1. This Exhibit serves as a reference guide for required member outreach, as specified in AMPM Chapter 400, Medical Policy for Maternal and Child Health.
2. Educational outreach topics marked with an (\*) asterisk in the chart below indicate additional requirements of when outreach shall be initiated and/or the frequency of dissemination.
3. Educational outreach topics marked with an (\*\*) asterisk in the chart below indicate a required mechanism for disseminating member outreach.
   1. Otherwise, the mechanism for member outreach dissemination listed is considered a suggestion and shall be distributed through other approved means outside of the Member Handbook or Contractor Website. When a member’s preferred contact method is not identified, postal mail shall be used to conduct the member outreach.
4. Member outreach shall be accurate, updated regularly, and appropriately based on changes in benefits, Contract, Policy, or other relevant updates, as specified in ACOM Policy 404.
5. The Contractor shall produce and provide the following information to each member/representative or household as specified in the chart below. The Contractor has the option of providing the Member Handbook with the new member packet or providing written notification that the information is available on the Contractor’s website. For information pertaining to the requirements for Member Handbooks or member-focused materials posted on the Contractor’s Website, refer to ACOM Policy 404 and 406, as these items are not referenced or discussed within this Exhibit.

| **Maternity Care Services** | | |
| --- | --- | --- |
| **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| Once each pregnancy | Enrollment Date and Identification of Member Pregnancies  *(Initial and Subsequent)* | New Member Welcome Packet  Member Newsletter  Maternity Packets  Member’s preferred contact method |
| **Topics** | **Educational Outreach** | |
| Human Immunodeficiency Virus (**HIV) Testing** | Information encouraging pregnant members to be tested for HIV/Acquired Immunodeficiency Syndrome (AIDS), providing instructions on where testing is available and the availability of counseling and treatment if testing is positive, and the benefits of treatment for both mother and child.  \*\*Required Mechanism for Member Dissemination: Member Newsletter | |
| **Opportunity to Change Contractors** | Information to newly assigned pregnant members, and those currently under the care of a non-network provider, regarding the opportunity to change Contractors to ensure continuity of prenatal care. | |
| **Low/Very Low Birth Weight** | Information to pregnant members of interventions to decrease the incidence of infants born with low/very low birth weight. | |
| **Postpartum Services** | Information related to postpartum services; including, recommended timeframes of postpartum visit as specified in AMPM Policy 410, importance of scheduling postpartum visit, and postpartum warning signs that require contacting a provider.  \*Additional Requirement to Initiate Outreach: Upon notification of Delivery Date  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |
| **Risks Associated with Elective Inductions and Cesarean Sections Prior to 39 Weeks Gestation** | Information regarding risks associated with elective inductions and cesarean sections prior to 39 weeks gestation. | |
| **Healthy Pregnancy Measures** | Information related to nutrition, Sexually Transmitted Infections (STI), smoking and alternative tobacco products including e-cigarettes/vape, Alcohol, Opioid, and Substance Use and other risky behaviors. | |
| **Lead Exposure and Prevention Measures** | Information regarding the dangers of lead exposure to mother and baby during pregnancy and how to prevent lead exposure. | |
| **Prenatal and Postpartum Care** | Information regarding the importance of timely prenatal and postpartum care. | |
| **Postpartum Depression and Perinatal Depression** | Information regarding the availability of Depression Screening and Counseling services, signs, and symptoms of depression, and where to receive help. | |
| **Safe Sleep Practices and Other Measures to Reduce Risk of Sleep-Related Causes of Death** | Information on safe sleep practices and measures that reduce the risk of Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Infant Death (SUID). | |
| **Signs of Active Labor and Ways to Limit Labor and Birth Intervention** | Information on recognizing signs of active labor and ways to limit labor and birth interventions as recommended by the American College of Obstetricians and Gynecologists (ACOG). | |
| **Breastfeeding** | Information regarding theimportance of breastfeeding for both the parent(s) and child (including immune support), when and where to get help, getting started basics, infant feeding cues, how to know baby is getting enough, returning to work/school, and additional resources for help and learning more, including questions about medications and breastfeeding. | |
| **Interconception Health and Family Planning Options** | Information regarding interconception health and spacing recommendations, family planning services and supplies, including the availability, benefits, and risks of Immediate Postpartum Long-Acting Reversible Contraceptives (IPLARC)/Long-Acting Reversible Contraceptives (LARC). | |
| **Available Support Services** | Information to members of available support services to the special supplemental nutrition program for Women, Infants and Children (WIC), as well as other community-based resources including Strong Families AZ home visiting programs, the Arizona Department of Health Services (ADHS) Breastfeeding Hotline, Birth to Five and Fussy Baby Program Helpline, and Arizona Smokers’ Helpline (ASHLine), to support healthy pregnancy and infant outcomes. | |

