

C.15 Marketing

REQUIREMENT: RFP Section 60.7.C.15

15. Marketing (Section 25.0 Marketing)

- a. Provide a summary of the Vendor's marketing and distribution plan, describing the following at a minimum:
 - i. The system of control over the content and form of all marketing materials.
 - ii. The methods and procedures to log and resolve marketing Grievances.
 - iii. The verification and tracking process to ensure marketing materials and activities have been approved by the Department and adhere as required by Section 25.1 "Marketing Activities" and Section 4.4 "Approval of Department" for the Vendor and its Subcontractors.
- b. Describe the Vendor's understanding of the populations in the Commonwealth and define how it will adapt its marketing materials to reach the various populations and audiences.

Molina's proven marketing strategy and activities will effectively reach and engage Kentucky Medicaid Enrollees in all regions of the Commonwealth, while ensuring a compliant process.

Molina, through our parent company, brings extensive experience developing compliant marketing programs targeted at government-sponsored healthcare populations. Our experience is evident in our marketing and distribution plan that will support the implementation of Molina's Medicaid health plan in Kentucky. Our marketing and distribution plan is a result of our parent company's 25 years of Medicaid Managed Care experience, as well as our research and time spent in the eight unique regions of Kentucky.

We built our marketing strategy on sound research and analysis. Understanding our audience and their needs and preferences allows us to target, message, and engage them with relevant, meaningful content, campaigns, and tactics. The result is a detailed marketing and distribution plan and materials our health plan staff, trained in marketing regulatory compliance, will support, as described in the following paragraphs. Moreover, our marketing and distribution plan meets all requirements in Attachment C, Draft Medicaid Managed Care Contract and Appendices, Section 25, Marketing.

a. SUMMARY OF MOLINA'S MARKETING AND DISTRIBUTION PLAN

Molina has adopted a local grassroots approach to outreach, public relations, and marketing that centers on conducting activities in the neighborhoods where Medicaid beneficiaries live and work. As the healthcare environment changes, we continue to integrate and incorporate best practices to provide the best programs for the Medicaid population. While many of the marketing programs proposed in this plan have been successful in other Medicaid markets, as we continue to learn, we will continue tailoring our approach for Kentucky.

Overall Goal

Molina's marketing and distribution plan will serve as our guide to inform, educate, and engage with Enrollees and prospective Enrollees in full compliance with Commonwealth and federal laws and regulations. We will offer clear and concise information about how to enroll, access, and navigate the healthcare system. Specifically, this will be accomplished by educating Enrollees and prospective Enrollees about Kentucky's Medicaid managed care process, the role Molina performs in providing services, the enrollment process, how to use their benefits, and their rights and responsibilities as Enrollees of Molina and participants in the Kentucky Medicaid program.

The ultimate objective of Molina's marketing effort is to provide Medicaid beneficiaries with accurate information, so they can make informed decisions concerning their and their families' healthcare needs.

Marketing Objectives

The goals of Molina’s marketing and distribution plan in Kentucky are as follows:

- Proactively promote enrollment education for Enrollees
- Use resources already in place, encouraging close partnerships with Commonwealth and local agencies, community-based organizations (CBOs), and businesses that embrace a common mission
- Focus on areas for maximum impact—select appropriate channels of communication for each population based on geographic areas of residence, recreation, and work for targeted audiences (as allowed by Commonwealth marketing guidelines); this is detailed later in this plan
- Develop marketing messages to effectively embrace population diversity and ensure our messages remain clear and carry over to multilingual and cultural campaigns
- Provide marketing communications that reflect the target population and create trusted relationships upon which Medicaid beneficiaries can depend

We will develop all marketing materials in partnership between our local Kentucky-based staff and Molina’s corporate marketing team. Our local staff will ensure all marketing communications adhere to marketing standards set forth by Molina’s Contract and the Department, materials and content reflect the local market, and we submit all marketing materials to the Department for review and written approval before distribution. Molina’s corporate marketing team will manage quality control, brand adherence, and apply standard practices. We will develop all marketing materials to ensure uniformity in the messaging intended for Kentucky audiences.

Molina takes measured steps to ensure marketing communications and materials are culturally and linguistically relevant, written in simple language, and clear. For example, we write all materials using Plain Language Guidelines and established criteria to ensure cultural sensitivity and readability. The materials development process will follow a formal policy and procedure established between Molina and our corporate team to ensure that all marketing materials are properly vetted, reviewed, audited, and approved by all required parties, including the Department, before publication and distribution.

Our Commitment to Cultural Competency

Demonstrating our commitment to cultural competency, 11 of our affiliated health plans have obtained NCQA Multicultural Health Care Distinction. NCQA awards this distinction to organizations that lead the market in providing culturally and linguistically sensitive services and work to reduce healthcare disparities.

Outreach Materials and Distribution Methods

Molina will submit all marketing and outreach materials, including marketing by mail, mass media advertising, and community-oriented marketing, to the Department for written approval before use. We will design materials that are culturally sensitive and linguistically appropriate, following all regulatory guidelines. We will conduct mass media advertising directed to the covered population throughout the Commonwealth. Table C.15-1 includes methods, sample outreach materials, and distribution methods.

