

HEALTH REFORM TOOLKIT SERIES  
RESOURCES FROM THE MASSACHUSETTS EXPERIENCE

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# Implementing a Successful Public Education & Marketing Campaign to Promote State Health Insurance Exchanges

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MAY 2011

## May 2011

This spring, as the Patient Protection and Affordable Care Act (ACA) celebrated its first birthday, Massachusetts commemorated five years implementing and operating the Commonwealth's 2006 health reform law. Marking these milestones, the Blue Cross Blue Shield of Massachusetts Foundation, the Robert Wood Johnson Foundation and the Commonwealth Health Insurance Connector Authority developed the *Health Reform Toolkit Series*, to offer insight on key health reform topics to state leaders in the process of ACA implementation.

The *Health Reform Toolkit Series* is designed to share examples, templates, experiences, and lessons learned from Massachusetts' implementation of health reform to help other states plan, build, and implement elements of ACA. Each toolkit includes a written narrative "guide" as well as a variety of primary source documents: organizational structures, job descriptions, requests for proposals and quotations, and other work products from Massachusetts' health reform implementation experience. In particular, this toolkit offers ideas and resources to help states plan and implement a successful public education and marketing campaign to promote the state exchanges.

We hope these toolkits are useful resources for a variety of health reform stakeholders, and we welcome your feedback. If you have thoughts on ways we can enhance the series, please contact Lindsey Tucker ([lindsey.tucker@bcbsma.com](mailto:lindsey.tucker@bcbsma.com)), Policy Manager at the Blue Cross Blue Shield of Massachusetts Foundation. If you would like more information from the Health Connector on a particular implementation topic, please contact its Public Information Unit ([Connector@state.ma.us](mailto:Connector@state.ma.us)).

Sincerely,



Sarah Iselin, President  
Blue Cross Blue Shield of Massachusetts Foundation



Glen Shor, Executive Director  
Commonwealth Health Insurance Connector Authority



Andrew D. Hyman, Team Director and Senior Program Officer  
Robert Wood Johnson Foundation

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## Acknowledgments

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*The mission of the Blue Cross Blue Shield Foundation of Massachusetts is to expand access to health care. It focuses on collaborating with public and private stakeholders to develop measurable and sustainable solutions that benefit uninsured, vulnerable, and low-income individuals and families in the Commonwealth. The Foundation was formed in 2001 with an endowment from Blue Cross Blue Shield of Massachusetts. It operates separately from the company and is governed by its own Board of Directors.*

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## About the Toolkit Series

The 2010 national health reform law, known as the Patient Protection and Affordable Care Act (ACA), expands health insurance coverage to an estimated 32 million uninsured Americans. Much of the ACA's implementation occurs at the state level, where states will provide small businesses and individuals with a range of private and public health insurance options as well as subsidies for consumers who cannot afford health insurance.

In drafting the ACA, Congress drew heavily from the successful state health reform initiative adopted in 2006 by Massachusetts. Over the course of Massachusetts' planning and implementation efforts, state officials and administrators encountered many of the issues, challenges, and opportunities that are currently facing states in implementing national health reform.

This toolkit is part of a series designed to share examples, templates, experiences, and lessons learned from Massachusetts' implementation of health reform with other states beginning their own health reform planning efforts. You can find this toolkit and others in the series online at [www.bluecrossfoundation.org](http://www.bluecrossfoundation.org).

In particular, this toolkit offers ideas and resources to help states plan and implement a successful marketing campaign to promote state health insurance exchanges. Throughout this Toolkit Guide you will find references and links to specific examples of job descriptions, requests for proposals (RFPs), advertisements, and other work products from Massachusetts' implementation of its public education and marketing campaign.

## The ACA and Health Insurance Exchanges

A key component of the ACA is the requirement that each state either develops or participates in a **health insurance exchange**. An exchange is a kind of virtual marketplace through which individuals and small businesses can shop for and purchase health insurance from private and, in some cases, public health plans. Under the ACA, state health insurance exchanges must be available for use by consumers by January 1, 2014.

The federal law was heavily influenced by the Massachusetts health insurance exchange, which provides online tools and customer service to ensure that Massachusetts residents have complete and easy-to-understand information about health insurance options. While the federal law does not require each state to market or advertise its health insurance exchange, successful implementation will require that individuals and small businesses are aware of their obligations under the law and the services that the health insurance exchange provides.

## Massachusetts' Health Reform Law and Marketing Goals

Massachusetts passed its health reform law in April 2006, requiring health insurance coverage for all residents who can afford to purchase coverage. For individuals who need help to pay for insurance, the law provides subsidized public insurance plans. For others who do not have access to coverage through their employers and for small businesses, the law establishes a health insurance exchange to facilitate enrollment with private insurers whose health insurance plans meet the state's minimum standards for coverage and value.

To help implement the new law, Massachusetts created the Commonwealth Health Insurance Connector Authority (the Connector), a quasi-independent state agency charged with several responsibilities, including: 1) identifying

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health plans to be offered through the health insurance exchange, 2) establishing an exchange website and customer supports, and 3) developing a marketing plan to promote the exchange.

In developing its marketing plan, the Connector began with the premise that its goal was to support effective implementation of the new law, and that its success would be measured by the number of Massachusetts residents who became insured as a result of the new law. To accomplish this principal goal—increasing the number of people with insurance—the Connector determined that its marketing plan should be not simply a series of advertisements, but a coordinated campaign focused on multiple strategies, including:

- Informing Massachusetts residents about their obligations under the new law to purchase insurance;
- Developing and disseminating effective messages about the importance of health insurance that resonate with people who lack health insurance; and
- Encouraging use of the Connector website and other customer service resources to ensure consumer access to affordable, quality health plans.

At the same time, leaders at the Connector recognized that the potential for its success was enhanced by the high public support that existed among Massachusetts residents for the new law. While maintaining that level of support was not a stated purpose of the marketing campaign, developing partnerships with business and industry leaders to achieve this proved crucial to the campaign's success. In addition, these partners were essential to providing small businesses and their employees with tools, resources, and information needed to comply with the law.

## How to Plan and Implement an Effective Marketing Campaign: Lessons Learned from Massachusetts

This section of the Toolkit Guide describes the concrete steps Massachusetts took to develop its marketing campaign and the strategies used to ensure successful implementation. Each state's own political context and other environmental factors will determine whether some or all of the Massachusetts experience can or should be replicated. Even if the strategies described in this Toolkit Guide do not apply directly to your state, the tools, templates, and examples may provide useful resources that can be modified or adapted to support your state's unique approach.

When Massachusetts implemented its marketing campaign in 2007, it had the benefit of strong support from state leaders and residents for the health reform law. Republican governor Mitt Romney had worked closely with state legislators and a broad range of business, industry, and consumer groups to craft a statute that had a 69 percent











We made a conscious decision to develop not just a marketing plan to inform people about the law, but a marketing campaign with the goal of providing access to health insurance to everyone in Massachusetts who lacked coverage. We had so little time and so many people we had to reach; a comprehensive campaign with a lot of partners was our best chance for success.

**Joan Fallon**, former Chief Communication Officer, Commonwealth Health Insurance Connector Authority

## Three-Phase Campaign Identified Goals, Audiences, and Messages

Massachusetts planned its marketing campaign to occur in three phases, as described below:

Phase	Timeframe	Goals, Strategies, and Target Audiences	Key Messages
<p><b>Phase 1</b> (the “initial push”)</p> <p>(total cost: \$4 million)</p>	Fall 2006 – 2007	<p>Provide information about the new law and raise awareness among all Massachusetts residents</p> <p>Increase the number of Massachusetts residents who enroll in health insurance by targeting the uninsured for ads that:</p> <ul style="list-style-type: none"> <li>Promote the availability of new plans certified by the state for quality and value</li> <li>Promote the Connector’s ability to offer choice and quality</li> </ul>	<p>Health insurance provides protection against financial ruin in the event of an unexpected accident or illness.</p> <p> <a href="#">Watch TV ad</a></p> <p> <a href="#">Listen to radio ad</a></p> <p>Health insurance provides access to preventive care.</p> <p> <a href="#">Watch TV ad</a></p> <p> <a href="#">View print ad</a></p>
<p><b>Phase 2</b></p> <p>(total cost: \$1.7 million)</p>	2008-2009	<p>Develop an edgy, creative campaign to enroll the approximately 100,000 Massachusetts residents who still lack health insurance, including those who feel they can’t afford coverage or who think they don’t need it</p>	<p>Tax penalties will apply to many who lack coverage.</p> <p>Medical treatment can be costly.</p> <p> <a href="#">View print ads</a></p>
<p><b>Phase 3</b></p> <p>(total cost: \$1.5 million)</p>	2009-present	<p>Promote the Connector brand among small employers, people who are self-employed or COBRA-eligible, early retirees, young adults, and other Massachusetts residents, emphasizing that the Connector provides increased choice, easy comparison of price and plans, and confidence in the “seal of approval” provided by the Connector to qualified plans</p>	<p>You owe it to yourself to compare quality and prices.</p> <p> <a href="#">Watch TV ad</a></p> <p> <a href="#">Listen to radio ad</a></p> <p>Small businesses need health insurance and deserve a choice of plans.</p> <p> <a href="#">Listen to radio ad</a></p>

public approval rating when it was signed into law.<sup>1</sup> When Democratic governor Deval Patrick took office in 2007, this support informed and helped shape the state's marketing strategy and facilitated successful implementation of the law.

During the first two phases, marketing focused on potential customers in the individual insurance market. The Connector is finalizing plans for a new shopping environment for small business purchasers to help them set their contributions and manage employee information and to encourage more health plans to participate in this part of the exchange. The third phase of the marketing strategy focuses on small businesses as a target audience.

### 1. Assembling a team with expertise, capacity, and experience in conducting successful advertising campaigns.

A marketing campaign with the broad goal of increasing health insurance enrollment has many facets, including public education, media relations, advertising, and outreach. The Massachusetts Connector established the position of Chief Communication Officer (CCO), who also served as Director of Public Education and Intergovernmental Affairs, to ensure that these multiple components were addressed and coordinated at all levels of the campaign. (See [CCO Job Description](#).) The CCO established an internal team to support the Connector's marketing goals, including Directors of Outreach for subsidized health plans (Commonwealth Care) and unsubsidized health plans (Commonwealth Choice) offered through the Connector.

The Connector solicited public bids for an established public relations agency to develop and implement an ongoing public education campaign aimed principally at uninsured individuals who would be required under the law to purchase insurance. In its initial RFP, the Connector identified five specific tasks: 1) "branding" of the Connector and message development, 2) design of a multifaceted advertising and marketing campaign, 3) utilization of avenues for free media, 4) development of collateral material, and 5) media buying strategies. (See [2006 Advertising and Marketing Assistance RFP](#).)

The 2006 RFP emphasized the **importance of contractor experience** with specific competencies, including market research, target market segmentation, direct marketing, and new media marketing. Bidders were asked to provide creative samples, case studies, and performance metrics. Because the project was large and perceived to be high-profile, firms bidding on the project understood that they needed to be not only creative in their approach, but also competitive on cost. For example, although many advertising firms commonly charge a commission on paid advertising (called a "media buy") that they secure on behalf of their clients, the Connector was able to finalize a contract that waived this commission.

The Connector awarded the bid to Weber Shandwick, a large global public relations agency with a strong presence in the Boston area, which had the internal capacity to complete all the tasks articulated in the RFP. By 2008, the

### Community Events Generate Free Media Coverage

As part of its overall marketing campaign, Connector staff participated in more than 150 community events during the first year of the campaign. Some events were large, but Connector staff note that they "never said no" to a request, even if the turnout was minimal. "In some ways, it didn't really matter how many people were at each event," said Niki Conte, Director of Outreach for Commonwealth Care. "The media covered all these events, and their free coverage was essential to our success."

1 Blue Cross Blue Shield of Massachusetts Foundation, April 2011 PPT citing Urban Institute, Massachusetts Health Reform Survey, 2010. See [PPT, slide 32](#).

first year that tax penalties applied for individuals who had not yet purchased health insurance, the marketing team had designed and implemented the first phase of a three-part marketing campaign focusing principally on 1) raising awareness about individual and small business responsibilities under the law and 2) the health insurance exchange as a one-stop resource for purchasing insurance. In that year, Massachusetts' rate of uninsured residents fell to 2.6 percent, the lowest rate in the country.

In November 2008, the Connector issued a second RFP seeking additional support for the next phase of its marketing and advertising campaign. While the RFP said that enrolling the state's remaining uninsured individuals was a principal goal of the campaign, it also identified new target audiences, including small employers, self-employed individuals, COBRA-eligible individuals, early retirees, and young adults who might benefit from the Connector plans. Promoting the Connector as a trusted advisor in purchasing health insurance was clearly articulated as a principal purpose of the next phase of the campaign. ([See 2008 Public Education, Strategic Outreach and Advertising RFP.](#))

## 2. Conducting market research to shape strategies and messages.

Through Weber Shandwick, Massachusetts conducted extensive consumer research to define and shape advertising messages. This research included 44 in-person, one-on-one, 50-minute interviews, conducted in 2007, with a diverse mix of participants that included:

- Uninsured residents between 100 percent and 300 percent of the federal poverty level, making them eligible for Massachusetts' subsidized health insurance plans (Commonwealth Care);
- Uninsured residents making more than 300 percent of the federal poverty level who were eligible to purchase private health coverage through the exchange (Commonwealth Choice); and
- Small business owners employing 11-50 employees who did not offer health insurance benefits and were eligible to purchase health insurance for employees through Commonwealth Choice.

Demographically, the highest percentage of uninsured Massachusetts residents is men between the ages of 19 and 45, with the average uninsured resident being a 37-year-old single male. This audience is often referred to as "the invincibles" because it is sometimes assumed that they don't want and don't believe they need insurance. Research helped to better understand the attitudes of this key audience, as well as other demographic segments of the uninsured. Key research findings included:

- Huge barriers to enrollment exist. Many people without insurance do not think they can get insurance if it is not offered by their employer. Most who tried to purchase it found it to be complicated and unaffordable.
  - Despite barriers, most people without insurance would prefer to have it. Ease and affordability were essential for all audiences.
  - Many people without insurance had little or no awareness of the health reform law or of the Connector.
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### On-Site Interviews Help Select the Right Vendors

Eighteen public relations firms bid on the initial \$4 million contract to develop an advertising and marketing campaign to promote the health insurance exchange. A team of evaluators narrowed the field to five potential bidders and scheduled half-day interviews at each firm's offices, which included a simulation in which the bidder's team was given one hour to respond to a hypothetical marketing challenge presented by the evaluators. "On-site interviews let you interact with the people you'll actually be working with in the environment where the work actually gets done," said Joan Fallon, former Chief Communication Officer and Director of Public Education and Intergovernmental Affairs at the Connector. "These are insights that you just can't get in a traditional interview process."

