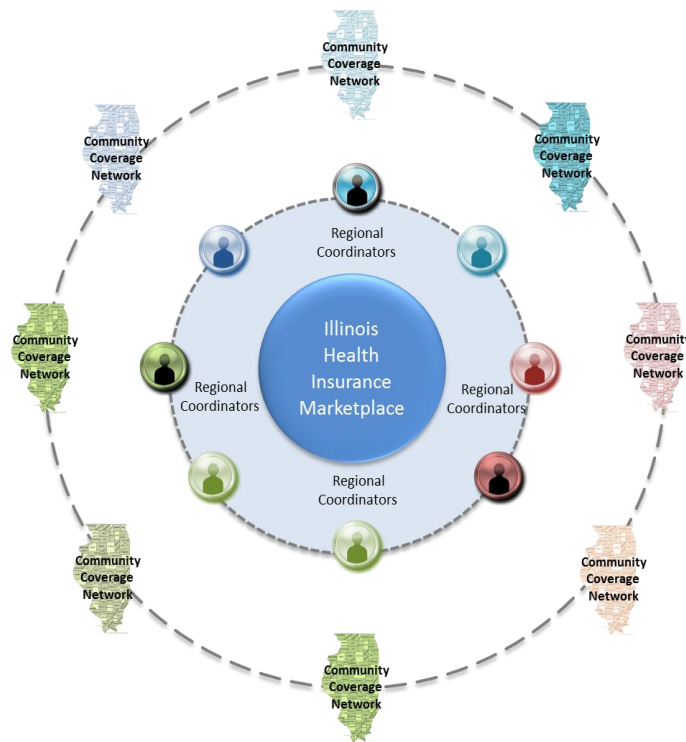


Illinois Health Insurance Marketplace Outreach and Consumer Education Plan

March 29, 2013



Engage Empower Educate Enroll

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INTRODUCTION

On March 23, 2010, President Obama signed into law the Patient Protection and Affordable Care Act (ACA), broad federal legislation designed to increase access to quality, affordable health care coverage. The ACA requires the establishment of an Exchange in each state to provide one-stop shopping for consumers and small businesses by allowing residents to purchase qualified health plans (QHPs) through a single portal that handles eligibility, plan comparison, and enrollment into Medicaid coverage for eligible individuals below 138% of the Federal Poverty Level (FPL) and into private insurance plans, with financial help for individuals not eligible for other coverage between 100-400% FPL. States may establish their own state Exchange, the U.S. Department of Health and Human Services (HHS) may operate a Federally-facilitated Exchange (FFE), or states may enter into a partnership with the federal government to jointly operate a Partnership Exchange. Regardless of the Exchange model, open enrollment will begin on October 1, 2013 through March 31, 2014. Plan coverage will begin as early as January 1, 2014.

Illinois Background

On October 16, 2012, Governor Pat Quinn sent a letter to HHS declaring that Illinois will enter into a Partnership Exchange with the Federal Government for plan year 2014 and become a State-Based Exchange (pending state legislation) for plan year 2015. As a Partnership Exchange, Illinois will take responsibility for many consumer assistance functions, including marketing, communications, outreach, and consumer education.

On January 3, 2013, HHS released guidance on Partnership Exchanges, including the responsibilities of the state and federal government in implementation (<http://cciio.cms.gov/resources/files/partnership-guidance-01-03-2013.pdf>).

In a Partnership Exchange, HHS will carry out enrollment, establishment, and maintenance of the Exchange website (which will be named “The Health Insurance Marketplace”), and a call center. Under the Partnership Exchange, states may develop and execute activities to promote the Exchange, as well as brand and promote in-person assistance programs, including a state-branded assister website, earned and paid media, and outreach to consumers. States are also encouraged to conduct branding and message testing among various audiences.

