

404 – MEMBER INFORMATION

EFFECTIVE DATE: 06/01/12, 08/17/12, 11/01/12, 03/01/13, 10/01/13, 05/01/14, 12/01/14,
 10/01/15, 11/01/15, 07/01/16, 10/01/17

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 10/15/15, 05/26/16, 11/01/16

STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS

I. PURPOSE

This Policy applies to Acute Care, ALTCS/EPD, CRS, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors. This Policy establishes guidelines for AHCCCS Contractors regarding member information requirements and the approval process for member information materials developed by or used by the Contractor. This Policy pertains to oral and written communication disseminated to a Contractor's own members. It also pertains to the content of a Contractor's website.

II. DEFINITIONS

AUTHORIZED REPRESENTATIVE A person who is authorized to apply for medical assistance or act on behalf of another person (A.A.C. R9-22-101).

BUSINESS DAY A Monday, Tuesday, Wednesday, Thursday, or Friday unless a legal holiday falls on Monday, Tuesday, Wednesday, Thursday, or Friday.

FILE AND USE A process whereby the Contractor submits qualifying member information materials to AHCCCS prior to use, and can proceed with distributing the materials without any expressed approval from AHCCCS.

INCENTIVE ITEM Items that are used to encourage behavior changes in the Contractor's enrolled members or Health promotion incentives to motivate members to adopt a healthy life style and/or obtain health care services.

LIMITED ENGLISH PROFICIENT (LEP) Potential enrollees and enrollees who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter. 42 CFR 438.10.

**MEMBER
INFORMATION MATERIALS**

Materials given to the Contractor's members, potential enrollees, their authorized representative or any other person the member designates as a representative to receive communication about their healthcare. Member information which explains benefits, coverage, and features and resources of the program and includes but is not limited to:

Informational material such as health and wellness brochures, member newsletters, videos, form letter templates, mass communications such as voice and text informational material sent to the member's phone and the Contractor's website content. Retention materials sent to current members to target and maintain membership instructional material such as member handbooks, provider directories and other new member materials

**MULTI-SPECIALTY
INTERDISCIPLINARY
CLINIC (MSIC)**

An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.

POTENTIAL ENROLLEE

A Medicaid-eligible recipient who is not yet enrolled with a Contractor as described in 42 CFR 438.10 (a); or an enrollee during Annual Enrollment Choice (AEC).

RETENTION MATERIALS

Member information materials sent to members prior to and during their Annual Enrollment Choice for the purposes of retaining members as an enrollee with the Contractor.

VITAL MATERIALS

Information provided to the member which assists the member to receive covered services through the AHCCCS Program. These materials include, but are not limited to:

1. Member Handbooks.
2. Consent Forms.
3. Member Notices.
4. Grievance, appeal, and request for State fair hearing information, and
5. Written notices informing members of their right to oral interpretation in all languages and written translation services.

III. POLICY

A. MEMBER INFORMATION MATERIALS

1. The Contractor must comply with the requirements in this Policy for all member information materials. In addition, refer to the requirements outlined in:
 - a. ACOM Policy 425 for requirements regarding Social Networking activities,
 - b. ACOM Policy 433 for requirements regarding Member ID Cards.
 - ~~b.c.~~ ACOM Policy 405 for requirements regarding Cultural Competency and Family-Patient Centered Care.
2. The Contractor shall sign and submit Attachment D, Member Information Attestation Statement, to the designated Operations and Compliance Officer, as specified in the Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables.

B. LANGUAGE, READABILITY AND ORAL INTERPRETATION REQUIREMENTS

1. Language - All member materials shall be translated when the Contractor is aware that a language is spoken by 3,000 or 10% (whichever is less) of the Contractor's members who also have Limited English Proficiency (LEP). However, those materials which are considered to be vital materials shall be translated when the Contractor is aware that a language is spoken by 1,000 or 5% (whichever is less) of the Contractor's members who also have LEP.

In addition, the following Vital Materials must include a tagline in all languages spoken by 1,000 or 5%, whichever is less, of the Contractor's members, who also have LEP. The Vital Materials must be made available in the LEP language spoken by 1,000 or 5% of the population upon request by the member:

- a. Notices of Actions,
- b. Notices of Appeal Resolution, and
- c. Communications requiring a response from the member.