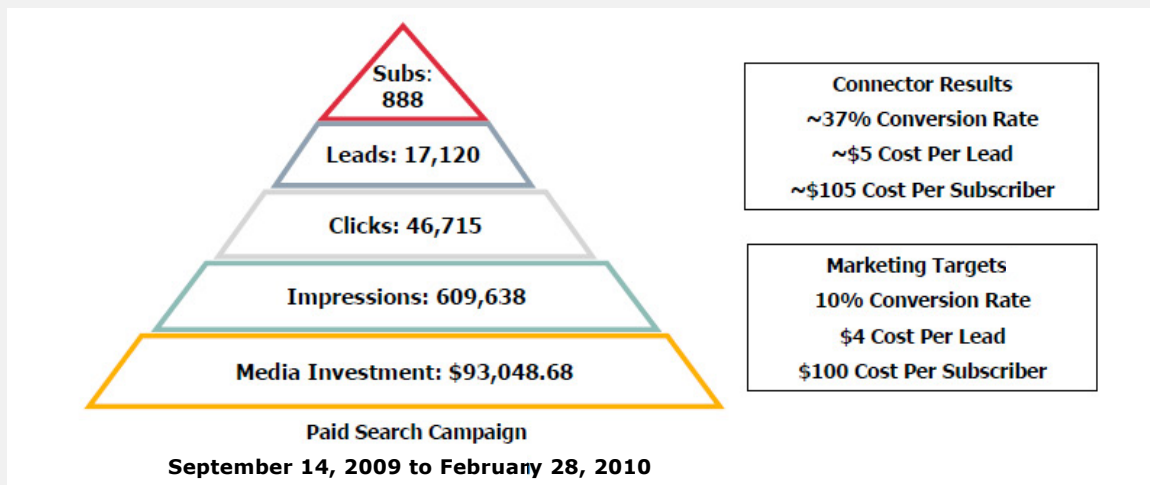


## Digital Marketing is a Cost-Effective Way to Reach Targeted Audiences

As the number of uninsured Massachusetts residents declines, so does the cost-effectiveness of public advertising campaigns designed to reach a large number of individuals through television, radio, or print ads. The Connector recognizes the value—both in efficiency and effectiveness—of digital marketing strategies to reach individuals still uninsured but shopping for coverage. The Connector engaged Austin, TX-based advertising agency Tocquigny to develop an integrated digital communication and social media strategy targeted specifically for individuals and small businesses using websites to shop for or purchase coverage. ([See Digital Communication Strategy RFP.](#)) In 2009 and 2010, the Connector began using site optimization tools to drive traffic to the Connector website and “pay per click” online advertising using tools such as Google AdWords. ([See PPC Display Ad.](#)) Individuals clicking on paid Connector ads are taken to a “landing page” requesting an e-mail address, which allows the Connector to follow up with targeted information. ([See PPC Landing Page.](#))

“One great advantage of digital marketing is that you can measure how effective your strategies are,” said Paul Wingle, the Connector’s Director of Creative Media. For example, in the five-month period beginning in September 2009, more than 610,000 people entered online search keywords that resulted in a paid ad for the Connector appearing in their search results. Of those “impressions,” 47,000 people clicked on the ad and 37 percent (17,000 people) entered valid contact information. Of those who provided contact information, 888 people enrolled in health insurance through the Connector’s website. With a total digital media cost of \$90,000 during that time period, the Connector calculated a \$4 cost of marketing per “lead” and a total digital marketing cost of approximately \$100 per subscriber.

### Pay Per Click Campaign Overview



The Connector also uses social media strategically to communicate with journalists and “influentials” in the fields of health care and health reform. “We haven’t figured out how tools like Facebook and Twitter can be used to drive enrollment in health insurance,” Wingle said, “but many journalists, bloggers, and members of Congress tweet. Social media allows us to let people know of our achievements and also to respond quickly when we hear bad things about our performance.” The Connector uses the application TweetDeck to track what their “followers” and others are saying about them. For example, when an op-ed critical of Massachusetts health reform was published in the Washington Post, Wingle tweeted a response and, later, a link to a letter to the editor supportive of reform.

In general, the research found that participants responded best to messages that focused on the personal benefits of having health insurance. However, differences emerged among different demographic groups that helped to frame both the messages and messengers used to reach those groups. For example, women were particularly influenced by messages emphasizing the importance of **access to preventive health care**. In contrast, messages related to the importance of insurance as **protection from financial risk** if an injury or illness should occur resonated most significantly with men, especially the young men who comprised the largest proportion of people who were uninsured. These findings were critical to developing a comprehensive marketing and advertising strategy, ensuring that specific messages, the medium used to deliver them, and the settings used to disseminate them could be targeted for specific demographics.

For all demographics, the **law and associated penalties** were seen as the most compelling reason to sign up for health insurance. As a result, Massachusetts' advertising plan called for increased exposure (and expenditures) during the weeks leading up to the effective date for the "individual mandate" (July 31, 2007) and the tax penalty deadline (December 31, 2007). Ads were modified to emphasize the upcoming deadlines, reminding customers that they needed to enroll by November 15 in order to be insured on December 31 and avoid the tax penalty. ([Listen to Tax Penalty Deadline radio ad.](#))

Consumer research also provided important insights about the messengers who would be most effective in communicating about the importance of purchasing health insurance. Consumers **responded better to "peers" than to celebrities**, noting that celebrities could easily afford insurance and may not understand the financial pressures facing most people in the individual market. As a result, the campaign focused principally on "ordinary" people—both actors and real-life customers—as spokespersons. In addition, consumer research also indicated that potential customers responded better to **messages that provided concrete information** and were not seen as "too cute" or "sales-y."

Finally, the research suggested that people wanted to know that the Connector was a **trusted advisor** that could demystify the process of buying insurance, which was viewed by many as daunting. In particular, the research found that the Connector had more credibility when ads emphasized that it is a state agency, rather than a private insurance company or broker, and that it would make the process of buying insurance easier and more affordable.

### 3. Partnering with private and public sponsors to increase market penetration with the goal of increasing health insurance enrollment.

Although paid advertising was an important part of the overall marketing campaign, private-sector partners provided pro bono and in-kind services worth millions of dollars. Working closely with its public relations vendor, the Connector developed messages and strategies specific to the audiences likely to be reached through each partner.

**Sports Teams:** For example, a key partnership with the Boston Red Sox, arranged through the public relations vendor selected by the state, allowed the Connector to reach young, uninsured men—a target population that had

### Emphasize Choices

Although most people in Massachusetts who lacked health insurance supported the state's efforts to make access to health care universal, a small number said they opposed the individual mandate because they felt it was an infringement by the government into their personal lives. "For these people, it's important to convey that they have several choices, and one of those choices is to not purchase insurance and pay the tax penalty," said Micho Spring, Chairperson of the Global Corporate Practice at Weber Shandwick and lead creator of the Connector's marketing campaign. "Health insurance is very personal, and the worst thing you can do is threaten people or make them feel that you're limiting their choices."

proven hard to reach through more traditional advertising. This partnership included paid media placement on New England Sports Network (NESN)—the broadcast arm of the Boston Red Sox—as well as a package of in-kind additions such as:

- Red Sox broadcast announcements on the public address system and the Jumbotron at Fenway Park;
- A “Connector Day” and press conference at Fenway Park;
- A feature on health care reform in the official Red Sox program book;
- A Connector-branded education booth at Fenway Park, staffed by Connector personnel at every home game; and
- Guest spots on health reform from Fenway Park. ([Watch TV interview with Senator Ted Kennedy.](#))

Testimonials from real customers of the Connector were filmed at Fenway Park and used both in paid advertising and on the Jumbotron. ([Watch Testimonials on the Connector Website.](#)) In addition, Red Sox player Tim Wakefield and breast cancer survivor Jaclyn Michalos filmed a public service announcement for the Connector that was distributed to local broadcast stations and played on the Jumbotron. ([Watch PSA.](#))

**Commercial and Non-Profit Organizations:** The Connector’s public relations agency was also well-connected to several key commercial and non-profit organizations. The agency facilitated collaborations that provided access to strategic audiences and opportunities to flood the market at key times, including right before tax penalties for noncompliance with the individual coverage mandate became effective. When combined with partnerships developed directly by the Connector, the campaign was able to reach huge segments of Massachusetts residents with effective messages. Some of these key partners and their in-kind contributions are described below:

<b>Commercial Businesses</b>	
Comcast	Provided pro bono television advertising
CVS	Ran in-store “radio” announcements, displayed window posters, and provided flyers at check-out locations
H&R Block	Displayed pamphlets and posters, conducted public outreach and education at local libraries and community centers, and provided uninsured clients with contact information for the Connector
Price Chopper	Provided informational flyers at check-outs
Shaw’s and Star Market	Published messages on newspaper inserts, printed health care reform messages on register receipts, and displayed Connector posters in stores ( <a href="#">See register receipt and bag stuffer.</a> )
<b>Non-Profit Organizations</b>	
Massachusetts League of Community Health Centers	Supplied enrollment specialists at Connect to Health events across the state
Greater Boston Interfaith Organization *	Conducted 50 in-congregation information sessions and performed door-to-door outreach in Boston
* The Greater Boston Interfaith Organization (GBIO) is a broad-based organization that works to coalesce, train, and organize Boston communities across religious, racial, ethnic, class, and neighborhood lines to develop local leadership and work on social justice issues.	

**State Agencies:** Partnering with other state agencies was an equally important component of the Connector's overall marketing campaign, ensuring access to key audiences at minimal or no cost. An especially important partnership was with the Massachusetts Bay Transportation Authority (MBTA) which provided pro bono advertising on bus and subway lines throughout the Boston area.

The Massachusetts Department of Revenue was a critical partner, sending postcards to individual tax filers in advance of the 2007 tax penalty deadline ([See DOR postcard](#)) and a series of letters to business filers outlining their obligations under the new law ([See letter](#)). In addition, the Massachusetts Registry of Motor Vehicles (RMV) provided "silent radio" (LED screen), video announcements, and pamphlets at RMV locations. Information about the new law was also included in the "new residents" section of the driver's manual, and new residents applying to convert out-of-state licenses were mailed additional information. In an effort to reach young people just entering the job market, the Connector partnered with the Massachusetts Board of Higher Education to distribute information to graduating seniors and the Massachusetts Department of Public Health conducted statewide health care reform trainings.

The Connector also developed a series of information tools and resources to support state agency and hospital and health center staff responsible for enrollment and outreach to individuals eligible for subsidized insurance through Commonwealth Care. A steady stream of communication via e-mail, face-to-face presentations, and web-based tutorials was used to ensure that all staff were aware of the resources and knew how to use them. The resources are available on-line in multiple languages: <http://tinyurl.com/CCA-OutreachTools>.

Massachusetts also provided Enrollment, Outreach, and Access to Care Grants (<http://www.outreachgrants.org/index.aspx>) to community-based health care and human services organizations to assist people in applying for and enrolling in Commonwealth Care. This *Health Reform Toolkit Series* will include a future toolkit focused specifically on consumer assistance, including the development, implementation, and outcomes of this grant project.

#### 4. Collaborating with business, industry, and consumer groups to maintain broad support for health reform and support successful implementation.

During public debate on health reform prior to passage of the Massachusetts law, a loose and informal coalition of business, industry, and consumer groups formed to negotiate with each other and with state officials about the health reform proposals under consideration. This group worked closely with each other, the governor, and state legislators to develop a compromise bill that was broadly supported by all the interest groups represented. After adoption of the law, the group was more formally convened as the Massachusetts HealthCare Reform Coalition

### Business Partners Can Support Implementation

Business and industry groups in Massachusetts recognized the need to educate their members about their obligations and opportunities under the new law. Associated Industries of Massachusetts (AIM), an industry membership organization representing more than 6,500 employers, distributed e-newsletters, developed a comprehensive health reform implementation guide, and sponsored 10 employer education sessions across the state using examples and case studies to help their members implement the new law. "We focused on reaching mid-level human resources managers because we know that that's where implementation happens," said Rick Lord, AIM's Executive Director. "Not all of our members supported health reform before the law was passed, but our outreach after the fact helped our members recognize the opportunities the new law provided to support them and their employees." ([See examples of e-newsletters](#) and [AIM's health reform implementation guide](#).)

(the Coalition) to promote and support effective implementation. The initial convener, a health policy expert from Harvard University who was serving as President of the Blue Cross Blue Shield of Massachusetts Foundation, was well-respected and trusted by all sectors of the coalition as a neutral, informed collaborator.<sup>2</sup>

Coalition members agreed that an important goal of their work should be to maintain high levels of public support for health reform among state residents. Two key members of the Coalition—Blue Cross Blue Shield of Massachusetts and Partners HealthCare—each contributed \$1.5 million to develop and implement an advertising strategy and campaign. This campaign was designed to complement the state’s own marketing campaign, but with a specific focus on the message that health insurance is a public good that should be supported by government to ensure that everyone has access to quality coverage. To accomplish this, the Coalition engaged Hill Holliday, a large advertising agency with both public and corporate clients, to develop a campaign that included the following components:

- A series of ads focusing on the message that “anyone can get sick” and emphasizing that the new law can help people access needed health care. ([See the series of “Anyone Can Get Sick” print ads](#). [Watch TV ad](#). [Listen to radio ad 1](#) and [radio ad 2](#).)
- A series of ads highlighting the successes of the new law.

In addition, the Coalition developed and maintained a website<sup>3</sup> providing information on the new law, health plans available through the health exchange, and links to the Connector website.