Table C.15-1. Advertising will Target the Covered Population

Method	Channel	Examples
Print Advertisements	<ul style="list-style-type: none"> • Magazine and newspaper advertisements • Informational brochures, fliers, and postcards • Molina signage at CBOs 	<ul style="list-style-type: none"> • Newspapers, such as: <ul style="list-style-type: none"> – Lexington designated media area (DMA): Lexington Herald-Leader, The State Journal, and Lane Report – Louisville DMA: Courier Journal and Local Weekly – Evansville DMA: Owensboro Messenger-Inquirer – Bowling Green DMA: Bowling Green Daily News • Local CBOs such as the Boys and Girls Club of Bowling Green, Dare to Care Food Bank, and United Way of Northeast Kentucky

Method	Channel	Examples
In-community Advertisements	<ul style="list-style-type: none"> • Billboards • Community posters • Bus shelters and transit stations • Convenience stores, grocery stores, and laundromats 	<ul style="list-style-type: none"> • Strategic locations with proximity to hospitals, health centers, restaurants, grocery and convenience stores, educational sites, and entertainment sites in urban and rural locations • Urban Areas: Key transit systems, billboards (static, digital, and mobile), and convenience stores • Rural Areas: Convenience stores, billboards (where available), farmers markets, town fairs, and festivals
Mass Media / Traditional Advertisements	<ul style="list-style-type: none"> • Television: Cover most regions through Kentucky-based DMAs and use targeted approaches (e.g., cable TV, billboards, and digital media) for regions that spillover into neighboring states (Regions 1 and 6). • Radio: Cover most regions through Kentucky-based DMAs and use targeted approaches (e.g., cable TV, billboards, and digital media) for regions that spillover into neighboring states (Regions 1 and 6). 	<p>Television stations, such as:</p> <ul style="list-style-type: none"> • Lexington DMA (Regions 5, 7, and 8): WKTY-TV (CBS), LEX 18 (NBC), WTVQ-TV (ABC), and WDKY-TV (Fox) • Louisville DMA (Region 3): WLKY-TV (CBS 32), WHAS-TV (ABC 11), and WDRB-TV • Evansville DMA (Region 2): WTVW (CW), WNIN (PBS), WFIE (NBC), WEHT (ABC), WKOH (PBS), WKMA (PBS), WEVV (CBS), WYYW-CD (Telemundo), WTSN-CD (Antenna TV), and WJTS-CD (YouToo America) • Bowling Green DMA (Region 4): WBKO-TV (ABC) and WNKY-TV (CBS, NBC) <p>Cable Television status, such as:</p> <ul style="list-style-type: none"> • BET • Galavision-Spanish • Inspiration <p>Radio stations, such as:</p> <ul style="list-style-type: none"> • Lexington DMA (Regions 5, 7, and 8): WBUL-FM, WLKT-FM, WMXL-FM, WKQQ-FM, WBTF-FM, WLXX-FM, WLAP-AM, WEKU-FM, WGKS-FM, WBVX-FM, WKVO-FM, and WXZZ-FM • Louisville DMA (Region 3): WGZB-FM, WDJX-FM, WAMZ-FM, WQNU-FM, WVEZ-FM, WSFR-FM, WHAS-AM, WQMF-FM, WFPL-FM, WMJM-FM, WNRW-FM, and WXMA-FM • Evansville DMA (Region 2): WIKY-FM, WKDQ-FM, WABX-FM, WGBF-FM, WSTO-FM, WEOA-AM, WDKS-FM, WKVN-FM, WNIN-FM, WJLT-FM, WBKR-FM, and WGBF-AM • Bowling Green DMA (Region 4): WIKY-FM, WKDQ-FM, ABX-FM, WGBF-FM, WSTO-FM, WEOA-AM, WDKS-FM, WKVN-FM, WNIN-FM, WJLT-FM, WBKR-FM, and WGBF-AM
Digital Media	<ul style="list-style-type: none"> • Online display ads and Kentucky-specific landing pages • Social media (e.g., Facebook, Instagram, Twitter, and YouTube) • Enrollee outreach through our Molina Mobile app • Digital audio through partners such as Pandora and iHeart • Content-based advertising (e.g., Native, articles, blogs) • Paid search advertisements 	<p>All digital opportunities will employ zip code targeting and the following methodologies:</p> <ul style="list-style-type: none"> • Demographic data: Reach users who match desired audience profile (e.g., adults aged 18 through 64, household income below \$40,000, uninsured). • Contextual Alignment: Reach consumers when insurance concerns are top of mind by placing media alongside relevant online content, such as health/wellness blogs, parenting websites, and health coverage. Health themes will include topics such as smoking cessation, maternal and child health, obesity, and mental health and substance abuse. • Remarketing: Reengaging users who have visited our digital sites looking for information. • Multicultural content: Incorporate Spanish language audio advertisements in key cities/zip codes (e.g., Shelbyville, Oak Grove, and Mayfield). • Remarketing and target consumers when they search for relevant terms (e.g., Molina, affordable healthcare, and apply for Medicaid).

