/touchpoints have limited reach
- Some channels/touchpoints may not be receptive to the exchange
- May view as political issue and want to stay non-political
- May not see it as a business opportunity – compensation issue
- May already have direct connection to target audience/group

CURRENT LANDSCAPE

Firm/Establishment	
80%	Establishments with 2-50 employees ¹
4%	Establishments with 51-100 employees ¹
32.7%	Firms with fewer than 50 employees who offer insurance to their employees ²
93.9%	Firms with 50 employees or more who offer health insurance to their employees ²
Employee	
58.5%	Percent of employees in firms with 1-49 employees offering health insurance
73.4%	Percent of employees in firms with 1-49 employees eligible for health insurance
77.2%	Take-up rate by employees in firms with 1-49 employees
Coverage	
359,775	Individuals enrolled in small group health insurance
5.5%	Premium increase per member in 2010
\$1,500	2009 median per person annual deductible
25.1%	\$1000-\$1999
36%	\$2000 or more
\$3,000	2009 median family annual deductible
25.1%	\$2000-\$3999
37%	\$4000 or more
Health Plan Market Share (Volume: \$1.49 billion)	
43.02%	Blue Cross Blue Shield
23.52%	Medica
24.53%	HealthPartners
5.15%	PreferredOne
3.35%	Federated Mutual
.19%	Principal Life
.13%	Time Insurance (formerly Fortis)
.11%	Others

OUTREACH CHANNELS

Channel	Geographic Area
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DEED –Workforce Centers	Statewide
DEED – Dislocated Worker Program	Statewide
DEED – Office of Youth Development	Statewide
DEED – Small Business Assistance Office	Statewide
DEED – Business Development Specialists	Statewide
DEED – JOBZ Program	Statewide
Secretary of State – MN Business Portal (state licensing)	Statewide
MN Revenue – Business Taxes	Statewide
MN Dept of Labor & Industry – worker’s compensation	Statewide
MN Dept of Labor & Industry – contractor registration	Statewide
American Indian Economic Development Fund (AIEDF)	Statewide
Capitol River Council	Metro
Dakota Futures, Inc.	Statewide
Hispanic Chamber of Commerce of MN	Statewide
Itasca Project	Statewide
Land Stewardship Project	Statewide
League of MN	Statewide
Life Science Alley	Statewide
LinkedMN and other LinkedIn groups	Statewide
Minneapolis Chamber of Commerce	Metro
Minneapolis Downtown Council	Metro
Minnesota Indian Business Alliance (MNIBA)	Statewide
Minnesota Indian Gaming Association	Statewide
MN American Indian Chamber of Commerce	Statewide
MN Assn of Health Underwriters (MAHU)	Statewide
MN Bankers Association	Statewide
MN Chamber of Commerce	Statewide
MN Council of Health Plans	Statewide
MN Farm Bureau	Statewide
MN Farmer’s Union (MFU)	Statewide
MN Federation of Chambers	Statewide
MN High Tech Association (MHTA)	Statewide
MN Society of Enrolled Agents	Statewide
National Assn of Life Insurance Advisors	Statewide
National Assn of Women Business Owners – MN	Statewide
National Federation of Independent Business Owners (NFIB)	Statewide
Native American Business Alliance (NABA)	Statewide
Native American Community Development Institute (NACDI)	Statewide
Natl Assn of Tax Preparers – MN Chapter	Statewide
Northwest Area Foundation	Statewide
Saint Paul Chamber of Commerce	Metro
SCORE Minnesota	Statewide

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Small Business Association – Regional office	Statewide
The Initiative Foundation	Central
Trusted Choice	
Twin West Area Chamber of Commerce	Metro
White Earth Investment Initiative (WEII)	Statewide
Women’s Business Development Center – MN (WBDC-MN)	Statewide
Non-Profits	
Association of Fundraising Professionals – MN Chapter (AFP)	Statewide
Community Health Charities – MN	Statewide
MAP for Non-Profits	Statewide
MN Council of Non-Profits	Statewide
MN Council on Foundations (MCF)	Statewide
Non-Profit Management Program – UST, Hamline	Metro
United Way Twin Cities	Metro

INDIVIDUAL CONSUMER

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into two main groupings:

1. Current non-group/individual market insurance buyers
2. New purchasers
 - Subgroups identified:
 - Uninsured
 - Self-employed
 - Part-time worker
 - Unemployed
 - Early retirees
 - Young adults
 - Underserved/Minorities
 - Aging out of foster care
 - Straight to work
 - Military families

According to market research by Salter Mitchell, (1) consumers from both main groupings feel the process of looking for and choosing health insurance is difficult; (2) costs and difficulties assessing coverage and benefit details were the primary hurdles and; (3) the main triggers that prompt a person to look into health insurance are changes health or employment status.