The Coalition was not convened by or affiliated with the Connector or any other state agency, but Connector staff recognized that the Coalition’s efforts were an important complement to the Connector’s own goals. Connector staff, representatives from the Executive Office of Health and Human Services, and other state agency staff attended Coalition meetings on a regular basis, sharing research, strategies, and messages to maximize the effectiveness of both campaigns.

## 5. Measuring and reporting on success.

Success for the Connector’s marketing campaign was measured by progress toward one central goal: **increasing the number of Massachusetts residents with health insurance**. As enrollment increased—from 90.2 percent of Massachusetts residents having health insurance before reform<sup>4</sup>, to 97.3 percent in 2009, to more than 98 percent in 2010<sup>5</sup>—most observers concluded that the marketing campaign achieved its principal goal.



It’s important for states to remember that they don’t have to do everything by themselves. They can look to other partners to support their goals.

**Tom Glynn**, former Chief Operating Officer, Partners HealthCare

2 The convener, Nancy Turnbull, was later appointed to the independent Board that oversees the work of the Connector.

3 This website is no longer updated or maintained by the Coalition.

4 Urban Institute, [Health Insurance Coverage and the Uninsured in Massachusetts](#), June 2005, Page 33, Table 1.

5 Massachusetts Division of Health Care Finance and Policy, Massachusetts Health Insurance Survey (multiple years). For additional information, [see results from 2010 survey](#).

The percentage of employers offering health insurance coverage in Massachusetts also increased, from 70 percent in 2005 to 76 percent in 2009. The percentage of employers nationwide offering health insurance coverage for their employees remained steady at 60 percent during that time frame.<sup>6</sup>

Connector administrators and staff realized that they needed to review data sets from multiple sources in order to get the most complete picture of their challenges and progress. For example, quarterly data collected by the Massachusetts Division of Health Care Finance and Policy provided accurate information about the number and percentage of individuals who had health insurance and an annual health insurance survey conducted by this same Division provided an estimate of the number and rate of uninsured individuals in the state. Data from the Department of Revenue provided the number of people who reported having health insurance by the tax filing deadlines, but did not include people who have incomes so low that they are not required to file tax returns. Annual surveys from the Blue Cross Blue Shield of Massachusetts Foundation supplemented this data with additional information about the characteristics of people who still lacked insurance.

An important strategy for the marketing campaign was to **drive traffic to the Connector website**, and the marketing team tracked performance metrics on a monthly basis. The Connector views its health insurance exchange website as a critical tool in expanding the number of insured individuals by providing clear, consistent information on all participating plans in an easy-to-read format that permits comparisons of coverage, costs, and value by the consumer. The website also disseminates up-to-date information about the health reform law and real-life testimonials from Massachusetts residents who accessed insurance for the first time through the state's health exchange. The Connector website is accessible at <https://www.mahealthconnector.org>.<sup>7</sup>

The HealthCare Reform Coalition's main goal—**maintaining high levels of public support for the health reform system**—depended, at least in part, on sharing success stories about health reform implementation. During the two years immediately following passage of the law, public support remained relatively steady from 69 percent in the fall of 2006 to 67 percent in the fall of 2009.<sup>8</sup> Support for one of the most controversial provisions—the requirement that individuals who can afford to purchase health insurance do so or pay a tax penalty—increased from 52 percent in 2006 to 58 percent in 2008.<sup>9</sup> This increase in support was reflected among individuals in all age groups and political party affiliations, and nearly all income and education levels.

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6 Massachusetts Division of Health Care Finance and Policy, [2009 Massachusetts Employer Survey](#).

7 This Health Reform Toolkit Series includes a toolkit focused specifically on developing a successful health insurance exchange. See [Building an Effective Health Insurance Exchange Website](#) at [www.bluecrossfoundation.org](http://www.bluecrossfoundation.org).

8 Blue Cross Blue Shield of Massachusetts Foundation, April 2011 PPT citing Urban Institute, Massachusetts Health Reform Survey, 2010. See [PPT, slide 32](#). However, some surveys suggest that support for the law decreased to as low as 59 percent after the HealthCare Reform Coalition's campaign ended—possibly as a result of increased media attention related to the costs of health reform implementation and/or issues related to the national health reform debate. See, e.g., Harvard School of Public Health, Blue Cross Blue Shield of Massachusetts, and ICR (surveys conducted Sept. 11-18, 2006 and June 10-23, 2008).

9 Harvard School of Public Health, Blue Cross Blue Shield of Massachusetts, and ICR (surveys conducted Sept. 11-18, 2006 and June 10-23, 2008).

## Conclusion

Developing a successful marketing strategy requires a clear understanding of the project's goals and metrics of success. In Massachusetts, the Connector began with the premise that its goal was to support effective implementation of the new law, and its success would be measured by the number of Massachusetts residents who became insured as a result of the new law. With the support of a team that included both Connector staff and well-qualified vendors, the campaign conducted significant customer research to identify messages that would resonate with specific categories of people who lacked health insurance. The campaign also included both paid advertising and in-kind contributions from a range of business and non-profit partners.

In Massachusetts, maintaining high levels of public support for health reform was essential to successful implementation of the law, and Connector staff collaborated informally with a coalition of business, industry, and consumer advocacy organizations that developed and disseminated health reform success stories and other information to remind people about the importance and effectiveness of the new law.

For more information please visit [www.bluecrossfoundation.org](http://www.bluecrossfoundation.org) or contact the Connector's Public Information Unit at [Connector@state.ma.us](mailto:Connector@state.ma.us).

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**Commonwealth Health Insurance Connector Authority**  
**Job Description**  
**Chief Communication Officer & Director of Public Education and**  
**Intergovernmental Affairs**

In conjunction with the Executive Director, the Chief Communication Officer (CCO) is responsible for shaping the public image of the Authority and directing its interaction with the public, media, and elected representatives to ensure its responsiveness and accessibility. The CCO works to fulfill the Authority's commitment to outreach and public education about the Commonwealth's new health insurance programs and the historic Health Care Reform law.

Responsibilities will include but not be limited to:

- Develop and implement broad-based public education campaigns to ensure that the public, business, the media and state departments, divisions and authorities are informed of and knowledgeable about the benefits and requirements of the state's landmark Health Care Reform law.
  - Develop corporate and civic partnerships to support public education around health reform and tie those partnerships to a coordinated and comprehensive outreach strategy. Include members of the advocacy and business communities in the partnership development strategy.
  - Work with other state agencies and divisions to build a cooperative and coordinated effort around public education and outreach.
  - Working with the Director of Public Affairs, oversee a robust media relations program, focusing on proactive as well as reactive media interactions. Develop strategic media relations campaigns to highlight the benefits of the state's health reform law as it impacts citizens and as it may serve as a model for national reform.
  - Develop and articulate the Connector's mission statement and communicate its value proposition to the public. Develop broad based messaging that supports the work of the Connector on numerous fronts.
  - Develop and implement an ongoing outreach program with local, state and federal elected officials to coordinate necessary legislative changes and ensure that legislator's needs for information and constituent service are met on a consistent and continuous basis. Communicate the Connector's progress as well as its need for support to elected officials on the local, state and national level.
  - Oversee the work of the Connector's legislative liaison who handles day to day calls and requests from legislators' offices concerning constituent and other issues.
-



- Develop and oversee the Connector’s advertising campaign, including a thorough procurement process to choose a strategic communications/advertising partner. Work with this firm on consumer research, message development, creative development and placement to: 1) educate and inform Massachusetts citizens; 2) build the Connector’s brand attributes; 3) build awareness of the Connector and the health coverage options it offers to citizens; and 4) build and maintain support for Massachusetts health reform.
- Serve as counsel to the executive director in external relations with numerous community-based constituencies.

**Minimum Qualifications**

- Bachelor’s degree in communications or related field, master’s degree preferred. Ten years of successful, extensive, and increasingly responsible management experience.
- Extensive experience in developing strategic communications programs.
- Knowledge of healthcare field. Experience in healthcare or health insurance preferred, but not necessary.
- Must work well within a team and within a demanding, often-public environment. Ability to work on tight deadlines.
- Credible presence and the ability to gain trust and confidence from the general public, Board and members of the senior team.
- Excellent judgment, the ability to communicate openly among colleagues at all levels, a “hands-on” approach, and the ability to think strategically and produce strong results.
- Must be comfortable and effective in making public presentations.
- Must have strong analytical, writing, and negotiation skills.
- Demonstrated maturity and capacity to navigate a complex structure and respond to shifting and fluid priorities.

**Salary**

Salary range is competitive; salary will be commensurate with experience.

**Interested:**

Send cover letter and resume to [Connector-jobs@state.ma.us](mailto:Connector-jobs@state.ma.us).

**Commonwealth Health Insurance Connector Authority  
One Ashburton Place, Room 805  
Boston, Massachusetts 02108**

**Request for Proposals  
Advertising and Marketing Assistance**

Issued: Nov. 16, 2006

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## **Commonwealth Health Insurance Connector Authority**

### **Advertising and Marketing Assistance Request for Proposal**

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## **I. Introduction and Overview**

The Commonwealth Health Insurance Connector Authority (the “Connector” or the “Authority”) is a body politic and corporate and a public instrumentality of The Commonwealth of Massachusetts (the “Commonwealth”). The Connector is established pursuant to Chapter 176Q of the Massachusetts General Laws (as amended from time to time, “c. 176Q” or the “Connector Governing Act”), as added by Section 101 of Chapter 58 of the Acts of 2006 (“c. 58” or the “Health Care Reform Act of 2006”). The purpose of the Authority is to administer the Commonwealth health insurance connector, as set forth in the Health Care Reform Act of 2006, the main purpose of which is to facilitate the availability, choice and adoption of private health insurance plans to eligible individuals and groups as described in c. 176Q.

In addition to the administration of government-subsidized health benefit plans for low- and moderate-income residents with annual income up to 300% FPL, the Connector must facilitate the development and offering of affordable commercial health insurance products (without public subsidy) to eligible individuals and small groups. For purposes of participation in the Connector, eligible individuals are residents of the Commonwealth who are not offered subsidized health insurance. Eligible small groups include groups, any sole proprietorship, labor union, educational, professional, civic, trade, church, not-for-profit or social organization or firms, corporations, partnerships or associations actively engaged in business. Eligible groups that employ one but not more than 50 employees must meet minimum participation and contribution requirements on at least 50 percent of their working days during the proceeding year.

Plans offered through the Connector will have an effective date of July 1, 2007, with an enrollment period expected to commence on or about May 1, 2007.

## **II. Purpose of Request for Proposals**

The Connector is seeking advertising and marketing assistance from experienced individuals or firms for the purpose of designing and implementing a comprehensive advertising and marketing campaign aimed at reaching uninsured individuals and populations that will be impacted by Massachusetts’ new health insurance mandate. The purpose of this campaign is to educate these populations on the availability of affordable health insurance offered through the Commonwealth Connector.

## **III. Issuing Officer**

The Connector is issuing this RFP. The Issuing Officer and the individuals listed below are the sole points of contact regarding this RFP. No contact with any other Connector employee, vendor, or consultant with respect to this RFP is permitted, from the date of release of this RFP until a contract is awarded, unless otherwise directed by the Issuing Officer.

The Issuing Officer for this RFP is:

Jon Kingsdale  
Executive Director  
Commonwealth Health Insurance Connector Authority  
One Ashburton Place, Suite 805  
Boston, MA 02108  
617-573-1696

Applicants may also contact:

Joan Fallon, Chief Communication Officer  
Commonwealth Health Insurance Connector Authority  
One Ashburton Place, Suite 805  
Boston, MA 02108  
617-573-1719  
Email: joan.fallon@state.ma.us

#### IV. Term of Contract

The initial term of the contract shall be for a period of nine months, commencing on or about January 1, 2007 and ending September 30, 2007. The Connector may, at its sole discretion, seek to extend the contract for a one-year period. As to the tasks listed in Section V hereof, the terms and conditions (other than the time frames) shall remain the same during any such renewal period, but any services added at the Connector’s request shall be on such terms and conditions as may be negotiated between the parties for any such renewal period(s).

#### V. Scope of Services and Tentative Schedule

<u>Task</u>	<u>Completion Date</u>
Task 1	Feb 1, 2007

- **Branding and Message Development** to determine an accessible and easily understood presentation of the goals of the Commonwealth Connector, the products it offers through Commonwealth Care, and the Commercial products it will be developing, as well as the mission the Connector seeks to fulfill – that is, extending health insurance coverage to those who lack this important benefit. This effort will include focus groups with targeted audiences to test best approaches.

Task 2

March 1, 2007

- **Design of a Multifaceted Advertising and Marketing Campaign** aimed at reaching appropriate target audiences to communicate the benefits of Commonwealth Care and the Commercial Health Insurance Products to be developed by the Connector. These programs are distinctly different. One is a government subsidized program, while the other will offer commercially available products to businesses, mainly small businesses, and to individuals. The challenge will be to incorporate the message and rationale of health care reform as well as shared employer and individual responsibility.

Task 3

April 15, 2007

- **Utilization of Avenues for Free Media**, including PSAs, and print, radio and television opportunities to educate the general public on the benefits of Commonwealth Care and the Commercial Health Insurance Products that will be offered by the Connector.

Task 4

April 1, 2007

- **Development of Collateral Materials** to support marketing outreach efforts and reinforce the unified look and feel of the Connector and its products. These materials must be concise, clear and targeted to appropriate audiences.

Task 5

April 1, 2007

- **Media Buying/Recommendations and Placement of Advertising** in different media venues to ensure the best value is achieved for funding allocated to this important effort.

**Criteria**

- Attractiveness and effectiveness of the proposal.
- Proposed budget
- Success in meeting RFP components

**VI. Proposal Format and Submission Deadline**

All proposals should include a transmittal letter that contains a brief summary or executive overview of the respondent's proposal and should be signed by an individual authorized to bind the firm contractually and should confirm that the respondent has not colluded with anyone in the preparation of their response. The letter must also provide the name, title, address, and telephone and fax numbers of the respondent. The

Connector will assume this individual will be available to respond to requests for additional information, if necessary.

