

# NCDHHS Medicaid Expansion Communications Plan

Rev: August 28, 2023



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



NCDHHS Medicaid Expansion

# Medicaid Expansion: Audiences for Outreach

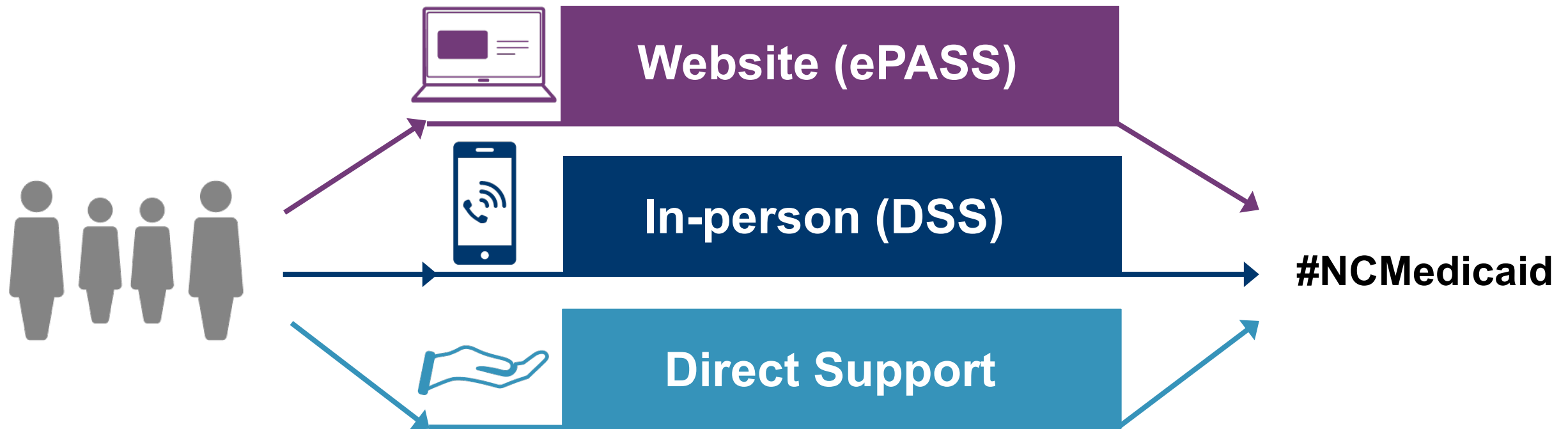
An intentionally sequenced communications strategy will help DHHS achieve its goal of supporting DSS and other state partners in a successful rollout of Medicaid Expansion and managing significant increases in applications.

WAVE 1				WAVE 2	WAVE 3
	FIRST 30 DAYS			31 to 90 DAYS	BEYOND 90 DAYS
WHO	Eligible people currently receiving Family Planning Medicaid (~300,000)	Early adopters (people who have been waiting for expansion and will proactively pursue)	People who lost full coverage in the absence of expansion during re-certification (~36,000)	People not enrolled in Medicaid, but still very familiar with both the DSS system, Medicaid benefits and/or healthcare system (~50,000-100,000). People enrolled in the Marketplace who receive HHS letter informing them they may be eligible (~200,000 – 300,000) - some may be auto-enrolled  ePASS, DSS office, paper  Can find more detailed information to know both why AND where to enroll.	People not currently enrolled, not heavy users of the healthcare system, need to learn about Medicaid (~50,000-100,000)  HealthCare.gov (preferred), ePASS, DSS office, paper  Educate, motivate and persuade them to enroll. Encourage online enrollment if possible.
HOW	Auto Enrolled	ePASS, DSS office, paper	ePASS (preferred), need to re-apply from the beginning		
GOAL	Aware of the Go-Live date (TBC), understand the process and what they need to know on “Day 1.”	Can find basic information to know where to enroll. Choose to enroll online.	Provide clear guidance about how to re-enroll, where to go and what information they’ll need to have ready on “Day 1.”		

