**Moderator Rachel Breidster:** Hello and welcome to Public Health Live!, the Thursday breakfast broadcast. I am Rachel Breidster, and I’ll be your moderator today. Before we get started I ask that you please fill out your online evaluations at the close of today’s webcast. I also want to let you know that the planners and presenters of Public Health Live! do not have any financial arrangements or affiliations with commercial entities whose products, research or services may be discussed in this activity; and no commercial funding has been accepted in this activity. As for today’s program, we will be taking your questions throughout the hour via phone at 1-800-452-0662, or via email at phlive.ny@gmail.com. Today’s program is Reaching The Uninsured: Progress and Future of the New York State of Health Marketplace. Our guests are Ms. Danielle Holahan, the Deputy Director of The New York State of Health, and Ms. Margo Janack, the Chief Marketing And Outreach Officer of The New York State of Health. Thank you for joining us! We have a lot to cover, but to get started today, I want to make sure everyone in our audience understands what we mean when we say New York State of Health and when we say marketplace. Danielle, can you explain some of those terms to us?

**Danielle Janack:** We describe the New York State of Health as one stop shopping for both subsidized and unsubsidized health insurance coverage, so we offer a range of health programs—subsidized private and unsubsidized private programs. The products are standardized so it makes it easier to do apples to apples comparison shopping. State marketplaces are the only place that people can apply for financial assistance, so, for example, for an individual up to $47,000 a year, or family of four up to $97,000 a year, you are eligible for a financial assistance to help lower the cost of health plans purchased through the marketplace. Then finally, we enroll people through qualified health plans, so people come to the marketplace, eligible and enrolled to their plans and the marketplace is two programs, we enroll individuals and small businesses and their employees.

**MRB:** So when we talk about these different kinds of plans, what do the plans cover, and what are the benefits that enrollees will receive?

**DJ:** As outlined in the federal law—the Affordable Care Act—there are ten essential health benefits all plans must offer on the marketplace. That includes: (1) prevention and wellness; (2) chronic disease management benefits—and I’ll mention that preventive benefits are covered at no cost; (3) in-patient care and outpatient services; (4) maternity and newborn care; (5) emergency services; (6) lab and imaging, (7) prescription drugs, (8) rehabilitative and habilitative services, and I’ll explain that. We think of rehab as services were people are relearning, or regaining skills, habilitative services are those services where people are learning skills for the first time—including pt, ot, speech therapy, et cetera, (9) then finally, mental health substance abuse services; (10) and pediatric dental and vision. So every plan covers these ten essential health benefits.

**MRB:** Certainly seems fairly comprehensive. Are there other features of the marketplace coverage that are also important for our viewers to know about?

**DJ:** Yes, I mentioned before the preventive services, which would include routine doctor visits
and screenings are covered at no cost by all the health plans, so we talked about how every plan offers that list of ten essential health benefits. Some offer additional benefits, as well, that could include adult vision and dental, for example, and that varies by plan. And finally, every plan offered on the marketplace must have an adequate provider network. We review the network routinely, and finally, all state consumer and provider protections are in place across the plans offered on the marketplace.

**MRB:** Excellent. We talked about what the different plans cover, how do people enroll in these different plans through the marketplace?

**DJ:** Sure. So consumers have three main options, the first is through in-person assisters, located in every county of the state. New York State of Health has over 10,000 certified in-person assisters, those include navigators, we have contracts with 49 agencies who employ 530 navigators. People can make in-person appointments in their community, our navigators speak 38 languages, and include sign language, as well. Their locations are across 950 sites, across the state. We also have certified-application counselors and facilitated enrollers, over 5,200 of them, and finally certified insurance brokers. They’ve all been trained and certified to help consumers enroll in coverage. That’s the first and most popular way people enroll on the marketplace. There’s also our customer service center, which the slide earlier showed the phone number, 855-355-5777. We’re open Monday through Friday, 8:00 a.m. through 8:00 p.m. and Saturdays 9:00 to 1:00. People can call and get questions answered and enroll by phone. Finally the website, NYStateofHealth.ny.gov, where people can, again, enroll on their own. We have both English and Spanish websites.

**MRB:** Seems like you’ve covered a lot of bases, in terms of where the assisters are located if people want to enroll in person, but also having phone and the website options. So I think you mentioned it, there is one particular avenue people are intending to enroll through.

**DJ:** Yes. More than two-thirds of our enrollees enrolled with the help of an in-person assister this past year, that’s up from half in the first year, so people are definitely choosing that option. Another 23% enrolled on the website on their own with no help, and the last 10% enrolled by phone with the help of our customer service center reps.

**MRB:** Now, can you talk about how enrollment in general has gone to date? The marketplace we started in 2014, is that correct?

**DJ:** That’s right. We opened October 2013 but coverage began January 2014, and it has gone quite well. We’ve enrolled 2.5 million New Yorkers through the marketplace since we opened—that’s more than 10% of the state’s population, to put it in context. We ask people when they apply whether they are insured or not, and about 9-out-of-10 tell us they had no coverage at the point of application, so we’re pleased that we’re making an impact on the state’s uninsured, which I know we’ll talk about later in the program. The census bureau came out with data looking at the 2013 to 2014 period and showed that the uninsured in New York declined from
10.7 to 8.7%, that's at the lowest point it's been in decades, so again, just our first year. So we're happy about those numbers and we think they've come down further since. The next statistic that we like to share is the satisfaction survey that came out last year by the New York State Health Foundation speaking to people who had enrolled through the marketplace and more than 90% said they were satisfied with the marketplace coverage and around the same amount said they were accessing services and utilizing services, so we're pleased with those numbers, as well.

