



## North Dakota

### Medicaid Expansion and the Health Insurance Marketplace Education, Outreach and Training Plans

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Keith Arnold, Katie Harrigan, Doug Kittredge, Nancy Wise, Peter Summerville, Megan Aukema



P.O. Box 42329 • Indianapolis, IN 46242 • [www.htms.com](http://www.htms.com)

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## ***INTRODUCTION***

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In March 2010, the Patient Protection Act, and the Health Care and Education Reconciliation Act of 2010 were signed into law. The two laws are collectively referred to as the Affordable Care Act (ACA). The ACA provides grant funding to assist states in planning, developing and implementing parts of the ACA.

The ACA – and subsequent action by the North Dakota State Legislature – introduced a range of impacts to North Dakota’s healthcare market, including the expansion of Medicaid and the decision to use the Federal Health Insurance Marketplace rather than build a state marketplace.

The Health Insurance Marketplace is an online marketplace where individuals and small businesses can purchase health insurance. To improve the Medicaid eligibility process and integration with the Marketplace, the State is building a new Medicaid eligibility and enrollment system, which will be rolled out in phases over the next several years. In addition, the State will be integrating the Economic Assistance programs (Basic Care Assistance Program, Child Care Assistance Program, Low Income Home Energy Assistance Program, Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families program).

### **Two Plans**

To support the transitions associated with these changes, the State of North Dakota Department of Human Services (DHS) hired HTMS, a management consulting firm, to provide a number of change management services, including development of an education and outreach plan as well as a training plan as described in our Statement of Work. Both plans are included in this document.

The plans were developed using insights gained during an Assessment phase conducted in June 2013. The Assessment included discussions with various citizens and North Dakota stakeholders, which provided insight into the types of training, education and outreach tactics that are most likely to resonate with North Dakotans.

### ***Education and Outreach Plan***

The Education and Outreach Plan is intended to reach the internal and external audiences that could benefit from education about Medicaid expansion and the implementation of the ACA (see Table 1 below). The goal is to raise awareness of new coverage options that may be available and to drive residents to seek further information and to pursue coverage if they are uninsured.

Table 1: Stakeholders

GOVERNMENT AGENCIES	SOVERIGN ENTITIES	INDIVIDUALS & OPINION LEADERS	HEALTH CARE ORGANIZATIONS	ACA-ENGAGED
North Dakota Department of Human Services	Tribal Governments	Currently Eligible	Community and Advocacy Groups	Navigators
North Dakota Department of Health – and Public Health Units		Newly Eligible for Medicaid Expansion or Subsidies	Providers	Others (Community Health Centers and Champions for Coverage)
North Dakota Department of Public Instruction		Tribal Leaders and Elders	Health Insurance Carriers	
North Dakota Indian Affairs Commission		Individuals	Insurance Agents & Brokers	
North Dakota Insurance Department		Elected Officials, Business Leaders and other Community Leaders		
County Governments		News Media		

**Training Plan**

The Training plan is focused on providing additional information to selected individuals or organizations that are involved in the State’s health care programs, or who may be in the position of answering questions for North Dakotans. Some examples include Navigators, advocacy organizations, Federal Qualified Health Centers, insurers and physician organizations, hospitals, and other groups identified during the Assessment.

The Training Plan includes recommended materials and a suggested calendar of eight regional sessions to be held during September 2013.

A number of specific documents for both outreach and training will be written and designed as part of the content development phase of this project. The DHS project team and HTMS have identified a number of these foundational materials and recommendations for additional optional materials. Further conversation between DHS and the HTMS team will define this collateral inventory (See Section 6 for initial recommendations for materials).

## SECTION 1: EDUCATION & OUTREACH

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### 1

## OVERVIEW

In the broadest sense, education and outreach is intended to inform audiences and, for this project, ensure that North Dakotans are aware of new health insurance options that may be available to them through Medicaid expansion and the Health Insurance Marketplace.

The Education and Outreach Plan details objectives, channels and recommended tactics that the State may undertake to reach a set of identified target audiences. The Plan also articulates specific messages that will be tailored to resonate with specific audiences where appropriate.

The Assessment identified a unifying theme – *Taking Responsibility* – that resonates with target audiences. This theme will be incorporated into the design and the words of the collateral materials.

The plan designates activities that are traditionally defined as educational in nature – including earned-media (public relations), social media strategies, grass-roots and community events, public service announcements, website content, basic collateral materials and appropriate outreach to primary and secondary stakeholders.

The plan will serve as a guide for DHS personnel as they conduct education and outreach activities. It is expected that State resources will conduct the bulk of the tactical work; HTMS will assist in the delivery of plan activities as requested by the State.

## 2

## OBJECTIVES

The education and outreach plan is designed to:

1. Increase awareness and inform target audiences about Medicaid expansion and where to access information about the Health Insurance Marketplace.
2. Connect and/or direct stakeholders to the appropriate places for additional information or assistance – whether they are interested in Medicaid coverage, if they want to learn more about obtaining health insurance, or if they want to know for which federal subsidies they may be eligible.
3. Assist individuals with understanding basic concepts of health care coverage and health care reform.
4. Establish a common theme for statewide education, outreach activities and messages, so that target audiences start taking notice whether they are seeing, reading or hearing information about Medicaid expansion or the Health Insurance Marketplace in North Dakota.

### 3 TARGET AUDIENCES

The Assessment revealed the target audiences with interests in Medicaid expansion and insurance subsidies that should be the focus of any outreach and education effort. While the information presented will be consistent across audiences, audiences may have distinct interests in the ACA and distinct characteristics, warranting targeted approaches to messaging, materials, and distribution of information. For instance, Native Americans may be particularly impacted by changes to Medicaid and by new opportunities under that ACA that could be important to highlight.

Table 2: Target Audiences

AUDIENCE	CONSIDERATIONS
<b>1. State employees* &amp; state government executives / legislators / opinion leaders</b>	<ul style="list-style-type: none"> <li>• Front line of employees that are implementing Medicaid expansion.</li> <li>• Front line of government leaders and elected officials that passed Medicaid expansion and are responsible for implementation.</li> </ul>
<b>2. County eligibility workers* &amp; county government executives / opinion leaders</b>	<ul style="list-style-type: none"> <li>• Front line of county workers, supervisors, directors, and elected officials that have direct contact with existing and prospective enrollees.</li> </ul>
<b>3. Healthcare allies (advocacy, support, business &amp; non-profit organizations)</b>	<ul style="list-style-type: none"> <li>• The first set of external audiences outside of government that can help drive enrollment and communications.</li> </ul>
<b>4. Native Americans</b>	<ul style="list-style-type: none"> <li>• While representing just more than 5% of statewide population, the Native American community makes up approximately 20% of the state’s uninsured population, and faces a unique environment when it comes to health care coverage and services.</li> <li>• Native Americans have some specific rules related to exchanges/insurance marketplaces that do not apply to the population as a whole.</li> </ul>
<b>5. New Americans (refugee population)</b>	<ul style="list-style-type: none"> <li>• The New American population represents a growing community that has cultural, language and health care industry barriers.</li> </ul>
<b>6. Newly eligible and the uninsured</b>	<ul style="list-style-type: none"> <li>• Including young ‘invincible’ population; this is a diverse audience, who may not have health coverage for a range of reasons, including lack of interest, cultural barriers, insufficient funds, pre-existing conditions, or other factors.</li> </ul>
<b>7. People with disabilities (physical, behavioral, developmental, intellectual, etc.)</b>	<ul style="list-style-type: none"> <li>• People with disabilities who do not meet existing program criteria may be some of North Dakota’s most vulnerable populations.</li> </ul>

AUDIENCE	CONSIDERATIONS
<b>8. Members of the general public</b>	<ul style="list-style-type: none"> <li>To achieve efficiencies for all the above target audiences – and to make sure that inquiries about ACA do not create a bottleneck for State and County workers, basic material(s) about the Medicaid expansion and ACA will be created and distributed as necessary.</li> </ul>

