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Open Enrollment is here! The deadline for consumers to get coverage for the 2017 plan year is January 31, 2017. As we are in the midst of Open Enrollment, we want to share some tips and reminders to help your process go smoothly and ensure consumers get access to the coverage they are signing up for. We thank you all for your continuous effort as we enroll millions of Americans in quality, affordable health care that meets their needs and budget.



Health Insurance Marketplace

HealthCare.gov

## 2017 Open Enrollment

### Direct to Consumer Outreach

CMS combines paid and earned media with direct to consumer outreach, such as auto-dial phone calls and direct emails to consumers. After analyzing the results during this Open Enrollment, here's what stands out about our direct to consumer outreach.

#### Email

- **Feature a simple status table** in the body of emails that highlights what the consumer has accomplished in the re-enrollment process, what they need to do next, and what the consequence of inaction will be. Additional guidance:
  - Include a deadline date at the top of the table.
  - Start the table with something positive like their last completed milestone.
- **Frame re-enrollment** as “renewing” coverage.
- **Use punctuation emojis** like ! in subject lines – but sparingly.
- **Provide a graphic or screenshot** of what the start of the website application will look like in the body of the email.
- **Keep email body copy short.** Aim for 125 words or less.
- **Highlight the benefits** available through coverage in messages asking consumers to pay their premium.

## Autodial \*

- **Understand the importance of autodial!** Autodial calls encourage more existing consumers to renew coverage.
- **Consider your audience:** Existing consumers between 35 and 64 years old are most responsive to autodial, while those between 18 and 25 years old are least responsive.
- **Target your autodial:** Existing consumers who are Advance Premium Tax Credit eligible are more responsive to autodial than those who are not.

\* Autodial results are specific to this population and topic and could change in other circumstances.

## Enrollment Tips

**The Power of Account Managers:** Report issues you may be having to your account manager early, as they may be able to help with a quicker resolution. For example, if you have a major provider network interruption and need to know next steps for notification of members, contact your account manager for assistance.

**Direct Enrollment:** Direct Enrollment issuers can continue to utilize direct enrollment up to and through the close of Open Enrollment. After Open Enrollment, issuers can continue to enroll new enrollees eligible for a Special Enrollment Period and help existing enrollees report any life changes through Direct Enrollment.

**Payments!** Send out the binder payments to consumers as soon as you can. The faster you reach out to the consumer and start discussing their care of coverage plan, the better.

## Tips about Agents/Brokers:

- **Double-Check Agent/Broker NPNs for Correct Commissions:** Agents/Brokers should be reminded to accurately enter National Producer Numbers (NPNs) when enrolling consumers. Failure to do so may result in commission issues. Questions may be directed to [FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov).
- **Reenrolling Existing Consumers:** Agents/Brokers utilizing Direct Enrollment to enroll consumers should be reminded to only report changes to a consumer's 2017 application, when one exists. If agents/brokers prepopulate a new 2017 application using a 2016 application, when a 2017 application already exists, this leads to multiple disconnected applications for consumers.

## CareSource

### Focusing on the Consumer

CareSource, a nonprofit health plan with a 27-year history, serves members in five states through member-centric Marketplace, Medicaid, Medicare Advantage and Dual Eligible programs. The plan has experienced tremendous success in the Health Insurance Marketplace through innovative case management strategies and a mission-based focus on the members they serve. By understanding their Marketplace members' needs, CareSource has been able to effectively engage consumers while providing coverage.

The company understood that cost was a significant barrier to health insurance coverage, and has addressed this need by providing plans with low out-of-pocket costs for frequently used services. CareSource has also provided greater access to care by including Telehealth, Retail, CareSource 24 Nurse Advice Line and Urgent Care options in the plan's network, while also implementing its population health care management program, called Care4U, to improve health outcomes.

Nearly 75 percent of CareSource's Marketplace members receive a financial assistance and the average Marketplace consumer is 42 years old. This indicates that the plan's members are relatively young, and many are taking advantage of the cost reductions that are available through the Marketplace. Over 65 percent of CareSource members are enrolled in a Silver Plan, showing a clear preference for the coverage level those plans offer. While CareSource knows a lot about their members, they wanted to know more about what consumers liked and disliked about the plans.

To better understand consumer preferences, CareSource conducted focus groups and gathered feedback that was used to design its 2017 Marketplace plan offerings. The company learned that members wanted vision and dental coverage, wellness benefits and **a plan that was affordable**. When exploring the plan options for 2017, consumers will notice that many of those features have now been included. CareSource introduced new plans including CareSource Low Premium (a Silver Plan) and CareSource Simple Choice and also added benefits such as discounts at fitness centers to its other Marketplace plans to fit members' needs. These plans offer what consumers have asked for at costs that are some of the lowest in the company's service area.

CareSource continues to leverage its consumer insights to improve the member experience and keep things simple. This includes allowing members to set their communication preferences and creating a direct enrollment portal which allows members to enroll and pay premiums directly with CareSource. Additionally, the company is adding automatic and recurring payment functionality, a new mobile app and welcome calls to ensure members know how to access their benefits, establish a primary care physician and connect to the portal.

The model that CareSource has operated under – one that puts the member at the forefront of every decision – has proven successful across all its lines of business and brings a unique approach to the Health Insurance Marketplace. The company has continued to grow its service area and has remained a top choice for consumers by prioritizing what the members want in a plan.

As CareSource looks ahead to the future, the company knows that constant innovation is necessary to serve an evolving individual market and its consumers. CareSource is hopeful that future changes to the Marketplace will allow for greater flexibility in plan design so the company can fully meet the needs of its consumers. They also aim to continue attracting millennials, historically uninsured, small businesses, and those lacking employer sponsored coverage. The company also continues to advocate for changes that will benefit consumers including incentives for all Americans to enroll and remain enrolled, and premium and out-of-pocket cost assistance for those who need it.

### Sneak peek at 2017 CareSource enrollees: Who is enrolling?

#### CareSource is experiencing strong enrollment activity from consumers including:

- Individuals who are losing Medicaid coverage.
- Individuals and families in-between jobs, where COBRA is too costly.
- Uninsured individuals who have gone without coverage because of the cost.
- Small business owners and employees who cannot afford other coverage options.
- Individuals and families from discontinued plans.