Outreach Locations and Activities

We will conduct outreach activities across the Commonwealth and in accordance with Contract requirements and Commonwealth and federal laws and regulations. Kentucky's evolving demographic profile will require specific and targeted outreach that is language-appropriate and culturally sensitive to the needs of those communities. For example, notable increases in Asian and Hispanic/Latino populations are emerging in certain areas, such as Shelby and Warren counties. We will conduct culturally appropriate and sensitive marketing in all counties, including cities like Shelbyville, Oak Grove, and Mayfield that have large Hispanic populations. We will address challenges due to low health literacy, cultural and social issues, language barriers, geographic limitations, and socio-economic circumstances.

To achieve departmental and organizational goals and objectives, Molina will conduct a variety of outreach activities, upon advance written approval by the Department. These include:

- **Sponsorship/Co-sponsorship of Community Events.** Either alone or with community leaders and/or CBOs, Molina will make formal group and one-on-one presentations to Medicaid beneficiaries and the larger public, upon request. Sites for these events will include locations Enrollees frequent, such as community centers, social service agencies, schools, places of worship, and other appropriate public-gathering locations. These presentations will focus on a particular population's health priorities (e.g., nutrition, breast cancer, diabetes, or opioid use) and cultural and linguistic experiences and traditions. The Department-approved marketing materials such as brochures, promotional items, and fliers will be available to the public at these events, as they relate to these issues and the Kentucky Medicaid program.
- **Third-Party Events.** Molina's participation will typically consist of the placement of a table or booth at an event site. The booth/setup will include a Molina banner, plan-awareness materials, and health-related presentation materials applicable to the event. In addition to such approved collateral items, promotional items may be available for distribution, such as bottled water and pens, following applicable Commonwealth and federal laws and regulations. Some of these items will relate to current Molina health-related campaigns to raise awareness of common health concerns. For example, childhood immunizations, for which Molina will make available items such as childhood immunization schedules.
- **Presentations or "In-Services" with CBOs.** Coordinators will make presentations about the Medicaid program to local CBOs, such as Audubon Area Community Services, Dare to Care Food Bank, Kentucky's Heartland, God's Pantry Food Bank, Goodwill Industries of Kentucky, and Family Scholar House. Coordinators will use a standard presentation that focuses primarily on the nuts and bolts of the Medicaid program, including who is eligible, how people determine their eligibility, and how people choose a Medicaid MCO. Our goal is to help organizations who care for low-income and underserved individuals explain the program to potential Kentucky Medicaid managed care Enrollees.
- **Follow-up of Beneficiary Inquiry of Molina.** Molina may have referral cards available to the public at third-party events, community sites, and through digital forms, such as a request to contact form on a Molina landing page or our public website. Beneficiaries and/or caregivers who express an interest in learning more about Molina can fill out this card and submit it to Molina. Molina will follow-up with the Enrollee/caregiver (as allowed per marketing guidelines).
- **Advertising.** Molina will target advertising plans using data and analytics to generate brand awareness and familiarity effectively. We will use online advertising and cost-effective media channels like YouTube, Pandora, Streaming Video platforms, and Social Media because we know that nationally approximately 70% of individuals with household incomes below \$30,000 own a smartphone.

Exhibit C.15-1 is an example of how we may engage target populations in Kentucky using online advertising.

Kentucky / Medium Rectangle 300x250 2020 Online Advertising

Frame 1
Starts with full frame photo

Frame 2
Diagonal white slate slides in from bottom right corner. Teal and grey circle slide in separately from the white slate and stops in the center of the frame. Logo is revealed in the bottom left corner as white slate slides over photo.

Frame 3
First line of copy fades out and second line of copy fades in.

Frame 4
White slate and circles slide out to reveal the photo again.

Frame 5
Once the white slate exits the top left corner completely, a second white slate slides in from the bottom right corner.

Frame 6
End slate copy and logos fade in. Learn more faunaces expandable on click.

Legal On Hover
Legal appears on hover.

Learn More
Links to MolinaHealthcare.com/KY

MOLINA HEALTHCARE

Exhibit C.15-1. Sample Digital Advertisement

Targeting parameters across various digital channels include:

- **Household Income.** To increase likelihood of Medicaid eligibility
- **Geography.** To ensure we are promoting within areas that are covered by our network
- **Age.** To avoid Medicare potential customers
- **Male/Female.** To focus media dollars wisely
- **Contextual Targeting.** Based on pixel data and ongoing research/testing, we can show Molina messaging for content that is often visited by likely Medicaid eligible consumers
- **Paid Search.** Allows us to serve ads to people searching online for Medicaid information
- **Remarketing.** Allows us to retarget users that have already interacted with the Molina brand online in Kentucky

Exhibit C.15-2 illustrates an example of our marketing posters, a traditional advertising method. The posters will be developed to reach the target populations, with the guidance and advance written approval of the Department.



Experience a health care company
that treats you **#LikeFamily**

Now in Kentucky!

Call today for more information
about our Medicaid plan.
(XXX) XXX-XXXX

MolinaHealthcare.com



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Exhibit C.15-2. Sample New Market Traditional Ads

a.i. SYSTEM OF CONTROL OVER MARKETING MATERIALS



To ensure regulatory compliance, Molina's Marketing, Government Contracts, Compliance, and Communications teams will monitor and track all marketing content and materials. Molina will strictly follow and adhere to all marketing and communication guidelines and requirements set forth by the Department. We will also require our subcontractors to meet all applicable requirements, and we will submit subcontractor

materials to the Department for advance written approval.

