



## **Messages that Motivate: Engaging Consumers in the Second Open Enrollment Period**

By Lucy Dagneau, with help from Jackson Lee and Jessicah Pierre

Over the past few years, well before the passage of the Affordable Care Act, health care advocacy groups have worked to shape the public conversation about health, health care, health insurance, and public health. One of the most powerful tools has been message testing and focus group research to figure out what motivates and matters to consumers when it comes to their health. National and state organizations have conducted focus groups and polls to determine what messages and communications strategies will resonate with consumers during the outreach and enrollment process.

This memo is designed to provide an overview of that research and an analysis of common themes and best practices for advocates to use in the months ahead. The primary audiences for these messages are: consumers who are uninsured and will either purchase a plan through the Marketplace or enroll in Medicaid and consumers who need to renew their Marketplace plans. The goal is to give advocates actionable information that cuts across a number of states, regions, and topics when it comes to talking about enrolling in health insurance.

For 2014, this memo has been revised to include message research conducted during and after the first open enrollment period. These new pieces of research provide insight into how consumers are feeling about year two and hopefully give advocates and enrollers guidance on a range of messaging topics.

### **Overview**

Overall, the research shows that consumers who are currently enrolled in Marketplace plans are pleased with their coverage and those consumers who remain uninsured are more skeptical and have more barriers to checking out their options (PerryUndem, "ACA Round 2" 4). Polling of consumers by organizations such as Enroll America and the Robert Wood Johnson Foundation demonstrates that sizeable gaps in knowledge still remain and that knowledge level does have a significant impact on whether or not a consumer decides to purchase coverage.

Other key takeaways include:

- Affordability remains a top concern - this carried across multiple studies done in the time period between September 2013 and September 2014.
- In-person assistance is highly valued and the perception of one-on-one help is shifting from an enrollment method to a key motivator for those who are skeptical about getting covered.
- The second year of open enrollment will be harder but there is messaging that will move those who remain uninsured.

The message testing and opinion research continues to reinforce what we hear and experience on the ground: our core messages are working but there is more to do in reducing the barriers that consumers feel toward getting covered. For the second year of open enrollment it will be

even more important to remain on message and seek out new and diverse channels for educating consumers about their health coverage options under the Affordable Care Act.

### Scope of Research

To provide a through overview of the available message testing and opinion research, we cast a broad net to include messaging research conducted on behalf of national organizations, state groups, and state governments. The majority of the research comes from states with State-based Marketplaces but there were a few involving Federally-facilitated and Partnership Marketplaces. We also looked at several pieces of research specifically about Medicaid.

- Total studies: 28
- National studies: 12
- State-specific studies: 16
- Specific to Medicaid: 3

### Key Messages

From a review of the relevant focus groups and message testing, certain key messages emerge. These key messages fall into three main categories: **the value of insurance, ability to reduce costs with financial help, and the availability of in-person assistance.** Within these three categories there are overlapping language and themes, but it is important for messaging used with consumers to encompass these three categories. These three areas of messaging are the most motivating and have been shown to lower barriers for consumers as they consider whether or not to enroll in coverage. Messages within the three categories presented below tested well with focus groups participants in either national or state research.

#### Value of Insurance

For many people who are uninsured, especially those with pre-existing or untreated health conditions, the value of gaining health insurance is clear. However, there are other audiences who many need more information about the benefits of being covered. The research shows that in year two the remaining uninsured tend to be more skeptical about the value of insurance than uninsured consumers in year one. Feelings about the value of insurance also fluctuate based on income-level, as many of the remaining uninsured are lower-income and feel that adding another monthly cost to their budget is out of reach (PerryUndem, “ACA Round 2”).

