

## BRIEF

Saint Louis University/Center for Health Law Studies and Washington University/Center for Health Economics

# Medicaid Expansion Implementation in Missouri Innovative Outreach and Enrollment Strategies

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*March 2021*

This brief identifies successful strategies that community groups, safety net providers, and advocates have used to reach and enroll people eligible for Medicaid expansion. We focus on lessons from states that have recently expanded Medicaid, including Idaho, Louisiana, Maine, Montana, Virginia, and Utah. We present successful initiatives used to conduct outreach and enrollment during the COVID-19 pandemic, which has required physical distancing and remote work. We also include ideas from Kentucky and Colorado, both leaders in innovative Medicaid outreach and enrollment strategies.

**Both broad messages and more targeted outreach approaches are essential.** Broad-based messages through mass media can effectively educate people about coverage, but targeted outreach, especially through trusted community members, is crucial for reaching and enrolling hard-to-reach groups. Personalized one-on-one assistance provided by trusted individuals in the community is vital.

Of course, outreach materials and application forms should be in plain language and in multiple languages to reduce enrollment barriers for individuals with low literacy and limited English proficiency. People learn about Medicaid in various ways, including through word of mouth, mass media, and from health care providers, and have varied preferences about where and how to receive information. One size does not fit all.

Several excellent briefs outline these and other lessons learned during Medicaid Expansion (and Marketplace) outreach and enrollment efforts in other states. Titles and links are included as “Additional Resources” at the end. All are available on the web.

## Broad-based campaigns and marketing

In the first year of Medicaid expansion, broad-based campaigns are a key part of outreach and typically include TV, billboards, radio, and social media. Virginia also used gas station pump ads.

- Both Virginia and Louisiana kicked off their campaigns three months before the beginning of Medicaid expansion.
- Virginia had a kick-off event called [100 Days to Coverage](#) that brought together a broad groups of stakeholders for outreach and enrollment training, brainstorming, and to draw attention to upcoming expansion.
- [Virginia DMA](#) set aside \$750,000 to advertise Medicaid expansion through radio, billboards, digital, and bus ads (spending another \$250,000 for brochures and posters).
  - Based upon polling and other work by GMBB, Virginia’s campaign used a theme of “The Rules of Changed.”
- Louisiana did not have money for paid ads, but built an effective media campaign by working with reporters across the state who told human interest stories about people eligible for Medicaid and how having Medicaid coverage changed their lives.

- Virginia developed [plain language presentations](#), scripts, training materials and other resources for educating providers, advocates, stakeholders and other audiences. They also developed trainings on the [“ins and outs”](#) of how to help people apply for Medicaid that continue to be offered on a regular basis.
- Virginia’s one stop webpage [“Expansion Resources for Advocates”](#) provides toolkits, videos, printed materials, publications, presentations and trainings. All are in plain language and some are translated into other languages.
- In Louisiana and Virginia, governors and other elected officials “took to the road” canvassing the state to bring attention to Medicaid Expansion. In other states, hospitals, community groups and advocates take the show on the road.

## Targeted and tailored messages that work

Best practices for messages to reach Medicaid expansion eligible adults typically stress four points:

- Explain why health insurance is important,
- Stress that enrollment is open year-round,
- Highlight and promote personal stories of those who have gotten coverage, and
- Tailor outreach messages to fit local communities and continuously analyze where best to target outreach.

### Explain why health insurance is important

Health insurance provides a necessary financial safety net for many, yet many uninsured and low-income individuals may not understand the cost-benefit of joining a safety net program like Medicaid. Some states, like Kentucky and Maine, stress that Medicaid is “free coverage.”

- For example, Maine’s state Medicaid website, [CoverME.gov](#), says, “MaineCare, Apply Now  for free coverage.”
- Kentucky is using a [“no cost to me”](#) ad campaign during the COVID-19 pandemic. Flyers, social media posts, and videos use the tag line “1-2-3 free to me.” Kentucky has expanded Medicaid presumptive eligibility during COVID-19. The ad campaign stresses how easy it is to sign up for 3-6 months of Medicaid during the pandemic.

