

Marketing and Member Education Companion Guide

Updated July 1, 2022

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Marketing and Member Education Plan

The marketing and member education plan must be submitted within thirty (30) days of the contract execution, before a new goal or strategy is implemented, and within thirty (30) calendar days of the end of the calendar year, if another plan has not been submitted within the last six (6) months.

I. Marketing Elements of the Plan

a. Specific Goals

List each specific marketing **goal** and each **strategy** related to that goal that the Managed Care Entity (MCE) intends to pursue during the contract year. If additional goals or strategies are formulated later in the year, an updated Marketing and Member Education Plan must be submitted.

i. Goal

Summarize each goal in a single phrase or sentence. Describe the goal and why it is a goal in a short paragraph.

1. Strategy

For each goal, list and describe the strategies the MCE will use to achieve the goal.

b. Informational needs

Describe how the MCE will meet the informational needs, relative to marketing, for the physical and cultural diversity of the service area. Be sure to include information about any provisions for non-English speaking prospective enrollees, interpreter services and alternate communication mechanisms (such as sign language, Braille or audio file).

c. Subcontractors

List the organization and primary contact name for all subcontractors engaged in marketing activities.

d. Compensation of staff involved in marketing

Please describe the basis for awarding bonuses or increasing salary of marketing representatives and employees involved in marketing.

e. Material Management

Detail how current materials supplied to service regions will be managed.

i. Annual material review

Detail how the MCE will ensure materials are reviewed by the MCE annually.

ii. Material supply

Detail how the MCE will supply materials to service regions.

iii. Outdated materials

Detail how the MCE will manage and ensure removal of outdated materials in public areas.

iv. Plain language and uncomplicated format

Detail how the MCE will ensure easily understood language and format are used.

v. Reading level

Detail how the MCE will ensure marketing materials meet the 6.9 reading level standard as well as ensure materials are written in plain, conversational language.

vi. Tracking

Detail how the MCE will track and report usage of marketing materials.

f. *Marketing Compliance*

i. Monitoring of prohibited marketing

Detail how the MCE will monitor prohibited marketing methods among internal staff, subcontractors, and contractors, including providers.

ii. Unsolicited direct contact

Detail the procedures for unsolicited direct contact, include the circumstances that will initiate a referral to the enrollment broker.

iii. Referral to Medicaid call center

Detail the circumstances that will initiate referral to the Medicaid Customer Service Line (toll free # 1-888-342-6207).

iv. Termination of encounter

Detail circumstances that will terminate the encounter.

v. Distribution of materials

Detail circumstances that will prompt the MCE to distribute materials to the potential member, as well as a list of those materials.

vi. Equitable sponsorship

Detail how the MCE will ensure equitable distribution of sponsorships, grants and marketing events across the state.

Attachment A- Marketing Materials

Please complete a log of marketing materials, which includes:

- title
- LDH-ID (if available)
- most recent review date,
- most recent revision date, and
- any goals and strategies this material falls under.

Copies of marketing materials are only needed for items with no LDH-ID. This should include print and multimedia planned for distribution by the MCE or any of its subcontractors. Indicate if a material is in a draft form, and not ready for review by LDH. For new MCEs, sample materials from other contracts may be submitted. Once the version is complete, it should be resubmitted to LDH for review.

Attachment B – Training Curriculum

A copy of the MCE training curriculum for marketing representatives (both internal and subcontractor).

II. Member Education Elements of the Plan

a. *Specific Goals*

List each specific member education **goal** and each **strategy** related to that goal that the MCE intends to pursue during the contract year. If additional goals or strategies are formulated later in the year, an updated Marketing and Member Education Plan must be submitted.

i. Goal

Summarize each goal in a single phrase or sentence. Describe the goal and why it is a goal in a short paragraph.

1. Strategy

For each goal, list and describe the strategies the MCE will use to achieve the goal.

b. *Informational needs*

Describe how the MCE will meet the informational needs, relative to member education, for the physical and cultural diversity of the service area. Be sure to include information about any provisions for non-English speaking potential enrollees, interpreter services and alternate communication mechanisms (such as sign language, Braille or audio tapes).

c. *Subcontractors*

List all subcontractors engaged in member education activities, and a brief description of their activities.

d. *Patient Engagement Tools*

Please describe current and planned patient engagement tools, such as smartphone-based support programs, as well as texting programs.

e. *Material Management*

i. Annual material review

Detail how the contractor will ensure materials are reviewed annually.

ii. Plain Language and uncomplicated format

Detail how the contractor will ensure easily understood language and format are used.

iii. Reading level

Detail how the contractor will ensure marketing materials meet the 6.9 reading level standard.

iv. Tracking

Detail how the contractor will track and report usage of individual marketing materials.

f. *Member Education Compliance*

i. Annual material review

Detail how the contractor will ensure communication requirements with new enrollees are met.

ii. Plain Language and uncomplicated format

Detail how the contractor will ensure member only events are equitable across the state.

Attachment C – Member Education Materials

Please complete a log of member education materials, which includes:

- title
- LDH-ID (if available)
- most recent review date,
- most recent revision date, and
- any goals and strategies this material falls under.

Copies of member education materials are only needed for items that do not have an LDH-ID, as well as, any handbooks, welcome newsletters, welcome letters, ID cards, ID card carriers, and provider directories. This should include all print and multimedia planned for distribution by the MCE or any of its subcontractors. Indicate if a material is in a draft form, and not ready for review by LDH. For new contractors, sample materials from other contracts may be submitted. Once the version is complete, it should be resubmitted to LDH for review.

Attachment D

Both marketing and member education events should be submitted as part of the marketing plan. Please include:

- the event date,
- name of the event
- parish(es) the event will benefit,
- the target audience,
- goal and strategy,
- the name of the host organization or sponsored entity (for mass media events and interviews, this should be the station or publication name), and
- associated materials, Including, but not limited to:
 - billboards,
 - posters,
 - radio ads,
 - television ads, and
 - flyers planned for distribution.

Sponsorships, grants and planned interviews must be approved prior to the sponsorship, grant or interview.

Template

Marketing and Member Education Plan

Managed Care Entity:

Date:

Contract Period:

I. Marketing

a. Specific goals

i. Marketing goal #1:

a. Strategy:

b. Strategy:

ii. Marketing goal #2:

a. Strategy:

b. Strategy:

b. Informational needs

c. Subcontractors

d. Compensation of staff involved in marketing

e. Material management

i. Annual material review

ii. Material supply

iii. Outdated materials

iv. Plain language and uncomplicated format

v. Reading level

vi. Tracking

- f. Marketing compliance
 - i. Monitoring of prohibited marketing
 - ii. Unsolicited direct contact
 - iii. Referral to Medicaid call center
 - iv. Termination of encounter
 - v. Distribution of materials
 - vi. Equitable sponsorship

II. Member Education

- a. Specific Goals
 - i. Member education goal #1:
 - a. Strategy:
 - b. Strategy:
 - ii. Member education goal #2:
 - a. Strategy:
 - b. Strategy:
- b. Informational needs
- c. Subcontractors
- d. Patient engagement tools
- e. Material management
 - i. Annual material review
 - ii. Plain language and uncomplicated format
 - iii. Reading level
 - iv. Tracking
- f. Member Education compliance
 - i. Annual material review
 - ii. Plain language and uncomplicated format

Attachment A – Marketing Materials

Log of current and planned materials. Please include a copy of any materials which do not have assigned LDH-IDs.

Title	LDH-ID (if available)	Most Recent Review	Most Recent Revision	Goals and Strategies
<i>Example: Open Enrollment Billboard (concept draft attached)</i>				<i>1.c.iii.2</i>

Attachment B – Training Curriculum

Attachment C – Member Education Materials

Log of current and planned materials. Please include a copy of any handbooks, welcome newsletters, welcome letters, ID cards, ID card carriers, provider directories, as well as, any materials which do not yet have an LDH-ID.

Title	LDH-ID (if available)	Most Recent Review	Most Recent Update	Goals and Strategies
<i>Example: Importance of Prenatal Exams Flyer</i>	<i>MMEM2021-0543</i>	<i>2/16/2021</i>	<i>2/9/2021</i>	<i>II.a.i.1</i>

Attachment D – Planned Marketing and Member Education Activities

List all marketing or member engagement activities that have been planned.

Event Date (if available)	Name of Event	Parish(es) (if available)	Target Audience	Goal and Strategy	Host/Sponsored Entity	Associated Materials (LDH-ID if available, name if not)
<i>Example: 4/1/2022</i>	<i>Open Enrollment Billboard</i>	<i>Terrebonne, Lafourche</i>	<i>Potential Enrollees</i>	<i>I.c.iii.2</i>		<i>MMEM2021-1538</i>
<i>Example: 3/27/2022</i>	<i>NRMC Health Fair</i>	<i>Natchitoches</i>	<i>Potential Enrollees</i>	<i>II.a.i.1</i>	<i>Natchitoches Regional Medical Center</i>	<i>MMEM2021-0543, MMEM2021-1854</i>
<i>Example: 12/18/2022</i>	<i>Breakfast with Santa Sponsorship</i>	<i>East Baton Rouge</i>	<i>Potential Enrollees</i>	<i>I.b.i.3</i>	<i>United Way</i>	<i>MMEM2021-1752</i>

Style Guide

Introduction

Consistency, Quality, Time Savings

This guide has been created to provide guidance to MCEs submitting marketing and member education materials for review and approval. It is intended to foster consistency of review, as well as encourage quality and adherence to health literacy standards. Proper application of this guide should result in fewer revisions needed for marketing and member education material approval.

Using This Guide

Please refer to this guide when creating materials as well as reviewing materials prior to submission to LDH for review.

This guide includes both required and suggested guidance. Suggestions are preferred, but not required. If you submit materials that deviate from the guide, please be sure to explain the reasoning behind the deviation in a comment. This will facilitate a quick review, and help keep questions to the MCE to a minimum.

This guide is a living document and will be updated as needed.

General

All Materials

Font Size

All written materials must be clearly legible with a minimum font size of ten-point, preferably 12-point, with the exception of Member ID cards.

Person First Language

All written materials must be in accordance with the [LDH "Person First" Policy](#).

For additional guidance refer to the National Center on Disability and Journalism's [style guide](#) and the Research and Training Center on Independent Living's "[Guidelines: How to Write About People with Disabilities](#)"

Reading Level

In general, the writing must be at no higher than a 6.9 grade level, taking into consideration the need to incorporate and explain certain technical or unfamiliar terms to assure accuracy. This includes any legal release or disclaimer.

A reading level score can be easily altered by excluding words. To prevent improper exclusions please ONLY exclude the following when calculating the reading level:

- The MCE's name
- Proper Names (including: drug names, procedure names, Medicaid program names and similar)
- Medicaid
- Medical/dental terms with 3+ syllables

- Phone numbers
- Addresses (physical, mailing, or e-mail)
- Member ID
- Dates

Everything else should be included in the reading level calculation.