Messages that focus on the value of insurance break into two general themes. The first is about what a consumer gains by having insurance, e.g. getting to see the doctor and not having to pay for prescriptions. The second is how consumers are protected by having health coverage, e.g. avoiding medical debt and experiencing increased financial security. One recommendation from PerryUndem is “For the hardest to engage, focus on medical debt. Some do not prioritize insurance but want to avoid medical debt (PerryUndem, “ACA Round 2” 8)”

Given the two ways of talking about the value of insurance, here are some messages that tested well with consumers in focus groups and national polls:

#### *Value of Insurance - Benefits*

- All plans cover free preventive care with no co-pay. This means free cancer screenings, check-ups, and more. (PerryUndem, “ACA Round 2” 16)

- All plans will have to cover doctor visits, hospitalizations, maternity care, emergency room care, and prescriptions (PerryUndem “National Study” 38).
- Because all plans offered on [Marketplace Name] include a standard package of services, you can be confident that the plan you choose will be there when you need it (“Cover Oregon” 16).
- Insurance companies will no longer be able to deny you or your family coverage because of a pre-existing condition (PerryUndem “Communicating to Women” 13).

#### *Value of Insurance – Financial Protection*

- Think health insurance isn’t worth the monthly bill? If you get sick or injured, you could be out thousands of dollars and put your family in serious medical debt. Sign up for health insurance today to help avoid big medical bills and protect your finances. (PerryUndem, “ACA Round 2” 16)
- Having health insurance helps protect you from large medical bills after an accident or illness. And you’re also covered for important benefits like doctor’s visits, prescriptions, preventive care and more. (PerryUndem, “ACA Round 2” 16)

Communicating the value of insurance will be, in many cases, a longer-term project. The themes of benefits and protection are motivators to enroll but they do not trump other more urgent concerns like a consumer’s fears about stretching their monthly budget or for some, the idea that it is better to pay as you go. (PerryUndem, “ACA Round 2” 5)

#### **Survey Says....Talking About the Fine Works**

Last year, most messages about enrollment did not mention the penalty for not having health insurance. The reasons for this were varied but in part the advocacy community worried that consumers would be sensitive to the mandate as a political issue. It is also true that many of the target audiences for these messages would be eligible for an exemption. But this year, the research shows that the fine can be a powerful message and a powerful motivator. A study by PerryUndem found that the amount is “becoming more significant...It grabs attention and may push otherwise unengaged individuals to look into insurance.” (PerryUndem, “ACA Round 2” 8)

Suggested message:

*If you do not buy insurance for 2015, you will have to pay a fine: \$325 or 2% of your income, whichever is more.*

Talking about the fine may be controversial and bring more questions, but consumers respond when the amount is introduced and it could be a motivator for some consumers.

#### **Financial Help**

Consumers, especially those who are uninsured, consistently mention cost as a worry when it comes to purchasing health insurance (Mitchell, Bailey, Boileau 14). Halfway through the first open enrollment period, research from Enroll America found that 69 percent (PerryUndem “Midway Open Enrollment” 3) of consumers did not know that financial help was available to help purchase plans. However, research shows that those who knew about financial help were

far more likely to enroll (PerryUndem “ACA Round 2”) and many consumers report the availability of that financial help as the “tipping point” in their decision to get covered. Tackling consumer concerns about cost early and often will be critical to successfully messaging enrollment.

However, new research shows that it will not be enough to just tell consumers that financial help is available. A recent study by PerryUndem recommends these strategies for making the idea of financial help believable and tangible:

1. **Use statistics** – the number of people in their state who received financial help, the average amount of financial help for people in their state, etc.
2. **Compare the costs to other bills they pay** – like cell phone bills.
3. **Use personal testimonials** of people who received financial help – the remaining uninsured want to hear from people like themselves.  
(PerryUndem, “ACA Round 2” 7)

With these recommendations in mind, here are some suggested key messages on the availability of financial help:

- Millions of Americans are getting financial help to buy insurance.
- Financial help is available to help pay for your 2015 plan—an individual earning up to \$45,906 and a family of four earning up to \$94,200 a year can qualify.
- Nearly 9 out of 10 people who got their coverage through [Marketplace] received financial help and paid 75 percent less than the full monthly premium. (PerryUndem, “ACA Round 2” 9 )

### **In-person Assistance**

If we learned one thing last year during open enrollment year one, it’s that having in-person assistance available makes the difference. It makes the difference because it helps overcome several of the most challenging enrollment barriers. As advocates and enrollers know, in-person assisters have the knowledge and expertise to help consumers with complicated eligibility circumstances successfully complete their application. They can also help overcome language access issues by offering services in multiple languages, accessing interpreter/translator services, and providing information in a culturally-competent and appropriate manner.