**RESEARCH:** Qualitative and quantitative research will focus on late Wave 2 information we need to understand how to persuade and inform those who aren’t early adopters.

# Paths to Enrollment: Understanding Possible Pain Points

There are multiple paths for people to enroll in Medicaid and understanding these likely paths will also ensure communications efforts can proactively and transparently promote them.



# Paths to Enrollment: Risks & Mitigation

Path	Risk	Mitigation
<b>Website (ePASS)</b>	<ul style="list-style-type: none"> <li>• Potentially helps caseworkers save some keyboarding time, but it's likely that most applications will still have to be manually touched.</li> <li>• NCID and ePASS are hard to use and pose a barrier to application.</li> <li>• Unknown how many applications are fully completed online.</li> <li>• Dropoff and user experience are not measured—don't know how many people start an ePASS application but don't or can't finish it.</li> <li>• Potential infrastructure challenge—are systems prepared for a surge in traffic around launch?</li> <li>• A small percentage of current Medicaid beneficiaries have enhanced ePASS accounts.</li> </ul>	<ul style="list-style-type: none"> <li>• Get people to HealthCare.gov instead of ePASS as soon as possible.</li> <li>• Investigate how much work ePASS saves caseworkers, and if benefits are minimal, adjust strategy and goals accordingly.</li> <li>• List ePASS among public options to sign up, but don't say it's easy, simple or quick and offer alternative options.</li> <li>• Be transparent with the public around processing time.</li> <li>• Ensure internal understanding that challenges are real. User experience improvements and usability data should be prioritized moving forward.</li> <li>• Be transparent with DSS that DHHS is prioritizing move to HealthCare.gov to ease burden on DSS and users and that in the short term, barriers with ePASS may drive people to DSS.</li> </ul>
<b>In-person (DSS)</b>	<ul style="list-style-type: none"> <li>• DSS offices are already overloaded. Staffing challenges persist.</li> <li>• DSS and caseworker needs not currently well understood from a communications strategy standpoint</li> </ul>	<ul style="list-style-type: none"> <li>• Explore whether direct surveying is helpful to better refine needs, to understand how to best support them, and to develop messaging that supports their Day 1 needs.</li> </ul>
<b>Direct Support</b>	<ul style="list-style-type: none"> <li>• Networks offer similar levels of support</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate closely with partners to align efforts and provide seamless support as much as possible</li> </ul>

# Messaging: What To Expect

Qualitative and quantitative research will inform Waves 2 and 3 communications and outreach strategy

## QUALITATIVE

15-18 In-Depth-Interviews  
(Uninsured, Medicaid Eligible)

### Key Dates

- Conduct research: Aug 22 - Sept 5
- Report to NCDHHS: Sept 15

### Topics

- Barriers/challenges to enrollment
- Information needs
- Perceived benefits and meaning
- Motivations
- Reactions to initial messages

## QUANTITATIVE

Online Survey (N=500)  
(Uninsured, Medicaid Eligible)

### Key Dates

- Conduct research: Sept 15 - Oct 6
- Report to NCDHHS: Oct 23

### Topics

- Quantify qualitative findings
- Motivation and persuasion of key audiences
- Refined messaging testing



# Wave 1 Communications Overview (First 30 Days)

## Objectives

**Make information accessible:** Enable easy access to information for early adopters and general public proactively seeking it.

**Support family planning beneficiaries on Day 1:** Ensure Family planning automatic enrollment beneficiaries grasp the Go-Live date (tbc) and know what to do on "Day 1."

**Support the operation partners on Day 1:** Assist DSS county and provider partners as they prepare for the Go-Live date (tbc).