In addition, Molina's corporate Marketing department and Kentucky-based Communications department will keep an accurate inventory of printed materials and will provide materials as needed for events and presentations. The Marketing department will review inventory monthly to ensure that all materials are approved in advance and in writing by the Department and are up-to-date. Materials will be updated and replaced when appropriate. Our corporate and local teams will ensure quality, consistency, and compliance in all content in accordance with 42 C.F.R. § 438.104, following the process below:

- Molina's marketing team will develop materials required in the Contract and other informational materials necessary for Enrollee education (e.g., health education, wellness programs).
- Molina's Kentucky-based Materials Review Committee will conduct a formal review of all materials before they are sent to the Department. Our Materials Review Committee will be led at the health plan.
- Molina will submit marketing communications and materials, including those by subcontractors, to the Department for review and written approval before distribution.
- All materials will be documented and tracked electronically by the Marketing team.
- All revised documents will be resubmitted to the Materials Review Committee and the Department for approval before release.
- No materials will be distributed, and no marketing activities will take place until they are approved by the Department.

Our processes for marketing communications and materials encompass the following categories:

- **Best Practices.** They reflect best practices by limiting the amount of text presented, using photos or graphics to reinforce the message, and choosing fonts and layout designs that simplify the content. We follow established Flesch-Kincaid index policies to use language that is at or below the sixth-grade reading level, and we aim for language at or below a fourth-grade level.
- **Activities and Reporting.** We will notify the Department in writing of our planned marketing activities, subject to Department approval, and submit a quarterly Marketing Activities Report of our marketing activities in accordance with Contract requirements. We will coordinate, plan, and log the local marketing activities in collaboration with our Community Outreach team.
- **Enrollee Needs.** Upon Enrollee request, or identification of an Enrollee's special needs, we will provide materials in alternate languages, like Spanish, and formats, such as audio, Braille, and large font.
- **Compliance.** Molina's dedicated resources in Government Contracts and Communications will review and ensure all materials are compliant with Commonwealth and federal Medicaid marketing standards, laws, and regulations. In addition, our teams will maintain an accurate inventory of materials and review them monthly to ensure all materials are up-to-date and updated and replaced as applicable.
- **Control of Subcontractor Activities and Content.** Molina's corporate Marketing department will manage all marketing agency relationships and work. This includes ensuring all subcontractor marketing communications and materials they use on behalf of Molina are reviewed and approved in advance by the Department and follow the same auditing, monitoring, and control processes detailed above.

a.ii. METHODS AND PROCEDURES FOR LOGGING AND RESOLVING MARKETING GRIEVANCES

Comprehensive, well-organized, documented policies and procedures will guide our processing of marketing grievances to ensure compliance with the notice, timelines, rights, and procedures detailed in applicable Commonwealth and federal laws and regulations as well as Department and CMS requirements. Our policies and processes will ensure that grievances received from Enrollees, Enrollees' caregivers/authorized representatives, providers, subcontractors, or the Department are processed promptly, consistently, fairly, and in compliance with Department Contract requirements.

Enrollees or their caregiver/authorized representative can file a marketing grievance by calling our toll-free Call Center. They may also submit grievances in writing through the postal service or by fax, email, or our secure Enrollee Web portal. Our Kentucky-based Enrollee Resolution Team Coordinators, Call Center customer service representatives, and care managers will be available to assist in filing a grievance, as requested. Enrollees, their caregivers, and authorized representatives can also receive in-person assistance at one of Molina's community-based Molina One-Stop Help Centers. We will offer Enrollees, caregivers, and authorized representatives who are non-English speaking over-the-phone oral interpreter services in all non-English languages and provide TTY/TDD and relay services for those who are deaf or hard of hearing. Whether submitted orally, in writing, or by electronic communications, we will assist them through each step of the process, understanding any timeframes that may apply, and the availability of alternative communication methods.

Providers and subcontractors can file a grievance by calling our Call Center, in writing through the postal service, by fax or email, or through our secure provider Web portal.

We will accept grievances from the Department and any state agency, including the Kentucky Department of Insurance, through any manner, including by telephone through our Call Center, in writing, or by fax or email.

Complementing our handling of grievances, Molina's corporate Marketing department manages a set of tools to collect, analyze, and respond to grievances relating to our marketing activities. These include:

- **Internal Dedicated Mailbox.** Will allow open communication with health plan teams to receive and respond to Commonwealth-specific marketing grievances.
- **Social Listening Tools.** Molina will use social listening tools that allow our team to keep a pulse on online chatter and quickly respond to any complaints or grievances made through our social platforms.

We will record all grievances in our grievance and appeals workforce management system. The system will assign a unique case number to every grievance, allowing Molina to track each grievance from receipt through resolution. Exhibit C.15-3 provides a sample of our marketing grievance log.

Last Updated On:	Date	Updated By:	Person	
Reference Number	Grievance Keywords	Received On	Resolved On	Comments
MHKY-0001	Type of grievance: i.e., disagreement with marketing approach, messaging, or graphics	Date of incident	Date issue resolved	Listen, acknowledge, evaluate, and act.

