Marketing objectives

• Build awareness by publicizing NC Medicaid Managed Care

• Educate potential members about health plan options so they can make an informed decision to enroll in a PHP

• Enhance, support and complement outreach activities and communication provided by enrollment broker, DSS and Department

Sources
PHP RFP V.B.4.a; V.B.4.b; V.B.4.l.; 42 C.F.R. § 438.104
Ongoing communication with health plans

• Presented marketing materials review objectives during onboarding sessions

• Shared common submission issues during ongoing PHP/Member Operations call

• Answer PHP questions through formal Q&A submission process

• 1:1 conference call, with resulting Q&A shared with all PHPs in weekly Plan Administration message
Marketing materials review and approval guidelines

Health plans must submit marketing materials for review:

- 60 days before release date: Phase 1 marketing materials*
- 90 days for other materials or updates
- Within 30 days: Update materials due to changes in ILOS or value-added services
- Tobacco cessation; working with Quitline vendor, materials are still to be submitted for review and approval

- Marketing activities may start 8 weeks before Phase 1 open enrollment:
- May continue throughout contract term

*Contract amendment in response to Health Plans’ request to develop and release materials for Phase 1 open enrollment
Sources: PHP RFP V.C.2.p.ii.b); V.C.2.q.iii.b); V.B.4.j.iii.b); V.B.4.j.v.c); V.B.4.j.v.b); V.C.7.g.iii.c); 42 C.F.R. § 438.104(b)(1)(v).
Marketing material code

• Code is assigned to all materials

• Purpose
  − Track throughout submission, review and approval process
  − Identify source and intended regions
  − Detect outdated materials and messages

• Translated materials use the same code

• 90-day review of previously approved materials
  − No substantial modifications: No change
  − Substantial modifications: New marketing code

Sources
PHP RFP III.69 and 70; V.B.4; 42 C.F.R. § 438.104(a) and 42 C.F.R. § 438.104(b)(1)(v).
Federal requirements for MCAC participation

42 C.F.R. 438.104(c)
https://www.law.cornell.edu/cfr/text/42/438.104

State agency review. In reviewing the marketing materials submitted by the entity, the State must consult with the Medical Care Advisory Committee established under § 431.12 of this chapter or an advisory committee with similar membership.

§ 1932(d)(2)(A)(i)(I) of the Social Security Act

(ii) Consultation in review of market materials. In the process of reviewing and approving such materials, the State shall provide for consultation with a medical care advisory committee.
MCAC consultation schedule

**Friday, April 26**
- MCAC Beneficiary Engagement Subcommittee
  - Marketing materials overview: purpose, contract requirements, review process
  - Q&A
  - Request feedback on materials

**Thursday, May 3**
- Subcommittee shares comments with Department
  - Debra.Farrington@dhhs.nc.gov
  - Julia.Schoenberger@dhhs.nc.gov
- Q&A
- Summary of MCAC Beneficiary Engagement Subcommittee feedback

**Friday, May 4**
- DEPARTMENT incorporates Subcommittee’s comments in material reviews
  - Q&A

**Friday, May 17**
- FULL MCAC
  - Marketing materials overview: purpose, contract requirements, review process
  - Summary of MCAC Beneficiary Engagement Subcommittee feedback
  - Q&A
Marketing material submission & review process

1. PHP submits draft materials
2. Department reviews per PHP contract requirements
3. Department returns to PHP with required changes
4. PHP corrects and resubmits to department
5. Department approves

Repeat steps 3 & 4, as needed

30 days

10 days
Marketing materials overview

• Over 300 individual marketing items and campaigns received to-date, including:
  – Brochures, flyers, posters
  – Booth displays, banners, easels
  – TV and radio spots
  – Website graphics and text
  – Decals, window signage
  – Images
  – Social media posts and images

• MCAC Subcommittee members reviewed a representative sample of unapproved materials across the Health Plans
Department and Subcommittee review guidelines

Review for compliance with contract requirements, including:

- Protection of members from coercive or misleading practices
- Clear wording; generally 6th grade reading level or below (mark as needed to simplify; do not edit)
- Images that do not represent Medicaid managed care populations or that are culturally insensitive
- Distribution to entire region served by the Health Plan; no discrimination of rural or underserved areas
- Potential for distribution in prohibited areas (such as exam rooms)
- No marketing of multiple lines of business (e.g., Medicare Advantage)
- Accessibility; e.g., Closed captioning of videos

All comments were welcome; however, it was not necessary for subcommittee to review:

- Design, artwork, color scheme, unless directly affecting a cultural or other member need
- Temporary images that are specifically used to indicate placement (may have “FPO” on image)
- Taglines and branding that do not conflict with contract requirements
- Marketing codes (will be added when final)
- Schedule for release into the market (this has already been asked of all Health Plans)
Key requirements

• Written marketing materials
  – Health care settings: Allowed only in common areas
  – Not allowed where patients primarily intend to receive health care services, such as emergency rooms, patient hospital rooms, exam rooms and pharmacy counter areas

• Giveaways and nominal gifts
  – Available to the public and distributed in-person only
  – Do not exceed $10 in value per person
  – Not connected to enrollment

• Value-added services must be approved by the Department

Sources
PHP RFP V.B.4.j.i.a); V.B.4.j.i.d); V.B.4.j.ii.m); V.B.4.j.ii.n); V.B.4.j.iv.a); V.B.4.j.iv.b); V.B.4.j.ii.f); 42 C.F.R. § 438.104(b)(1)(v).
General topics of comments

• Accessibility: Ensure font size, captioning, etc., is reflected in final material

• Reading level: Use Flesch-Kincaid assessment tool to ensure readability

• Infographics: Must be simple, understandable

• Incentives: Need to review rewards programs to ensure contract compliance (e.g., $10 nominal gift threshold)

• Dual marketing: Ensure there is no marketing of Medicaid and other lines of business (e.g., Medicare Advantage and Medicare Drug Plans)

• Culturally and member appropriate: Carefully review for potential interpretations in language, tag lines, imagery and placement of marketing materials

• Choice counseling: Watch for wording that crosses into Enrollment Broker responsibilities
Sample review comments

“Splash page shows a retirement-age white male working out in a private gym. With duals carved out I don’t think that the pic is representational. Furthermore, Medicaid beneficiaries aren’t likely to belong to a private gym...”

“[Materials had] no mention of this being a Medicaid plan or a Medicaid managed care plan in their materials; I wouldn’t know what they are selling other than health care.”

“NC Medicaid must review and approve how [social media] ads are targeted to ensure that the demographic and geographic targeting criteria used (which can be very sophisticated and targeted) are not discriminatory (V.B.4.j.ii.f).”
Next steps

- MCAC input is reflected Department reviews marketing material submissions

- Health Plans will receive approval of materials with value-added services after those services are approved by the Department

- Health Plans will receive approval of materials at the same time to provide equal opportunity for marketing
Questions

Medicaid transformation website:
ncdhhs.gov/Medicaid-transformation