The Contractor is not required to submit to AHCCCS the member material translated into a language other than English. It is the Contractor's obligation to ensure the translation is accurate and culturally appropriate.

2. Readability - The Contractor shall make every effort to ensure that all information prepared for distribution is written in an easily understood language and format. The Contractor should make every effort to maintain the information at a 6th grade reading level as measured on the Flesch-Kincaid scale. Member information materials shall also be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

3. Oral Interpretation - The Contractor must make oral interpretation services available to its members at no cost. Services for all non-English languages and the hearing impaired must be available.

C. INCENTIVES

The Contractor may offer incentives items (e.g. gift cards, discounts for merchandise or services, manufacturer or store coupons for savings on products) to members to participate in health-related promotions, but the total value of the items at each event or program may not exceed \$50.00 per household annually. Incentives may not be given to members to influence continued enrollment with the Contractor, as specified in A.A.C. R9-22-504.

D. MATERIALS NOT REQUIRING SUBMISSION TO AHCCCS

1. Customized letters for individual members need not be submitted to AHCCCS as described in this Policy. Information sent by the Contractor to members enrolled in a Contractor's Medicare Dual Special Needs Plan (D-SNP) that clearly and exclusively relate to their Medicare benefits and services do not require submission to AHCCCS. Additionally, information sent to DDD and RBHA members that clearly and exclusively relate to benefits related to their non-Medicaid programs do not require submission to AHCCCS.
2. Health related brochures developed by a recognized organization included in Attachment A, do not require submission to AHCCCS. However, in the event the informational material provided by an approved organization references services that are not medically necessary or are not AHCCCS covered benefits, the Contractor may not distribute the organization's informational materials to members. In these instances, the Contractor may use the organization's material only as a reference to develop its own member information materials specific to AHCCCS recipients.
3. Attachment A is not an all-inclusive list. The Contractor may submit names of other organizations it would like added to the list via e-mail to the AHCCCS Clinical Quality Management Unit and assigned Operations Compliance Officer for consideration. The Contractor should refer to this Policy for updates when considering using information from organizations listed in Attachment A. The Contractor will be held accountable for the content of materials developed by the organizations listed in Attachment A. The Contractor must review the materials to ensure that:
 - a. The services are covered under the AHCCCS program,
 - b. The information is accurate, and
 - c. The information is culturally sensitive.

It is important to note that in all instances where the Contractor is required by its contract with AHCCCS to educate its members, brochures developed by outside entities must be

supplemented or replaced with informational materials developed by the Contractor which are customized for the Medicaid population.

E. GENERAL REQUIREMENTS, REVIEW, AND DISTRIBUTION OF CONTRACTOR MEMBER HANDBOOKS AND PROVIDER DIRECTORY

1. General Requirements:

- a. All Contractors must annually produce a Member Handbook and Provider Directory,
- b. The Member Handbook shall contain all information required of the Contractor as identified in Attachment B, Member Handbook Checklist,
- c. The Member Handbook must be submitted as described in the section “Member Handbook Review Process” below, and
- d. AHCCCS may require Contractors to publish information modifying or expanding the contents of the Contractors’ Member Handbooks, and to distribute this information in the form of inserts and supply these inserts with subsequently distributed Handbooks.

2. Member Handbook Review Process

The Contractor’s Member Handbook, along with a redlined version, must be submitted annually as specified in the Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables or as directed by AHCCCS. A copy of the Member Handbook must be submitted to AHCCCS after AHCCCS has given final approval, as specified in the Contract, Section F, Attachment F3, Contractor Chart of Deliverable and RBHA Contract, Exhibit-9, Deliverables. DDD is responsible for the Member Handbooks and Provider Directories issued by its Acute Care subcontractors.