Exhibit C.15-3. A Grievance Log Will Track Timeliness of Resolution

Our Kentucky-based Grievance staff will address grievances and ensure that they are resolved within required timeframes, including sending timely notifications to Enrollees. ***We will resolve all Kentucky Medicaid program grievances as expeditiously as possible and no later than 30 calendar days from receipt.*** We will send the individual filing the grievance, a resolution letter that includes all information considered in the investigation of the grievance, findings, and conclusions based on the investigation and the disposition of the grievance.

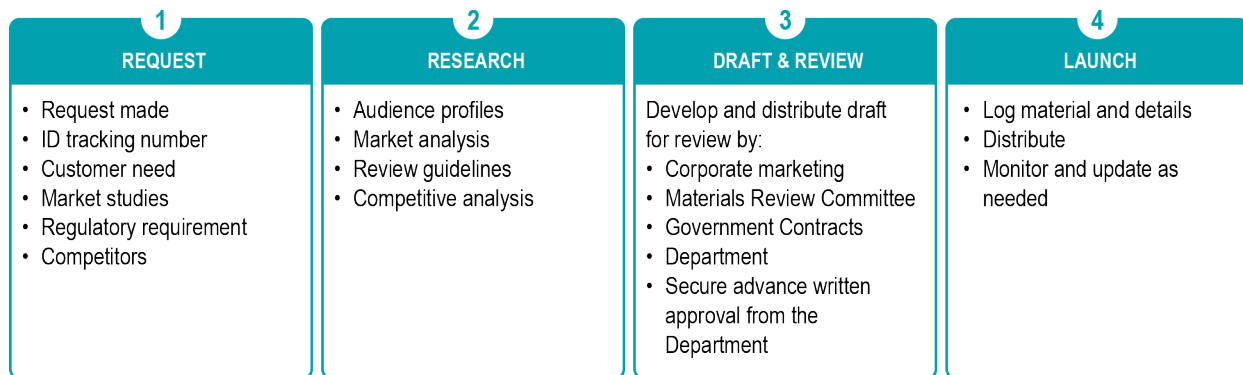
a.iii. VERIFICATION AND TRACKING MARKETING MATERIALS AND ACTIVITIES TO ENSURE APPROVAL AND ADHERENCE

Molina will comply with Contract requirements and state and federal laws and regulations, including 42 CFR §438.104 regarding marketing activities. Molina’s Communication team will keep a record of all Kentucky marketing communications and materials along with the following information:

- Unique identification number
- Audience
- Material name
- Department approval number
- Associated campaigns
- Date approved
- Distribution channel
- Resubmission dates (if applicable)

The verification and tracking process will ensure marketing materials and activities have been approved in advance and in writing by the Department and adhere, as required, to Draft Contract, Section 25.1, Marketing Activities, and Section 4.4, Approval of Department.

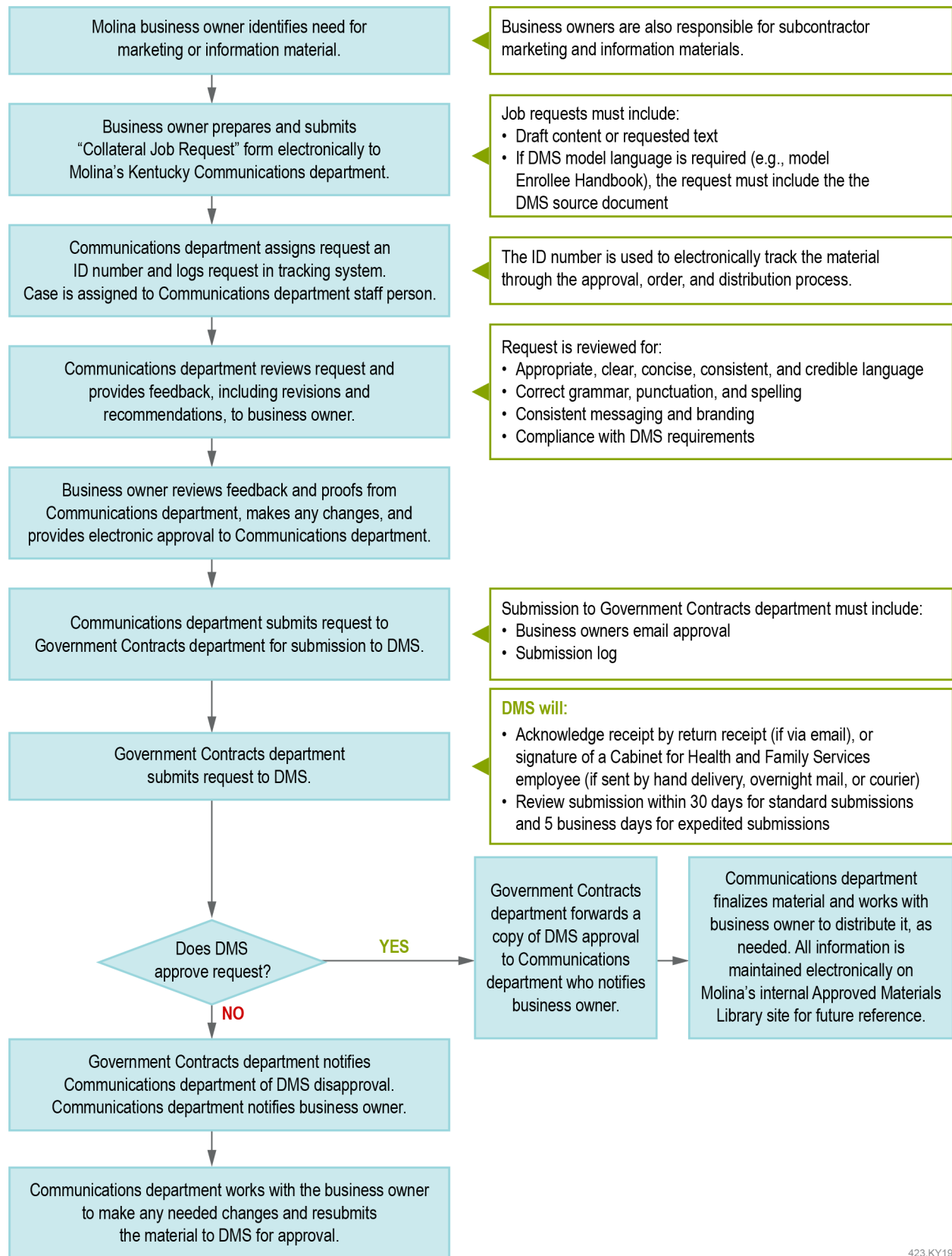
Exhibit C.15-4 illustrates our developmental process, from initial request of a marketing activity to launch.



