



State of Arkansas
Arkansas Insurance
Department

Arkansas Health Benefits Exchange
Planning Project

Communication/Education/Outreach
Plan

Version 2.0

August 19, 2011

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Document History

This document is controlled through the Document Management Process. To verify that the document is the latest version, please contact the First Data Team.

Date	Version	Responsible	Reason for Revision
August 17, 2011	1.0	Deborah Hopkins/Kathy Grissom	Initial Submission
August 19, 2011	2.0	Carol Cassil/ Kathy Grissom	Comments from Cindy Crone

Table 1: Document History

1 Introduction

The communications, education and outreach for the Arkansas Health Benefits Exchange (HBE) will be critical to the success and sustainability of the Exchange. The audience will include not only consumers of diverse backgrounds, educational levels and cultures, but small business owners, health care providers and other stakeholders across the state. The messages and their delivery must be carefully targeted to match the priorities and communication styles of the intended audience, without alienating other groups.

Such a complex group requires a wide range of messages, delivery systems and approaches. We have identified numerous channels for delivering these messages, while considering cost and feasibility. These channels include social marketing; print, radio and television advertisement; publicity; social media; text messaging; gas pump advertising; and other nontraditional and innovative delivery systems.

We **recommend** a three-phased approach for outreach and communications designed to move the Exchange step by step toward the overall goal of increasing the number of Arkansans with health insurance.

Recommendations for the Navigator program are outlined separately, but will work in concert with the communication, education and outreach to expand the reach of the Exchange.

The overall goals of the Communications/Education/Outreach plan include:

- Increase the number of Arkansans with health insurance
- Gain public support of the HBE

Objectives:

- Achieve high levels of public support for the HBE through legislative, coalition, health care providers and partner collaboration
- Within year one, reach 75% of the consumer and small business populations who are eligible to purchase insurance through the HBE with awareness of HBE and overarching messaging
- Within year two, reach 90% of the consumer and small business populations who are eligible to purchase insurance through the HBE with awareness of HBE and overarching messaging
- Drive 90% of the 500,000 eligible Arkansans to contact the HBE to purchase health insurance

2 Approach

2.1 Input from Stakeholders

In developing **recommendations**, the Arkansas Foundation for Medical Care (AFMC) representatives attended meetings of the various HBE workgroups as well as the steering committee. Though opinions were strong and varied, we were able to ascertain that most members wanted communications to be well targeted for the specific groups and easy to understand, yet detailed enough to provide the needed information at various levels of the Exchange's rollout. Members recommended making use of word of mouth as well as traditional and newer communications methods and outlets. Opinions on the Navigator role leaned toward educator and guide rather than enroller or salesperson.

In an interim report of a web-based survey conducted by UAMS in July 2011, 30% of survey respondents fully support Exchange planning; 38% of respondents felt Exchange planning should be discontinued; and 32% supported the Exchange planning with concerns. More than half of the survey respondents were individuals. Targeted education and outreach are important in gaining further community and consumer understanding and support.

2.2 Primary and Secondary Audience Analysis

The primary audiences for the Exchange are Arkansas consumers and small business owners.

Examples of secondary audiences include local chambers of commerce, business associations, community leaders, churches, nonprofit organizations and other potential partners or stakeholders.

2.2.1 Consumers and Subsets

All socioeconomic classes of consumers may be eligible to use the Exchange. However, a large percentage is likely to be lower to middle range in income level. Many will be newly eligible for Medicaid; some will be employed, but have never had health insurance; some will be parents of children currently insured by ARKids First; and some will be employed by small businesses.

Consumers who will use the Exchange are likely to be unfamiliar with insurance terms and processes, and will need information conveyed as simply as possible. No assumption of knowledge or familiarity with the subject matter should be made in planning, drafting and delivering key messages.

According to the 2010 U.S. Census Bureau report, there are 186,050 Spanish-speaking Arkansans, with pockets of other ethnicities increasing across the state, such as the 4,000 Marshallese, living in Northwest Arkansas.

As part of the communication efforts with the Spanish-speaking population, the Exchange should provide materials written in Spanish to the Mexican Consulate, as well as purchase advertising in *Hola! Arkansas*, the bilingual Hispanic newspaper, and *El Latino*, a weekly Spanish newspaper. We **recommend** buying radio spots on the state's eight Spanish-speaking stations.

The different cultural backgrounds, ages and educational levels of the various target audiences will require a variety of message presentations and delivery channels to appeal to their distinctly different priorities and life stages.

We highly **recommend** market research be conducted to design and test messages and their presentation for specific statewide audiences before the campaign is launched.

2.2.2 Small Businesses (Consumer Employers)

Small business owners will have different priorities than individual consumers seeking coverage. Employers will seek a resource for adding or continuing insurance coverage for their employees and may expect specially designed programs that offer value, minimize costs and contain features that benefit employees and perhaps their families, while resulting in wellness, reduced absenteeism and a healthy, productive work force.

Messages to small business owners must highlight a “return on investment” and a focus on benefits to their employees, as well as their bottom line.

To effectively reach the small business audience, we **recommend** meeting with and providing a toolkit of information (brochures, fact sheets, Q&A, newsletter articles, website banner ads and other communications tools) to the following groups: local chambers of commerce, Arkansas State Chamber of Commerce, Associated Industries of Arkansas, Arkansas Chapter of the National Federation of Small Businesses, Arkansas Small Business & Technical Development Center and the Arkansas Economic Development Commission's Small & Minority Business Division. A digital tool kit should also be available on the Exchange website.

Additionally, there are various affiliates/chapters in Arkansas of the Human Resource Management Association that should be provided information on the Exchange, or with whom presentations at chapter meetings should be scheduled. These include the Central Arkansas Human Resource Management Association, the Northwest Arkansas Human Resource Association, the North Arkansas Human Resource Association and the West Central Arkansas Human Resource Association.

2.2.3 Health Care Providers

We **recommend** providing hospitals, physician offices, clinics and local health units with Exchange educational materials for dissemination to uninsured patients. Forming a partnership with the Arkansas Department of Health's Hometown Health Improvement initiative is **recommended**.

Many physicians are small business owners who can enlist in the Exchange for insurance coverage for their employees.