**MRB:** Certainly all of those numbers seem like something you should be pleased with. It's great to see the number of uninsured declining, but also to hear people are satisfied with their experience. We're helping people get enrolled in a way that makes them feel comfortable. I think that's valuable information. Since a large portion of our audience are public health practitioners, has there been a role for them in helping with the enrollment effort?

**DJ:** There has. We'll talk about a few things around the public health significance of the marketplace and how we think we're having an impact. First to mention we think coverage certainly plays an important role in the triple aim we hear so much about—improving quality of care, population health, and ultimately lowering the cost of health care in this country, and in this state. We think that facilitating enrollment into health coverage is consistent with local health departments role to prevent, promote, and protect New York State residents, and specifically, prevention services provided by health departments are impacted by the number of community members who are insured and receiving care.

**MRB:** How does the New York State of health specifically support public health agencies for marketplace activities?

**DJ:** So first I'll say that we work with the state association of county health officials, or NYSACHO, which I know is affiliated with this program. They facilitate our involvement with local health departments, but specifically, local health departments have become certified navigators in Westchester, Rockland, and Wyoming counties and another 3 local health departments are certified application counselors and that is in New York City, Erie, and Oneida counties. Those are ways they are specifically involved with the marketplace.

**MRB:** And how have local health departments assisted in promoting the marketplace?

**DJ:** So we work with local health departments in a couple of ways. Certainly they can distribute our promotional material about the marketplace, refer their clients to in-person assisters in their counties and we're at meetings all the time. They can invite our in-person assisters to do enrollment at some of their events and, of course, as we talked about they could be trained to be certified application counselors, and actually help enroll people into coverage.

**MRB:** There's a lot of great avenues, a lot of great planning has gone into this, so let's shift gears and talk about the future goals for the marketplace.
DJ: So since we started, we did some projections and some estimates of the number of people we thought would enroll in coverage in the marketplace and the impact we'd have on the uninsured. These were three-year numbers starting in 2013 we looked at the impact we've had on the uninsured and estimated we'd reduce the number of uninsured, in the state, by a million people over that 3-year period. We're pleased to say we're on track to meet that goal. In just our first year we know census bureau data indicated that the uninsured in the state has come down by 400,000. We think the number has come down further in 2015 and will continue to do so further. So we think we're on track to meet that goal of reducing the number of uninsured in the state by a million people by the end of 2016.

MRB: Excellent. That certainly sounds like an ambitious goal, but seems likely to be optimistic about it. What can you tell us about the current enrollees in terms of demographics? Cause I assume that the demography played a role in setting the goals for what we want to reduce by the end of 2016.

DJ: Definitely. Let's talk about a few metrics that we've been tracking, and we have a lengthy enrollment report we put out describing a lot of detail about the demographics of our enrollees. Across the 2 million we've enrolled through the marketplace, about three-quarters enrolled through the Medicaid program. Nearly 20% enrolled in qualified health plans, the private coverage offered through the marketplace, and the remaining 7% in the state's child plus program. Looking at gender, it's pretty evenly split and has been all along between men and women, little less than half of our enrollees are men and the other half women, and, of course, we track the age groups, the age profile of those in the marketplace and we're enrolling across all the age groups, as well. So that's been important to us, too. The other piece I'll mention on who are our enrollees, we talked about before when people apply we ask them about their coverage status, and 9 in 10 tell us they are uninsured at the point of application. We have a lot of statistics on our enrollees. The next is to talk about the races and ethnicities. Here, self-reported data, a good share of people choose not to respond to these questions, but those who do answer, 26% report that they are white, 16% report that they are black or African-American, another 13% Asian/Pacific Islander. 25% report that they are Hispanic, then finally 63% non-Hispanic. We ask about preferred language, as well, and we're pleased we're making a dent here in non-English speakers, as well. 13% self-report their preferred language is Spanish, 4% Chinese, then the balance, obviously, English speakers. Those metrics are important. We do a lot of materials in other languages. Our customer service center accommodates people in every language and I mentioned before our in-person assisters speak 38 languages. It's important given the demographics of the state that we can serve all languages and enroll them into coverage.

MRB: Absolutely, that sounds terrific. Can you talk about when we look at New York State geographically how the enrollment has looked going as far south to New York City and the western regions of New York?

DJ: Absolutely. We have a map that shows enrollment across the state. When we compare at the county level to the relative population in the state, it tracks very closely. When we buffeted
the side regions that we look at across the state, 56% of our enrollment is in the New York City area, another 12% on Long Island, 15% in the capital, Hudson, and north country region, 11% in central New York, then the remaining 5% in western New York. As I mentioned, we have enrollment in every county of the state and it does track quite closely to the population share, so we're happy that that's been the case, as well.

MRB: Great. You mentioned earlier people can enroll in public and private insurance programs and I'm wondering if we can focus for a moment on the private health insurance programs and talk about what the enrollment has looked like for those.