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Exhibit C.15-4. Molina’s Tightly Managed Process Will Help Ensure Compliance

We will assign all materials a unique identification number to track materials, ensuring that only recently approved materials are used. Any materials that are expired or retired are reflected as such and can no longer be used. Exhibit C.15.5 provides a detailed flow chart of our process.



423.KY19

Exhibit C.15-5. Molina's Tightly Managed Process will Help Ensure Compliance

b. UNDERSTANDING OF POPULATION AND ADAPTING MARKETING MATERIALS

Molina employed a broad spectrum of methods—from statistical research to one-on-one meetings—to understand the Commonwealth’s diverse populations and assess the health status and needs of Kentuckians. We reviewed the State Health Improvement Plan reports, the Department Managed Care Quality Strategy, and micro-level information found in county data books. For more than a year, Molina staff has been on the ground across the Commonwealth, meeting face-to-face with Medicaid beneficiaries, providers, health policy entities, legislators, state agencies, and more than 110 CBOs. We held numerous focus groups with Medicaid beneficiaries and providers to understand both Kentucky’s population as a whole as well as its Medicaid covered population. For example, we met with senior leadership at Kentucky’s Home of the Innocents where we learned about Kentucky’s refugee population and the languages they speak, such as Arabic, Burmese, Somali, and Swahili. We heard about the need to have materials in different languages and we are committed to meeting this need.

We know that as of January 2020, more than 1.3 million Kentuckians are covered by Medicaid with more than 91% receiving services through MCOs. The greatest concentration of Medicaid Enrollees is in Jefferson County (Region 3), where more than 204,000 individuals are covered.

Kentucky’s urban population, and home to vast numbers of Medicaid beneficiaries, is growing. We will understand the needs of individuals living in urban areas through our partnerships with CBOs and direct interaction with Medicaid Enrollees and will focus our marketing on these high density areas. ***We will adapt our marketing materials to meet cultural and language needs, and place advertisements in strategic locations frequented by the covered population***, including bus shelters, grocery and convenience stores, educational sites, and entertainment sites. We will also look to local CBOs in urban areas, such as the Louisville Urban League, Goodwill Industries, and Dare to Care Food Bank.

Kentucky has a large rural population (approximately 41%) that Molina will consider carefully while developing marketing materials and conducting outreach. We bring extensive experience designing solutions to meet the needs of Medicaid beneficiaries in rural areas and other states where Molina manages Medicaid programs. Molina understands that Kentucky’s rural population has higher rates of unemployment, individuals who do not graduate high school, and food insecurity. As such, ***we will employ focused strategies to reach Enrollees in rural Kentucky to best align media campaigns with how consumers in rural areas consume media—whether through digital or traditional forms of media (e.g., TV, billboards, and community papers).***

Meeting Rural Area Needs

Our affiliated Medicaid health plan in Texas launched a creative, grassroots effort in very rural areas of Texas to educate community partners and Medicaid beneficiaries about an upcoming redetermination enrollment period. Our affiliate used food trucks, nail salons, laundromats, and convenience stores as a form of out-of-home advertising to more successfully engage with the rural communities by ensuring the effective dissemination of information and Molina’s brand through these venues.

We understand Kentucky’s population is approximately 88% white followed by a black/African Americans population who represent approximately 8% of the population. Although the highest number of black/African Americans resides in Jefferson County at approximately 21% of the population, Christian and Fulton counties also have a high percentage of a black/African American population. Individuals of Hispanic or Latino origin represent nearly 4% of Kentucky’s population, while Asians represent approximately 1.5%. Accordingly, ***we will adapt our marketing approach to meet the ever-increasing diversity of cultures, values, behaviors, and needs represented by these demographics, and we will provide all written materials in English, Spanish, and each prevalent non-English language.***

We will orient advertising services to better address minority populations, such as advertising on Telemundo to reach our Spanish-speaking audience. **Molina will make all written materials available**

in English, Spanish, and each prevalent non-English language. As appropriate, we will also provide written materials in other non-prevalent non-English languages spoken in Kentucky, including languages spoken by refugee populations such as Burmese and Swahili. Enrollees can also request materials in alternative formats, such as Braille, large print, and audio and through use of auxiliary aids and services. We will include taglines in the top 15 non-English languages that explain oral and written interpretation is available and how to request such services in accordance with Contract requirements.

