

Outreach Efforts Health Care Cabinet

October 13, 2015

Stakeholder Outreach

Community and Stakeholder Outreach

- Community groups
- Public-facing entities
- Organizational leaders
 - Reach a large number of uninsured individuals
 - associations with organizations underneath them
 - Work with trusted community leaders, messengers, and well-known institutions
 - Have the potential to forge a conversation with an uninsured individual that they can motivate to enroll
 - Based in our top 14 cities or that are part of statewide networks
 - Organizations and associations with regional and statewide reach

Geography

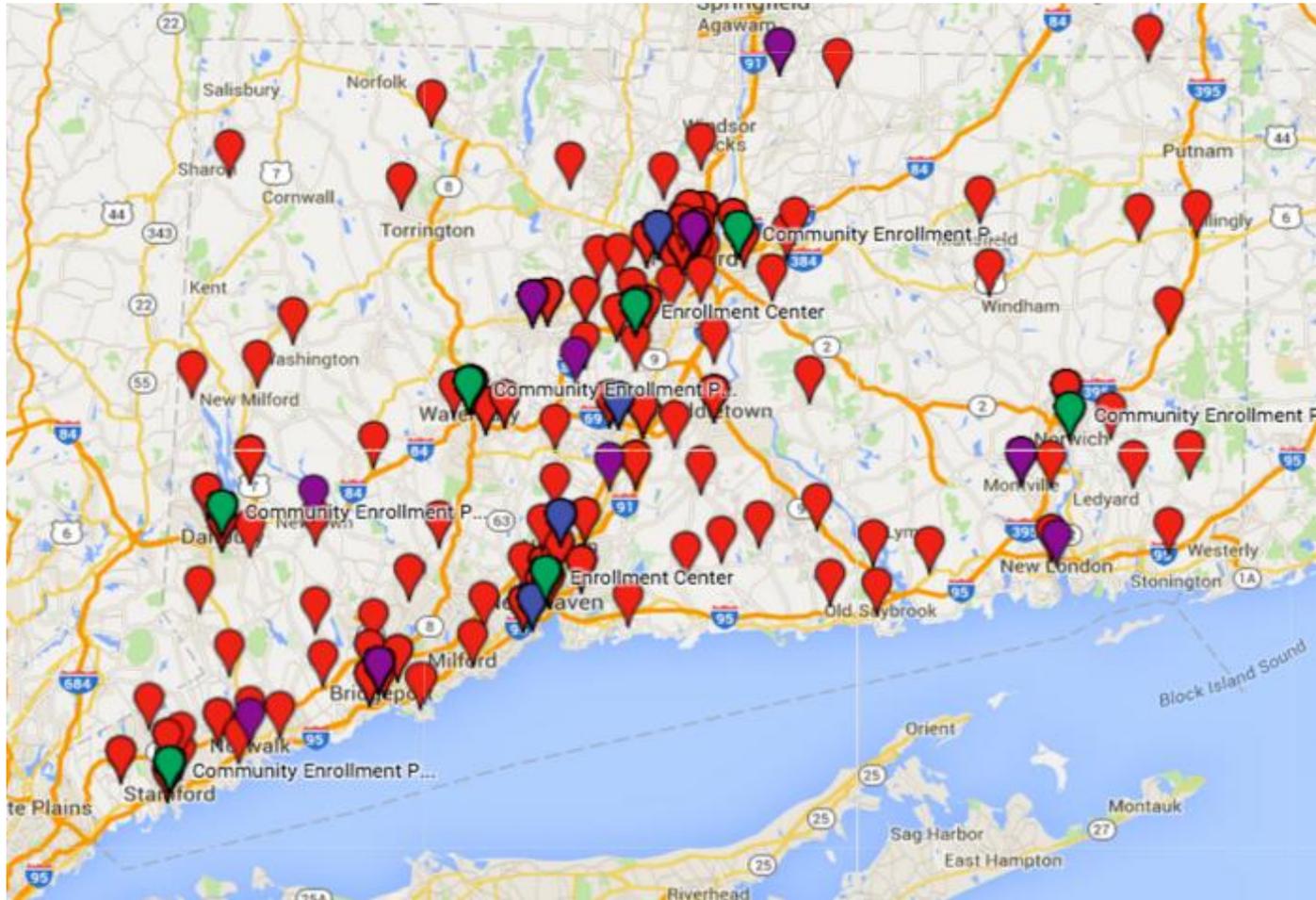
- Targeting 14 key cities based on research where remaining uninsured are:
 - Bridgeport
 - Bristol
 - Danbury
 - East Hartford
 - Hamden
 - Hartford
 - Meriden
 - New Britain
 - New Haven
 - Norwich
 - Stamford
 - Waterbury
 - West Hartford
 - West Haven

