* This Exhibit serves as an easy reference guide for required member outreach, as outlined in AHCCCS AMPM - Chapter 400, Medical Policy for Maternal and Child Health.
* Unless marked with an asterisk, the mechanism for member dissemination is considered a suggestion and may be distributed through other approved means, outside of the Member Handbook or Contractor Website, in efforts to meet the stated requirements. Those marked with an asterisk are considered a required mechanism for dissemination.
* For full details pertaining to the requirement related to Maternal Child Health and EPSDT member outreach, refer to AMPM Policies 410 through 450 within AMPM Chapter 400.
* For information pertaining to the requirements for Member Handbooks or member-focused materials posted on the Contractor’s Website, refer to ACOM Policy 406, as these items are not referenced or discussed within this Exhibit.
* New Member Information: All Contractor(s) shall produce and provide the following information to each member/representative or household as specified in the chart below. Contractors have 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, as outlined in ACOM Policy 406.

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| **Maternity Care** | | | |
| **Topics** | **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| **Educational Outreach** | | | |
| * **HIV Testing** – Information encouraging pregnant women to be tested providing instructions on where testing is available and the availability of counseling, if testing is positive, and the benefits of treatment for both mother and child. | Annually | New Member Enrollment  Identification of Member Pregnancies *(Initial and*  *Subsequent)* | * New Member Welcome Packet1 * Member Newsletter * Maternity Packets |
| * **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. | Once | New Pregnant Member Enrollment Identification of Member Pregnancies *(Initial and Subsequent)* | * New Member Welcome Packet1 * Member Newsletter * Maternity Packets |
| * **Low/Very Low Birth Weight** – Information to new pregnant members of interventions to decrease the incidence of infants born with low/very low birth weight. | Once | New Pregnant Member Enrollment Identification of Member Pregnancies *(Initial and Subsequent)* | * New Member Welcome Packet1 * Member Newsletter * Maternity Packets |
| * **Postpartum Services** – Information related to postpartum services available to members including:   + A visit within 60 days after delivery:   + Signs and symptoms to address maternal morbidity and mortality; with appropriate support services (i.e., Ob/Gyn; 911). | Once | New Pregnant Member Enrollment Identification of Member Pregnancies *(Initial and Subsequent)* | * New Member Welcome Packet1 * Maternity Packets |
| * **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 home visiting programs, in order to support healthy pregnancy outcomes. | Once | New Pregnant Member Enrollment Identification of Member Pregnancies *(Initial and Subsequent)* | * New Member Welcome Packet1 * Maternity Packets * Member Newsletter |
| **Maternity Care** | | | |
| **Topics** | **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| **Educational Outreach** | | | |
| * **Risks Associated with Elective Inductions and Cesarean Sections Prior to 39 Weeks Gestation** | Contractors must conduct written member educational outreach at a minimum of **once every 12 months**.  These topics may be addressed separately or combined into one written outreach material; however, each topic must be covered during the twelve month period. | 12 months after date of last outreach. | * New Member Welcome Packet1 * Maternity Packets * Member Newsletter |
| * **Healthy Pregnancy Measures** (Addressing Nutrition, Sexually Transmitted Infections, Alcohol, Opioid and Substance Use (including information regarding fetal alcohol spectrum disorders, tobacco, and Neonatal Abstinence Syndrome (NAS)) and other risky behaviors). |
| * **Dangers of Lead Exposure to Mother and Baby During Pregnancy** |
| * **Importance of Timely Prenatal and Postpartum Care** |
| * **Postpartum Depression** |
| * **Perinatal Screening and Counseling** |
| * **Safe Sleep** |
| * **Breastfeeding –** Importance for both mom 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. |  |  |  |
| **Required Member Notifications** | | | |
| Notification to Members Identifying Postpartum Services Available to the Member advising of the importance for scheduling a postpartum visit, transportation assistance and the availability of assistance in scheduling, if needed. | Once | Delivery Date | * Member Mailing\* |

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| **Family Planning Services** | | | |
| **Topics** | **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| **Educational Outreach** | | | |
| * Members that screening and treatment of Sexually Transmitted Diseases (STDs) are a covered benefit. | Annually | Enrollment Date | * Member Newsletters |
| * **Covered Family Planning Services** –Information advising members of reproductive age of the specific covered family planning services available and how to request them. | Annually | Enrollment Date | * Member Newsletter |
| * **HIV Testing** – Information encouraging pregnant women to be tested providing instructions on where testing is available and the availability of counseling, if testing is positive. | Annually | New Member Enrollment Date | * New Member Welcome Packet1 * Maternity Packets * Member Newsletter |
| * **Interconception Health –** Information encouraging women to improve health (including getting help to stop using alcohol and other substances that can cause defects before a woman knows she is pregnant), prior to getting pregnant and information about the importance of appropriate spacing between pregnancies. | Annually | New Member Enrollment Date | * New Member Welcome Packet * Maternity Packets * Member Newsletter |
| **Required Member Notifications** | | | |
| Notification to members of reproductive age of the specific covered family planning services available and how to request them. | Annually | Notifications Must Be Completed By November1st (or Time of Enrollment if Enrolled after November 1st) | * Member Mailing\* |

Note: AHCCCS Administration will provide information about AHCCCS covered family planning services to members who receive services on a fee-for-service basis. Notification is to be given at least once a year and must be completed by November 1. For Contractor members who enroll after November 1, notification will be sent at the time of enrollment.

