

**404 - CONTRACTOR WEBSITE AND MEMBER INFORMATION**

EFFECTIVE DATES: 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, 07/01/17, 10/01/18, 10/01/19, 10/01/20, 10/01/21, 10/01/22, 10/01/23

APPROVAL DATES: 06/09/09, 01/28/10, 08/12/10, 08/11/11, 05/18/12, 06/28/12, 10/24/12, 02/07/13, 07/18/13, 08/30/13, 04/17/14, 07/17/14, 11/20/14, 05/21/15, 10/15/15, 05/26/16, 02/22/17, 04/19/18, 05/30/19, 03/19/20, 05/06/21, 05/05/22, 06/22/23

**I. PURPOSE**

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. This Policy establishes requirements for AHCCCS Contractors regarding member information 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 enrolled Members and to the content of a Contractor’s website.

**II. DEFINITIONS**

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

<b>DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP)</b>	<b>EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT (EPSDT)</b>	<b>HUMAN IMMUNODEFICIENCY VIRUS (HIV)</b>
<b>MEMBER</b>	<b>PRIOR AUTHORIZATION (PA)</b>	

**III. POLICY**

**A. MEMBER INFORMATION MATERIALS**

1. The Contractor shall comply with the requirements in this Policy for all member information materials. This includes but is not limited to the below requirements:
  - a. ACOM Policy 405 for requirements regarding Cultural Competency, Language Access Plan and Family/Member Centered Care,
  - b. ACOM Policy 406 for requirements regarding the Member Handbook and Provider Directory,
  - c. ACOM Policy 425 for requirements regarding Social Networking activities,
  - d. ACOM Policy 433 for requirements regarding Member ID Cards,
  - e. ACOM Policy 317 for requirements regarding Change in Contractor Organizational Structure or change in Contractor name,
  - f. ACOM Policy 439 for requirements involving Material Changes,
  - g. ACOM Policy 414 for samples of Notice of Adverse Benefit Determination and Notice of Extension templates,
  - h. AHCCCS Contract, Member Grievance and Appeal System Standards section for the requirements of the Notice of Appeal Resolution letters, and written grievance determination letters, when indicated, and
  - i. AMPM Exhibit 400-3 for Maternal Child Health/EPSTD member outreach information.
2. The Contractor shall attest that it is in compliance with member information requirements by signing and submitting Attachment C as specified in the Contract. The Contractor is only required to submit Attachment C if the Contractor has not obtained the National Committee for Quality Assurance (NCQA) Health Plan Accreditation.
3. The Contractor shall provide all member information materials to members and potential members in a manner and format that may be easily understood and is readily accessible by members and potential members.
4. The Contractor shall inform members that member information is available in paper form, without charge and upon request, and shall provide it upon request within five business days.
5. The Contractor shall use state developed member notices as specified in Contract, Policy, and 42 CFR 457.1207, 42 CFR 438.10(c)(4)(ii).
6. The Contractor shall make a good faith effort to give written notice to members who received their primary care from, or who are seen on a regular basis by, a provider who is terminated from the network. Written notice shall be provided to the member within the latter of 30 calendar days prior to the effective date of the provider termination or 15 calendar days after the receipt or issuance of the provider termination notice as specified in 42 CFR 457.1207. 42 CFR 438.10(f)(1).
7. The Contractor shall submit draft member notifications that are components of a material change even if previously submitted as a member information material.

8. The Contractor shall ensure members have access to member information materials when telephonic and mail-based materials are not sufficient or suitable, including but not limited to the following living situations:
  - a. Members who are homeless, and
  - b. Members who are in shelters.

DDD shall ensure website checklist items are passed on to its Subcontracted Health Plans and are easily and readily available for members on its website, including links to Subcontracted Health Plans' websites. DDD shall approve its Subcontracted Health Plan member information materials in accordance with this Policy.

**B. LANGUAGE, READABILITY, AND ORAL INTERPRETATION REQUIREMENTS**

All member information materials shall include taglines in the prevalent non-English languages in Arizona and include large print (conspicuously visible font size) explaining the availability of written translation or oral interpretation services with the Contractor's toll free and Text Telephone Devices (TTY/TDD) telephone numbers for customer service which shall be available during normal business hours.

1. Vital materials shall be made available in the prevalent non-English language spoken for each Limited English Proficient (LEP) population in the Contractor's service area as specified in 42 CFR 457.1207, 42 CFR 438.10(d)(3). Oral interpretation services shall not substitute for written translation of vital materials. The Contractor is not required to submit translated member materials to AHCCCS. It is the Contractor's obligation to ensure that translation is accurate and culturally appropriate.
2. All written materials for members shall be translated into Spanish regardless of whether or not the materials are vital.
3. 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 shall make every effort to maintain the information at a sixth-grade reading level as measured on the Flesch-Kincaid scale. The Contractor shall use a font size no smaller than 12 point. 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, have other disabilities, or who have limited reading proficiency. Large print materials shall be made available using a conspicuously visible font size.
4. Oral Interpretation - The Contractor shall make oral interpretation services available to its members at no cost including interpretation of documents written in English into the member's preferred language. This applies to American Sign Language and all non-English languages, not just those identified as prevalent. The Contractor shall ensure interpretative services including the use of auxiliary aids such as TTY/TDD are made available [42 CFR 438.10(d)(4)].

**C. VALUE-ADDED SERVICES**

Value-added services may be non-AHCCCS covered services, benefits, or positive incentives that promote healthy lifestyles and improve health outcomes among members, including items previously defined as member incentive items. The Contractor may offer value-added services to members that promote healthy lifestyles and improve health outcomes. Value-added services may not be given to members to influence continued enrollment with the Contractor, as specified in A.A.C. R9-22-504. Value-added services such as incentive items shall not be exchangeable for items prohibited as specified in A.R.S. § 46-297. Value-added services should be offered in a culturally sensitive, unbiased, and equitable manner.