**Align with all partners on comms:** Inform partners about rollout sequencing, available materials, upcoming steps – and help amplify messages

## Audiences

*\*Gradually sequence audience to avoid an overwhelmed roll-out*

### Prioritized Audiences:

- Eligible Family Planning beneficiaries
- Early adopters
- County DSS Directors, Managers and Commissioners
- Providers, advocates and non-profit partners
- Media
- Legislators
- DHHS staff

## Strategies

**Target key enrollees:** Engage Family Planning beneficiaries.

**Develop central resource hub:** Launch and support centralized website landing page for coordinated content and public facing resources.

**Create real-time information flow:** Encourage partners to sign up for updates to be alerted when new resources available.

**Encourage ePASS:** Support use of ePASS, within context of overall challenges.

**Share toolkit:** Create and disseminate launch toolkit focused on Wave 1 goals (toolkit materials to be updated with branded campaign & market research once available).

**Test & learn:** Begin market research (qualitative and quantitative) to inform final messaging, campaign and brand.

**Strategically engage communities:** Coordinate with workgroups to finalize community engagement strategies and required content.

# Wave 1 Milestones

*(Pre-launch)*



## Month 1

**Completed August**

**11:** Supporting materials provided to health plans (FAQ, Call Center scripts, web banner, 5 slide deck)

*(Pre-launch)*



## Month 2

**Month before launch:**

- Website landing page & initial toolkit materials go live (Note: Materials focus on FPL auto enroll and basic information needed for Wave 1 audiences)
- 1st Family Planning letters mail drop/outreach begins (only to those being auto-enrolled)

**Date tbc:** Letters from health plans to auto-enrolled beneficiaries

*(Launch)*



## Month 1

**Day 1:**

- Press release

# Bilingual Toolkit

- Medicaid Essentials Public Outreach Presentation
- Website
- Social Media
- Newsletter Copy
- Flyer
- Family Planning Flyer
- FAQs



Materials for Wave 1 will not be informed by market research as that will be happening concurrently. Therefore, these materials will be iterative and be updated to reflect the branded campaign.




NC Home | NC Medicaid

medicaid.ncdhhs.gov

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# More People Can Soon Get Health Coverage through NC Medicaid

Starting December 1, North Carolina is expanding health care coverage to more people. You might be one of them.



[Versión en español](#)

NC Medicaid will soon cover people ages 19 to 64 years with higher incomes. You may be able to get health care coverage through Medicaid even if you didn't qualify before. Medicaid pays for doctor visits,

# Resources

**Free materials for talking about Medicaid expansion**



**Get e-mail updates about Medicaid expansion**



**More information and answers to questions**



**Got a letter in the mail from us? [Day 1]**



# Toolkit

## Flyers

**More North Carolinians can get health care coverage through Medicaid.**

Beginning on Dec. 1, 2023, NC Medicaid will cover people ages 19 through 64 years with higher incomes. You may be able to get health care coverage through Medicaid even if you didn't qualify before. Medicaid pays for doctor visits, yearly check-ups, emergency care, mental health and more – at little or no cost to you.

NC Medicaid covers most health services, including:

- **primary care** so you can go to a doctor for a check-up or when you are not feeling well
- **hospital services** when you need to stay overnight (inpatient) or when you can't go home the same day (outpatient)
- **maternity and postpartum care** if you are pregnant and after giving birth
- **vision and hearing services**
- **prescription drug benefits** to pay for your medicines
- **behavioral health**
- **preventative and wellness services**
- **devices and other therapies**

**How to apply for Medicaid:**

ePASS [epass.nc.gov](https://epass.nc.gov) Paper application [ncdhhs.gov/serviceandcare](https://ncdhhs.gov/serviceandcare)

**Learn more at: [Medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov)**

## Templates

**More people can get health care coverage through Medicaid.**

Beginning Dec. 1, 2023, more people can get health coverage through Medicaid. Medicaid will cover people ages 19 to 64 years with higher incomes. North Carolinians may be able to get health care insurance through Medicaid even if they didn't qualify before. Medicaid pays for doctor visits, yearly check-ups, emergency care, mental health services and more – at little or no cost to beneficiaries. Most people will be able to get health care coverage through Medicaid if they meet the criteria below. And if you are eligible before, you still are. Nothing changes for you. To learn more, go to [medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov).