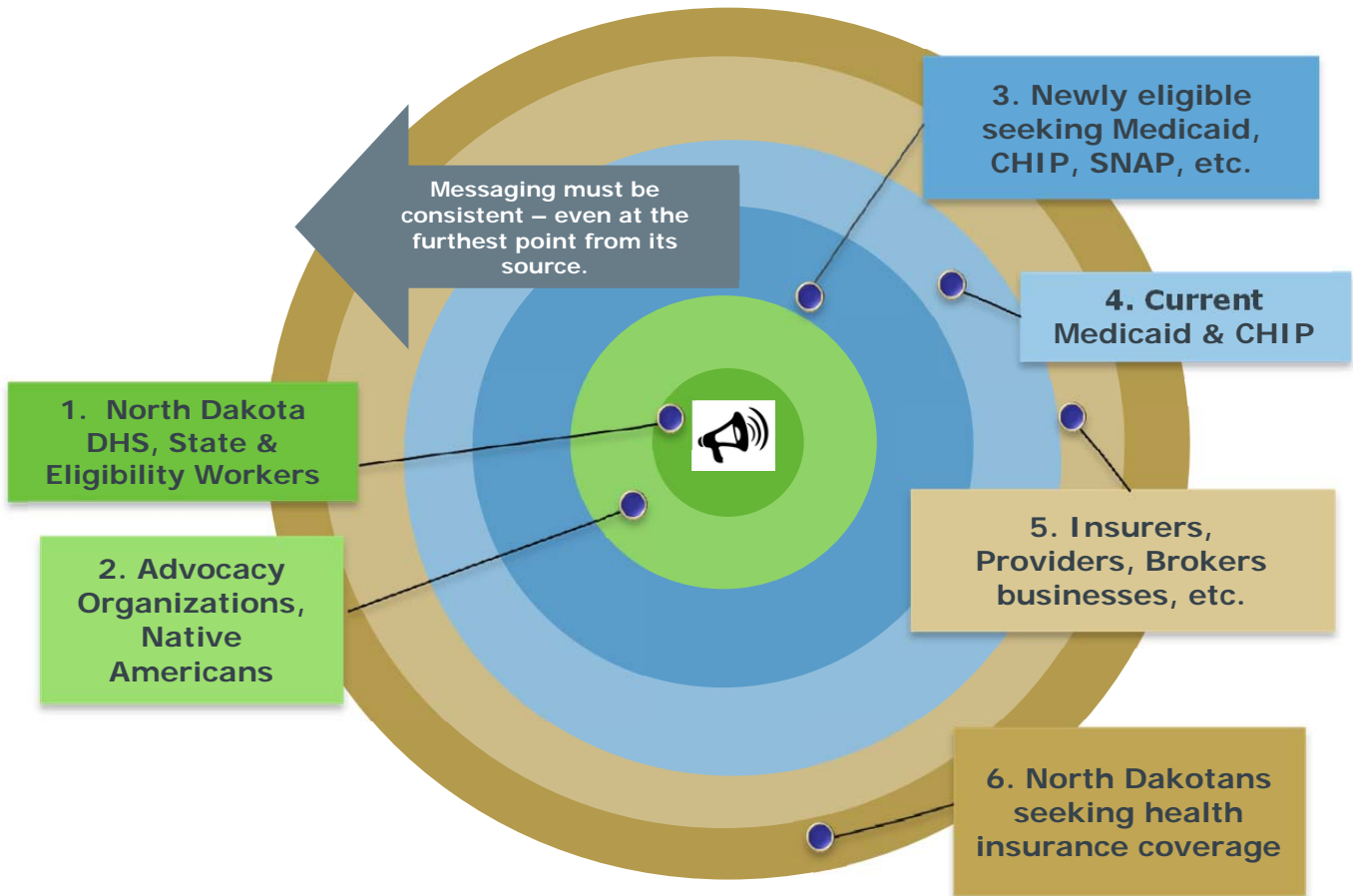
*\*Please note: While DHS is conducting all training for county eligibility workers, it is important that the outreach plan include these groups in the list of target audiences as a high priority. As CMS and North Dakota DHS make announcements about healthcare reform – and more directly about Medicaid expansion – it will be important that these professionals be kept apprised of Federal and State activities, policy decisions, etc.*

A consistent communications strategy applied to both plans also works to minimize confusion among trainers and recipients of information. When referencing core strategies for communication, priority audiences are those that are most positioned to impact these changes for the state. In this case, the core group includes the state eligibility, health, and other workers who will be implementing changes and working directly with the public to access benefits (see Diagram 1). The next ring of impact includes those in the community who work with people who could benefit from services. These individuals provide some consultation and also refer to state workers. The next rings of relevance include those who could benefit from services, both the newly and currently eligible for service. Beyond these initial potential supporters and recipients, it is important that a broader set of stakeholders also receive consistent and accurate messaging.

The following diagram is provided as a reference point for understanding how the essential strategies of strong communications emanate from the core and out to the furthest audiences. When the target audiences at the center and the edges are hearing the same messages, greater levels of understanding will be achieved. This diagram includes the priority audiences as previously described.



Diagram 1: Consistent Communications



## 4 EDUCATIONAL THEME

Because the Health Insurance Marketplace is being established by the Centers for Medicare & Medicaid Services (CMS), and based on the HTMS assessment findings, there will not be a fully branded promotional strategy or advertising\* campaign specific to a North Dakota-created online marketplace.

At the same time, it will be important for North Dakotans who qualify under Medicaid expansion to have a clear notion of the coverage requirements and/or options available to them – and the place(s) where they can learn more, or sign up for healthcare coverage other than Medicaid. The same type of awareness must be encouraged for North Dakotans who are in the market for health insurance – or who can take advantage of federal subsidies because they meet the requirements and they purchase insurance on the Health Insurance Marketplace. All this helps to reinforce the notion of “no wrong door” when it comes to applying for Medicaid coverage or private health insurance coverage.

A strong communication theme, “Taking Responsibility,” serves as the cohesive message across audiences. Many contributors to the assessment emphasized state values for taking responsibility and focusing on what needs to be accomplished. They articulated that North Dakotans don’t sugarcoat tough issues and they face up to business and financial realities. This theme emphasizes the importance of having healthcare coverage by appealing to North Dakotans’ sense of taking responsibility for themselves and their families, especially in the case of personal hardship and financial consequence that could arise from an un-covered health condition or episode.

Some examples of copy concepts supporting this theme include:

- *The reason I’m taking responsibility for my health: My kids/baby/wife*
- *I owe it to my family to get covered*
- *I’m healthy and active. But just in case, I’m getting covered.*
- *I figure if I get covered, I don’t have to worry if I get hurt or sick.*
- *I figure part of taking care of my family is making sure that if I get sick or hurt, I can afford the care I need to get better again.*

This theme was tested alongside three others with a range of constituents and was identified as the most likely to drive action. The message had universal appeal regardless of income status, gender, work status, and other demographic characteristics.

*Taking Responsibility* provides an emotional bond and was easily understood. This was confirmed during informal focus groups held in Cass and Burleigh counties.

\* See Appendix 3 for budgeting considerations related to educational and outreach efforts.



# 5

## KEY MESSAGES

Even while creating an educational theme and a series of key messages specific to the Peace Garden State, North Dakota DHS should keep an eye on the outreach activities and messaging being communicated by the federal government’s Centers for Medicaid and Medicare Services. Medicaid expansion and health care reform are significant changes to they way Americans access insurance coverage. Significant outreach, education and advertising activities will be implemented by CMS, and DHS should look to massage its messaging so that it aligns with the federal agency’s communications.

### Overall Medicaid Expansion Messages

EDUCATIONAL THEME	
Taking Responsibility	
TOP LEVEL STATEMENTS	
<p>Beginning in January 2014, North Dakota is expanding access to Medicaid to cover more working families, children and adults. Signups begin October 1<sup>st</sup>.</p> <p>Many hard working North Dakotans will be able to access health care coverage to keep themselves and their families healthy.</p> <p>There will also be a new way for all North Dakotans to research and buy health insurance through the Health Insurance Marketplace.</p>	
Key Message	Sub Messages
<p><b>Medicaid expansion is a smart investment</b></p> <p>You’re making a smart investment in your own health, while helping assure a strong health care delivery system to support the residents of North Dakota.</p>	<ul style="list-style-type: none"> <li>• Now we’re building on Medicaid’s success to make health coverage affordable for more hard-working North Dakotans.</li> <li>• Expanding Medicaid gives more individuals and working families the opportunity to get affordable coverage, preventive services, and economic security against accidents, illness or job loss.</li> <li>• The expanded Medicaid program includes all adults under 65, and not just pregnant women, people with disabilities and some adults with dependent children.</li> </ul>

