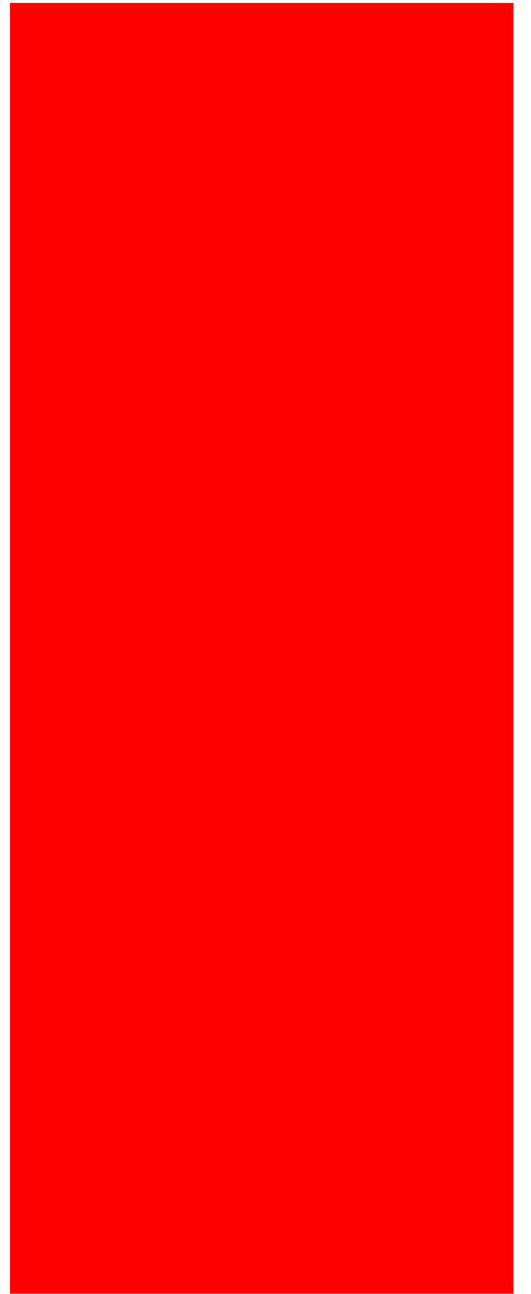


92 SECTION K – MEMBER  
MATERIALS

93 K.1



## Section K: Member Materials (Section §12 of RFP)

### K.1 Describe proposed content for your member educational materials) and attach a examples used with Medicaid or CHIP populations in other states.

Aetna Better Health<sup>®</sup> and its affiliates have 25 years of extensive experience in designing and distributing informative, culturally sensitive, and linguistically appropriate member educational materials. Our quarter century of experience also includes implementing member-focused wellness initiatives and engaging members to assume greater personal responsibility for improving their health outcomes. We currently serve 1.3 million members in 10 states across the country: Arizona, California, Connecticut, Delaware, Florida, Illinois, Maryland, Missouri, Pennsylvania, and Texas. Our best practices include creating and distributing member education materials that are designed to be responsive to the unique characteristics of the people we serve.

It is our standard operating procedure to make sure our member educational information is in an easily understood language and format. We inform our members that translations are available at no cost, for non-English speakers. We take into consideration the special needs of our members and our materials are available in alternative formats at no cost to members. Examples of this commitment include, but are not limited to the following:

- Key educational materials are translated to languages as required by the Department of Health and Hospitals (DHH)
- All translations are performed by a certified (ISO-9001) translation company. The translation company we use specializes in both healthcare and government documents. A certified and notarized statement of accuracy is provided with each translated document.
- Our Member Advisory Council (MAC) collaborates with our Member Services personnel to review and/or recommend materials that are easy to read and that our diverse membership can easily understand
- LanguageLine<sup>®</sup> interpreter services are available to members and providers 24 hours-a-day, seven days-a-week with over-the-phone interpretation for 170 languages
- Telephone lines for the hearing impaired and on-site sign language interpreters are available for members, as needed

---

### **AETNA BETTER HEALTH'S COMMITMENT TO HEALTH LITERACY**

---

Member education also plays an essential role in Aetna Better Health's Integrated Care Management (ICM) model. The responsibility for educating members is shared among many functions. For instance, the Primary Care Provider (PCP) has a vital care coordination role in the member's medical home, as well as accountability for member outreach and education. In addition, we have found that health literacy is a strong predictor of a member's ability to navigate the health system, access their benefits, understand written and oral instructions from providers, take prescription drugs correctly, understand the importance of health education and preventive care, and make and attend scheduled appointments with their provider. As a result,

Aetna Better Health utilizes the Centers for Disease Control<sup>1</sup> and Prevention's *Three "A's"* guidelines for health literacy. When we develop member materials, we produce information that is Accurate, Accessible, and Actionable:

- **Accurate:** information is presented accurately and in a manner members are able to understand
- **Accessible:** we use multiple distribution channels, appropriate languages, and formats to make certain that member materials actually reach our members
- **Actionable:** our method of communicating with members is to provide information that can be acted upon to improve health outcomes

Aetna Better Health creates member educational materials with the member's needs in mind so all written materials will be in accordance with the DHH "Person First" Policy, as illustrated by sample documents in Appendix U. All member materials and services provided to Coordinated Care Network (CCN) Program members will not discriminate against them on the basis of their health history, health status or need for healthcare services. This includes Aetna Better Health materials and services in the enrollment, re-enrollment, or disenrollment processes.

