SALES & MARKETING STRATEGIES FOR DUAL-ELIGIBLE SPECIAL NEEDS PLANS (D-SNPs)

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GORMAN HEALTH GROUP 2017 FORUM

AGENDA

- Environmental Factors
- Understanding Your Market
- What Are the Needs of the Market?
- Product
- Feasibility Study
- Defining the Opportunity
- Creative for and Marketing to the Dual-Eligible Population
- Sales Distribution
- Sales Investment
- Member Experience
- Summary and Questions

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ENVIRONMENTAL FACTORS

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NATIONWIDE ENROLLMENT

(TOTAL MEDICARE ADVANTAGE)

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NATIONWIDE D-SNP ENROLLMENT TREND

(INDIVIDUAL D-SNP ENROLLMENT)

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D-SNP 2016 GROWTH

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DEMOGRAPHICS

Helps Target Types of Products

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65+ ANNUAL HOUSEHOLD INCOME BY STATE

OF LESS THAN $15K

National Income, Over 65 Households

Household Income	2017 Estimate	%	2022 Projection	%	Trend 2017-2022	Increase/ Decrease
< $15,000	4,681,831	15%	4,959,902	14%	278,071	5.9%

< 1% | 1%-9% | 10%-19%

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KNOW WHAT POTENTIAL MEMBERS LOOK LIKE

AGE

Age	Medi/Medi Eligible	%
<65	4,682,448	41%
65+	6,715,844	59%
TOTAL	11,398,292	100%

RACE

Sex	Medi/Medi Eligible	%
Female	6,851,423	60%
Male	4,546,869	40%
TOTAL	11,398,292	100%

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DIGGING DOWN TO YOUR MARKET

Need to Understand What the Needs Are in Your Market

- Market is diverse
- Market research is key
  - In-depth interviews
  - Telesurveys
  - Focus groups
- Survey
  - Medicare/Medicaid potential members (or their caregivers)
  - Influencers (providers and community advocates)
- May want to look for:
  - Brand/Awareness
  - Deeper understanding of the dual-eligible population, including their attitudes, perceptions, needs, and behavior
  - Benefit needs
  - Patient loyalty to providers
- The information you gather is very actionable

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PRODUCT

It's All About the "Ancillaries and Wellness"

- Benefits that meet the needs of the marketplace
- Understand and coordinate with Medicaid
- Look at the competitors

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FEASIBILITY

You Need a Whole Team to Get This Done Correctly

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D-SNP POTENTIAL MARKET

10+ Million Consumers

- Do good by serving the underserved
- Expand your sales in a market with low penetration
- Unlike Medicare or most employer-based health insurance, there is no annual enrollment period = Year-round selling

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LOOKING FOR THE OPPORTUNITY

- PDP
  - Heavily go after those who have been auto-enrolled
  - Educate, educate, educate
- Medicaid
  - Understand your audience
  - Move them to SNP
- Medicare Advantage
  - Low-income subsidy (partial duals)
  - Lose their Medicaid = may need to just reapply

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MARKETING TO THE DUAL POPULATION

Traditional Marketing

- Direct mail = not nearly as responsive
- Transit = year-round
- TV = gets expensive
- Print and radio for awareness
- Web = growing among this segment
- Social media = mobile phones are prevalent in this segment

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CREATIVE

This Is No Time to be “Artsy”

- Know your audience – speak directly to them
  - Build a relationship
  - Trust is everything
- Keep it simple and clear
- Focus on benefits – what’s in it for me
- Easy to read – third-grade level
- Easy to see
  - Color combinations
    - Avoid yellow
    - Colors with contrast
  - Pictures = don’t forget your audience
  - Reverse type and backgrounds
  - Fonts
- Repeat important messages
  - Use bullets
  - Call for action and be clear

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MARKETING TO THE DUAL POPULATION

Grassroots is key!

"Feet on the street"

"Word of mouth" (member referrals)

"Trusted Advisor"

Community involvement

Build relationships with community influencers

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LEVERAGING KEY INFLUENCERS

Leveraging Key Influencers to Expand Opportunities to Reach Dual-Eligible Beneficiaries

Community Resource

- Meals on Wheels
- Salvation Army
- Food Banks

Financial Support

- Law Professionals, Elder Law, Estate Planning
- Credit Unions and Local Banks

Health

- Medical Group Partners
- Exercise and Fitness Partners
- Mental Health Services

Advocacy

- Area Agency on Aging
- Gerentological Society
- Disability Rights Organization

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SALES DISTRIBUTION = QUESTIONS ASKED AND ANSWERED

- Do you have the right TALENT?
- Do you have the FOOTPRINT?
- Does your team have the KNOWLEDGE?
- WHO is a dual-eligible?
- WHAT are the NEEDS of a dual-eligible?
- WHY PROSPECT to a dual-eligible?
- HOW do you REACH a dual-eligible?