The transmittal letter should be followed by the following required sections:

- Response to Essay Questions
- Proposed Work Plan
- Identification of Project Team and Resumes for Each Team Member
- References
- Summary of Experience
- Conflict of Interest Disclosure Form (Appendix A)
- Budget

**Proposal Submission Process and Deadline:** two original, unbound proposals (signed in blue ink) and three copies must reach the Connector Authority offices no later than 5:00 p.m. EST on Dec. 8, 2006 at the address below:

Joan Fallon  
Chief Communication Officer  
Commonwealth Health Insurance Connector Authority  
One Ashburton Place, Room 805  
Boston, Massachusetts 02108

An electronic submission may be delivered by the above date and time, with a hard copy post marked no later than Dec. 8, 2006. Electronic submissions may be delivered to [joan.fallon@state.ma.us](mailto:joan.fallon@state.ma.us).

### **Identification of Team**

The respondent must identify each member of its firm who is expected to work on this engagement and briefly explain the role each is expected to play. The bidder is required to submit a professional resume for each individual identified in the proposal.

### **References**

All respondents must provide three (3) professional references for the proposed lead staff members on the Connector account. The references should be previous clients for whom the individual served for engagements comparable to those outlined in this RFP. Please provide telephone numbers and the names of contact persons.

### **Summary of Experience**

All respondents must provide a brief overview of their experience working on large scale, integrated marketing and advertising campaigns. The overview should highlight professional experience, including any experience in the Massachusetts health care or health insurance market.

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## VII. Essay Questions

### A. Agency Overview

Agency Name:  
Agency Address:

Key Contact:  
Key Contact Title:  
Business Phone:  
Mobile Phone:  
E-mail Address:  
Web Address:

Number of Employees:  
Number of Employees in Responding Office:  
Number of Employees Assigned to Connector Account:

Approximate Annual Billings:  
Approximate Annual Billings for Responding Office:

1. Briefly describe the history of your agency and its ownership structure.
2. Describe the organizational structure of your agency, including the biographies of key principals.
3. Provide the experience of staff who are most likely to be assigned to the Connector account.
4. Describe your preferred compensation structure. Please include your agency average blended rate.
5. Describe your agency's experience in the health care category.
6. Describe the strengths and weaknesses of your agency. What differentiates you from your key competitors?
7. What type of client is best served by your agency?
8. Please list a sample of your current accounts.



## B. Capabilities

In less than two pages, please describe your firm's experience in the following competencies. Please provide specific examples and indicate how your clients made use of these examples.

- a. Branding
  - b. Value Proposition Development
  - c. Positioning
  - d. Target Market Segmentation
  - e. Integrated Marketing (including direct marketing)
  - f. Collateral Design
  - g. Web and New Media Marketing
  - h. Market Research
  - i. Advertising
  - j. Strategic Planning
  - k. Describe your approach and process to building a brand. What are the attributes of an effective brand? How would you approach brand building for a new market entrant like the Connector?
  - l. How do you measure the success of an integrated marketing campaign? What metrics do you recommend to monitor results? Do you establish ROI targets or proxies for ROI? How do you "quantify" success?
  - m. Describe your direct marketing capabilities.
  - n. What types of research do you recommend for new market entrants?
  - o. The Commonwealth Connector will develop insurance products targeted to currently uninsured individuals and businesses. Many of these individuals will be young males. The businesses are small. As a key goal of our marketing campaign is to educate these populations on the selection of health insurance, how would you approach this challenge (please be as specific as possible)?
  - p. What media mix would you propose to reach the appropriate audiences?
-

**C. Case Studies**

1. Please describe two relevant case studies which highlight the success of an integrated marketing campaign. Include background, strategic insight, research highlights, creative samples, and results. What worked well and what would you have done differently to make your results even more successful?

**D. Creative Examples**

- a. Please provide samples of your creative work, including advertising, integrated marketing communication materials, and any other example of your work which highlights your firm’s strengths and capabilities.

**VIII. Financial Proposal**

Please provide a budget for the assignment, specifying a break down for creative development, tools to be developed, market research and media placement/buy.

Please provide the estimated number of hours to be spent on tasks by members of the team.

The estimated annual budget for this engagement is approximately \$4,000,000.

**IX. Contract**

The Connector will enter into a written contract with the winning respondent consistent with the terms of this RFP and the winning bidder’s proposal and utilizing the Commonwealth’s Standard Terms and Conditions for contracts for services, insofar as applicable. A copy of the Commonwealth’s Standards Terms and Conditions can be found at ([http://www.mass.gov/Aosd/docs/contractforms/c\\_tc.doc](http://www.mass.gov/Aosd/docs/contractforms/c_tc.doc)).

**X. Agency Selection Criteria**

**Scope:** The Connector will look at the capabilities of all agencies submitting bids. Preference may be given to full-service offices.

**Size:** Given the unique educational and marketing challenges of our product offering, we require a depth of staff and experience to manage our needs.

**Reputation:** The agency must have a strong record for creating branding and integrated marketing campaigns that deliver positive results for its clients. This includes meeting specific ROI measurements or other quantitative metrics.

**Experience:** The agency should have relevant experience in health care or in marketing to the unique needs of our target market populations. Experience in health insurance is desirable but not essential. The Connector is particularly

interested in an agency's experience and success in promoting new market and new category entrants.

**Creativity:** The agency must have a demonstrable record for creating differentiated, compelling, and focused creative executions. The agency must have the ability to successfully build brand and to reflect the attributes of that brand strategy in its creative executions. Further, the creative executions may require very different executions given the differences of our target populations. Imaginative use of media mix is essential.

**Integrated Marketing:** Experience with successful integrated marketing campaigns is essential. An example of how integrated marketing campaigns have succeeded (or failed) is of interest as is how the use of account planning has resulted in specific target market insights which have enhanced brand value.

**Media Planning & Buying:** The agency must have deep experience in media planning and buying. Specific experience in customized media plans and ways to leverage media "buys" is highly valued.

**New Media:** The agency must have experience with on-line and "new media" marketing strategies and tactics. Search engine marketing, including "pay-per-click" and landing page development is essential. Either in-house functionality or relationships with external, specialized vendors is required.

**Dedicated Team:** The Connector expects to develop a strong team-centered relationship with our creative and account partners. Of particular importance is the ability of the team to understand our mission, business environment, and the unique needs of the uninsured populations our products serve. Given the aggressive time-line established for enrolling our commercial members, we require a high degree of urgency, focus, and responsiveness. Further, we need a team that is willing to work effectively with us and to communicate openly and honestly.

## **XI. Timeline for Review**

The Connector staff will review the proposals during the week of December 11, 2006 and conduct interviews and references checks with a subset of respondents during that week. Respondents should set aside time for a conference call or in-person interview during the week of December 18, 2006. The selection of an advertising and marketing firm will be made by Friday, December 22, 2006.

## Appendix A

### **Certification and Conflict of Interest Disclosure Form**

This is to certify that the undersigned has carefully read the specifications contained in the Request for Proposals (RFP) issued by the Commonwealth Health Insurance Connector Authority, and that the proposal transmitted herein is in accordance with all of the information contained in the RFP.

The undersigned bidder also certifies that it has listed and identified any and all organizations -- which may subsequently respond to an RFP issued by the Connector Authority -- for whom the firm has performed work related to the contents of this RFP. The bidder should provide the Authority, as part of the bidder's response to this RFP, with as much information as possible about the nature of any potential conflicts.

Firm Name:

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Name of Authorized Representative:

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Signature:

Date:

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**Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, Massachusetts 02108**

**Request for Proposals**

**Public Education, Strategic Outreach and Advertising  
Assistance**

Issued: Nov. 7, 2008

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## **Commonwealth Health Insurance Connector Authority**

### **Public Education, Strategic Outreach and Advertising Assistance Request for Proposal**

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## **I. Introduction and Overview**

The Commonwealth Health Insurance Connector Authority (the “Connector” or the “Authority”) is a body politic and corporate and a public instrumentality of The Commonwealth of Massachusetts (the “Commonwealth”). The Health Connector was established pursuant to Chapter 176Q of the Massachusetts General Laws (as amended from time to time, “c. 176Q” or the “Connector Governing Act”), as added by Section 101 of Chapter 58 of the Acts of 2006 (“c. 58” or the “Health Care Reform Act of 2006”). The purpose of the Authority is to administer the Commonwealth Health Insurance Connector, as set forth in the Health Care Reform Act of 2006, the main purpose of which is to facilitate the availability, choice and adoption of private health insurance plans to eligible individuals and groups as described in c. 176Q.

In addition to the administration of government-subsidized health benefit plans for low- and moderate-income residents with annual income up to 300% FPL, the Health Connector must facilitate the development and offering of affordable commercial health insurance products (without public subsidy) to eligible individuals and small groups. For purposes of participation in the Health Connector, eligible individuals are residents of the Commonwealth who are not offered subsidized health insurance. Eligible small groups include any sole proprietorship, labor union, educational, professional, civic, trade, church, not-for-profit or social organization or firms, corporations, partnerships or associations actively engaged in business. Eligible groups that employ one but not more than 50 employees must meet minimum participation and contribution requirements based on their number of eligible employees on at least 50 percent of their working days during the proceeding year.

The Health Connector’s subsidized program, Commonwealth Care, began enrolling members in October of 2006 and has outpaced expectations, with approximately 170,000 Massachusetts residents enrolled as of Sept. 1, 2008. Commonwealth Choice, the Health Connector’s program of commercial plan choices provided by the state’s leading carriers, launched in May of 2007 and offers unprecedented choice in the market for individuals and has enrolled approximately 19,000 Massachusetts residents. The Connector’s offerings for small businesses will launch with a pilot study this fall. It will be more broadly available in 2009. The goal of this program is to enable small employers to offer their employees a selection of health plans within the benefit tier chosen by the employer.

### **Review of Health Connector Public Education Effort to Date**

Following a full procurement process in late 2006, the Health Connector entered into a contract for advertising and public outreach assistance with Weber Shandwick of Cambridge, Massachusetts. The contract took effect on Jan. 22, 2007, and has been extended twice - in January of 2008 with a vote of the Connector Board for a ten-month period through October of 2008, and again (without a request for additional funding) through Nov. 30, 2008.

With assistance from Weber Shandwick, the Health Connector launched an aggressive Public Outreach and Education program in May of 2007 aimed at driving enrollment in health insurance and ensuring widespread knowledge of the state's landmark Health Care Reform law. That campaign included a multi-media advertising campaign in combination with strategic partnerships with public and private entities – for example, the Boston Red Sox. Direct mail and grassroots enrollment events statewide were also undertaken to drive enrollment. Advertising was targeted to young adult audiences as data suggests that the uninsured are more likely to be young, healthy and male; individuals who feel they don't need health insurance and are willing to take the chance that they will not get sick.

The campaign to date focused on educating Massachusetts citizens about the new law and the tax penalties resulting from failure to have coverage. The effort has cut the number of uninsured in Massachusetts by half and resulted in almost 440,000 newly enrolled individuals in the state. According to the U.S. Census Bureau, Massachusetts now has the lowest rate of uninsured in the country, up from seventh place the last time the bureau's survey was conducted. Public support for the new law has also increased. A recent independent survey put it at 71%.

Going forward, the Connector remains committed to its mission to enroll the uninsured individuals and, in 2009, small employers who do not offer health insurance to their employees. Additionally, building the Health Connector brand as a trusted advisor offering unprecedented choice, value, quality and ease of enrollment is critical.

## **II. Purpose of Request for Proposals**

The Health Connector is seeking strategic outreach and advertising assistance from experienced individuals or firms for the purpose of designing and implementing a continuing, public education campaign to enroll remaining, uninsured individuals for both its Commonwealth Care and Choice programs, as well as reaching small employers, self-employed individuals, COBRA eligible individuals, early retirees and young adults who might benefit from the Connector plans. Also, key is ongoing communication around the benefits of having health insurance that meets standards and the tax penalties for not having it. The penalties have proven a strong motivator in enrolling the uninsured.

The Health Connector also seeks advertising and strategic communications assistance to promote its brand as trusted advisor and to educate the public on the unprecedented choice, quality and value of health insurance plans it offers. These plans carry the state's Seal of Approval for value and high quality and offer individuals the peace of mind of knowing that their coverage meets all state requirements and has been fully vetted.



### III. Issuing Officer

The Health Connector is issuing this RFP. The Issuing Officer listed below is the sole point of contact regarding this RFP. No contact with any other Connector employee, vendor, or consultant with respect to this RFP is permitted, from the date of release of this RFP until a contract is awarded, unless otherwise directed by the Issuing Officer.

The Issuing Officer for this RFP is:

Joan Fallon, Chief Communication Officer  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, MA 02108  
617-933-3053  
Email: joan.fallon@state.ma.us

### IV. Term of Contract

The term of the contract shall be for a period of two years, commencing on or about Jan. 1, 2009, and ending Dec. 31, 2011. The Health Connector may, at its sole discretion, seek to extend the contract for a one-year period. As to the tasks listed in Section V hereof, the terms and conditions (other than the time frames) shall remain the same during any such renewal period, but any services added at the Health Connector's request shall be on such terms and conditions as may be negotiated between the parties for any such renewal period(s).

### V. Preliminary Scope of Services and Tentative Schedule

<u>Task</u>	<u>Completion Date</u>
<b>Task 1</b>	<b>March 2009</b>

**Message Development /Market Research** utilizing focus groups and recognized market research techniques to develop unified, effective messaging and best creative approaches for promoting the Health Connector's programs and reaching its target audiences. Programs and target audiences are as follows:

- **Contributory Plan**
  - Determine best approaches for promoting the Connector's new Contributory Plan for small employers. This plan will be broadly launched in the spring or summer of 2009 and will give employers with 50 or fewer employees the ability to offer their employees more choice of health plans than ever has been available to them before. The program will also offer employers ease of administration and technical support.

- Commonwealth Care
  - Determine best approaches for continued outreach to low income individuals who qualify for this subsidized program, which offers choice of quality health plans.
- Connector Choice
  - Determine best approaches for reinforcing the unprecedented choice, value and quality offered through CommChoice, which will benefit uninsured individuals who do not qualify for subsidized care, self employed individuals, COBRA eligible individuals, early retirees and young adults.
- Remaining Uninsured
  - Determine best approaches for reaching remaining uninsured individuals and small employers, educating them about the benefits of health insurance and products offered by the Health Connector, and informing them about the requirements of the law and the tax penalty.