DJ: About 20% of our enrollment has been in the private health plans that we mentioned. I think it's important to mention we've had a significant impact on the cost side here, so when we launched, as we mentioned in 2013 in our department of financial services announced the rates the plans would be offering, they had been reduced by more than 50% relative before the marketplace launch, so a huge premium reduction and a large reason why we had a very small amount of people enrolled in individual coverage in the state before we launched, so that was the first major impact and we're happy to say over the three years, or two years, the rates have stayed more than 50% below what they were previously. So that's point number one, but secondly we talked about how people can access financial assistance through the marketplace, as well, and three-quarters of our private health plan enrollees have received additional financial assistance to further lower the cost of coverage. When we talk about why people don't have coverage, cost is always the number one reason, so this is a reason we've had such an impact and been able to enroll so many people in the marketplace coverage.

MRB: Excellent. Does one type of enrollment product appeal to one type of enrollee in the marketplace? Do you have any data around that?

DJ: We do. Looking at the qualified health plan enrollment, first it insures, and we think this is important, we offer a choice, so across the marketplace across the state we have 16 health insurers offering private qualified health plans on the marketplace. It's important that people have this choice. In some states you might see 80 to 90% of enrollment concentrated in one or maybe two health plans. In New York we see a broad distribution of enrollment across many health plans. 59% of our qualified health plan enrollment is across the top four insurers, 78% across the top seven and 100% enrollment is across all 16 insurers, every insurer has some enrollment. We think it’s a sign that people are executing their choice. We're not seeing concentration in one or two health plans, so that's the first metric to talk about. The other piece to talk about is the “Metal Levels”, which were introduced with the Affordable Care Act as a way of helping people compare health plan options and have some metric for understanding what the differences are. They are arranged across these levels, Platinum, Gold, Silver, and Bronze, and what that really means is what the average person would pay for their health plan. A platinum product, for example, tends to have higher premiums you pay every month but lower out of pocket cost sharing and the bronze level it's the reverse, lower premiums but higher cost sharing at the point of service. That's how you think about the “Metal Levels”. There
are also cost sharing reductions that people are eligible for, so in addition to the tax credits that go towards your premiums, there's cost sharing help that goes to lowering out of pocket costs, as well; those attach only at the silver level. When we look at what our enrollment has been across the levels, it's not a surprise most is at the silver level, but we see enrollment across all of them. So 12% had chosen a platinum plan, 10% gold, 58% silver, 18% in bronze. There's also catastrophic coverage offered on the marketplace and we're only seeing 2% of enrollment in those plans, those are high deductible health plans. I think it's been helpful for people to understand how to evaluate their options and we walk them through the choice. It's different for everyone whether they'd rather have a higher premium and pay less when they go for services or the reverse. There's something on there for everyone and we think this helps make it a little easier to understand what your choices are. One last thing I'll say on that, every issuer must offer plans at every level. There's a lot of choice out there.

**MRB:** That's excellent. It's one of those things when you start a new job and looking at the insurance plans and trying to figure out what's going to be the best fit for me, it's great to hear everybody has access of looking at the different options available. With all of this data you must be really be able to make a decent assessment of where we've made gains, and where the rates of uninsured have dropped. Can you talk about that?

**DJ:** Yes, and again, this comes from census data that came out last month. It's the first time this survey data was released since we opened. We were waiting with bated breath to see what our impact has been. We know 9 out of 10 told us they were uninsured and we're waiting to see the impact show up in the survey data, as well. When census put out this data looking at the 2013 to 2014 period, they showed a reduction in New York from 10.7% uninsured to 8.7% uninsured, which translates into about 400,000 fewer people uninsured in the state over that first year we were open. Again, first year, survey data lagged and we had expected it has come down further since then and we have, as we'll talk about later, a new program that we're launching this year that we think will, again, help present yet another choice to New Yorkers on top of great choices and great cost reduction to further lower that uninsured rate. Census data also reported decreases in the uninsured across a range of demographic statistics. So they saw reductions in every age category, then across white, black, and Asian race categories, as well as reductions in the Hispanic, those were Hispanic, so that and I'll just say the population that's always had the highest uninsured rate, so it's been a focus for us to reach the Hispanic community and reduce rates in that community, as well.

**MRB:** Excellent. It's great to hear we're seeing reductions across all of these different demographics. Can we talk about those folks who remain uninsured and what you know about them?

**DJ:** Again, looking at census data, as of 2014 there were a reported 1.7 million New Yorkers who remained uninsured, so that's our big target here. What we know about that population is that 90% of them were adults between ages of 18 and 64, 57% were male, more than 41% had full-time jobs, so that's an important statistic a lot of people think of the uninsured as non-workers, but they are working adults and 50% had annual household incomes of less than
$50,000, so would certainly be eligible for the financial assistance we talked about earlier. 64% were non-Hispanic and the balance 36% were Hispanic of any race. So these kind of statistics are hopeful for us when thinking about who the target population is. Again, knowing that income and we're focusing our financial assistance focusing on the lower income New Yorkers, all helpful for us when we think about what messages and the outreach plan and, you know, who it is we're trying to reach.