Key Message (cont.)	Sub Messages (cont.)
<p><b>Making a great program even better</b></p> <p>Even if you didn't qualify for Medicaid in the past, you may qualify now under the new rules.</p>	<ul style="list-style-type: none"> <li>• If you're eligible, you don't need to buy a plan through the Health Insurance Marketplace.</li> <li>• Starting October 1, 2013 you can apply at <u>(URL to be determined by DHS)</u> to find out if you or your family qualify.</li> <li>• If you qualify, you may only have to pay a small part of the cost (like a copayment) for care.</li> </ul>
<p><b>Better coverage—Better for North Dakota</b></p> <p>Broader access to health coverage will help keep North Dakotans healthier and more financially secure. Healthy workers keep our businesses strong, our job market dynamic, and our economy growing.</p>	<ul style="list-style-type: none"> <li>• Continued growth of our state economy depends on a healthy workforce.</li> <li>• Healthy people are more reliable workers, they get paid and spend more dollars, and the state takes in more revenue.</li> <li>• Personal financial challenges can diminish a person's ability to contribute to the greater community – or even to his or her immediate family.</li> <li>•</li> </ul>
<p><b>Peace of mind, knowing you're covered</b></p> <p>No one plans to get sick or hurt, but with Medicaid expansion, you have the confidence of knowing you'll get care you need.</p> <p>Good health coverage means you won't risk unpaid bills or the financial challenges that come with high medical bills.</p>	<ul style="list-style-type: none"> <li>• Instead of seeking routine care in the emergency room, with Medicaid expansion, qualifying North Dakotans will be able to receive quality, consistent care from doctors they know to address medical issues before they become critical.</li> <li>• Taking responsibility for health care coverage means fewer worries and more time to enjoy life with your friends and family.</li> </ul>

## Supplementary Messages for General Healthcare Coverage

Audience	Key Message	Sub Messages
<p><b>General Population</b></p>	<p><b>North Dakotans now have more choices for affordable healthcare</b></p> <p>The new online Health Insurance Marketplace is designed to help you find health insurance that fits your budget, with less hassle.</p>	<ul style="list-style-type: none"> <li>• If you think you may qualify for Medicaid now that it is expanded, apply at <a href="#">(URL to be determined by DHS)</a>.</li> <li>• People who don't qualify for Medicaid may benefit from the new Health Insurance Marketplace.</li> <li>• The Marketplace will feature private health insurance choices that will cover essential health benefits.</li> <li>• You can compare plans and also see what your premium, deductibles and out-of-pocket costs will be before you make a decision to enroll.</li> <li>• For those who qualify, the Marketplace will also provide access to tax credits, reduced cost sharing and public programs such as Medicaid.</li> <li>• Go to <a href="http://Healthcare.gov">Healthcare.gov</a> or call (National call center) to learn more about the Marketplace.</li> </ul>
<p><b>General Population</b></p>	<p><b>Take control of your health</b></p> <p>It's up to you to take care of your health and your family's health. Now you have more options.</p>	<ul style="list-style-type: none"> <li>• North Dakotans can take greater personal responsibility for their health.</li> <li>• Get the information you want and the coverage you need. Learn more about Medicaid at <a href="#">(URL to be determined by DHS)</a> or about the Health Insurance Marketplace at <a href="http://www.Healthcare.gov">www.Healthcare.gov</a> or 1-800-318-2596.</li> </ul>

## Targeted Messages Specific to Medicaid Expansion

Audience	Key Message	Sub Messages	Unique Factors
<p>State and County employees, government elected officials and executives, and other opinion leaders</p>	<p><b>Enrollment for the Medicaid expansion begins on October 1, 2013.</b></p> <p><b>Medicaid expansion coverage begins in North Dakota January 1, 2014.</b></p> <p>Here's how you can help people connect with coverage.</p>	<ul style="list-style-type: none"> <li>You can help educate your fellow residents by staying informed with the latest news, requirements and announcements.</li> <li>Learn more about North Dakota's expansion of Medicaid.</li> <li>Here are resources on which you can depend for up-to-date information.</li> </ul>	<ul style="list-style-type: none"> <li>Many of these people – DHS, Public Health and County Eligibility Workers will be knowledgeable – they need to be kept in the loop.</li> </ul>
<p>Healthcare allies</p>	<p><b>Healthcare reform and Medicaid expansion are here. Here's what you need to know.</b></p>	<ul style="list-style-type: none"> <li>Here are the resources available to help you educate and inform your members, employees, etc.:</li> <li>North Dakota's Medicaid Website (<u>URL to be determined by DHS</u>)</li> <li><a href="http://www.healthcare.gov">www.healthcare.gov</a></li> <li><a href="http://marketplace.cms.gov/index.html">http://marketplace.cms.gov/index.html</a></li> <li>Subsidy calculator: <a href="http://kff.org/health-reform/">http://kff.org/health-reform/</a></li> </ul>	<ul style="list-style-type: none"> <li>Stay fact based, no fluff</li> </ul>

Audience	Key Message	Sub Messages	Unique Factors
<p><b>Native Americans</b></p>	<p><b>Medicaid expansion means that Indian Health Service (IHS) will have more resources to serve the Native American population.</b></p> <p><b>Expanding Medicaid means more Native Americans can have greater access to health services when IHS is not conveniently located close to their home.</b></p>	<ul style="list-style-type: none"> <li>• Medicaid expansion is particularly important for those Native Americans who do not have easy access to an Indian Health Service (IHS) or a tribally-run facility.</li> <li>• Most IHS facilities are located on reservations, making access difficult for those who reside outside reservations.</li> <li>• Medicaid coverage will expand; even if you weren't eligible before, you may qualify now.</li> </ul>	<ul style="list-style-type: none"> <li>• Use elders and/or matriarchal voices to tell the story</li> <li>• The Indian Health Service (IHS), the primary federal agency responsible for the provision of health services to American Indian and Alaska Native (AI/AN) people, is not an insurance system.</li> </ul>
<p><b>New Americans</b> (refugee populations and partner agencies who work with refugees)</p>	<p><b>Many children of refugees who live in North Dakota may be eligible for Medicaid.</b></p> <p><b>Refugee adults who have resided in North Dakota may be eligible for Medicaid.</b></p>	<ul style="list-style-type: none"> <li>• Medicaid expansion means you or your family members may now qualify for Medicaid.</li> <li>• You can learn more at North Dakota's Medicaid website (<u><a href="#">URL to be determined by DHS</a></u>).</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals that are not eligible for Medicaid will be referred to the Federally Facilitated Marketplace.</li> </ul>

Audience (continued)	Key Message (continued)	Sub Messages (continued)	Unique Factors (continued)
Newly Eligible	<b>Medicaid has been expanded – you may be eligible for coverage under the new rules.</b>	<ul style="list-style-type: none"> <li>• If you match the following profile, you may want to learn more about North Dakota's Medicaid program.</li> <li>• Medicaid coverage is expanding; even if you didn't qualify before, you may qualify now.</li> </ul>	<ul style="list-style-type: none"> <li>• Newly eligible population includes single people sometimes referred to as "young invincibles" who may not think they need healthcare coverage.</li> </ul>



## 6

## COMMUNICATION CHANNELS AND TACTICS

Our work during the Assessment Phase included interviews and meetings with more than 150 North Dakotans. We gained valuable insight during these discussions and the following Communication Channels Table provides an overview of a number of potential communication channels and their perceived effectiveness. Knowing which communication channels are perceived as effective, gives the State clearer direction on which channels to use and where to invest limited resources.

*Table 3: Communication Channels*

<b>Outlets</b>	<b>Perceived Effectiveness</b>	<b>Selected Quotes from Assessment Phase Interviews/Meetings</b>
<b>Word of mouth</b>	Very Effective (The challenge is accuracy of what is communicated.)	"Many people will benefit from hearing this live from another person."
<b>Newspapers</b>	Effective (earned media)	"I read my local newspaper."
<b>Websites</b>	Effective	"People will rely on the Internet."
<b>Social media</b>	Moderately Effective (trending to Effective)	"The young 20 and 30 year olds have smartphones and are constantly on Facebook or Twitter."
<b>Media (TV &amp; Radio)</b>	Moderately Effective (more effective with tribal radio and GoodHealthTV)	"We have found Public Service Announcements to be worthwhile, especially in transit advertising" "A lot of people listen to AM radio in the morning."
<b>Home mailings</b>	Moderately Effective	"Rainbow envelopes go out to parents of school children; reaching more than 165,000."
<b>Brochures</b>	Moderately Effective	"Most of the time, as they're walking away, our brochures get thrown in the trash"
<b>Phones</b>	Minimally Effective	"People switch or discontinue phone numbers a lot"

## Communications Tactics

### 1. Earned Media (Public Relations)

We recommend sharing the story with local and regional outlets using proactive news story placement, public service announcements, and authored articles. Suggested targets are detailed in Appendix 1, which includes contacts at:

- a. Local and regional newspapers
- b. Local and regional broadcast (TV/Radio)
- c. Online publications/blogs

The following calendar provides initial concepts for pitching story ideas to editorial boards, reporters and others at print and broadcast outlets across North Dakota.