3. Distribution Requirements

a. Provider Directory

- i. Acute Care, ALTCS/EPD, CMDP, CRS, DDD Contractors and RBHA Contractors, for members receiving physical health care services, must provide the Provider Directory to each member/representative or household within 12 business days of receipt of notification of the enrollment date [42 CFR 438.10(f)(3)]. Contractors have the option of providing the Provider Directory in hard copy format with the new member packet, or providing the member written notification of how the Provider Directory information is available to the member on the Contractor’s website, via electronic mail, or via postal mailing. This notice must be approved in accordance with this Policy and give the member the option to obtain a hard copy version of the Provider Directory.
- ii. RBHA Contractors, for members receiving general mental health services, must provide the Provider Directory to each member/representative or household within 12 business days of receipt of initial behavioral health covered services [42 CFR 438.10(f)(3)]. Contractors have the option of

providing the Provider Directory in hard copy format or providing written notification of how the Provider Directory information is available on the Contractor's website, via electronic mail, or via postal mailing. This member notification may be included in the Member Handbook or mailed separately. This notice must be approved in accordance with this Policy and give the member the option to obtain a hard copy version of the Provider Directory.

- b. Member Handbook
 - i. Acute Care, ALTCS/EPD, CMDP, CRS, DDD Contractors and RBHA Contractors, **for members receiving physical health care services**, must provide the Member Handbook to each member/representative or household within 12 business days of receipt of notification of the enrollment date [42 CFR 438.10(f)(3)].
 - ii. RBHA Contractors, for members receiving general mental health services, must provide the Member Handbook to each member/representative or household within 12 business days of receipt of initial behavioral health covered services [42 CFR 438.10(f)(3)].
 - iii. ALTCS/EPD, DDD, and RBHAs must provide a hard copy of the Member Handbook to all members. ALTCS (EPD and DDD) Case Managers must also review the Handbook with the member annually and document this review.
- c. All other Contractors have the option of providing the Member Handbook in hard copy format with the new member packet, or providing the member written notification of how the Member Handbook information is available to the member on the Contractor's website, via electronic mail or via postal mailing. Should the Contractor elect not to provide the Member Handbook in hard copy format with the member packet the following provisions apply:
 - i. The Contractor must submit a request for approval to forego provision of the hard copy of the directory and of the Contractor's intent to notify members as specified in the Contract, Section F, Attachment F3, Contractor Chart of Deliverables.
 - ii. The member notification must be approved in accordance with this Policy.
 - iii. The written notification must give the member the option to obtain a printed version of the Member Handbook.
 - iv. The written notification shall be sent to members within 12 business days of receipt of notification of the enrollment date [42 CFR 438.10(f)(3)].
- d. DDD may, at its discretion, require its Acute Care subcontractors to provide written notification that the subcontractor's Member Handbook and Provider Directory are available on the subcontractor's website, or upon request via electronic mail or by postal mailing.
- e. Upon request, RBHAs must provide copies of the Member Handbook to known consumer and family advocacy organizations and other human service organizations in each geographic service area.
- f. Member Handbook Inserts - AHCCCS may require the Contractor to update its Member Handbooks throughout the contract year to address program changes for inclusion in the member handbook.

- i. These changes must be incorporated in subsequently distributed handbooks through inserts until the handbooks are updated with the new information.
- ii. The Contractor must also post the content of the insert on its website.

F. PROVIDER DIRECTORY CONTENT

1. Acute Care, ALTCS/EPD, CMDP, CRS, DDD, and RBHA provider directories shall, at a minimum, contain information about Primary Care Providers (PCP), specialists, hospitals and pharmacies. ALTCS/EPD and DDD Contractors shall also include skilled nursing facilities and alternative residential settings.
2. ~~ALTCS/EPD and DDD Contractors shall also include skilled nursing facilities and alternative residential settings.~~ The Provider Directory shall include:
 - a. Provider name,
 - b. Provider address,
 - c. Provider telephone number,
 - d. Non-English languages spoken,
 - e. Whether or not the provider is accepting new patients, and
 - f. The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post stabilization services covered under the contract.
 - f.g. ALTCS/EPD Contractors Only: A designation for providers who accommodate the accessibility needs for members with disabilities. The directory must include a key providing the details of the accessibility features for each identified provider.
3. The Contractor must also include the following provider and MSIC specific information:
 - a. Specialty Provider and MSIC names,
 - b. Specialty Provider and MSIC address,
 - c. Specialty Provider and MSIC telephone number,
 - d. Non-English languages spoken by providers, and
 - e. Whether or not the specialty provider is accepting new patients.
4. The Provider Directory shall also include any restrictions on the member's freedom of choice among network providers and MSICs. This information must be current and can be in the same form as typical correspondence to members.
5. In addition to the requirements described above, the CRS Provider Directory shall, at a minimum, contain information about CRS providers, specialists, hospitals and pharmacies. The Provider Directory will include:
 - a. Physicians (including adult and child psychiatrists), laboratory, x-ray and therapy services available onsite at the MSIC and through a network of community-based providers closer to members' homes,

- b. Innovative service delivery mechanisms such as field clinics and virtual clinics that incorporate the use of telemedicine, teleconferencing among providers, and an Integrated Medical Record to provide multi-specialty, interdisciplinary care when needed in other areas of the State, and
- c. Community-based, family support providers throughout the State.