non-US citizens can get health care coverage through Medicaid. To learn more, go to [medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov).

home that is below 138% of the federal poverty level. That's about \$24,000 for a family of three. You can apply online at [epass.nc.gov](https://epass.nc.gov). They can also submit a paper application or a Department of Social Services (DSS). Applications may take up to 45 days to process. To help the process go faster, people can use an enhanced ePASS account to keep their information updated and to contact the local DSS office. [medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov).

**NC Medicaid now covers people ages 19 through 64 years with higher incomes. Even if you didn't qualify before, you may now.**

**People who have limited benefits through Family Planning Medicaid will automatically receive full Medicaid coverage as of December 1, 2023.**

**How will I know if I get full health coverage through NC Medicaid?**

- You will get a letter from the NC Department of Health and Human Services letting you know that you will start getting full Medicaid coverage.
- You will then be assigned a health plan. If you want to change your health plan, you have 90 days to pick a new one.
- Your health plan will send you a packet in the mail. It will include a new Medicaid ID card. Your ID card also has the name of your primary care doctor. You can change the doctor that was assigned to you by contacting your health plan.
- If you have health coverage through HealthCare.gov, you will need to cancel that plan. You can do that by logging into your HealthCare.gov account or calling 1-800-318-2596. Do not cancel your plan until you receive information from your new health plan through Medicaid.
- Medicaid will pay for doctor visits, yearly check-ups, emergency care, mental health services and more – at little or no cost to you.

**Why won't everyone with limited Family Planning Program benefits be automatically enrolled in full coverage through NC Medicaid?**

Some people may have income that exceeds the Medicaid eligibility levels. If your income has recently changed and you think you may be eligible, update your information in ePASS ([epass.nc.gov](https://epass.nc.gov)) or by contacting your local Department of Social Services (DSS). Also, please use ePASS or contact your local DSS office to make sure your contact information is up to date so that you do not miss important information about your benefits.

**What is limited Family Planning Medicaid and who is eligible?**

Family Planning Medicaid provides reproductive health care at no cost to people with incomes up to 138% of the federal poverty line – that's about \$24,000 a month for a single person. It covers almost all methods of birth control, testing and treatment for sexually transmitted infections, preventive services, and more.

Learn more at: [medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov) or contact the NC Medicaid Contact Center at 888-245-0179 or the NC Medicaid Ombudsman at [ncmedicaidombudsman.org](https://ncmedicaidombudsman.org)

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## Medicaid Essentials PowerPoint

**How to apply for Medicaid**

People can enroll four ways

- ePASS [epass.nc.gov](https://epass.nc.gov)
- Paper application [ncdhhs.gov/serviceandcare](https://ncdhhs.gov/serviceandcare)
- In-person at a local DSS office
- By mail

**Starting December 1, 2023 more North Carolinians can get health care coverage through Medicaid**

- North Carolina is providing health care coverage to more people through Medicaid
- Medicaid will cover people ages 19 through 64 years with higher incomes
- You may be able to get Medicaid even if you didn't qualify before
- Medicaid pays for doctor visits, yearly check-ups, emergency care, mental health and more – at little or no cost to you

## Social Press Kit

**NC MEDICAID**

[Medicaid.ncdhhs.gov/infoDeExpansion](https://medicaid.ncdhhs.gov/infoDeExpansion)

