

404 CONTRACTOR WEBSITE AND MEMBER INFORMATION

REVISION DATE: 1/10/2024, 10/26/2022

REVIEW DATE: 8/4/2023

EFFECTIVE DATE: October 1, 2019

REFERENCES: 42 CFR 438.10; 42 CFR 438.10(c)(4)(ii); 42 CFR 438.310(d)(3); 42 CFR 438.10(d)(4); 42 CFR 438.10(f)(1); 42 CFR 457.1207; A.R.S. § 46-297; A.A.C R9-22-504; ACOM 404; ACOM 404, Attachment A , Attachment B , Attachment C ; ACOM 406, Attachment B,

PURPOSE

This policy establishes requirements for the Division of Developmental Disabilities' (Division) Member information and the approval process for Member Information Materials developed or used by the Division. This policy pertains to oral and written communication disseminated to the Division's enrolled Members, and to the content of the Division's website.

DEFINITIONS

1. "Administrative Services Subcontract/Subcontractor" or "AdSS" means an agreement that delegates any of the requirements of the Contract with AHCCCS, including, but not limited to the following:

- a. Claims processing, including pharmacy claims;
 - b. Pharmacy Benefit Manager (PMB);
 - c. Dental Benefit Manager;
 - d. Credentialing, including those for only primary source verification;
 - e. Medicaid Accountable Care Organization (ACO);
 - f. Service Level Agreements with any Division or Subsidiary of a corporate parent owner; and
 - g. CHP and DDD Subcontracted Health Plan.
 - h. A person, individual or entity, who holds an Administrative Services Subcontract is an Administrative Services Subcontractor. Providers are not Administrative Services Subcontractors.
2. "Dual Eligible Special Needs Plan" or "D-SNP" means a type of health benefits plan offered by a Centers for Medicare and Medicaid Services (CMS) - contracted Medicare Advantage Organization (MAO) that limits its enrollment to those beneficiaries who are entitled to both Medicare (Title XVIII)

program covered health benefits and full Medicaid (Title XIX) program covered health benefits.

3. "Early and Periodic Screening, Diagnostic, and Treatment" or "EPSDT" means A comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for Members under the age of 21, to ensure the availability and accessibility of health care resources as well as to assist Medicaid recipients in effectively utilizing these resources. EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health conditions for AHCCCS Members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services as specified in Federal Law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and behavioral health illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS State Plan.

Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness, do not apply to EPSDT services.

4. "File and Use" means a process whereby the AdSS submits qualifying Member Information Materials to the Division prior to use and can proceed with distributing the materials without any expressed approval from the Division.
5. "Human Immunodeficiency Virus" or "HIV" means a Sexually Transmitted Infection (STI) that damages white blood cells that are very important in helping the body fight infection and disease. HIV is also commonly transmitted through direct contact with certain bodily fluids (e.g., sharing syringes for intravenous substance use) such as blood, semen, rectal fluids and vaginal fluids, and breast milk.
6. "Incentive Items" for the purpose of this policy means items that are used to encourage behavior changes in enrolled Members or health promotion incentives to motivate Members to adopt a healthy lifestyle and/or obtain health care services.

7. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
8. "Member Information Materials" means any materials given to Division membership. This includes, but is not limited to; Member handbooks, Member newsletters, provider directories, surveys, on hold messages and health related brochures/reminders and videos, form letter templates, mobile applications and website content. It also includes the use of other mass communication technology such as e-mail and voice recorded information messages delivered to a Member's phone.
9. "Prior Authorization" or "PA" means a process by which AHCCCS or the Division, whichever is applicable, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this Article and any applicable Contract provisions. Prior Authorization (PA) is not a guarantee of payment as specified in A.A.C. R9-22-101.
10. "Value-Added Services" means services, benefits, or positive incentives that promote healthy lifestyles and improve health

outcomes among Members, including items previously defined as Member “Incentive Items.”

11. “Vital Materials” means written materials that are critical to obtaining services which include, at a minimum, the following:
 - a. Member Handbooks
 - b. Provider Directories
 - c. Consent Forms
 - d. Appeal and Grievance Notices
 - e. Denial and Termination Notices

POLICY

A. MEMBER INFORMATION MATERIALS

1. The Division shall comply with the requirements in ACOM 404 for all Member Information Materials, as well as the following related requirements:
 - a. Cultural Competency, Language Access Plan and Family/Patient Centered Care (ACOM 405),
 - b. Member Handbook and Provider Directory (ACOM 406),
 - c. Social Networking activities (ACOM 425),
 - d. Member ID Cards (ACOM 433),

