

## **Meeting Summary: Year Round Health Insurance Consumer Support Planning**

### **Purpose**

On December 12, 2014, the Connecticut Health Foundation, as a neutral convener, held a meeting of stakeholders to begin a process to plan an effective, sustainable year round approach for assisting consumers with health insurance enrollment and navigation. The Foundation convened the meeting on the heels of advocacy for in-person consumer assistance earlier in 2014, as well as a pending limited federal funding opportunity that has been pursued by AccessHealthCT, and with the understanding that CT Department of Social Services might have the opportunity to lead the renewal of such funding in the future. Anticipating significant limitations on future funding, this stakeholder process was set in motion to discuss priorities.

### **Desired Outcomes**

The meeting was designed to highlight areas of clear consensus across stakeholders, and to agree upon a set of priorities for an effective year-round consumer assistance program focused on underserved residents of Connecticut.

The desired outcomes were:

- A shared understanding of the potential opportunity for year-round enrollment and navigation assistance for underserved consumers in Connecticut
- A prioritized list of the functions that such a system should include
- Agreement on the demographic populations that would receive the greatest benefit from enrollment and navigation assistance
- Agreement on what needs to be in place for enrollment and navigation assistance to reach these demographic groups
- A shared understanding of how to tailor enrollment and navigation assistance for different geographic areas of the state

No final decisions were made, nor were final recommendations issued. Instead, general consensus was reached on areas of common interest.

### **Preliminary Stakeholder Feedback**

A diverse group of stakeholders was invited to participate in the meeting. Also invited were representatives from AccessHealthCT, the Office of the Health Care Advocate and the Department of Social Services.

The Connecticut Health Foundation widely distributed a public call for comment in advance of the meeting asking for feedback on three policy questions:

- What will constitute a successful year-round consumer assistance program?
- In addition to enrollment, what do you believe are the essential functions a year-round consumer assistance program must include? Please be as specific as possible about the functions that you think are most key.
- Who are the core constituencies that would most benefit from a year-round consumer assistance program? Please consider types of beneficiaries (e.g., unemployed; limited-English; people with mental illness) and specific geographies and parts of the state.

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Interested stakeholders were encouraged to submit written comments in advance of the meeting or to participate in person during an open public comment for the first hour of the meeting.

Additional stakeholders identified by the Foundation were contacted in advance of the meeting to participate in an hour-long phone interviews.

A short summary of the issues raised in the written responses, in-depth interviews and the public comment period can be found [here](#). This document was distributed to all meeting participants and a detailed verbal summary was provided during the meeting to ensure that the written comments received had their opinions heard.

A slide deck with an overview of the in-depth interviews can be found [here](#).

### Meeting Participants and Agenda

The meeting was facilitated by Mistinguette Smith, Senior Associate, [Interaction Institute for Social Change](#), and Lena O'Rourke, Principal, [O'Rourke Health Policy Strategies](#).

The full agenda of the meeting can be found [here](#).

A full list of the stakeholders who provided in person commentary and/or participated in the full meeting planning process can be found [here](#).

### Consensus Building: Functions of a Consumer Assistance Program

A background memo outlining the possible functions of a consumer assistance program, as well as illustrations of the types of tasks, can be found [here](#).

Three key functions were identified as core to any year round program:

- **Marketplace Enrollment.** Both Marketplace enrollment during Open Enrollment periods and Special Enrollment Periods (SEPs) after Open Enrollment has ended. This includes supporting the application process and plan selection.
- **Medicaid and CHIP Enrollment.** Year-round eligibility determinations and enrollment in Medicaid and CHIP;
- **Data Collection.** The consumer assistance program will collect data on enrollment, activities and other key features.

In addition, other functions include:

- Consumer Education
- On-going Consumer Assistance
- Outreach
- Public Education
- Materials Development
- Dissemination of Best Practices
- Communication Between Assisters
- Communication with Policy Makers and Administration

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Participants worked in teams to discuss the functions and to edit and refine the tasks. Participants were also challenged to think about other functions not reflected by these categories—but no additional categories were added.

Recognizing that all functions are vital to the full implementation of a comprehensive program, participants were challenged to prioritize which of all the functions are most core. In other words, in a world of limited resources, how should the first dollars be spent? Through an interactive and engaging exercise, participants identified the elements of a program they found most critical.