### Stress that Medicaid enrollment is always open.

- Many people learn about Medicaid through Healthcare.gov, but closed enrollment for Marketplace plans can confuse people about Medicaid enrollment remaining open year round.
  - People who visit Healthcare.gov when Marketplace enrollment is closed are greeted with instructions that bury the message that Medicaid enrollment is always open. It says, “Still need health insurance? You can enroll in or change plans if you have certain life changes or qualify for Medicaid or CHIP.”
- Cuts to federal funding for Marketplace navigators and enrollment have left many states, like Virginia, with [almost no full-time navigators](#) to help outside open enrollment.
- In late expanding states, like [Virginia](#) and [Maine](#), both the state and advocacy groups have used alternative websites to encourage Medicaid enrollment, highlighting that “Medicaid is always open” and providing income guidelines for Medicaid expansion on the landing page. Virginia’s [Enroll Virginia!](#), a project started by legal aid programs and the Virginia Poverty Law Center, provides one-to-one enrollment help and information about eligibility.

## Highlight and promote personal stories

Kentucky advocates emphasize the value of using stories and testimonials from neighbors and community members. They have found that neighbors and community members are trusted messengers.

## Tailor outreach messages to fit local communities

Media campaigns that work are not monolithic but tailored for different communities and over time.

- Virginia Health Care Foundation created a unique ad campaign aimed at those living in the [Southwest and Southside Virginia](#) that uses a tagline “The rules have changed, getting covered is easier than ever.”
- In Kentucky, the state has a data analytics team that guides the state’s outreach efforts and during COVID-19 launched a [media campaign](#) targeting seven counties with the highest Black, uninsured population.
- Virginia designed an ad campaign specifically to reach the [Latinx community](#).
- In Virginia, GMMB developed messages that resonated in Virginia including [“The Rules Have Changed.”](#) GMMB also worked on Medicaid expansion messaging in Louisiana.

## Key local community partners

Targeted campaigns and one-on-one enrollment help in local communities require having local partners who know and are trusted by the community. . As funding for federal Marketplace assistance has been slashed, some states no longer have federally funded navigators or enrollment assisters.

- Montana emphasized the importance of the following local partners in their outreach and enrollment efforts:
  - Physicians and community health centers
  - Churches, food banks, and low-income advocates
  - Private businesses, including food delivery services, grocery stores, and utility companies
- Local schools are a key partner for [back-to-school campaigns](#) that reach parents and children in Virginia and other states.
- In other states local partners serving families experiencing poverty played a key role, including
  - Food banks and soup kitchens,
  - Public transit, and
  - Income tax assistance programs
- Colorado enrollment assisters partnered with local businesses, including pizza delivery and grocery stores, to include outreach materials during delivery and check out.
- In Kentucky, in a [“boots on the ground” campaign](#), fifteen legal services offices across the state asked every client coming in for legal help two questions: (1) Do you have health insurance? (2) Are you having any problems with your insurance? Those who did not have insurance were directed to an enrollment assister to sign up for Medicaid or private insurance. Those who needed legal assistance were referred to a Kentucky Equal Justice Center lawyer for help.
- In [Virginia](#), a public-private foundation provides grants to fund Medicaid and CHIP local outreach and enrollment efforts in areas with the highest population of uninsured Virginians. Local outreach organizations funded through this process include
  - Legal services,

- Health departments, and
- Community health centers.

## Engaging providers in outreach and enrollment

Health care providers, in particular, serve as an essential and trusted link to health care coverage.

- Across the country, community health centers and hospitals play a critical part in both outreach and enrollment. They can do “in-reach” to their patients and are trusted messengers to do “outreach” to uninsured members of the community.
  - In Montana, the Primary Care Association created and mailed Medicaid Expansion brochures to their providers to share with patients and community members.
  - In other states, the hospital association has taken the lead in training providers about Medicaid expansion.
- Many states, including Montana, partnered with family planning providers to do outreach and enrollment.
- Montana also partnered with dentists and vision providers.
- Others recommend training all health care providers, including those offering mental health and pediatric services, to do outreach and enrollment.
- Engaging home health care providers in outreach offers to reach low-income workers who are themselves likely eligible for Medicaid expansion.
- Montana stresses the need not only to reach out to key local partners but also to provide them with “detailed training” so they can understand expansion and encourage enrollment.
  - In 2016, Montana Department of Health and Human Services and the Montana Commissioner of Securities and Insurance hosted [a webinar training](#) on Medicaid Expansion for enrollment assisters.