All materials must be culturally and linguistically appropriate, including making materials accessible to persons with limited English proficiency and disabilities. The guidance states that although open enrollment begins on October 1, 2013, consumer outreach and education will begin in the summer of 2013, to give consumers a baseline understanding of health insurance and a basic understanding of Exchanges, QHPs, and ACA affordability provisions.

As a Partnership Exchange, Illinois will conduct a robust marketing and consumer outreach and education strategy to inform consumers of the new coverage options available under the ACA. This will include directing consumers to the assister website where they may enter their contact information, learn about coverage opportunities, and locate nearby in-person assisters for application assistance.

Background and Context

As we look forward to strategies, tactics and plans for enrolling the currently uninsured in the Illinois Health Insurance Marketplace, it is important to think about the challenges, context and unique demographic circumstances in Illinois and across the United States. According to the findings of a report filed by Health Management Associates (HMA), there are barriers to enrollment and outreach which many states are currently confronting mostly related to perceptions of the uninsured and overall familiarity of the program. This includes:

- Families remaining unaware of programs or unaware they may be eligible for them;
- “Medicaid” carries a stigma due to the program’s historical link to welfare programs;
- Lack of health care providers in communities discourages families from applying;
- Families in poverty don’t recognize the importance of insurance until they need it; and
- Non-citizen parents are reluctant to apply on behalf of their citizen children.¹

Further, HMA identified that many demographic characteristics contribute to difficulty reaching and enrolling some individuals, such as:

- Limited English proficiency and low literacy in general;
- Lower education levels;
- Living in rural and areas; and
- Ethnic and cultural minority groups.²

Preparing Illinois consumers for this new coverage opportunity is an important role to fill. National research found that 78% of uninsured adults and 83% of the Medicaid expansion population lack awareness of new insurance options under the ACA.³

Additionally, among the uninsured, Enroll America found high levels of skepticism, a majority who were discouraged because they have been uninsured for two or more years, a majority without college degrees, and many individuals with low literacy and comprehension levels. Illinois requires a marketing and outreach strategy that reaches and speaks to target populations while creating a strong, trusted reputation for all Illinois residents.

¹Outreach Assessment and Gap Analysis for Medicaid and CHP+ Expansion, State of Colorado Office of Client and Community Relations Colorado Department of Health Care Policy and Financing, Report by JSI, October 2010 <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251670877459&ssbinary=true>

² *Best Practices in SHAP Outreach, Eligibility, and Enrollment Activities*; Brigette Courtot and Teresa A. Coughlin, Urban Institute; May 2012 <http://www.shadac.org/publications/shap-enrollment-and-eligibility-activities-implications-process-and-system-modernization>

³ CVS Caremark, CVS Caremark Research Finds 78 Percent of Consumers Who Qualify for Health Care Reform Subsidies Never Heard of State Insurance Exchanges (Woonsocket, RI: CVS Caremark, June 2012),

Therefore, given the challenges and obstacles to statewide comprehensive coverage, the Illinois Health Insurance Marketplace views the work we do as a campaign, adapting the tactics, strategies, and goal-driven metrics of modern political campaigns.

While we may not be introducing a candidate for office, we are introducing a new health culture to an audience who doesn't know we are here. And while we are not asking people to turn out to vote, we are asking people to take action, to enroll in a system that has excluded them for too long.

GUIDING PRINCIPLES OF THE ILLINOIS HEALTH INSURANCE MARKETPLACE

The Illinois Health Insurance Marketplace believes that the best way to deliver on the promises of the Affordable Care Act to ensure security, stability, and affordable health coverage for all Americans is to approach our program with the following guiding principles:

- 1) Promotion of a Statewide Culture of Coverage;
- 2) Empowerment of Community Based Organizations and Stakeholders;
- 3) Metric-Focused Encouragement of Enrollment;
- 4) Promote Health Care as a Value; and
- 5) Build a Strong and Trusted Reputation Among All Residents.

