Oregon Health Insurance Marketplace

Publicity and Publication Plan and Report for the Joint Committee on Ways and Means

January 22, 2016
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I. Introduction

The Department of Consumer and Business Services (DCBS) developed this plan and report to provide the Joint Committee on Ways and Means of the Oregon Legislature with information about the agency’s outreach campaigns for the Oregon health insurance marketplace (Marketplace).

DCBS’s 2015-2017 budget included a note that stated:

The budget for the Department of Consumer and Business services includes funding for marketing and outreach efforts. DCBS is instructed to complete a plan and report on each of the publicity and publication campaigns either upcoming or implemented for the Health Insurance Marketplace Program. The plan and report must be completed and submitted to the Joint Committee on Ways and Means prior to the beginning of the 2016 legislative session. This plan and report must include at a minimum:

- A narrative description of each campaign;
- The total amount of biennial expenditures of each campaign;
- The goals and objectives of each campaign;
- The expected results of each campaign activity; and
- Identification of the quantitative measures that directly demonstrate the effectiveness of the campaign with respect to the goals of the campaign.

It is the intent of the legislature that the information provided by the plan and report is to be used to formulate potential Key Performance Measures related to the expenditure of funds for the publication, promotion, and outreach efforts undertaken by the agency.

This report addresses each of the topic areas listed in the budget note. It also includes some preliminary data and measurements from the 2016 plan year open enrollment outreach and education campaign, currently underway.

Since the start of the current campaign:

- Thousands of people have visited our website, OregonHealthCare.gov, every day;
- Our call center has received hundreds of calls from Oregonians, insurance agents, and community partners;
- Thousands of people have visited our storefronts;
- Tens of thousands have clicked on our ads; and
- 137,820 Oregonians have enrolled in health insurance through HealthCare.gov as of Jan. 16, 2016. That is 25,000 more people than last year, and open enrollment has not yet
ended. Oregon is fourth in the country in terms of highest percentage increase over last year’s enrollment.

During the rest of the open enrollment period, DCBS will continue to use outreach and education to drive enrollment and provide Oregonians with the information they need to find the right health insurance for them and their families.

II. Narrative Description of Each Campaign

As a state-based marketplace using the federal platform, Oregon is responsible for a number of key Marketplace functions, including outreach and education. The federal government provides marketing at a national level, but the great majority of outreach in Oregon occurs at the state level.

Performing outreach at the state level has several important benefits. DCBS, as a state agency, is better situated than the federal government to know and understand its audiences, create local outreach and education campaigns that resonate with its customers, and target audience segments that are often not reached through traditional outreach methods. DCBS also benefits from working hand-in-hand with insurers, agents, businesses, providers, non-profits, promotional partners, and the Oregon Health Authority, which runs Oregon’s Medicaid program, to promote insurance literacy and access to care at the local level.

When DCBS surveyed Oregonians last year, Marketplace customers consistently emphasized the importance of local, in-person assistance and information. Based on that feedback, the agency developed outreach and education plans that focus on providing resources at the local level, whether through our local call center, outreach staff on the ground in every region of the state, our website, or through our partners like insurance agents and community organizations. According to the most recent Commonwealth Fund Affordable Care Act Tracking Survey, getting personal assistance—from telephone hotlines, navigators, and insurance agents, among other sources—appears to make a critical difference in whether people gain health insurance. 78 percent of adults who said they had received assistance enrolled. In contrast, only 56 percent of those who did not receive personal assistance ultimately enrolled.

DCBS is responsible for making sure that Oregonians know about their health insurance options. The agency’s outreach and education campaigns seek to motivate people to enroll and inform them of the resources available to help them effectively use their insurance as well as whom to call when they need advocacy services related to their insurance.

DCBS conducts outreach and education on an annual basis. The majority of outreach occurs around the annual open enrollment period, during which Oregonians can sign up, renew, or change coverage and take advantage of financial help. After open enrollment, outreach and

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education activities focus on topics such as how to use insurance, take advantage of special enrollment periods (SEPs), comply with IRS tax filing requirements, and report life changes.