Plain Language

Documents should be written in the active voice and should address the reader directly. The content should be limited to what the reader needs to know and should provide necessary background. The words used should be everyday words arranged into simple sentences. If a word is used that the reader may not understand it should be explained and an example should be provided. The overall tone of the document should be friendly. For more examples please see Plain Language Action and Information Network's "[Plain Language Guidelines](#)".

Acronyms and Initialisms

Avoid using acronyms and initialisms as often as possible.

- Acronym: an abbreviation formed from the initial letters of other words and pronounced as a word rather than as the separate letters forming the abbreviation. Examples include GOHSEP, NASA and NATO.
 - Acronyms do not retain a definite article (*the*) even if their full names have them. Thus, the North Atlantic Treaty Organization is referred to as "NATO" and not "the NATO."
- Initialism: an abbreviation consisting of initial letters pronounced separately rather than as word. Examples include the U.N., the WTO and the DOD.
 - Initialisms retain the definite article if their full names have them.
 - Exceptions can be made depending on the branding of an individual organization. Thus, the Louisiana Department of Health is referred to as "LDH" and not as "the LDH."
- Using *a* versus *an* before an acronym or initialism: Use the article *a* before an acronym or initialism that begins with a consonant sound. Use *an* before one that begins with a vowel sound.

Alternate Spellings

If a word has more than one accepted spelling, please use the simplest spelling. In the case of preventative and preventive, preventive is preferred. Similarly, health care is preferred over healthcare.

Pronouns for consistency

Pronouns should be used consistently throughout the document (*Example: When referring to the MCE's provider network always use our network or always use your network. Do not switch between the two.*)

Pronouns for readability

Once the MCE has been identified, use a pronoun in subsequent references to the MCE, unless it would add confusion. (Example: *You recently received a letter from LDH. We want to make sure you are taking care of yourself.*)

Friendly Tone

The tone of materials should be kept friendly and conversational.

Organizational Aids

Organize the document in sections. Use navigational aids such as headings, or a question and answer format to help readers skim the document. Link similar messages by repeating key words or concepts from a previous section.

When giving instructions, the instructions should be numbered and listed in the order they should occur. Instructions should also begin with an action verb.

Format

Suggested line length is 7 – 15 words. The material should have a similar style and structure throughout. Font usage should be consistent. Fonts should be easy to read, not fancy or unusual. Italics and bold should be used sparingly. Include page numbers on multi-page documents. Consider print density versus white space. The layout should be uncluttered. Dark colored type on a light background should be used.

Divided words

Avoid layouts which necessitate words to be split between two lines.

Prevalent Languages

Materials should be available in English, Spanish and any other language which 4% or more of the statewide Medicaid managed care enrolled population speaks. The current language trends can be found on the [Marketing and Member Education Resources for Managed Care Entities](#) page.

Marketing Materials

Choose, Pick, Join, etc.

The MCE and its subcontractors are prohibited from using terms in marketing materials such as “choose,” “pick,” “join,” etc. unless the marketing materials include the enrollment broker’s contact information. This can be accomplished either by citing the enrollment broker’s website and phone number directly, or referring the individual to a page on the MCE’s site dedicated to enrollment, where the enrollment broker’s website and phone number are prominently displayed.

General Information is accurately reflected

Marketing materials must accurately reflect general information, which is applicable to the average beneficiary of the MCE.

MCE Contact Information

The MCE’s name, mailing address (and physical location, if different) and toll-free number must be prominently displayed on the cover of all multi-paged marketing materials.

Member Materials

Oral Interpretation Services

All multi-page written member materials must notify the member that real-time oral interpretation is available for any language at no expense to them, and how to access those services.

Version Information

The MCE shall include in all member materials the following: the date of issuance, the date of revision, and if the prior versions are obsolete.

Texting

The MCE shall obtain express written consent prior to sending automated text messages and will need to provide members a way to revoke consent. *(Example: by replying STOP)*

Consistency across Plans

To promote health literacy for members and to enable equitable review of materials please use the following guidance in all communications with members and nonmembers alike.

Required

Referring to Medicaid Managed Care

When referring to the Managed Care Organizations (MCOs) collectively they should be referred to as Medicaid health plans.

When referring to the Dental Benefit Program Managers (DBPMs) collectively they should be referred to as Medicaid dental plans.

Healthy Louisiana

Healthy Louisiana is a term intended to encompass all full-coverage Medicaid programs and the delivery of the services they offer.

Call Scripts

All Call Scripts

Verification Guidance

MCEs should utilize two factor and dynamic knowledge-based authentication before PHI is discussed over the phone. Information used to authenticate the member should not include information that can be readily found on their MCE issued ID card.

Examples of acceptable information include, but are not limited to:

- The name of a current provider, other than the PCP;
- The member's street address;
- The name of a prescription currently being taken;
- The name of a pharmacy the member commonly uses;
- The name of another member of the MCE who also lives in the household;
- or
- Last four digits of the member's Social Security Number.

Procedure for the possibility the member is not verified

In the event verification is not obtained, explain to the member that the phone call cannot continue without verification. Explain this is to protect the privacy of their health information. Provide a phone number where the member can call to get the information at a later time.

Member Demographics

If a member reports a demographic change, the MCE should report changes to LDH, as prescribed by LDH.

Outbound Call Scripts/IVR Messages

Messages

Messages should not include any PHI, as member verification has not been obtained. To this end, only the first name of the member should be used. This applies to both messages left with an individual or left in voicemail.

Central Time

When a time is stated in a document it should always be stated in Central Time. However, the phrases: "Central Time," "Central Standard Time," "Central Daylight Savings Time," "CT," "CST," or "CDT" should not be used. All of Louisiana is located in the Central Time zone. References to it are therefore unnecessary.

Member Services

Include the phone number and operating hours when directing the reader to contact Member Services. If the information is given elsewhere on the same page this is preferred, but not required.

Phone numbers

Phone numbers should be verified before a material is submitted to LDH for review. If available, please include operating hours with any phone number. As with Member Services phone number, if the operating hours are given elsewhere on the same page this is preferred, but not required.

Value-Added Benefits

Value-added benefits and contractually mandated benefits may both be used in the same document, but mandated benefits may not be described as "extra" or "additional" benefits.

Preferred

Use of the word Free

When possible, LDH prefers the term be avoided. Further guidance is as follows:

As related to contractually obligated services

The term free should not be used to describe services which are obligated by the contract between LDH and the MCE. The MCE receives remittance for all such services in the form of capitated payments.

As related to value-added benefits

Value-added benefits may be referred to as free.

As related to toll-free numbers

The word free can be used to describe a toll-free number.

Consistency within a Document

Required

Internet and Web Styles

When referring to an internet site please be consistent in the address. Avoid using all the possible styles of address in a single document. Please limit to a single style within a single document.

- <http://www.google.com>
- www.google.com
- [Google.com](http://www.google.com)

Toll-Free Numbers

Within a document all toll-free numbers should follow the same format. Either all should include the leading 1. (Examples: 1-855-229-6848, 1.888.342.6207), or none should.

Consistent Usage of the Same Term

Sometimes there are multiple ways to refer to some subjects (Example: *drug store vs. pharmacy*). When that is the case, please use the same term throughout the document.

Preferred

Layout with Multiple Languages

When multiple languages are used in the same document, the order in which they appear should remain consistent throughout the document. If the English version is first and the Spanish translation follows, that should be the case anywhere in the document where both languages are present.

Marketing and Member Education Related Health Plan Advisories and Informational Bulletins

Marketing Guidance Under ACA Exchanges (from HPA 13-3)

The Louisiana Department of Health (LDH) is providing the following marketing guidance for Managed Care Plans that intend to participate in the Health Insurance Exchange (Exchange) portion of the Affordable Care Act (ACA).

Any health plan that establishes a commercial product for participation in the Exchange may use their Managed Care Plan name and branding, but there must be a distinction between the two products incorporated into that branding and any logo usage to ensure the two are easily distinguishable. This is necessary to ensure federal requirements against direct marketing to Medicaid members are not compromised. Additionally, distinct branding helps protect the Managed

Care Plan from marketing violation claims that could result in sanctions.

LDH has no jurisdiction to approve or authorize any Exchange activities, including the review of marketing and member materials. It is the responsibility of the individual health plan to ensure their Exchange products are approved by the proper authorities, including the Louisiana Department of Insurance and the United States Department of Health and Human Services. The individual health plan is also responsible to ensure that marketing does not violate any of the terms and conditions of their Managed Care contract with LDH.

[LTSS Provider Recruitment excerpt \(from retired HPA 13-19\)](#)

MCEs are not permitted to directly market proposed services they may seek to gain through future contract bids to Medicaid enrollees. There are federal requirements against direct marketing to Medicaid beneficiaries that cannot be compromised. Any marketing or member events or activities in settings in which proposed services are provided should be avoided.

[Focus Group Guidance \(from HPA 15-22\)](#)

The Bureau of Health Services Financing (BHSF) is providing the following guidance for MCOs that wish to conduct focus groups. BHSF considers any focus group that includes non-member participants to be a marketing effort and subject to these parameters.

- The MCE must obtain prior written approval from BHSF for all focus group concepts. This includes, but is not limited to, focus group objectives, number of planned participants, cumulative number of nonmembers who have participated in previous focus groups during the current contract year and methods for the recruitment of non-members. Neither the MCE nor its subcontractors may hold a focus group or begin focus group outreach without written consent of its focus group concept.
 - BHSF will review the submitted focus group concept(s) and either approve, deny or request changes within ten (10) calendar days from the date of submission.
- The MCO must obtain prior written approval from BHSF for focus group materials, as it does for all marketing and member materials. Focus group materials include, but are not limited to, scripts and other materials used in the focus group. In the case of focus group materials, the layout or presentation must be approved as well as the text.
 - BHSF will review the submitted focus group materials, and either approve, deny or request changes within 30 calendar days from the date of submission.
- The MCO must obtain prior written approval from BHSF for any focus group event. A focus group event is defined as an event where members and/or potential members are brought together in order to be questioned about their opinions about health insurance, Medicaid, Bayou Health Plans, Medicaid Managed Care, or any related subject. The proposed focus group event should be submitted to DHH using the Event Submission Calendar. Required data elements include, but are not limited to, Event Date, Event Start Time, Event End Time, Street Address and City. Information as to whether or not inconspicuous observation is possible at the chosen venue should be included in the “Comments” field.
 - Focus group events should not be submitted for BHSF review until all materials for that focus group concept have been approved.
 - BHSF will review proposed focus group events and either approve or deny within seven (7) calendar days from the date of submission.
- The MCO must limit total non-member participation to 50 individuals in any one (1) contract

year.

- There is no limit placed on member participation in focus groups.
- The maximum incentive that may be offered to each individual non-member participant of a focus group is \$100 in an urban area (East Baton Rouge, Jefferson, Orleans and St. Bernard parishes) or \$125 in a rural area (parishes not specifically listed above).
- The MCO shall provide BHSF or its representatives access to any focus group event, where inconspicuous observation is possible, upon request.
- Data and its analysis resulting from all focus group events must be submitted to BHSF for informational purposes upon request.