2.2.4 Insurance Brokers

Attendants at stakeholder meetings indicated many producers/brokers/agents are concerned with their role in the Exchange and have expressed their preference for being allowed to serve as Navigators. Opinions from the consumer workgroup differed. While considering both opinions, we must examine the sustainability of the Navigator role and the finances required to support this role. Upon reflection, we **recommend** the Navigator role be one that can be heavily supported by the voluntary sector similar to AID's SHIP program and through small grants to community-based organizations/agencies paid a ~~minimal~~ modest fee for services.

We also anticipate many individuals and small business owners will require services that could be better provided by licensed agents/producers than by Navigators. Communications in the small business tool kit could **recommend** that small business owners might be better served by consulting with an Exchange-certified producer, rather than a Navigator.

Working with producers/agents/brokers will require additional research.

2.2.5 Additional Audiences

Partnering with private and public sponsors to increase market penetration is **recommended**. We **recommend** the Exchange work closely with the following groups to develop messages and strategies specific to the audiences likely to be reached through each partner:

- Legislators
- Media (newspapers, radio, TV, magazine)
- Chambers of commerce
- State offices
- Public schools
- Libraries
- Trade associations
- Insurance companies
- Pharmacists
- Retailers
- Churches
- Nonprofit organizations

- Civic groups
- Business associations
- Coalitions
- Unions
- Legal aid offices
- HR departments
- Advocacy groups
- County Extension offices
- County Farm Bureaus
- Community health centers
- Behavioral health providers
- Domestic violence shelters
- Social services offices
- Primary health care providers

2.3 Assessment of Existing Resources

Across Arkansas, numerous organizations, agencies and entities are working to improve health; health care quality, delivery and access; and overall quality of life. Identifying these potential partners and providing them with collateral materials, links and contact information could help promote the Exchange, expand the Navigator network and ultimately increase the percentage of Arkansans with health insurance.

For example, providing brochures or fact sheets to place in waiting areas and other places where people congregate such as state offices, hospitals, physician offices/clinics, pharmacies, retailers, state and county fairs, churches, local health unites, and health fairs could reach those who other marketing efforts might miss.

Many organizations also have statewide publications and websites and would welcome content and links that are relevant to their membership or audience.

2.4 Research and Benchmarking

Our **recommendations** are based on findings from the following research:

- Our interpretation of the proposed federal regulations
- The experiences of states that were early innovators of the Benefits Exchange concept or that are currently developing an Exchange
- Input from the HBE workgroups and steering committee

- Our own experiences within Arkansas’ health care community
- Our familiarity with Arkansas socioeconomic, ethnic and cultural diversity
- UAMS Arkansas Health Benefits Exchange Survey and community meetings
- Consultations with the Arkansas Insurance Department’s Senior Health Insurance Information (SHIIP) program manager

The state agencies included in our background research include:

State	Exchange Information
Alabama	Alabama Insurance Exchange http://medicaid.alabama.gov/news_detail.aspx?ID=5312
California	The California Health and Human Services Agency www.healthExchange.ca.gov
Colorado	Colorado Health Insurance Exchange http://www.colorado.gov/cs/Satellite/GovernorsHealthReform/GOVR/1251579721978
Connecticut	Connecticut Office of Policy and Management www.ct.gov/opm
District of Columbia	The District of Columbia Health Insurance Exchange http://healthreform.dc.gov/DC/Health+Reform/Insurance+Coverage+Options/Health+Insurance+Exchange
Georgia	Georgia Governor’s Health Insurance Exchange Advisory Committee Healthcarereform.georgia.gov
Hawaii	Hawaii Health Insurance Exchange http://myhix.org/hawaii/
Illinois	Illinois Department of Insurance Insurance.illinois.gov/hiric
Indiana	Indiana Health Insurance Exchange http://indianahealthinsuranceexchange.com/
Kansas	Kansas Insurance Department www.ksinsurance.org
Maryland	Maryland Health Benefit Exchange http://www.dhmb.state.md.us/healthreform/exchange/pdf/MHBEA_Enrolled.pdf
Massachusetts	HealthConnector, an independent state agency www.mahealthconnector.org
Mississippi	Mississippi Health Benefit Exchange http://search.freefind.com/find.html?id=41301482&pageid=r&mode=All&n=0&query=Mississippi+Health+Insurance+Exchange

New Mexico	New Mexico Human Services Department www.hsd.state.nm.us/nher/nherlao.htm
New Jersey	Individual Health Coverage Program http://www.state.nj.us/dobi/division_insurance/ihcseh/ihcmain.htm
North Dakota	North Dakota Insurance Department www.nd.gov/ndins/consumer/reform/grants/
North Carolina	North Carolina Health Insurance Exchange http://www.ncdhhs.gov/healthit/exchange/
Oregon	Oregon Health Insurance Exchange http://www.oregon.gov/OHA/health-insurance-exchange.shtml
Texas	Texas Health Insurance Exchange http://forinsurancehealth.com/health-insurance/texas-refuses-to-launch-health-insurance-exchange/
Utah	Utah Office of Consumer Health Services www.Exchange.utah.gov
Vermont	Vermont Health Insurance Exchange http://myhix.org/vermont/
Washington	Washington Health Benefit Exchange http://www.hca.wa.gov/hcr/exchange.html
Wyoming	Wyoming Health Insurance Exchange http://legisweb.state.wy.us/2011/introduced/HB0050.pdf

Table 2: State HBE Research

3 Recommendations: Communications, Promotion and Education Strategy

We **recommend** that the education/communications/outreach campaign should take the following three-year phased approach:

1. Phase 1 (2011, 2012, 2013) – Create HBE brand awareness with a broad, overarching message about the upcoming availability of the Exchange, what it is, the legal obligations to purchase insurance and its benefits to Arkansans and small business owners.
2. Phase 2 – (2013) Provide targeted education and communication as the Exchange implementation date draws near (60 to 90 days in advance of launch). Messaging should include information about the importance of health insurance; who is and who is not impacted by the Exchange; the requirements of the law; and opportunities for purchasing insurance.
3. Phase 3 – (2013, 2014) Conduct a statewide media relations effort to announce the launch of the HBE. Drive traffic to the Exchange website; explain consumer access to affordable, quality health plans; provide specific information about eligibility, requirements, and how to enroll and how to contact licensed agents and Navigators; provide ongoing updates.

