



## Message Guide

### Overview

The purpose of this document is to support you in your communications about enrolling in low-cost or free health coverage through Medicaid, your state's health insurance Marketplace or healthcare.gov. As consumers continue to handle changes in income – job loss, new job, or other adaptations since the beginning of the COVID 19 pandemic, our enrollment efforts can be strengthened by clear, consistent, and accessible messaging. This document outlines basic guidance and suggestions on how to talk about available options in a way that motivates people to enroll, including tested messages that prove most effective across multiple audiences.

### About Organizing for Outreach

Organizing for Outreach is an initiative led by Community Catalyst, with funding from the Robert Wood Johnson Foundation\*, to increase health insurance enrollment efforts nationwide. In recent years, there has been a decline in enrollment across the country, with several states seeing particularly significant drops in coverage. There are many reasons for this decrease, including misinformation about eligibility rules, decrease in outreach and advertising budgets, and concerns about punitive policies such as public charge. The ongoing COVID-19 crisis is compounding the challenge, with millions more people losing their jobs as well as their health coverage. By partnering with national and state community-based groups across the country, Organizing for Outreach encourages more individuals to enroll themselves and their families in affordable, quality health coverage.

Visit [OrganizingForOutreach.org](https://OrganizingForOutreach.org) to learn more and find additional resources.

\*The views expressed here do not necessarily reflect the views of the Foundation.

## Enrollment Messaging

### Core Positioning

*The following provides the primary frame and key points to highlight in any messaging about health insurance enrollment.*

Health insurance gives you the peace of mind of knowing you are covered if you get sick or injured. Enrolling in low-cost or free health insurance can help you get the care you need and protect you from large medical bills. It covers doctor visits, hospital care, prescriptions, mental health care, and more. If the cost of health insurance feels out of reach, visit [healthcare.gov](https://www.healthcare.gov) today to check out your options.

### Key Message Themes

*The following message themes rose to the top as most motivating in focus groups. The groups were conducted in states with their own Marketplaces/expanded Medicaid programs (CO, MD, MN, and NJ) and states that use Healthcare.gov/have not expanded Medicaid (FL, NC, and TX).*

- **Peace of mind:** Messages that elevate “peace of mind” consistently resonate best with consumers. This can apply in general as well as finding peace of mind during turbulent times like the COVID-19 pandemic.
- **Low-cost plans are available:** Cost is often the biggest barrier for people getting health insurance. Across messaging, people point to affordable options as a key factor that motivates them to enroll.
- **Protection from big bills:** Many people have experience with medical debt from a past injury or illness. Protection from big bills is an important reason to sign up for coverage.
- **Comprehensive coverage:** Highlighting the services that the Marketplace or Medicaid cover helps to demonstrate their value. Many people are also dealing with chronic conditions that often require regular care and prescriptions, so this message is especially motivating for them.
- **Being there for your family:** Consumers are also motivated to enroll in health insurance to best support their family—citing how their family depends on them and the importance of being protected in case something should happen to them. Having coverage helps to ensure they can all stay healthy and safe.

### Top Testing Messages

- *Having health insurance gives you peace of mind knowing that if you get sick or injured, you will be able to get the care you need and avoid large medical bills.*
- *Having affordable, quality health insurance means you have one less thing to worry about. STATE MARKETPLACE/MEDICAID offers you and your family peace of mind during COVID-19.*
- *Health insurance is not always out of reach. About 8 in 10 people qualify for financial help to lower the cost of their premiums when they sign up through HEALTHCARE.GOV/STATE MARKETPLACE. And, for those who qualify, health insurance through Medicaid/STATE NAME is low-cost or, sometimes, free.*
- *STATE MARKETPLACE/MEDICAID offers comprehensive health plans. It covers doctor visits, hospital care, prescriptions, mental health care and more.*