*Table 4: Media Pitch Calendar*

Month	Pitch Theme(s)
<b>Sept '13</b>	<ul style="list-style-type: none"> <li>• Medicaid expansion is coming—what it means for North Dakota</li> <li>• When North Dakotans apply for Medicaid after October 1<sup>st</sup>, here is the process</li> </ul>
<b>Oct '13</b>	<ul style="list-style-type: none"> <li>• Medicaid expansion means more North Dakotans can qualify – perhaps as many as 20-30 thousand more</li> </ul>
<b>Nov '13</b>	<ul style="list-style-type: none"> <li>• Medicaid expansion continues to draw enrollees</li> <li>• State employees and County eligibility workers are working hard to connect people to coverage through the Medicaid expansion (respond to impact if it is positive – e.g., we are busy, but it is manageable)</li> </ul>
<b>Dec 13</b>	<ul style="list-style-type: none"> <li>• North Dakotans will begin seeing benefits from the Medicaid expansion beginning in January 2014</li> <li>• Medicaid expansion's first 24 months are paid 100% by the federal government (match drops to 95% on Jan. 1, 2017).</li> </ul>
<b>Jan '14</b>	<ul style="list-style-type: none"> <li>• Health care workers and health care association representatives talk about the benefits of Medicaid expansion</li> <li>• New enrollees are quoted about their experiences: why they signed up, ease of the process, what it means to them</li> </ul>

## 2. Social Media

The world of “social media” includes online communities, connecting while mobile, texting, tweeting and using Facebook or LinkedIn (among others) to stay in touch with friends, families and business colleagues. DHS will engage consumers through these online social channels and develop coordinated, consistent campaigns for Twitter and Facebook.

- a. Leverage well-known, North Dakotan elected officials, community influencers and opinion leaders who can deliver our “Taking Responsibility” message credibly.
- b. Create a unique hashtag such as **#NDMedicaidExpands** to use in all social activity.
- c. Create a reactive commentary program to weigh in with the State perspective on Medicaid expansion conversations in media and blogs. Retweet / link as appropriate.
- d. Build a Social Media editorial calendar with an ongoing cadence of online promotion of the State’s Medicaid expansion plans. This will ensure an ongoing stream of content to reinforce the message.
- e. Develop a Facebook page for ND Medicaid expansion to support community and grass-roots outreach.

DHS may need an additional resource to manage its social media campaigns. Twitter should ideally be updated on an almost daily basis - however, some tweets can be queued up in advance with programs like “HootSuite,” and tweets can be syndicated to a Facebook page so they are both updated simultaneously. An individual should be identified who could devote at least five hours a week to maintaining DHS’s social media presence.

### 2a. Social Editorial Calendar

A Social Editorial Calendar outlines an ongoing cadence for activity across Twitter and Facebook. In Appendix 2 we have provided a sample cadence for the first week of the campaign, including draft posts. Actual posts should be adjusted based on real-time news, interactions and feedback from social media influencers.

There are several types of tweets for promoting our Medicaid expansion website:

- a. **Promo Tweet/Posts:** These are prewritten tweets/posts promoting the Health Insurance Marketplace and Medicaid expansion programs including our selected hashtag. They can be copy, pasted and posted directly to Twitter.
- b. **Shared News:** Sharing relevant Medicaid/Health Insurance Marketplace news from influencers by retweeting, using our hashtag. It’s important to evaluate the latest tweets to ensure that it applies to the ND Health Insurance Marketplace and/or Medicaid expansion before retweeting news.
- c. **Influencer Engagement:** It’s hard to predict what an influencer will Tweet on any give day. As a general rule – look for any relevant content on Medicaid expansion/ Health Insurance Marketplace in the past 48 hours to retweet.

### **3. Community Outreach**

Leverage existing local and regional organizations with membership that includes core target audiences.

- a. Place articles in community and nonprofit organization newsletters (AARP, Chambers of Commerce, granges, veterans groups, medical centers and clinics, fitness facilities, community churches, Federal Qualified Health Clinics, etc.)
- b. Provide information at and/or attend organization meetings.
- c. Request links from organization sites to our dedicated ND Medicaid Expansion page.
- d. Blast informational emails to organization members with information/links.
- e. Post information and training documentation on the DHS website for public access (URL to be determined by DHS)

### **4. Grass Roots / Community Events**

- a. Attend and share information at relevant community events/fairs/public markets/gatherings. Calendar of events to be developed.

### **5. Online Resources**

- a. Develop an issue-specific web page or pages, linked to the DHS website in ND.
- b. Use web page as a channel to deliver tailored content and information. Create vanity URL that links to social hashtag.
- c. Crosslink / cross promote web page and Facebook page.

### **6. Monitoring Activities in Neighboring States**

- a. Across the country, and especially in the neighboring state of Minnesota, Medicaid expansion will be getting the attention of news media, bloggers and trade publications. The State should monitor those activities to make sure that the messaging from North Dakota is getting prominent attention vs. messaging from other states.

### **Communications Materials**

The HTMS team will create and deliver a variety of materials to support education, outreach and training efforts – as well as providing content to be used for the website and public service announcements.

Below we have listed the materials that are recommended – most of which are included in the current project deliverables. Other materials are recommended and are optional considerations that should be reviewed for development.

We have used this matrix to show that some materials are being created for education and outreach purposes, some for training purposes, and some for both purposes. We also recommend that DHS make use of CMS-created marketing materials available on [www.healthcare.gov](http://www.healthcare.gov).

Finally, please note that DHS must create a landing page and appropriate URL (perhaps with additional pages as needed) that will be the online location for anyone in the State to begin to learn more about Medicaid expansion. The HTMS team will provide technical assistance to DHS on the development of a Facebook page and social media presence.

Table 5: Educational/Outreach Materials

Item	Name of Deliverable	Audience	Content/Topics	Format
1	<b>Project Overview</b>	For HTMS training: Health allies and advocacy organizations	<ul style="list-style-type: none"> <li>• Medicaid Expansion</li> <li>• Health Insurance Marketplace</li> <li>• Online Eligibility Modernization</li> </ul>	Formatted Word document based on design template (one page front/back) and PDF
2	<b>Medicaid Expansion in North Dakota</b>	For training: eligibility workers and advocacy organizations	<ul style="list-style-type: none"> <li>• Basic info about Medicaid Expansion in North Dakota</li> <li>• Where to go for more info</li> </ul>	Formatted Word document based on design template (one page front/back) and PDF
3	<b>Online Eligibility Modernization</b>	For training: eligibility workers and advocacy organizations	<ul style="list-style-type: none"> <li>• Overview of state eligibility modernization plan</li> </ul>	Formatted Word document based on design template (one page front/back) and PDF
4	<b>North Dakota and the Affordable Care Act</b>	For training: eligibility workers and advocacy organizations	<ul style="list-style-type: none"> <li>• Medicaid Expansion</li> <li>• Health Insurance Marketplace</li> </ul>	Formatted Word document based on design template (one page front/back) and PDF
5	<b>Medicaid Expansion At-A-Glance</b>	County & State eligibility workers	<ul style="list-style-type: none"> <li>• Medicaid Expansion description</li> <li>• Federal Poverty Level</li> <li>• Administering Medicaid's Income Eligibility</li> <li>• Tax subsidies for buying private insurance</li> <li>• Where to go for more information</li> </ul>	Formatted Word document based on design template and PDF

<b>Item (cont.)</b>	<b>Name of Deliverable (cont.)</b>	<b>Audience (cont.)</b>	<b>Content/Topics (cont.)</b>	<b>Format (cont.)</b>
<b>6</b>	<b>North Dakota Medicaid Expansion &amp; Health Care Reform Brochure</b>	For Consumers  (To be distributed by state, county, providers, advocacy offices)	<ul style="list-style-type: none"> <li>• Medicaid Expansion</li> <li>• Health Insurance Marketplace</li> <li>• Any other highlights that consumers need to know about Health Care Reform (e.g., SHOP)</li> </ul>	Designed PDF (created in In Design, not Word). Two versions: 1 with crop marks for printer; 1 without for posting online; will also deliver In Design files
<b>7</b>	<b>North Dakota Medicaid Expansion &amp; Health Care Reform Hand Out</b>	For Consumers  (To be distributed by state, county, providers, advocacy offices)	<ul style="list-style-type: none"> <li>• Same basic content as brochure, but in easy-to-update and print out format</li> </ul>	Formatted Word document based on design template and PDF
<b>8</b>	<b>North Dakota Medicaid Expansion and Health Care Reform Glossary of Terms</b>	For Consumers  (To be used in training; for state, county, and advocacy organizations; and posted on web site)	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Health Insurance Marketplace</li> <li>• ACA</li> <li>• Health Reform</li> </ul>	Formatted Word document based on design template and PDF
<b>9</b>	<b>Medicaid Expansion &amp; Health Care Reform Frequently Asked Questions</b>	For Consumers  (To be used in training and distributed by state, county, and advocacy organizations; and made available on web site)	<ul style="list-style-type: none"> <li>• Medicaid Expansion</li> <li>• Health Insurance Marketplace</li> <li>• Native American, New American and other demographic populations addressed</li> <li>• Specifics for North Dakota</li> </ul>	Formatted Word document based on design template and PDF