The 2016 Plan Year Open Enrollment Outreach and Education Campaign
DCBS’s 2016 plan year open enrollment outreach and education campaign began Nov. 1, 2015 and will end Jan. 31, 2016. The campaign:

1. Educates Oregonians about the benefits of health coverage, how to enroll through the Marketplace, coverage options, tax credits, and subsidies, and
2. Drives enrollment in the Marketplace.

To develop the plan for the campaign, DCBS:
- Reviewed research, studies, and other state’s outreach and education plans;
- Reviewed the communications plans, tactics, and materials from 2014 and 2015, including a 2014 survey of enrollees;
- Discussed lessons learned from previous years with stakeholders, including insurance companies, community partners, insurance agents, the Oregon Health Authority, and Indian Tribes of Oregon;
- Received technical support from the federal government;
- Received technical support from the Robert Wood Johnson Foundation State Health Reform Assistance Network, including a review of branding and web presence;
- Polled Oregonians through a phone survey, online survey, and focus groups; and
- Contracted with experienced marketing firms Grady Britton and Metropolitan Group.

The key takeaways from DCBS’s research were:
1. Local, one-on-one help is important.
2. Because cost is a primary driver, communicating the financial benefits of insurance and the Marketplace (e.g. financial help) is a priority. Choice is important to ensure people feel they’re getting the most out of their investment.
3. The tone should be transparent and honest.
4. The campaign should leverage what consumers already understand. Awareness is high in Oregon, and consumers are more sophisticated and experienced than in years past.

DCBS used its research to develop a detailed plan for its campaign. To maximize use of resources, the plan focused on cost-effective and measurable activities instead of higher-cost/harder-to-measure tactics like television, billboard, and radio ads. Outreach activities include:

- Digital paid media, including custom local website ads, behavioral targeting (targeting audiences based on their online behavior—what sites they visit and what they look at), predictive modeling (targeting audiences by who they are demographically instead of by their online behavior), contextual targeting (targeting websites with certain keywords or content), search engine marketing (placing ads within search engine queries), search retargeting (targeting audiences based on their prior searches), paid Facebook marketing, and digital radio
Earned media, including news releases and story pitching to TV news channels, radio stations, newspapers, and other media

Spanish and Russian ads, including print and radio, as these two communities make up a large portion of minority audiences around the state of Oregon

Materials for consumers and small businesses, including brochures and flyers in multiple languages (Spanish, Vietnamese, Chinese, Korean, Japanese and Russian) and for multiple communities (e.g. materials for LGBTQ and tribal communities)

Community partner (navigator) and insurance agent engagement and support, including customizable media and outreach toolkits (customizable news releases, pitches, e-newsletter and web copy and social media posts), media training, fact sheets, key messages, frequently asked questions, webinars, guides, multi-language glossaries, and signage

Enrollment centers in 24 locations across the state that provide free, one-on-one help to shop and enroll in health insurance from certified agents and community partners; are open throughout open enrollment during normal business hours; remain open until 8 p.m. at least one day a week to accommodate peoples’ work schedules; provide free parking and handicap accessibility; and are near public transportation

Event and meeting support, including staff, materials, and presentations. This includes but is not limited to monthly regional collaborative meetings between OHA and community partners; local educational events put on by civic, community, and business organizations; and enrollment events throughout the state

Promotional partnerships with businesses and other organizations that share campaign information with their vast networks

Social media posts on Facebook and Twitter

Information and resources through the state website OregonHealthCare.gov, including a tool to connect people with agents and community partners, a plan selection tool, and other resources

Information and resources through Oregon’s outreach center, including phone, email, social media, and walk-in support and on the ground assistance for consumers, agents, community partners, and small businesses in the community