When it comes to the uninsured, the Salter Mitchell research found that, (1) 76% of the uninsured are dissatisfied with their current situation; (2) the uninsured are more likely to say that people like them do not have insurance, and; (3) 56% have considered buying insurance.

This gives us a framework to build outreach efforts around. If we segment the audience by openness to using the Exchange, we will have an actionable way to prioritize communications and outreach for “core” and “swing” users, those most likely to become customers of the Exchange.

AUDIENCE CHARACTERISTICS

OVERALL

- Value shoppers
- Perception that insurance is too costly
- Typically seek lower monthly premiums – fewer benefits and higher deductible
- Will need high level of guidance (new to market)

CURRENT MARKET PURCHASERS

- Comfortable with online application
- Used to doing by themselves
- Highly value insurance coverage
- Want apples-to-apples comparisons
- Suspect others get a better deal
- Hate sales calls and spam
- Got help from insurance or program expert
- Split between doing it on their own and getting help from a broker/agent
- Some may be paying more if they don't qualify for subsidy
- Seek out from various place so need to reach them through multiple channels

UNINSURED

- Feel cheated and defeated: premiums are out of reach
- Many cite pre-existing conditions
- Face financial and emotional stress
- Dislike “handouts”
- Being uninsured is the norm

UNDERSERVED/MINORITIES

- Oftentimes lower income – many will qualify for subsidies
- Will need high level of guidance
- Being insured may not be the norm
- May be concerned about legal status

EARLY RETIREES

- Self navigators
- Typically seek lower monthly premiums – fewer benefits and higher deductible

YOUNG ADULTS

- Invincible – Don't see the need since they are young and healthy
- Don't factor in the possibility of accidents
- Have been covered on parent's plan – no real understanding of how expensive health care can be

BARRIERS TO ENROLLMENT

FOR INDIVIDUAL ENROLLEE

- Lack of trust/welcome
- No interest
- Cost – may not qualify for subsidies

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- Cost perception – think it’s more expensive than it is
- Industry terminology
- Language
- Culturally appropriate messages
- Transitory membership (unemployed)
- Transience of some populations makes accessibility difficult
- May not be priority; food, housing take precedence
- May pay more if don’t qualify for subsidy
- Technology challenge – lack of knowledge of computers
- Transportation
- Internet access

WITHIN DISTRIBUTION CHANNELS

- Some channels/touchpoints have limited reach
- No existing channel (part-time worker)
- Resource limitations, e.g. length of time on library computers or full bulletin boards for flyer posting
- Volume of info, finding best avenue for the institution
- Identifying appropriate messenger/champion
- Consumer can’t use organizations they’ve come to trust

CURRENT DEMOGRAPHICS / LANDSCAPE

[Total Minnesota population: 5.3 million]

Uninsured			
53.8%	Male	30.1% *	101 – 200% FPL
46.2%	Female	25.1% *	201 – 300% FPL
31.7%	Age 35 – 54	24.1% *	0 – 100% FPL
27% *	Age 25 – 34	33%	Some college/tech school
15.7% *	Age 18 – 24	31.8% *	High school graduate
72.1% ^	White	19.5% *	Less than high school
11.5% *	Black	67.8%	Employed
3.3%	American Indian	81.1% *	Employed by someone else
5.8%	Asian	79.9% ^	Hold one job
13.4% *	Hispanic/Latino	24.3% *	Employer size: 11 - 50
24.2% *	Not US born	22.8% *	Employer size: 2 - 10
43.2%	Live in greater Minnesota	78.3 % ^	Permanent type job
66.8% *	Not married		
* Indicates statistically significant higher difference from total population			
^ Indicates statistically significant lower difference from total population			

Current Non-Group/Individual Insurance Buyers			
Total non-group/individual buyers			250,000
Percentage in relationship to entire MN population	4.7%	Percentage of private health insurance market	7.7%
Coverage			
5.2%	Percent change in premium per member		
\$3,000	2009 median per person annual deductible		
28%	\$4000-\$5999		
20%	\$2000-\$2999		
20%	\$1000-\$1999		
16%	\$3000-\$3999		
\$5100	2009 median family annual deductible		
31%	\$4000-\$5999		
29%	\$6000-\$9999		
16%	\$2000-\$3999		
15%	\$10,000-\$14,000		
Cost Sharing Requirements (by share of total enrollment)			
36.6%	20% coinsurance for office visits		
35.1%	20% coinsurance for hospitalizations		
42%	100% coverage after policy deductible for prescription drug benefits		
Health Plan Market Share (Volume: \$648 million)			
68.4%	Blue Cross Blue Shield		
9.5%	HealthPartners		
9.4%	Medica		
8.3%	Assurant Health		
1.7%	America Family Mutual Insurance Company		
1.1%	World Insurance Company		
1%	PreferredOne		
.8%	Others		