- Employee, Broker, or Both
- Goal per Agent Application = # needed
- Specialized training
- Not just low-income
- Assistance and quality healthcare
- Underserved market, keep agents engaged year-round, increase production
- Community involvement

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SALES INVESTMENT

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MEMBER EXPERIENCE

Understanding the Dual Member

- Questions that should be asked by the health plan to better understand their customers and develop a positive member experience:

Do the right employees have access to the right information about the health plan's members?

How does the health plan communicate with their members to better understand their needs?

Does the health plan know what the customer really wants and needs?

How is the health plan currently perceived in the market today, not just by current members, but by prospects, providers, employers, and community influencers?

Does the health plan have knowledge of the current inventory of member touchpoints that exist today?

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SUMMARY

- Big opportunity – population continues to grow
- Market is very diverse
- Understanding the needs of the potential market is key
- Building those needs into your product
- Developing creative and marketing programs that showcase “what’s in it for them”
- Grassroots marketing is key
- Partial duals attribute to the overall growth
- Get the RIGHT team
- Work with key community influencers
- Always lead with the member

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WHO IS GORMAN HEALTH GROUP?

Gorman Health Group is the leading solutions and consulting firm for government-sponsored health programs

Government Programs

Leading enterprise of national consulting services and software solutions for payers and providers

Our Mission

Our mission, as the industry's most active professional services consultancy and provider of technology-based solutions, is to empower health plans and providers to deliver higher quality care to beneficiaries at lower costs, while serving as valued, trusted partners to government health agencies

Washington, DC

Headquartered in Washington, DC, with more than 200 staff and contractors nationwide with over 2,000 combined years of Government Programs experience

Leadership

Deep payer and provider knowledge coupled with Centers for Medicare & Medicaid Services (CMS) regulatory expertise

Privately Owned

Founded in 1996

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BROAD SERVICES

Our clients have one-stop access to expert advice, guidance, and support,
in every strategic and operational area for government-sponsored programs, across seven verticals

CLINICAL

Changing how you approach Medical Management, Quality, and Star Ratings

PHARMACY

Leading experts in Part D, Pharmacy Benefit Manager, formulary, and pharmacy programs

HEALTHCARE ANALYTICS & RISK ADJUSTMENT SOLUTIONS

Implementing cross-functional risk adjustment programs for medical trend management and quality improvement

PROVIDER INNOVATIONS

Supporting network design and medical cost control implementation

COMPLIANCE

Offering guidance and support in every strategic and operational area to ensure alignment with CMS

OPERATIONS

Bringing excellence to every aspect of your implementation — from enrollment to claims payment

SALES, MARKETING & STRATEGY

Driving profitable growth and member retention through strategic marketing, sales, and product development

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PRODUCT SERVICES

Software solutions to stay compliant, maximize revenues and manage complex processes

Sentinel Elite™ is a module-based software solution designed to assist government managed care organizations onboard agents, provide training, manage ongoing oversight activities, and pay commissions effectively and compliantly

Valencia™ provides rigorous, compliant, and transparent workflow controls that ensure your operational processes — and the resulting payment — are as accurate as possible

OMT™ is a complete compliance toolkit that supports the complete organization by bringing a new level of transparency to performance monitoring, including the required oversight of delegated entities

CaseIQ™ not only captures all of the data points needed to categorize, work, and report MA and Part D appeals and grievances, it also guides case processors through each case to minimize the risk of non-compliance due to user error

Gorman University™ provides training sessions on a variety of industry topics, each designed to meet the unique needs of your organization

The Insider provides in-depth analysis and expert summaries of the most critical legislative and political activities impacting and shaping your organization and the future of Medicare, Medicaid, and the Health Insurance Marketplace

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Further, our software solutions have continued to place efficient and compliant operations within our clients' reach. Our Valencia™ software provides rigorous, compliant, and transparent workflow controls that ensure your operational processes – and the resulting payment– are as accurate as possible. Sentinel Elite™ is our module-based software solution designed to assist government managed care organizations onboard agents, provide training, manage ongoing oversight activities, and pay commissions effectively and compliantly. Our Online Monitoring Tool™ (OMT) is the complete Medicare Advantage and Part D compliance toolkit, designed to perform ongoing monitoring and auditing, manage regulatory notices, document corrective actions, and streamline member material review. CaseIQ™ brings clarity to appeals and grievances and offers a new way to ensure your cases come to a compliant resolution. We also offer training courses on a variety of industry topics designed to meet the unique needs of your organization through Gorman University™, and our exclusive daily digest, The Insider, provides in-depth analysis and expert summaries of the most critical legislative and political activities impacting and shaping your organization.

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