The campaign is very targeted. The federal government made a national cable buy that provides mass messaging, and DCBS has complemented those efforts with targeted outreach to specific audience segments within Oregon, focusing on those eligible for qualified health plans and subsidies and those who are traditionally uninsured or underinsured. While DCBS will perform outreach and education statewide, the agency has put extra emphasis (more ad
impressions, etc.) on outreach and education in the following 11 counties, which have high percentages of uninsured individuals eligible for subsidies:

- Multnomah
- Clackamas
- Washington
- Lincoln
- Tillamook
- Marion
- Yamhill
- Polk
- Columbia
- Deschutes
- Clatsop

The campaign is straight-forward in tone and focuses on providing actionable information and facts to empower Oregonians to obtain coverage that best fits their needs. Key messages include:

- Shop and get the plan that is right for you and your family.
- Enroll before the deadline.
- Financial help is available.
- Local help is available to help you get signed up and pick a plan.

The 2017 Plan Year Open Enrollment Outreach and Education Campaign

DCBS’s outreach and education campaign for the 2017 plan year open enrollment period will occur approximately between Nov. 1, 2016 and Jan. 31, 2017, depending on the dates the federal government sets for open enrollment.

DCBS will begin planning the campaign in spring 2016 after the agency has had time to analyze the results of the 2016 plan year open enrollment period campaign. As a part of the planning process, DCBS will determine the goals of the 2017 plan year campaign.

DCBS anticipates that Oregonians will need similar information and resources for plan year 2017 as they do for plan year 2016. While research suggests awareness about the Marketplace and open enrollment continues to increase, research also suggests there is still great need for continuing outreach and education. For instance, the latest Kaiser Health Tracking Poll\(^3\) showed gaps in consumer knowledge about important enrollment deadlines. Only 7 percent of uninsured respondents were able to correctly identify January 31 as the deadline for the current open enrollment period, which highlights the need for ongoing consumer outreach and education. Health insurance is a very complex topic, and many of the customers DCBS interviewed in its surveys and focus groups were still unfamiliar with key terms and dates as well as how to use their insurance effectively.

The state acts as an important and impartial resource for Oregonians who need to know what has changed each year; when and how to enroll; the importance of shopping each year and re-enrolling; where they can find local help to find the plan that meets their unique needs; how to make the most of their insurance; and where to go for help understanding their rights as health insurance consumers. For those reasons, DCBS expects that the 2017 plan year campaign will have similar tactics and scope as 2016. DCBS expects its 2017 plan year campaign will help

\(^3\) [http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-december-2015/]
improve the Marketplace’s market penetration, helping ensure the Marketplace’s financial stability, and help increase the consumer knowledge about health insurance.

The Compact of Free Association (COFA) Premium Assistance Program Outreach and Education Campaign
House Bill 2522 of 2015 required DCBS to develop recommendations for the creation of a premium assistance program for low-income Compact of Free Association (COFA) islanders to enable them to purchase health benefit plans through Oregon’s health insurance marketplace and to pay the out-of-pocket expenses incurred under the plans.

If the state enacts the proposed program, DCBS would need to develop an outreach and education campaign to inform COFA islanders about the program and provide them with instruction on how to participate. Many participants might be unfamiliar with health insurance through HealthCare.gov so DCBS anticipates the need for general education about how to enroll in insurance and use it to access health care. DCBS proposes to work with stakeholders on all outreach efforts to maximize existing communication networks.

If the beginning of the proposed program coincided with the start of the 2017 plan year open enrollment period, DCBS would want to begin its outreach and education campaign no later than Sept. 1, 2015.

III. The Total Amount of Biennial Expenditures of Each Campaign

The expected cost of DCBS’s outreach and education campaigns for the 2015 – 2017 biennium is approximately $4.056 million (approximately $2 million per year). This is far lower than the cost of Cover Oregon’s campaigns. Between 2013 and 2014, Cover Oregon spent approximately $20 million on outreach and education. DCBS’s expected costs are on par with the outreach and education budgets for other states.