## Grassroots one-on-one enrollment help

- In Kentucky, three consumer advocacy organizations, Kentucky Equal Justice Center, Kentucky Voices for Health, and the Kentucky Center for Economic Policy did 1:1 outreach to neighbors and friends, making it a [practice to ask everyone they met](#)—the grocery store check-out person, barista, waitress, and bartender—Do you have health insurance?

Initially, advocates carried with them 1-page pre-screening tools and wallet cards that showed Medicaid Expansion income guidelines by family size (see below) and copies of the state’s Medicaid application to share with people who were uninsured. Later, they used a phone app to help people apply on the spot.

- Reclaim Idaho, a grassroots organization that campaigned for their Medicaid Expansion ballot initiative, pivoted to enrolling people in Medicaid. In April 2020, they started a campaign called “get Idaho healthcare” to recruit volunteers working over Zoom to get friends and neighbors to visit [Reclaim Idaho’s website](#) to see if they were eligible for Medicaid.

## Alternative outreach and enrollment approaches during social distancing

Traditional outreach campaigns often depend on community gatherings and in-person 1:1 enrollment support. [Kentucky and Virginia](#) have developed strategies that respond to the demands of COVID-19 physical distancing, telework, and job disruption.

- Kentucky branded and distributed free protective face masks for children.

- Drive-through and drive-by events are a new venue for distributing printed materials, including COVID-19 testing and food distribution.
- [Take Care Utah](#) offers remote enrollment assistance via phone, live chat, in English and Spanish.
- Zoom meetings, webinars, and remote 1:1 assistance have replaced in-person events.
- Outreach at virtual job fairs and rapid response events have become a new focus in Virginia.
- Materials are being shared electronically or via mail rather than being handed out.
- Outreach coordinators have identified new charities, community, and faith-based organizations, bringing people together in various socially distanced ways to partner with them to provide or pass along outreach messaging.
  - Although methods for getting materials to people have shifted as food bank distribution systems have changed to assure social distancing, food banks continue to be a key outreach partner.
  - Retail partner outreach has focused on partnering with grocery stores, restaurants with take-out and delivery, and other businesses considered “essential” during shelter at home times.
  - Outreach at school and colleges has moved to the web, email, and mail communications, while using Zoom for meeting and group discussion.
  - In rural areas where infection rates are lower (or norms are different), outreach has focused on in-person churches, fast food chains, and other retailers.

## Special Challenges

These are some particular issues that arose in the late expanding states we examined (Idaho, Louisiana, Maine, Montana, Virginia, and Utah).

### Rural People

Medicaid expansion enrollment in rural areas tends to lag. Folks agree that web outreach and online signup is difficult in rural areas.

- During Maine’s first year of enrollment, advocates pointed to several barriers to enrollment for rural residents, including lack of internet and telephones in rural areas and long waits to enroll via the call line. People sometimes faced “hours-long waits” when trying to connect to state eligibility assisters.
- Allowing people to file applications through a wide variety of means, including mail, drop-off, fax, in-person, and email, makes the enrollment process more rural-friendly.
- Kentucky advocates place ads in rural newspapers that highlight personal stories and testimonials from community members who have enrolled in Medicaid.
- Kentucky has used pop-up 1:1 outreach and enrollment sites at the state’s largest malls, which serve as shopping centers for rural and urban residents. Retail-based sites also reach retail workers who have high rates of Medicaid expansion eligible people.

### Long wait times for state call centers

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- State systems that [streamline enrollment](#) can reduce the strain on state call centers. Louisiana enrolled 30% of its new Medicaid enrollees via a streamlined process using SNAP income data and targeted mail outreach. See more about this and other systems below under “State Enrollment Systems that Help.”

### Immigrants

Successful outreach to immigrant communities needs to address the many barriers that prevent immigrants being comfortable using government services.

