

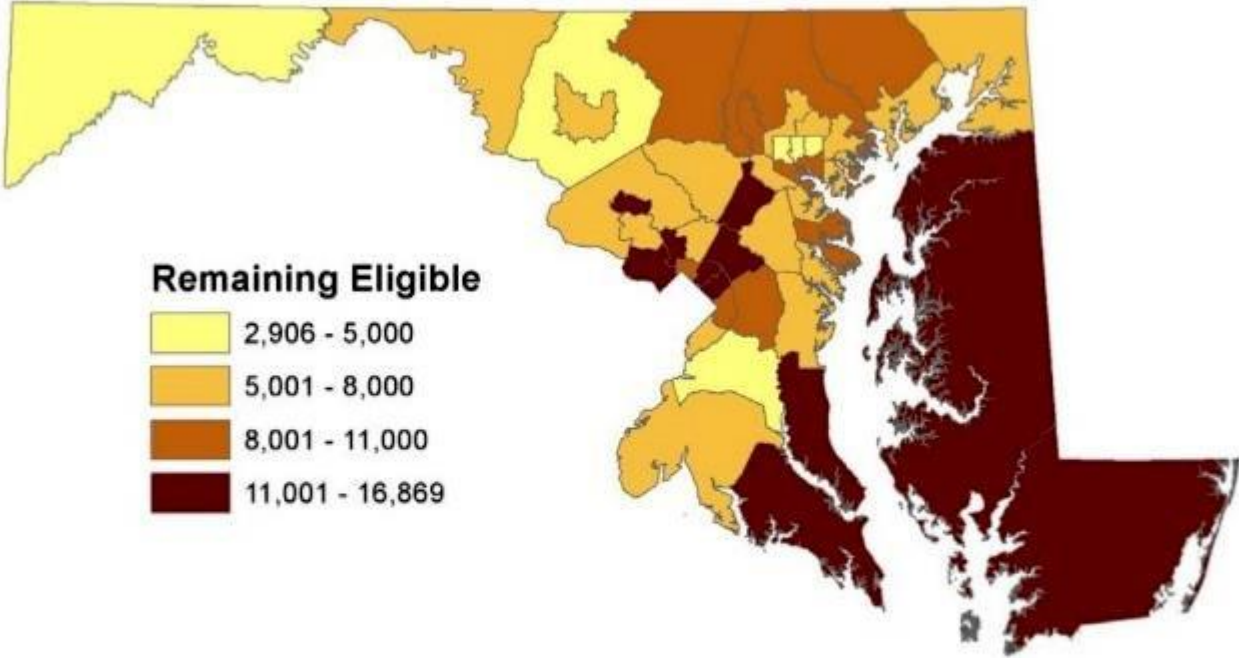


MARKETING UPDATE / OE3

CAMPAIGN PARAMETERS

- Campaign Goals
 - Increase enrollment among the remaining eligible populations
- Timing
 - Flight 1: Early November - December 15
 - Flight 2: January 4 - January 31
- Target Audiences
 - QHP, 138%-400% FPL
 - Young Invincibles (18-34)
 - Hispanics
 - African Americans
- Budget: \$1 million (includes paid partnerships)

QHP REMAINING ELIGIBLE



Source: SHADAC analysis of the 2013 American Community Survey and data from the Maryland Health Benefit Exchange.
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REMAINING ELIGIBLE TARGETED GEOGRAPHIES

First Tier Targets

PUMA	Jurisdiction	Remaining Eligible	TV DMA
1101	Prince George's County (Northwest) - College Park City, Langley Park	16,869	DC
1005	Montgomery County (East Central) - Wheaton, Aspen Hill, Glenmont	14,209	DC
1002	Montgomery County (West Central) - Germantown, Montgomery Village	13,060	DC
902	Howard County East - Columbia East, Ellicott City (Southeast), ELKRIDGE	12,888	Baltimore
1004	Montgomery County South - Bethesda, Potomac and North Bethesda	12,262	DC
			Baltimore (Dorchester - Salisbury)
1300	Queen Anne's Talbot, Caroline, Dorchester, Kent Counties	12,238	
1102	Prince George's North Laurel, Greenbelt (North & East), Beltsville	12,013	DC
1103	Prince George's Northwest - New Carrollton, Hyattsville, Southeast	11,842	DC
1500	St. Mary's & Calvert Counties	11,969	DC
1400	Wicomico, Worcester, Somerset Counties & Salisbury	11,928	Salisbury
1105	Prince George's (East) - BOWIE, Kettering, Largo, Mitchellville, Lanham	10,441	DC