<table>
<thead>
<tr>
<th>State</th>
<th>Type of Marketplace</th>
<th>Estimated State Population</th>
<th>2015 Plan Year Marketplace Enrollment</th>
<th>2016 Outreach and Education Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho</td>
<td>State-based marketplace</td>
<td>1.6 million</td>
<td>97,079</td>
<td>$3.8 million</td>
</tr>
<tr>
<td>Nevada</td>
<td>State-based marketplace using HealthCare.gov</td>
<td>2.9 million</td>
<td>73,596</td>
<td>$2 million plus $4 million in federal grant funds for outreach to underserved and hard-to-reach populations</td>
</tr>
<tr>
<td>New Mexico</td>
<td>State-based marketplace using HealthCare.gov</td>
<td>2.1 million</td>
<td>52,358</td>
<td>$3 million</td>
</tr>
<tr>
<td>Oregon</td>
<td>State-based marketplace using HealthCare.gov</td>
<td>4.0 million</td>
<td>112,024</td>
<td>$2 million</td>
</tr>
</tbody>
</table>
The anticipated budget need by category for DCBS for the 2016 and 2017 plan years is as follows:

<table>
<thead>
<tr>
<th>2016 Plan Year Open Enrollment Campaign</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Media</td>
<td>$949,000</td>
</tr>
<tr>
<td>Creative Services/Production</td>
<td>$318,302</td>
</tr>
<tr>
<td>Earned Media</td>
<td>$89,272</td>
</tr>
<tr>
<td>Community Partner/Agent Engagement</td>
<td>$158,893</td>
</tr>
<tr>
<td>Account Services, including Research</td>
<td>$514,228</td>
</tr>
<tr>
<td>Total</td>
<td>$2,056,695</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2017 Plan Year Open Enrollment Campaign</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Media</td>
<td>$1,100,000</td>
</tr>
<tr>
<td>Creative Services/Production</td>
<td>$280,000</td>
</tr>
<tr>
<td>Earned Media</td>
<td>$90,000</td>
</tr>
<tr>
<td>Community Partner/Agent Engagement</td>
<td>$120,000</td>
</tr>
<tr>
<td>Account Services, including Research</td>
<td>$410,000</td>
</tr>
<tr>
<td>Total</td>
<td>$2,000,000</td>
</tr>
</tbody>
</table>

The Marketplace 2015 – 2017 biennial spending authority for marketing, publicity, and promotion is $2.3 million. To cover the anticipated budget need for the 2017 plan year open enrollment campaign, DCBS intends to request authority to expend an additional $1.7 million for marketing and publicity. The increase will help ensure that DCBS can provide outreach and education to some of Oregon’s most vulnerable populations at the local level, driving enrollment in the Marketplace and ensuring Oregonians have the information they need for the next plan year.

As indicated in the report to the Joint Interim Committee on Ways and Means and Interim Senate and House Committees on Health Care in January 2016, the current projected ending fund balance has the capacity for additional outreach expenditures. As of the date of this report, the expected ending fund balance for the 2015 - 2017 biennium is 3.89 quarters. With the approved authority to expend an additional $1.7 million for marketing and publicity we estimate the ending fund balance to be approximately 2.77 quarters; as detailed on page 11 of the January 2016 report.

In addition, if the state creates a premium assistance program for COFA islanders as contemplated in House Bill 2522, DCBS would need additional funds to provide outreach and education to COFA islanders to facilitate enrollment in the program and help participants make the most of their coverage. DCBS anticipates that the cost of the outreach and education campaign would be as follows:

<table>
<thead>
<tr>
<th>COFA Premium Assistance Program Campaign</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Budget</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>English brochure and handout in two other languages</td>
<td>$13,000</td>
</tr>
<tr>
<td>Webpage and online form development</td>
<td>$7,000</td>
</tr>
<tr>
<td>Community events</td>
<td>$7,000</td>
</tr>
<tr>
<td>Community partner support</td>
<td>$3,000</td>
</tr>
<tr>
<td>COFA community group support</td>
<td>$13,000</td>
</tr>
<tr>
<td>Other materials</td>
<td>$5,000</td>
</tr>
<tr>
<td>Paid media</td>
<td>$9,000</td>
</tr>
<tr>
<td>Total</td>
<td>$57,000</td>
</tr>
</tbody>
</table>