<b>Item (cont.)</b>	<b>Name of Deliverable (cont.)</b>	<b>Audience (cont.)</b>	<b>Content/Topics (cont.)</b>	<b>Format (cont.)</b>
<b>10</b>	<b>Content for DHS Web pages</b>	All audiences	<ul style="list-style-type: none"> <li>• Site map</li> <li>• Copy for each page</li> <li>• Graphic for DHS home page</li> <li>• Cross reference links for other pages throughout site</li> <li>• PDF inventory</li> </ul>	Word document with content to cut and copy
<b>11</b>	<b><i>(optional)</i> Medicaid Expansion Posters</b>	For Consumers  (To be distributed by state, county, providers, advocacy offices; used for training, etc.)	<ul style="list-style-type: none"> <li>• Poster for all audiences</li> <li>• Poster for Native American population</li> </ul>	Designed PDF (created in In Design, not Word). One version with crop marks for printer; will also deliver In Design files
<b>12</b>	<b>Public service announcements</b>	For Consumers	<ul style="list-style-type: none"> <li>• Medicaid Expansion</li> </ul>	Word document scripts
<b>13</b>	<b><i>(optional)</i> Video segment(s)</b>	To be used in training; for state, county, and advocacy organizations; and posted on web site	<ul style="list-style-type: none"> <li>• Verbal overview of Medicaid Expansion and the role North Dakota is paying</li> </ul>	Digital files for use on Web site or for training
<b>14</b>	<b>Media talking points</b>	To be used for all individuals conducting training	<ul style="list-style-type: none"> <li>• High level talking points trainers can use with media</li> </ul>	Word document scripts

Item (cont.)	Name of Deliverable (cont.)	Audience (cont.)	Content/Topics (cont.)	Format (cont.)
15	<b>Training PowerPoint</b>	To be used in training; for state, county, and advocacy organizations	<ul style="list-style-type: none"> <li>• Introduction</li> <li>• Affordable Care Act: What is it; What Aspects are Being Implemented in North Dakota?</li> <li>• What Does M.E. and the FFM mean to North Dakotans – and who is Eligible?</li> <li>• Specific information on Native American and other populations</li> <li>• How is Medicaid Expansion Being Handled by North Dakota's Department of Human Services</li> <li>• Timing and Next Steps</li> <li>• Conclusion</li> </ul>	PowerPoint presentation and handouts





<b>August 1, 2013 - April 1, 2014 Education, Outreach and Training Timeline of Activities</b>	<b>AUG 2013</b>	<b>SPT 2013</b>	<b>OCT 2013</b>	<b>NOV 2013</b>	<b>DEC 2013</b>	<b>JAN 2014</b>	<b>FEB 2014</b>	<b>MAR 2014</b>
<b>TRAINING</b>								
Training prep and compilation of agenda & supporting documentation	Bismarck							
Beta & Train the Trainer Sessions (2)	Bismarck							
Regional Training Workshops (up to 8) + Tribal Representatives Workshops	Training Sessions	Training Sessions						
Training Follow-Up as Necessary								
<b>EDUCATION AND OUTREACH</b>								
Distribution of collateral materials as needed or requested								
Story pitches: a) Medicaid expansion is coming and b) When applying for Medicaid here's the process and an overview of the new requirements.								
Story pitches: a) Medicaid expansion means more North Dakotans are applying and qualifying.								
Story pitches: a) Medicaid expansion draws new applicants and b) State & County eligibility workers deal with influx of new applications.								
Story pitches: a) Medicaid expansion benefit coverage begins January 1st and b) Medicaid expansion is paid for through December 2015.								
Story pitches: a) Healthcare workers talk about the impact of Medicaid expansion, b) new enrollees take responsibility for their health and families.								
Social Media Cadence (see Appendix 2)								
Use of existing DHS publications, emails, meetings, media monitoring etc.								

# 8

## EVALUATION

There are a number of subjective and objective ways in which success can be measured with any sort of educational outreach and public relations campaign.

Public relations and media relations campaigns are focused on achieving coverage from the “earned media” and there are formulas for researching and measuring coverage – and applying a dollar value based on advertising rates, believability of the marketing source and the amount and reach of coverage.

Success in educational outreach efforts can also be measured by the number of materials requested, attendance at workshops, materials handed out at events, or downloaded from the website. Other methods include web traffic measures, online surveys or phone surveys of key audiences to assess awareness, tabulate number of people attending events where the program is being featured.

Each of these techniques for measuring success takes time and some methods can be costly. We recommend a combination of:

- Coverage secured
- # of materials delivered to end users (downloads/handouts)
- # of people attending events
- # of PSAs and reach
- Website traffic, inbound links
- Facebook engagement (likes, quality/quantity of posts)
- Social metrics (followers, retweets)

Campaign analysis should be conducted at intervals (every three months beginning in early December) so that tactics can be adapted based on results in the field.

## SECTION 2: TRAINING

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### 1

## OVERVIEW

The Assessment research acquainted us with many of the key audiences and provides the basis for recommending a series of training workshops that will be held in Bismarck and then in each of the State's eight regions – with a separate series of training workshops recommended for the four reservations.

All of the training sessions are intended to provide information to key individuals and organizations directly or tangentially involved in the State's health care programs – partners, official Navigators, advocacy organizations, Federal Qualified Health Centers and Community Health Centers, insurers and physician organizations, hospitals and other entities that were identified assessment phase.

The training materials/content to be developed for the DHS will take into consideration:

- 1) The State's initial training of Eligibility Workers schedule for mid-August and,
- 2) The appropriate type of content for training activities that will do the best job of informing all stakeholders about Medicaid expansion and the Federal Facilitated Marketplace. Our main focus will always be Medicaid expansion, and our secondary focus will be health care reform to provide the proper context.

The training program's components to be coordinated or created include:

1. Established Purpose/Objective
2. Schedule for Training
3. Supporting Documentation / Materials
4. Process
5. Content
6. Agenda
7. Logistics/Estimated Costs
8. Identification of Participant

The content of the training workshop module(s) for each of the sessions will likely include the following:

1. Introduction, Context, Course Outline – Including material for Medicaid expansion as well as the Health Insurance Marketplace
2. Learning Objectives
3. Training Sections
4. Conclusion

Additional elements may include:

1. Self-Quizzes
2. Reference materials
3. Worksheets
4. Key Points / Refreshers
5. Policies & Procedures Manual

The content of the training module(s) will then be adapted to the chosen medium for the training sessions. The main training sessions will be conducted in a classroom setting; possibly including classroom-based, web-based, computer-based or a printed manual.

### **Training Workshops for Native American Community**

Cultural differences coupled with legal exemptions in the ACA require a tailored training plan for the Native American populations in North Dakota. Training should be conducted for Native Americans on each of the four reservations within North Dakota, as each reservation is considered unique and distinct.

Findings from the Assessment phase of this project indicate that the tribes respond better to communications from trusted, local sources. As such, it is recommended that DHS work closely with the Indian Affairs Commission to identify and work with local partners to carry out the training in close cooperation with DHS (e.g. Native American Training Institute, United Tribes Pow Wow set for September 5-8, 2013 in Bismarck).

Specific to the training content, the ACA provides some additional benefits and exemptions in the rules for Native Americans that will need to be clearly and sensitively communicated. For example, the ACA permanently defines IHS as payer of last resort for all services provided, determines Native Americans as exempt from the Individual Mandate, allows tribal organizations to pay QHP premiums on behalf of the individual, and creates unique cost sharing rules specific to this population. (The Assessment deliverable defines each of these in more detail).