In addition, because enrollment assisters are often members and leaders from the community, in-person assistance help reduce barriers by allowing consumers to obtain information from and ask questions to individuals they know and trust, or “trusted messengers.” They can also help close the information gap for consumers who are worried about the process, by providing consumers with an opportunity to ask their questions to someone they are familiar with, and who can provide information in a culturally-competent way. Overall, in-person assisters can help build trust and confidence in consumers about the enrollment process.

Therefore it is no surprise that the research strongly confirms what we know from working on the ground – in-person assistance matters. Unfortunately, most consumers are still unaware that in-person help is available. Messaging for year two of open enrollment should seek to make progress on this knowledge gap.

In addition, the research by PerryUndem indicated that in-person assistance is moving from being seen as a method by which to enroll to being viewed as a key resource and a strong motivating factor for those consumers who are on the fence about checking out their options. Consumers might have logged on to Healthcare.gov last year – but not completed the enrollment process – feel more motivated to enroll when they know they will not be on their own and will have someone to ask questions (PerryUndem, “ACA Round 2”)

Here are some messages you can use to let consumers know about in-person assistance:

- You can get free, in-person help to sign up. Go to HealthCare.gov or call 1-800-318-3596 to sign up or find out where in your community you can get help. (PerryUndem, “ACA Round 2” 6)
- You can get one-on-one help renewing your health insurance for 2015. Visit [Marketplace] to find an assister who can explain any changes to your plan and walk you through new options you can choose from. (PerryUndem, “ACA Round 2” 16)

These key messages are not meant to be comprehensive, but offer a core foundation of any message platform that stakeholders might use in outreach, enrollment and public education materials or events. Over and over throughout the research, consumers make it clear that they are looking for a simple, factual, and straightforward presentation of the information they need to investigate their options.

### **Renewal Messaging for Marketplace Consumers**

A key difference between this year’s open enrollment period and last year’s is the fact that many consumers will have to renew their insurance instead of purchasing a new plan. Many consumers, especially those who are new to health insurance or were uninsured for a long period, might not understand why plans change from year to year and why they must take steps to review and renew their coverage. Renewals matter for two main reasons: 1) It is important that consumers are able to retain their coverage and do not run the risk of losing their tax credits and 2) It is politically important that consumers stay enrolled and continue to be happy with the coverage they are receiving through the ACA.

Recent focus groups show that while many consumers enrolled in Marketplace plans are on balance satisfied, some have had significant issues with networks and the costs associated with their plans. These consumers may be open to choosing a new plan but do not have much information on how they would go about doing this.

Messaging around renewals also has a big advantage over regular enrollment messaging. Currently enrolled consumers found the initial enrollment process difficult and confusing. They are highly motivated not to repeat the process, and messaging on this topic should focus on the idea of renewing, not re-enrolling. Outreach and education on renewals should clearly indicate that consumers do not need to repeat the enrollment process if they take the necessary steps to review and renew their coverage.

The research shows that consumers enrolled in Marketplace plans are motivated to return to Healthcare.gov or their state’s Marketplace after hearing the following three pieces of information:

1. Even if you like your plan, your costs can change from year to year.

2. Your doctor networks can also change – check to see that your doctors still participate.
3. The amount of financial help you receive could change if there have been changes in your family or income. See how much you can receive in 2015.  
(PerryUndem, “ACA Round 2” 15)

In addition, the core messages around the value and importance of having health insurance (see Key Messages section) also motivate currently enrolled consumers. Finally, the research suggests that stressing the availability of in-person assistance is also important for this group of consumers.