- *Your family depends on you. Health insurance through [healthcare.gov](https://www.healthcare.gov) helps you get the care you need, so you can stay healthy and be there for those you love.*
- *STATE MARKETPLACE/MEDICAID offers low-cost or free coverage, even if it is temporary, while the economy is uncertain.*
- *All health plans available through [HEALTHCARE.GOV/STATE MARKETPLACE](https://www.healthcare.gov) are the real deal – quality plans, no gimmicks. They are private plans that cover doctor visits, hospitalizations, maternity care, mental health, emergency room care, and prescriptions. And, you will never be denied coverage because of a pre-existing condition.*
- *For many of us, life has changed on a dime. If you have lost your job-based health insurance or had another big life change, you can enroll in coverage immediately. There is no need to wait for an official open enrollment period. Enrollment assisters at [HEALTHCARE.GOV/STATE MARKETPLACE NAME](https://www.healthcare.gov) and [Medicaid/STATE NAME](https://www.medicaid.gov) are ready to help.*

## Additional Notes on Messaging

### COVID-19

Messages that lean too far into COVID-19 can come off as negative or a scare tactic. Encouraging people to enroll in Medicaid to reduce risks and protect themselves during a pandemic did not test well. Instead, highlight peace of mind and achieving a sense of stability/security in tough times, as many participants craved “normalcy.”

### Public Charge

As of March 9, 2021, past public charge regulations are no longer in effect. Now, immigrant families can access health, nutrition, and housing programs for which they are eligible without concerns about review of immigration status. However, there remains confusion around this issue. People need information that is accurate, consistent, and complete – from multiple official sources, including President Biden, government officials, immigration attorneys, and the news media. In focus groups conducted in July 2021, the following messages were the most compelling.

- *Enrolling in Medicaid will have no immigration effects on you or anyone in your family. The federal government has ended the policy that put immigration status at risk if people use public programs for health or social services.*
- *President Biden has ended the Trump era “public charge” rule. That means eligible immigrants and their families can sign up for free or low-cost health insurance through Medicaid without worrying about any impact on their family’s immigration status.*
- *Many people qualify for Medicaid, including non-citizens who are in the US legally. It is important to check out your options to see if you and your family can get covered.*
- *There is a lot of misinformation out there about who qualifies for Medicaid and what applying might mean for people’s citizenship status. If you or a family member is eligible for free or low-cost health insurance through Medicaid, enrolling will have no impact on you or your family’s immigration status.*

Messages tested about the rule change were generally well-received. They give hope. After hearing them, many say they are more likely to apply for Medicaid and other programs. But most also say they plan to verify this information with “official” sources before acting on it.

As we spread the word about this increased access to coverage, elevate that “the rules have changed” and amplify top testing messaging outlined in this guide, which proves effective across many different groups of people.

### Income levels

Providing annual income limits for Medicaid has been effective in the past. Now, it might turn some away. Focus group participants either really liked – or disliked – a message that includes annual income limits for Medicaid (i.e., “an individual making \$17,609 or less qualifies for Medicaid”). Many people who have earned higher incomes before they lost jobs due to COVID see this message and expect they will not qualify. It discourages them. They do not perceive themselves earning such a low income – even if that is now true because they are unemployed. These individuals tended to give the message a lower rating as a result. Yet, in focus groups, this message also received the highest number of votes for best message – which means it still has power for many.

One recommendation is to provide weekly or monthly income eligibility levels. With many people facing pay cuts or even job loss due to COVID-19, they may not have a good sense of their annual income at the moment. Medicaid eligibility is based on a person’s or family’s current circumstances. For example, you can use this message instead: “if you are earning between \$\_\_\_\_and \$\_\_\_\_ a week, you might qualify for free or low-cost health coverage through Medicaid.”

## Q&A

*The following provides high-level summaries to commonly asked questions about Medicaid, the Marketplace, and public charge. We encourage organizations to link out to more detailed information from an accurate and trusted source as needed.*

## MEDICAID

### 1. What is Medicaid?

Medicaid is low-cost or free health insurance that can help you get the care you need and protects you from large medical bills. It covers doctor visits, hospital care, prescriptions, mental health care, and more. Medicaid health insurance typically covers lower-income children and families, seniors and people with disabilities, and pregnant people. In states that have expanded Medicaid, lower-income adults without children whose household income falls below 133% Federal Poverty Level can also qualify. Medicaid should not be confused with Medicare, which is a federal health insurance program open to all people in America over the age of 65, certain people under the age of 65 with disabilities, and people with End-Stage Renal Disease (ESRD).

Medicaid and the Children's Health Insurance Program (CHIP) are often different programs with different eligibility rules.

For more detailed information on different programs, as well as to learn more about how to apply, go to [Medicaid](#) or [Healthcare.gov](#) or call 1-800-318-2596.