- Maine’s Medicaid website provides drop down information for “Immigrants” (link to be added) that explains when immigrants are eligible for Medicaid and where local help is available.
- Virginia’s online “Expansion Resources for Advocates” includes a section on [Resources](#) for [Noncitizens](#) with information on Medicaid eligibility, and the public charge rule.
- Virginia advocates share that it is important to know which media sources communities prefer. Their Latinx community primarily listens to certain radio stations and prefers that source of information to TV.

### Younger folks (under 35)

While many outreach strategies focus on people who don’t use computers or the internet, social media outreach is key to reaching younger folks

- Utah reports that creativity using social media, including livestreams with partners, outreach in Facebook groups, responding to tweets/posts and messaging people who share health care challenges publicly worked well for them.

Outreach at colleges and universities, especially community colleges works to reach younger adults.

### Older adults 55-64

Maine has had a challenge enticing older people to enroll in Medicaid expansion because Maine has an estate recovery program when people 55 years or older receive Medicaid services, including physician, hospital, and prescription drugs. Maine now has an education campaign to explain its estate recovery program's limits and encourage older people to enroll. Unlike Maine, Missouri’s estate recovery program only applies when Medicaid pays for nursing home care.

### Incorrectly denied applications

Maine advocates report a particular challenge with incorrect denials of applications and people failing to receive notice of denials.

- Maine advocacy groups have included notices on their websites and other materials telling people when to expect a decision on their application, and what to do and who to call if denied.

### Political Challenges

[Maine](#) experienced difficulty enrolling people who were eligible for expansion coverage because of mixed messages from two gubernatorial administrations. Due to delays in legislation, enrollment began much later than expected. Their experience underscores the importance of early, broad campaigns that explain what Medicaid expansion is and who is eligible.

## Consumer-Friendly Web Sites and Web Tools

Web-based tools are a necessary, although not sufficient part, of every state’s Medicaid outreach and enrollment. Here are a few examples of consumer-friendly web tools.

### Pre-screening tools

Allowing people to pre-screen their Medicaid eligibility by answering a few quick questions is an effective outreach and education tool. Web-based consumer-friendly pre-screening tools can be helpful.

- In Virginia, consumers can use an [online screening tool](#) to see if they are likely income-eligible for Medicaid. Those likely to be Medicaid eligible get a phone number, website, and Healthcare.gov link to apply. The website also has an easy-read chart showing income limits from Medicaid Expansion adults, children, pregnant women, and others. The Virginia Department of Medical Assistance runs Virginia’s website, but in Missouri, Cover Missouri or another private site could host a similar tool.

### Screening Tool

Answer the 5 questions below and submit using the blue button to find out if you or your children may qualify for health coverage.

How many non-pregnant adults between the ages of 19 and 64?

How many pregnant adults?

How many children age 18 or younger?

Were you or your spouse in foster care and receiving Medicaid at age 18 or older and are currently age 26 or under?  Yes  No

What is your family's gross monthly income? (before taxes and deductions)

[Check Eligibility](#)

- A Virginia-style online calculator screening tool could also be part of a mobile app.
- Missouri has an online screening tool for Medicaid eligibility. However, unlike in Virginia, it does not pop up during a Google or other search. It is only available to people after they begin applying for Medicaid on the state website. Neither does it provide people with easy to follow instructions on what to do if the calculator tells them they are likely eligible for Medicaid.

- In Maine, the [Consumers for Affordable Health Care website](#) has a clear, straightforward income eligibility chart and eight FAQs to help people prescreen themselves but requires people to do the math. This pre-screen includes a warning urging people to apply even if you are over the guidelines and a Helpline to call if you have questions.

**MaineCare has expanded for 80,000 more people!**

- There are no asset limits for this coverage group.
- Only income is looked at for eligibility. Not all income will count against you.

Take a look at the chart, below. Call our Helpline at **1-800-965-7476** even if you are a little over the guidelines. You may still be eligible.

**MaineCare Expansion Income Guidelines**

Household Size	Monthly Income MaineCare under 138%	Annual Income MaineCare under 138%
1	\$1,482	\$17,774.40
2	\$2,004	\$24,039.60
3	\$2,526	\$30,304.80
4	\$3,048	\$36,570.00
additional household members add...	\$523	\$6,265.20

last updated on 01/19/2021

Call our Helpline at **1-800-965-7476** with questions or for help. We can help you with the steps to protect your right to MaineCare coverage.