A tactical work plan with timetable is provided in section 3.2.

3.1 Tactics

The **recommended** campaign tactics can be grouped in the following categories:

- Stakeholder/community outreach
- Branding/message development
- Market research/message testing
- Partnering with private/public sponsors
- Advertising/marketing/public relations campaign
- Collateral
- Measurements

3.1.1 Stakeholder/Community Outreach

It will be important early on to identify, inform, educate and gain broad support of the HBE from stakeholders that include legislators, government officials, policy makers, business, industry, consumer groups and others. These groups can play a key role in the promotion of the launch of the Exchange. The common goal of these groups should be to maintain high levels of nonpartisan public support for providing increased access to health insurance for

the state's residents. As people are enrolled, it will be important to highlight and communicate the successes of the Exchange. Small group stakeholder meetings/forums are **recommended**.

Community outreach efforts should include town hall meetings throughout the state; presentations to civic organizations and professional associations; and partnerships with grass roots organizations such as the Cooperative Extension Service, Hometown Health Improvement initiatives and County Farm Bureaus.

3.1.2 Branding/Messaging

It is important that the name of the Health Benefits Exchange is easy to say and easy to remember. We **recommend** a one- to two-word name for the Exchange (for example, Massachusetts' insurance exchange is called Connector). We **recommend** a professionally produced logo and development of graphic standards. The standards will ensure consistency in look and feel of all collateral, marketing/advertising materials and the website. The website should have a unique, easy-to-remember URL.

Messages that will raise the awareness of the availability of qualified health plans should be developed. Fair and impartial information concerning enrollment should be developed in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange.

3.1.3 Market Research

We **recommend** conducting one-on-one interviews with eligible Arkansans and small business owners to help guide the campaign by knowing how participants respond to various messages, not only by topics of importance, but also in tone. Preferences among diverse and specific demographics (gender, age, ethnicity) will help frame the campaign messages and will better define the preference of channels (Internet, radio, TV, etc.). Research can suggest the messengers who would be most effective in communicating the importance of purchasing insurance, for example, real-life Arkansan consumers, celebrities or actors as spokespersons. Additionally, research can help better understand the attitudes of this key audience and their barriers to enrollment.

3.1.4 Partnering with Private/Public Sponsors

The potential for the campaign's success will greatly depend on high public support. We **recommend** the HBE form partnerships and collaborations with businesses, associations, unions and other organizations to gain access to strategic audiences of employees and small businesses, as well as assist with the dissemination of tools, resources, education and other information. An example is partnering with a pharmacy chain or retailer to provide educational materials to their customers. Private-sector partners can provide pro bono and in-kind services.

Partnering with other state agencies such as the Department of Revenue, Department of Finance & Administration or the Department of Motor Vehicles is of equal importance to ensure access to key audiences at minimal or no cost. We **recommend** the HBE provide educational materials for display and/or voluntary distribution (making them available on a nearby table in the waiting area). State agencies and state health providers responsible for enrollment and outreach to individuals such as the parents of children who are eligible for ARKids First will be a valuable resource.

We **recommend** branded kiosks with Internet capabilities and ~~trade show~~ booths at community locations, partner conferences, exhibits and health fairs where security and privacy can be ensured.

3.1.5 Advertising Social Marketing /Digital Marketing/Public Relations

The campaign will require a diverse, yet integrated media mix to reach the specific targeted populations. Both traditional advertising (radio, print, newspaper, billboards) along with digital advertising on Google Ad Words, Facebook and Google+ brand pages is **recommended**. We **recommend** search engine optimization and social media (Facebook, Twitter, Google+).

Quick response codes should be included on all print advertising (when possible within size and format constraints) that takes a smart phone user to a designated page designed for mobile phone viewing on the Exchange website.

Other nontraditional media we **recommend** are vehicle wraps, gas pump audio-visual messaging and text messages to the 18- to 30-year-old age market.

Traditional public service announcements and media relations (interviews, editorials, guest opinion pieces, feature stories) are **recommended** and are critical to the success of this campaign.

3.1.6 Collateral/Print Materials

Brochures, fliers, fact sheets and Q&As should be developed to support the education and outreach efforts. All should have a unified look and feel of the Exchange and its products. These materials should be part of an outreach tool kit made available by downloading from the website. The website must be designed to be accessed by people with hearing and visual disabilities.

Consumer materials should be written at a sixth-grade level so as to be understood by a broad spectrum of literacy skills. They should be available in both English and Spanish, at a minimum.

Materials should be designed for easy dissemination by state and local government offices, schools, retailers, banks, restaurants, libraries, hospitals, providers, workplaces, insurance agents, community-based organizations and other businesses.

3.1.7 Measurements

The Exchange’s success will be measured by one central goal: increasing the number of Arkansas residents with health insurance. Campaign elements can be measured in the following ways:

- At first point of contact ask consumers how they found out about the Exchange for first two years of operation
- Number of stakeholder consultations
- Number of town hall meetings
- Number of civic/community presentations
- Number of group presentations
- Advertising reach and frequency
- Advertising click-throughs on the HBE website
- Media content (unpaid)
- Number of inquiries through call center
- HBE website traffic with email contact
- HBE website chat contact

3.2 Key Messages at Key Times

The following table illustrates how we anticipate staggering outreach to move the Exchange step by step toward its goal of increasing the number of Arkansans with health insurance.