ENROLLMENT GOALS FOR ILLINOIS

Projected Illinois Enrollment in Insurance Programs Following ACA Implementation							
Year	Individual Exchange ¹	SHOP Exchange ¹	Total Exchange Enrollment ¹	Medicaid (New Eligible) ²	Medicaid (Previously Eligible, Newly Enrolled) ²	Total Medicaid Growth ²	Total Exchange Enrollment and Medicaid Growth ^{1, 2}
2014	337,000	149,000	486,000	199,000	97,446	296,446	782,446
2015	489,000	203,000	692,000	298,000	146,169	444,169	1,136,169
2016	714,000	329,000	1,043,000	328,000	160,786	488,786	1,531,786
2017	933,000	357,000	1,290,000	342,000	167,607	509,607	1,799,607
2018	946,000	403,000	1,349,000	342,000	167,607	509,607	1,858,607
2019	952,000	443,000	1,395,000	342,000	167,607	509,607	1,904,607
2020	958,000	443,000	1,401,000	342,000	167,607	509,607	1,910,607

Sources:

¹ - Deloitte LLP, "Review of the Current Illinois Health Coverage Marketplace: Background Research Report," http://insurance.illinois.gov/hirc/resources/ILBackgrounResearchFinalReport_September2011.pdf

² - Health Management Associates and Wakely Consulting Group, "Illinois Exchange Strategic and Operational Needs Assessment," <http://www.ilga.gov/commission/cgfa2006/Upload/FINAL%20IL%20Exchange%20Needs%20Assessment%20091511.pdf>, and Department of Healthcare and Family Services projections

PHASES OF CAMPAIGN

- Pre-Launch (May 2013-June 2013);
- Launch (July 2013- October 2013);
- Enrollment (October 2013-March 2014); and
- Recalibration and Retention (April 2014-September 2014).

MARKETING AND COMMUNICATIONS

To address the general lack of awareness and skepticism of the new coverage opportunities under the Affordable Care Act, we will create a marketing and outreach strategy that reaches and speaks to the target populations while creating a strong, trusted reputation about the program among all Illinois residents.

We are procuring professional services for market research, branding, public relations, and communication results tracking for the Marketplace to maximize enrollment in health coverage and motivate uninsured and underinsured Illinois consumers to take advantage of the new coverage opportunities and financial help available to them.

We have made this procurement a top priority and plan to have a firm on board in late May to adhere to the following activity timeline:

Activity	Timeline
Plan Development <ul style="list-style-type: none"> - Creative plan development - Media plan development - Public relations plan development - Online marketing plan development - Community outreach plan development 	June 2013
Account Management	Ongoing
Market Research	June 2013
Paid and Earned Media Plan*	June 2013 (due June 15)
Media Placement	July 2013 – March 2014
Recalibration and Retention	April – September 2014
Evaluation	Quarterly

Market Research

We will conduct a coordinated and wide-reaching effort to ensure that residents know how and where to sign up for coverage. Market research will be used to inform branding, marketing, and public relation strategies and, due to the condensed timeline, will be divided into two segments:

- Definition of the market and baseline to measure efforts against immediate needs;
- Ongoing market research to inform the marketing strategy over time.

The professional firm will be required to leverage research previously conducted by Enroll America, the Centers for Medicare & Medicaid Services, and state consultants to maximize efficiency.

Market research will include an assessment of:

- Cultural and linguistic standards necessary to conduct effective marketing, outreach, communications, and education for diverse target populations, taking into account education and comprehension levels;
- The most effective messages to reach the targeted demographic and geographic groups;
- The best and most credible messengers to reach each of the groups;
- Where and how target audiences will find information about the Marketplace;
- How the different groups interact with the health care system in a way that can help inform them about the new coverage-enrollment opportunities (*e.g.*, community health centers, free clinics, hospitals, pharmacies, etc.).