OUTREACH CHANNELS

Channel	Geographic Area
All Sub-segments	
Catholic Charities	Statewide
Community Action Programs (CAPP)	Statewide
Lutheran Social Services	Statewide
State Agencies <ul style="list-style-type: none"> • MN Dept of Health • MN Dept of Human Services • MN Dept of Commerce 	Statewide
U of M Extension	Metro, Northeast, Southeast, Southwest
Libraries	Statewide
Head Start	Statewide
Early education programs/groups	Statewide
Child care facilities/programs	Statewide
Neighborhood/rural newspapers	Statewide
Public utility bills	Statewide
Food shelves/shelters	Statewide
Sporting partnerships, etc.	Statewide
Uninsured	
DEED – Workforce Centers	Statewide
Portico	Statewide
Agents/Brokers	Statewide
Insurance Companies	Statewide
Hospitals	Statewide
Clinics	Statewide
Underserved/Minorities	
African Development Center	Metro
American Hmong Partnership	Statewide
American Indian OIC	Statewide
American Indian Tribal Councils	Statewide
CLUES	Metro
Community Action Councils	Metro
Division of Indian Work	Statewide
Indian Health Board of Minneapolis	Statewide
Little Earth of United Tribes	Metro
LGBT Groups	Statewide
McKnight Foundation	Statewide
Mercado Central	Metro
MIGIZI Communications	Metro
Minneapolis American Indian Center	Metro
Minnesota Chippewa Tribe	Northwest, Northeast

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MN Chippewa Tribe Finance Corp (MCTFC)	Northwest, Northeast
MN Indian Women’s Resource Center	Statewide
NACDI – Community Development Institute	Statewide
Neighborhood Hub	Metro
St. Paul AF Services	Metro
St. Paul American Indians in Unity	Metro
U of M American Indian listserv	Statewide
Upper Midwest AIC	Statewide
Urban League	Metro
Westside Community Health Center	Metro
Women of Nations	Statewide
Churches	Statewide
Neighborhood councils	Metro
Money transfer business (Latino, others?)	Statewide
Community elders (Hmong, others?)	Statewide
Self-Employed	
BNI – MN	Statewide
National Association of Self-Employed (NASE)	Statewide
National Federation of Independent Business Owners (NFIB)	Statewide
Agents/Brokers	Statewide
Chambers of Commerce	Statewide
LinkedIn Groups	Statewide
Insurance Federation	Statewide
Insurance Companies	Statewide
Financial Planners	Statewide
CPAs – Tax Preparers	Statewide
Unemployed	
DEED – Workforce Centers	Statewide
Networking Groups <ul style="list-style-type: none"> • LinkedMinnesota • Networking with Grace / Grace Lutheran • SamsNet • Easter Job Transitions Group / Easter Lutheran • Smiling and Dialing • St. Andrews • Wooddale Lutheran • Career Partners International 	Metro
LinkedIn Groups	Statewide
Early Retirees	
AARP	Statewide
Education MN	Statewide
Human Resource Professionals of MN (HRP-MN)	Statewide
MN Board on Aging – Senior Linkage Line	Statewide

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PERA	Statewide
Society of Human Resources Management (SHERM) – 15 MN chapters	Statewide
World at Work	Statewide
Financial planners	Statewide
Part-time Worker	
Human Resource Professionals of MN (HRP-MN)	Statewide
National Federation of Independent Business Owners (NFIB)	Statewide
Society of Human Resources Management (SHERM)	Statewide
World at Work	Statewide
Young Adult (college grad, straight to work, aging out of foster care)	
Universities/Colleges	Statewide
Community Colleges	Statewide
High schools – student advisor	Statewide
Trade schools	Statewide
Military Families	
CHAMPVA -Civilian Health and Medical Program of the Department of Veterans Affairs	Statewide

ADDITIONAL AUDIENCE SEGMENTS

A complete outreach and education approach must also take into account regular and timely communications with key stakeholder groups. The Exchange is not being created in a vacuum, rather, the construction of this new marketplace faces constant and close scrutiny. Our desire is to foster open and transparent communication with all stakeholders, to welcome constructive input on the design and development, and to leverage all groups to support the outreach and communications work; in essence, to become ambassadors for the Exchange.