G. MEMBER NEWSLETTER CONTENT AND REQUIREMENTS

1. The Contractor must develop and distribute, at a minimum, two member newsletters during the contract year. Newsletters must be submitted in the form of an initial mock-up version of what the member will be receiving in addition to the articles referencing readability levels, as specified in the Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables, and will be reviewed in accordance with this Policy. The Member Newsletter does not fall under the 15 day File and Use review process.
2. The newsletter shall include, but is not limited to, the following:
 - a. Educational information on chronic illnesses, End of Life care and ways to self-manage care,
 - b. Reminders of flu shots and other preventative measures at appropriate times,
 - c. Medicare Part D issues,
 - d. Cultural Competency, other than translation services,
 - e. Contractor specific issues (in each newsletter),
 - f. Tobacco cessation information, and
 - g. HIV/AIDS testing for pregnant women,
 - i. Information on the Contractor's integration efforts to improve overall member outcomes, as applicable (e.g. behavioral health and physical health services), and
 - ii. Other information required by AHCCCS.

H. REQUIRED CONTRACTOR WEBSITE CONTENT MINIMUM CONTENT REVIEW

Acute Care, ALTCS/EPD, CMDP, CRS, DDD, and RBHA websites shall contain all the information provided in Attachment C, Contractor Website Certification Checklist and Attestation. The Contractor must sign and submit the Contractor Website Certification Checklist and Attestation verifying their website is current and contains all of the AHCCCS required information. Website content must also meet the requirements in ACOM Policy 416.

All of the information must be located on the Contractor's website in a manner that members can easily find and navigate (e.g. "Consumer, Enrollee, Member or Recipient Page" from the Contractor's home page).

Websites must be specific to the Contractor's Medicaid program and must not include links or references to private insurance. The website may contain links and references to the Contractors' Medicare programs and services exclusively to promote coordination of

care for members enrolled in both Medicaid and Medicare. For the approval process for additional information added to the Contractor's website that is directly related to members or potential members, see [Policy](#) ~~sub~~Section III. I.

The Contractor must submit ~~the Contractor Website Certification Checklist and Attestation (see Attachment C)~~ annually, as specified in the Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables. The Division of Health Care Management will review the content of the Contractor's website to ensure the Contractor is in compliance with this Policy and the AHCCCS contract.

I. SUBMISSION, REQUIREMENTS AND RESTRICTIONS FOR ALL OTHER MATERIALS

The Contractor shall inform all members of any changes considered to be significant by AHCCCS, 30 calendar days prior to the implementation date of the change [42 CFR 438.10(f)(4)]. These changes include but are not limited to:

1. Cost sharing,
2. Prior Authorization,
3. Service delivery, and
4. Covered Services.

In addition, the Contractor must make a good faith effort to give written notice to enrollees within 15 calendar days after receipt or issuance of a provider termination notice to each member who received their primary care from, or is seen on a regular basis by, the terminated provider [42 CFR 438.10(f)(5)].

1. Submission - AHCCCS has adopted a File and Use review process for all other member information materials developed by the Contractor. All other member information materials disseminated by the Contractor to its members must be submitted via electronic mail as specified in Contract, Section F, Attachment F3, Contractor Chart of Deliverables and RBHA Contract, Exhibit-9, Deliverables, to the Contractor's AHCCCS Operations Compliance Officer 15 calendar days before it is to be released. If a 15 day notice is not possible, the Contractor may request an expedited review, but the request must be clearly marked as expedited and also indicate the reason for the shortened timeframe.

The Contractor shall submit the following information to AHCCCS prior to releasing member information materials:

- a. A copy, transcript, screenshot or other documentation of the material as intended for distribution to its members or potential members,
 - i. Translations of the material into other languages as required by this Policy are not required to be submitted.

