
Kansas Health Benefit Exchange
The Affordable Care Act
Consumer Outreach and Education Program
January 2012 – December 2013

Acknowledgments

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Executive Summary

Consumer Outreach & Education Subcommittee

Committee Chair: Bob Stephan

Subcommittee Chair: Carolyn Smith

The mission for this Subcommittee was to develop a proposed timeline for the Consumer Outreach Committee, chaired by General Bob Stephan. The recommendations are being submitted to the Exchange Steering Committee chaired by Commissioner Sandy Praeger.

The Consumer Outreach Committee is charged with recommendations for the following questions:

1. What should be some of the operating requirements of the consumer hotline?
2. What is the best way to educate the public and make them aware of the Exchange to maximize participation?
3. What will the role of the navigator be within the Exchange?

The Subcommittee members were assigned various research topics and this Executive Summary will present the findings of their research.

I. Requirements in the Affordable Care Act

The Patient Protection and Affordable Care Act (Public Law 111-148) was signed into law on March 23, 2010. One week later, the Health Care and Education Reconciliation Act of 2010 (Public Law 111) was signed by President Obama. Combined, the two laws are generally referred to as the Affordable Care Act.

Section 1311 (d)(6) of the Act requires Exchanges to consult with a broad range of stakeholders in carrying out their activities. The Exchange is to provide an outreach program to inform the public of the services and coverage options available through the Exchange.

Section 1311 (d)(6) deals with Outreach and Education. This section outlines the education and consumer outreach the Exchange is required to provide to consumers.

Section 1311 (i)(4) deals with the Navigator Program functions and standards. Section 1311(i) describes the function of a navigator.

Functions of the Exchange were discussed and the customer call service center was further investigated as to the type of design and functions of the center.

The Navigator Program was considered in light of education and outreach. Suggestions included that the Navigator training program be designed to allow consumer education, must be culturally and linguistically appropriate, operational no later than October 1, 2013, and accessible to those with a limited education.

II. The Uninsured Population of Kansas

WHO ARE THE UNINSURED IN KANSAS?

The majority of uninsured people in Kansas are employed but either do not have access to health insurance coverage through their employers or cannot afford the premiums and out-of-pocket expenses of insurance. Many of these individuals work for small business owners who are unable or unwilling to offer health care coverage to their workers because of cost.

The uninsured include individuals from a variety of backgrounds, but tend to include:

- Working families (service industry, lower-wage, part-time workers, farm families, etc.);
- Younger individuals who have a lower income and less formal education;
- Individuals from all races and ethnic groups, with a disproportionate number of uninsured people from minority populations;
- An increasing number of middle-class individuals, because of job losses, lower wage jobs, and reduced work hours (to reduce employers' benefit expenses); and
- Older Americans forced into early retirement, who are unable to qualify for Medicare or afford COBRA payments.

WHO WILL BENEFIT FROM EXCHANGES?

According to estimates by the Kansas Health Institute, 240,000 Kansans are likely to use a Kansas Health Benefits Exchange, and most likely to purchase health care coverage from an Exchange because of their eligibility to receive premium subsidies.

It is estimated that approximately 85,000 additional Kansans might opt to use the Exchange, even though they are not eligible for subsidies, because that might be their personal preference in meeting the individual mandate which goes into effect January 2014.

It is estimated that an additional 253,000 Kansans who are already insured might choose to purchase their individual or group health coverage through the Exchange depending on the convenience of the Exchange and their employer's attitude toward the Exchange.

Finally, another substantial group of uninsured Kansans are likely to use the Exchange due to their eligibility for Medicaid. The following table shows projections of the number of Kansans who are expected to get health care coverage through the Exchange followed by the number of Kansans who will be eligible for Medicaid and finally, how many Kansans will be eligible to receive premium subsidies through the ACA.

2014 Estimates of Newly-Insured Kansans by County

County	2014 Estimated Total Growth in Covered Lives	County	2014 Estimated Total Growth in Medicaid Beneficiaries	County	2014 Estimated Total Growth in Covered Lives through Subsidies
Sedgwick	62,582	Sedgwick	35,503	Sedgwick	27,079
Johnson	33,248	Wyandotte	16,950	Johnson	18,583
Wyandotte	26,510	Johnson	14,665	Wyandotte	9,560
Shawnee	20,256	Shawnee	13,172	Douglas	7,340
Douglas	11,430			Shawnee	7,084
				Riley	5,112

III. Outreach and Marketing Strategies

The central goal of the Affordable Care Act (ACA) is to expand access to health care services to those who are currently uninsured. Public outreach and marketing efforts will be critical to achieving this goal. Targeted messages will need to be crafted to reach economically, ethnically, culturally, and geographically diverse audiences in Kansas.

To help educate consumers about the Kansas Health Benefits Exchange, the Subcommittee recommends partnering with community leaders and organizations such as elected officials, local chambers of commerce, business groups, private businesses, the medical community, philanthropic foundations, charitable associations and organizations, and faith-based organizations. Tapping into these already established communication networks can significantly further outreach and education efforts.

Kansas cannot depend solely on public forums to educate the public but these venues can augment other types of outreach and educational activities. Public forums should be scheduled in areas of the state with the largest populations. Earned media (e.g., editorial boards, and broadcast interviews, public service announcements, etc.) will also serve to educate those who don't attend public events. The Subcommittee also recommends recruiting prominent Kansans to help raise public awareness about the Exchange and how it works.