The Contractor will not receive compensation for value-added services and shall not report the cost of value-added services as allowable medical or administrative costs.

**D. MATERIALS NOT REQUIRING SUBMISSION TO AHCCCS**

1. Customized letters for individual members need not be submitted to AHCCCS as specified 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.
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, are not AHCCCS covered benefits, or do not align with AHCCCS policy, 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 a request to add additional names of other organizations to Attachment A. The request shall be submitted as specified in Contract. If the request is approved, the organization will be added to Attachment A with the next appropriate Policy revision. The Contractor shall 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 shall 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 shall be supplemented or replaced with informational materials developed by the Contractor which are customized for the Medicaid population.

**E. MEMBER NEWSLETTER CONTENT AND REQUIREMENTS**

1. The Contractor shall develop and distribute, at a minimum, two member newsletters during each Contract year. If newsletters are provided electronically, the Contractor shall provide written notice to members of the availability for the newsletter. Newsletters shall be submitted in the form of an initial mock-up version of what the member will be receiving in addition to the individual articles referencing readability levels and shall be submitted as specified in Contract. Member newsletters will be reviewed in accordance with this Policy. The Member newsletter does not fall under the 15-day file and use review process.
  
2. At a minimum, the member newsletter shall include the following at least annually (except as otherwise indicated):
  - a. Educational information on chronic illnesses and ways to self-managed 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,
  - g. HIV/AIDS testing for pregnant members,
  - h. Suicide prevention information,
  - i. Opioid/Substance use information,
  - j. Information on Peer and Family Supports,
  - k. Contractor's contact information and Crisis Hotline information, including information on 988 (in each newsletter),
  - l. Educational information on how the Contractor is addressing health equity.
  - m. Where to find resources for support with health-related social needs, which may include a link to the Contractor's Community Resource Guide.
  - n. Information on the Contractor's integration efforts to improve overall member outcomes, as applicable (e.g., behavioral health and physical health services),
  - o. Information on Non-Title XIX/XXI Services as appropriate, and
  - p. Other information required by AHCCCS.

**F. REQUIRED CONTRACTOR WEBSITE MINIMUM CONTENT REVIEW**

The Contractor's website shall contain all the information provided in Attachment B. The Contractor shall submit Attachment B as specified in Contract.

All of the information shall 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. Information should be in a format that can be retained and printed by the member.

Websites shall be specific to the Contractor's Medicaid program and shall 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 Medicare and Medicaid. For the approval process for additional information added to the Contractor's website that is directly related to members or potential members, refer to requirements specified in this Policy.

AHCCCS will review the content of the Contractor's website to ensure the Contractor is in compliance with this Policy and the AHCCCS Contract.

**G. SUBMISSION, REQUIREMENTS AND RESTRICTIONS FOR ALL OTHER MATERIALS**

AHCCCS has 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 shall be submitted as specified in Contract, 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 shall be clearly marked as expedited and also indicate the reason for the shortened timeframe. AHCCCS reserves the right to determine if the request for an expedited review is warranted. Surveys are not subject to the file and use review process.

Member information materials that are a component of new initiatives, special projects, (e.g., new member portal, health education initiatives etc.), or are comprised of a bulk submission (e.g., booklet, magazine, multiple materials in one submission, multiple submissions in a short time frame etc.) may require additional review time.

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. In these cases, the materials shall receive prior approval from AHCCCS as specified in ACOM Policy 101.

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. State Holidays that fall on business days are not counted as part of the 15 day review period.

Member information materials developed for services under contract with AHCCCS are not considered proprietary to the Contractor.

1. The Contractor shall submit the following information to AHCCCS prior to releasing member information materials:
  - a. A cover letter containing a description of the purpose, the process the Contractor will use to disseminate the material, and the reading level of the material level as measured on the Flesch-Kincaid scale, and
  - b. A copy, transcript, screenshot, or other documentation of the material as intended for distribution to its members or potential members. Translations of the material into other languages as required by this Policy are not required to be submitted.
  
2. 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 as specified in 42 CFR 457.1207, 42 CFR 438.10(g) (4). These changes include but are not limited to:
  - a. AHCCCS covered drug list,
  - b. Cost sharing,
  - c. Covered services,
  - d. Prior Authorization (PA), and
  - e. Service delivery.
  
3. The Contractor shall ensure:
  - a. All materials are labeled with the Contractors name and/or logo, this includes member material that is located on the Contractor's website, email messages, and voice or text recorded phone messages delivered to a member's phone,
  - b. Information contained within the material item is accurate, updated regularly, and appropriately based on changes in benefits, Contract, Policy, or other relevant updates,
  - c. Updated member information is re-submitted for approval, including the date the material was previously approved, the reason for the update, and clearly identify all content revisions,
  - d. A log is kept for all member material distributed each year, the log shall identify the date the materials was originally submitted to AHCCCS as specified in this policy, as well as resubmission dates,
  - e. The log is made available to AHCCCS upon request,
  - f. Member information materials do not directly or indirectly refer to the offering of private insurance, do not include inaccurate, misleading, confusing, or negative information about AHCCCS or the Contractor, or contains any information that might defraud Members,
  - g. Member information materials do not use the word "free" in reference to covered services,
  - h. Member information materials directly relate to the administration of the Medicaid program, or relate to health and welfare of the Member,
  - i. Member information materials do not have political implications, and
  - j. Retention materials do not refer to competing plans.