- e. Change in Contractor Organizational Structure, or change in contractor name (ACOM 317),
 - f. Material Changes (ACOM 439),
 - g. Notice of Adverse Benefit Determination and Notice of Extension samples of templates (ACOM 414),
 - h. The Division Contract, 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. Maternal Child Health/EPSTD Member outreach information (AMPM Exhibit 400-3).
2. The Division shall attest it is in compliance with Member information requirements by signing and submitting ACOM 404, Attachment C.
 3. The Division 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 Division 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 Division shall use state developed Member notices as indicated in contract and policy.
6. The Division shall make a good faith effort to give written notice to Members who received 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:
 - a. Within the latter 30 calendar days prior to the effective date of the provider termination, or
 - b. 15 calendar days after the receipt or issuance of the provider termination notice.
7. The Division shall submit draft Member notifications to AHCCCS that are components of a material change even if previously submitted as a Member Information Material.
8. The Division 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 Plan Member Information Materials.

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

1. The Division shall ensure all Member Information Materials include taglines in the prevalent non-English languages in Arizona and include large print, conspicuously visible font size, explaining the availability of translation or interpretation services with the Division's toll free and TTY/TDY telephone numbers for customer service, which shall be available during normal business hours.
2. The Division shall provide Members with the Division's toll free and TTY/TDY nurse triage line telephone number which shall be available 24hr/7days a week.
3. The Division shall make Vital Materials available in the prevalent non-English language spoken for each Limited English Proficiency (LEP) population.
4. The Division shall not substitute Oral Interpretation services for written translation of Vital Materials.

5. The Division shall ensure translation of Vital Materials is accurate and culturally appropriate.
6. The Division shall translate all written materials for Members into Spanish regardless of whether or not the materials are vital.
7. The Division shall ensure that all information prepared for distribution is written in an easily understood language and format for readability through the following measures:
 - a. Maintain the information at a sixth grade reading level as measured on the Flesch-Kincaid scale.
 - b. Use a font size no smaller than 12 point.
 - c. Member Information Materials are made available in alternative formats and in an appropriate manner that takes into consideration special needs including:
 - i. Visual limitation,
 - ii. Other disabilities, or
 - iii. Limited reading proficiency.
 - d. Large print materials are made available using a conspicuously visible font size.

8. The Division shall make oral interpretation services, as well as written translation of documents from English into the Member's preferred language, available to Members at no cost. Services for all non-English languages and the use of auxiliary aids such as TTY/TDY and American Sign Language are available.

C. VALUE-ADDED SERVICES

1. The Division shall offer Value-Added Services to Members which promote healthy lifestyles and improve health outcomes when opportunities arise.
2. The Division shall not offer Value-Added Services to Members to influence continued enrollment with the Division.
3. The Division shall not offer Value-Added Services such as Incentive Items that are exchangeable for items prohibited.
4. The Division shall offer Value-Added Services in a culturally sensitive, unbiased, and equitable manner.
5. The Division shall 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. Division staff shall not submit the following materials to AHCCCS for approval:
 - a. Customized letters for individual Members.
 - b. Information sent by the Division to Members enrolled in a Medicare Dual Special Needs Plan (D-SNP) that clearly and exclusively relates to their Medicare benefits and services.
 - c. Health related brochures developed by a nationally recognized organization included in ACOM 404 Attachment A do not require submission to AHCCCS prior to distribution to Members, unless they reference any of the following, in which case the Division shall not distribute them at all, although the Division may utilize them to develop their own materials:
 - i. Services which are not medically necessary,
 - ii. Services which are not AHCCCS covered benefits; or
 - iii. Services which do not align with Division policy.
2. The Division shall submit a request to add additional names of other organizations to ACOM 404 Attachment A upon identifying an organization missing from the list.

3. The Division shall refer to ACOM 404 for updates when considering using information from organizations listed in Attachment A.
4. The Division shall review the content of materials developed by the organizations listed in Attachment A to ensure that:
 - a. The services are covered by the Division.
 - b. The information is accurate.
 - c. The information is culturally sensitive.
5. The Division shall supplement or replace educational brochures customized for Medicaid Members developed by outside entities to educate Members.

E. MEMBER NEWSLETTER CONTENT AND REQUIREMENTS

1. The Division shall develop and distribute, at a minimum, two Member newsletters during each contract year.
2. The Division shall submit newsletters to AHCCCS 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.
3. The Division shall not use the File and Use review process for the Member newsletter.