### IV. The Goals and Objectives of Each Campaign

The specific goals of the 2016 open enrollment outreach and education campaign are:

1) **Maintain the percentage of qualified health plan, subsidy-eligible people who enrolled in insurance through the Marketplace.**

DCBS estimates that approximately 357,800 Oregonians are eligible to purchase insurance through the Marketplace. In 2015, about 28.5 percent to 30 percent of those eligible enrolled through the Marketplace (102,000 – 107,000 people).

There are benefits to using the Marketplace, but many eligible people are still not using it. Some choose instead to buy a plan directly from an insurer for various reasons. For instance, if people do not qualify for financial help, they may see less reason to use the Marketplace. Some may also want to stick with their current plan to avoid having to shop around. There are still other people who may find coverage too expensive and decide to go uninsured. DCBS will perform outreach to all of those eligible to buy health insurance through the Marketplace. If people do not qualify for financial help, however, it can be harder to convince them to use HealthCare.gov.

One of the greatest benefits of using the Marketplace is the ability to access financial help, in the form of subsidies, to help make coverage more affordable. Subsidies include advanced premium tax credits (APTC) to help pay for premiums and cost-sharing reductions to help reduce out-of-pocket costs. Of the 357,800 Oregonians eligible to buy through the Marketplace, DCBS estimates that approximately 216,000 could be eligible for subsidies. In 2015, about 83,000 of those eligible for subsidies purchased health insurance through the Marketplace, or approximately 38.4 percent of the subsidy-eligible population.

Subsidies can make a huge difference for consumers, and DCBS needs to make sure those eligible are aware of the financial help available and can take advantage of it during open enrollment. These people can get the greatest benefit from using the
Marketplace, so the agency has put an emphasis on reaching this group during its outreach campaign.

For this year, DCBS’s goal is to maintain the percentage of subsidy-eligible Oregonians who use the Marketplace. While we would like to increase the percentage of those eligible for subsidies who take advantage of them next year, the goal for the 2016 plan year has been to develop a baseline to use for comparison in future years. This is the first year that DCBS has managed an outreach campaign for the Marketplace, and previous years do not provide the best baselines for comparison due to the technology issues that dominated communication during year one, the move to HealthCare.gov that became the focus of outreach in year two, and significant differences in outreach budgets year to year.

2) Define the percentage of people who actively re-enrolled (vs. passive enrollees) via the Marketplace at the end of the campaign.

This year, Oregonians purchasing health insurance through the Marketplace have the option of automatic reenrollment. For many, they won’t need to do anything to re-enroll, but that might not be the best option for them. Every year, the benefits covered and the costs of health insurance plans can change. People’s lives change too. They get married, have children, or experience changes in income. Shopping each year helps people make sure they get the right coverage for them and their families. It can also save Oregonians a lot of money. Last year, Oregonians who shopped and switched plans saved on average $400 a year. This year, the federal government estimates that Oregonians could save $569 per year by switching plans.

It is also important to note that not everyone will be automatically re-enrolled. Others may be automatically re-enrolled but not automatically qualify for the financial help they received last year.

For all of these reasons, one of the key messages of the 2016 plan year campaign is that Oregonians should actively shop for health insurance plans during open enrollment. This is the first year that automatic re-enrollment is an option, so our goal is to simply develop a baseline that we can use for comparison in future years. The baseline will be a percentage of enrollees who actively re-enrolled instead of automatically re-enrolling.

3) Build a trusted, credible reputation among current and potential customers of the Marketplace and overall positive reputation among key stakeholders.