**Common Questions**

- [What kind of income counts?](#)
- [How do I apply?](#)
- [When will I know if I am eligible?](#)
- [What is covered?](#)
- [What if my application is denied?](#)
- [What if I already have private insurance?](#)
- [Can I get old medical bills paid?](#)
- [What if my income is too high for MaineCare?](#)

**What counts as monthly income for MaineCare?**

- ✓ Current income earned by you, your spouse, and anyone else counted in your household
- ✓ Severance benefits (in the month received)
- ✓ Base unemployment benefits
- ✗ Supplemental \$800/week unemployment benefits from CARES act
- ✗ Tax rebates, including the recent \$1,200/ person stimulus payment
- ✗ Expected future earnings
- ✗ SNAP benefits

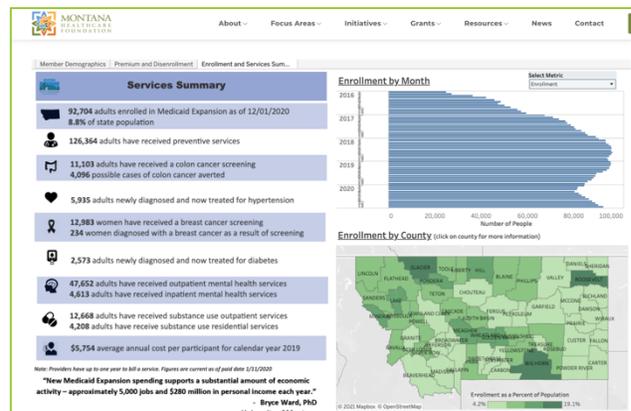
- Maine’s pre-screen tool includes plain language information to counteract common misconceptions about Medicaid eligibility, including highlighting information about immigrant eligibility.
- Pre-screen tools with an income eligibility chart can also be included in print outreach materials like flyers and wallet cards.

## Web-based Medicaid expansion dashboards to track enrollment & better target outreach

Some state Medicaid agencies, including [Louisiana](#), and [Virginia](#) have created dashboards that celebrate and track Medicaid expansion. These dashboards typically track enrollment by month, county, and services provided. Advocates and state officials are unanimous in their enthusiasm for these dashboards.

- In Montana, the [Montana Healthcare Foundation](#) hosts an exceptionally consumer-friendly [Montana Medicaid Expansion Dashboard](#). It includes an interactive click map that allows one to view various county statistics, including the number of people enrolled, percentage of population enrolled, diagnoses, and screenings.
  - The Montana dashboard allowed advocates in the state to identify that enrollment was falling behind projections in one of the state’s five most populous counties and redirect efforts to that community.

- Louisiana has used its dashboard to track enrollment and services by county since the Medicaid expansion started. In the first year, the dashboard provided the state and key stakeholders with data to understand the impact of Medicaid expansion at the three- month, six-month, and one-year timepoints. Years later, the dashboard continues to record how many people and services Medicaid expansion has provided by county and region across the state.



## State enrollment systems that help

This brief focuses on strategies that advocates, providers, and community groups can use for outreach and enrollment. We briefly note a few critical actions that the state Medicaid agency can take to simplify enrollment for specific groups.

### Streamlined enrollment using SNAP (food stamps) and other state eligibility data

States can use two different approaches that rely on SNAP data to simplify Medicaid enrollment.

- In [Louisiana](#), approximately 30% of new enrollees, almost 13,000 people, were identified through SNAP enrollment data as certain-to-be-eligible for Medicaid. The state mailed these SNAP enrollees “bright eye-catching, canary yellow envelopes” that specified the household members eligible to enroll in Medicaid expansion and requested answers to four yes-or-no questions needed to confirm Medicaid eligibility. The letter asked the SNAP participant to affirm they want Medicaid coverage by signing and returning the letter to the Medicaid agency by mail, fax, or email. Individuals could also respond by phone and provide a telephonic signature.

- Virginia, Montana, and Idaho used SNAP data to identify SNAP beneficiaries likely-to-be-eligible to enroll in Medicaid. Virginia sent “Blue Letters” to 55,000 SNAP beneficiaries likely to be eligible that required answers to three questions and a signature for these people to enroll in Medicaid expansion.