No	Tactic	Audience	2012	2013	2014
1	Branding name	Stakeholders, consumers, small businesses			
2	Logo & graphic standards	Stakeholders, consumers, small businesses	X		
3	Website URL	Stakeholders, consumers, small businesses	X		
4	Phase 1 overarching messages	Stakeholders, consumers, small businesses	X		
5	Market research	Consumers, small businesses	X		
6	Identify stakeholders – Group A elected officials, policy makers	Legislators, state policy makers, Governor’s staff, Medicaid staff, AID staff, legal consultants	X		

No	Tactic	Audience	2012	2013	2014
7	Identify stakeholders – Group B Providers	Arkansas Hospital Association, Arkansas Nurses Association, Arkansas Medical Society	X		
8	Identify stakeholders – Group C business groups	AR Nat'l Federation of Small Businesses, Arkansas State Chamber, Ark. Economic Development Commission; AR Small Business & Technical Development Center; HR Management Associations	X		
9	Identify stakeholders – Group D health insurance carriers, producers, brokers and agents	BCBS, United Healthcare, QualChoice, Independent Insurance Carriers of AR, AR Association of Health Underwriters	X		
10	Identify stakeholders – Group E consumer advocacy groups	AR Advocates for Children & Families, American Legion, AARP	X		
11	Identify stakeholders – Group F health care providers	Arkansas Medical Society, Arkansas Hospital Association, Arkansas Department of Health	X		
12	Explore educational partnership opportunities with pharmacies/retailers	Wal-Mart, Walgreens, Dollar Store, USA Drug, Fred's, Target	X		
13	Conduct small group stakeholder meetings	Groups A, B, C, D, E, F	X	X	
14	Presentations to civic clubs/associations	Consumers, small business owners	X	X	
15	Phase 2 messaging	Importance of health insurance, who is and who is not impacted, legal requirements, opportunities	X	X	
16	Conduct statewide community town hall meetings	Local politicians, civic/community groups, small businesses, consumers	X	X	
17	Schedule statewide editorial visits	Newspaper editors, radio talk shows, TV	X	X	
18	Develop HBE website	General public, prospective insurers, stakeholders	X	X	

No	Tactic	Audience	2012	2013	2014
19	Collateral /educational materials (fact sheets, brochures, flyers, Q&As, table top display, kiosk, etc.)	General public, prospective insurers, stakeholders, small businesses	X	X	X
20	Ongoing stakeholder/community outreach to increase high level nonpartisan public support	Civic/community groups, churches, associations, small business groups	X	X	X
21	Phase 3 messaging	Explanation of plans, deadlines, eligibility, how to enroll, updates		X	X
22	Advertising, social marketing, digital marketing, public relations	Radio, newspaper, TV advertising; search engine, Internet, Facebook, Twitter, YouTube; text messaging; PSAs, interviews, editorials, guest opinion pieces, feature stories; vehicle wraps, gas pump audio-visual messaging; trade show exhibits, kiosk	X	X	X
23	Measurements	Primary: number of Arkansas residents with health insurance; number who enroll in HBE Secondary: number of stakeholder consultations, town hall meetings, small group meetings, presentations, advertising reach and frequency, click-throughs on the HBE website, amount of unpaid media content, inquiries through call center, website chat contact and email contacts	X	X	X

Table 3: Key Messages

3.3 Health Literacy

Increasing health literacy – the ability to find, access, understand and apply health-related information and needed services – has become a national priority, as it has been shown to improve health and health care outcomes, and to reduce health care costs. The Exchange

presents both an opportunity and an increased need for health literacy and effective health-related communications.

We **recommend** that an awareness of health literacy be built into every aspect and component of the Exchange, not only in the communications, education and outreach plan. All materials and messaging targeting consumers, as well as wording on the web portal itself, must be presented at the sixth-grade level or lower. (Specific secondary audiences may require slightly higher reading grade levels depending on the complexity of the subject matter.)

We **recommend** encouraging participating health plans to be aware of health literacy and to present materials in keeping with its principles and standards. A tool developed at Emory with Robert Wood Johnson Foundation funding is currently in use with at least 18 health plans. Some health literacy specialists are **recommending** its use for the state benefits exchanges. The tool is available at <http://www.ahip.org/content/default.aspx?docid=29467>.

Navigators could easily help distribute educational materials from the Department of Human Services, the Health Department and other reliable sources on preventive care, well child care, healthy living, management of specific chronic conditions and other topics deemed appropriate by AID, to help increase health literacy in keeping with Health People 2020 and national priorities. Increasing health literacy has been shown to improve health and reduce health care costs.

3.4 Cultural Linguistics

Cultural linguistics is the study of the relationship between language, culture and conceptualization. When targeting a culturally diverse audience, this relationship must be carefully considered.

For the purposes of the Exchange – or any project where materials or education is provided in multiple languages and/or to groups diverse in ethnicity, age, culture or environment – it is important to remember that literal translation is not necessarily accurate translation. Idioms can easily be mangled beyond meaning, negative connotations can color or obscure the message, and the spirit of the original may be lost.

Bearing these realities and the concepts of cultural linguistics in minds, we **recommend**:

- Providing all materials and communications in as many languages as possible, to reach populations that may be most in need of assistance with the Exchange
- Actively recruiting navigators who are members of the cultural and ethnic communities they serve, and who can anticipate any cultural barriers to the message and take appropriate steps to overcome them

- Using professional translators and interpreters who are not only bilingual but bi-cultural, and who will translate only from English into their native tongue or dominant language
- Submitting translated materials to a second translator for review and compare (Some experts recommend having translated materials re-translated into the original language and comparing the results to the original)
- Testing all materials with members of the target audience before launching statewide, with every ethnicity, age group and other identified subgroup represented. This testing should apply not only to printed materials, but to the online portal and electronic communications as well, including text and any accompanying graphics or visuals. Focus testing or similar audience review must be built into the deliverable timelines, along with additional time to make needed revisions. While this could entail some additional time and expense, missteps and miscommunication will be much more costly.