When it comes to public education around renewing coverage, it is recommended that messages stay short and sweet. The primary goal is to motivate consumers to check Healthcare.gov or make an appointment with an enroller to go through the process together.

### **Messaging about Medicaid**

In addition to providing new and improved options for private coverage; the ACA increases the number of people who are eligible for Medicaid. Medicaid-eligible consumers will enter through the Marketplace, but will take different steps once they have been screened based on their income. These different steps will vary depending on their state. Medicaid-eligible consumers and Marketplace consumers are largely looking for similar things in the Marketplace, so some of the best practices outlined in the Key Messages do apply.

Overall, consumers who are newly enrolled in Medicaid are happy with their coverage. The research indicates that even though some consumers have had issues with stigma or finding certain providers (dentists in particular), generally they are appreciative of the program and especially its low costs. Much of the messaging for consumers who are either eligible for Medicaid or currently enrolled in Medicaid remains consistent from last year’s open enrollment period.

According to the research, here are four messages that motivate Medicaid enrollees to enroll and keep their coverage:

- Accidents and injuries happen every day. Medicaid gives you the security of knowing that small issues don’t turn into major problems. It covers important benefits like doctor’s visits, hospitalizations, prescriptions and more. (PerryUndem, “ACA Round 2” 17)
- Medicaid can help cover the cost of health care when budgets are tight. It provides low-cost or free coverage, even if you only need it for a short while. (PerryUndem, “ACA Round 2” 17)
- Too often, we have to make hard choices – like filling the fridge or filling a prescription. Now there is help. Medicaid covers doctor’s visits, hospitalizations, and preventive care. (PerryUndem, “ACA Round 2” 17)
- There are many places you can go to find out more about Medicaid and take steps to enroll. Visit [Marketplace NAME]’s website, your local Medicaid office, or call [NUMBER] toll-free. You will also be able to learn more about your options through in-person assistance in your community (PerryUndem “National Study” 23).

As you can see, many of the Medicaid messages are focused on costs and budget needs. For this group, budget and the burden of extra costs rise to the top consistently. It will be important

to mix in these messages depending on your audience and emphasize that Medicaid is low-cost.

Finally, messaging to consumers who are eligible for Medicaid can be complicated whether or not your state has closed the coverage gap. Community Catalyst has developed separate messaging on this topic that is available at [www.communitycatalyst.org](http://www.communitycatalyst.org).

## Messengers

As much as the messages matter, it is critical to think about who will be delivering those messages. With each public education activity or outreach and enrollment campaign effort, it will be necessary to consider the best messenger for the job. Messengers will also vary by audience, meaning that the best messenger for a young man (aka a “young invincible”) is not necessarily the best messenger for a middle-aged woman. However, in looking across all 28 pieces of research, some patterns do emerge.

Preferred messengers for learning about health insurance or enrollment:

- Doctors
- Family members, especially moms
- Local and community leaders
- Navigators/Assisters/Certified Application Counselors
- Someone who has used the Marketplace or been enrolled in Medicaid previously
- State workers/representatives
- Church/School officials

Each messenger can take the core enrollment messages about the value of insurance, financial help and in-person assistance, and add their own perspective. A doctor can talk about the importance of comprehensive, timely care, while a family member can emphasize how insurance provides security from huge medical bills. Whether it's at a public education event, in an op-ed, or on your organization's website, it's critical to think about both the messages and the messenger.

## Conclusion

For many consumers, the messages and education they receive about signing up for coverage will make a significant difference in their decision of whether or not to enroll in a plan. The good news is that we have message testing and research that not only supports the fact that our key messages are working but also gives us a solid roadmap of how to talk to consumers during this upcoming open enrollment period. In addition, several of the recommended messages play directly to the strengths of consumer health advocates and community-based organizations who are taking a leadership role in outreach, education and enrollment efforts. We hope that this memo adds to the available tools and best practices and is useful to consumer health advocates and their partners.

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