States also have income eligibility information for those already enrolled in other Medicaid categories. This data can be used to enroll people automatically or through a streamlined process in Medicaid expansion. In Missouri these groups include:

- Gateway for Better Health
- Uninsured Women’s Health (family planning)
- Parents of most Medicaid-eligible children
- Children aging out of Medicaid at age 19
- Blind/disabled with a spend-down
- Breast & Cervical Cancer Treatment enrollees
- Pregnant women 6 months postpartum

Attention grabbing bright colored envelopes are a hall-mark of successful streamlined Medicaid expansion enrollment campaigns. Research is available on the best color to use (and to avoid).

### Those incarcerated in state prisons

Louisiana has a [state agency partnership program](#) that has garnered national attention as a model for enrolling prisoners in Medicaid expansion. The state Medicaid agency partners with the Louisiana Department of Corrections (DOC) to enroll Medicaid expansion eligible prisoners before release. Those identified as “high-need” have the option of receiving case management services before release. A future brief will address best practices for enrolling justice-involved individuals.

### Leadership, coordination, and funding

Outreach and enrollment campaigns require leadership, coordination, and funding. Medicaid expansion campaigns typically involve three key players--the state, community organizations, and providers—but their roles vary from state to state.

- In Montana, the hospital association paid for television ads.
- In Montana, the [Montana Primary Care Association](#) created and paid for billboards, radio, and social media ads; created and mailed brochures to providers to give to patients.
- In Maine, the Robert Wood Johnson Foundation provided \$750,000 to help with marketing and enrollment initiatives and to research the expansion population through a grant made jointly to the Maine Health Access Foundation and the state.
- In Virginia, Optima Health, a Medicaid managed care organization, provided funding to help support outreach.
- In Virginia, a public-private foundation provides grants that fund Medicaid and CHIP local outreach and enrollment efforts in areas with the highest population of uninsured Virginians. These grants are made possible by funding from the Virginia Department of Medical Assistance Services, the U.S. Centers for Medicaid and Medicare Services, and other private funders, including the Tobacco Region Revitalization Commission, the Danville Regional Foundation, Sentara/Optima Health (a Medicaid managed care organization), and the Harvest Foundation.
- Federal funding cuts for outreach and enrollment for the federal health insurance Marketplace have impacted Medicaid expansion outreach, too. [Virginia](#) and [Maine](#) are transitioning to state-based

marketplaces to capture the 3% fees paid by insurers using the Marketplace. Maine estimates that moving to a state-based exchange will result in \$2 million to fund outreach initiatives. Virginia estimates that state will collect roughly \$91 million in fees

**Sources:**

[Federal Evaluation: Montana Health and Economic Livelihood Partnership Plan A Look at the Program a Year and a Half into Implementation, The Urban Institute Social and Scientific Systems, Inc., 2018](#)

[Medicaid Agencies Implement Innovative Outreach Strategies: Lessons from Kentucky and Virginia, National Academy for State Health Policy, September 21, 2020](#)

[Medicaid Expansion Outreach and Enrollment Effective Strategies to Expanding Access to Coverage, Montana Budget & Policy Center, March 2016,](#)

[Economic Effects of Medicaid Expansion in Montana, Montana Healthcare Foundation, 2021](#)

[Louisiana Medicaid 2017 Annual Report. Louisiana Department of Health., 2018.](#)

**Additional sources:**

Outreach and Enrollment Strategies for Reaching the Medicaid Eligibility but Uninsured Population, Kaiser Family Foundation, March 2016

What Worked and What's Next? Strategies in Four States Leading ACA Enrollment Efforts, Kaiser Family Foundation, July 2014

Year Two of the ACA Coverage Expansions: On the Ground Experiences From Five States, Kaiser Family Foundation, June 2015

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SLU Center for Health Law Studies: <https://www.slu.edu/law/health/faculty.php>



This research was supported by Missouri Foundation for Health. The Foundation is building a more equitable future through collaboration, convening, knowledge sharing, and strategic investment. Working in partnership with communities and nonprofits, MFH is transforming systems to eliminate inequities within all aspects of health and addressing the social and economic factors that shape health outcomes. Learn more at [mffh.org](http://mffh.org).