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| **EPSDT**  **Note: Contractors must inform members about EPSDT services within 30 days of enrollment** | | | |
| **Topics** | **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| **Educational Outreach** | | | |
| * **EPSDT Coverage** - Inform members EPSDT includes, but is not limited to, coverage of: inpatient and outpatient hospital services, laboratory and x-ray services, physician services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical supplies, prosthetic devices, eyeglasses, transportation, and family planning services. 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. | Annually | Enrollment Date | * Member Handbook |
| * **Required Health Screenings** - Information to members of required health screenings (i.e., developmental; vision) in compliance with the AHCCCS EPSDT Periodicity Schedule. | Annually | Enrollment Date | * Member Newsletters |
| * **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 should include that EPSDT visit is synonymous with a well-child visit. | Annually | Enrollment Date | * Member Newsletters |

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| **EPSDT** | | | |
| **Topics** | **Frequency of Outreach Dissemination** | **When to Initiate Outreach** | **Mechanism for Member Dissemination** |
| **Educational Outreach** | | | |
| * **Immunizations** | Contractors shall conduct written member educational outreach at a minimum of once every 12 months.  These topics may be addressed separately or combined into one written outreach material; however, each topic shall be covered at minimum every 12 months. | 12 months after date of last outreach | * Member Newsletters |
| * **Available Community Resources (WIC, AzEIP, CRS,** **Behavioral Health, Home Visiting Programs, and Head Start)** |
| * **Dangers Of Lead Exposure, sources of lead exposure in Arizona populations And Recommended/Mandatory Testing** |
| * **Childhood Obesity And Prevention Measures** |
| * **Age Appropriate Risk Prevention Efforts (Addressing Injury And Suicide Prevention, Bullying, Violence, drug and alcohol use, social media, And Risky Sexual Behavior)** |
| * **Education On Importance Of Utilizing Primary Care Provider In Place Of ER Visits For Non-Emergent Concerns** |

**Note: Contractors must inform members about EPSDT services within 30 days of enrollment.**

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| **EPSDT** | | | | |
| **Topics** | **Frequency**  **of Outreach Dissemination** | **Date(s)** | | **Mechanism for Member Dissemination** |
| **Required Member Notifications** | | | | |
| Notification to member if an EPSDT visit has not taken place. This must include a 2nd written if the first proves unsuccessful and the visit is not attended. | At Each Age Dictated by the AHCCCS Periodicity Schedule | | Member’s Age Meeting that Dictated by the AHCCCS Periodicity Schedule | * Member Mailing\* |
| Inform members of appropriate immunizations according to age and health history. | Annually & Each Age as Dictated by the Recommended Immunization Schedule (may be combined with the EPSDT visit reminder) | | Enrollment Date & Each Age Recommended in the Immunization Schedule | * Member Mailing\* |

**Note: Contractors must inform members about EPSDT services within 30 days of enrollment.**

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| **Dental** | | | |
| **Topics** | **Frequency of Outreach Dissemination** | **Date (s)** | **Mechanism for Member Dissemination** |
| **Educational Outreach** | | | |
| * **Importance of Oral Health Care including the incidence of tooth decay in children residing in Arizona.** | Contractors Must Conduct Written Member Educational Outreach At A Minimum Of **Once Every 12 Months**.  These Topics May Be Addressed Separately Or Combined Into One Written Outreach Material; However, Each Topic Must Be Covered During The Twelve Month Period. | Date Last Outreach Distributed Related to Each Topic Area | * Member Newsletters |
| * **Dental Decay Prevention Measures** |
| * **Fluoride Varnish Applications** – Information related to availability and benefits of fluoride varnish applications for members who are six months of age, with at least one tooth eruption with additional applications occurring every six months, up until member’s second birthday. |
| * **Dental Home Information**-Information provided to members:   + Detailing what is a dental home,   + The benefits of having a dental home,   + Obtain more information from the health plan if r the member is unaware of the assigned dental home. |

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| **Dental** | | | |
| **Topics** | **Frequency of Outreach Dissemination** | **Date (s)** | **Mechanism for Member Dissemination** |
| **Required Member Notification** | | | |
| Notification of assignment to a dental home with the provider’s contact information, importance of being seen by a dentist for routine preventative care (in accordance with the AHCCCS Dental Periodicity Schedule). Notification should include the availability of assistance with scheduling and arrangements of transportation, if needed. | Annually | Birthdate | * Member Mailings\* |
| Notification to members or responsible parties regarding due dates of semi-annual (one visit every six months) dental visits. | Semi-annual | Semi-annual | * Member Mailings\* |
| Notification to member if a 6-month Dental Visit has not taken place (a member who does not go to a dental visit, will receive a total of 4 mailings for the year - 2 reminders and 2 missed visit notifications. | Semi-annual | Birthdate + 3 months  Birthdate + 9 months | * Member Mailing\* |
| **To Members Receiving Oral Health Care through School-Based or Mobile Unit Providers -** Outreach ensuring members are aware of their dental home provider and contact information, as well as understand the availability of ongoing-access to care through the dental home provider, when school-based or mobile unit providers are not accessible. | Annually | Birthdate | * Member Mailings\* |