Entities

- Organizations and individuals on growing contact list: 640
 - CT Library Association
 - Department of Labor
 - Community organizations
 - Educational
 - Health care
 - Faith communities
 - Elected officials

Current Partners

- Over 115 groups have agreed to partnering with AHCT
 - This number is closer to 400 considering all their locations



KEY
Interested Partner
Summer Tour Event
Enrollment Location

CVS

- 50 CVS stores will display AHCT brochures
- Stores selected based on target zip codes



 **CVS**Health

Outreach Strategy

- Multipronged approach
 - Multiple calls
 - Email
 - Formal letter from AHCT
- Determining communications channels for each potential partner and working with the entities in whatever ways they are comfortable:
 - Digital materials
 - Print materials
 - In-person events

Community Chats

- Series of organizing meetings geared toward community organizations and leaders to:
 - Present what AHCT has accomplished
 - Discuss plans for third open enrollment
 - Discuss how to best to engage with their communities
- 7 events
 1. Hartford (Wed 10/14)
 2. Norwich (Tue 10/20)
 3. Stamford (Thu 10/22)
 4. Danbury (Tue 10/27)
 5. New Haven (Thu 10/29)
 6. New Britain (Wed 11/4)
 7. Waterbury (Mon 11/9)

Enrollment Assistance

Community Enrollment Partners (CEP)

- We chose centralized locations in cities that are geographically balanced across Connecticut where there are a high number of remaining uninsured residents to supplement our Enrollment Centers in New Britain and New Haven
- Partnering with 5 locations:
 - Danbury – Women’s Center (annex)
 - East Hartford – East Hartford Library
 - Norwich – United Community & Family Services
 - Stamford – The Ferguson Library
 - Waterbury – Opportunities Industrialization Center

Other Enrollment Support

- 500+ Certified Application Counselors in hospitals and clinics around the state.
- Lead Agency Program:
 - ✓ 4 broker agencies (RFP process in May '15)
 - ✓ Support the AHCT call center
 - ✓ Taking live phone calls
 - ✓ Make the enrollment process simpler
 - ✓ Multiple languages available
 - ✓ Support: close to 50 brokers

Enrollment Events

- Supplement Enrollment Centers and Certified Enrollment Partners, collaborating with brokers to:
 - Host 2 enrollment fairs (November, December)
 - Set up 4 pop-up enrollment locations (January)
- This will allow AHCT to provide even more in-person enrollment assistance across Connecticut

Data

Demographics – 2014 vs. 2015

Compared to the “year one” QHP base, Access Health CT’s “year two” QHP respondents are significantly more likely to be Hispanic (23% in 2015 compared to 13% in 2014).

Given that the proportion of Hispanic Medicaid customers is stable, this rise in Hispanic QHP customers is a nod Access Health CT’s successful outreach efforts

	QHP		Medicaid	
	2014	2015	2014	2015
	A	B	C	D
<u>Ethnicity</u>				
White/Caucasian	65%C	61%D	47%	47%
African American or Black	13%B	6%	22%A	20%B
Hispanic	13%	23%A	22%A	24%
Other	7%	8%	7%	8%
Refused	3% <i>c</i>	2%	2%	1%

Demographics – 2014 vs. 2015

Significantly more respondents – both QHP and Medicaid – have less than a high school education as of 2015 compared to 2014.

	QHP		Medicaid	
	2014	2015	2014	2015
	A	B	C	D
<u>Education</u>				
Less than High School Graduate	3%	5%A	9%A	15%BC
High School Graduate or G.E.D.	29%	28%	40%A	40%B
Some College or an Associate's Degree	30%	27%	33%Ad	28%
Bachelor's Degree	21%C	21%D	12%	11%
Graduate or Professional Degree	15%C	18%D	6%	5%
Refused	2%C	1%	1%	1%