[Guidance for Medicare Advantage Participation \(from HPA 17-15\)](#)

The Louisiana Department of Health (LDH) is providing the following marketing guidance for managed care organizations (MCO) that also have, or plan to have, a Medicare Advantage product in Louisiana markets.

There are two marketing provisions in the MCO contracts (both found in Section 12) relative to Medicare Advantage Plans that prohibit MCOs and their partners from:

- Influencing enrollment in conjunction with the sale or offering of any private insurance or Medicare Advantage Plan.
- Referencing the commercial or Medicare Advantage Plan component of the MCO in any of its Medicaid MCO enrollee marketing materials.

Any MCO that has a Medicare Advantage product may use their Medicaid MCO name and branding, but any marketing materials must either avoid reference to the MCO's Medicaid product or make a clear distinction between the two products. This is necessary to ensure federal requirements against direct marketing to Medicaid members are not compromised.

LDH has no jurisdiction to approve or authorize any Medicare Advantage materials or activities, including the review of marketing and member materials. It is the responsibility of the MCO to ensure their Medicare products are approved by the proper authorities.

The individual MCO is responsible for ensuring that marketing does not violate any of the terms and conditions of their contract with LDH. This includes provider steering violations by network providers.

MCOs shall not utilize their Medicaid member data to outreach to potential members for their Medicare product line. Use of any data on Medicaid members for non-Medicaid purposes would be a violation of the confidentiality agreement in place between LDH and the MCO. This does not prohibit the Medicare Plan from utilizing other market research or purchased mailing lists to outreach to potential members that will likely include individuals on their Managed Care product line's member roster.

[Telehealth Marketing and Member Information Guidance excerpt \(from HPA 20-12\)](#)

MCOs may continue to educate members on telehealth options with the member's existing PCP, including audio-only visits, per [Health Plan Advisory 20-6](#). In instances when the existing PCP is unavailable for a telehealth visit and another PCP is used, the MCO should ensure the member is connected back to the existing PCP for any necessary follow-up to ensure continuity of care.

Members and Plan Choice vs. Provider Steering (from Informational Bulletin 12-31)

All health care providers delivering services to Louisiana Medicaid and LaCHIP recipients enrolled in managed care organizations (MCO) are welcome to inform their patients of the plans they have chosen to participate with, but Louisiana Medicaid has strict prohibitions against patient steering, which all providers must observe.

Patient steering is defined in Title 50 of the Louisiana Administrative Code as unsolicited advice or mass-marketing directed at Medicaid recipients by health plans, including any of the entity's employees, affiliated providers, agents, or contractors, that is intended to influence or can reasonably be concluded to influence the Medicaid recipient to enroll in, not enroll in, or disenroll from a particular health plan(s).

The requirements below must be strictly observed by all Medicaid managed care providers.

- Providers may inform their patients of all MCO networks in which they participate, and can inform patients of the benefits, services and specialty care services offered through the MCOs in which they participate.
- Providers are not allowed to disclose only some of the MCOs in which they participate. Disclosure of MCO participation must be all or nothing.
- Providers can display signage, provided by the MCO, at their location indicating which MCOs are accepted there, but must include all MCOs in which they participate in this signage.

Providers **MAY NOT RECOMMEND** one MCO over another MCO and **MAY NOT OFFER** patients incentives for selecting one MCO over another. Providers may allow use of office equipment (phones, computers, etc.) for member-directed enrollment or disenrollment purposes.

- Patients who need assistance with their MCO services should call the Member Services Hotline for the MCO in which they are enrolled, and those who wish to learn more about the different MCOs should contact the Healthy Louisiana Enrollment Broker at 1-855-229-6848 to receive assistance in making an MCO decision.
- Under **NO CIRCUMSTANCES** is a provider allowed to change a member's MCO or request an MCO reassignment on a member's behalf. Disenrollment requests must be initiated and approved by the member.-These prohibitions against patient steering apply to participation in the Medicaid managed care and the legacy Medicaid programs.

For pharmacies enrolled as Louisiana Medicaid providers, or contracted with any MCO's pharmacy benefit manager, the same steering prohibitions stated above apply to communications with Medicaid/Medicaid managed care patients.

If a provider or MCO is found to have engaged in patient steering, they may be subject to sanctions such as, but not limited to, monetary penalties, loss of linked patients and/or excluded from enrollment in Medicaid/Medicaid managed care network opportunities.

Material Approval Process

All proposed materials must be submitted via email to MMEReview@la.gov. LDH will review the submitted materials and inform the MCE via email of approval, denial or necessary changes. Typically, materials will fall into one of the following four categories:

APPROVED: The material is approved as it was submitted.

APPROVED WITH SUGGESTED EDITS: There are places in the material LDH thinks could be improved upon, but the material is approved with or without these edits being made. This can include typos. Please inform LDH if you will not be using the suggested edits, or submit the final version to MMEReview@la.gov for informational purposes.

APPROVED WITH REQUIRED EDITS: There are places in the material LDH would like changed. Generally, these are minor changes. The material is approved for distribution once these changes are made. No additional review is required. The final version should be submitted to MMEReview@la.gov for informational purposes.

REVISION REQUIRED: Larger edits are needed. Some portion of the material will need to be rewritten with LDH feedback in mind. The revision will need to go through the review process.

Events and Activities

All events and activities, including but not limited to, health fairs, community meetings, ad campaigns, sponsorships, grants, media events (including planned interviews), and Medicaid enrollment events, that occur during the reporting period should be submitted to LDH on the **Marketing and Member Education Activities Report**.

Media Events/Sponsorship Approval Process

All proposed sponsorships, grants, and planned interviews must be submitted to LDH prior to the sponsorship, grant or interview for review and approval. They may be submitted via email to MMEReview@la.gov or via online form on the [Marketing and Member Education Resources for Managed Care Entities page](#). LDH will review the submitted sponsorship, grant, or planned interview and inform the MCE via email of approval, denial or necessary changes.

Medicaid Enrollment Event Notification Process

Application assistance at MCE-hosted events may ONLY be conducted by LDH staff, Marketplace Navigators or Certified Application Centers. MCEs cannot provide application assistance. All MCE hosted events that will include a Medicaid application element must be submitted to LDH once application assistance is secured, and prior to the event. They may be submitted via online form on the [Marketing and Member Education Resources for Managed Care Entities page](#) or via email to MMEReview@la.gov. The email shall include confirmation from Medicaid regional staff of their participation, with particulars of the event or the name and contact information of the Application Center or Marketplace Navigator conducting the assistance.

Managed Care Terms – Standard Definitions

The MCE should use the following definitions, in accordance with 42 CFR § 438.10(c)(4)(i). Slight departure from the wording below may be accepted, when appropriate in context. They should appear in the glossary of the MCE Handbook.

APPEAL: A step you can take to ask Medicaid to change its mind when it decides it will not pay for care you need.

BEHAVIORAL HEALTH SERVICES: Health care for emotional, psychological, substance use and psychiatric problems. It is part of your health plan.

CO-PAYMENT: Money you have to pay out of your pocket before you can see a health care provider.

CONTINUITY OF CARE: If your primary care provider sends you to a specialist, your primary care provider will stay involved and keep up with all your medical/dental treatments.

CARE COORDINATION: Your primary care provider works with you and other providers to make sure that all your providers know about your health problems.

DENTAL PLAN: A group of dentists and other providers who work together to help you get the dental care services you need. They may provide services like x-rays, teeth cleaning and fillings.

DURABLE MEDICAL EQUIPMENT: Equipment ordered by your physician that helps you at home. This includes wheelchairs, hospital beds, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, lifts, nebulizers, etc.

EMERGENCY MEDICAL CONDITION: A health problem that needs immediate medical/dental attention. An example includes a health problem that can cause you (or your unborn child, if you are pregnant) serious harm.

EMERGENCY DENTAL CONDITION: A health problem that needs immediate dental attention. An example includes a dental problem that can cause you serious harm.

EMERGENCY MEDICAL TRANSPORTATION: Ambulance.

EMERGENCY ROOM CARE: Care for an emergency medical or dental condition that is too serious to be treated in a clinic or urgent care center.

EMERGENCY SERVICES: Inpatient and outpatient medical or dental care by a health care provider to screen, evaluate, and/or stabilize your emergency medical or dental condition.

EXCLUDED SERVICES: Care that is not paid for by Medicaid.

GRIEVANCE: A report that you can make if you are not happy with the quality of care you got or if you think a provider or someone at the clinic was rude or denied you access to the care you needed.

HABILITATION SERVICES AND DEVICES: Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language

pathology, and other services for people with disabilities.

HEALTH INSURANCE: A plan that helps you pay for health care visits, procedures, hospital stays and preventive care. It will pay for the high cost expenses and routine screenings that it says are covered.

HEALTH PLAN: A group of doctors, hospitals and other providers who work together to help you get the health care services you need. They may provide physical health services, like doctor, hospital and emergency room visits; x-rays and prescriptions; and non-emergency medical transportation. They may also provide mental health or substance use disorder services, like psychotherapy or crisis intervention.

HEALTH NEEDS ASSESSMENT: A form you fill out to tell about your health and health behavior. Health providers use the information to figure out whether you are at risk of getting certain diseases or medical or dental conditions.

HOME HEALTH CARE: A wide range of health care given in your home to treat an illness or injury. Examples include care for a wound, patient education, checking your blood pressure and breathing, checking on you after you get out of the hospital.

HOSPICE SERVICES: Hospice is to keep you comfortable and as free as possible from pain and symptoms when you have a terminal illness. Hospice helps you have a good quality of life for time remaining. Most hospice care happens at home or it can be given in hospital or special facility. Hospice is for patients likely to die within six months if their disease runs its normal course.

HOSPITALIZATION: When you are checked into a hospital for care.

HOSPITAL OUTPATIENT CARE: Care given at a hospital that your doctor does not expect will need an overnight stay. In some cases you may stay overnight without being registered as an in-patient. Examples include same-day surgery and blood transfusions.

MEDICALLY NECESSARY: Medical or dental care or supplies your provider says are needed to prevent, diagnose or treat your illness, injury, or disease. To be medically necessary, the care or supplies must be clinically appropriate and meet accepted standards of medicine. Medicaid does NOT pay for treatments that are experimental, non-FDA approved, investigational, or cosmetic.

NETWORK OR PROVIDER NETWORK: The group of providers linked to your health plan who provide primary and acute health care.

NON-PARTICIPATING PROVIDER: A provider that is not part of your provider network.

PARTICIPATING PROVIDER: A provider who works for your health plan or is linked to your health plan.

PHYSICIAN SERVICES: Care provided by a physician.

PLAN: See Health Plan or Dental Plan.

PREAUTHORIZATION: Getting permission for specific health services before you receive them so that Medicaid will pay for the care.

PREMIUM: The amount of money you must pay for your health care plan.