| **Required Member Notifications** | | |
| --- | --- | --- |
| **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| Annually | Enrollment Date and Identification of Member Pregnancies  *(Initial and Subsequent)* | member’s preferred contact method |
| **Topics** | **Required Member Notifications** | |
| **Pregnancy Related Services** | Inform members how to obtain pregnancy related services and assistance with scheduling appointments, a statement that there is no copayment or other charge for covered pregnancy-related services, and that assistance with transportation is available.  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Planning Services and supplies** | | | | |
| **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | | **Mechanism for Member Dissemination** | |
| Annually\*\*\* | Enrollment Date | | New Member Welcome Packet  Maternity Packets  Member Newsletter  member’s preferred contact method | |
| **Topics** | **Educational Outreach** | | | |
| **Covered Family Planning Services and Supplies** | Inform members of reproductive age of the specific covered family planning services and supplies that are available and how to request them.  \* Additional Requirement to Initiate Outreach: And for pregnant members by the end of the second trimester | | | |
| **LARC/IPLARC** | Inform members of the availability, benefits, and risks of LARC/IPLARC.  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | | | |
| **Sexually Transmitted Infections (STI)** | Information that STI, including HIV/AIDS, screening and treatment services are available to members, regardless of gender, providing instructions on where testing is available and how to obtain these services. | | | |
| **Interconception Health** | Information encouraging members to improve health (including getting help to stop using alcohol and other substances that can cause defects before conception), prior to pregnancy and information about the importance of appropriate spacing between pregnancies.  \* Additional Requirement to Initiate Outreach: And once each pregnancy | | | |
| **Family Planning Services and supplies** | | | | |
| **Frequency of Outreach Dissemination** | | **When to Initiate Outreach** | | **Mechanism for Member Dissemination** |
| ANNUALLY\*\*\* | | ENROLLMENT DATE | | member’s preferred contact method |
| **Topics** | | **Required Member Notifications** | | |
| **FAMILY PLANNING SERVICES AND SUPPLIES RELATED SERVICES** | | Inform members of reproductive age how to obtain family planning services and supplies and assistance with scheduling appointments, a statement that there is no copayment or other charge for covered family planning services and supplies, and that assistance with transportation is available.  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | | |

\*\*\*Note: AHCCCS will provide information about AHCCCS covered family planning services and supplies to members who receive services on a fee-for-service basis and notification is given at least once a year and by November 1.

| **Early and periodic screening, diagnostic and treatment (EPSDT) Services**  **Note: EPSDT related outreach materials shall include a statement informing members that an EPSDT visits is synonymous to a Well Child visit.** | | |
| --- | --- | --- |
| **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| ANNUALLY | ENROLLMENT DATE | NEW MEMBER WELCOME PACKET  MEMBER NEWSLETTER  MEMBER MAILING  member’s preferred contact method |
| **Topics** | **Educational Outreach** | |
| **EPSDT COVERAGE** | Inform members EPSDT services includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, eyeglasses, transportation, family planning services and supplies, well woman preventive care services, and maternity care services when applicable as specified in AMPM Chapter 400. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. However, EPSDT services do not include services that are experimental, that are solely for cosmetic purposes, or that are not cost effective when compared to other interventions. | |
| **Recommended Health Screenings and Components of the EPSDT Visit** | Information to members describing what is included in an EPSDT visit (including Oral Health and Nutritional Screenings and Developmental Surveillance) and the importance of attending EPSDT visits as recommended in the AHCCCS Periodicity schedule. Information shall include that “EPSDT visit” is synonymous with a “well-child visit”. | |

| **EPSDT SERVICES** | | |
| --- | --- | --- |
| **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| Annually *(The following six topics may be addressed separately or combined into one written outreach material however, each topic shall be covered annually.)* | Enrollment Date | New Member Welcome Packet  Member Newsletter  member’s preferred contact method |
| **Topics** | **Educational Outreach** | |
| **Immunizations** | Information regarding the importance of age-appropriate immunizations. | |
| **Available Community Resources** | Information regarding available community resources and programs including but not limited to: WIC, AzEIP, CRS, behavioral health, home visiting programs, Head Start/Early Head Start, Vaccines for Children (VFC), and Birth to Five Helpline. | |
| **Dangers of and Sources of Lead Exposure in Arizona** | Information regarding the dangers and sources of lead exposure in Arizona, lead poisoning prevention measures and recommended/mandatory testing. | |
| **Age-Appropriate Weight Gain** | Information regarding age-appropriate weight gain, childhood obesity, and prevention measures. | |
| **Asthma** | Information on how to recognize signs and symptoms, reduce triggers, and improve maintenance. | |
| **Age-Appropriate Risk Prevention Efforts** | Information on safe sleep and other measures to reduce risk for Sudden infant death syndrome (SIDS)/Sudden unexpected infant death (SUID), addressing development, injury and suicide prevention, bullying, violence, drug and alcohol use, social media, and sexual behavior. | |