**Task 2**

**Ongoing**

**Continued brand development** to enhance reputation. The Health Connector is a trusted advisor for those seeking assistance in selecting and purchasing health insurance. The Connector offers unprecedented choice in the market and makes it easy, through its website, for enrollees to compare plans and choose the one that is right for them. The Connector’s health plans carry the state’s Seal of Approval for quality and value. The campaign should serve to strengthen this brand, making the Health Connector the go-to site for reliable advice on health insurance and the new law, as well as the source for health plan enrollment in both subsidized and private coverage.

**Task 3**

**April 2009**

**Design a compelling and effective Advertising and Public Education Campaign** to support launch of the Contributory Plan for small employers, educating them on the unprecedented choice and ease of administration that this new program will provide. The Contributory product utilizes plans offered through Commonwealth Choice, and thus will provide small employers with the same high quality, value and Seal of Approval that is the hallmark of Commonwealth Choice.

**Task 4**

**Ongoing**

**Outreach to ethnic communities** using advertising and outreach techniques to communicate the requirements of the new law, the benefits of having health insurance, and programs available through the Connector Commonwealth Care and Commonwealth Choice programs.

**Task 5**

**April 2009**

**Utilization of Avenues for Free Media**, including PSAs, and print, radio and television opportunities to educate small employers on the availability of the Contributory Plan and the general public on the benefits of health insurance and the choice of products offered by the Health Connector, along with tax penalties for non-compliance.

**Task 6**

**April 2009**

**Media Buying/Recommendations and Placement of Advertising** in different media venues to ensure the best value is achieved for funding allocated to this important effort.

**Task 7**

**Ongoing**

**Development of ongoing corporate and civic partnerships** to enhance outreach efforts.

**Criteria**

- Attractiveness and effectiveness of the proposal.
- Proposed budget
- Success in meeting RFP components

**VI. Proposal Format and Submission Deadline**

All proposals should include a transmittal letter that contains a brief summary or executive overview of the respondent's proposal and should be signed by an individual authorized to bind the firm contractually and it should confirm that the respondent has not colluded with anyone in the preparation of their response. The letter must also provide the name, title, address, email, web site and telephone and fax numbers of the respondent. The Health Connector will assume this individual will be available to respond to requests for additional information, if necessary.

The transmittal letter should accompany the following required sections:

- Response to Essay Questions
  - Proposed Work Plan
  - Identification of Project Team and Resumes for Each Team Member
  - References
  - Summary of Experience
  - Conflict of Interest Disclosure Form (Appendix A)
  - Budget
-

**Proposal Submission Process and Deadline:** two original, unbound proposals (signed in ink) and three copies must reach the Connector Authority offices no later than 5:00 p.m. EST on Nov. 25, 2008, at the address below:

Joan Fallon  
Chief Communication Officer  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, Massachusetts 02108

An electronic submission may be delivered by the above date and time, with a hard copy postmarked no later than Nov 25, 2008. Electronic submissions may be delivered to [joan.fallon@state.ma.us](mailto:joan.fallon@state.ma.us).

### **Identification of Team**

The respondent must identify each member of its firm who is expected to work on this engagement and briefly explain the role each is expected to play. The bidder is required to submit a professional resume for each individual identified in the proposal.

### **References**

All respondents must provide three (3) professional references for the proposed lead staff members on the Health Connector account. The references should be previous clients for whom the individual served for engagements comparable to those outlined in this RFP. Please provide telephone numbers and the names of contact persons.

### **Summary of Experience**

All respondents must provide a brief overview of their experience working on large scale, integrated public education, marketing and advertising campaigns. The overview should highlight professional experience, including any experience in the Massachusetts health care or health insurance market.

## VII. Essay Questions

### A. Agency Overview

Agency Name:  
Agency Address:

Key Contact:  
Key Contact Title:  
Business Phone:  
Mobile Phone:  
E-mail Address:  
Web Address:

Number of Employees:  
Number of Employees in Responding Office:  
Number of Employees Assigned to Connector Account:

Approximate Annual Billings:  
Approximate Annual Billings for Responding Office:

### Questions

1. Briefly describe the history of your agency and its ownership structure.
2. Describe the organizational structure of your agency, including the biographies of key principals.
3. Provide the experience of staff who will most likely be assigned to the Health Connector account.
4. Describe your preferred compensation structure. Please include your agency average blended rate.
5. Describe your agency's experience in the health care category and in broad-based public education campaigns.
6. Describe the strengths and weaknesses of your agency. What differentiates you from your key competitors?
7. What type of client is best served by your agency?
8. Please list a sample of your current accounts.

## B. Capabilities

In less than four pages, please describe your firm's experience in the following competencies. Please provide specific examples and indicate how your clients made use of these examples.

- a. Message Development
  - b. Value Proposition Development
  - c. Positioning
  - d. Target Market Segmentation
  - e. Integrated Marketing (including direct marketing)
  - f. Market Research
  - g. Advertising
  - h. Strategic Planning
  - i. How do you measure the success of an integrated marketing campaign? What metrics do you recommend to monitor results? Do you establish ROI targets or proxies for ROI? How do you "quantify" success?
  - j. Describe your direct marketing capabilities.
  - k. What types of research do you recommend for campaign development?
  - l. The Health Connector offers health plan choices to individuals through two, soon to be three, programs:
    - Commonwealth Care, a subsidized program that offers free or low-cost coverage to those who meet certain income and other requirements.
    - Commonwealth Choice, a program that offers private health coverage through brand name carriers. Target audience for these plans include the self-employed, those eligible for COBRA benefits who can find better value through the Connector, early retirees and young adults.
    - Contributory Plan for small employers will soon launch, offering health coverage to employers and their employees. The program, which utilizes Commonwealth Choice plans, will provide
-

employers and employees with choice that - up until now - has not been available to them. Small employers with fewer than 50 employees comprise the target market for the Contributory Plan.

The goal of our continuing campaign is to reach these populations: low-income uninsured, small employers, self-employed individuals, COBRA eligible individuals, young adults, early retirees and individuals who are offered health insurance at the workplace but have refused it. The goal is to promote programs offered through the Health Connector and the choice they offer, along with the requirements of the new law, the benefits of having health insurance and tax penalties for not having coverage. How would you approach this challenge? (Be as specific as possible, keeping in mind efforts and directions already underway to reach these target audiences. These efforts include prior advertising, direct mail and grassroots outreach efforts and corporate and public partnerships.)

- m. What new elements would you propose to add to the Health Connector's outreach and advertising effort to date?
- n. What media mix would you propose to reach the appropriate audiences?

### **C. Case Studies**

Please describe two relevant case studies which highlight the success of an integrated public education, marketing and advertising campaign. Include background, strategic insight, research highlights, creative samples and results. What worked well and what would you have done differently to make your results even more successful?

### **D. Creative Examples**

Please provide samples of your creative work, including advertising, web-based and integrated marketing communication materials, and any other example of your work that highlight your firm's strengths and capabilities. In particular, provide examples of how you successfully targeted specific population segments and what metrics you used to measure the ROI of the campaign.

## **VIII. Financial Proposal**

Please provide a budget for the assignment, specifying a breakdown for creative development, tools to be developed, market research and media placement/buy.

Please provide estimated number of hours to be spent on tasks by members of the team.

The annual budget for the first year of this two-year engagement is up to and not to exceed \$1.5 million. The budget for year two will be determined at the discretion of the Health Connector.

## **IX. Contract**

The Health Connector will enter into a written contract with the winning respondent consistent with the terms of this RFP and the winning bidder's proposal and utilizing the Commonwealth's Standard Terms and Conditions for contracts for services, insofar as applicable. A copy of the Commonwealth's Standards Terms and Conditions can be found at ([http://www.mass.gov/Aosd/docs/contractforms/c\\_tc.doc](http://www.mass.gov/Aosd/docs/contractforms/c_tc.doc)).

## **X. Agency Selection Criteria**

**Scope:** The Health Connector will look at the capabilities of all agencies submitting bids. Preference may be given to full-service offices.

**Size:** Given the ongoing, unique educational and marketing challenges inherent in implementing Massachusetts' landmark Health Care Reform, the Health Connector requires a depth of staff and experience to manage its needs.

**Reputation:** The agency must have a strong track record in integrated communications and advertising campaigns that deliver positive results for clients. This includes meeting specific ROI measurements or other quantitative metrics.

**Experience:** The agency should have relevant experience in health care or in outreaching to the unique needs of our target market populations. Experience in health insurance is desirable, but not essential.

**Creativity:** The agency must have a demonstrable record for creating differentiated, compelling and focused creative executions. The agency must have the ability to successfully build brand and to reflect the attributes of that brand strategy in its creative executions. Imaginative use of media mix is essential.

### **Integrated**

**Outreach:** Experience with successful integrated advertising and communications/outreach campaigns is essential. An example of how integrated marketing campaigns have succeeded (or failed) is of interest as is how the use of account planning has resulted in specific target market insights which have enhanced brand value.

### **Media Planning**

**& Buying:** The agency must have deep experience in media planning and buying. Specific experience in customized media plans and ways to leverage media "buys" is highly valued.



**Market Research:**

The agency must demonstrate an understanding of market research and the role it plays in developing effective public education campaigns. If the agency does not have in-house capabilities in market research, it must designate a partner to complete market research initiatives as necessary.

**Dedicated Team:**

The Health Connector expects to develop a strong, team-centered relationship with our creative and account partners. Of particular importance is the ability of the team to understand our mission, business environment, and the unique needs of the uninsured populations our products serve. The Health Connector requires a high degree of focus and responsiveness. Further, we need a team that is willing to both work effectively with us as well as communicate openly and honestly.

**Return on Investment (ROI):**

The agency must be able to quantify and measure specific results based on campaign expenditures to defined objectives.

**XI. Timeline for Review**

Health Connector staff will review the proposals from Nov. 25 to Dec. 10, 2008 and may conduct references checks with a subset of respondents during those weeks. Finalists, based on the strength of the proposals, will be chosen on Dec. 10, 2008. Respondents should set aside time for a conference call or in-person interview the week of Dec. 15, 2008. The final selection of an advertising and marketing firm will be made on or before Dec. 23, 2008.

## Appendix A

### **Certification and Conflict of Interest Disclosure Form**

This is to certify that the undersigned has carefully read the specifications contained in the Request for Proposals (RFP) issued by the Commonwealth Health Insurance Connector Authority, and that the proposal transmitted herein is in accordance with all of the information contained in the RFP.

The undersigned bidder also certifies that it has listed and identified any and all organizations – which may subsequently respond to an RFP issued by the Connector Authority – for whom the firm has performed work related to the contents of this RFP. The bidder should provide the Authority, as part of the bidder’s response to this RFP, with as much information as possible about the nature of any potential conflicts.

Firm Name:

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Name of Authorized Representative:

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Signature:

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Date:

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Schedule for Public Education & Advertising Contract Procurement

Nov. 7	RFP released
Nov. 25	Proposals due
Nov. 25-Dec. 10	Proposals reviewed
Dec. 10	Finalists selected
Week of Dec. 15	Site visits
On or before Dec. 23	Agency selected
January	Recommendation to Board



**Ellas lo tienen. Usted lo necesita.**

Ahora, se exige que todos los residentes de Massachusetts tengan seguro de salud. Y el Health Connector del Estado lo hace más fácil y económico para usted. Si usted no tiene seguro de salud, llame o use el internet para escoger entre una variedad de nuevos planes que ofrecen beneficios comprensivos y cuidado preventivo. Seis aseguradoras ofrecen pólizas que tienen la garantía de aprobación del Health Connector del Estado: Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, y el Tufts Health Plan.

Protéjase — médicamente y económicamente. Inscríbase ahora a un económico seguro de salud, por medio del Health Connector del Estado.

**1-877-MA-ENROLL**  
**MAhealthconnector.org**



**HealthConnector**



“#)\*!(%i@\*\*&!”

Good thing he’s got health insurance.

Get Insured. It’s good for your health. And it’s the law.  
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**MAhealthconnector.org**



HealthConnector

**1-877-MA-ENROLL**  
**MAhealthconnector.org**



HealthConnector

**Avoid tax penalties: up to \$912 this year.**  
**Sign up today.**





Good thing  
he's got health  
insurance.

Having health insurance is required in Massachusetts—and now there are increasing penalties if you don't. The state's Health Connector website is the easiest place to compare the widest range of affordable plans that well-known insurance companies offer. Visit our site, choose the plan you like best, and get covered—medically and financially. Do it today. Because #)\*!(%i@\*\*&! happens.

What it could cost you if you  
*don't* have health insurance:

- Broken arm – \$2,670
- Broken leg – \$11,277
- Appendectomy – \$14,265

Tax penalties: up to \$912 this year

**1-877-MA-ENROLL**  
**MAhealthconnector.org**



**Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, Massachusetts 02108**

**Request for Proposals  
Digital Communication Strategy**

Issued: November 7, 2008

**Commonwealth Health Insurance Connector Authority  
Digital Communication Strategy  
Request for Proposal**

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## I. Introduction and Overview

The Commonwealth Health Insurance Connector Authority (the “Connector” or the “Authority”) is a body politic and corporate and a public instrumentality of The Commonwealth of Massachusetts (the “Commonwealth”). The Health Connector was established pursuant to Chapter 176Q of the Massachusetts General Laws (as amended from time to time, “c. 176Q” or the “Connector Governing Act”), as added by Section 101 of Chapter 58 of the Acts of 2006 (“c. 58” or the “Health Care Reform Act of 2006”). The purpose of the Authority is to administer the Commonwealth Health Insurance Connector, as set forth in the Health Care Reform Act of 2006, the main purpose of which is to facilitate the availability, choice and adoption of private health insurance plans to eligible individuals and groups as described in c. 176Q.

In addition to the administration of government-subsidized health benefit plans for low- and moderate-income residents with annual income up to 300% FPL, the Health Connector must facilitate the development and offering of affordable commercial health insurance products (without public subsidy) to eligible individuals and small groups. For purposes of participation in the Health Connector, eligible individuals are residents of the Commonwealth who are not offered subsidized health insurance. Eligible small groups include any sole proprietorship, labor union, educational, professional, civic, trade, church, not-for-profit or social organization or firms, corporations, partnerships, sole proprietors, Subchapter “S”, or associations actively engaged in business. Eligible groups that employ one but not more than 50 employees must meet minimum participation and contribution requirements on at least 50 percent of their working days during the proceeding year.