## 2

## RECOMMENDED TRAINING SCHEDULE

DELIVERABLE	# OF PARTICIPANTS / TARGET AUDIENCE	CONDUCTED BY	# OF SESSIONS	DATE / LOCATION
<b>Initial Beta (or Test) Training of State Employees</b>	16-24 from DHS, Call Center, Regional Reps, Social Service Eligibility Workers, Public Health, ITD, employees, tribal representatives, others	<b>HTMS</b>	2 sessions – each 1-3 hours	Mid-to-late August or early September  <b>Bismarck</b>  Exact date TBD
<b>Training the Trainer</b>	6-10 selected from Beta Training	<b>HTMS</b> with DHS support	1 session of 2-4 hours	Mid-to-late August or early September  <b>Bismarck</b>  Exact date TBD
General Workshop #1	10-20 local & regional health advocacy orgs, Navigators, Assisters, HRSA grant recipients	<b>DHS</b> with HTMS support	1 session 1-3 hours	September  Final date & location TBD
General Workshop #2	Same	<b>DHS</b> with HTMS support	1 session 1-3 hours	September  Final date & location TBD
General Workshop #3	Same	<b>DHS Only</b>	1 session 1-3 hours	September  Final date & location TBD
General Workshop #4	Same	<b>DHS Only</b>	Same	September  Final date & location TBD
General Workshop #5	Same	<b>DHS Only</b>	Same	September  Final date & location TBD

DELIVERABLE	# OF PARTICIPANTS / TARGET AUDIENCE	CONDUCTED BY	# OF SESSIONS	DATE / LOCATION
General Workshop #6	Same	<b>DHS Only</b>	Same	September Final date & location TBD
General Workshop #7	Same	<b>DHS Only</b>	Same	September Final date & location TBD
General Workshop #8	Same	<b>DHS Only</b>	Same	September Final date & location TBD

Native American Workshop #1 ***See note below.	10-20 tribal leaders, IHS employees, social service coordinators, etc.	Tribal representative(s) with DHS	2 sessions – each 1-3 hours	September Final date & location TBD
Native American Workshop #2	Same	<b>Tribal representative(s)</b> with DHS	Same	September Final date & location TBD
Native American Workshop #3	Same	<b>Tribal representative(s)</b> with DHS	Same	September Final date & location TBD
Native American Workshop #4	Same	<b>Tribal representative(s)</b> with DHS	Same	September Final date & location TBD
***The United Tribes Pow Wow may be a good venue for one of these Workshops.	Same	<b>Tribal representative(s)</b> with DHS	Same	Meetings are being held September 5-8, 2013 in <b>Bismarck</b>

**A note about the dates and locations for General Workshops #1 through #8.** It is anticipated that the Workshops will be held during September in the following locations: Williston, Dickinson, Minot, Devils Lake, Fargo, Grand Forks, Jamestown and Bismarck.

**A note about the dates and locations for the Native American Workshops #1 through #4.** It is anticipated that the Workshops will be held during September with the following tribes: a) Spirit Lake, b) Turtle Mountain, c) Standing Rock Sioux, d) Hidatsa, Manda & Arikara.

# 3

## PURPOSE AND TRAINING MATERIALS

The recommended agenda for the training program is provided below. It will be adjusted based on additional discussions and after HTMS observes the August 13<sup>th</sup> and 14<sup>th</sup> beta training (Test Training) session being conducted by the State – or engages in a training overview with DHS core team members.

**Purpose of Training:** The purpose of the training is to educate and inform those who will be communicating with prospective new Medicaid recipients. At the conclusion of the training, these individuals will be able to explain an overview of federal health care reform, North Dakota’s Medicaid expansion, and be able to refer people to the right places for more information or to apply – whether that directing them to the State’s designated website/portal, a Navigator organization, an eligibility worker.

### Agenda:

1. Introductions / Workshop Overview / Objectives
2. Affordable Care Act: What is it and What Aspects of it are Being Implemented in North Dakota?
  - a. This introductory section will briefly touch on ACA, then focus on Medicaid expansion and the Health Insurance Marketplace within the context of the ACA.
3. What Does Medicaid Expansion and the FFM mean to North Dakotans – and who is Eligible?
  - a. Requirements for qualifying under Medicaid expansion
  - b. Requirements for FFM subsidies
  - c. Researching and purchasing private health insurance on the FFM
4. How is Medicaid Expansion Being Handled by North Dakota’s Department of Human Services (This will address high level policies, processes, technology, as well as avenues for support or assistance):
  - o Applying for Medicaid
    - How is it different from today’s process?
    - How is coverage different? (DHS is contracting for an insurer to provide Medicaid expansion coverage. Coverage begins AFTER a person applies and qualifies.)
    - How/Where does the Health Insurance Marketplace fit?
  - o Requirements & Guidelines
    - Understanding Modified Adjusted Gross Income (MAGI)
    - What other Changes will Impact North Dakotans?
  - o Resources
    - Where Do Consumers Go? To Apply? To Learn More?
    - What about Coordination with FFM activities like Navigators, Assistors & Others?
  - o What’s Not Changing
5. Timing and Next Steps
6. Questions & Answers / Wrap-up



While the training agenda would largely mirror the agenda for the general public, there will be specific nuances within each topic area for the Native American training sessions.

## **Native American Workshop Agenda**

1. Introductions / Workshop Overview / Objectives
2. Affordable Care Act: What is it and What Aspects of it are Being Implemented in North Dakota?
  - a. This introductory section will briefly touch on ACA, and then focus on Medicaid expansion and the Health Insurance Marketplace within the context of the ACA.
3. What Does Medicaid Expansion and the FFM mean to Native Americans in North Dakota – and who is Eligible?
  - a. Requirements for qualifying under Medicaid expansion
  - b. Requirements for qualifying for FFM subsidies
    - i. Clearly defining what out-of-pocket responsibilities could look like for this population
  - c. Researching and purchasing private health insurance on the FFM
4. How is Medicaid Expansion is Being Handled by North Dakota's Department of Human Services (This will address high level policies, processes, technology, as well as avenues for support or assistance):
  - a. Applying for Medicaid
    - i. How is it different from today's process?
    - ii. How/Where does the Health Insurance Marketplace fit?
  - b. Requirements & Guidelines
    - i. Understanding Modified Adjusted Gross Income (MAGI)
    - ii. What other Changes will Impact North Dakotans?
  - c. Resources
    - i. Where Do Consumers Go? To Apply? To Learn More?
    - ii. What about Coordination with FFM activities like Navigators, Assistors & Others?
  - d. What's Not Changing
5. Timing and Next Steps
6. Questions & Answers / Wrap-up

# 4

## TARGET AUDIENCES

Training will be developed for health care advocacy organizations and related health care partners (insurers, health care providers, businesses, community organizations, and other entities) across the State.

The comprehensive list of organizations and the individuals that will be contacted to participate in each of the regional meetings will be developed as part of the next phase of work. Examples of the types of organizations that will be contacted come directly from the assessment findings – and the groups that were interviewed as part of the research phase. The target groups in Cass, Burleigh, Morton and Sioux counties likely reflect the types of groups that will be invited to the eight regional training workshops:

- Protection and Advocacy Project
- Independent Living Centers
- AARP
- Family Voices
- North Dakota Disabilities Advocacy Coalition
- Lutheran Social Services
- Family Health Care Center of Fargo
- Community Action
- Great Plains Food Bank (affiliated with LSS)
- Homeless shelters in Bismarck and Fargo
- Migrant Legal Services
- Indian Health Services
- WIC program
- 1-877-KIDS-NOW
- Health Department and Public Health Units
- Social service offices in Burleigh, Cass, Morton, and Sioux counties.

## ***CONCLUSION***

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The expansion of Medicaid and implementation of ACA in North Dakota represent significant and complex changes in the health care delivery system and insurance market. It will be important for North Dakotans to have a clear notion of the coverage requirements and/or options available to them and where they can learn more or sign up for healthcare coverage.

The consistent use of the recommended communication theme will serve to unify training and educational and outreach activities as they are deployed to multiple target audiences. This will make these activities more effective and ensure that important information is made available to stakeholders in the most efficient way.

These recommendations for communication channels and tactics can be scaled to meet State requirements as this project moves into the implementation phase.

As with any robust communications project, strong results can be achieved with the methodical implementation of the tactics and tools described herein. In many instances when significant changes in public policy or corporate culture are being encouraged, the identification or designation of an internal champion to be the face of the project can improve the opportunities for success.

We encourage DHS to explore the opportunities for one or more individuals within State, County or Tribal governments – even among the project’s external allies – to take a leadership role for Medicaid expansion or public education related to the Health Insurance Marketplace.