**MRB:** We have a sense then of who hasn't enrolled. Do we have a sense of why they haven't enrolled?

**DJ:** We do. We're very interested in the national survey data that came out, in the last couple of months by our colleagues and it's a national survey findings, but we think it's helpful for New York. The first thing that the survey told us was most people think having health insurance is important. It's not that they don't value it. When we first started we thought we needed to convince people why it was important to be insured but does not seem that's the case. People want it. There are other reasons they are not enrolling. Cost, certainly, no surprise, but cost is really the big concern for people. And that's relating to both the premiums people pay every month and the out of pocket piece. People are doing the calculation and deciding they don't feel they can afford the cost of coverage. They also learn there's knowledge gaps about the availability of tax credits and so it may actually be more affordable than people realize, so that was an important lesson for us. There's also knowledge gaps about the tax penalty, so there's a federal tax penalty now that went into effect for the law for people uninsured, they do pay a tax penalty, people still don't really know about this, last year was the first time they had to pay it, so we think as people become more aware of this, it might be yet another added incentive to enroll in coverage. And then the last piece that this survey reported was that people are finding ways to get care and pay for it out of pocket. May not be their preferred—they may not be utilizing services as much as they'd like, but they are doing something to get by. So again, all this information was just helpful for us to think about how we might structure our messaging, what the in-person assisters would like to know and we walk through the survey. The researchers did one of our trainings walking through this research with the assisters, because it's important to know what the uninsured are thinking and what their concerns are when we're working with them in the coming year to try to convince them and enroll them into coverage that works for them.

**MRB:** Speaking of the coming year, you eluded earlier to another option, and I know you've got something you plan to unveil in 2016 called the Essential Plan and I wonder if you could start talking about that.

**DJ:** Yes. We're excited about this. The marketplace will be launching the Essential Plan starting with open enrollment in November, so it's yet another plan to be offered in that suite of plans or programs offered through the marketplace. It will only be offered through the marketplace, and some of the features we're excited about is it's getting at cost that is significantly more affordable than the qualified health plans available for New Yorkers, so we think this will really help to convince those who may have sat on the sidelines, that there is now truly an affordable
coverage option available to them if they meet the eligibility criteria, which we'll talk about in a minute. The other piece we always tell people is this essential plan offers the same essential health benefits that all the plans on the marketplace offer, so it's comprehensive coverage, but significantly more affordable and it's offered by many of the same brand name companies that offer the qualified healthcare plans on the marketplace.

**MRB:** Who would be eligible for this new Essential Plan?

**DJ:** We'll walk through the eligibility criteria. Adults below the age of 65, they need to be residents of the state of New York, they need to have income at or below the rate of poverty, individual at around $23,000 a year and for a family of 4 at around $48,000 a year. Income below those levels but not eligible for the public coverage—so not eligible for Medicaid or Child Health Plus, so someone who sits right above the public program eligibility levels, but below the income levels we just described. Like all the qualified health plan coverage and the financial assistance, you can't be eligible for other affordable coverage and be eligible for the Essential Plan—that's true of the tax credits on the marketplace, as well. Then the other criteria is, if you're eligible for the Essential Plan, you're not eligible for the tax credit. So we'll tell people, “You appear to be eligible for the Essential Plan. You have the option of paying full price for the qualified health plans but you can't get the tax credits if this is the program you're eligible for.” Again, we'll talk about this next, but we're very excited about this product and we did focus groups over the summer describing this to New Yorkers and people are enormously excited about it. It truly is affordable and comprehensive coverage.

**MRB:** I think that is kind of the underlying theme with all discussions around health care, the affordability and what the costs are. When we're looking at the Essential Plan, what is it going to cost someone shopping on the marketplace?

**DJ:** Okay, so let's talk about that. The cost of the premium is either $20 a month or nothing, so that varies by income, but that is truly affordable. There are no deductibles for any of the essential plans, which is very important to people, as well, as we've learned over time. And so even though it is so tremendously affordable, it covers all the same benefits and then we also standardized the services and the cost sharing for people, so again, it will be easy for people to compare their Essential Plan options now, as well as it is easier to compare qualified health care plans on the marketplace—same idea there. The premium copays maximum out of pocket limits will be the same out of all insurers offering the essential plan and the piece that is not standardized is there will be an additional premium for the optional vision and dental coverage—that will vary across carriers. That's the one piece not standardized, so we'll have all the essential health benefits, then you can also opt to purchase adult vision and dental coverage, as well, for an additional premium.

**MRB:** Looking at, again, that is really affordable, I think a lot of times we say this is affordable, but $20, that's really terrific and I can understand why people are excited about this plan.

**DJ:** Let me say one more thing on the affordability piece. We did a comparison for people who
were last year eligible for qualified health plan coverage and again it's standardized, so we know what the out of pocket piece is and the premium, the average under qualified health plan compared to the Essential Plan and on average the essential plan is $1,100 less expensive for the average consumer, so it truly is more affordable and I'll just mention some of the out of pocket co-pays that people will pay at the highest income levels, prescription drug co-pays range from $6 to $30, primary care visit is $15 co-pay, and specialist visit $25 co-pay. Those are at the high end and much less for the lower income people. We really do, we're excited about this product and think New Yorkers will be, too.

