Arizona Health Care Cost Containment System

Manual:	Office of Managed Care Policy and Procedures	Effective Date: 11/17/97 Revision Date:	07/01/03
Subject:	404 Member Information Policy		
Authorized Signature:			

I. Purpose:

This policy establishes guidelines for all AHCCCS Contractors (and those which have been awarded contracts) regarding member information requirements and the approval process for member information materials developed by or used by the Contractors. This policy pertains to oral communication to members and materials, including outreach materials, that are disseminated to a Contractor's own members. It does NOT pertain to marketing materials as described in the AHCCCS Marketing policy. It also does NOT pertain to outreach materials, that are disseminated to potential members, as described in the *AHCCCS Marketing, Outreach and Incentives* policy, except for the written and oral information specifically mentioned in this policy.

II. Definitions:

Contractor: Acute Care Health Plans and ALTCS Program Contractors

Member Information Materials: Any materials given to the Contractor's membership. This includes, but is not limited to: member handbooks, member newsletters, surveys, and health related brochures and videos. It includes the templates of form letters and website content as well.

III. Policy:

A. Oral Information

1. The Contractor must make oral interpretation services available to its members free of charge. Services for all non-English languages and the hearing impaired must be available.
2. The Contractor must make oral interpretation services available to potential members, free of charge, when oral information is requested for use in choosing among contractors. Services for all non-English languages and the hearing impaired must be available.

B. Printed Information

1. Materials Requiring Approval by the Administration

All member information materials developed by the contractor and disseminated to its own members must be submitted to the AHCCCS Administration for approval, prior to dissemination.

2. Materials Not Requiring Approval by the Administration

Customized letters for individual members need not be submitted for approval. Health related brochures developed by a nationally recognized organization (see Appendix A) do not require submission to the AHCCCS Administration for approval. Appendix A is not an all inclusive list. Contractors may submit names of other organizations to AHCCCS to determine if they should be added to the list. Contractors will receive an updated copy of this Appendix, as necessary.

The Contractor will be held accountable for the content of materials developed by the organizations listed in Appendix A. AHCCCS suggests that the health plan/program contractor review the materials to ensure that: (1) the services are covered under the AHCCCS program; (2) the information is accurate; and (3) 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 with informational materials developed by the health contractor which are customized for the Medicaid population.

3. Reading Level and Language Requirements

All 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 members who also have limited English proficiency (LEP) in that language.

All 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 that language. Vital materials must include, at a minimum, notices for denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, informed consent and all grievance and request for hearing information included in the *Enrollee Grievance System Policy* as described in the "Enrollee Grievance System Standards and Policy" section of the Acute Care Contract.

All written notices informing members of their right to interpretation and translation services in a language, shall be translated when the Contractor is aware that 1,000 or 5% (whichever is less) of the Contractor's members speak that language and have LEP.

The Contractor is not required to submit to the AHCCCS Administration the member material translated into a language other than English, however it is the Contractor's sole responsibility to ensure the translation is accurate and culturally appropriate.

The Contractor shall make every effort to ensure that all information prepared for distribution is written at the fourth grade level. The reading level and methodology used to measure it should be included with the submission.

The materials shall 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.

4. Submission of Materials

All proposed Contractor member materials will be reviewed by the Office of Managed Care. Information shall be submitted in a hard copy version or via electronic mail. Proposed materials shall be submitted to:

Acute Care Contractor Materials

Manager, Health Plan Operations (or her/his designee)
Office of Managed Care, Mail Drop 6100
P.O. Box 25520

Phoenix, AZ 85002-5520
FAX: (602) 256-6421

ALTCS Contractor Materials

ALTCS Manager (or her/his designee)
Office of Managed Care, Mail Drop 6100
P.O. Box 25520
Phoenix, AZ 85002-5520
FAX: (602) 256-6421

Proposed materials must be submitted 30 days before approval is desired. AHCCCS will notify the Contractor in writing within fifteen (15) working days of receipt of the complete materials packet whether or not the materials have been approved, denied or require modification.

5. New Member Information

The Contractor shall produce and provide the following printed information to each member or family within ten (10) days of receipt of notification of the enrollment date.