Approximately 4,000 Kentuckians experience homelessness on any given day—a number that has increased by about 600 individuals over the last three years. ***We will adapt our approach for the homeless population by delivering our message in person targeting areas where Kentucky’s homeless population typically resides.*** Specially trained to communicate with individuals in vulnerable situations, our Enrollee Locator teams will deliver specialized support for locating Enrollees who are experiencing homelessness. The teams will learn where homeless individuals tend to sleep and congregate by reaching out to shelters, the Salvation Army, Community Mental Health Centers, and CBOs to find and connect with these Enrollees. Using our person-centered approach, they will establish meaningful and respectful conversations to build trust and explore ways Molina can help Enrollees to access needed physical, behavioral, and social services. Molina is committed to meeting the needs of individuals who are homeless or at risk of homelessness in Kentucky. We look forward to gaining a deeper understanding of individual needs across the Commonwealth and deploying solutions to effectively address them.

Molina understands the profound influence that education has upon health decisions and outcomes, and we are committed to making sure all Enrollees understand their benefits, services available to them, and how to access and navigate the healthcare system. We know that nearly 15% of Kentucky’s overall population has not completed high school, and the rate is nearly 20% in rural areas. ***We will use clear, concise, everyday language in our messaging and supplement messages with user-friendly and age-appropriate illustrations to explain and reinforce information.*** In addition to the materials we use, our community-based Molina Community Health Workers, Care Connections nurse practitioners, and embedded care managers will meet in-person with Enrollees in their homes and provider offices to ensure Enrollees fully understand their health conditions and can develop their own self-management tools.

We learned that Kentuckians attend religious service more regularly than the national average. As such, ***we will engage faith-based organizations to address barriers Enrollees may have and link them to services and supports they may need.*** For example, in 2019, our affiliated Medicaid health plan in Ohio launched the “Home for Life” program with National Church Residences to meet the needs of their elderly members with chronic conditions. Through in-home assessments and person-centered planning, the program provides additional supports to Molina Healthcare of Ohio members to better manage their conditions and address social determinants of health, enabling them to remain in their homes.

We will adapt our marketing materials to meet the diverse demographic, cultural, and linguistic needs of the Commonwealth. We will engage stakeholders, including CBOs, Enrollees, and providers, to gain feedback on our marketing approach and refine our strategies appropriately to optimize success. We will use our regionally based Quality and Member Access Committees to make sure materials meet the needs of the population and reflect cultural nuances.

To maximize impact within the Department’s eight Medicaid service regions and their diverse populations, Molina will craft population-specific, regional marketing materials, as indicated. Table C.15-2 provides a snapshot of our understanding of regional differences in the population.

Table C.15-2. Regional Differences Will Influence Our Marketing Activities and Materials