The Health Connector’s subsidized program, *Commonwealth Care*<sup>™</sup>, began enrolling members in October of 2006 and has outpaced expectations, with approximately 170,000 Massachusetts residents enrolled as of Sept. 1, 2008. *Commonwealth Choice*<sup>™</sup>, the Health Connector’s program of commercial plan choices provided by the state’s leading carriers, launched in May of 2007 and offers unprecedented choice in the market for individuals. The Connector’s offerings for small businesses will launch with a pilot program this fall. It will be more broadly available in 2009. The goal of this program is to enable small employers to offer their employees a broad selection of health plans within the benefit tier chosen by the employer.

### **Review of Health Connector Advertising and Communication Efforts to Date**

Following a full procurement process in late 2006, the Health Connector entered into a contract for advertising and public outreach assistance with Weber Shandwick of Cambridge, Massachusetts. The contract took effect on Jan. 22, 2007 and has been extended twice - in January of 2008 with a vote of the Connector Board for a ten month period through October of 2008, and again (without a request for additional funding) through Nov. 30, 2008.

With assistance from Weber Shandwick, the Health Connector launched an aggressive Public Outreach and Education program in May of 2007 aimed at driving enrollment in health insurance and ensuring widespread knowledge of the state's landmark Health Care Reform law. That campaign included a multi-media advertising campaign in combination with strategic partnerships with public and private entities – for example, the Boston Red Sox. Direct mail and grassroots enrollment events statewide were also undertaken to drive enrollment. Advertising was targeted to young adult audiences as data suggests that the uninsured are more likely to be young, healthy and male; individuals who feel they don't need health insurance and are willing to take the chance that they will not get sick.

The campaign to date focused on educating Massachusetts citizens about the new law and the tax penalties resulting from failure to have coverage. The effort has cut the number of uninsured in Massachusetts by half and resulted in almost 440,000 newly enrolled individuals in the state. According to the U.S. Census Bureau, Massachusetts now has the lowest rate of uninsured in the country, up from seventh place the last time the bureau's survey was conducted. Public support for the new law has also increased. A recent independent survey put it at 71%.

Going forward, the Connector remains committed to its mission to enroll the remaining uninsured individuals and, in 2009, small employers who do not offer health insurance to employees. Additionally, building the Health Connector brand as a "trusted advisor" offering unprecedented choice, value, quality and ease of enrollment is critical.

Recently, the Connector engaged in a series of digital communication strategies to better optimize those segments of the market which receives the bulk of its product information from the web or from blogs and social media outlets. We established a search engine optimization communication strategy as well as a social network communication plan.

## **II. Purpose of Request for Proposals**

The Health Connector is seeking assistance from experienced individuals or firms for the purpose of designing and implementing an integrated digital communication strategy using Web 2.0 and social media sources to continue its public education campaign and to reach specific target segments who might benefit from health benefit plans offered by the Connector. These target markets include small employers ( $\leq 50$  employees), self-employed individuals, COBRA-eligible individuals, employees who work part-time, entrepreneurs, early retirees and young adults.

We know that a high percentage of our target market will visit multiple web sites and blogs before purchasing health insurance from the Connector or directly from a health plan. To this end, we wish to employ sophisticated digital communication and communication strategies to better communicate the value and ease of purchasing health insurance.

In particular, we are interested in ways we may evaluate and implement the most effective means to reach our target markets via digital communication. Specific tactics to be evaluated as part of our strategy include the following:

- Site optimization and design
- Content optimization
- Link building
- Social bookmarking
- Blog creation and maintenance
- Landing pages
- Affiliate programs and paid search
- Source code optimization
- Title Tag and Meta Tag enhancements
- E-newsletters and promotions
- SEO Communication strategies
- RSS
- Podcasts
- Social Media Communication
- Widgits and Wikis

A key element of this promotion is the enhancement and brand reputation management of the Connector's brand as a "trusted advisor" in its ability to offer unprecedented choice, quality, value and customer assistance. The Connector's plans carry the state's Seal of Approval for value and high quality and offer individuals the peace of mind of knowing that their coverage meets all state requirements.

### **III. Issuing Officer**

The Health Connector is issuing this RFP. The Issuing Officer listed below is the sole point of contact regarding this RFP. No contact with any other Connector employee, vendor, or consultant with respect to this RFP is permitted, from the date of release of this RFP until a contract is awarded, unless otherwise directed by the Issuing Officer.

The Issuing Officer for this RFP is:

Kevin Counihan, Chief Marketing Officer  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, MA 02108  
617-933-3047

### **IV. Term of Contract**

The term of the contract shall be for a period of one year, commencing on or about Jan. 1, 2009 and ending Dec. 31, 2009. The Health Connector may, at its sole discretion, seek to

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extend the contract for a one-year period. As to the tasks listed in Section V hereof, the terms and conditions (other than the time frames) shall remain the same during any such renewal period, but any services added at the Health Connector’s request shall be on such terms and conditions as may be negotiated between the parties for any such renewal period(s).

**V. Scope of Services and Tentative Schedule**

<b>Task</b>	<b>Completion Date</b>
<b>Task 1</b>	<b>February 15, 2009</b>

**Digital Communication Strategy Development**

This task objective is to complete a recommended integrated digital Communication strategy including the prioritization of proposed tactics to meet the needs of our target markets. Specifically, we are interested in supporting the “community” of health insurance purchasers with the objective that the Connector’s web site becomes the “destination” site for purchasers of health insurance. These purchasers may include individuals who buy through the Connector and those who do not. In each instance, we want the Connector’s web site to act as a public information service in the purchasing of health insurance.

Tactics to be evaluated and recommended in this strategic plan include but are not limited to those identified in Section II of the RFP. Special attention should be directed to the opportunities and risks of recommended tactics on the management of the Connector’s brand. Included too should be an assessment of how the Connector’s online communication activities could be more effectively coordinated and integrated with our offline advertising and outreach efforts.

Included in this strategic plan should be an assessment of the communication strengths and weaknesses of our existing web site and digital communication efforts to date and a specific “blue print” to implement an effective integrated digital communication plan including the recommended metrics to measure quantitatively ROI, ROE, and other proxies for effectiveness.

<b>Task 2</b>	<b>May 1, 2009</b>
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**Strategy Implementation**

Based on the prioritization outlined in the strategic plan, this task objective is the execution of the plan. It includes the creation and implementation of key digital communication activities which are integrated to meet the business objectives of the strategic plan and the Connector’s brand strategies. It would include the architecture to measure quantitatively the impact of these tactics on the objectives of the strategic plan

As implementation includes the impact on staff resources in addition to communication budgets, it is important that implementation be prioritized to those activities which will have the highest effectiveness in meeting our business and outreach goals.

Your strategic plan proposal should include options for implementation so that we understand which features should be implemented by our staff and those which your firm or other firms would be the most appropriate to implement.

### **Criteria for Evaluating Proposals**

- Understanding of the unique mission and needs of the Connector
- Imagination and communication skills
- Experience and success in designing and implementing integrated digital communication strategic plans
- Ability to prioritize recommended activities
- Ability to quantify the ROI of proposed activities
- Effectiveness in working with a strong, cross-functional client team
- Proposed budget

### **VI. Proposal Format and Submission Deadline**

All proposals should include a transmittal letter that contains a brief summary or executive overview of the respondent's proposal and should be signed by an individual authorized to bind the firm contractually and should confirm that the respondent has not colluded with anyone in the preparation of their response. The letter must also provide the name, title, address, and telephone and fax numbers of the respondent. The Health Connector will assume this individual will be available to respond to requests for additional information, if necessary.

The transmittal letter should accompany the following required sections:

- Response to Essay Questions
  - Proposed Work Plan
  - Identification of Project Team and Resumes for each Team Member
  - References
  - Summary of Experience
  - Conflict of Interest Disclosure Form (Appendix A)
  - Budget
-

**Proposal Submission Process and Deadline:** two original, unbound proposals (signed in ink) and three copies must reach the Connector Authority offices no later than 5:00 p.m. EST on Nov. 21, 2008 at the address below:

Kevin Counihan  
Chief Marketing Officer  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, Massachusetts 02108

An electronic submission may be delivered by the above date and time, with a hard copy postmarked no later than Nov 21, 2008. Electronic submissions may be delivered to [kevin.counihan@state.ma.us](mailto:kevin.counihan@state.ma.us).

### **Identification of Team**

The respondent must identify each member of its firm who is expected to work on this engagement and briefly explain the role each is expected to play. The bidder is required to submit a professional resume for each individual identified in the proposal.

### **References**

All respondents must provide three (3) professional references for the proposed lead staff members on the Health Connector account. The references should be previous clients for whom the individual served for engagements comparable to those outlined in this RFP. Please provide telephone numbers and the names of contact persons.

### **Summary of Experience**

All respondents must provide a brief overview of their experience working on integrated digital communication plans. The overview should highlight professional experience, including any experience in the Massachusetts health care or health insurance market.

## VII. Essay Questions

### A. Firm Overview

Firm Name:

Firm Address:

Key Contact:

Key Contact Title:

Business Phone:

Mobile Phone:

E-mail Address:

Web Address:

Number of Employees:

Number of Employees in Responding Office:

Number of Employees Assigned to Connector Account:

Approximate Annual Billings:

Approximate Annual Billings for Responding Office:

### Questions

1. Briefly describe the history of your firm and its ownership structure.
2. Describe the organizational structure of your firm, including the biographies of key principals.
3. Provide the experience of staff who will most likely be assigned to the Health Connector account.
4. Describe your compensation structure.
5. Describe your firm's experience in digital communication and any experience in the health care category.
6. Describe the strengths and weaknesses of your firm. What differentiates you from your key competitors?
7. What type of client is best served by your firm?
8. Please list a sample of your current clients.

## B. Capabilities

In less than four pages, please describe your firm's experience in the following competencies. Please provide specific examples and indicate how your clients made use of these examples.

- a. Integrated Digital Communication Strategy Development
  - b. Web 2.0 and Search Communication Activities
  - c. Positioning
  - d. Target Market Segmentation
  - e. Integrated Digital Communication
  - f. Metrics Creation
  - g. How do you measure the success of an integrated digital communication campaign? What metrics do you recommend to monitor results? Do you establish ROI targets or proxies for ROI? How do you "quantify" success?
  - h. Describe your digital communication capabilities. Where are you strong, and where do you need more experience or support?
  - i. What types of research do you recommend for the development of a digital communication strategy?
  - j. The Health Connector offers health plan choices to individuals through two, and soon to be three, programs:
    - *Commonwealth Care*<sup>™</sup>, a subsidized program that offers free or low-cost coverage to those who meet certain income and other requirements.
    - *Commonwealth Choice*<sup>™</sup>, a program that offers private health coverage through brand name carriers. Target audience for these plans include the self-employed, those eligible for COBRA benefits who can find better value through the Connector, early retirees and young adults.
    - *Contributory Plan* for small employers will soon launch, offering health coverage to employers and their employees. The program, which utilizes Commonwealth Choice plans, will provide employers and employees with choice that - up until now - has not
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been available to them. Small employers with fewer than 50 employees comprise the target market for the Contributory Plan.

The goal of our continuing campaign is to reach these target populations of individuals who are offered health insurance at the workplace but have refused it, and small employers who may not yet offer health insurance or who are challenged to continue to offer health insurance to their employees. The goal is to promote programs offered through the Health Connector and the choice they offer, along with the requirements of the new law, the benefits of having health insurance and tax penalties for not having coverage. How would you approach this challenge? (Be as specific as possible, keeping in mind efforts already underway to reach these target audiences.)

- k. How would digital communication activities you propose add to the Health Connector’s outreach and communication efforts to date?

### **C. Case Studies**

Please describe two relevant case studies which highlight the success of an integrated strategic digital communication campaign your firm has developed and implemented. Include background, strategic insight, creative samples and results. What worked well and what would you have done differently to make your results even more successful?

### **D. Examples**

Please provide samples of your work that highlight your firm’s strengths and capabilities.

## **VIII. Financial Proposal**

Please provide a budget for the assignment, specifying a breakdown for strategy development and implementation.

Please provide estimated number of hours to be spent on tasks by members of the team.

The estimated annual budget, including strategy development and execution, for this one-year engagement is to be less than \$250,000.

## **IX. Contract**

The Health Connector will enter into a written contract with the winning respondent consistent with the terms of this RFP and the winning bidder’s proposal and utilizing the Commonwealth’s Standard Terms and Conditions for contracts for services, insofar as applicable. A copy of the Commonwealth’s Standard Terms and Conditions can be found at ([http://www.mass.gov/Aosd/docs/contractforms/c\\_tc.doc](http://www.mass.gov/Aosd/docs/contractforms/c_tc.doc)).

## **X. Agency Selection Criteria**

**Scope:** The Health Connector will look at the capabilities of all firms submitting bids.

**Reputation:** The firm must have a strong track record in developing and implementing digital communication strategic plans that deliver positive results for clients. This includes meeting specific ROI measurements.

**Experience:** The firm should have relevant experience and be able to demonstrate how it will measure ROI quantitatively.

**Creativity:** The firm must have a demonstrable record for creating differentiated, compelling and focused digital communication strategies and execution.

### **Dedicated Team:**

The Health Connector expects to develop a strong, team-centered relationship with our Communication partners. Of particular importance is the ability of the team to understand our mission, business environment, and the unique needs of the populations our products serve. The Health Connector requires a high degree of focus and responsiveness. Further, we need a team that is willing to work effectively with us and to communicate openly and honestly.

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## Appendix A

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The undersigned bidder also certifies that it has listed and identified any and all organizations – which may subsequently respond to an RFP issued by the Connector Authority – for whom the firm has performed work related to the contents of this RFP. The bidder should provide the Authority, as part of the bidder’s response to this RFP, with as much information as possible about the nature of any potential conflicts.

Firm Name:

---

Name of Authorized Representative:

---

Signature:

Date:

---

Schedule for Digital Communication Strategy Contract Procurement

November 7	RFP issued
November 25	Proposals due
Nov. 25 to Dec. 10	Proposals reviewed
December 10	Finalists selected
Week of Dec. 15	Site visits
December 23	Firm selected
December or January meeting	Board approval



# Ad Placements

Half-Page Ad in Business Section

A screenshot of the Boston.com website's Business section. The page features a video player for "Globe 10.0: Do you like the World Baseball Classic?" and a large red-bordered advertisement for Commonwealth Connector. The ad displays the Health Connector logo and the text "Commonwealth Connector". The website header includes navigation links like "HOME", "SPORTS", "LIFESTYLE", and "JOBS".