PRESCRIPTION DRUG COVERAGE: The medicines your plan will pay for that your provider prescribes that have to be filled by a pharmacy.

PRESCRIPTION DRUGS: These are medicines your provider prescribes that have to be filled by a pharmacy.

PRIMARY CARE PHYSICIAN: The doctor who is responsible for your health care. This doctor may also refer you to a specialist, or admit you to a hospital.

PRIMARY CARE DENTIST: The dentist who is responsible for your dental care. This dentist may also refer you to a specialist.

PRIMARY CARE PROVIDER: A physician, nurse practitioner, or physician assistant who manages your health care needs. This includes preventive care and care when you are sick. The primary care provider may treat you, refer you to a specialist, or admit you to a hospital.

PROVIDER: An individual, clinic, hospital or other caregiver approved by Medicaid to provide health care.

REHABILITATION SERVICES AND DEVICES: Care and items that help restore your health and functions. Examples include cardiac rehab (for your heart), pulmonary rehab (to help you breathe better) and physical or speech therapy. These include exercise, education and counseling. These are usually provided in a hospital outpatient setting but can be offered in a skilled nursing facility.

SKILLED NURSING CARE: A high level of nursing care. Nurses help to manage, observe, and evaluate your care.

SPECIALIST: A health professional who is educated and trained to have in-depth knowledge of how to care for certain medical or dental problems. Physician specialist examples include cardiologist (heart doctor), pulmonologist (lung doctor), nephrologist (kidney doctor) and surgeon.

URGENT CARE: Medical care to treat an illness or injury that needs quick attention but that is not a medical emergency. Examples include stomach pain, dizziness that will not go away, or a suspected broken bone. Urgent care requires face-to-face medical attention within 24 hours of noticing the urgent problem.

Current Vanity Links

MCEs refer to a number of LDH web pages with some regularity. In an effort to make the links more user friendly, the following vanity links have been created. Please submit additional suggestions to MMEReview@la.gov.

Managed Care Enrollment
www.myplan.healthy.la.gov

Medicaid Application and Renewal
www.ldh.la.gov/ApplicationCenters
www.MyMedicaid.la.gov

www.ldh.la.gov/MyMedicaid
www.ldh.la.gov/HowToRenew
www.ldh.la.gov/MedicaidAppeals
www.ldh.la.gov/MedicaidOffices
www.ldh.la.gov/Medicaid

Fraud Reporting

www.ldh.la.gov/ReportProviderFraud
www.ldh.la.gov/ReportRecipientFraud

Managed Care Marketing and Member Education

www.ldh.la.gov/HealthyLaMarketingComplaint

Medicaid Programs

www.ldh.la.gov/TakechargePlus
www.ldh.la.gov/MSP
www.ldh.la.gov/LongTermCare
www.ldh.la.gov/LaHIPP
www.ldh.la.gov/LaCHIP

Medicaid Expansion

www.healthy.la.gov
www.ldh.la.gov/HealthyLa
www.ldh.la.gov/HealthyLaDashboard

Medicaid Services

www.ldh.la.gov/MedicaidServices
www.ldh.la.gov/HepCTreatment

Pharmacy

www.ldh.la.gov/HealthyLaPDL
www.ldh.la.gov/MedicaidPDL
www.ldh.la.gov/Pharmacy

Office of Behavioral Health Links

www.ldh.la.gov/ProblemGambling
www.ldh.la.gov/Opioids

Required Member Materials

Templates for all materials found in this section can also be found online on the [Marketing and Member Education Resources for Managed Care Entities](#) page.

Many of the templates are presented in matrices indicating which elements are required for which managed care populations. At the beginning of each matrix there is text in blue to indicate required text, suggested text, and required content. The order indicated by the matrix is preferred, in an effort to assist members navigating common materials across all MCEs. Additional content is allowed, unless prohibited in the contract.

When submitting required member materials for review, please indicate the managed care population for which it is intended. In the case of multipage materials, such as the handbook and welcome newsletter, please submit a copy of its matrix indicating the page number of each required element along with the review request.

Model Member Handbook

● = Required ○ = As Needed

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPSDT	DBPM- Adult Dental	Found on page
Please indicate the intended population.									
Managed Care Entity		●	●	●	●	●	●	●	●
Submission Date		●	●	●	●	●	●	●	●
Section Title (Preferred text - appears in ToC)		●	●	●	●	●	●	●	●
Paragraph Title (Suggested text - appears in ToC)		●	●	●	●	●	●	●	●
Required Content		●	●	●	●	●	●	●	●
Required Text		●	●	●	●	●	●	●	●
<MCE> <Population> Member Handbook		●	●	●	●	●	●	●	
<MCE> Service Hours and Contact Information	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
Member Services (number and hours)	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
Nurse Line (number and hours)	42 CFR § 438.10 (g)	●	●	●	●	●			
Crisis Line (number and hours)	42 CFR § 438.10 (g)	●	●	●	●	●			

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
<i>DBPMs (numbers and hours) Include the DBM that manages VABs for the MCO</i>	42 CFR § 438.10 (g)	●	●	●	●	●			
<i>Managed Care Organizations (numbers and hours)</i>	42 CFR § 438.10 (g)						●	●	
<i>Pharmacy Benefit Manager (number and hours) Include mobile app information, if there is one</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●			●			
<i>Fee For Service Pharmacy contact information</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3			●	●				
<i>Transportation Broker (number and hours) Include mobile app information, if there is one</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.23	●	●	●	●	●	●	●	
<i>Any other unit providing services directly to enrollees</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Fraud Reporting (list contact numbers for both the MCE and LDH)</i>	42 CFR § 438.10 (g) MCO Statement of Work 15	●	●	●	●	●	●	●	
<i>Labeled space for Enrollee to write <PCP/PDP> Information</i>	Marketing and Member Education Companion Guide	●	●			●	●		
<i>Labeled spaces for Enrollee to write specialist information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	○		
<i>Mobile App Information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	
Table of Contents		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
Welcome		●	●	●	●	●	●	●	
<i>Welcome Statement</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	
What is Managed Care	42 CFR § 438.10(e)	●	●	●	●	●	●	●	
Role of the <Health Plan/Dental Plan/Prescription Plan>	42 CFR § 438.10(e)	●	●	●	●	●	●	●	
<Primary Care Provider (PCP)/ Primary Dental Provider (PDP)/Pharmacist>'s Role	42 CFR § 438.10 (g)	●	●	●	●	●	●		
Member, Parent or Legal Guardian's Role		●	●	●	●	●	●		
Member Rights and Responsibilities	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to Receive Information</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to be treated with respect</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Non-discrimination policy information</i>		●	●	●	●	●	●	●	
<i>Right to participate in decision regarding healthcare</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to be free from restraint or seclusion</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to receive a copy of medical records</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
Getting Care	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
How to choose a <PCP/PCD/Pharmacist>	42 CFR § 438.10 (g)	●	●	●	●	●	●		
How to Make, Change or Cancel Appointments		●	●	●	●	●	●	●	
How long it might take to get an appointment		●	●	●	●	●	●	●	
How to Access After Hours Care		●	●	●	●	●	●		
What to do in an Emergency or Crisis		●	●	●	●	●	●	●	
Services your <PCP/PCD/Pharmacist> provides		●	●	●	●	●	●	●	
Specialty Care	42 CFR § 438.10 (g)	●	●	●	●	●	●		
How to Change Providers	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>(Restrictions on freedom of choice)</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
Rides to Appointments	42 CFR § 438.10 (g) MCO Statement of Work 6.23	●	●	●	●	●	●	●	
Getting Help in a Different Language or Format	42 CFR § 438.10 (g) MCO Statement of Work 12.22 DBPM Statement of Work 2.9.2	●	●	●	●	●	●	●	
Pharmacy	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●	●	●	●	●	●	
<i>(Co-pay information)</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●	●	●	●			
Prior Authorization	42 CFR § 438.10 (g) MCO Statement of Work 8.4	●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTDT	DBPM- Adult Dental	Found on page
<i>Define prior authorization</i>		●	●	●	●	●	●	●	
<i>Specify what services require authorization</i>		●	●	●	●	●	●	●	
<i>How to obtain authorization</i>		●	●	●	●	●	●	●	
Lock-In Program	42 CFR § 438.10 (g) MCO Statement of Work 8.9	●	●	●	●	●			
Advanced Directives	42 CFR § 422.128(b)	●	●	●	●	●			
What We Pay For		●	●	●	●	●	●	●	
Benefit details	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Description of coverage, including cost sharing for each category</i>	45 CFR § 147.200 (a)(2)	●	●	●	●	●	●	●	
<i>Exceptions, reductions and limitations to coverage</i>	45 CFR § 147.200 (a)(2)	●	●	●	●	●	●	●	
<i>Coverage example to illustrate benefits for pregnancy</i>	45 CFR § 147.200 (a)(2)	●	●			●			
<i>Coverage example to illustrate benefits for hypertension</i>	45 CFR § 147.200 (a)(2)	●	●			●			
<i>Coverage example to illustrate benefits for diabetes</i>	45 CFR § 147.200 (a)(2)	●	●			●			
<i>Coverage example to illustrate benefits for HIV/AIDS</i>	45 CFR § 147.200 (a)(2)	●	●			●			
<i>Coverage example to illustrate benefits for asthma</i>	45 CFR § 147.200 (a)(2)	●	●			●			

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
Value-Added Benefits	Marketing and Member Education Companion Guide MCO Statement of Work 6.26 DBPM Statement of Work 2.4.3	●	●	●	●	●	●	●	
<i>How to access VABs</i>		●	●	●	●	●	●	●	
<i>Include any restrictions in coverage</i>									
<i>Possibility of dental related value-added benefits from the member's MCO</i>		●	●	●	●	●	●	●	
<i>DBPM/MCO coordination policies and referral processes (if any)</i>		○	○	○	○	○	●		
<i>Possibility of pharmacy transportation related value-added benefits from the member's MCO</i>									
Services not covered by the <Health Plan/Dental Plan/Prescription Plan>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>How to access benefits covered by the State Plan</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>How to access services not covered due to moral or religious objections</i>	42 CFR § 438.10 (g)	○	○	○	○	○	○		
Member Satisfaction		●	●	●	●	●	●	●	
How to File a Grievance or Appeal	42 CFR § 438.10 (g) MCO Statement of Work 13 DBPM Statement of Work 2.10	●	●	●	●	●	●	●	
<i>Reconsideration request information</i>							●	●	
<i>State Fair Hearing process</i>		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
What to do if you get a bill for a covered service	MCO Statement of Work 12.12.1.36	●	●	●	●	●	●	●	
When and how to report fraud	42 CFR § 438.10 (g) MCO Statement of Work 15 DBPM Statement of Work 2.12.1.1	●	●	●	●	●	●	●	
<i>Reporting to the MCE</i>		●	●	●	●	●	●	●	
<i>Reporting to LDH</i>		●	●	●	●	●	●	●	
<i>Examples of fraud and why it is bad</i>		●	●	●	●	●	●	●	
Member Advisory Committee	Marketing and Member Education Companion Guide MCO Statement of Work 14.5	●	●	●	●	●			
<i>What it is</i>		●	●	●	●	●			
<i>How to join</i>		●	●	●	●	●			
Quality Improvement	42 CFR § 438.10 (e) MCO Statement of Work 14 DBPM Statement of Work 2.11	●	●	●	●	●	●	●	
Helping You Be Healthy	MCO Statement of Work 12.12.1.8	●	●	●	●	●	●	●	
Chronic Care Management	MCO Statement of Work 6. 28	●	●	●	●	●	●		
Case Management	MCO Statement of Work 6. 28	●	●	●	●	●	●		
Health/Oral Health Education		●	●	●	●	●	●	●	
Oral hygiene							●	●	
Tobacco Cessation	MCO Statement of Work 6.31	●	●	●	●	●			
Problem Gambling	MCO Statement of Work 6.31	●	●	●	●	●			