4. The Division shall include at a minimum, the following in the Member newsletter at least annually except as otherwise indicated:
 - a. Educational information on chronic illnesses 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;
 - g. HIV/AIDS testing for pregnant women;
 - h. Suicide Prevention information;
 - i. Opioid/Substance Use information;
 - j. Information on Peer and Family Supports;
 - k. Contractor contact information and 988 Crisis Hotline information in each newsletter;

- l. Educational information on how the Division is addressing health equity and resources to assist with Social Determinants of Health;
- m. Where to find resources for support with health-related social needs, which may include a link to the Division's Community Resource Guide;
- n. Information on the Division's integration efforts to improve overall Member health outcomes, as applicable;
- o. Information on Non-Title XIX/XXI Services as appropriate; and
- p. Other information required by the Division or AHCCCS.

F. WEBSITE CONTENT

- 1. The Division shall ensure the Division website contains all of the information required in ACOM 404 - Attachment B.
- 2. The Division shall provide written notice to Members of the availability for the newsletter if newsletters are provided electronically.
- 3. The Division shall submit ACOM 404 Attachment B to AHCCCS annually.

4. The Division shall ensure:
 - a. All information is located on the Division's website in a manner that Members can easily find and navigate from the Division's home page.
 - b. Information is in a format that can be retained and printed by the Member.
 - c. Websites are specific to the Division's Medicaid program and shall not include links or references to private insurance.
5. The Division shall include links and references to the Division's Medicare programs and services that exclusively promote coordination of care for Members enrolled in both Medicare and Medicaid on the Division's website.
6. The Division shall refer to ACOM 404 for the approval process for additional information added to the Division's website that is directly related to Members or potential Members, refer to requirements outlined in this Policy.

G. SUBMISSION, REQUIREMENTS AND RESTRICTIONS FOR ALL OTHER MATERIALS

1. The Division shall submit to AHCCCS all other Member Information Materials intended for dissemination to Division Members 15 calendar days before they are to be released, for File and Use review.
2. The Division shall request an expedited review if a 15-day notice is not possible.
3. Division staff requesting an expedited review shall ensure the request is expedited.
4. Division staff requesting an expedited review shall ensure the reason for the shortened time frame is indicated in the request.
5. Division staff shall consider factors and materials which may require additional time to be reviewed include Member Information Materials which are:
 - a. A component of new initiatives;
 - b. Special projects;
 - c. Consisted of bulk submission.
6. The Division shall submit Member Information Materials to AHCCCS for approval, prior to using them for marketing purposes as specified in ACOM 101.

7. The Division may disseminate the Member information as indicated in their request upon the expiration of the 15-day time period, unless AHCCCS notifies the Division otherwise.
8. Division staff submitting Member Information Materials to AHCCCS for approval shall consider Member materials submitted outside of standard business hours will be considered received the following business day.
9. Division staff submitting Member Information Materials to AHCCCS for approval shall consider State holidays that fall on business days are not counted as part of the 15-day review period.
10. The Division shall not consider Member Information Materials developed for services under contract with AHCCCS to be proprietary to the Division.
11. The Division shall submit the following information to AHCCCS prior to releasing Member Information Materials:
 - a. A cover letter containing
 - i. a description of the purpose,

- ii. the process the Division will use to disseminate the material, and
 - iii. the reading level of the material level as measured on the Flesch-Kincaid scale.
 - b. A copy, transcript, screenshot, or other documentation of the material as intended for distribution to its Members or potential Members. Translations of the materials into other languages as required by this policy, are not required to be submitted.
- 12. The Division shall inform all Members of any changes considered to be significant by AHCCCS, 30 calendar days prior to the implementation date of the change. These changes include:
 - a. AHCCCS covered drug list;
 - b. Cost Sharing;
 - c. Prior Authorization;
 - d. Service Delivery;
 - e. Covered Services; and
 - f. Other changes as required by AHCCCS.
- 13. The Division shall ensure:

- a. All materials are labeled with the Division's name or logo, including:
 - i. Member material located on the Division's website;
 - ii. Email messages;
 - iii. Voice or text-recorded phone messages delivered to the Member's phone; and
 - iv. Other information as requested by AHCCCS.
- b. Information contained within the material is:
 - i. Accurate;
 - ii. Updated regularly; and
 - iii. Appropriately based on changes in benefits, Contract, policy, or other relevant updates.
- c. Updated Member information is re-submitted for approval, including:
 - i. The date the material was previously approved;
 - ii. The reason for the update; and
 - iii. Clearly identify all content revisions.
- d. A log is kept for all Member Information Material distributed each year, the log shall identify:

- i. The date the material was originally submitted to AHCCCS; and
 - ii. Resubmission dates.
- e. The log of Member Information Materials is made available to AHCCCS upon request.
- f. Member Information Materials:
 - i. Do not directly or indirectly refer to the offering of private insurance,
 - ii. Do not include inaccurate, misleading, confusing or negative information about AHCCCS or the Division, or 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.