**Cobertura médica para más habitantes de Carolina del Norte - NC Medicaid.**

**Más habitantes de Carolina del Norte pueden obtener cobertura médica a través de Medicaid.**

**DESCRIPTION**

A partir del 1 de diciembre, NC Medicaid proporcionará cobertura médica a personas de 19 a 64 años con ingresos más altos de lo que se permitía antes. Es posible que puedas obtener cobertura médica a través de Medicaid incluso si no calificabas antes. Medicaid paga las visitas al médico, los chequeos anuales, la atención de emergencia, los servicios de salud mental y más, a bajo costo o sin costo para ti. Obtén más información en: [Medicaid.ncdhhs.gov/infoDeExpansion](https://medicaid.ncdhhs.gov/infoDeExpansion)

Facebook X Instagram

**FACEBOOK POSTS**

NC Medicaid ahora ofrece cobertura médica a personas de 19 a 64 años con ingresos más altos de lo que se permitía antes.

Cobertura médica a través de NC Medicaid te ayuda a recibir la atención médica que necesitas.

**Starting Dec. 1, more people can get health coverage through Medicaid.**

Learn more at [medicaid.ncdhhs.gov](https://medicaid.ncdhhs.gov).

**Es posible que ahora puedas obtener cobertura médica a través de Medicaid.**

**COMPLETA UNA SOLICITUD EN LÍNEA**

Completa una solicitud usando el servicio seguro de ePASS visitando [epass.nc.gov](https://epass.nc.gov).

**SI NO PUEDES COMPLETAR TU SOLICITUD EN LÍNEA:**

Llama a tu oficina local del DSS, entrega tu solicitud en persona o imprime la solicitud en [ncdhhs.gov/serviceandcare](https://ncdhhs.gov/serviceandcare) y envíala por correo. Encuentra tu oficina local del DSS en [ncdhhs.gov/localldss](https://ncdhhs.gov/localldss).

# Frequently Asked Questions

Enhanced tracking lets us know which ones are clicked the most (and least).

We'll use this data to revise and improve.

**Is North Carolina expanding access to Medicaid?**



**What health services will North Carolina cover?**



**When will the rules change for who can get health coverage through Medicaid? When can I enroll?**



**Who can get health coverage through Medicaid under the new rules?**



**How can I apply for Medicaid?**



**How long will it take to find out if I'm eligible for Medicaid once I apply?**



**Are immigrants eligible?**



# MEDICAID ESSENTIALS PUBLIC OUTREACH PRESENTATION

**Audience: Public** The NCDHHS Medicaid Essentials Public Outreach Presentation communicates key information, steps to determine and confirm eligibility, answers to FAQs and resources to help North Carolinians navigate the expansion process.

- Straightforward and easy to understand for representatives who help guide individuals interested in learning more
- Styled similarly to the highly successful COVID 101 and COVID Essentials presentations in incorporating detailed notes and explanations for presenters to reference
- Shared with audiences with varying levels of knowledge to use and customize as needed
- A living document to be updated and refined as the campaign evolves and feedback is gathered
- Available in both English and Spanish as part of the state's ongoing efforts to increase accessibility to health information
- Interested speakers will be trained on the deck



# Wave 2 Communications Overview (Days 31 - 90)

## Objectives

**Reduce reluctance:** Understand how to persuade and inform those who aren't early adopters through market research that can inform updated toolkit materials.

**Widen reach with campaign:** Launch a branded campaign with new toolkit resources designed to reach more people.

**Shift to HealthCare.gov:** Incorporate HealthCare.gov and simplified online enrollment opportunity into overall communications outreach.

**Push with paid media:** Launch first flight of paid media.

**Keep adapting outreach:** Refine outreach strategies and materials as we learn more through sustained community engagement and input.

## Audiences

- People not enrolled in Medicaid, but familiar with DSS, Medicaid benefits and/or the healthcare system. **(NEW)**
- Provider and healthcare professionals who can be enlisted to support outreach/conversations with patients.
- DSS offices and other benefits providers who can co-promote to those currently enrolled in other programs but are now eligible for Medicaid benefits.
- NCDHHS Division Directors leveraging outreach goals they shared.
- Media.
- Legislators.