728x90 & 300x250 Ad Units in Job Section

A screenshot of the Boston.com website's Job section. The page features a "Find a Job" search interface and several navigation options like "Browse by Region/Town", "Commute", and "Employer". Two red circles highlight specific ad placements: one for a 728x90 ad unit at the top right and another for a 300x250 ad unit at the bottom right. Both ads feature the Health Connector logo and text about health plans. The website header includes navigation links like "HOME", "SPORTS", "LIFESTYLE", and "JOBS".



# Informational Guide Landing Page



## Find affordable health insurance that's right for you

The Health Connector is an independent state agency that helps Massachusetts residents like you find the right health insurance plan. We offer simple coverage and rate comparisons, easy-to-understand plan details, expert advice, up-to-date information, free quotes, and a range of affordable health plans from top carriers such as:



MASSACHUSETTS

Blue Cross Blue Shield



Fallon Community



Harvard Pilgrim



Health New England



Neighborhood Health Plan



Tufts Health

## Get your free health insurance guide, complete with helpful facts and advice

Enter your information:

First Name:

Last Name:

Email:

[Download Guide](#)

[Privacy Policy](#)



The Health Connector is your resource for finding the health insurance plan that fits your needs, provides the best value, and satisfies State health insurance requirements. Complete the form to the right to begin.





Massachusetts law requires residents  
18 and older to have health insurance.

The Health Connector can help you.

**Call 1-877-MA-ENROLL**

[www.MAhealthconnector.org](http://www.MAhealthconnector.org)



547 6 07/03 2117  
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===== CUT HERE =====





## ¿No tiene seguro médico? ¿Necesita cobertura de atención médica?

Commonwealth Care, el programa de seguro médico más nuevo del estado, ahora ofrece cobertura de atención médica a los miles de residentes de Massachusetts que reúnen los requisitos y que, hasta ahora, no tenían seguro médico.

POSIBLEMENTE USTED REÚNA LOS REQUISITOS SI LOS INGRESOS DE SU FAMILIA SON IGUALES O MENORES DE LO SIGUIENTE:	Cuántas personas hay en su familia	Ingresos iguales o menores de
	1	\$29,412
	2	\$39,600
	3	\$49,800
	4	\$60,012

### Los beneficios incluyen:

- Su propio médico
- Chequeos regulares
- Atención cuando esté enfermo o lastimado
- Medicamentos de receta
- Tratamiento por abuso en el consumo de alcohol, drogas y problemas de salud mental
- Cuidado de la vista
- Atención dental (sólo a disposición de algunos afiliados)

Las cuotas son variables, de acuerdo con sus ingresos. Las personas de ciertos niveles de ingresos no tendrán cuotas.

**PARA SABER MÁS, LLAME AL**  
1-877-MA-ENROLL  
(1-877-623-6765)  
(TTY: 1-877-623-7773, para personas con pérdida del oído total o parcial)



## Uninsured? Need Health Care Coverage?

Commonwealth Care, the state's new health insurance program, is bringing coverage to thousands of eligible Massachusetts residents who were previously uninsured.

YOU MAY BE ELIGIBLE IF YOUR FAMILY'S ANNUAL INCOME IS AT OR BELOW THE FOLLOWING:	Family Size	Income at or below...
	1	\$29,412
	2	\$39,600
	3	\$49,800
	4	\$60,012

### Benefits include:

- Your own doctor
- Regular checkups
- Care when you are sick or injured
- Prescriptions
- Treatment for alcohol, drug abuse and mental health problems
- Vision care
- Dental (available to some members only)

Premiums are on a sliding scale based on your income—there are no premiums for those at certain income levels.

**TO LEARN MORE, CALL**  
1-877-MA-ENROLL  
(1-877-623-6765)  
(TTY: 1-877-623-7773 for people with partial or total hearing loss)





## **Urgent Message to Massachusetts Income Tax Filers ACT NOW TO AVOID TAX PENALTIES!**

The Health Care Reform Law requires most Massachusetts residents age 18 or older to have health insurance. **To avoid a penalty of \$219 per individual when you file your 2007 Massachusetts income tax return, you must have health coverage by the end of the year. You should enroll in a health plan by November 15th to make sure you do not miss this important deadline.**

The penalty for being uninsured will increase significantly in 2008, accumulating each month you do not have health coverage.

If you are uninsured, please visit [www.MAhealthconnector.org](http://www.MAhealthconnector.org) for more information or to sign up. Or you can contact a health carrier directly. The time to act is now!

**If you already have health coverage, please disregard this notice.**



Para ver este mensaje en español por favor visite [www.MAhealthconnector.org](http://www.MAhealthconnector.org).

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*The Commonwealth of Massachusetts  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, MA 02108*



**DEVAL PATRICK**  
Governor  
**TIM MURRAY**  
Lieutenant Governor  
**LESLIE KIRWAN**  
Board Chair  
**JON M. KINGSDALE**  
Executive Director

**Spring, 2007**

**Dear Massachusetts Employer:**

The goal of Massachusetts health care reform is to make quality, affordable health care available to every resident. To achieve this, employers, health insurers, state government and the health care community are working together in an unprecedented effort to expand the choices available to uninsured individuals.

On July 1, 2007, most Massachusetts residents age 18 and older will be required to have health insurance. The law also places certain responsibilities on employers to ensure that health insurance is accessible to as many individuals as possible.

The new law will affect businesses in different ways depending on their size. In general, businesses with fewer than 11 employees are exempt from most requirements of the law. However, their employees who live in Massachusetts are still required to have health insurance.

The Commonwealth Health Connector was created to help connect individuals, families and businesses (especially those with 50 or fewer employees) to a broad choice of affordable, high quality health insurance plans. The Health Connector's Commonwealth Choice program is now available to non-group individuals and families. In addition, employers who plan to offer health plans, without an employer contribution, to part-time, temporary and other employees can set up tax-advantaged Section 125 plans and pay enrollee premium contributions to the Health Connector.

Beginning later this summer, small employers who wish to contribute toward their employees' group health coverage can purchase health insurance through the Health Connector, or they can purchase through existing channels.

**Here are key requirements of the new law that affect employers:**

**Section 125 Plans**

Businesses with 11 or more full-time equivalent employees must offer **Section 125 plans** to enable their employees to purchase health insurance on a pre-tax basis. Those who do not will face a potential surcharge if their employees (or dependents of their employees) make significant use of the state's Uncompensated Care Pool. This is called the **Free Rider Surcharge**.

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Section 125 plans offer benefits for both the employer and the employee. Through a Section 125 plan, the employee is able to pay for health insurance on a pre-tax basis that is not subject to federal or state taxes. On average, Section 125 plans reduce the cost of health insurance to employees in Massachusetts by 41 percent. Private employers also save 7.65 percent in FICA taxes. The Health Connector will offer more detailed information on Section 125 plans and help employers offer a choice of health plans under Section 125.

### **Fair Share Assessment**

Employers with 11 or more full-time equivalent employees are required to offer employees a qualified health plan and make a fair and reasonable contribution to it. Failure to do so will subject employers to a Fair Share Assessment of up to \$295 per employee, per year. There are two tests to determine if an employer will be subject to this assessment. *An employer who satisfies either test will NOT be subject to the assessment.*

**Primary Test:** At least 25 percent of the employer's full-time employees are enrolled in the employer's group health insurance; or

**Secondary Test:** The employer offers to contribute at least 33 percent toward the cost of an individual health plan for full-time employees who have been employed more than 90 consecutive days in the year.

### **Health Insurance Responsibility Disclosure (HIRD) Forms**

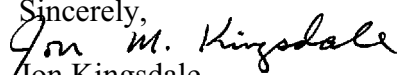
To demonstrate compliance with Section 125 and Fair Share requirements, employers with 11 or more employees must file a Health Insurance Responsibility Disclosure Form (HIRD) and must collect employee HIRD forms as well. The employer's HIRD form is to be filed annually with the state Division of Health Care Finance and Policy. The employee forms are to be collected by the employer and maintained for a period of three years for those employees who refuse the employer's insurance offering or Section 125 plan.

### **Non Discrimination Provision**

Another provision requires insurance carriers to sell licensed health insurance products only to employers who offer insurance to all full-time employees and who do not require higher premium contributions from lower wage, full-time employees than they do from higher wage, full-time employees.

For more information, including an Employer Handbook and answers to frequently asked questions, please visit the Health Connector's website at [www.MAhealthconnector.org](http://www.MAhealthconnector.org). Employers may also e-mail questions to the Health Connector's Public Information Unit at [Connector@state.ma.us](mailto:Connector@state.ma.us).

The Health Connector will offer a broad range of quality plans from which you and your employees may choose, and we can relieve you of much of the administrative burden of purchasing employee health insurance. We look forward to working with you to serve your health insurance needs and those of your employees.

Sincerely,  
  
Jon Kingsdale  
Executive Director

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To ensure receipt of our email, [please add 'aimnews@informz.net'](mailto:aimnews@informz.net) to your address book.



June 6, 2007

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Vol. 4 - 6/6/07

## **A.I.M. Health Care Reform Update**

Landmark legislation was enacted in April 2006 requiring all residents of Massachusetts, age 18 or more, to secure health insurance by July 1, 2007. The law is built upon the premise of shared responsibility - with individuals, the government, and employers all having key roles and obligations. This newsletter will keep you informed of key developments and will also provide practical information and guidance.

### **In this Issue**

- **Individual Mandate - Clarification of 2007 compliance requirements**
- **Model communications to employees regarding the new law and the individual mandate**
- **Update on Primary Employer Responsibilities**

### **Individual Mandate**

Effective July 1, 2007, all Massachusetts residents, age 18 or more, are required to have health insurance.

*Clarification: While the effective date of the law is by July 1, 2007, there is a special consideration for the year of implementation. Individuals who truthfully state on their 2007 Massachusetts income tax return that they had health insurance coverage on or before December 31, 2007 will be deemed to be in compliance for 2007. The penalty for noncompliance is loss of the individual tax exemption.*

Looking for sample employee communications related to the new law and the individual mandate?

[Click here](#) for sample a memo/letter for employees who are eligible for employer-sponsored coverage.

[Click here](#) for a sample memo/letter for those who are not eligible for the employer's plan or plans.

.....

### Primary Employer Responsibilities

**Section 125 Plan Requirement:** Employers with 11 or more employees are required to establish a Section 125 plan prior to July 1, 2007.

- Emergency regulations were adopted in March. Since that time the regulations have gone through a hearing and public comment process and are expected to be finalized in June.
- Many employers are under the mistaken perception that they must offer the Section 125 plan to employees by July 1, 2007. Although the plans must be implemented by July 1, 2007, it is anticipated that the final version of the regulations will retain the provision stating that employers must complete the enrollment process by September 1, 2007 for employees who are newly eligible for this benefit.
- The Commonwealth Connector has prepared an excellent Section 125 Handbook for employers. It is subject to technical revisions upon final adoption of the regulations, but the draft is currently available in PDF format through a link on their Web site: [www.mahealthconnector.org](http://www.mahealthconnector.org).
- The Connector has not yet issued information on when and how employers will be required to submit a copy of their Section 125 plan document(s).

**Free Rider Surcharge:** The Free Rider Surcharge may be assessed on employers with 11 or more employees that fail to implement a compliant Section 125 plan by July 1, 2007.

- Regulations are not yet finalized.

**Health Insurance Responsibility Disclosure (HIRD) Forms:** Employers with 11 or more employees are required to complete an employer HIRD form on an annual basis and employee HIRD forms when an employee waives participation in either a Section 125 plan or employer sponsored health insurance.

- HIRD regulations and forms are yet finalized.
- A.I.M.'s current understanding is that the HIRD forms are under revision to capture information that will be needed in the event an employee wishes to apply for an exemption from the individual mandate based on the affordability of employer-sponsored coverage. A.I.M. is supportive of minimizing the number of separate administrative processes for employers and we continue to provide input and feedback during this regulatory process.
- There is a strong likelihood that the employer HIRD form will be submitted electronically at the same time the online Fair Share Contribution compliance verification is done following the end of each Oct.1 – Sept. 30 determination year. This will be good news for many employers.

**Fair Share Contribution:** Employers with 11 or more employees are obligated to make a "fair and reasonable" contribution towards health insurance or pay a penalty up to \$295 per employee per year.

- The final Fair Share Contribution regulations were adopted in September 2006 by the Division of Health Care Finance and Policy. These regulations define the two tests that will be used to determine an employer's compliance with the Fair Share Contribution requirement.
- Complementary regulations were issued in draft form by the Division of Unemployment Assistance in March, and recently went through a hearing and public comment process. These regulations are related to the online process employers will follow to verify compliance with the Fair Share Contribution requirement as well as the processes for collection of penalties through the Unemployment Insurance tax system.
- Again, it is our current understanding is that the employer HIRD form will be submitted electronically at the same time the online Fair Share Contribution compliance verification is done.

3/11 10:16 AM

### **A.I.M. Adds Health Care Reform Workshops**

Due to popular demand, A.I.M. has scheduled additional Health Care Reform Workshops. These sessions will provide you with the latest information, insight, and practical tools to ensure your organization's compliance with this new law. Many participants have told us that the binder they received in the Workshop is well worth the price of the seminar. We hope you will join us in one of these interactive sessions.

#### **TO REGISTER, CLICK ON THE SEMINAR YOU WISH TO ATTEND.**

Fees: \$250 - A.I.M. Members; \$350 - Non-members

[June 7 - Leominster, Sheraton Four Points, 99 Erdman Way, 8-11:30 a.m.](#) - seats are available in this program.

[June 11 - Taunton, Holiday Inn, 700 Miles Standish Blvd., 8-11:30 a.m.](#)

[June 13, Burlington, A.I.M. Offices, 54 Third Ave., 8-11:30 a.m.](#)

#### **To register for a briefing, simply click on the location or date and log in.**

Forgot your username or password? Please e-mail [jhorne@aimnet.org](mailto:jhorne@aimnet.org)

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You will find more information on the A.I.M. Web site, [www.aimnet.org](http://www.aimnet.org), and the Connector Web site, <http://www.mahealthconnector.org/>.