The firm will conduct surveys and focus groups of individuals, small businesses, and community and industry leaders in diverse and underserved rural and urban communities across the state to compliment quantitative research with a better understanding of their perspectives. It will track the effectiveness of the marketing efforts, report results to the state, and will work with the Marketplace staff to incorporate the findings into initial and future outreach and public relations strategies.

Branding

We expect that many consumers seeking affordable health care coverage will not know which program they will qualify. As a result, the Marketplace will strive to create and maintain a seamless and coherent message and brand. The marketing firm will:

- Assist the state in testing and developing a brand that successfully connects with all citizens of Illinois and is easily recognizable;
- Encourages a public perception that the Marketplace is something they can trust, rely on, and want to be a part of (social norm);
- Assists in making the services of the Marketplace clear and understandable.

The brand will be designed to be effectively used in multiple languages in order to reach diverse, targeted populations in a culturally and linguistically appropriate manner that takes into account varying education levels. A plan to transition the brand from a Partnership Marketplace to State-Based Marketplace will also be developed and strategically considered in all brand development activities.

Public Relations and Earned Media

Our public relations effort will be a coordinated and wide-reaching effort to ensure that residents know how and where to sign up for coverage. The Marketplace team recognizes that

the scale and complexity of reaching different groups with effective messages represents a unique organizing and communications challenge. We will take on this challenge not just through paid media, but through an effective public relations strategy and campaign based on market research and testing. The grassroots, on-the-ground outreach efforts will be well coordinated with the media campaign to ensure consistent messaging and maximize efficiency and effectiveness. Additionally, to increase earned media, special events will be held around the state, including events with the Governor, surrogates, and private partners, to increase awareness and validate the Marketplace.

Results of the public relations strategy will be tracked. Analysis and evaluation will include not only quantitative metrics, but qualitative testing with key audiences in their original language whenever possible to dig deeper. The outcome and evaluation results will be used to drive future public relations strategies.

Partnerships

We are developing strong partnerships with community-based organizations, including nonprofits, faith-based organizations, foundations, local health departments, provider associations, schools, YMCAs, ethnic and cultural minority groups, and more as part of a statewide public relations and outreach effort. Additionally, we will leverage the relationships and communication channels state, county, and municipal offices and agencies already have with the target population, including the Secretary of State, Department of Health and Family Services, Department of Human Services, Department of Public Health, State Board of Education, Chicago Public Schools, Department of Employment Security (unemployed), Chicago Department of Public Health, Department of Professional and Financial Regulation (self-employed and small businesses), Department of Commerce and Economic Opportunity (small businesses), Department of Revenue, and more. We will also develop strategic public-private partnerships, including sports teams and grocery/drug stores; we will look to the marketing firm to assist in these efforts.

Paid Media

The marketing firm will assist the Marketplace in all creative development, production, media planning, and media buying. Waves of advertising will include television, radio, outdoor, print, direct mail, online, social media, and as appropriate, non-traditional/alternative channels (*e.g.*, coffee sleeves, laundromat ads, grocery store ads, etc.). The message will be focused on enrollment in health coverage, but the call to action will change throughout the campaign as needed.

Digital Strategies

Digital strategies will include static and animated online banner ads, search engine optimization, search engine marketing, and social media, including Facebook, Twitter, YouTube, and Google+. Metrics for these efforts will be tracked and tested to determine their effectiveness.

Products and Materials

We will leverage the marketing firm’s expertise and capacity in the development of outreach materials, including flyers, palm cards, fact sheets, displays, etc. that are consumer-focused, written in plain language using active task-based labels, and clearly explain all consumer eligibility and enrollment options, program information, benefits, and services available. Additionally, the materials will be modified as appropriate to best target various stakeholders, including identifying auxiliary aids and services available. The content development process will include consumer testing to make sure the content and languages resonate with target audiences. Testing will also be conducted among persons with limited English proficiency and persons with disabilities.