## APPENDIX 1: NORTH DAKOTA GENERAL STATEWIDE MEDIA LIST

First Name	Last Name	Outlet	Contact Topic	Contact Title	Media Type	Outlet Topic	Facebook	LinkedIn	Twitter	Email	Phone	Home Page URL
Ross	Collins	The Spectrum, North Dakota State University		Faculty Advisor	College Newspaper	News			<a href="http://twitter.com/ndsuspectrum">http://twitter.com/ndsuspectrum</a>	ross.collins@ndsu.edu	+1 (701) 231-8929	<a href="http://www.ndsuspectrum.com">http://www.ndsuspectrum.com</a>
Robert	Jeffries	Dakota Student, University of North Dakota		Editor	College Newspaper	News			<a href="http://twitter.com/dakotastudent">http://twitter.com/dakotastudent</a>	robert.jeffries@my.und.edu	+1 (701) 777-2677	<a href="http://www.dakotastudent.com/">http://www.dakotastudent.com/</a>
Matt	Baker	Mandan Hidatsa Arickara Times		Editor	Community Newspaper	News & Current Affairs					+1 (701) 627-4307	<a href="http://www.mhanation.com">http://www.mhanation.com</a>
		The Morton County & Mandan News			Community Newspaper	News; Local News				editor@mandan-news.com	+1 (701) 663-1164	<a href="http://www.mandan-news.com">http://www.mandan-news.com</a>
Karen	Huber	West Fargo Pioneer		Editor	Community Newspaper	News				khuber@westfargopioneer.com	+1 (701) 451-5714 ext. 124	<a href="http://www.westfargopioneer.com">http://www.westfargopioneer.com</a>
		The Jamestown Sun			Daily Newspaper	News			<a href="http://twitter.com/jamestownsun">http://twitter.com/jamestownsun</a>	js@jamestownsun.com	+1 (701) 252-3120	<a href="http://www.jamestownsun.com">http://www.jamestownsun.com</a>
Kevin	Grinde	Grand Forks Herald		Managing Editor	Daily Newspaper	Lifestyle; Local News	<a href="http://facebook.com/profile.php?id=667925331">http://facebook.com/profile.php?id=667925331</a>			info@gfherald.com	+1 (701) 780-1135	<a href="http://www.grandforksherald.com">http://www.grandforksherald.com</a>
Kevin	Bonham	Grand Forks Herald	Regional	Regional Reporter	Daily Newspaper	Lifestyle; Local News	<a href="http://facebook.com/profile.php?id=100000806766296">http://facebook.com/profile.php?id=100000806766296</a>			kbonham@gfherald.com	+1 (701) 780-1110	<a href="http://www.grandforksherald.com">http://www.grandforksherald.com</a>
Pamela	Knutson	Grand Forks Herald			Daily Newspaper							
Eloise	Ogden	Minot Daily News	Regional	Regional Editor	Daily Newspaper	News			<a href="http://twitter.com/minotdailynews">http://twitter.com/minotdailynews</a>	eogden@minotdailynews.com	+1 (701) 857-1944	<a href="http://www.minotdailynews.com">http://www.minotdailynews.com</a>
Tom	Dennis	Grand Forks Herald	Editorial Page; Opinion Page	Op-Ed Editor	Daily Newspaper	Lifestyle; Local News	<a href="http://facebook.com/profile.php?id=743607188">http://facebook.com/profile.php?id=743607188</a>			tdennis@gfherald.com	+1 (701) 780-1276	<a href="http://www.grandforksherald.com">http://www.grandforksherald.com</a>
Terry	Aman	Minot Daily News	Lifestyle	Lifestyle Editor	Daily Newspaper	News			<a href="http://twitter.com/minotdailynews">http://twitter.com/minotdailynews</a>	taman@minotdailynews.com	+1 (701) 857-1947	<a href="http://www.minotdailynews.com">http://www.minotdailynews.com</a>
Patrick	Springer	The Forum	& Environment; Healthcare	Reporter	Daily Newspaper	News			<a href="http://twitter.com/patspringer">http://twitter.com/patspringer</a>	pspringer@forumcomm.com	+1 (701) 241-5522	<a href="http://www.inforum.com">http://www.inforum.com</a>

First Name	Last Name	Outlet	Contact Topic	Contact Title	Media Type	Outlet Topic	Facebook	LinkedIn	Twitter	Email	Phone	Home Page URL
Lauren	Donovan	The Bismarck Tribune	News	News Reporter	Daily Newspaper	National News; Local News	http://facebook.com/profile.php?id=100001127162088			lauren@westriv.com	+1 (888) 303-5511	http://www.bismarcktribune.com
News	Department	Minot Daily News	News	News Department	Daily Newspaper	News			http://twitter.com/minotdailynews	news@minotdailynews.com	+1 (701) 857-1950	http://www.minotdailynews.com
David	Rupkalvis	Williston Daily Herald		Managing Editor	Daily Newspaper	News			http://twitter.com/willistonherald	editor@willistonherald.com	+1 (701) 572-2165	http://www.willistonherald.com
Hannah	Johnson	The Bismarck Tribune	Education; Health & Medicine	Reporter	Daily Newspaper	National News; Local News			http://www.twitter.com/BisTribune	hannah.johnson@bismarcktribune.com	+1 (701) 250-8251	http://www.bismarcktribune.com
Nick	Smith	The Bismarck Tribune			Daily Newspaper							
Dave	Wetzel	Great Plains Examiner			Periodic Newspaper							
Mark	Swartzell	North Dakota News Network		News Director	Radio Network	News			http://twitter.com/americanagnet	mark@dakotaneewsnetwork.com	+1 (701) 237-5000	http://www.americanagnetwork.com
Scott	Karnik	KNDK-FM	Public Service	News Director	Radio Station	Music; News; Rock Music				kxponews@polarcomm.com	+1 (701) 256-1080	
Earl	Gross	KEYZ-AM	AM Drive-Time; Agriculture & Farming; Public Service; Health & Medicine	News Director	Radio Station	Country, Folk, Bluegrass; Music; News				earlg@nccray.net	+1 (701) 572-5371 ext. 104	http://www.keyzradio.com
Bob	Harris	WDAY-FM	Public Service	Public Service Director	Radio Station	Music; News; Pop Music			http://twitter.com/y94official	bob.harris@wcradio.com	+1 (701) 237-5346	http://www.y94.com
Bob	Harris	KFGO-AM	PM Drive-Time; Public Service	Public Service Director	Radio Station	News; Sports			http://twitter.com/790KFGO	bob.harris@wcradio.com	+1 (701) 237-5346	http://www.kfgo.com
Doug	Barrett	KNOX-AM	AM Drive-Time; Public Service	News Director	Radio Station	News; Sports				doug@knoxradio.com	+1 (701) 775-4611 ext. 222	http://www.knoxradio.com
Dustin	Moore	KTGO-AM	Operations	Director of Broadcast Operations	Radio Station	News	http://www.facebook.com/bakkenbeacon			dustin@flagfamily.com	+1 (701) 664-3322	http://bakkenbeacon.com
Jay	Dylan	KFYR-AM	Public Service	Public Service Contact	Radio Station	News				jaydylan@clearchannel.com	+1 (701) 255-1234	http://www.kfyrc.com
Larry	Leblanc	KLXX-AM	Operations; Public Service	Operations Manager	Radio Station	News		http://www.linkedin.com/pub/larry-leblanc/9/13/26b		larry.leblanc@townsquaremedia.com	+1 (701) 664-6411	http://www.suptalk1270.com
Susan	Eider	WDAY-TV	Operations	Program Director	Television Station	News; Entertainment	http://facebook.com/wdaytv			seider@wday.com	+1 (701) 241-5354	http://www.wday.com
Retha	Colclasure	KFYR-TV		Assistant News Director	Television Station	News; Entertainment	KFYRTV.Retha		http://twitter.com/rethajc	rcolclasure@kfyrtv.com	+1 (701) 255-8105	http://www.kfyrtv.com

First Name	Last Name	Outlet	Contact Topic	Contact Title	Media Type	Outlet Topic	Facebook	LinkedIn	Twitter	Email	Phone	Home Page URL
Kathleen	Reiten	KXMB-TV	Public Service	Public Service Director	Television Station	News; Entertainment			http://twitter.com/KXMB	kreiten@kxnet.com	+1 (701) 223-9197 ext. 111	http://www.kxnet.com
Stacey	Anderson	WDAY-TV	News Assignment	Assignment Director	Television Station	News; Entertainment	http://facebook.com/wdaytv			sanderson@wday.com	+1 (701) 241-5332	http://www.wday.com
Steve	Wennblom	KFME-TV		Program Manager	Television Station	News; Entertainment				swennblom@prairiepublic.org	+1 (701) 241-6900	http://www.prairiepublic.org
Steve	Wennblom	KGFE-TV		Program Director	Television Station	News; Entertainment				swennblom@prairiepublic.org	+1 (701) 241-6900	http://www.prairiepublic.org
Steve	Wennblom	KBME-TV		Program Director	Television Station	News; Entertainment				swennblom@prairiepublic.org	+1 (701) 241-6900	http://www.prairiepublic.org
Monica	Hannan	KFYR-TV		News Director	Television Station	News; Entertainment			http://twitter.com/kfyrtv	mhannan@kfyrtv.com	+1 (701) 255-8121	http://www.kfyrtv.com
Wendy	Bernier	KVLY-TV	Creative Services; Public Service	Creative Services Director	Television Station	News; Entertainment			http://twitter.com/valleynewslive	wendyb@valleynewslive.com	+1 (701) 237-5211 ext. 173	http://www.valleynewslive.com
Wendy	Bernier	KXJB-TV	Creative Services; Public Service	Creative Services Director	Television Station	News; Entertainment			http://twitter.com/valleynewslive	wendyb@valleynewslive.com	+1 (701) 282-0444 ext. 173	http://www.valleynewslive.com
Jim	Shaw	KVRR-TV	News Assignment	News Director/Assignment Editor	Television Station	News; Entertainment				jshaw@kvrr.com	+1 (701) 277-1515	
Stephanie	Forbord	KVRR-TV	Public Service	Public Service Director	Television Station	News; Entertainment					+1 (701) 277-1515	
Scott	Sailer	KBMY-TV	Public Service	Public Service Director	Television Station	News; Entertainment				traffic@fox26.tv	+1 (701) 223-1700	http://www.ab17.tv
Julie	Moravchik	WDAZ-TV		News Director	Television Station	News; Entertainment			http://twitter.com/WDAZTV	news@wdaz.com	+1 (701) 775-2511	http://www.wdaz.com
James	McPherson	Associated Press			News Wire							

[Please note: A separate Media List in an Excel spreadsheet format will be submitted with the final documentation. This list will be augmented by the media list maintained by DHS.]