- ii. Translations of the material into other languages as required by this Policy are not required to be submitted.
- b. A description of the process it will use to disseminating the material, and
- c. The reading level of the material level as measured on the Flesch-Kincaid scale.

The Contractor may disseminate the member information as indicated in their request upon the expiration of the 15 day time period, unless AHCCCS notifies the Contractor otherwise. Member materials submitted outside of standard business hours will be considered received the following business day. AHCCCS reserves the right to require any changes necessary to the material. AHCCCS may also conduct audits and/or operational reviews to ensure compliance.

Member information materials can also be used for marketing purposes as defined in ACOM Policy 101. In these cases, the materials must receive prior approval from AHCCCS as outlined in ACOM Policy 101. In addition, for social networking applications and content requirements refer to ACOM Policy 425.

2. Requirements and Restrictions

- a. All materials must be labeled with the Contractor's name and/or logo, this includes member material that is located on the Contractor's website, e-mail messages and voice recorded phone messages delivered to a member's phone.
- b. The Contractor must ensure that the information contained within the material item is accurate, updated regularly and appropriately based on changes in benefits, Contract, Policy or other relevant updates.
 - i. Any updated information must be re-submitted and tracked on the Contractor's log, as described in this section,
 - ii. For resubmissions, the Contractor must identify the date the material was previously approved, the reason for the update and clearly identify all content revisions.
- c. The Contractor must keep a log of all member material distributed each year; the log must identify the date the materials was originally submitted to AHCCCS as described in section I, 1 above,
- d. The Contractor must make the log available to AHCCCS upon request,
- e. Member information materials developed for services under contract with AHCCCS are not considered proprietary to the Contractor,
- f. Member information materials cannot directly or indirectly refer to the offering of private insurance, cannot include inaccurate, misleading, confusing or negative information about AHCCCS or the Contractor, or any information that might defraud members,
- g. Member information materials cannot use the word "free" in reference to covered services,
- h. Member information materials must directly relate to the administration of the Medicaid program, or relate to health and welfare of the member,
- i. Member information materials cannot have political implications, and
- j. Retention materials cannot refer to competing plans.

IV. REFERENCES

- Acute Care Contract, Section D, E
- ALTCS/EPD Contract, Section D, E
- CRS Contract, Section D, E
- DCS/CMDP Contract, Section D, E
- DES/DDD Contract, Section D, E
- Contract Section F, Attachment F3, Contractor Chart of Deliverables
- RBHA Contract, Scope of Work
- RBHA Contract, Exhibit-9, Deliverables
- A.A.C. R9-22-504
- A.A.C. R9-22-1201
- A.R.S. §36-3401
- A.R.S. §36-3407
- A.R.S. Title 32, Chapter 13
- A.R.S. Title 32, Chapter 15
- A.R.S. Title 32, Chapter 17
- A.R.S. Title 32, Chapter 25
- 42 CFR 438.10(a)
- 42 CFR 438.10(f)(3)
- 42 CFR 438.10(f)(4)
- 42 CFR 438.10(f)(5)
- ACOM Policy 101
- ACOM Policy 416
- ACOM Policy 425
- ACOM Policy 433
- Attachment A, Organizations Recognized by AHCCCS
- Attachment B, Member Handbook Checklist
- Attachment C, Contractor Website Certification Checklist and Attestation
- Attachment D, Member Information Attestation Statement

ATTACHMENT A, ORGANIZATIONS RECOGNIZED BY AHCCCS

SEE THE ACOM WEBPAGE FOR ATTACHMENT A OF THIS POLICY

EPD YH1&REF - DRAFT

ATTACHMENT B, MEMBER HANDBOOK CHECKLIST

SEE THE ACOM WEBPAGE FOR ATTACHMENT B OF THIS POLICY

EPD YH1&REF - DRAFT

ATTACHMENT C, CONTRACTOR WEBSITE CERTIFICATION CHECKLIST AND ATTESTATION

SEE THE ACOM WEBPAGE FOR ATTACHMENT C OF THIS POLICY

EPD YH1&REF - DRAFT

ATTACHMENT D, MEMBER INFORMATION ATTESTATION STATEMENT

SEE THE ACOM WEBPAGE FOR ATTACHMENT D OF THIS POLICY

EPD YH1&REF - DRAFT