The following list outlines additional outreach partner groups or critical communication channels not mentioned in the above audience profiles.

- Health Insurance Companies
- Tribal Leaders
- Legislators
- Legislative Action Council
- Insurance Industry Experts
- National State Network
- Federal Partners
- Area Foundations
- News Media
- Inter-Agency
 - Governor’s Office
 - Department of Commerce – insurance regulatory agency
 - MN.IT – office of technology
 - Health Reform Minnesota
- Internal and Project
 - Advisory Task Force
 - Technical Work Groups
 - HIX Staff
 - HIX Project Managers
 - Project Business Contractors

Public Education and Outreach Initiation

In response to stakeholder requests for dissemination to the public of information on the Exchange, an initial public education and outreach strategy was developed and implemented. It was evident that there existed a lack of awareness and knowledge of the Exchange by Minnesotans of all age groups and backgrounds. To build recognition, a number of activities were executed or are planned to take place in the next 4-6 months. Many activities include coordinating Exchange communications and outreach activities and inter-agency collaboration. Activities include:

When	What
February 15, 2011 – Ongoing	Presentations and Speaking Engagements <ul style="list-style-type: none"> More than 80 presentations have been given to business associations, community groups and health care professionals. While the bulk have been given in the Twin Cities, to date 9 have been in greater MN and 5 have been outside the state.
February 25, 2011 – Ongoing	News Releases <ul style="list-style-type: none"> Utilized for major Exchange milestones and Advisory Task Force meeting notifications. Releases can be viewed online.
January 12, 2012 - Ongoing	Weekly Newsletter <ul style="list-style-type: none"> Updates on Exchange news, meeting announcements, public feedback requests, etc. List size currently at 888. Plan major additions for list once supporting staff are in place.
January 2012 - Ongoing	In-Person Meetings with Potential Outreach Partners <ul style="list-style-type: none"> Intended to solicit information and build relationships Sampling of groups engaged: Citizen’s League, Enroll America, MPR, Neighborhood Hub, American Cancer Society, Health Law Institute, Minnesota Chamber of Commerce, Minneapolis Chamber of Commerce, St. Paul Chamber of Commerce, MCHA
February 2012 – Ongoing	Inter-Agency Communications Group <ul style="list-style-type: none"> Comprised of representatives from DHS, MDH, Governor’s Office, MMB, Commerce and Health Reform MN. Discuss communications efforts and areas of intersection.
August 7–9, 2012	Farm Fest <ul style="list-style-type: none"> Partnered with Commerce to distribute Exchange flyer at their booth. Event was held in southwest MN. Attendance was approximately 500.
August 23 – September 3, 2012	Minnesota State Fair Exhibit <ul style="list-style-type: none"> Over 300,000 Minnesotans visited the HealthFair 11 area. Staff had meaningful conversations with more than 2,600 Minnesotans who stopped by the booth to ask questions and gather information. 2,500 informational bookmarks were distributed. 165 people signed up on the Weekly Newsletter e-mail list. Featured on KARE 11 news on Friday, 8/31. Featured on HealthFair 11 website leading up to, and during, the Fair.
October 2012 – Ongoing	Inter-Agency Outreach Planning Work Group <ul style="list-style-type: none"> Comprised of representatives from DHS, MDH, MMB, Commerce and Health Reform MN

When	What
	<ul style="list-style-type: none"> Discuss ways to utilize current communication channels in helping spread information about the Exchange.
November - December 2012	<p>Public Education and Outreach Website</p> <ul style="list-style-type: none"> Redesign of current site to to serve as an easily accessed source of information about Exchange-related planning and activity for stakeholders and the public. In addition, the new site will designed to begin building long-term engagement with targeted audience segments to give them the information they are seeking now and establish a relationship so they are poised to sign on once enrollment opens.
December 2012 - April 2013	<p>Public Engagement Town Halls and Webinars</p> <ul style="list-style-type: none"> These forums will allow staff to educate consumers about the Exchange while at the same time serving as an opportunity to engage with consumers by gathering their ideas and suggestions for building an Exchange that answers their needs. Meetings will take place in rural, suburban and urban parts of Minnesota. A number will be streamed online and recorded.