## Strategies

**Rally around the research:** Share market research internally and with key stakeholders to inform their own efforts.

**Share Presenters Network:** Launch Medicaid Essentials Presenter Network with updated deck.

**Go live with campaign:** Launch branded campaign.

**Create a network of advocates:** Engage with Division Directors, healthcare providers and other key stakeholders, ambassadors, navigators like Community Health Workers who can serve as ambassadors to target audience.

**Meet people where they are:** Launch Town Halls and targeted phone outreach.

**Update toolkit:** Update toolkit materials & begin to shift to HealthCare.gov focus.



# Wave 2: Milestones – DRAFT FOR DISCUSSION



## Month 2

**Materials & Tools Development:** Branded campaign launch; updated toolkit materials

**Research:** Market research reporting disseminated internally and with external partners

**Town Halls and Phone:** Virtual Town Hall series (1 of 8) begins; robocalls and phone outreach strategy developed

**Partner Engagement:** Healthcare providers engaged as ambassadors & tailored material developed as needed begins

**Paid Media:** Media planning begins

**Communications Ongoing Program Management:** Usability testing and county feedback to understand pain points and optimization



## Month 3

**Partner Engagement Activities:**

**Earned Media:**

**Paid Media:** Robocalls, SMS, Paid Media begins

**Materials & Tools Development:** HealthCare.gov promotional updates & new materials (as needed) begins

# Wave 3: Communications Approach



Develop and disseminate messages, materials and approach informed by research for public outreach and engagement



## **Quantitative & Qualitative Studies**

Surveys and interviews to uncover perceptions of Medicaid Expansion, opportunities and barriers in North Carolina across HMPs and rural communities



## **Workgroups & Implementation Partners**

Information sharing, input from and actionable responses to HMP workgroups and leadership councils



## **Customized Resources**

PSAs featuring trusted voices, toolkits that include fact sheets, infographics and editable social media posts, posters and flyers



Collaborate with partners and trusted voices to create avenues and platforms to inform and engage with communities



## **Virtual Townhalls**

Webinars, virtual meetings and other assemblies for public education and input



## **Fireside Chats/Cafecitos**

NCDHHS and community leader dialogue with viewer questions and answers



## **Medicaid Essentials Trainings**

Trainings on message delivery, eligibility, enrollment process and resources available to assist in the process



## **Community Organizers, Ambassadors & Navigators**

On-the-ground messengers who share information to help people find and apply for health care coverage through Medicaid



Utilize portals and distribution channels that are most effective within respective communities



## **NCDHHS Owned Media**

Website, social media pages, flyers, posters, mailers



## **Earned Media**

Coverage, routine appearances, op-eds and other traditional media placements in statewide, local, community, ethnic foreign-language news outlets



## **Paid Media**

Print and digital ads on social media platforms, local television and radio

# Outreach & Engagement Strategy

**Grasstops: Work lock step with trusted leaders and through their networks.**

Across the planning and execution of all communications activities, NCDHHS will partner with key leaders, trusted messengers and organizations with wide reach, those that serve the state's historically marginalized populations and rural communities.

**Grassroots: Meet people where they are, take information and resources to them.**

Use micro-targeted and tailored outreach and engagement tools to connect with HMPs and rural communities, with guidance from community organizers and others who can provide support in the ways that best meet the respective needs of the people they serve.

# Communications Strategy

**Demonstrate the state's commitment to getting people enrolled, getting them access to care and doing right by our partners.**

- Collaborate and conduct ongoing listening sessions with leaders to help shape communications and overall Expansion rollout

**Provide timely information related to the state's enrollment process**

- Routinely update NCDHHS Medicaid Expansion landing page and relevant materials
- Be transparent with data and progress through data dashboards and other methods
- Disseminate information through workgroups, media outlets and other trusted messengers

**Align communications with enrollment process & county capacity**

- Prepare and distribute information related to the realities of county capacity and application processes