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
Other Plan Details		●	●	●	●	●	●	●	
Member Privacy	45 CFR § 164.520(a)	●	●	●	●	●	●	●	
Third Party Liability	Marketing and Member Education Companion Guide MCO Statement of Work 5.13 DBPM Statement of Work 2.14.5	●	●	●	●	●	●	●	
<i>Explanation of third party liability</i>		●	●	●	●	●	●	●	
<i>Notification of a claim</i>		●	●	●	●	●	●	●	
<i>Inform MCE of other insurance</i>		●	●	●	●	●	●	●	
How to ask for <Medical/Dental/Pharmacy> records	42 CFR §438.100 MCO Statement of Work 12.12	●	●	●	●	●	●	●	
How to Change Plans	42 CFR § 438.10(e) MCO Statement of Work 11.8	●	●	●	●	●	●	●	
How to Disenroll from Managed Care	42 CFR § 438.10(e) MCO Statement of Work 11.6	●	●	●	●	●	●	●	
How to report a Marketing Violation	Marketing and Member Education Companion Guide MCO Statement of Work 12.12	●	●	●	●	●	●	●	
<i>Examples of marketing violations</i>		●	●	●	●	●	●	●	
Medicaid Related		●	●	●	●	●	●	●	
Medicaid Eligibility	Marketing and Member Education Companion Guide MCO Statement of Work 11.7	●	●	●	●	●	●	●	
Reporting Changes in Contact Information or Family Size	MCO Statement of Work 12.12	●	●	●	●	●	●	●	
<i>Toll free</i>		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
<i>Website</i>		●	●	●	●	●	●	●	
<i>Local office</i>		●	●	●	●	●	●	●	
Glossary	45 CFR §147.200 (a)	●	●	●	●	●	●	●	
<i>Information on how to obtain a paper copy of the glossary, including a web address</i>		●	●	●	●	●	●	●	
Appeal		●	●	●	●	●	●	●	
Behavioral Health Services		●	●	●	●	●			
Co-Payment		●	●	●	●	●			
Continuity of Care		●	●	●	●	●	●	●	
Care Coordination		●	●	●	●	●	●	●	
Dental Plan		●	●	●	●	●	●	●	
Durable Medical Equipment		●	●	●	●	●			
Emergency Medical Condition		●	●	●	●	●	●	●	
Emergency Dental condition		●	●	●	●	●	●	●	
Emergency Medical Transportation		●	●	●	●	●	●	●	
Emergency Room Care		●	●	●	●	●	●	●	
Emergency Services		●	●	●	●	●	●	●	
Excluded Services		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
Grievance		●	●	●	●	●	●	●	
Habilitation Services and Devices		●	●	●	●	●	●	●	
Health Insurance		●	●	●	●	●	●	●	
Health Plan		●	●	●	●	●	●	●	
Health Needs Assessment		●	●	●	●	●	●	●	
Home Health Care		●	●	●	●	●			
Hospice Services		●	●	●	●	●			
Hospitalization		●	●	●	●	●	●	●	
Hospital Outpatient Care		●	●	●	●	●	●	●	
Medically Necessary		●	●	●	●	●	●	●	
Network or Provider Network		●	●	●	●	●	●	●	
Non-Participating Provider		●	●	●	●	●	●	●	
Physician Services		●	●	●	●	●	●	●	
Plan		●	●	●	●	●	●	●	
Preauthorization		●	●	●	●	●	●	●	
Participating Provider		●	●	●	●	●	●	●	
Premium		●	●	●	●	●			

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
Prescription Drug Coverage		●	●	●	●	●	●	●	
Prescription Drugs		●	●	●	●	●	●	●	
Primary Care Physician		●	●	●	●	●	●	●	
Primary Care Dentist		●	●	●	●	●	●	●	
Primary Care Provider		●	●	●	●	●	●	●	
Provider		●	●	●	●	●	●	●	
Rehabilitation Services and Devices		●	●	●	●	●	●	●	
Skilled Nursing Care		●	●	●	●	●			
Specialist		●	●	●	●	●	●	●	
Urgent Care		●	●	●	●	●	●	●	
FAQ/Index	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	
What do I do If...		●	●	●	●	●	●	●	
...I have other insurance now?		●	●	●	●	●	●	●	
... I had an accident and was insured?		●	●	●	●	●	●	●	
... I moved?		●	●	●	●	●	●	●	
... I don't like my <PCP/PCD/Pharmacist>?		●	●	●	●	●	●	●	
... Someone at the provider's office treated me poorly?		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
... a health/dental plan representative treated me poorly?		●	●	●	●	●	●	●	
... I don't want the treatment my doctor/dentist suggests?		●	●	●	●	●	●	●	
... I don't have a way to get to my appointments?		●	●	●	●	●	●	●	
... I get a bill?		●	●	●	●	●	●	●	
... I can't find a <doctor/dentist/pharmacy> that takes my plan?		●	●	●	●	●	●	●	
... I think a provider is billing for services they didn't give?		●	●	●	●	●	●	●	
... I think a provider is <doing fraudulent things>?									
... I think a provider is requesting tests I don't need?		●	●	●	●	●	●	●	
... I think a provider is making a fake diagnosis?		●	●	●	●	●	●	●	
... I think a provider is doing something that seems illegal?		●	●	●	●	●	●	●	
... I have a pending lawsuit about medical claims?		●	●	●	●	●	●	●	
... I think I'm having an emergency?		●	●	●	●	●	●	●	
... I'm having an emergency?		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
... I disagree with a provider's recommendation?		●	●	●	●	●	●	●	
... I'm worried about being sick or unconscious and not able to make my own decisions?		●	●	●	●	●			
... I need to see a doctor?		●	●	●	●	●	●	●	
...I'm in an accident?		●	●	●	●	●	●	●	
... I can't make a doctor's appointment?		●	●	●	●	●	●	●	
... my PCP's office is closed and I think I need help right away?		●	●	●	●	●	●		
... I want to help a family member cope with behavioral health conditions?		●	●	●	●	●			
... I'm feeling overwhelmed by things going on in my life?		●	●	●	●	●			
... I'm thinking about hurting myself or someone else?		●	●	●	●	●	●	●	
...I am out of town or out of the country and need to see a doctor/dentist?		●	●	●	●	●	●	●	
... I am out of town or out of the country and need to fill a prescription?		●	●			●			
...the weather is bad and I need to see a doctor/dentist?		●	●	●	●	●	●	●	
... the weather is bad and I need to fill a prescription?		●	●			●			

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
How Do I...		●	●	●	●	●	●	●	
...contact Member Services?		●	●	●	●	●	●	●	
...talk to someone in my language at Member Services?		●	●	●	●	●	●	●	
... see a specialist?		●	●	●	●	●	●		
... get in touch with Medicaid representatives?		●	●	●	●	●	●	●	
...get an interpreter to help me at appointments with providers?		●	●	●	●	●	●	●	
... get information from the <health plan/dental plan/prescription plan> in a different language?		●	●	●	●	●	●	●	
... get information from the <health plan/dental plan/prescription plan> in large type?		●	●	●	●	●	●	●	
... get information about how the <health plan/dental plan/prescription plan> rewards providers?		●	●	●	●	●	●	●	
... report marketing violations?		●	●	●	●	●	●	●	
... get care from a behavioral health provider?		●	●	●	●	●			
... find out more about behavioral health conditions?		●	●	●	●	●			

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
... find out if my medication is covered?		●	●	●	●	●	●	●	
... stop smoking on my own?		●	●	●	●	●			
... get free nicotine packages?		●	●	●	●	●			
... pick a doctor or other provider?		●	●	●	●	●	●	●	
... find out if a medication I'm taking is covered?		●	●	●	●	●	●	●	
...find a doctor or other provider near me?		●	●	●	●	●	●	●	
Can I...		●	●	●	●	●	●	●	
... change <health plan/dental plan>s?		●	●	●	●	●	●	●	
... change PCPs?		●	●	●	●	●	●	●	
... choose a different provider?		●	●	●	●	●	●	●	
... choose any provider that is in the network?		●	●	●	●	●	●	●	
... get information in my Language?		●	●	●	●	●	●	●	
... have Medicaid pay for my medical expenses without being in a <health plan/dental plan/prescription plan>?		●	●	●	●	●			
... decide what behavioral health information is shared with my family members?		●	●	●	●	●			
...get a replacement Medicaid card?		●	●	●	●	●	●	●	
What does...		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
... a PCP do?		●	●	●	●	●	●	●	
... a <health plan/dental plan/prescription plan> do?		●	●	●	●	●	●	●	
... Member Services do?		●	●	●	●	●	●	●	
... Medicaid Call center do?		●	●	●	●	●	●	●	
... the <health plan/dental plan/prescription plan> pay for?		●	●	●	●	●	●	●	
... behavioral health mean?		●	●	●	●	●			
... behavioral health coverage help me with?		●	●	●	●	●			
When should I ...		●	●	●	●	●	●	●	
... see my PCP?		●	●	●	●	●	●	●	
... call Member Services?		●	●	●	●	●	●	●	
... go to urgent care?		●	●	●	●	●			
... go to the emergency room?		●	●	●	●	●	●	●	
... call the crisis line?		●	●	●	●	●			
... take my child to the dentist for the first time?							●		
What happens...		●	●	●	●	●	●	●	
... after I'm treated for an emergency?		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
... if I need to see a specialist?		●	●	●	●	●	●		
... if I don't pick a PCP?		●	●	●	●	●	●		
... if the <health plan/dental plan/prescription plan> doesn't cover a service?		●	●	●	●	●	●	●	
... if I go to the emergency room and the doctors there don't think it was an emergency?		●	●	●	●	●	●	●	
... if a medication I'm taking is no longer covered?		●	●	●	●	●	●	●	
... I go to an out of network provider?		●	●	●	●	●	●	●	
... if my current provider is not in-network?		●	●	●	●	●	●	●	
...if I lose my dentures?							●	●	
... if my dentures no longer fit?							●	●	
I need...		●	●	●	●	●	●	●	
... an ASL interpreter, how to schedule one?		●	●	●	●	●	●	●	
... information in a different language, how do I get it?		●	●	●	●	●	●	●	
... information in a different format (like Braille or large print), how do I get it?		●	●	●	●	●	●	●	
... to go to the doctor/dentist, how do I find one near me?		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
What are...		●	●	●	●	●	●	●	
... my rights as a member?		●	●	●	●	●	●	●	
... my responsibilities as a member?		●	●	●	●	●	●	●	
... behavioral health services?		●	●	●	●	●			
... the warning signs of a gambling problem?		●	●	●	●	●			
How much...		●	●	●	●	●	●	●	
... will my medications cost?		●	●	●	●	●	●	●	
... will I have to pay for services?		●	●	●	●	●	●	●	
... behavioral health information is shared with my family members?		●	●	●	●	●			
Do I need...		●	●	●	●	●	●	●	
... prior authorization?		●	●	●	●	●	●	●	
... three cards?		●	●	●	●	●	●	●	
... a separate dental/pharmacy insurance card?							●	●	
... special permission for my medication?		●	●	●	●	●	●	●	
What should I ...		●	●	●	●	●	●	●	
... expect during a visit?		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
... take with me to an appointment?		●	●	●	●	●	●	●	
<i>Top 5/10 FAQ from Member Services not covered.</i>		●	●	●	●	●	●	●	