2013 Marketing Campaign

Minnesota will contract with a provider in 2013 to develop a comprehensive marketing and outreach campaign to launch the Exchange. The selected vendor will incorporate information from Salter Mitchell’s findings and communications strategic planning currently in progress to pinpoint the most effective means to reach the intended audience. Some main components will be:

- Community Outreach: partnerships with grassroots organizations and professional organizations that can connect us directly to target audiences, both individual and business.
- Earned Media: a proactive strategy to encourage upbeat stories on the Exchange, from planning stage, to launch, and beyond.
- Paid Media: Advertising (TV, print, online and non-traditional) that attracts, intrigues and compels Minnesotans to the Exchange.
- A robust social media campaign, integrated with other marketing tactics to maximize public engagement.
- A dedicated small business outreach strategy that understands and accounts for the unique needs of the business owner.
- A consistent, informative stakeholder initiative that taps into the outreach efforts that already exists in health care provider organizations or companies, and other government agencies.
- A strategy to engage Navigators and drive recruitment.
- A plan to maintain regular communications with policy makers, thought leaders and influencers.
- An approach to enhance the campaign through creative promotions with corporate partners.

2013 Marketing Campaign Overview		
Mass media (paid)		
<ul style="list-style-type: none"> Radio TV 	<ul style="list-style-type: none"> Newspapers Billboards / transit 	<ul style="list-style-type: none"> Digital / online Industry publications
Earned media (PR)		
<ul style="list-style-type: none"> News releases PSAs 	<ul style="list-style-type: none"> Story placements Online newsroom 	<ul style="list-style-type: none"> Virtual press conference

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<ul style="list-style-type: none"> • Face-to-face briefings • Opinion pieces • Letters to editor 	<ul style="list-style-type: none"> • Video vignettes • Special sections/editorial calendars 	<ul style="list-style-type: none"> • TV/Radio appearances • Blog
Social/Personal media		
<ul style="list-style-type: none"> • Facebook • Twitter 	<ul style="list-style-type: none"> • YouTube • E-Mail messages 	<ul style="list-style-type: none"> • LinkedIn
Targeted media		
<ul style="list-style-type: none"> • Presentations • Speaking engagements 	<ul style="list-style-type: none"> • Town halls • Webinars 	<ul style="list-style-type: none"> • Direct mail • Outreach events
Corporate partnerships		
Grassroots / Community Outreach		
<ul style="list-style-type: none"> • Events / meetings 	<ul style="list-style-type: none"> • Newsletters/publications 	<ul style="list-style-type: none"> • Website
Stakeholder Communications		
<ul style="list-style-type: none"> • Navigators / Assistors • Inter-Agency 	<ul style="list-style-type: none"> • Tribal Leaders • Legislators 	<ul style="list-style-type: none"> • Health Insurance Co. • Area Foundations

Our approach is to connect with the audience through trust sources by building tightly-knit partnerships with community groups, business organizations and key stakeholders. The consumer must be reached wherever they are and whenever they may seek the information; therefore we will incorporate the “no wrong door” approach.

The final Campaign Plan, to include performance metrics and recommended tactics, will be submitted to HHS. The full-scale marketing and outreach campaign will ramp up in Spring 2013, continue through December 2014, and will then be aligned with operational needs.

Data Sources

1. Small Group Health Insurance Market Working Group report to the Minnesota Health Care Access Commission, November 15, 2010 (<http://archive.leg.state.mn.us/docs/2010/mandated/101424.pdf>)
2. Kaiser Family Foundation, 2011 data (<http://www.statehealthfacts.org/profileind.jsp?cat=3&sub=42&rgn=25&cmprgn=1>)
3. State Health Access Data Assistance Center [SHADAC] (<http://mn.gov/commerce/insurance/images/ExchNavGroupHealthInsCovEstimates.pdf>)
4. Minnesota Department of Health, 2010 data (<http://mn.gov/commerce/insurance/images/ExchSmEmpMDHpresentation3-21-12.pdf>)
5. Minnesota Department of Health, 2011 data (<http://www.health.state.mn.us/divs/hpsc/hep/publications/coverage/healthinscovmhas2011.pdf>)
6. Minnesota Department of Health, 2010 data (<http://www.health.state.mn.us/divs/hpsc/hep/chartbook/section2.pdf>)
(<http://www.health.state.mn.us/divs/hpsc/hep/chartbook/section4.pdf>)
7. Minnesota Department of Health, 2010 data (<http://www.health.state.mn.us/divs/hpsc/hep/chartbook/section2.pdf>)
8. Salter Mitchell, Public Education and Outreach Market Research Report, August 2012 (<http://mn.gov/commerce/insurance/images/ExchReportPubEducation-Outreach8-12.pdf>)