Region	Geographic Characteristics
1	<p>As the westernmost region of Kentucky and part of the Jackson Purchase, Region 1 has a large rural population (61%) and lower percentage of Medicaid beneficiaries than the Commonwealth as a whole. The highest number of Medicaid MCO Enrollees is in McCracken County and lowest is in Hickman County. Nearly 90% of the region is non-Hispanic white and Spanish is spoken in only 2% of households. McCracken County has the Commonwealth's highest percentage of individuals experiencing homelessness (0.36% compared to a state average of 0.09%) and one of the Kentucky's highest rates of youth incarceration in the juvenile justice system. Several counties in Region 1 have higher than average rates of adults with less than a high school diploma, including Crittenden, Fulton, Graves, Hickman, and Livingston counties.</p>
2	<p>Region 2 straddles Kentucky's Western Coal Field—so named because of its large coal deposits—and the Mississippi Plateau. Daviess County has the highest number of Medicaid MCO Enrollees at about 28,500 and Hancock County has the lowest number at just over 2,200. The region's overall racial and ethnic diversity generally mirrors the state as a whole, though vast differences exist within the region. More than 20% of Christian County's population, for example, is black/African American. Just less than one-half of Region 2's counties exceed the state's 14.8% rate of adults with less than a high school diploma, including McLean, Muhlenberg, Todd, Trigg, and Webster counties.</p>
3	<p>Region 3 includes Louisville, the Commonwealth's largest city and home of the Kentucky Derby and Kentucky State Fair. With the highest number of Medicaid beneficiaries by far at approximately 321,000, Region 3 is primarily urban and suburban and has a much longer history of managed care than the other regions. The vast majority of Medicaid MCO Enrollees (approximately 70%) live in Jefferson County which includes Louisville—a growing city—while the lowest number live in Trimble County. The population living in this urban area faces struggles not uncommon in most urban areas, including significant health disparities (e.g., life expectancy in Jefferson County varies widely by zip code) and housing insecurity (e.g., recent estimates indicate more than 1,000 individuals are experiencing homelessness in Jefferson County). Although counties vary in their composition, Region 3 is most likely the Commonwealth's most diverse region compared to other parts of the state, with black/African Americans representing 15% of the population (nearly double the state average), as well as relatively high percentages of Asians and Hispanics/Latinos.</p>
4	<p>The most populated city in Region 4, Bowling Green, is the fastest-growing city in the Commonwealth and home to Western Kentucky University and the GM Corvette Assembly Plant, where every Corvette in the world is manufactured. Bowling Green is in Warren County, which has the highest Medicaid MCO population at just over 37,000, and Pulaski County second with just over 25,000. The Hispanic/Latino population has recently grown rapidly—especially in Warren County. There are a high number of adults with less than a high school education, with 19 of the 20 counties in Region 4 exceeding the state's overall rate of adults without a high school diploma.</p>
5	<p>Home to the University of Kentucky and its UK HealthCare system, Region 5 is comprised of the majority of the Bluegrass Area Development District and hosts Frankfort, the Commonwealth's capitol. Lexington, located in Fayette County, is the state's second largest city at just over 315,000, which is considered the "Horse Capital of the World. Region 5 also includes Bluegrass Community Health Center, an important resource for migrants and seasonal workers. Fayette County has by far the greatest Medicaid MCO population in the Region at nearly 68,000, with Madison County second at just over 24,000. Owen County has the lowest Medicaid population at 2,600.</p>
6	<p>This small region in the northernmost tip of the Commonwealth, bordering neighboring Ohio and Southeast Indiana, is host to several counties that border the Cincinnati region, including Boone County. Neighboring Kenton County, the third most populous in Kentucky, has the highest number of Medicaid MCO Enrollees with approximately 36,000. Region 6 has the lowest percentage of Medicaid beneficiaries. All six counties are metropolitan counties contributing to the region's highest percentage of population living in non-rural areas compared to the other seven regions.</p>
7	<p>With the second highest rural population of the regions, Region 7 shares its border with Ohio and West Virginia. The highest number of Medicaid MCO Enrollees can be found in Boyd County with approximately 15,700; the lowest is Robertson with only 700. Unemployment and homelessness are challenges for Region 7, with the highest rate of homelessness in Boyd County and rates of unemployment around nine or ten percent in Carter, Elliott, Lawrence, and Lewis counties.</p>

Region	Geographic Characteristics
8	<p>In the heart of Appalachia and home to the popular Black Gold Festival, Region 8 contains Pike County, the state’s most spacious and easternmost of all. Pike County holds the highest percentage of white, non-Hispanic residents of any region at approximately 96%. Region 8 also contains the University of Kentucky’s rural health hub, an important resource available to address the populations rural health needs. Region 8 is also a highly rural region (81%) with a declining population. The region has been hit hard by the decline in coal mining, resulting in high unemployment, food insecurity (the highest rate among all eight regions), and migration out of the Region. Region 8 has the highest rate of Medicaid enrollment at approximately 50% of the population. Magoffin County has the highest unemployment rate in the Commonwealth at just over 16%. The highest concentration of Medicaid MCO Enrollees is in Laurel and Pike counties, each with approximately 24,400, and Owsley County has the lowest with about 2,800. Educational attainment is a challenge, with all 19 counties in Region 8 exceeding the state’s 14.8% rate of adults without a high school diploma.</p>

CAUSE MARKETING

Molina’s approach to marketing is highly focused on brand engagement and aligning with organizations that have similar values as Molina. Through cause marketing, where we adopt a cause to support, we can create strong alliances and partnerships that help support impactful social projects and reinvest in the communities we serve. Molina-owned sponsorship drives help collect needed community items like diapers, coats, and shoes through Molina HOPE projects. Our cause marketing and brand engagement campaigns in Kentucky will focus on addressing the following components:

- Social Determinants of Health.** We understand that by strengthening the lives of Enrollees in the areas of education, employment, health, and housing the entire family structure is strengthened. We will create opportunities through our campaigns to strengthen and empower our Enrollees by breaking down barriers and addressing specific social determinants that negatively impact their and their families’ health. For example, we know the rate of food insecurity in Kentucky is higher than the national average, with one in five children struggling with hunger. Molina will collaborate with CBOs across the Commonwealth to help Enrollees get the food they need and support Enrollee awareness and use of healthy food and nutrition. We will partner with food banks, such as the Dare to Care Food Bank, Kentucky’s Heartland, and God’s Pantry Food Bank, to distribute fresh produce to Enrollees through local churches and other CBOs in each of the eight regions.
- Community Needs.** Through our community-based programs, Molina will support local community organizations and initiatives to tend to neighborhood and community needs. Launching programs like “Molina Closet,” which provides new moms with the supplies they need and Molina HOPE projects, which bring coats to kids during the winter, we will bring needed resources to communities in need.
- Health Education/Disparities.** The goal of our campaigns is to improve health outcomes and the lives of our Enrollees. Our campaigns will incorporate relevant health content to help reinforce the objectives and goals of the Department. We will target areas of concern in Kentucky. For example, Kentucky’s rate of infant mortality rate is above the national average and highest among blacks and African Americans. We will design and implement educational materials and activities to impact the covered population and reduce healthcare disparities.