### 2. What does Medicaid cover?

Medicaid covers doctor visits, hospital visits, prescriptions, immunizations, mental health care, x-rays and lab tests, vision and hearing care, family planning services, treatment of special health needs and pre-existing conditions, and more.

To see a full list of health care services covered, visit [Medicaid](#) or [Children's Health Insurance Program \(CHIP\)](#).

### 3. If I applied to Medicaid before and was denied, can I apply again?

Yes. You can apply for Medicaid for yourself or a family member at any time, even if you've been previously denied.

Medicaid eligibility is based on an individual's or family's current circumstances. Anyone's circumstances can change. Maybe you lost a job or some income because of the COVID-19 pandemic. Or perhaps you are newly pregnant. Medicaid eligibility is also based on monthly income. If a person's income changes from month to month, they could be eligible. As life changes, Medicaid may help.

## MARKETPLACE

### 1. What is the Health Insurance Marketplace?

The Marketplace is a service that helps people shop for and enroll in health insurance. The federal government operates the Health Insurance Marketplace, available at [HealthCare.gov](https://www.healthcare.gov), for most states. Some states run their own Marketplaces.

The Marketplace provides health plan enrollment services through websites, call centers, and in-person help.

### 2. What do health insurance plans on the Marketplace cover?

All plans offered in the Marketplace cover these 10 essential health benefits.

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Mental health and substance use disorder services (including behavioral health treatment)
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

Plans must also include birth control and breastfeeding coverage.

Essential health benefits are minimum requirements for all Marketplace plans. Specific services covered in each broad benefit category can vary based on your state's requirements.

### 3. What if I have a pre-existing medical condition?

All Marketplace plans must cover treatment for pre-existing medical conditions. No insurance plan can reject you, charge you more, or refuse to pay for essential health benefits for any condition you had before your coverage started.

Once you're enrolled, the plan can't deny you coverage or raise your rates based only on your health.

Medicaid and the Children's Health Insurance Program (CHIP) also cannot refuse to cover you or charge you more because of your pre-existing condition.

### 4. Can I get financial help to pay for health coverage through the Marketplace?

Yes, what you pay for your health insurance is dependent on your income. You may qualify for a premium tax credit that lowers your monthly insurance bill, and for extra savings on out-of-pocket costs like deductibles and copayments.

## PUBLIC CHARGE

### 1. Has there been an update to the public charge rule?

The Trump Administration's public charge rule is permanently blocked, nationwide. As of March 9, 2021, the Biden Administration decided to stop defending lawsuits challenging the Trump-era public charge regulations. Federal courts reacted immediately, dismissing the government's appeals. This means that the final judgment entered in the Northern District of Illinois on Nov 2, 2020, which vacated the public charge rule nationwide is now in effect.

### 2. What does this mean?

The Trump-era public charge regulations are no longer in effect. **DHS/USCIS will follow** the policy in the [1999 Interim Field Guidance](#). Under this policy, it is safe for immigrants and their families to access health, nutrition, and housing programs for which they are eligible.

### 3. As an immigrant, do I qualify for Medicaid?

Many people are eligible for Medicaid, including non-citizens who are “lawfully present” in the United States. Most qualified non-citizens, such as many Legal Permanent Residents (LPRs) or green card holders, who meet state Medicaid and CHIP eligibility rules can enroll in these programs after being in the United States for five or more years. This means they must wait five years after receiving “qualified” immigration status before they can get Medicaid and CHIP coverage. There are exceptions to the five year wait period, including for refugees, asylees, or LPRs who used to be refugees or asylees.

The term “qualified non-citizen” includes:

- Lawful Permanent Residents (LPR/Green Card Holder)
- Asylees
- Refugees
- Cuban/Haitian entrants
- Paroled into the U.S. for at least one year
- Conditional entrant granted before 1980
- Battered non-citizens, spouses, children, or parents
- Victims of trafficking and his or her spouse, child, sibling, or parent or individuals with a pending application for a victim of trafficking visa
- Granted withholding of deportation
- Member of a federally recognized Indian tribe or American Indian born in Canada
- In addition, Medicaid may cover emergency medical services for people who meet all state Medicaid requirements (i.e., state residency and income limits) but do not have an eligible immigration status. Documentation of the emergency is usually required.

Source: <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>