MRB: I suspect that you're right. Once you've got someone who decided they want to enroll in the essentials plan, what are the specifics in that process and how that happens?

DJ: Sure, our open enrollment period begins November 1st. People can come and start applying for the coverage options through the marketplace, coverage will begin January 2016, so you need to enroll by December 15th for coverage to start January 1st. Essential Plan enrollment will be all year. So qualified health plan has a fixed open enrollment period, but the Essential Plan—much like Medicaid and Child Health Plus—it begins in November, but you'll have the option to enroll in the plan throughout the year and they can change your plan at any point throughout the year. That's different than qualified health plan coverage. Enrollees need to report any changes in their circumstances, cause we mentioned there’s eligibility criteria, so if you have a change in income during the year, you're required to report that to us within 30 days. Then we will redetermine people eligibility after their 12-month enrollment period. That's a little bit about enrollment. It will work a little differently than the qualified health plan coverage, but it will look more like the public program coverage.

MRB: Excellent. It sounds like a terrific option.

DJ: We're excited about it.

MRB: As you should be. Now, we wanted to make sure our audience could see just exactly how the New York State of Health is promoting this new plan. The following video was produced by the New York State of Health, and is available on the marketplace website.

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Narrator: There are good surprises in life, and some not so good surprises. If you prefer those good surprises then consider this, many New Yorkers think they can't get health insurance because it costs too much. With New York State of Health’s new Essential Plan, if you qualify, coverage can be as little as $20 a month!

Blue Girl: What was that?

Narrator: How was that for a good surprise? For the prize of a fedora, brand of glasses without lenses or a used ukulele, you could afford quality health insurance with the New York State
Essential Plan, or you could use the money to pay for a new bejewelled phone cover... With as little as $20, New York State of Health Essential Plan will give you peace of mind that you’re covered for life’s unfortunate events. So the next time you find a $20 bill in the street, remember what it can buy you.

**Blue Girl:** I think I’d rather buy health insurance.

**Narrator:** Because your health is worth it. Find out more by calling 1855-355-5777 or go to nystateofhealth.ny.gov or visit one of our in-person assisters.

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**MRB:** Cute video. Now that we have covered quite a bit of information really about the different plans that are available, Margo, thank you for joining us. I know you’ve been sitting quietly and now I’m looking forward to hearing from you. If you can talk about what’s been the marketplace of the New York State of Health’s approach to doing community outreach—to let people know about the information that Danielle has shared with us so far?

**Margo Janack:** Absolutely. What we know is there’s really no one size fits all approach to outreach, given the diverse communities out there who we’re trying to reach. So we’re really adopting a multifaceted approach that focuses more on a stronger grassroots effort directly into the community. And some of our goals are to continue to build awareness throughout the marketplace, reach communities throughout the state, increase enrollment, and further reduce the number of uninsured and how we go about doing that is coordinating outreach activities with many of our partners and making stronger connections. Some of these outreach activities might include information distribution and, obviously, help with event participation, and, of course, referrals to our sisters.

**MRB:** Can you talk about some of the various elements that you considered when coming up with an outreach approach?

**MJ:** There’s a lot of different elements that come to play with the community outreach. When we’re developing plans we try to consider the ‘who, what, when, where, how’ of things of each situation. There’s many things we have to identify. We have to identify what stakeholders to reach out to who will be best to deliver our message; we have to identify what venues that we’re going to be at to make sure we’re effective to promote the marketplace and host events; and we need to identify the uninsured audience and how to reach them. This goes back to the one size fits all approach and we have to identify the right messages during different times of enrollment periods. We have the open enrollment period which begins November 1st and beyond that in February we start focusing on promoting our special enrollment period out to the public—and, of course, there’s always events. We are involved in many, many events across the state to reach the different audiences and we’ll talk more about that later.
MRB: One of the first things you mentioned was identifying who the stakeholders are. I'm wondering are there key stakeholders you rely on in outreach?

MJ: We work with a variety of stakeholders to produce awareness about the marketplace and they are an extension of our arm throughout the marketplace. They can range from community-based organizations, non-profits, community health centers and faith-based groups. We work with businesses and advocacy groups to help support small businesses, health care providers and public health care organizations in many different settings. Could be hospitals, physicians groups, statewide associations that cater to the needs of the community. For example, we worked this year with New York State Apple Growers association to reach their membership. Outreach to tribal nations to reach out to the American Indians, and our educational community, anywhere from the primary school setting, all the way up to universities. And government agencies are very willing partners—given that we work in government—and we help spread our message through their own internal communications systems. Of course, last but not least, our in-person assisters who we rely on heavily to distribute information out to the community.

MRB: Certainly you mentioned having a multifaceted approach and it does seem you're doing your best to come from different angles to target the folks we haven't yet reached. You mentioned the navigators or in-person assisters. Can you tell us more about their role and how they work?

MJ: Sure, Danielle touched on it a little bit earlier, but they are integral to the success of our program. We have over 11,000 New York-trained and certified in-person assisters and they have the ability to work with many different diverse groups and they speak many different languages, so people really enjoy that face-to-face interaction with them and they do take care of a majority of our enrollees. People need to know that they are very well trained. They go through an extensive training program in the beginning for a year and even every year after they have an annual recertification process they must go through.