Additionally, the marketing firm will develop an Illinois Health Insurance Marketplace assister website that will reinforce the brand with a specific focus on Illinois coverage opportunities and resources. The website will provide information to Illinois consumers about assister contact information, coverage options and a link to apply (results of screening questions will direct consumers to the Application for Benefits Eligibility “ABE” or Federal Marketplace website as appropriate), informational videos and fact sheets, and an opportunity to sign up to be notified of future Illinois Marketplace announcements and events via email or text. The website will be developed and branded with the assistance of the marketing firm and will assist in providing a smooth transition to a future State-based Marketplace for Illinois consumers.

The marketing firm also will provide an analytical database to assist in the tracking and evaluation of the marketing, outreach, and education campaign. The database will be used by marketing and outreach staff to track the individuals who are touched by the Marketplace’s staff, assisters, state agencies, strategic partners, public relations activities, and outreach events. It also will record and report on any actions consumers take as a result of the contact. The data will be analyzed and used to target messages and contacts in the most efficient way possible.

ILLINOIS MARKETPLACE FIELD PROGRAM

Engage. Empower. Educate. Enroll.

While the Illinois Health Insurance Marketplace believes that having a comprehensive communications, marketing, and earned media strategy is an important component in getting our message out and establishing a “Culture of Coverage”, there is no substitute for an effective field strategy in educating and enrolling the uninsured in Illinois by empowering community based organizations and other trusted entities to educate and take action through the enrollment process. Therefore, we must be constantly mindful and focused on the work we are doing and how it relates to the phases of our program.

We will focus on the 4 “E”s of our field program: Engage, Empower, Educate, and Enroll.

Engage

- Working to identify partners and develop relationships
- Collaboratively plan and gather feedback
- Identify and anticipate challenges and create solutions
- Explore best practices

Empower

- Giving Community Based Organizations the skills and tools that they need to take true ownership of the program
- Making sure that our organizing model is never top down, but from the bottom up and communication flows freely in all directions

Educate

- Through the work of community groups, marketing and communications strategies, and outreach materials to reinforce the Illinois “Culture of Coverage”
- Creation of a sense of urgency and purpose that speaks to health care as a value

Enroll

- Aggressively and proactively identifying those that need coverage and clearly presenting enrolling resources in all communities
- Ensuring that ALL trusted local validators, not just those involved in the delivery of health care, are equipped with the tools or information to support the enrollment process.
- Continued strong emphasis placed on retaining enrollment and communication, outreach, and post-enrollment education

The Illinois Health Insurance Marketplace efforts to engage, empower, educate, and enroll will be conducted and operated as a campaign. We will use paid, earned, and digital communication strategies to repeatedly drive home the culture of coverage while simultaneously using field tactics and strategies to connect with our target audience and get them to take action.

The most important contact in getting someone to make a choice or take an action is the contact from someone you know and trust. As a result, we believe that there is no substitute for empowering organizations and entities, the groups who have been providing information and services to specific communities for years and in some cases decades. These groups know how to reach these targeted individuals and communities, not just linguistically, but culturally as well.

ILLINOIS REGIONAL BREAKDOWN AND OUTREACH STAFFING STRUCTURE

In order to create an effective and efficient organizing outreach apparatus, the state will be divided into eight Outreach Regions. These regions will be constructed geographically by county, township, and community areas and the size and areas of the regions will be guided by information about where the uninsured in Illinois reside.

Each Outreach Region will be staffed by a Regional Outreach Coordinator, a full time staff member who reports directly to the Director of Outreach and Consumer Education. The Regional Outreach Coordinators will support the outreach, education, and enrollment work that is being done in the field throughout the state. The Regional Outreach Coordinators will be the operational and communications conduit between our community based grantees and other partners doing the important work in the field to make sure that they have the information and resources needed to achieve goals.