Model Welcome Newsletter

● = Required ○ = As Needed

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
Please indicate the intended population.									
Managed Care Entity		■	■	■	■	■	■	■	■
Submission Date		■	■	■	■	■	■	■	■
Section Title (Preferred text)		■	■	■	■	■	■	■	■
Paragraph Title (Suggested text)		■	■	■	■	■	■	■	■
<i>Required Content</i>		■	■	■	■	■	■	■	■
Required Text		■	■	■	■	■	■	■	■

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
Welcome		●	●	●	●	●	●	●	
<i>Welcome Statement</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	
<MCE> Service Hours and Contact Information	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Member Services (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Nurse Line (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●			
<i>Crisis Line (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●			
<i>DBPMs (numbers and hours) Include the DBM that manages VABs for the MCO</i>	42 CFR § 438.10 (g)	●	●	●	●	●			
<i>Managed Care Organizations (numbers and hours)</i>	42 CFR § 438.10 (g)						●	●	
<i>Pharmacy Benefit Manager (number and hours) Include mobile app information, if there is one</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●			●			
<i>Fee For Service Pharmacy contact information</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3			●	●				
<i>Transportation Broker (number and hours) Include mobile app information, if there is one</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.23	●	●	●	●	●	●	●	
<i>Any other unit providing services directly to enrollees</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Fraud Reporting</i>	42 CFR § 438.10 (g) MCO Statement of Work 15	●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSOC/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
<i>(list contact numbers for both the MCE and LDH)</i>									
<i>Labeled space for Enrollee to write <PCP/PDP> Information</i>	Marketing and Member Education Companion Guide	●	●			●	●		
<i>Labeled spaces for Enrollee to write specialist information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	○		
<i>Mobile App Information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	
<Primary Care Provider (PCP)/ Primary Dental Provider (PDP)/Pharmacist>'s Role	42 CFR § 438.10 (g)	●	●	●	●	●	●		
How to choose a <PCP/PCD/Pharmacist>	42 CFR § 438.10 (g)	●	●	●	●	●	●		
Getting Care	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
How to Make, Change or Cancel Appointments		●	●	●	●	●	●	●	
How long it might take to get an appointment		●	●	●	●	●	●	●	
How to Access After Hours Care		●	●	●	●	●	●		
What to do in an Emergency or Crisis		●	●	●	●	●	●	●	
Services your <PCP/PCD/Pharmacist> provides		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSOC/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
Specialty Care	42 CFR § 438.10 (g)	●	●	●	●	●	●		
<i>How to find a provider</i>									
How to Change Providers	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>(Restrictions on freedom of choice)</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
Rides to Appointments	42 CFR § 438.10 (g) MCO Statement of Work 6.23	●	●	●	●	●	●	●	
Getting Help in a Different Language or Format	42 CFR § 438.10 (g) MCO Statement of Work 12.22 DBPM Statement of Work 2.9.2	●	●	●	●	●	●	●	
Pharmacy	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●	●	●	●	●	●	
<i>(Co-pay information)</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●	●	●	●			
What We Pay For		●	●	●	●	●	●	●	
Where to find Benefit details	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
Member Satisfaction		●	●	●	●	●	●	●	
Member Rights and Responsibilities	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to Receive Information</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to be treated with respect</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Non-discrimination policy information</i>		●	●	●	●	●	●	●	
<i>Right to participate in decision regarding healthcare</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO - SBH/ NEMT/NEAT	MCO - CSoc/ No SBH	DBPM-EPSTD	DBPM- Adult Dental	Found on page
<i>Right to be free from restraint or seclusion</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to receive a copy of medical records</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
How to File a Grievance or Appeal	42 CFR § 438.10 (g) MCO Statement of Work 13 DBPM Statement of Work 2.10	●	●	●	●	●	●	●	
<i>Reconsideration request information</i>							●	●	
<i>State Fair Hearing process</i>		●	●	●	●	●	●	●	
What to do if you get a bill for a covered service	MCO Statement of Work 12.12.1.36	●	●	●	●	●	●	●	
When and how to report fraud	42 CFR § 438.10 (g) MCO Statement of Work 15 DBPM Statement of Work 2.12.11	●	●	●	●	●	●	●	
<i>Reporting to the MCE</i>		●	●	●	●	●	●	●	
<i>Reporting to LDH</i>		●	●	●	●	●	●	●	
<i>Examples of fraud and why it is bad</i>		●	●	●	●	●	●	●	
Helping You Be Healthy	MCO Statement of Work 12.12.1.8	●	●	●	●	●	●	●	
Health/Oral Health Education		●	●	●	●	●	●	●	
Oral hygiene							●	●	
Tobacco Cessation	MCO Statement of Work 6.31	●	●	●	●	●			
Problem Gambling	MCO Statement of Work 6.31	●	●	●	●	●			
Other Plan Details		●	●	●	●	●	●	●	

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPST	DBPM- Adult Dental	Found on page
How to ask for <Medical/Dental/Pharmacy> records	42 CFR §438.100 MCO Statement of Work 25.45?	●	●	●	●	●	●	●	
How to Change Plans	42 CFR § 438.10(e) MCO Statement of Work 11.8	●	●	●	●	●	●	●	
How to Disenroll from Managed Care	42 CFR § 438.10(e) MCO Statement of Work 11.6	●	●	●	●	●	●	●	
How to Request a Member Handbook									
How to Request a Provider Directory									
Medicaid Related		●	●	●	●	●	●	●	
Reporting Changes in Contact Information or Family Size	MCO Statement of Work 12.12	●	●	●	●	●	●	●	
<i>Toll free</i>		●	●	●	●	●	●	●	
<i>Website</i>		●	●	●	●	●	●	●	
<i>Local office</i>		●	●	●	●	●	●	●	

Model Welcome Letter

● = Required ○ = As Needed

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPST	DBPM- Adult Dental
Paragraph Title (Preferred Text)								
Required Content								
Welcome to <MCE Plan Name>		●	●	●	●	●	●	●
Welcome Statement	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
Brief explanation of managed care	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
Role of the MCE	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
Benefit summary	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
Your ID Card		●	●	●	●	●	●	●
Estimated arrival of ID Card	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
Additional Information		●	●	●	●	●	●	●
What to do in an emergency		●	●	●	●	●	●	●
Explanation of services available from member services	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
Member Services (number and hours)	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
Get Help in Other Languages and Formats	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
Nurse Line (number and hours)	Marketing and Member Education Companion Guide	●	●	●	●	●		
Crisis Line (number and hours)	Marketing and Member Education Companion Guide	●	●	●	●	●		

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPSTD	DBPM- Adult Dental
Mobile App Information	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●

Model Member ID Cards

Text in blue indicates preferred layout placement.

● = Required ○ = As Needed

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPSTD	DBPM- Adult Dental
<i>Front of Card</i>								
MCE Name and logo	Statement of Work 12.13	●	●	●	●	●	●	●
<i>Left</i>								
Cardholder Name (Labelled as Member)	Statement of Work 12.13	●	●	●	●	●	●	●
Cardholder Identifier (Labelled as Member ID)	Statement of Work 12.13	●	●	●	●	●	●	●
Card Issuer Identifier		●	●	●	●	●	●	●
Quick Response (QR) Code	Statement of Work 12.13	●	●	●	●	●	●	●
<i>Right</i>								
<PCP/PCD> Name	Statement of Work 12.13	●	●			●	●	
<PCP/PCD> Address		●	●			●	●	
<PCP/PCD> Phone Number	Statement of Work 12.13	●	●			●	●	
<PCP/PCD> after hours number (if different)	Statement of Work 12.13	○	○			○	○	
RxBIN	Statement of Work 12.13	●	●			●		
RxPCN	Statement of Work 12.13	○	○			○		
RxGRP	Statement of Work 12.13	○	○			○		

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental
RxID	Statement of Work 12.13	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>		
<i>Back of Card</i>								
<i>Centered</i>								
Instructions for Emergencies	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<i>Left (Member Resources)</i>								
24 Hour Nurse Line phone number	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		
Member Services Line phone number	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Filing Appeals & Grievances phone number	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
24 hour behavioral health crisis line phone number	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		
Reporting Medicaid Fraud phone number	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Pharmacy benefit assistance phone number	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		
<i>Right (Provider Resources)</i>								
MCE Provider Services and prior authorization line phone number	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
MCE's Address	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
PBM Provider Services and prior authorization line phone number	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>			<input checked="" type="radio"/>		
PBM's Name and identifying trademark	Statement of Work 12.13	<input checked="" type="radio"/>	<input checked="" type="radio"/>			<input checked="" type="radio"/>		

Model Member ID Card Carrier

● = Required ○ = As Needed

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental
Paragraph Title (Preferred Text)								
Required Content								
<i>New Member: Welcome to <MCE Plan Name> / Card re-issue: Your New ID Cards</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
<i>Welcome Statement/ Reissue Reason Statement</i>		●	●	●	●	●	●	●
<i>Check information statement</i>		●	●	●	●	●	●	●
<i>How to make Changes</i>		●	●	●	●	●	●	
Tips for using your <MCE Plan Name> member ID Card		●	●	●	●	●	●	●
<i>How to use MCE ID Card</i>		●	●	●	●	●	●	●
<i>How to use LDH Card</i>		●	●	●	●	●	●	●
<i>Instructions for lost MCE card</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
<i>Instructions for lost LDH card</i>		●	●	●	●	●	●	●
<i>How to request a new card</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
<i>What to do in an emergency</i>		●	●	●	●	●	●	●
<i>MCE website</i>		●	●	●	●	●	●	●
Additional Information		●	●	●	●	●	●	●
<i>Instructions if PCP/PDP listed</i>		●	●			●	●	
<i>Instructions if no PCP/PDP selected</i>		●	●			●	●	
<i>Brief summary of benefits</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental
<i>Interpretation/Translation Statement</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
<i>Explanation of services available from member services</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
<i>Member Services (number and hours)</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
<i>Explanation of Nurse Line</i>		●	●	●	●	●	●	●
<i>Nurse Line (number and hours)</i>	Marketing and Member Education Companion Guide	●	●			●		
<i>Explanation of Crisis Line</i>		●	●	●	●	●	●	●
<i>Crisis Line (number and hours)</i>	Marketing and Member Education Companion Guide	●	●	●	●			
<i>Mobile App Information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●