## APPENDIX 2: SAMPLE SOCIAL MEDIA CADENCE

Time	Channel	Topic	Notes/Specific Post
<b>Day 1</b>			
Morning	Twitter	Influencer Engagement	Share & amplify key influencer conversations
Afternoon	Twitter	Shared News	Share relevant news items: #NDMedicaidExpands
<b>Day 2</b>			
Morning	Twitter	Influencer Engagement	Share & amplify key influencer conversations
Afternoon	Twitter	Shared News	Share relevant news items: #NDMedicaidExpands
Afternoon	Twitter	Promo Tweet	Do you know your new Medicaid options? Check out the facts at <a href="https://nd.gov/dhs/medicaidexpands">nd.gov/dhs/medicaidexpands</a> #NDMedicaidExpands
<b>Day 3</b>			
<b>Morning</b>	Twitter	Promo Tweet	Take responsibility for your healthcare. Learn more at <a href="https://nd.gov/dhs/medicaidexpands">nd.gov/dhs/medicaidexpands</a> #NDMedicaidExpands
Afternoon	Twitter	Shared News	Share relevant news items: #NDMedicaidExpands
Afternoon	Twitter	Influencer Engagement	Share & amplify key influencer conversations
<b>Day 4</b>			
Morning	Twitter	Promo Tweet	North Dakota recently launched a new resource for understanding Medicaid Expansion at <a href="https://nd.gov/dhs/medicaidexpands">nd.gov/dhs/medicaidexpands</a> #NDMedicaidExpands
Morning	Facebook	Promo Post	We've launched an online resource to help you understand how the new expansion of Medicaid impacts you and your family. Learn what it means for you: <a href="https://nd.gov/dhs/medicaidexpands">nd.gov/dhs/medicaidexpands</a>
Afternoon	Twitter	Influencer Engagement	Share & amplify key influencer conversations
Afternoon	Twitter	Shared News	Share relevant news items #NDMedicaidExpands
<b>Day 5</b>			
Morning	Twitter	Shared News	Share relevant news items #NDMedicaidExpands
Afternoon	Twitter	Influencer Engagement	Share & amplify key influencer conversations
Afternoon	Facebook	Promo Post	Now, what if you qualify for North Dakota's newly expanded Medicare coverage. <a href="https://nd.gov/dhs/medicaidexpands">nd.gov/dhs/medicaidexpands</a>

## APPENDIX 3: BUDGETING CONSIDERATIONS

### Training

Conducting up to 14 training sessions – two in Bismarck, followed by one in each of the State’s eight regions and four in the reservations – is discussed on page 20 in the “recommended schedule” for training. To conduct these meetings, the State should anticipate a modest budget as detailed below. We have also provided a rough budget estimate for print and production of the foundational collateral materials.

### Education and Outreach

The education and outreach plan does not include broadcast, print or online advertising or costly mass marketing tactics. Rather, it incorporates activities that would be more traditionally defined as educational in nature – including earned-media (public relations), basic collateral materials, public service announcements, website content and appropriate outreach to primary and secondary stakeholders. Please see the table below for a breakdown of which recommended materials are part of the current scope of work, and which are not currently budgeted:

Item	Name of Deliverable	Covered under existing SOW	Optional (not budgeted in current set of deliverables)
1	HTMS Project Overview	X	
2	Medicaid Expansion in North Dakota	X	
3	Online Eligibility Modernization	X	
4	North Dakota and the Affordable Care Act	X	
5	Medicaid Expansion At-A-Glance	X	
6	North Dakota Medicaid Expansion & Health Care Reform Brochure	X	
7	North Dakota Medicaid Expansion & Health Care Reform Hand Out	X	
8	North Dakota Medicaid Expansion and Health Care Reform Glossary of Terms	X	
9	Medicaid Expansion & Health Care Reform Frequently Asked Questions	X	
10	Content for DHS Web pages	X	
11	(optional) Medicaid Expansion Posters		X



Item (cont.)	Name of Deliverable (cont.)	Covered under existing SOW (cont.)	Optional (not budgeted in current set of deliverables) (cont.)
12	Public service announcements	X	
13	<i>(optional)</i> Video segment(s)		X
14	Media talking points	X	
15	Training PowerPoint	X	

As open enrollment progresses for Medicaid expansion as well as for consumer health insurance coverage, the State may wish to re-visit the need for paid advertising that will reach most state residents. Whether that reconsideration is during the fall of 2013, or sometime during the first few months of 2014, HTMS is prepared to support DHS.

While exact dollar amounts would be determined as part of the development of a paid media strategy and advertising campaign, it is our rough estimate that somewhere in the vicinity of \$500,000 could be a reasonable budget for such purposes. This is consistent with what we have observed in other states. We believe this would include a number of advertising channels (e.g. radio, social media, print advertising) while not necessarily using all tools in the advertising toolbox.

## Proposed Budget

Area	Item	Cost Estimate	Explanation of Estimate	#	unit cost
<b>Education and Outreach Materials</b>					
	Material production				
	Fact Sheets	\$ 250.00		1000	\$ 0.25
	How to Guides	\$ 30,000.00	brochures tailored to six target audience	30000	\$ 1.00
	FQA Documents	\$ 250.00		1000	\$ 0.25
	Glossary of terms	\$ 250.00		1000	\$ 0.25
	Posters	\$ 3,750.00	tailored to six target audience	500	\$ 7.50
	Material distribution				
	Mail	\$ 24,800.00	postage	20000	\$ 1.24
	Courier services	\$ 3,000.00	place posters	200	\$ 15.00
	Additional content development	\$ 25,000.00	\$2000 for copywrite and \$3000 for design	5	\$ 5,000.00
	Contingency	\$ 17,460.00	20%		
	<b>Outreach Sub-total</b>	<b>\$ 104,760.00</b>			
<b>Training Cost</b>					
	Location(s)	\$ 7,000.00	Per location	14	\$ 500.00
	Audio Cost	\$ 2,000.00	Recommend purchase two speaker system with wireless Microphones. This is cheaper than renting at each location	1	\$ 2,000.00
	Visual Cost	\$ 3,000.00	Recommend purchase of projector, Screen. This is cheaper than renting at each location	1	\$ 3,000.00
	Refreshment (coffee, cookies, water,	\$ 3,000.00	\$300.00 per location	10	\$ 300.00
	Set up and Clean up	\$ 1,500.00		10	\$ 150.00
	Internet Access	\$ 400.00	May need go get wireless access for locations without internet connectivity. Device and 3 month monthly access cost	1	\$ 400.00
	Materials				
	Brochures	\$ 1,000.00	One pagers for distrobution	1000	\$ 1.00
	Handouts	\$ 3,000.00	Copies of presentation (20 per location)	200	\$ 15.00
	Pens	\$ 200.00	For notes	200	\$ 1.00
	Posters	\$ 150.00	For room identification and promotion of workshop	10	\$ 15.00
	Travel cost for presentors				
	Milage	\$ 560.00	50 miles per presentor for 10 locations for two individuals	1000	\$ 0.56
	Per deim	\$ 1,000.00	two presentors per location	20	\$ 50.00
	Staff	\$ 7,800.00	Hourly cost rate for DHS staff to conduct training and travel time (4 hours per session- 2 hours instruction 2 hours setup) 2 hours of travel per session. For two people	120	\$ 65.00
	Contingency	\$ 6,122.00	20%		
	<b>Training Sub-Total</b>	<b>\$ 36,732.00</b>			
<b>Totals</b>					
	<b>Total Outreach and Training</b>	<b>\$ 141,492.00</b>			