Prior Health Insurance Status – New Enrollees 2014 vs. 2015

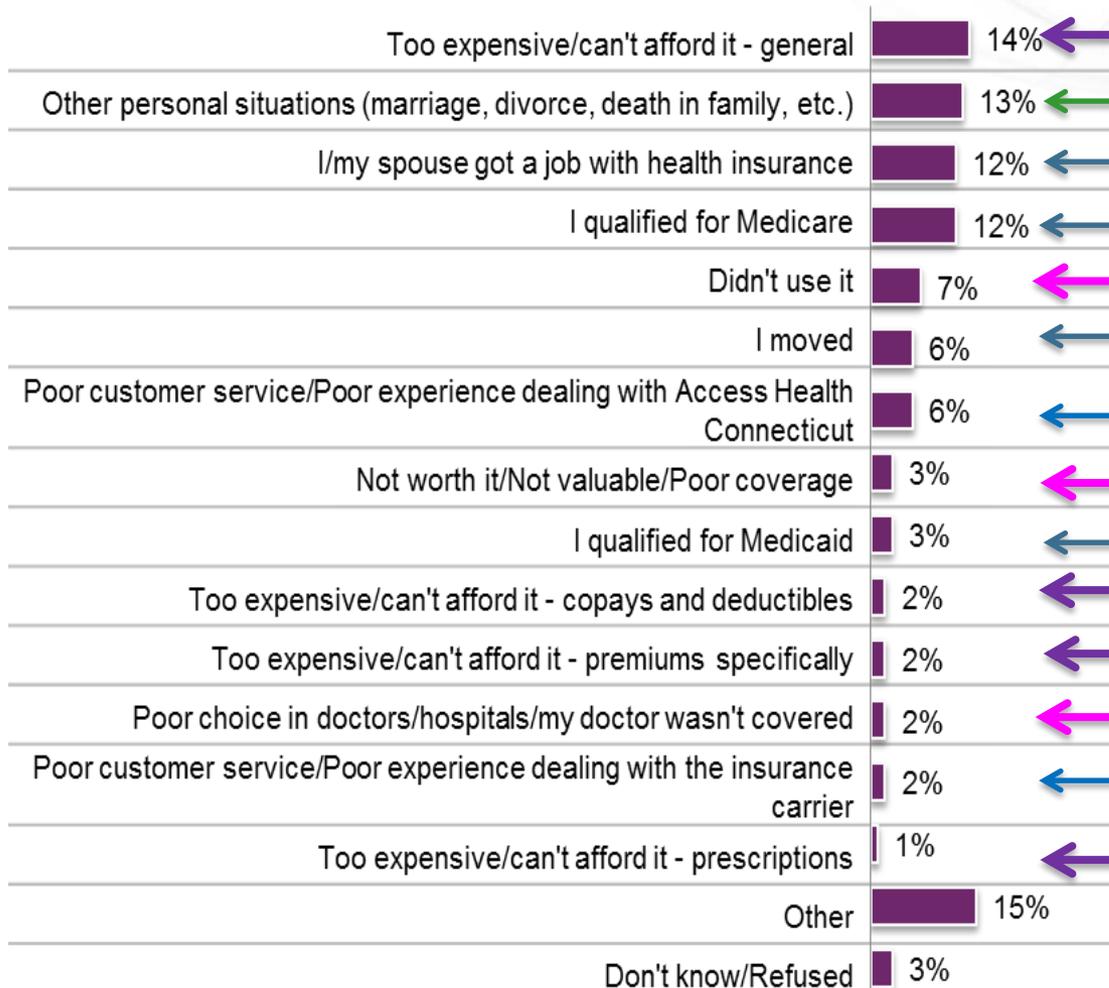
A significantly higher percentage (51% in 2015 vs. 43% in 2014) of QHP new enrollees did not have health insurance coverage prior to enrolling through Access Health CT. Conversely, the percentage of uninsured Medicaid new enrollees without prior coverage declined between 2014 and 2015 (62% to 43%, respectively).

	QHP		Medicaid	
	2014 (Year One New Enrollees)	2015 (Year Two New Enrollees)	2014 (Year One New Enrollees)	2015 (Year Two New Enrollees)
	A	B	C	D
<i>Base:</i>	3,015	217	3,000	67
<u>Previous Health Insurance – New Enrollees</u>				
Yes	56% ^{BC}	48%	37%	55% ^C
No	43%	51% ^A	62% ^{AD}	43%
Refused	1%	0%	1% ^a	1%

Aa/Bb, Cc/Dd, Aa/Cc, Bb/Dd = Statistically significant at the 95%/90% Confidence Interval
 Q12 Prior to signing up for health insurance through Access Health Connecticut, did you or anyone in your household have health insurance through another source in the past year such as your employer, your spouse's employer, a union, Medicaid or Husky Health, etc?

Reasons for Terminating Coverage

Reason for Terminating Coverage



- 33% termed for reasons we can't control
- 19% termed for reasons related to cost **Opportunity**: Value proposition, financial help, shop for plans and use Decision Support tool
- 13% termed for life changing reasons. **Opportunity**: Explain special enrollment + potential financial help
- 12% termed because lack of usage, value or choosing the wrong plan **Opportunity**: Value proposition, promote shopping
- 8% termed because of poor customer service with our call center or the carriers. **Opportunity**: training, share stats with Carriers, improve customer surveys -phone & online.