MRB: Excellent. Sounds like a very valuable resource. Let's take a moment to hear from Piper Allport, the director of outreach for the New York State of Health marketplace about the various strategies used to reach people with information and assistance in enrolling in the marketplace.

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Piper Allport: New York State of Health plans on reducing the number of uninsured this year through a variety of ways. One is direct partner outreach, which means we’re partnering with businesses and different community organizations throughout New York State which has been very exciting. Some of the outreach initiatives that we are pursuing this year are with pharmacies, retail chains, as well as grocery stores. We’re excited to get our information out to the community and also to the employees that work for these businesses. Some of these part-
time employees are going to really fit in well to get coverage through New York State of Health—and also builds awareness about why coverage is so important. Our outreach plan is designed to reach communities across the state. Some of these communities specifically that we're trying to reach are young adults, individuals, lower income that might be eligible for Medicaid, the moderate income level which might be good for the Essential Plan, and, of course, we want to bring people together to enroll into a qualified health plan. Our barbershop outreach campaign is exciting. We're working across New York State with our in-person assistants to make sure they are reaching people that may be uninsured at these locations. The plan is to really have these navigators, these in-person assistants, go into barbershops at a grassroots level and start the communication with them. We're really excited to work with libraries across the state and the next couple of weeks they'll be receiving materials, New York State of Health materials, informational rack cards, fact sheets where people in the community can go to their library and get this information. So we've worked with the department of motor vehicles to reach people that are going into this place, which we all know that a lot of us do, to get license, renewals annually, so we find this is a really good place to reach people that are going in and doing this on a daily basis. We've recently introduced Instagram for 2016, which is so exciting. We've worked closely to make sure Facebook is up to date. We have an editorial calendar that is produced on a monthly basis, and also we have Twitter. We know that so many people go to these platforms to find more about New York State of Health. We have an events calendar where you can go on, get the time, the location, the date of each event that we're holding across the state. In most cases this is where somebody can connect with a navigator or an in-person assister or a broker to help them get covered.

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**MRB:** Sounds like a lot of great efforts being made and terrific to hear all of that. Can you tell us more about some of the events that Piper mentioned that are going on throughout the state to promote the marketplace?

**MJ:** Absolutely. Our outreach campaign is comprised of eight different targeted campaigns to reach the many diverse audiences and the first one that we're going to talk about is the heritage campaign. Enrolling people through the marketplace is made easier when consumers are in familiar environments and are working with people who speak their languages, so we had a presence in cultural heritage events. Some of the events include the Upstate Latino Summit, black arts and cultural festival and the Asian-American film festival.

**MRB:** Are there other constituencies or groups you reach out to or plan to reach out to?

**MJ:** Our next campaign is working with the faith-based organizations and we work with them with the hard to reach populations and the idea of working with faith-based organizations is they are trusted partners within the community and people will really open up to them and listen to them and possibly take action to enroll. So we work with them in a variety of ways to
help educate the congregation about New York State of Health. They can help out through the health ministries, put information in the church bulletins, and assist in social gatherings, even going as far as having an enrollment event as their place of worship.

**MRB:** Excellent. When we talked about events earlier I imagined throughout New York State a plethora of local events you could choose from to promote the marketplace. Can you talk about them?

**MJ:** Yes. Another campaign is working at outreach at seasonal events. We're basically everywhere in New York State. This past summer we've had a presence at county fairs—the New York State fair, was a great example of a successful event. Our in-person assisters staffed 24 different shifts, 37 different assisters, three to four people a shift. Right now we're at a different farmers markets and apple and harvest festivals and we have many more street fairs and events coming up throughout the state.

**MRB:** Excellent. We've heard also about how important businesses are to the success of the marketplace and I'm wondering if you can talk about how you're working with businesses to help people access the marketplace.

**MJ:** Business community is a great place to get right into the neighborhoods where the action is, so we continue to build on our prior campaigns and expand on our other campaigns. We have outreach opportunities that we work with different retail organizations, pharmacies, grocery stores, we've expanded our outreach opportunities this year with the pharmacies. For example, CVS, TOPS, Kinney's, Drugs—they are all willing to have a tabling event at their places. This ties in nicely with the health theme. It's all about getting healthy and that's why we're there. We have new relationships with grocery stores in New York State. Price Chopper, for example, is allowing us to put information in the grocery bags and in-store announcements. We're working with Gristetti's in New York City and, you know, we have a lot of other opportunities such as the barbershop, piper might have spoken about that, where our sisters are going to go to different barbershops, 1,800 of them, I think, across the state and introduce themselves and materials and ask them if they would please display a poster, get information out to their clients and could be circumstances where there's some proprietors and maybe New York State of Health marketplace and affordable coverage is something they are interested in, as well.

**MRB:** That's really terrific. Are there specific events or strategies targeted towards children or entire families?

**MJ:** Yes. We worked with the childcare and educational settings to reach consumers. Right now we're distributing information to our childcare providers to pass on to the workers in hope they'll give some referral to our assisters. We're reaching out to schools through local and state PTA and this year working with almost 200 charter school students for information into the backpacks, over 80,000 students in New York State. We've developed some tool kits to work with different universities through the system and the private colleges where they distribute
this information to the students. They include templates that have newsletter articles in them they can share with the students at the local papers, they also have links through our videos for them to use to share, I think. And they also have information to connect with the assisters directly in their community.