DCBS would like the Marketplace to become a trusted resource for Oregonians, small businesses, and stakeholders for information about health insurance. The agency’s outreach and education campaigns seek to provide straightforward, helpful, timely, and accurate information in order to help build that trust and reputation, which will in turn help the Marketplace make sure people get the information they need.
DCBS will determine the goals and objectives of the 2017 plan year open enrollment outreach and education campaign in spring and summer 2016, after the agency has reviewed the results of the 2016 plan year campaign.

The agency will develop the COFA premium assistance program outreach and education campaign goals and objections if the program is created by the state by act of law.

V. The Expected Results of Each Campaign Activity

As mentioned above, the goal of DCBS’s 2016 plan year open enrollment outreach and education campaign is to educate Oregonians about health insurance and to drive enrollment in the Marketplace. Ultimately, we want as many people to enroll in the right health insurance plan for them and their families as possible, understand their insurance, and use it most effectively. Each campaign activity serves these goals.

Here are the results we expect from each type of activity/tactic:

- **Digital paid media**: By Jan. 31, 2016, the campaign will have served millions of digital ad impressions to Oregonians in targeted audience groups. The ads are expected to result in hundreds of thousands of clicks that route Oregonians to either OregonHealthCare.gov, where they can find local help as well as apply for Medicaid, or HealthCare.gov, where they can apply for Marketplace coverage. There have already been 183,863 click-throughs to OregonHealthcare.gov and HealthCare.gov between Nov. 1, 2015 and Dec. 31, 2015. By helping to increase web traffic to sites where people can get help to enroll or enroll directly, this tactic will help increase enrollment.

- **Earned media**: Stories about open enrollment have run in all statewide news outlets, every major media market in the state, and in multicultural outlets like The Skanner. The circulation (a number of people an outlet is projected to reach) of the media coverage is already in the millions. These stories—from trusted, third party sources—build credibility for the Marketplace and should help increase awareness and enrollment in the areas served by these news outlets.

- **Spanish and Russian ads**: Marketplace ads in the five Spanish language publications are expected to deliver hundreds of thousands of impressions, and the radio spots on the nine Spanish language stations will deliver millions of impressions. The Russian language ads will run in two publications and on two radio stations. All of these ads will most likely increase enrollment in Spanish- and Russian-speaking populations.

- **Materials for consumers and small businesses**: DCBS has already developed dozens of materials, including materials in multiple languages (Spanish, Vietnamese, Chinese, Korean, Japanese, and Russian) and made relevant for other multicultural communities (e.g. materials for LGBTQ and tribal communities) that were developed in partnership with paid community-based organizations that are part of the communities DCBS is seeking to reach. All of the materials have and continue to be provided to agents,
community partners, and other organizations to distribute to consumers. The materials will most likely increase enrollment, including among specific audiences, such as those who speak languages other than English.

- **Community partner (navigator) and insurance agent engagement and support**: DCBS has provided a variety of materials, support and training to community partners and insurance agents, including on the ground support in regions across the state, to help maintain and build positive working relationships with local experts. For example, DCBS held a summit before the start of open enrollment for health insurance agents to learn about important health insurance topics, get answers to questions, and share information and ideas. The demand was so high for the summit that DCBS had to create a waitlist for the event and, to meet demand, took the show on the road to various locations across the state in the weeks that followed. The relationships between DCBS and its partners should help increase awareness and enrollment by providing our partners with the tools and information necessary to work with the communities they serve at the local level, including multicultural and underserved audiences.

- **Enrollment centers**: DCBS launched a storefront program that builds off of successful programs in other states but is customized for Oregon. DCBS expects that the 24 enrollment centers will provide a place for Oregonians to get information and enroll in person with free help from fellow Oregonians. The agents who run the storefronts should help increase local media coverage and use their existing marketing channels to drive traffic to the storefronts, which will most likely help increase awareness and enrollment in the specific communities they serve.