3.5 Recommendations: Communication/Education/Outreach Plan Summary

We recommend a three-phased approach for outreach and communications:

1. Phase 1 (2011, 2012, 2013) – Create HBE brand awareness and overarching message: what it is, the legal obligations to purchase insurance and its benefits to Arkansans and small business owners
2. Phase 2 – (2013) Targeted education and communication near “go-live” date: 60 to 90 days in advance of launch
3. Phase 3 – (2013, 2014) Conduct a statewide media relations effort: focus on launch of the HBE. Drive traffic to the Exchange website; explain consumer access to affordable, quality health plans; provide specific information about eligibility and how to enroll; provide ongoing updates
4. Market research is conducted to design and test messages and their presentation for specific statewide audiences before the campaign is launched
5. Meeting with and providing a tool kit of information to small businesses to include brochures, fact sheets Q&A, newsletter article, website banner ads, etc.
6. Targeted consumer outreach to lower to middle income individuals
7. Providing hospitals, physician offices, clinics and local health units with Exchange educational materials for dissemination to uninsured patients
8. Partnering with private and public sponsors to increase market penetration
9. An awareness of health literacy be built into every aspect and component of the Exchange, not only in the communications, education and outreach plan
10. Categorizing campaign tactics in the following groupings:
 - ✓ Stakeholder/community outreach

- ✓ Branding/message development
 - ✓ Market research/message testing
 - ✓ Partnering with private/public sponsors
 - ✓ Advertising/marketing /public relations campaign
 - ✓ Collateral
 - ✓ Measurements
11. Providing all materials and communications in as many languages as possible, to reach populations that may be most in need of assistance with the Exchange
 12. Actively recruiting navigators who are members of the cultural and ethnic communities they serve, and who can anticipate any cultural barriers to the message and take appropriate steps to overcome them
 13. Using professional translators and interpreters who are not only bilingual but bi-cultural, and who will translate only from English into their native tongue or dominant language
 14. Submitting translated materials to a second translator for review and compare (Some experts recommend having translated materials re-translated into the original language and comparing the results to the original)
 15. Testing all materials with members of the target audience before launching statewide, with every ethnicity, age group and other identified subgroup represented. This testing should apply not only to printed materials, but the online portal and electronic communications, including text and any accompanying graphics or visuals. Focus testing or similar audience review must be built into the deliverable timelines, along with additional time to make needed revisions. While this could entail some expense, missteps and miscommunication will be much more costly.

4 Navigators

The Navigator's role, compensation, training and other aspects of the Navigator program are being heavily debated nationally and statewide. States face difficult decisions and must take care to keep the consumers' well-being, public perception of the program and long-term sustainability of the Exchange firmly in mind. Our **recommendations** for Navigators are based on research using the Arkansas SHIIP volunteer model, the National Association of Insurance Commissioners whitepaper on the roles of Navigators and Producers, the UAMS Health Benefits Exchange Survey and community meetings data, studies funded by the Robert Wood Johnson Foundation, the NWA Agents for a Better Arkansas Health Benefits Exchange (HBE) **recommendations report**, the National Association of Health Underwriters report on the role of Navigators, the Navigator efforts of other states pursuing an HBE, as well as sustainability considerations and federal funding restrictions.

While this document will address a model for Navigator compensation, it is our **recommendation** that AID hire a consultant to design, develop and implement a Navigator program. We recommend a consultant budget of \$200,000. This figure is derived from the California Health Benefits Exchange Level I Establishment Grant Application, Budget and Budget Narrative with adjustments made to reflect the differences between Arkansas and California.

4.1 Roles and Responsibilities

We **recommend** the role of a Navigator in Arkansas should be to raise awareness of the availability of qualified health plans (QHPs) through the HBE and to assist those wishing to enroll in the Exchange. General assistance can be provided in an individual or group setting, but care must be taken to protect personal health information (PHI).

The goal of the Navigator program should be to help guide and educate individuals who will seek health insurance through the Exchange. The primary focus of the Arkansas Navigator Program should be to serve as a guide and educator to highlight the benefits and penalties associated with the Exchange for those citizens who lack the educational, financial and/or technological resources to understand or access the system.

Navigators should be responsible for distributing **accurate**, fair and impartial information concerning enrollment in QHPs and should serve an educational role with regard to informing individuals and businesses of the availability of premium tax credits and cost-sharing reductions in accordance with federal tax laws. While they will facilitate enrollment, they should not actually enroll those they assist. Enrollment should be completed by individuals through the Exchange portal or by a broker/producer, depending on the preference of the individual consumer.

The Navigator's role should be one of advocate, educator and guide, particularly for those who may not be computer-literate or well-versed in insurance terminology. Many organizations and individuals across the state currently work to help Arkansans find work, navigate the health care system or conduct other personal business. Often these

educators/advocates work as volunteers. Those who are already serving this informal role will now have a chance to receive training, certification and compensation for assisting Arkansans who need help understanding their health coverage options.

Navigators should be easily accessible in as many Arkansas communities as possible. A Navigator must demonstrate to the Exchange that it has or could easily establish relationships with potential enrollees in the area it wishes to serve. We **recommend** actively recruiting suitable individuals or entities to serve specific populations that have historically been difficult to reach or underserved, such as the Hispanic communities or the Marshallese population in Washington County, and in rural or underserved geographic areas. A Navigator serving such populations would ideally be a community member who is perceived as a peer. All information conveyed through a Navigator should be culturally and linguistically appropriate to the needs of the population being served by the Exchange.

A Navigator may serve as a source of consumer assistance for an enrollee with a grievance, complaint or question regarding a health plan, coverage, or determination under such a plan or coverage. Assistance should be limited to referring individuals to the appropriate resources. For instance, complaints or concerns about the Exchange, a specific health plan, the quality of health care under an Exchange-listed health plan or the quality of a Navigator's services should be referred to a "complaints and concerns" section of the online portal and to the call center. This would allow for tracking of complaints or concerns regarding specific plans, Navigators or health care providers. Complaints and concerns could then be referred to the appropriate resources or authorities for investigation and resolution. We **recommend** that the AID utilize its resources and procedures already established for handling complaints and concerns regarding the Exchange, a Navigator or participating health plans.

The Navigator role will be especially critical in the months immediately following the Exchange's launch when enrollment is at its peak and familiarity with the Exchange is low. We predict that the Navigators will be less active after 2015, when the number of new enrollees is likely to drop and Arkansans are more informed about the Exchange. At that point, new enrollees will likely seek help from [licensed producers](#) or from family members or friends who are already enrolled or are familiar with the Exchange and the enrollment process. Recruitment and retention of Navigators, except for chronically underserved populations and areas, will be less critical, and the associated costs will likely drop.

4.2 Who can be a Navigator?

According to the federal regulations regarding Navigators, a Navigator may be an individual or entity working or serving within the trade industry, commercial fishing industry, ranching and farming organizations, professional associations, community and consumer-focused nonprofit groups, chambers of commerce, unions, resource partners of the Small Business Administration or licensed insurance agents and brokers, as long as a conflict of interest, in pursuant with Section 1311(i) of Accountable Care Act, does not exist.