MEDIA

Data shows Kansans who are uninsured and underinsured are located in every corner of our state, and their density tends to reflect the distribution of the general population. There is no more effective way to reach such a broadly distributed audience than through a sustained, well-funded media campaign. The Subcommittee believes a mix of media including broadcast, print and social should be part of an outreach initiative designed to educate Kansans about the Affordable Care Act's individual mandate and the new insurance exchange or marketplace. The extent to which the more traditional types of media are used will depend on the budget. However, social media can be an important component of an outreach campaign, especially to communicate with young people without insurance.

Exploring this option with a special emphasis on Facebook, Twitter and appropriate blogs is strongly recommended. In addition, the growing popularity and usage of mobile devices such as tablets and phones offers an opportunity to reach segments of the population through the use of mobile device applications linked to the Exchange.

For this consumer outreach and education plan, "print media" is defined in an extremely broad manner that would encompass everything from newspapers and magazines to billboards and brochures and from pizza boxes to matchbook covers, transit placards and menus.

Magazines, daily and weekly newspapers (free and paid), brochures and other print components are likely to be part of the print mix. In addition, university newspapers, Spanish and other foreign-language, ethnic, and specialty newspapers should be considered, given their particular audiences.

PARTNERS IN MESSAGING

Partnering with businesses and associations was found to be a very effective tool in Massachusetts for expanding awareness and enrolling hard to reach eligibles after enacting similar reforms. The Massachusetts Commonwealth Connector Authority partners used some of the following organizations to communicate their messages:

- Bank of America
- Boston Red Sox
- Comcast
- CVS
- Greater Boston Interfaith Organization
- H&R Block
- Massachusetts Association of Realtors
- Massachusetts Board of Higher Education

- Massachusetts Hospital Association
- Massachusetts Registry of Motor Vehicles
- National Federation of Independent Business

The Subcommittee recommends exploring partnerships with similar businesses and organizations in Kansas to help reach as many Kansans who will benefit from an exchange.

PUBLIC FORUMS

Public presentations and forums can be another tool that can augment other types of outreach and educational activities. Public forums could be scheduled across the state with particular emphasis on areas with the largest populations. These events should be organized to generate as much free and informative media as possible to amplify their effectiveness. Such forums will have increased effectiveness if care is given to making the message consistent and keyed to the level of current understanding of the general public.

Other general public outreach ideas: Kansas can be creative. Sports teams, well-known personalities, and events with large numbers of people like the State Fair should be considered for part of the outreach mix.

THE UNINSURED

Chronically uninsured people have different needs related to outreach and enrollment in a health plan and reaching out to them poses additional challenges since affordable insurance has been financially out of their reach for so long. The Subcommittee encourages consideration for a community-oriented, feet-on-the-ground outreach approach. Ideally such an effort would be hands-on, supportive, and educational in nature.

The medical community can play a very large role in this effort. Those without insurance still access health treatment in many ways, and when they do, health care providers could be a very effective force in bringing those without insurance to the Exchange. These individuals have generally learned to trust the health care providers they currently use and may be more willing to accept advice from them. The Kansas campaign should target and train key medical staff within community clinics, residency clinics, hospitals, and physician practices to enroll the uninsured who visit these facilities.

Even though the Exchange is one way for consumers to purchase health coverage, paper forms and a customer call center offer them alternative options if they do not have access to a computer or simply choose not to use the online website.

USING A MARKETING CONSULTANT

The Subcommittee recommends using the expertise of a marketing consultant for an outreach program. A consultant brings an array of professional tools such as effective media buying, professional attitudinal sampling, message testing, ad production, and market segmentation analysis. Each of these can contribute to maximizing the budget and making a consumer outreach and education strategy more effective.

FUNDING

A well-funded outreach program is credited with being essential to the success of the Massachusetts health reform program, but it was expensive. More than \$7 million has been spent in Massachusetts in the first three years of reform. Outreach activities have also been funded in Maryland and California.

Identifying funding sources and developing a budget are preliminary steps to implementing any statewide outreach program. In other states, generous private foundation grants have supplemented state government appropriations. Where funding will come from in Kansas remains an open question that needs to be addressed.

III. Resources

- http://www.ksinsurance.org/hbexplan/files/20110531_gpid5_Preliminary_Exchange_User_Estimates_5_27_11.pdf.
- http://www.ksinsurance.org/hbexplan/files/20110531_gpid5_Preliminary_Exchange_User_Estimates_5_27_11.pdf.
- <http://thenextweb.com/socialmedia/2011/07/16/the-roi-of-social-media-10-case-studies/>
- http://blogs.hbr.org/cs/2009/07/three_instant_social_media_sol.html
- www.HubSpot.com/Social-Media
- <http://topwaystoeearn.com/author/goarticles-social-marketing-recent-articles/>
- Implementing a Successful Public Education and Marketing Campaign to Promote State Health Insurance Exchanges:
<http://bluecrossfoundation.org/HealthReform/Lessons/~media/5FB70B64717743089A00F8D7CF27EE1B.pdf>

- Building an Effective Health Insurance Exchange Website:
<http://bluecrossfoundation.org/Health-Reform/Lessons/~media/1497F9958B7F46F3AF191EE83AED31BD.pdf>
- Lessons from the Implementation of Massachusetts Health Reform:
<http://bluecrossfoundation.org/Health-Reform/~media/Files/Health%20Reform/Lessons%20for%20National%20Reform%20from%20the%20Massachusetts%20Experience%20Lessons%20Learned.pdf>
<http://bluecrossfoundation.org/Health-Reform/~media/Files/Health%20Reform/Lessons%20for%20National%20Reform%20from%20the%20Massachusetts%20Experience%20Lessons%20Learned.pdf>