- **Event and meeting support**: DCBS will provide support for community partner and other organizations’ events and meetings in locations around the state, including enrollment fairs. The events should provide additional opportunities to educate and increase awareness and enrollment for the populations served by the community partners and organizations.

- **Promotional partnerships**: DCBS expects to partner with organizations like libraries and non-profits to promote enrollment in the Marketplace. As of the date of this report, DCBS has partnered with a total of 12 organizations that reach Oregonians who are likely eligible for subsides on Healthcare.gov based on geography, industry, etc. Partners range from Oregon Association of Minority Entrepreneurs and Small Business Administration of Oregon to Oregon State Library, OSU Extension Services, and Small Business Development Centers. These partnerships help augment traditional paid and earned media tactics by allowing DCBS to reach specific audiences through organizations that have an influential position in the communities they serve. DCBS helps identify the best outreach opportunities within each organization and provides them with tools and resources to share with their networks. Promotional partnerships should help increase awareness and enrollment in those communities.

- **Social media posts**: DCBS has targeted consumers on social media, where they commonly get news. The agency’s Facebook posts and Twitter tweets should reinforce
messaging delivered through other tactics and help raise awareness of local help, deadlines, and other important information. DCBS also expects this tactic to allow the agency to listen to questions from consumers and then deliver answers through social media and other outreach channels.

- **Information and resources through the state website OregonHealthCare.gov:** DCBS has provided up-to-date information and resources to thousands of Oregonians each day through OregonHealthCare.gov. The agency has promoted the agent and community partner finder tool, which should help Oregonians connect with qualified health insurance experts near them and who can help them with their unique needs (i.e. partners and agents who speak multiple languages).

- **Information and resources through Oregon’s outreach center:** DCBS helps with education and enrollment by answering more than 150 calls per week from consumers, agents, and community partners. In addition the outreach center provides information through social media, emails, in-person assistance, and outreach in the field in regions across the state. The outreach center provides an easy-to-access, local resource for Oregonians to get assistance and information about health insurance. A major focus of outreach during 2016 has also been helping Oregon’s small businesses learn about opportunities to help their employees purchase individual coverage on the Marketplace. Small employers who don’t provide coverage are a wonderful resource to their employees and are glad to have a tool to help their employees access insurance coverage.

DCBS will determine what campaign activities to use and their expected results for the 2017 plan year open enrollment outreach and education campaign when it begins planning the campaign in spring and summer 2016.

The agency will determine the campaign activities and expected results of the COFA islander premium assistance program outreach and education campaign if the state creates the program through an act of law.

### VI. **Identification of the Quantitative Measures that Directly Demonstrate the Effectiveness of the Campaign with Respect to the Goals of the Campaign**

DCBS has developed a set of proposed quality measures to help determine the effectiveness of its 2016 plan year outreach and education campaign. In November 2015, the agency began collecting data for each measure listed below and compiling the data into monthly metric reports. The metric report for November 2015 is included as Attachment A as an example.

During the campaign, DCBS will use these monthly reports to make adjustments to activities and tactics based on their effectiveness. For example, in November, DCBS determined that four counties seemed to be lagging in enrollments, and the campaign was adjusted to include more paid and earned media efforts in those counties to help boost enrollment. DCBS also noticed
that media outlets in certain parts of the state hadn’t covered open enrollment yet and prioritized its outreach to reporters in these areas. DCBS also found that certain messages resulted in higher click-through rates and made sure to emphasize those messages more often.

DCBS will also complete a full review of the campaign after open enrollment ends, which will look at quantitative and qualitative (i.e. surveys of agents and partners) measures. The review will include an evaluation of the effectiveness of each tactic, and DCBS will use the results to inform its plans for future campaigns.

Since this is the first year DCBS has conducted an outreach and education campaign for the Marketplace, DCBS has not set specific number targets for outreach and education activities. For instance, we have not set goals for number of earned media placements or number of people assisted by agents and community partners. This year, we plan to collect as much relevant data we can and to use the results of the campaign to create a baseline we can use for comparison and goal setting in future years.