An agent is an individual appointed by a health insurance issuer to sell, solicit, or negotiate insurance contracts on its behalf. A broker/producer works on the behalf of his/her client's best interest and sells multiple products from multiple issuers. The AID regulates these entities. They must meet state licensure and educational requirements as well as demonstrate financial responsibility for their actions. These requirements function as a mechanism for protecting consumers.

A Navigator should be a guide and educator, not an insurance enroller and should not serve the same role as a producer. A Navigator should not engage in the types of services or activities that would require licensure for producers, brokers, or agents. These duties are outside the stated goal of the Navigator program and would add unnecessary cost and bureaucracy. A producer who chooses to serve as a Navigator cannot receive reimbursement for both roles **when serving the same customers or customer groups.** In addition, HBE call center employees cannot be certified as Navigators and be paid for both roles. They will undergo a separate call center training process and will be paid through a different mechanism from Navigators.

The goal of the Exchange is not to blend the role of Navigator and producer but instead to highlight and enhance the way the two roles work together. A Navigator should be trained and certified to assist both individuals and small business owners. However, brokers/agents are likely to have longstanding relationships with small businesses and may be in a better position to offer tailored or customized plans to the small employer as well as to explain the tax and cost-sharing ramifications to a business owner. A Navigator would be best utilized to serve individuals and families who are eligible for the Exchange and do not have complex insurance decision issues.

4.3 Training, Certification and Re-Certification

Most work group participants and other states agree that all Navigators and producers **enrolling consumers in ~~working within~~** the Exchange should be trained and receive some type of certification. We **recommend** this training and certification be provided through an online training course. If the Exchange has adequate resources, the online training would be strengthened by an observational “in-person” training component.

The table below outlines the core and supplemental components of a Navigator training and certification program. The following table closely echoes the Arkansas SHIP volunteer training program.

On-Line Exams (Core)	In-Person Observation (Supplemental)
<ul style="list-style-type: none"> • Using online certification software • Test (to be determined) • Case study included • May allow multiple testing attempts • Open book 	<ul style="list-style-type: none"> • Counseling sessions • Counselor observation standards • Client must agree to be observed • May allow multiple testing attempts • 80% passing grade

<ul style="list-style-type: none"> • 80% passing grade 	
<p>An ideal Navigator has:</p> <ul style="list-style-type: none"> • The ability to get along well with others • A sensitive and caring attitude • The willingness to learn and an ability to retain information relevant to health insurance provisions and claims filing procedures • Good written and oral communication skills <p>It is also important that a Navigator never promote or degrade one insurance product or policy over another. The Navigator is responsible for being factual and unbiased.</p>	

Table 4: Navigator Core Components

The training should be for the purpose of certifying an individual or entity as a “Navigator” or of obtaining a producer/broker/agent “Exchange Certification.” These separate designations should allow producers to competently assist their clients in enrolling in the Exchange and would highlight the differences in the Navigator and producer roles.

A modest certification fee (we **recommend** \$25) will help cover the cost of training without being a financial burden for potential Navigators. The fee would also lend credibility to the certification process. We **recommend** offering a mechanism to pay online with a credit card or electronic bank draft, as well as an option to mail in a check.

Annual continuing education/re-certification requirements, along with a nominal fee for recertification, should be built into the system to ensure that all Navigators/producers are kept up to date regarding changes in the Exchange, regulations or the Navigator role. Changes should also be communicated to Navigators/producers via email and/or direct mail.

We **recommend** that the Exchange create a training/certification structure for both Navigators and producers within the Exchange, and ~~that they consider~~ the current AID licensing structure **be considered**.

We **recommend** the certification **structure** include:

- A definition of the actions and responsibilities requiring certification
- Services that can be provided under certification
- A criminal background check and **review of the state and federal “excluded provider lists”**
- Rules regarding full disclosure of potential conflicts of interest
- Training in providing full disclosure to clients
- Accountability and consumer protection standards, **including any requirements for individual or agency/organization Navigator liability coverage**
- HIPAA law and protection of personal health information (PHI) training
- Any forms clients will be required to sign before disclosing PHI to a Navigator or producer

- Requirement that producer/Navigator maintain means of electronic communication.

4.4 Navigator Payment System

Federal law allows for small grant funding of Navigators; however, the structure of this funding is to be determined by ~~within the hands of~~ individual states. The role of a Navigator is that of a trusted community resource for education and guidance. The Navigator's role is not ~~envisioned as meant to be~~ a full-time position, and compensation should reflect the role of community service. The position should not be presented as a lucrative money-making opportunity by recruiters, but simply a chance to serve the community and be paid a nominal fee.

Because funding from the Exchange will ultimately be raised through fees from insurers, Navigator compensation should be modest. High Navigator compensation could ultimately result in increased premiums for all Exchange enrollees. Navigator compensation should not be so large as to reduce the Navigator's credibility within the population it serves.

Compensation should not vary regardless of the plans or insurers chosen by the enrollees. A Navigator should not receive compensation multiple times for an individual who continually drops in and out of a QHP over a given time period, nor should a Navigator receive a commission for referring enrollees to a producer. [The payment of commissions to Navigators from issuers \(carriers\) is prohibited by the PPACA.](#)

Given these financial constraints and the recommended role of the Navigator as a guide and resource, rather than an enroller, it is likely that a nonprofit organization or a community organization, rather than an individual, would be the most logical entity to serve in the Navigator role. Individuals are not precluded from serving as Navigators, but they must meet all grant criteria. We recommend AID contract with an additional consultant to design and develop all aspects of the navigator program in consultation with the Exchange. This includes the grant criteria for individuals and organizations seeking to serve as navigators.