Programs must have an administrative structure so this was a required component. The group identified the following as key elements:

- Engage with a very wide range of trusted partners
- Gather and analyze data, and share findings in real time
- Foster collaboration and partnerships
- Effective oversight
- Ensure sustainable funding

Clear consensus priorities included:

- Consumer Education
  - Provide detailed, culturally sensitive education about what it means to have insurance, how to use insurance. This should be supplemented in a variety of formats including print (info graphics and pictures), electronic media (web, audio) and in different, non-traditional places. Describe the consumer obligations for continuing health insurance.
- On-going Consumer Assistance
  - Familiar, trusted face who is associated with health insurance coverage to help consumer navigate and understand the system; Predictable and convenient “office hours” for consumer drop-by, including hours outside of M-F, 9-5; Extend locations by leveraging existing infrastructure but retain a community base.
- Outreach
  - Regular outreach to consumers to educate them about how to use their insurance; Partners with community leaders and community faith-based and health worker leaders to identify hard to reach populations and engage them; Local media including ethnic media and PR.

The other functions were acknowledged as important—and got roughly equal numbers of votes. Further discussion is needed to prioritize among the rest of the functions.

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### **Consensus Building: Key Demographics**

In this exercise, participants were asked to brainstorm as many demographic and characteristics of consumers who could benefit from assistance. Participants grouped the results into broad categories and then prioritized among the categories.

There was consensus that the following broad demographic and characteristics of consumers would most benefit from a consumer assistance program:

- Low-income (unanimous support)
- Limited English Proficiency
- Immigration Status
- Low Education
- Employment Status
- Ethnicity
- Health Conditions (e.g., mental illness or multiple chronic conditions)
- New to insurance or uninsured
- Low comfort with technology
- Transitional living situations (e.g., homeless or foster care)
- Geography (e.g. rural)

It is important to note that consumers will often fit into more than one category.

It is also important to note that there were a wide range of different characteristics and demographics listed and strong support for them all. This list is not intended to say that groups not listed would not benefit from consumer assistance.

### **Consensus Building: Geographic**

It was acknowledged that there are important discussions about where in the State consumer assistance and resources are needed. Unfortunately the meeting ran out of time and participants were not able to discuss geographic considerations.

### **State Perspective**

Representatives of AccessHealthCT, the Office of the Health Care Advocate and the Department of Social Services were invited to offer their reflections on the process and any closing remarks.

They expressed thanks for the dedication and commitment of this group of stakeholders and for their honest assessment of the landscape. They showed strong interest in reconvening stakeholder in the near future—and encouraged all participants to stay in contact.

In the immediate future, they will talk to their teams about how to align current resources with this thinking and planning. This planning process will help to inform the development of their internal plan. However, it is still very early in their planning process and the total available resources remains unknown. In the meantime, they'll look to refocus current resources to address these new opportunity areas.

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Additional thinking will go towards the types of messages (and messengers) for the populations identified as core and consider outreach customized based on the demographic characteristics.

### **Next Steps**

As the meeting concluded, meeting participants reaffirmed their commitment to the promise of enrollment and access.

Participants expressed a strong desire to continue the conversation in an organized way. Participants wanted to know how the consensus agreements will get executed—and what will happen now.

The Connecticut Health Care Foundation committed to providing a written summary of the meeting and all supporting documentation. State officials and meeting participants agreed to maintain contact and to bring the feedback from the meeting back to their staff.

There are many potential areas for further discussion. Since we were not able to discuss geography, it could be an important future conversation.

Stakeholders will need to discuss the qualities and types of organizations/entities who can do this work well. This discussion was outside the scope of this meeting but will be a critical need in the near future.

There was an interest by participants to dig in deeper on the tactics. In other words, what is the work plan a consumer assistance program should implement in order to provide high quality consumer education? Similarly, there is interested in a conversation about how to target effective outreach and education to specific populations and demographics, and to develop priority tactics for diverse stakeholders.

It is also important to discuss and prioritize the functions of a consumer assistance program that were not identified as core. These functions represent important work that is needed for effective consumer education and enrollment. How can these functions be best achieved given limited resources? How can existing resources and efforts in the state be leveraged to advance common goals? A strong community of assisters can communicate and disseminate information and best practices—how best should they do this on? What networks and partnerships already exist on which can be used to enhance and amplify the reach of the consumer assistance program?