**MRB:** It's really exciting to hear about the different ways that New York State of Health is working to promote these efforts. You're doing a great job. We know an important audience is local public health practitioners, local health agencies, government agencies. Can you talk about how you're working with them to promote the marketplace?

**MJ:** I think I mentioned before stakeholders, government agencies are very strong partners, they are willing to work with us to disseminate information about the marketplace. For example, department of motor vehicle sends out our information to license registration renewals. We work with the department of labor to distribute information to the new job seekers that come out. They may have just lost their jobs, so they have less employer-sponsored coverage and we have them connect them with assisters and give them information on site. We found in this particular arena that job fairs are very successful for us to get the information out. There's a lot of interest in job fairs, so we continue to expand on the efforts to have presence at job fairs. And we're working with the department of state to deliver information to professionals who are looking to renew their licenses, as well.

**MRB:** Excellent. Now, here's another critical target audience that we think about is small businesses and how they enroll in the marketplace. Can you talk about what your outreach plan is for them?

**MJ:** Yes, we can't forget about the small business marketplace, we are developing new promotional materials this year and some of that will emphasize the changes that occur in the market, the definition will change in 2016 from 50 to 100. We're expanding the number of expos that we attend across the country, and, of course, we continue to work with the associations, the brokers, and the industry trades to increase exposure in that area.

**MRB:** Great. Now, I believe Danielle mentioned earlier the concept of an open enrollment period, so I wonder, I think most of us are familiar with open enrollment and how that works. What about folks whose circumstances might change during the course of the year. Can they still access plans through the marketplace?

**MJ:** Many might be able to access insurance through the marketplace if they are experiencing a qualifying life event. That may include someone who got married, again, someone who may have lost their job and lost their employer-sponsored coverage, someone who may have lost coverage through divorce, and if you're aging off your parents' policy. If any of these qualifying life events occur, we suggest you come to the marketplace right away, because you have to apply within 60 days of that qualifying life event. So, you know, when February rolls around, open enrollment period is done, we start focusing on how we're going to reach out to this population. So far in 2015, about 60,000 people have enrolled through special enrollment
periods, so it’s a great way to get affordable insurance if you don’t have it.

**MRB:** Absolutely. Now have you come up with any other novel approaches to reaching people sharing information? What you've already shared so far seems like a very comprehensive approach to outreach and marketing. Are there other things you'd like to share?

**MJ:** Our theme this year is ‘you'd be surprised how affordable health care can be’, health coverage can be. We're kind of building on that and what we're going to do is have pop-up surprise parties throughout New York State in different public areas. And we did something similar last year, we had a sign up New York program, which was very successful, guest appearances with Marvel, and people loved it and they came out and learned more about the marketplace and the difference is this year we’re going to have opportunities to enroll. We found out last year people came with paperwork to the mall ready to enroll and we did not have that option last year and we’re excited to announce that this year we'll have a private setting where people can enroll on site. Should be fun.

**MRB:** Excellent. With these multiple outreach efforts you've been talking about, you must also have a strategy to promote the different campaigns. Can you talk to us about that?

**MJ:** Yes, one of the ways we spur campaigns is to emphasize where you can find out events located in your backyard. We do have an online events calendar map people can go to, just go to. Just go to newyorkstateofhealth.gov, click on it, and all the information in the area will come up, the address, what the event is, and how to get there. We also have this map available in Spanish, as well as English, and we encourage our in-person assisters to submit public events to the calendar, so we have hundreds and hundreds of events throughout the year. Social media is another way we try to promote our campaigns. So we use it to educate and engage new Yorkers and, of course, we talk about working with our assisters in the community and sponsorships and events on social media platforms. We also work with paid media. We expect to launch a new campaign during open enrollment period, more on that to come. It will probably include broadcast, print, out of home, and, of course, social media.

**MRB:** Now, you mentioned the social media platforms, but you also mentioned online approaches. Can we talk about what the different online approaches are?

**MJ:** Yes. Last year we developed several different educational promotional videos we found to be very popular, and, you know, there were a variety of them. Some of them taught you how to pick a plan and we found out there were over 1 million views on these videos. The most popular ones were the Sign UP New York video where they featured several New York celebrities, you can see here Captain Sully Sulenburg, Tony Danza, Katie Couric, and again these videos are available in Spanish, as well as English, and did even better in Spanish than English—which is interesting. We have the ‘Your Ultimate Safety Net’, which is a cartoonish video that features a Mr. McGoo-like character Walter, who has a series of mishaps and finally decided it’s a good time to get some coverage. Then an educational video, picking your plan, step by step program on what to think about when trying to choose your plan.
MRB: Excellent. So there's been a very big presence on social media, the community, online, that about individual campaigns or campaigns designed to reach individual marketplace?

MJ: Well, we are working on you'd be surprised campaign this year. It targets towards the individual marketplace, featuring a new design last year, a lot of our promotional materials featured photographs and we have a type of graphic here that shows the New York State. We revised the cards with this design, we have a new fact sheet that talked about the essential plan, and we've refreshed our fact sheets and posters with that new design, as well. All this information is available on the website, and we invite people who are willing to promote the marketplace to go to the website and put an order in. We'll ship some right out to you.