Member Handbook

For Acute Care members, the Contractor shall provide a member handbook, which, at a minimum, shall include:

a. A table of contents
b. A general description about how managed care works, particularly in regards to member responsibilities, appropriate utilization of services and the PCP's role as gatekeeper of services
c. A description of all available covered services and an explanation of any service limitations or exclusions from coverage. The description should include a brief explanation of the Contractor's approval and denial process
d. Information on what to do when family size or other demographic information changes
e. How to obtain a PCP
f. How to change PCPs
g. How to make, change and cancel appointments with a PCP dentist
h. List of applicable co-payments (including a statement that care will not be denied due to lack of co-payment), what to do if a member is billed, and under what circumstances a member may be billed for non-covered services

i. Dual eligibility (Medicare and Medicaid); services received in and out of the Contractor's network and coinsurance and deductibles. See Section D, "Medicare Services and Cost Sharing" in the AHCCCS Acute Care Contract
j. The process of referral and self-referral to specialists and other providers, including access to behavioral health services
k. How to contact Member Services and a description of its function
l. How to file a complaint
m. What to do in case of an emergency and instructions for receiving advice on getting care in case of an emergency. In a life-threatening situation, the member handbook should instruct members to use the emergency medical services (EMS) available and/or activate EMS by dialing 9-1-1. The handbook should contain information on proper emergency service utilization
n. How to obtain emergency transportation and medically necessary transportation and medically necessary transportation
o. EPSDT services—A description of the purpose and benefits of EPSDT services, including the required components of EPSDT screenings and the provision of all medically necessary services to treat a physical or mental illness discovered by the screenings. Screenings include a comprehensive history and developmental/behavioral health screening, comprehensive unclothed physical examination, appropriate vision testing, hearing testing, laboratory tests, dental screening and immunizations.
p. Maternity and family planning services
q. Description of covered behavioral health services and how to access these services.
r. Description of all covered dental services and how to access these services.
s. Out of county/out of state moves
t. All grievance and request for hearing information included in the *Enrollee Grievance System Policy* as described in the "Enrollee Grievance System Standards and Policy" section of the Acute Care Contract
u. Contributions the member can make towards his/her own health, member responsibilities, appropriate and inappropriate behavior, and any other information deemed essential by the Contractor. This shall include a statement that the member is responsible for protecting his or her ID card and that misuse of the card, including loaning, selling or giving it to others could result in loss of the member's eligibility and/or legal action. A sentence shall be included that stresses the importance of members keeping, not discarding, the swipe ID card.
v. How to access after-hours care (urgent care)
w. Advance directives for adults
x. Use of other sources of insurance. See Section D, "Coordination of Benefits/Third Party Liability" in the Acute Care contract
y. A description of fraud and abuse, including instructions on how to report suspected fraud or abuse

z. A statement that informs the member of their right to request information on whether or not the health plan has physician incentive plans (PIP) that affect the use of referral services, the right to know the types of compensation arrangements the plan uses, the right to know whether stop-loss insurance is required and the right to a summary of member survey results, in accordance with PIP regulation
aa. Members' right to be treated fairly regardless of race, religion, gender, age or ability to pay
bb. Instructions for obtaining culturally competent materials, including translated member materials
cc. The availability of printed materials in alternative formats and how to access them
dd. The availability of interpretation services for oral information at no cost to the member and how to obtain these services
ee. How to change health plans
ff. Information regarding prenatal HIV testing counseling services
gg. Members' right to know about providers who speak languages other than English

For ALTCS members the Contractor shall provide a member handbook which, at a minimum contains:

a. A table of contents
b. A description of all covered and non-covered services including a statement that the member is not liable for the debts of the Contractor for covered services provided to the member by the Contractor
c. How to contact the case manager
d. How to file a complaint
e. How to select and change PCPs
f. Appointment procedures
g. What to do in case of an emergency including names, addresses and telephone numbers for members to call for instructions. In a life-threatening situation, the member handbook should instruct members to use the emergency medical services (EMS) available and/or activate EMS by dialing 9-1-1. The handbook must contain information on proper emergency service utilization.
h. Out of county and out of state moves
i. All grievance and request for hearing information included in the *Enrollee Grievance Systems Policy* as described in the "Enrollee Grievance System Standards and Policy" section of the ALTCS contract
j. Advance directives
k. Contributions the member can make towards his or her own health, member responsibilities, appropriate and inappropriate behavior, and any other

information deemed essential by the Program Contractor or AHCCCS. A sentence shall be included that stresses the importance of members keeping and not discarding their plastic AHCCCS ID card