| **EPSDT SERVICES** | | |
| --- | --- | --- |
| **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| Annually | Enrollment Date | member’s preferred contact method |
| **Topics** | **Required Member Notifications** | |
| **EPSDT Notification(s) to Member** | Notification to members of suggested dates of each EPSDT visit as dictated by the AHCCCS Periodicity Schedule for each age, and if an EPSDT visit has not taken place, a second notification shall be sent.  \*Additional Requirement to Initiate Outreach: And at each age dictated by the AHCCCS Periodicity Schedule  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |
| **Notification of EPSDT Related Services** | Notification to members on how to obtain EPSDT services and assistance with scheduling appointments, a statement that there is no copayment or other charge for covered EPSDT services, and that assistance with transportation is available.  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |
| **Notification of Age-Appropriate Immunizations** | Notification to members of age -appropriate immunizations according to age and health history.  \*Additional Requirement to Initiate Outreach: And at each age as dictated by the Recommended Immunization Schedule (may be combined with the EPSDT visit reminder)  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |

| **WOMEN’S PREVENTATIVE CARE SERVICES** | | |
| --- | --- | --- |
| **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| Annually | Enrollment Date | New Member Welcome Packet  Member Newsletter  Maternity Packets  member’s preferred contact method |
| **Topics** | **Educational Outreach** | |
| **Women’s Preventive Care Services** | Inform members regarding women’s preventive care services, including a complete listing of services as specified in AMPM Policy 411, Section B. 1. | |
|  | **Required Member Notifications** | |
| **Notification of Women’s Preventive Care Related Services** | Inform members how to obtain women’s preventive care services as specified in AMPM Policy 411 and assistance with scheduling appointments, a statement that there is no copayment or other charge for covered women’s preventive care services, and that assistance with transportation is available.  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |

| **ORAL HEALTH CARE** | | |
| --- | --- | --- |
| **FREQUENCY OF OUTREACH DISSEMINATION** | **WHEN TO INITIATE OUTREACH** | **MECHANISM FOR MEMBER DISSEMINATION** |
| Annually *(The following three topics may be addressed separately or combined into one written outreach material however, each topic shall be covered at minimum once every 12 months.)* | Enrollment Date | Member Newsletter |
| **Topics** | **Educational Outreach** | |
| **Importance of Oral Health Care and Dental Decay Prevention Measures** | Information regarding incidence of tooth decay in children residing in Arizona, the importance of oral health care, and age-appropriate dental decay prevention measures. | |
| **Topical Fluorides and Fluoride Varnish** | Information related to the availability and benefits of fluoride varnish applications during EPSDT and Dental visits. For members who are six months of age, with at least one tooth eruption, up until a member’s fifth birthday, fluoride applications may be applied four times a year (i.e., one every three months) during an EPSDT visit. For members who are six months of age, with at least one tooth eruption, up to 21 years of age, fluoride applications may be applied every six months during a dental visit. | |
| **Dental Home** | Inform members of:   1. What is a dental home, 2. The benefits of having a dental home, 3. How to obtain more information from the Contractor if the member is unaware of the assigned dental home. | |

| **Oral Health Care** | | |
| --- | --- | --- |
| **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| Annually | Birthdate | member’s preferred contact method |
| **Topics** | **Required Member Notifications** | |
| **Notification of Assigned Dental Home Provider** | Inform members of their assigned dental home provider’s contact information, importance of being seen by a dentist for routine preventive care (in accordance with the AHCCCS Dental Periodicity Schedule), the availability of scheduling and transportation assistance if needed, and a statement that there is no copayment or other charge for covered dental services.  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |
| **Notification of Semi-Annual Dental Visits Due** | Inform members or responsible parties regarding due dates of semi-annual dental visits.  \*Required Frequency of Outreach Dissemination: Semi-annual  \*Requirement to Initiate Outreach: Semi-annual  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |
| **Notification of Missed Six-Month Dental Visit(s)** | Notification to members when a six-month Dental Visit has not taken place (a member who does not go to a dental visit, will receive a total of four mailings for the year - two semi-annual reminders and two missed visit notifications).  \*Requirement to Initiate Outreach: Birthdate + three months and Birthdate + nine months  \*\*Mechanism for Frequency of Outreach Dissemination: Semi-annual  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |
| **Notification To Members Receiving Oral Health Care through School-Based or Mobile Unit Providers** | Inform members of their assigned dental home provider’s contact information, as well as information regarding the availability of ongoing-access to care through the dental home provider, when school-based or mobile unit providers are not accessible.  \*\*Required Mechanism for Member Dissemination: Member’s preferred contact method | |