MRB: Excellent. Are there other ways you're trying to reach individual consumers directly about the marketplace?

MJ: We're working on a targeted direct mail campaign, it's an e-mail campaign where we're trying to reach both people who are already enrolled in the marketplace and people who are eligible but for some reason never decided to enroll, and this is an example here of one of the target e-mails that go out, it tells them what they need to do. Kind of a get ready e-mail to—that was sent over to a quarter of a million households conveying important message. Report any changes to marketplace such as your income or family status. Tells you to file your 2014 tax return and to watch for your renewal notice. We also have other notices that are going out with the theme it pays to shop, letting people know that in some counties they have changed their tax credits. They've actually gone up. They want to check that out and, of course, other e-mails go out talking about the reminders for deadlines to get in to enroll.

MRB: Terrific. Thank you guys both so much, you've shared quite a bit of information on the show today and we've got a little bit of time to take questions from our audience. The first question that's come in, can you give us an idea how an assister from a local health department might work with consumers to get them enrolled? Maybe give a picture of the different steps they'd take?

DH: Sure, I can take that question. So I think it would vary depending on whether that local health department is one of our certified application assisters, certainly in that case they could do the information and actually do the enrollment. If they are not and they just have another connection to the consumer, they can certainly provide them with promotional materials, but they can connect them to one of our in-person assisters. So on our website there's a find an assister button and you can go in there and actually search across the state in your county for the assisters near you. So they can connect them directly with an enrollment assister there.

MRB: Once they've connected with that assister—let's say I was a person coming in and wanted to meet with you, what are the sort of things you would work with me on?

DH: Sure, we would certainly describe the marketplace, the health plan options, eligibility criteria for the financial assistance and programs and new essential plan, things that you need
to know to apply, information about your household and your income and the like. Then the application process, I think it's pretty straight forward, takes you through the eligibility determination piece first, so you answer a number of questions about your household and your income if you want to apply for the financial assistance. If you don't, you can skip that section and move directly to the health plan piece. So if you walk through the eligibility determination piece, we present you an eligibility determination that would tell you you're eligible for Medicaid with this financial assistance and then you move on to plan selection. At that point is where you can evaluate the different plan options before and after your tax credit that you apply. You don't have to take all of it. If you want to be conservative, think your income might change during the year, you can decide to apply a portion of your tax credit towards coverage, but there will be the plan options and we have a lot of tools available to help you sort your plan choices. You can filter by whether you're a provider in that network, if you only want to look at silver plans, for example, certified price, certified qualify, quality score information, as well. So we do a lot on the website to try to help people evaluate their plan choices and pick the plan that's best for them, but the in-person assisters really walk you through that process from start to end. And at the end of it, you're enrolled. The next step is you'll hear from your health plan. You'll send your premium if you owe one and coverage will be effective starting the next month.

**MRB:** Excellent. Thank you. We have a couple other questions. Is there a current list of all the certified IPAs somewhere accessible to the public?

**DH:** Absolutely. That list is on our website, so it's nystateofhealth.ny.gov. We also have on the website a list of all the assisters across the state there, as well. It should be pretty easy to find on our website.

**MRB:** Great.

**DH:** While you're looking for the next question, on the search tool for find an assister you can search for someone who speaks your language. We talk about that a number of times throughout the program here, but that's, obviously, an important thing and a reason why many people choose to work with someone in person, they want to walk through this application in their own language. That information is on there, as well. The detail about the site locations, their hours, and the like, so it's all up on the website.

**MRB:** Great. I think we have time for one last question, how can the public health audience watching today assist the New York State of Health?

**DH:** Great question. We're always looking for partners. Margo talked about how a variety of people help us extend our reach. People in the community know their community best, providing information, telling us about events they think we should be at. We or our enrollment assisters are at a number of events and we're happy to be at your event, whether just to answer questions or actually to do enrollment on site or make an appointment to enroll at a later time. Yeah, share the information, direct people to the website, direct people to our
assistants, let us know if there's a place you think we missed. We want to reach all areas of the state and keep increasing enrollment through the marketplace.

**MRB:** Anything you want to add, Margo? We have a little bit of time.

**MJ:** I think in a nut shell, Danielle wrapped it up. Go to our website and order some materials and refer. Refer people. If you know someone, almost everyone knows someone who needs health insurance. Refer them to the marketplace for affordable coverage and keep a close eye to this new session plan, see what's out there, what the plan options are.

**MRB:** Thank you both so much. I think we've covered a tremendous amount of really valuable information today. So thank you so much for joining us. And thank you very much for joining us today! Please remember to fill out your evaluations online. Your feedback is always helpful for the development of our programs, and continuing education credits are available. To obtain nurse continuing education hours, CME, and CHES credits, learners must visit www.phlive.org and complete an evaluation and a post-test for today's offering. Additional information on upcoming webcasts, and relevant health topics can be found on our Facebook page—don't forget to like us on Facebook to stay up to date! This web cast will be available on demand on our website within two weeks of today's show. And please join us for our next broadcast on November 19th focused on infant safe sleep. I'm Rachel Breidster, thanks for joining us on Public Health Live!