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July 3, 2007

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Vol. 7 - 7/3/2007

## A.I.M. Health Care Reform Update

Landmark legislation was enacted in April 2006 requiring all residents of Massachusetts, age 18 or more, to secure health insurance by July 1, 2007. The law is built upon the premise of shared responsibility – with individuals, the government, and employers all having key roles and obligations. This newsletter will keep you informed of key developments and will also provide practical information and guidance.

### In this Issue

- **Section 125 Regulations – Administrative Information Bulletin 02-07 issued on June 29, 2007 with guidance on:**
- **Section 125 Plan Documents – Filing deadline officially postponed until October 1, 2007 through Administrative Information Bulletin**
- **Exclusion of Certain Employees – Guidance on determining which employees can be excluded from Section 125 Plan eligibility**
- **Affordability Schedules – Connector Board adopts revised affordability schedule**
- **Section 125 Plan Administration – A practical review of primary IRS rules related to the day-to-day administration of Section 125 Plans.**

### Section 125 Regulations – Administrative Bulletin 02-07 Issued on June 29, 2007

The Connector has issued an Administrative Bulletin to provide guidance and clarification on several important issues. Highlights of the Bulletin:

- **Plan Document Filings** - Employers of 11 or more full-time equivalent employees during the initial determination period ending March 31, 2007 must file a copy of their Section 125 Plan document(s) with the Connector no later than October 1, 2007.

The Connector will not accept documents submitted prior to September 1, 2007. The Bulletin does not specify how the documents are to be submitted – paper, electronic, etc. – or where they are to be sent.

- **Exclusion of Certain Part-time Employees Based on Average Hours Worked** – A.I.M. has received many questions about exactly how to determine if an employee has averaged fewer than 64 hours per month and can, therefore, be excluded from Section 125 Plan participation. The Bulletin provides guidance on this issue as follows:
  - The "look-back" period for current employees is 180 days (roughly 6 months, and including any eligibility waiting period) immediately prior to the first day of any open enrollment period for the Section 125 Plan for which they would be eligible.
  - The average hours are determined by dividing the employee's gross payroll hours (i.e., paid - not worked) during the 180-day period by 6. Those who average 63 or fewer hours per month may be excluded from Section 125 Plan eligibility. A.I.M. recommends keeping complete documentation as to how these determinations are made.
  - For employers who must make eligibility decisions right now for a July 1, 2007 implementation date, and who have chosen to exclude employees who average fewer than 64 hours per month, the Bulletin is not specific on how to determine eligibility for current part-time employees who have been employed fewer than 180 days. A.I.M. has requested clarification from the Connector.
  - For new employees, hired on or after both July 1, 2007 *and* the effective date of the Section 125 Plan for which the employee might be eligible, the employer must make a good faith effort, at the time of hire, to anticipate the number of hours the employee will work and either include or exclude individuals accordingly.
  - Employees are to be considered new hires, for purposes of these regulations, for 180 days or until the day immediately preceding the next open enrollment period – whichever is later. The Bulletin includes a very good example of a new hire whose 180-day new hire period expires prior to the next open enrollment period. A.I.M. has requested an example of what happens when the new hire period expires later than the beginning of the next open enrollment period.
  - The Bulletin reaffirms an important point - that an employer may always be more generous than the regulations require, i.e., by excluding only those employees who average fewer than, for example, 32 hours per month. Employers are prohibited, however, from being less generous, i.e., by excluding those who average fewer than, for example, 80 hours per month.
- **Exclusion of Certain Wait Staff, Service Employees and Service Bartenders** – The regulations allow the exclusion of wait staff, service employee, and service bartenders who earn, on average, less than \$400 in monthly payroll wages. The Bulletin clarifies that tips are not to be included when calculating whether an employee falls within this exclusion and also provides a detailed definition of "tips."

[Click Here](#) to view or download Administrative Information Bulletin 02-07



## Affordability and Premium Schedules

During its June 26, 2007 meeting the Connector Board adopted Affordability and Premium Schedules that will be used to evaluate waivers that are requested on the basis of affordability. There are three Affordability Schedules that reflect the maximum monthly premium deemed to be affordable by income bracket for 1) individuals, 2) married couples without dependent(s), and 3) heads of household or married couples with dependent(s). The Premium Schedules will be used to consider geographic differences in premium costs.

[Click Here](#) to view or download the Affordability and Premium Schedules.

## Section 125 Plan Administration – A Review

Based on the volume of questions coming in to A.I.M.'s toll-free Hotline, it is clear that many employers are not fully educated on the administrative requirements and restrictions that apply to Section 125 Plans. Interestingly, this is true of many employers who implemented pre-tax premium deductions long before the new health care reform law. We can reasonably expect that, with the individual mandate making access to pre-tax premium payments more important to employees than ever, the contents of plan documents are more likely to come under scrutiny than in the past, at least at the state level.

Following are just a few important points:

- **Read the plan document** – it is critical that the plan document be read and understood so the employer knows exactly what it is committing to do. If there are references to IRS code or Mass. regulations, be sure the text of those references is understood. A document prepared by a payroll service, benefits specialist, or even by an attorney, should never be implemented without a very clear understanding of what it says the employer will do and how it says the employer will do it.
- **Naming of the insurance plan(s)** for which premiums may be paid on a pre-tax basis through the Plan – It is the responsibility of the employer to name the covered plan(s) in the plan document. The employer may be as narrow as it chooses, i.e., by naming a single carrier, broker or intermediary, or by naming the Connector. It may also be as broad as it chooses, i.e., by naming "any plan sold in Massachusetts ." The employer's choice results in important implications for the employer and employees so the decision should not be made lightly. Many employers who have contacted A.I.M. find that their new or amended plan is missing this critical information.
- **Mid-year election changes** – Elections to accept or waive Section 125 Plan participation are generally "locked in" for a full plan year. IRS regulations provide a list of very specific events, called a "change in status," that can, but are not required to, result in the opportunity to make a mid-year election change. Most boilerplate plan documents simply state that mid-year changes may be made in accordance with IRS regulations. This is fine so long as the employer understands what the regulations say. Many, many employers make mistakes with mid-year changes – most often by being more generous than the IRS allows, for example, by allowing an employee to drop coverage mid-year without the existence of an IRS-approved status change; or by allowing people who waived participation to enroll mid-year without an approved change in status.

[Click Here](#) for additional information on Section 125 Plan administration.

For comprehensive information on the Massachusetts Health Care Reform Law, visit the A.I.M. Web site at: [www.aimnet.org](http://www.aimnet.org)

### **Health Care Reform Update – A Webinar**

Join us from the comfort of your office for a discussion of recent technical developments in health care reform, as well as some administrative issues. Participate alone, or gather your colleagues around a table in a conference room – all for one nominal fee.

Program topics will include:

- Finalized Section 125 Regulations and New Administrative Bulletin
- Emergency HIRD Regulations and Forms
- Affordability Regulations and Schedules
- Minimum Creditable Coverage Regulations
- Section 125 Administration Issues – including how to set up an account with the Connector
- Generous time for Q&A

All you need is a computer and a telephone (and maybe a projector in the conference room). Registrants will receive information in advance about how to log in to the conference call and the online meeting, as well as a copy of the PowerPoint slides.

Please register early since we expect broad interest and are limiting the size of each group. Payment by credit card is required. Please be prepared to log in to get the member price. Call Heather Parsons at 617.262.1180 with any questions.

<u>Friday</u>	<u>July 13, 2007</u>	<u>9:00 a.m. to 10:30 a.m.</u>
<u>Wednesday</u>	<u>July 18, 2007</u>	<u>9:00 a.m. to 10:30 a.m.</u>
<u>Thursday</u>	<u>July 19, 2007</u>	<u>10:00 a.m. to 11:30 a.m.</u>

Fees: \$50 A.I.M. Members      \$100 Nonmembers




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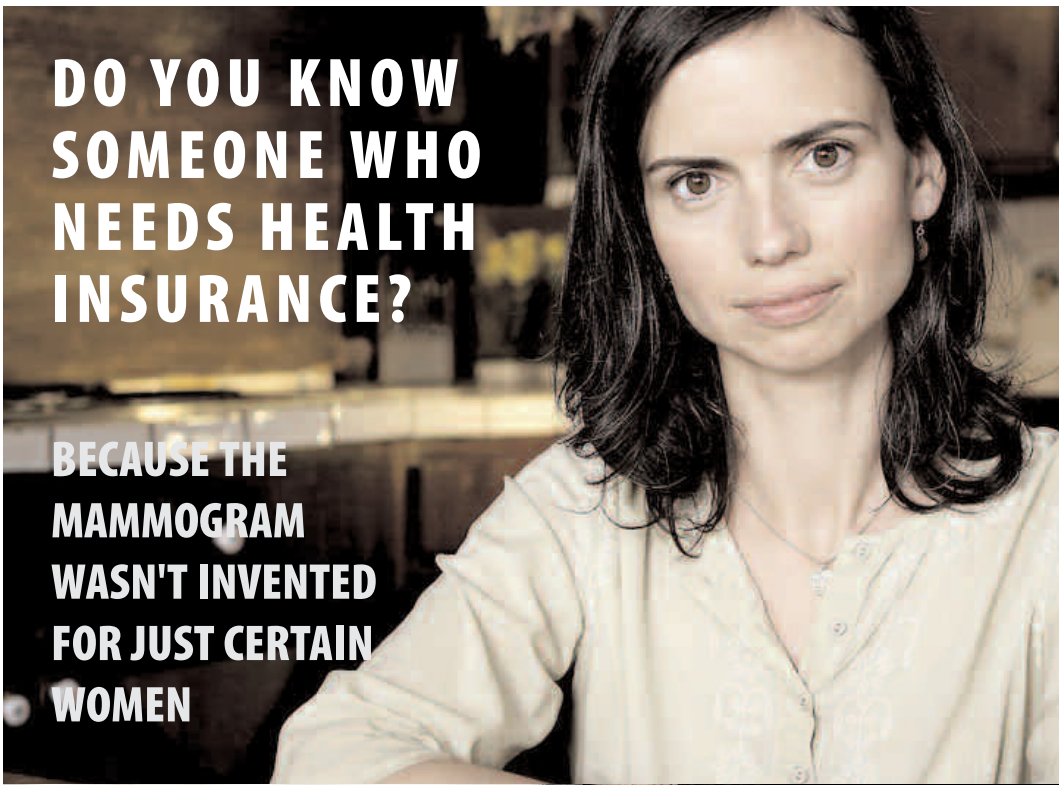


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**MASSACHUSETTS HEALTHCARE REFORM COALITION**

Paid for by the Massachusetts Healthcare Reform Coalition.



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NEEDS HEALTH  
INSURANCE?**

**BECAUSE THE  
MAMMOGRAM  
WASN'T INVENTED  
FOR JUST CERTAIN  
WOMEN**

Some people who used to be locked out of health coverage may now have new opportunities to get insurance. Massachusetts has made recent changes to the law that makes reduced-cost health insurance plans available to more people than ever before.

By the end of 2007, all adults in the state 18 and over need to have health insurance.



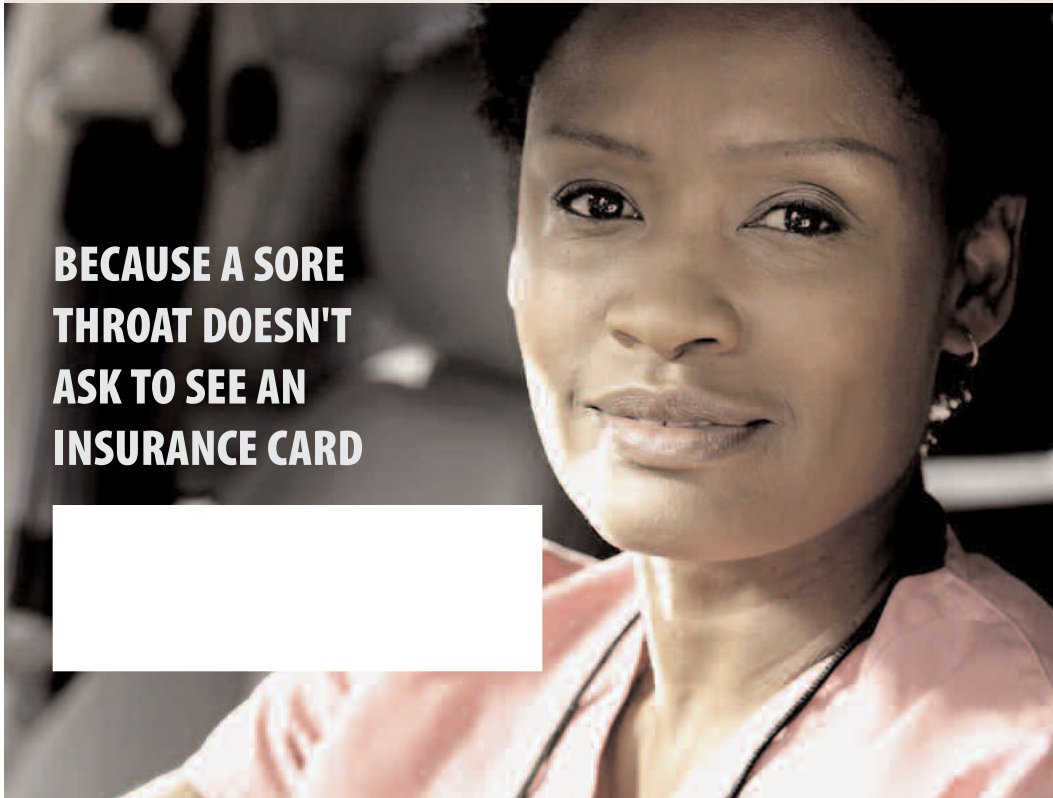
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**BECAUSE A SORE  
THROAT DOESN'T  
ASK TO SEE AN  
INSURANCE CARD**



For More Information

Call: 1-877-MA-ENROLL

Or Visit: [www.mahealthconnector.org](http://www.mahealthconnector.org)



You can also contact approved health plans directly.  
For a complete list, and to find out about other ways  
you can help, visit: [www.masshealthreform.org](http://www.masshealthreform.org)