l. How to obtain transportation and medically necessary transportation
m. EPSDT services. A description of the purpose and benefits of EPSDT services, including the required components of EPSDT screenings and the provision of all medically necessary services to treat physical or mental illnesses discovered by the screenings. Screenings include a comprehensive history and developmental/behavioral health screening, comprehensive unclothed physical examination, appropriate vision testing, hearing testing, laboratory tests, dental screening and immunizations
n. Maternity and family planning services
o. Description of covered behavioral health services and how to access them
p. Coordination with Medicare and other potentially liable third parties
q. For members with Medicare coverage; include Medicare additional covered services, services not generally covered by Medicare, reference to the Medicare handbook "Other Things You Should Know About Medicare", which describes dual coverage (Medicare/Medicaid, AMB's etc.)
r. Member's share of cost
s. The last revision date
t. A description of fraud and abuse including instructions on how to report suspected fraud or abuse. This shall include a statement that misuse of a member's identification cared, including loaning, selling or giving it to others could result in loss of the member's eligibility and/or legal action.
u. A statement that informs the member of their right to request information on whether or not the Contractor has Physician Incentive Plans (PIP) that affect the use of referral services, the right to know the types of compensation arrangements the Contractor uses, the right to know whether stop loss insurance is required and the right to summary of member survey results, in accordance with the PIP regulation
v. Member's right to be treated fairly, regardless of race, religion, gender, age or ability to pay
w. Detailed descriptions of all current residential placement options
x. A description of all items and services for which prior authorization is required or not required
y. A description of how specialists are accessed
z. Information about the self-referral process for certain services
aa. A general description of managed care and how coordinated care works, including member responsibilities, appropriate utilization and the PCP and case manager's role with the member in coordinating services
bb. How to select and change PCPs
cc. Information regarding prenatal HIV testing and counseling services
dd. Explanation of when Contractor changes may occur

ee. Contractor service and setting network limitations, restrictions and priority assignments
ff. Explanation of the Transition Program and services available
gg. Members right to know about providers who speak languages other than English
hh. The availability of oral interpretation services at no cost to the member and how to obtain these services
ii. The availability of printed materials in alternative formats and how to access them

Network Description

The description shall, at a minimum, contain information about primary care providers, specialists, hospitals and pharmacies. The description will 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

The information will also include any restrictions on the member's freedom of choice among network providers. These materials do not have to meet the requirements specified in Appendix B "Potential Member Summary Document", but can be in the same form as typical correspondence to members.

6. Potential Member Information

The Contractor shall have summary information about its network available for potential members. This material shall be contained in a document, which meets the specifications listed in Appendix B "Potential Member Summary Document".

The information will contain at a minimum:

a. Providers including primary care, specialty, hospitals and pharmacy providers; telephone numbers; and non-English languages spoken by providers.
b. A toll free telephone number that the potential member may call for additional information. The Contractor must supply the new member "Network Description" described above, if specific information is requested by a potential member.

IV. References

1) Arizona Administrative Code R9-22-518; R9-28-507
2) Acute Care Contract, Sec. D
3) ALTCS Contract, Sec. D
4) 42 CFR Part 438

APPENDIX A

Ambulatory Pediatric Association
American Academy of Allergy, Asthma, and Immunology
American Academy of Child and Adolescent Psychiatry
American Academy of Ophthalmology
American Academy of Pediatrics
American Association of Cancer Education
American Association of Psychiatric Services for Children
American Association of Public Health Physicians
American Cancer Society, Inc.
American College of Allergy & Immunology
American College of Cardiology
American College of Emergency Physicians
American College Health Association
American College of Medical Quality
American College of Nutrition
American College of Obstetricians and Gynecologists
American College of Physicians
American College of Preventive Medicine
American Dental Association
American Diabetes Association
American Gynecological and Obstetrical Society
American Heart Association
American Hospital Association
American Institute of Ultrasound in Medicine
American In Vitro Allergy/Immunology Society
American Lung Association
American Medical Association
American Medical Directors Association
American Medical Women's Association
American Pediatric Society
American Public Health Association
American Red Cross
American Society for Adolescent Psychiatry
American Society of Anesthesiologists
American Society for Clinical Nutrition
American Society for Reproductive Medicine
American Venereal Disease Association
Arizona Department of Health Services
Centers for Disease Control and Prevention
March of Dimes

Maricopa County Department of Health Services
National Parinatal Association
U.S. Department of Health & Human Services
U.S. State Health Departments
World Medical Association

APPENDIX B

The summary information document describing the Contractor's network shall meet the following criteria:

A. "GSA XX" should be printed on the back of the materials. "XX" here represents the number (2,4,6,8,10,12, or 14) assigned to the GSA(s) described in the document.
B. One 11 by 17 inch sheet of standard 20 pound paper. 50 pound "opaque" offset paper can also be used.
C. The same kind of paper should be used consistently.
D. Any color of paper may be used.
E. The paper should be folded once in half to form an 8 ½ by 11 inch shape. The fold should be on the left, to be read from the top of the 8 ½ side to the bottom of the 8 ½ side.
F. The paper should not be glossy, dyed or recycled. It may be die cut (for rounded corners, scalloped edges etc.), but there should be a flat edge on the left side.
G. When provided to AHCCCSA (or its designated mailing house) the pages should not be wrapped, but should be boxed. The same sized box for all of the Contractor's flyers should used and each box should contain the same count.
H. The count and the GSA number should be marked on the box and each box should have a sample piece taped on the outside of the box.
I. All sheets should face the same direction in the box.
J. The Contractor should have the total amount marked on the delivery slip. The delivery slip will be given to AHCCCSA (or its designated mailing house).