ILLINOIS ASSISTER PROGRAM (IAP)

IAP Background

Consistent with Illinois' guiding principles of creating a "Culture of Coverage" and "Empowering Community Based Organizations and Entities", the Affordable Care Act provides structures and resources to make access to quality affordable health care easier for all of Illinois' residents. As stated earlier, there are a number of challenges inherent in the education and enrollment of our target universe of uninsured residents. The Navigator, In Person Counselor, and Certified Application Counselor programs have been created to navigate the challenges.

While the Illinois Health Insurance Marketplace will be a place where those seeking insurance coverage can visit our website and shop for health care plans that are right for them and their families, many residents will have difficulty with this process. In Illinois we are estimating that more than half of our Illinois Health Insurance Marketplace customers will require help enrolling in the program. The Affordable Care Act was created with these challenges in mind and promotes consumer assistance activities to make it easier for the uninsured to enroll in coverage.

Consistent with the ACA the Illinois Assister Program will do the following :

- Conduct public education to raise awareness about the availability of qualified health plans (QHPs);
- Distribute fair and impartial information;
- Facilitate selection of a QHP;
- Provide referrals to the appropriate entity or agency for consumers with a grievance, question or complaint; and
- Provide information that is culturally and linguistically appropriate to meet the needs of the population being served by the Exchange.

The Illinois Health Insurance Marketplace expects that the functions of this program will be carried out primarily by Community Based Organizations (CBO) and other nonprofit groups. However, due to the size and scope of the enrollment goals and the challenges of creating the culture of coverage in Illinois, the Marketplace will partner with a vast and diverse group of entities, including but not limited to labor unions, health care providers, federal qualified health clinics, school systems, private sector organizations, and all governmental agencies at the state, county and municipal level.

The natural inclination of health care policy is to limit inclusion to the entities which have traditionally been actively involved in the delivery of health care. To be successful, Illinois must empower and give ownership to all entities to educate and enroll the uninsured and capitalize on the culture of coverage in Illinois. Every time a resident who is uncovered encounters a trusted community entity, it is an opportunity to educate and enroll that individual and his family. These entities are the trusted local validators who will be the public face of our campaign. Illinois CBOs and non profits of all stripes know best the communities and culture in which they serve and the Illinois Health Insurance Marketplace must empower to engage, educate, and enroll the people in their communities.

The Illinois Assister Program and its activities will, throughout the most important phases of our Outreach and Consumer Education operation, act as the operational backbone of our field campaign to educate and enroll the uninsured in Illinois.

Illinois Assister Program Roles

These organizations and entities will fall into one of three specific Assister Categories:

- Navigators;
- In Person Counselors; and
- Certified Application Counselors.

For the purposes of the outreach and education plan, all three roles with the Illinois Assister Program perform the exact same functions for different demographic and geographic audiences, receive nearly identical training, and will require the same level of oversight. All IAP roles regardless of funding source are subject to the established certification standards and oversight procedures of the Illinois Health Insurance Marketplace.

Navigators

The Navigator program is a federally run assistance program for consumers in Illinois. The Navigator entities will apply to and be selected by the federal government. Navigators will complete the same training as all other entities under the Illinois Assister Program. Oversight and Navigator program management will be coordinated by the state through the Regional Outreach Coordinators and Grant Management Administrators.

In Person Counselors

The IPC application will be released by the state no later than April 30, 2013. Entities will be selected and begin training by summer 2013. The state is seeking IPC entities for a one year agreement period. Grantees will be expected to engage with the Regional Outreach Coordinator in their area and the Grants Management Administrator for reporting, feedback and other areas of coordination.