Second Tier Targets

PUMA	Jurisdiction	Remaining Eligible	TV DMA
804	Baltimore City – Inner Harbor, Canton & Bayview	8,483	Baltimore
805	Baltimore City – Irvington, Ten Hills & Cherry Hill	8,075	Baltimore
400	Carroll County	10,737	Baltimore
501	Baltimore County Outer	8,079	Baltimore
601	Harford County North and West, Bel Air Town, Fallston & Jarrettsville	8,650	Baltimore
502	Baltimore County Randallstown East, Owings Mills, Milford Mil & Reisterstown	8,090	Baltimore
1007	Montgomery County Southeast Takoma Park City and Silver Spring	9,129	DC
1104	Prince George's County Central - Seat Pleasant City, Capitol Heights Town & Landover	8,989	DC
1201	Anne Arundel County NW - Severn, Odenton, Crofton, Maryland City & Fort Meade	7,877	Baltimore
1203	Anne Arundel County Central, Severna Park, Arnold & Lake Shore	8,673	Baltimore

Digital Media: Drive traffic to and enrollment in MHC

1. Display Partners
2. Search
3. Facebook

Traditional Media: Awareness of enrollment for health insurance

4. Television
 - Geographically targeted Cable based on Tier One and Two PUMA's
 - Broadcast in Baltimore and Salisbury where appropriate
5. Radio
 - African American Radio – Potential Partnerships with identified key stations
 - Hispanic Radio - Potential Partnerships with identified key stations
 - General Market radio for broad coverage along with Rural radio to cover harder to reach geographies -- Western
6. Print
 - African American Publications
 - Business Trade Publications

AFRICAN AMERICAN OUTREACH

- Churches, HBCUs, Urban League, Black Sororities, Digital Influencers
- Super Health Sunday
- HBCU Student Exits
- Sororities and professional groups
- Radio DJ influencers
- Social media influencers

CORPORATE OUTREACH

- Civic, Community and Business Organizations
- Explore Strategic Partnerships with Walmart, CVS, tax preparers

HISPANIC POTENTIAL PARTNERSHIPS

- Education based Latino outreach
- Casa de Maryland
- Centro de Ayuda
- Maryland Hispanic Chamber of Commerce

- 280,000 email subscribers
- Create a “deadline series” using social share graphics and coded buttons to amplify key messages across the social networks of email subscribers

The screenshot displays the Maryland Health Connection website interface. At the top left is the logo for "maryland health connection" with a green leaf icon. To the right is a green button labeled "Shop or Enroll >". Below the logo is the text "Maryland's Official Health Insurance Marketplace". A green navigation bar contains "Sign Up for SMS Updates" and "Menu ☰". The main content area features a section titled "Sign up for SMS updates:" with the following text: "Text the keyword 'MHC Updates' to GOV311. You will receive occasional updates from Maryland Health Connection. Message and data rates may apply. Text 'MHC HELP' for help or 'MHC STOP' to cancel. You can also visit <http://bit.ly/1fgFgNw> or call 800-439-1420 to cancel your SMS subscription. View our [Privacy Policy](#)". Below this is a yellow section with "Enrollment Help and Events" and "Get help enrolling >>". The footer includes links for "About Us", "News", "Download Center", "Enrollment Events", and "Register to Vote", along with social media icons for Facebook, Twitter, and YouTube, and a copyright notice for 2015 Maryland Health Connection.

- The Hilltop Institute prepared projections for the planning of the Maryland health exchange.
- MHBE is in the process of establishing a consistent, sustainable model to provide enrollment projections annually.
- In lieu of that, for 2016, we reached out to the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota, supported by the Robert Wood Johnson Foundation, to analyze our data and provide its projection for our 2016 enrollment.
- MHBE provided enrollment data from OE2 and re-enrollment data after OE1. Maryland Insurance Administration also provided data for the analysis of 2013 individual market enrollment prior to the ACA exchange and 2014 off-exchange enrollment.

- SHADAC estimates that 406,000 Marylanders are potentially eligible for QHP insurance through the Marketplace.
- Based on enrollment at the end of OE2 (115,000 effectuated), roughly 28% of those likely eligible are currently enrolled.
- **Based on SHADAC Estimate for OE3 QHP Enrollment: 150,000 individuals enrolled**

SHADAC:

- Assumes growth in OEP 3 is consistent with actual recent growth.
 - Assumes growth is consistent with actual recent growth of QHP enrollment among Medicaid expansion states.
 - Estimates take-up rates using percent retention, on and off exchange enrollment and estimates of potentially eligible.
 - Assumes take-up rates consistent with Medicaid take-up rates in Maryland.
 - Uses national growth projections from Congressional Budget Office
- ↑ Increase in individual mandate penalty
 - ↓ Premium increases
 - ↓ Less motivated, harder to reach
 - ↕ Shifts in Maryland economic outlook/job growth; may make coverage more affordable for some families; Employers may drop coverage due to cost
 - ↓ Reduction in media/outreach spending
 - ↓ Decision to implement active enrollment
 - ↕ Retention rate (Maryland has slightly lower retention than national average)