Model Provider Directory

● = Required ○ = As Needed

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPSTD	DBPM- Adult Dental
Section Title (Preferred Text - Appears on ToC)								
Paragraph Title (Suggested Text – Appears on ToC)								
<i>Required Content</i>								
<MCE> <Enrollment Population> Provider Directory		●	●	●	●	●	●	●
<MCE> Service Hours and	42 CFR § 438.10 (g)	●	●	●	●	●	●	●

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoC/ No SBH	DBPM-EPST	DBPM- Adult Dental
Contact Information								
<i>Member Services (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●
<i>Nurse Line (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●		
<i>Crisis Line (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●		
<i>Transportation (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●		
<i>Fraud Reporting</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●
<i>Labeled space for Enrollee to write primary care provider Information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	
<i>Labeled spaces for Enrollee to write specialist information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	
<i>Mobile App Information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●
Table of Contents		●	●	●	●	●	●	●
Getting Care	42 CFR § 438.10 (g)	●	●	●	●	●	●	●
What is of managed care	42 CFR § 438.10(e)	●	●	●	●	●	●	●
Role of the Health Plan	42 CFR § 438.10(e)	●	●	●	●	●	●	●
<Primary Care Provider (PCP)/ Primary Dental Provider (PDP)/Pharmacist>'s role	42 CFR § 438.10 (g)	●	●	●	●	●	●	
<Member/Parent or Legal Guardian> Role		●	●	●	●	●	●	●
Member Rights and Responsibilities	42 CFR § 438.100	●	●	●	●	●	●	●
<i>Right to Receive Information</i>		●	●	●	●	●	●	●
<i>Right to be treated with respect</i>		●	●	●	●	●	●	●
<i>Non-discrimination policy information</i>		●	●	●	●	●	●	●
<i>Right to participate in decision regarding healthcare</i>		●	●	●	●	●	●	●

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPST	DBPM- Adult Dental
<i>Right to be free from restraint or seclusion</i>		●	●	●	●	●	●	●
<i>Right to receive a copy of medical records</i>		●	●	●	●	●	●	●
How to Choose a <PCP/PCD/Pharmacist>	42 CFR § 438.10 (g)	●	●	●	●	●	●	
How to Make, Change or Cancel Appointments		●	●	●	●	●	●	●
How Long Will It Take to Get an Appointment		●	●	●	●	●		
How to Access After Hours Care		●	●	●	●	●	●	
What to do in an Emergency or Crisis		●	●	●	●	●	●	●
Services Your <PCP/PCD/Pharmacist> Provides		●	●	●	●	●	●	
Specialty Care	42 CFR § 438.10 (g)	●	●	●	●	●	●	
How to Change Providers	42 CFR § 438.10 (g)	●	●	●	●	●	●	●
<i>Restrictions on freedom of choice</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●
Rides to Appointments	42 CFR § 438.10 (g)	●	●	●	●	●	●	●
Getting Help in a Different Language or Format	42 CFR § 438.10 (g)	●	●	●	●	●	●	●
Prior Authorization	42 CFR § 438.10 (g)	●	●	●	●	●	●	●
<i>Define prior authorization</i>		●	●	●	●	●	●	●
<i>Specify what services require authorization</i>		●	●	●	●	●	●	●
<i>How to obtain authorization</i>		●	●	●	●	●	●	●
Services Not Covered by the Health Plan	42 CFR § 438.10 (g)	●	●	●	●	●	●	●
<i>How to access benefits covered</i>	42 CFR § 438.10 (g)	●	●	●	●	●		

Required Element	Source of Requirement	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO – SBH/ NEMT/NEAT	MCO – CSoc/ No SBH	DBPM-EPST	DBPM- Adult Dental
<i>by the State Plan</i>								
<i>How to access services not covered due to moral or religious objections</i>	42 CFR § 438.10 (g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
How to Use the Directory		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<i>Explain different provider types</i>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<i>Explain/provide a legend for the listings, including any complex terminology (such as the cultural competency training or group affiliations)</i>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<Specialty>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<Location>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Individual Provider Details								
<i>Name of Provider</i>	42 CFR § 438.10(h)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<i>Specialty</i>	42 CFR § 438.10(h)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<i>Group Affiliations</i>	42 CFR § 438.10(h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Organization</i>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Location: Street, City, Zip code</i>	42 CFR § 438.10(h)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<i>Phone Number</i>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<i>After-hours number (if different)</i>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Fax Number</i>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<i>Website Address</i>	42 CFR § 438.10(h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Mailing Address (if different)</i>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Accepting New Enrollees</i>	42 CFR § 438.10(h)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<i>Cultural Competency Training Status</i>	42 CFR § 438.10(h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Special Services or Accommodations</i>	42 CFR § 438.10(h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Hours of Operation</i>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Denial Notices

Denial templates are to be followed with as little customization as possible. Any departures from the template must be submitted for review following normal material review procedures. Denial templates are updated periodically, based on changes to LDH, state and federal requirements. The latest template version, as well as bulletins offering notice guidance, can be found on the [Legal Compliance Monitoring](#) page within the health plan representative page on the Provider and Plan Resources website.

Lock-In (MCO Only)

The lock-in templates are to be followed with as little customization as possible. Any departures from the template must be submitted for review following normal material review procedures. MCOs will be notified in the event the lock-in templates are updated.

Lock-In Notification Template

[Address Block]

Lock-In Decision Letter

[Member Address Block]

Date: [date]

Dear [Member Name]:

Your medical records show that you are not using your Medicaid coverage in a way which is best for your health. [Health Plan name] is placing you in a special program that will help you use your Medicaid in a healthier way. You are being placed in the [Health Plan Pharmacy Lock-In Program name] Program. This program can assist you in managing your medications to stay healthy.

Under this program, you must choose: one (1) pharmacy. The pharmacy lock-in will not apply to medications from specialty pharmacies. The pharmacy you pick will be in charge of your prescriptions beginning XX/XX/XXXX. You will still get all of the other services you are getting from your Health Plan right now.

You may select a pharmacy from the list below or a different pharmacy as your lock-in pharmacy.

1. [Pharmacy 1 name]/ Pharmacy address/Phone number
2. [Pharmacy 2 name]/Pharmacy address/Phone number
3. [Pharmacy 3 name]/Pharmacy address/Phone number

If you choose a different pharmacy, we will let you know if the lock-in pharmacy you picked is approved. In order to pick a lock-in pharmacy by phone, please call 1-(XXX)XXX-XXXX before XX/XX/XXXX between [hours]. If you want to pick your pharmacy by mail, please mail back the enclosed form to: [Health Plan name and address.] If we do not hear from you, a pharmacy will be chosen for you. You will be locked-in to the first pharmacy on the list above. We will also notify you by mail of which pharmacy you can use.

This change will **NOT HAPPEN** until XX/XX/XXXX (30 days from the date you receive this notice) to give you, or anyone you want to represent you, time to talk about this decision with [Health Plan name] OR to request an appeal.

Sincerely,

[Lock-In Contact]

[Health Plan Lock-In Contact]

1-(xxx) xxx-xxxx

Toll Free Phone Number

1-(xxx) xxx-xxxx

Fax Number [optional]

What can I do if I disagree with the [Health Plan's] decision?

If you disagree with the decision, you (or someone you select to help you) may ask for an appeal. If you want to request an appeal, you must do so within 30 days from receipt of this notice.

What happens if you ask for an appeal?

- You tell [Health Plan] why you think the decision to limit your pharmacy is incorrect.
- If you want someone to help you with the appeal, you must give them written permission.
- Until a decision is made about your appeal, you can keep using your current pharmacy.
- After the appeal, if you disagree with the appeal decision you can request a State Fair Hearing. If you accept this decision and do not file an appeal, you cannot later request a State Fair Hearing.

How do you ask for an appeal?

Give us all of the information listed here:

Your name	
Your address	
Your telephone number	
Your date of birth, Social Security number, or member ID number	
Why you think you should be able to keep using your current pharmacy or pharmacies	

Send your request to [Health Plan]. You can file an appeal by mail, phone or fax.

Mail: [Health Plan address]

Phone: [Health Plan toll free number]

Fax: [Health Plan toll free fax number]

How long does it take to make a decision about my appeal?

Most decisions are made within x days of requesting an appeal.

Do you need help with this letter? Call [Health Plan] at [Health Plan toll free number.] If you need help in another language, call 1-888-xxx-xxxx (toll-free).

Para obtener ayuda para traducir o entender esta información, sírvase llamar al **1- 888-xxx-xxxx** o TDD/TTY **1-877-xxx-xxxx**, entre 8 a.m. y 5 p.m.

Để được giúp phiên dịch hoặc hiểu phần này, xin gọi số **1-866-595-8133** hoặc TDD/TTY **1-877-xxx-xxxx** trong khoảng từ 8 giờ sáng - 5 giờ chiều.

Lock-In Provider Choice Form

Instructions: You may choose a pre-selected pharmacy or write in your lock-in pharmacy choice.

The pharmacy lock-in will not apply to medications from specialty pharmacies. All other services covered by [Health Plan name] will still be available to you.

I, _____ select the pharmacy listed below as my lock-in pharmacy.
(Member's Name)

1. [Pharmacy 1 name]/ Pharmacy address/Phone number
2. [Pharmacy 2 name]/Pharmacy address/Phone number
3. [Pharmacy 3 name]/Pharmacy address/Phone number

4. Pharmacy name: _____
Address: _____
Pharmacy phone number: _____

Signature _____
(Member's signature)

Date _____

Note: You can pick your lock-in pharmacy by phone or mail. You can call [Health Plan Lock-In Contact] at 1-XXX-XXX-XXXX between [hours] with your lock-in pharmacy choice. You can also mail your lock-in pharmacy choice to [Health Plan name and address].

Lock-In Provider Approval Template

[Address Block]

Lock-In Provider Approval Letter

[Member Address Block]

Date: [date]

Dear [Member Name]:

Your Lock-In pharmacy is approved. It is listed below. If the pharmacy below does not have a medication or meet all of your needs, you may call [Health Plan] at 1-XXX-XXX-XXXX between [hours]. This does not include medications from a specialty pharmacy. The goal of your pharmacy Lock-In is to help you use your medications in a healthier way.