Certified Application Counselors

Additional federal guidance issued in January 2013 establishes another category of consumer assistance: certified application counselors (CAC). The CAC program acknowledges that there may be many individuals in the community who are not paid directly through grant funding as official Navigators or IPCs, but who are still helping consumers enroll in coverage through the Assister website. These individuals must meet similar training requirements, security standards, and conflict of interest rules as IPCs and Navigators. This role is likely to be filled by hospitals, federal qualified health clinics (FQHC), and other organizations who wish to be trained and certified, but do not want grant funding. The Marketplace will coordinate closely with the Department of Healthcare and Family Services and Department of Human Services as they currently have non-grant-based entities that are approved to enroll individuals in Medicaid coverage and other benefits today.

Again it is important to note that from the customer perspective, there is no difference between any of the roles. Consumers do not need to know whether their enrollment support personnel is a Navigator, In Person Counselor, or a Certified Application Counselor as they will all be trained to provide the same quality of assistance.

Training

Training for the Illinois Assister Program will be facilitated by the University of Illinois at Chicago School of Public Health. UIC Faculty members have extensive experience in healthcare economics, insurance practices, outreach and training, health literacy and system navigation. UIC also has access to existing facilities to provide statewide training. The Marketplace team is working with our UIC training partners to ensure coordination among other training projects, including the new ABE system. Additionally, UIC is working with state agency staff to address recent changes to Medicaid and other benefit program policies. UIC will develop and deliver supplemental trainings throughout the year based on feedback received from IPCs, Navigators, CACs, call centers, the Resource Center, and other consumer facing groups to meet continuing education needs and address unexpected issues.

The Illinois Assister Program training will be a three-day, in-person training, held throughout the summer around the state. The full training will be available online shortly after training begins. Continuing education webinars will also be available online starting in the fall. All Illinois Assister Program entities are required to take the training, which ends in certification

from UIC. It is anticipated that Illinois Assister Program entities will take the federal training before the state-specific training but accommodations will be made as needed.

The federal training will cover four areas related to federal regulations: the needs of the underserved and vulnerable populations; eligibility and enrollment rules and procedures; the range of QHP options and insurance affordability programs and privacy and security standards. The Illinois Assister Program training will include other areas such as health insurance 101, overview of the Affordable Care Act, Illinois-specific Medicaid and public benefit program information, outreach and education and several other topics. The training will be sensitive to the varied healthcare experience among organizations as well as varied experience in engaging hard to reach communities. As a result the training will provide baseline knowledge for all Illinois Assister Program entities.

COMMUNITY COVERAGE NETWORKS

In our efforts to create a statewide culture of coverage and to reach our education and enrollment goals it is imperative that we enlist the assistance of all statewide entities who encounter the Illinois Health Insurance Marketplace target audience. Further, it is critical that all of these entities work together, share best practices, communicate regularly and have sensible management ratios.

Often community-based organizations and non-profits with vastly different issue missions operate in separate silos. A project as ambitious as this campaign will require close coordination of CBOs, non-profits, and government agencies. Further, it's imperative that there are effective management and communication ratios so our outreach efforts are focused and accountable.

Outreach entities need to work together and communicate to make sure that efforts are not duplicated. With these needs in mind, Illinois will create a system of **Community Coverage Networks** which will perform and act as collaboratives of Navigators, IPCs, CACs, providers, advocates, and local government agencies.

Community Coverage Networks will:

- Be supported by the Regional Outreach Coordinator;
- Have regular in-person meetings;
- Participate in weekly Network conference calls;
- Allow for the clear distribution of materials and resources;
- Share best education and enrollment practices;
- Work from a single calendar so all education and enrollment activities are tracked and data collected;
- Assigned outreach and education goals; and
- Hold each other accountable for meeting those goals.



Our Community Coverage Networks may be geographically large in some parts of Illinois and in other parts of the state, the Network may just be a single community area. These Networks will be driven by the number of uninsured residing within the confines of the Network and the Assister entities operating in that community. However, these networks all will reside in one of our eight outreach regions and will be directly supported by the assigned Regional Outreach Coordinator.