DCBS identified the following Key Performance Indicators (KPIs) and potential measurement instruments for each goal of the 2016 open enrollment outreach and education campaign:

**Goal 1:** Maintain the percentage of qualified health plan, subsidy-eligible people who enrolled in insurance through the Marketplace.

Potential KPIs for this goal include:
1. Are we reaching our audience?
2. Are we providing a way for multicultural communities and non English speaking communities to get information and find assistance/support?
3. Are we driving people to HealthCare.gov?
4. Are we driving enrollment and re-enrollment?
5. Are we getting people to ask for help?
6. How does enrollment in Oregon compare to other states?

Potential measurement instruments for this goal include:
1. Enrollment:
   a. Number of people enrolled
   b. Percent change in enrollment from previous year in comparison to other states
   c. Percent of the QHP-eligible population enrolled
   d. Percent of QHP eligible enrolled in Oregon in comparison to other states
   e. Number of people who received APTC
   f. Percent of the APTC-eligible population who received APTC
   g. Number of people who received cost-sharing reductions
   h. Number of enrollees who actively re-enrolled vs. auto re-enrolled
2. Paid and earned media analytics:
   a. Impressions
   b. Reach of coverage
   c. Message frequency
   d. Performance of ads by message
e. Clicks and click-through rate  
f. Comparison of click-through rate to industry standard  
g. Earned media placements and circulation  

3. Data from the outreach center, website, community partners, and agents:  
a. Number of visits to OregonHealthCare.gov and, possibly, HealthCare.gov (if such data is made available by the federal government)  
b. Number of consumers assisted by the outreach center by phone and email and possibly by HealthCare.gov’s call center (if such data is made available by the federal government)  
c. Number of stakeholders assisted by the outreach center by phone and email  
d. Number of events attended and supported  
e. Number of people assisted through storefronts  
f. Number of multicultural advisors  
g. Number of promotional partners  
h. Number of materials developed, including for multicultural audiences  
i. Number of people assisted by agents  
j. Number of people assisted by community partners  

4. Post-campaign consumer surveys  
a. Data from J.D. Power and Association’s multi-state survey  
b. Data from a consumer survey in Oregon  

**Goal 2**: Define the percentage of people who actively reenrolled (vs. passive enrollees) via the Marketplace at the end of the campaign.  

Potential KPIs for this goal include:  
1. Are we reaching our audience?  
2. What are enrollment numbers year over year?  

Potential measurement instruments for this goal include:  
1. Measurements from goal 1  
2. Year over year enrollment data  
3. Additional questions included in the post-campaign surveys  

**Goal 3**: Build a trusted, credible reputation among current and potential customers of the Marketplace and overall positive reputation among key stakeholders.  

Potential KPIs for this goal include:  
1. Are current/potential customers aware that there are resources available to them?  
2. Do they use HealthCare.gov?  
3. Do enrollees know that there is localized help?  
4. How well did our key messages pull through in our communication, partner communication, and media coverage?  

Potential measurement instruments include:  
1. Measurements from goal 1  
2. Community partner/agent/promotional partner feedback
3. Additional questions included in the post-campaign surveys

DCBS will determine what measurements to use for the 2017 plan year open enrollment outreach and education campaign when it begins planning the campaign in spring and summer 2016.

The agency will determine what measurements to use for the COFA islander premium assistance program outreach and education campaign if the state creates the program through an act of law.

VII. Closing Summary

Outreach and education is a critical function of the Marketplace. It drives enrollment and helps ensure that Oregonians have the tools, resources, and information they need to make informed decisions about both buying and using health care coverage.

DCBS will continually improve its outreach and education plans using data and metrics to track progress, measure the effectiveness of tactics and strategies, and make decisions—all in an effort to better serve the needs of our customers, the people of Oregon. We look forward to reporting more information about our outreach and education plans and the results of our campaigns in future reports to the legislature.
Attachment A – Sample Metrics Report