Navigators will not be enrolling individuals, so some method of tracking successful enrollment after receiving assistance from a Navigator will be necessary in order for Navigators to be appropriately compensated ~~and or monitored~~. We **recommend** that each Navigator be assigned an identification number (ID) recognized by the online system. Each time a Navigator [provides an educational session or](#) assists an individual or employer, the Navigator should register [the individuals or groups served/attending session that person \(or ask the person to register and choose their own password\)](#) under the Navigator's ID number. ~~If an individual and/or employer choose to enroll in a QHP, the Navigator who assisted with the process, based on the system ID, will be compensated.~~

We **recommend** the Navigator program operate and function as a traditional, competitive, grant program with a predetermined [funding](#) amount available by a geographic area or method of distribution determined by the Exchange. The Exchange and its consultant will develop criteria and procurement methodology. Payment to the Navigator grantees should

be based on performance indicators that take into account outreach and education activities, technical assistance, points of contact, as well as number of consumers enrolled in the Exchange.

This method of payment will help anticipate and control costs of the Navigator Program. An alternative payment method is salaried Navigator positions. In the UAMS Arkansas Health Benefit Exchange survey, salaried Navigators was the most favored payment method. A flat fee was the second most favored method. It is our **recommendation** that a flat fee payment system is better suited for the needs of the HBE. A salaried system would create unnecessary cost and bureaucracy relating to training, housing, supervising, compensating, and providing benefits to these individuals. It also curtails the ability of the Navigator to engage in other community services and activities that build the relationships a Navigator must have with some of the underserved communities within Arkansas.

The amount and mechanism for compensation should be transparent to consumers. We **recommend** this information be presented in writing to potential enrollees working with a Navigator.

The federal regulations state Navigators must not be compensated with federal money. Revenue generated through Exchange operations should eventually supply adequate revenue to fund the Navigator program. To effectively launch the program and ensure prompt and adequate payment for Navigators, we **recommend** AID identify an alternative revenue source for the first six months of the program.

4.5 Recommendations: Navigators

Our **recommendations** for Navigators are based on research using the Arkansas SHIP volunteer model, the National Association of Insurance Commissioners whitepaper on the roles of Navigators and Producers, the UAMS Health Benefit Exchange Survey and community meetings data, studies funded by the Robert Wood Johnson Foundation, the NWA Agents for a Better Arkansas Health Benefits Exchange (HBE) **recommendations report**, the National Association of Health Underwriters report on the role of Navigators, the Navigator efforts of other states pursuing an HBE, as well as sustainability considerations and federal funding restrictions. **Recommendations are:**

1. The role of a Navigator within the Exchange should be as a guide and educator for those who are not equipped to enroll in the Exchange without assistance, not an insurance enroller.
 - Licensed **produceragents** and brokers should be able to be certified as Navigators. However, payment of Navigator fees is subject to all conflict-of-interest clauses within federal regulations pertaining to the Health Benefit Exchange. **Navigators may not be paid commissions by carriers.**
2. Active recruitment of suitable individuals or entities **desiring** to serve as **Navigators to** specific populations that have historically been difficult to reach or **are underserved should be a high priority.**

- Community leaders/entities and nonprofit organizations are best suited to serve as Navigators because of their current relationships and capacity to reach these populations.
3. Training and certification should be provided through an online training course for the purpose of certifying an individual or entity as a “Navigator” or of obtaining a producer/broker/agent “Exchange Certification.”
 - Insurers seeking to provide plans through the Exchange must also seek “Exchange Certification.”
 - Certification should call for a nominal fee from individuals and entities seeking certification.
 - AID should utilize its resources and procedures already established for handling complaints and concerns regarding the Exchange itself, a Navigator or participating health plans.
 - If the Exchange has adequate resources, the online training would be strengthened by an observational “in-person” training component.
 - Certification include:
 - ✓ A definition of the actions and responsibilities requiring certification
 - ✓ Services that can be provided under certification
 - ✓ A criminal background check and state and federal excluded provider list
 - ✓ Rules regarding full disclosure of potential conflicts of interest
 - ✓ Training in providing full disclosure to clients
 - ✓ Accountability standards
 - ✓ HIPAA law and protection of personal health information (PHI) training
 - ✓ Any forms clients will be required to sign before disclosing PHI to a Navigator or producer
 - ✓ A mechanism to allow for errors and omissions insurance
 4. Each Navigator should be assigned an ID number recognized by the Exchange Portal.
 5. We **recommend** AID hire a consultant to help design, develop, and implement the Navigator program structure as a traditional grant program.
 - Consultant budget of \$200,000 to design and develop the program
 6. AID should identify an alternative funding source for the first six months of the Navigator program due to federal funding guidelines regarding Navigators.

5 Call Center

ACA required the Exchange to provide for the operation of a call center to respond to requests for assistance by consumers; a call center that is accessible via a toll-free telephone number. In Proposed Rules currently available for comment, CMS clarifies that states have significant latitude in how the Exchange call center is structured, but lists at least four areas where capability should be provided:

- Types of QHPs offered by the Exchange;
- Premiums, benefits, cost-sharing and quality ratings associated with OHPs offered;
- Categories of assistance available; and
- The application process for enrollment in coverage.

While the final rule has not been issued, it seems prudent to include these suggestions when considering the design of the call center for the Arkansas Exchange.

The call center's purpose is to support the services provided through the Exchange website and the Navigators. If the website is user-friendly and there are adequate numbers of well trained Navigators to work with the Exchange customers, the call center should receive minimal calls. In the future, we would anticipate a decrease in the need for Navigators and the call center. However, reaching the state of minimal calls will not occur until the Exchange has been in stable operation for several years so we must plan for an effective, efficient call center to serve the customer base.

5.1 Existing Capabilities

Several state agencies currently have some call center capability although each is limited in scope and appears to serve a specific, targeted audience.

- The Department of Human Services through its county offices provide customer support primarily regarding eligibility issues. ADHS is also developing an interactive voice response (IVR) system to answer the most common questions received. It is slated for operation in September 2011 and could provide some lessons learned as HBE develops its call center.
- The Employee Benefits Division of the Department of Finance and Administration indicated that much of their customer support is done through their website but they do operate a small call center to support clients, particularly to assist with claims issues.
- The Arkansas Insurance Department also has a small call center, primarily to serve consumers who are having issues with their insurance plan.
- The Department of Information Services has call center infrastructure ready and can provide technical support as needed.