This regional networked organizational structure allows the Illinois Health Insurance Marketplace to meet not only the cultural and linguistic diversity in the state, but also to address the vast geographic diversity of where our uninsured populations reside. This structure allows for clear and manageable regions regardless of whether the uninsured population resides in urban or rural areas. There are Regional Outreach Coordinators supporting the work of the Networks statewide.

Communication and Operations

In addition to reasonable management outreach ratios, another significant advantage to the Regional Network organization structure is the concise, but multidirectional communication and operational system.

The Marketplace team believes it is important to establish clear lines of communication to adjust to updated messages or directives. However, it is also important for the Marketplace team to construct an organizational feedback loop so our Assisters on the ground can identify challenges and successes in real time.

However, the most exciting part of the organizational structure is the ability to share information laterally as well as vertically. The Illinois Health Insurance Marketplace expects to engage dozens of organizations in our educational, outreach, and enrollment efforts. Many of these organizations have been active in their communities for generations, while others may have been newly formed after the passage of the Affordable Care Act. Regardless, the Network structure requires collaboration within the network leading to shared best practices, knowledge, and innovation.



Additionally, through our statewide system of Regional Networks, the Marketplace will provide communication across various Networks to identify what is working in each of the communities in the state regardless of whether that network is rural, suburban, or urban. Given the short timeline, it's important that we never miss an opportunity to learn from each other.

NETWORK TACTICS AND STRATEGIES

The Illinois Health Insurance Marketplace believes that in order to be successful in our education, outreach, and enrollment efforts we must allow our trusted community partners to best identify and communicate to our target audience in those communities. The local knowledge that Community Based Organizations possess is an outreach asset that must be allowed to develop. CBO's know best where and how to reach the individuals that live in their communities.

However, the Illinois Health Insurance Marketplace expects all of our outreach partners to identify and provide resource coverage for education and enrollment opportunities at events such as but not limited to:

- Ethnic and multicultural events
- Holiday celebrations
- Local events and festivals
- Local sporting events
- Tabling event opportunities
- Health fairs
- Local government office hours
- Door-to-door canvasses
- Phonebanks
- Parades

A key point for emphasis for each Community Coverage Network is that a calendar of events is created within the network and outreach shifts are filled and documented. We must find new and innovative ways to hold ourselves accountable to reaching our goals.

DATA AND TRACKING PROGRESS TO GOALS

The Illinois Health Insurance Marketplace will collect and use data to inform our education and enrollment strategies, but also to hold ourselves accountable to our ambitious goals. We want to know what strategies work and where we may need to take corrective action, and the only way to honestly achieve success is through metrically driven outreach, education, and enrollment actions.

So in that spirit of accountability and metrics-driven goal orientation, the Marketplace will be implementing a system to track our enrollment work geographically and in real time and also will be developing metrics to track our outreach work.

Examples include:

- One-on-One meetings with stakeholder leadership

- Phonebank contacts
- Door-to-Door canvass contacts
- Healthcare Townhall Events
- Enrollment Roundtable events

Any time that we are educating, engaging, or enrolling members of the community, we want to hold ourselves accountable for logging that information. Our data efforts allow us to ask key questions:

- Are we improving our work or getting better?
- What changes need to be made?
- What did the changes made accomplish?
- How can this process inform and change future decisions and actions?

CONCLUSION

The Illinois Health Insurance Marketplace is confident that through our campaign to engage, empower, educate, and enroll the residents and steadfastly following our guiding principles, we will successfully provide access to health care to hundreds of thousands of Illinois residents.

We believe the creation of a statewide “Culture of Coverage” will benefit all residents and their families. The Illinois Health Insurance Marketplace will empower our community based organizations and give them the tools the speak about the value of health care. We will hold ourselves accountable to the residents of Illinois and to each other by faithfully tracking our outreach and enrollment efforts through metrics and data.

The Illinois Health Insurance Marketplace is committed to improving the lives and the health of the people of Illinois and ensure they reap the benefits of this historic piece of legislation.