[Lock-In pharmacy name]

[Address Line 1]

[Address Line 2]

[Phone number]

Sincerely,

[Lock-In Contact]

[Health Plan Lock-In Contact]

1-(xxx) xxx-xxxx

Toll Free Phone Number

1-(xxx) xxx-xxxx

Fax Number

Lock-In Provider Auto-Assignment Template

[Address Block]

Lock-In Assignment Letter

[Member Address Block]

Date: [date]

Dear [Member Name]:

You have been placed in the [Health Plan Pharmacy Lock-In Program Name]. We mailed you a letter to let you know about the program. In the letter, you were asked to pick one pharmacy. Since we did not get your pharmacy choice, you have been assigned to [Pharmacy Name]. It is listed below. If the pharmacy below does not have a medication or meet all of your needs, you may call [Health Plan] at 1-XXX-XXX-XXXX between [hours]. This does not include medications from a specialty pharmacy. The goal of your pharmacy Lock-In is to help you use your medications in a healthier way.

[Lock-In pharmacy name]

[Address Line 1]

[Address Line 2]

[Phone number]

Sincerely,

[Lock-In Contact]

[Health Plan Lock-In Contact]

1-(xxx) xxx-xxxx

Toll Free Phone Number

1-(xxx) xxx-xxxx

Fax Number

Lock-In Provider Denial Template

[Address Block]

Lock-In Provider Denial Letter

[Member Address Block]

Date: [date]

Dear [Member Name]:

After a review of your records, your Lock-In pharmacy choice is denied. You have been assigned to [Pharmacy Name]. It is listed below. If the pharmacy below does not have a medication or meet all of your needs, you may call [Health Plan] at 1-XXX-XXX-XXXX between [hours]. This does not include medications from a specialty pharmacy. The goal of your pharmacy Lock-In is to help you use your medications in a healthier way.

[Lock-In Pharmacy name]

[Address Line 1]

[Address Line 2]

[Phone number]

Sincerely,

[Lock-In Contact]

[Health Plan Lock-In Contact]

1-(xxx) xxx-xxxx

Toll Free Phone Number

1-(xxx) xxx-xxxx

Fax Number

Lock-In Removal Template

[Address Block]

Lock-In Removal Letter

[Member Address Block]

Date: [date]

Dear [Member Name]:

After a review of your records, you will be removed from the [Health Plan Pharmacy Lock-In] Program. Your pharmacy lock-in will end on [date]. We will continue to look at your records. If you need more help managing your medications, you will be placed back into the [Health Plan Pharmacy Lock-In] Program.

Sincerely,

[Lock-In Contact]

[Health Plan Lock-In Contact]

1-(xxx) xxx-xxxx

Toll Free Phone Number

1-(xxx) xxx-xxxx

Fax Number

Quarterly Report

The template for the Marketing and Member Education Activities Report can be found on [the Provider and Plan Resources Managed Care Reporting Deliverables](#) page, as well as, [the Marketing and Member Education Resources for Managed Care Entities](#) page.

The report is for reporting events which have occurred in the reporting period. Events are not limited to health fairs, sponsorships, or grants, but include radio ads, billboards, interviews, community meetings, etc.

Events

Column A: Event Date – Should be in a MM/DD/YYYY format. This helps distinguish similar events from one another.

Column B: Name of Event – If the event has a formal name, such as 23rd Annual City Park Health Fair, please use it, otherwise please use this field to distinguish it from other events.

Column C: Event Location: Parish(es) – For conferences where there is statewide or regional attendance, sponsorships or grants that will benefit residents of multiple parishes, or ads which will be aired in multiple parishes, list the parishes, region or statewide.

Column D: Target Audience - The template has a drop down menu for this field. This gives a common vocabulary for all health plans, assisting in analysis of the report.

Members Only: All attendees are members or their guardians.

Contracted Providers Only: The event is intended only for contracted providers.

Other: Any audience that is not made up solely of members or solely of contracted providers.

Column E: Marketing Plan Reference – Used to track the progression of the marketing plan. This field should cite the specific marketing or member education goal and strategy being addressed by the event. If the event does not fall under any current section of the marketing plan a revised marketing plan, including the event, should be submitted to LDH prior to the event. (*Example: The second strategy listed for the first marketing goal in the marketing plan would be referenced I.a.i.2.*)

Column F: Brief Description of Event – Please describe the event, if the name of the event does not make it self-evident.

Column G: Approval ID – Please include the Approval ID provided to the MCE when the sponsorship or grant was approved to facilitate sponsorship and grant tracking.

Column H: Sponsorship Amount - Reports the monetary or value of an in-kind donation or sponsorship or grant to individuals, organizations or other entities.

Column I: Event Host/Sponsored Entity: Organization/Business/Individual: This field helps distinguish similar events from one another.

Column J: Materials Distributed at Event – Please list the title, description or LDH-ID of any item distributed at an event.

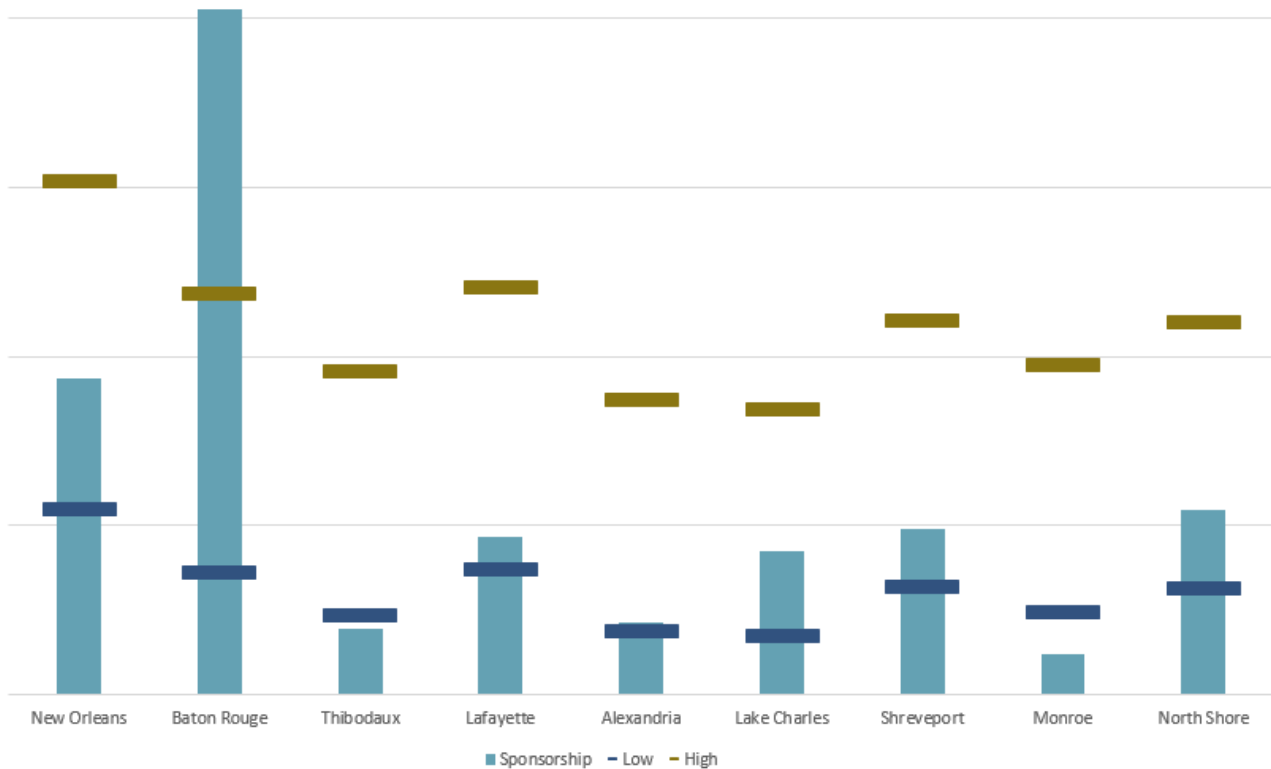
Column K: Comments (Optional Field)

Analysis

Sponsorship and grant distribution must be equitable across all nine Louisiana Medicaid Program geographic regions. Equitability is assessed through a comparison of sponsorship and grant dollars to total enrollees within a specific region.

The equitable range is determined by percentage of total enrollment in each region. The formula used to determine equitable range is half of regional percent of total enrollment to regional percent of total enrollment plus ten percent of the remaining statewide enrollment. *Example: If a region had 20% of the enrollees across the state, its equitable range would be between 10% and 28%, (half of 20 and 20 plus one tenth of 80).*

MCEs should aim to ensure sponsorship and grant spending is above the minimum to be considered equitable in each region. Sponsorship and grant spending above the equitable range is not an issue, unless sponsorship and grant spending in one or more regions is below the minimum to be considered equitable.



Comparison Chart

The comparison chart will be compiled by LDH staff and may include any or all of the following: value-added benefits approved by LDH, contractually obligated services, “in lieu of” services, contact information for the MCEs, HEDIS data, CAHPS data or NCQA rankings. Please note: MCEs may not be consulted prior to release of an updated comparison chart. The document may be compiled using value-added benefits information submitted for approval prior to the publication date.

Marketing Complaints

Alleged marketing violations should be submitted to LDH using the Marketing Complaint Submission Form via email to MMEReview@la.gov or via online form at www.ldh.la.gov/HealthyLaMarketingComplaint. LDH will acknowledge receipt, in writing, within five business days of receipt and complete the investigation within thirty calendar days. LDH may extend this time period for extenuating circumstances. Findings will be analyzed and appropriate action taken. Once action has been taken the complainant will be notified.



Marketing Complaint Submission Form

Revision 10/2018

FOR LDH USE ONLY	
STAGE OF REVIEW	DATE
<input type="checkbox"/> Form Received at LDH	
<input type="checkbox"/> Investigation Begins	
<input type="checkbox"/> Sanctions Applied	
<input type="checkbox"/> Response Sent to Complainant	
<input type="checkbox"/> Investigation Closed	
Marketing Complaint Tracking #:	

COMPLAINANT CONTACT INFORMATION		
Complainant Name/Title/Organization:		
Address:		
Phone:	E-mail:	Fax:
COMPLAINT DETAILS		
Parties to the Alleged Violation: <i>(violator, witnesses and others)</i>		
Date/Time/Frequency of Alleged Violation:		
Location of Alleged Violation: <i>(facility name including location – address, unit, room, floor)</i>		
Narrative/specifics of alleged violation: <i>(Please attach any documentation to support this allegation and attach additional pages if more space is needed)</i>		
Why is this alleged violation a violation of the Marketing Policy and Procedures? <i>(Please include citations to specific policies and procedures)</i>		
What harm has resulted due to this alleged violation? <i>(such as misrepresentation, unfair advantage gained)</i>		
What is the complainant's expectation/desire for resolution/remedy, if any?		
LDH FINDINGS		
LDH Investigator Signature: <i>(at completion of investigation)</i>	Date:	