It will be expedient to leverage the experience of these agencies when planning the Exchange call center but it does not appear feasible to expand any one of these to encompass the Exchange functionality. However, it does appear feasible for the AID call center to assume responsibility for complaints against the QHPs in the Exchange and the Navigators. This is compatible with their current focus and will be a natural compliment to AID's role in certifying the QHPs and licensing/certifying the Navigators.

5.2 Call Center Design

The key components to a call center operation are:

- A telephone system that is designed to capture statistics (e.g., call volume, length of the call, peak calling time, call abandonment, etc.) and to seamlessly route calls as appropriate. The phone system must have an adequate number of phone lines and must also allow another person (such as a supervisor) to monitor calls real time. Based on current information, we assume the call center will be for inbound calls and will not routinely make out bound calls to customers.
- While all would prefer that each call be answered by a customer service representative (CSR), financial realities and industry standards lead to the recommendation for a self-service IVR with a script that addresses the most frequently requested information and determines the most appropriate way to provide the answers to the caller with minimal or no CSR intervention. The script can also allow the caller to opt out to a CSR at any time if needed. The Exchange staff must be able to modify the script easily and quickly in response to changing information.
- A customer relationship management (CRM) system that allows CSRs to capture basic information about each call. Many CRM systems work in concert with the phone system to capture basic information about the call prior to the CSR engaging the caller. This would include at least a record of the information the caller accessed through the IVR before being connected to the CSR. Exchange staff would determine what basic information is to be gathered via the CRM, realizing that CRM systems can produce reports to assist in managing the call center and also for identifying call patterns that may indicate the need for additional outreach or education efforts, the need for a change to the Exchange website or other needs.
- Seamless access to the Exchange website to assist with enrolling those callers who have that need. We would also recommend a call center information repository for relevant information that is easily accessible to all CSRs. An example of the type information in such a repository would be a list of Navigators and their area of responsibility for those callers seeking Navigator services.
- Operational procedures and staff training materials that are developed and updated as necessary to assure that staff is providing efficient, quality services on a daily basis. Adequate lead time to fully train CSRs before the call center is opened is of paramount importance.

- Call center staff:
 - ✓ The type of staff in the call center should include individuals who reflect the language and culture of those who will be calling. Not only must they speak and understand the language, they must understand the unique heritage of Arkansas's various regions in order to provide appropriate responses.
 - ✓ The number of staff needed in the call center cannot be estimated until there is a more definite estimate of the number of Arkansans who will seek to purchase insurance through the Exchange. Based on prior experience, we also know that the number of calls will be extremely high for the first 60 to 90 days of operations then level off. Calls will also spike during open enrollment periods or if there is a significant change made that effects the customers. Allowances must be made for additional staff and, if necessary, additional phone lines during such peak periods.
- The physical location of the call center must be a secured space with limited access by non-call center staff. Because protected health information (PHI) will be communicated and recorded by the CSRs, adequate attention must be paid to privacy issues.

Proper planning and implementation of a call center operation is essential to customer satisfaction and sets the stage for meeting the Exchange's future customer service needs.

5.3 Recommendations

The First Data Team recommends that the HBE Planning Staff engage a consultant to design the Exchange's call center operation. Specify that the consultant complete at least the following tasks:

- Leverage the infrastructure and technical support available through the Department of Information Services in the design and installation of the telephone system and IVR
- Develop job descriptions for the call center mangers, CSRs and support staff
- Develop the IVR script
- Develop operational procedures
- Develop the staff training curriculum and materials
- Provide input to the location and design of the call center facility, work stations for CSRs and other needed equipment
- Develop the timeline of activities leading up to call center "go live", assuring that this occurs no later than September 1, 2013, a month prior to the beginning of Open Enrollment of consumers.

6 Estimated Budget

6.1 Communication/Education/Outreach Budget

We recommend a three-year budget of \$2.25 million (\$750,000/year) for communication/education/outreach.

The budget would be allocated as outlined on the following table:

Function	%	Amount
Project Management – Campaign staff with experience in community outreach to reach statewide lower- to middle-income Arkansans and small businesses	13%	\$292,500
Branding/Creative Development – Creative talent to develop logo, branding, graphics of all collateral, messaging, advertising, digital, and other promotional materials	10%	\$225,000
Market Research – Conducting one-on-one interviews with eligible Arkansans and small business owners to test effectiveness of messaging and preference of channels. Includes travel expenses	2%	\$45,000
Public/Community Relations – Public relations staff to conduct statewide community relations meetings/forums/presentations and to manage media relations. Includes meeting and travel costs	25%	\$562,500
Collateral/Educational Materials – Production/printing of small business tool kits, brochures, fact sheets Q&A fliers and signage	10%	\$225,000
Advertising/Media Buying – Planning/negotiation/purchase of statewide newspaper, radio, television advertising, text messaging campaign, gas pump audiovisual messaging, and mass transit/vehicle wraps	35%	\$787,500
Trade Show Exhibit/Kiosk – Development of trade show/conference exhibit and kiosk signage. Includes exhibit fees	5%	\$112,500

Table 5: Estimated Budget

6.2 Estimated Navigator Budget

We recommend AID hire a consultant to design, develop, and implement a Navigator program. We estimate the cost for that consultation to be \$200,000.

Function	Amount
Consultant	\$200,000
Collateral/Educational Materials – Production/printing of small business tool kits, brochures, fact sheets Q&A fliers and signage (included in Outreach/Education budget)	N/A
Design and Development of Training	\$100,000
Certification/oversight (4-6 staff) per year	\$500,000
Grants per year	\$2,250,000

Table 6: Estimated Navigator Budget

6.3 Call Center

Estimated costs below are based on development of a call center staffed by 20 CSRs plus 5 supervisory and support staff.

Function	Amount
Start up:	
Consultant	\$100,000
Telephone and IT set up through DIS (80 lines, development, IVR)	\$400,000
CRM automation support cost (included in overall IT costs)	N/A
Staff Training	\$5,000
Work Stations, equipment, physical plant modifications	\$50,000
Annual Costs:	
Telephone maintenance	\$800,000
Staff Salaries	\$850,000
Physical Plant	\$12,000
Staff Training	\$1,000

Table 7: Estimated Call Center Budget

7 Attachment A: References

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