### **Description of New Member Educational Materials Content**

Aetna Better Health will send a welcome packet to new members within 10 business days from receipt of the file from DHH or the enrollment broker containing the names, addresses, and phone number of members assigned to our plan.

The welcome packet will include, but will not be limited to:

- Welcome letter
- Welcome newsletter
- Member Handbook
- Member ID card
- Provider Directory

Following is a brief description of the materials included in our welcome packet:

- **Welcome Letter** includes PCP assignment and instructions for changing a PCP assignment as well as an introduction to the Member Handbook, Provider Directory, privacy notice, and how to reach Aetna Better Health contact information.
- **Welcome Newsletter** serves as an introduction to managed care and Aetna Better Health. It includes important information on how to make appointments and reinforces the value of preventive care, the important role the PCP or Patient-Centered Medical Home (PCMH) plays in the member's care, appropriate use of Emergency Department (ED) and urgent care services and how to get interpreter services, if needed.
- **Member Handbook** is designed to promote adult learning and education related to healthcare benefits, DHH program information, and healthy outcomes including material and information required by DHH, which is updated and submitted to DHH annually for approval prior to use.

---

<sup>1</sup> <http://www.cdc.gov/healthliteracy/DevelopMaterials/index.html>

- **Member ID card** assists in identifying our members when accessing services.
- **Provider Directory** offers members a comprehensive list of providers to choose from including PCPs/PCMHs, specialists, and hospitals. Provider information is also available on our website in a user friendly and searchable format.

Both the Member Handbook and Provider Directory will adhere to federal requirements.

***Member Handbook Content***

Aetna Better Health will develop and maintain a Member Handbook that will contain, at a minimum, the following information:

- Table of contents
- A general description of how Aetna Better Health operates
- Member Rights, Responsibilities and Protections
- Appropriate utilization of services, including when to go to the Emergency Department
- What constitutes an emergency, including the use of 911 or the local equivalent
- The locations of emergency settings and other providers and hospitals providing emergency and post-stabilization services
- Prior authorization is not required for emergency services and the member's right to use any hospital or other setting for emergency care
- How to choose a PCP/PCMH
- The PCP's/PCMH's role as the coordinator of services
- The value of the PCP/PCMH
- The right to disenroll and change providers
- The scope of benefits and covered services
- Carved out services, how to obtain care and what to do if you have a problem
- Information about health education and promotion, as well as disease and chronic care management
- How to obtain benefits and prior authorization
- The purpose and necessity of the Medicaid and CCN Program ID cards and when and how to use them
- The member grievance, appeal and stating hearing procedures and time frames as described in the current Request for Proposal (RFP)
- Advance directives
- Reporting requirements for a member that has or obtains another health insurance policy, including employer-sponsored insurance
- Reporting requirements for a member injured in an accident (third party liability)
- Right to a second opinion at no cost and how to obtain it
- Any additional text provided by DHH or deemed essential by Aetna Better Health
- The date of the most recent revision

- Fraud and abuse, including advising members not to let others use their member ID card or benefits
- Additional information available upon request including: the structure and operation of Aetna Better Health, physician incentive plans, service utilization policies, and how to report alleged marketing violations to DHH

***New Member Welcome Calls***

Although not a traditional printed piece of material, Aetna Better Health considers our new member welcome calls to be an important tool in the education of new members. New member Welcome calls provide an additional layer of outreach and communication by welcoming each new member to Aetna Better Health, providing basic information and giving the member the opportunity to ask questions.

For the Louisiana CCN Program, Aetna Better Health will utilize our Member Outreach Center’s (MOC) Interactive Voice Response (IVR) system. The IVR system gives members a chance to speak with a MOC Representative if they have any questions about the health plan. MOC Representatives will be trained to answer member questions specific to Louisiana’s CCN Program.

***Empowering Members to Report Fraud and Abuse***

Aetna Better Health empowers our members, through several methods (e.g., the Member Handbook, newsletters, website and direct member contact) to recognize, prevent, and report suspected fraud and abuse. We train our Member Services Representatives and any other personnel who have face-to-face or telephonic contact with members to recognize potential fraud and abuse concerns through interaction with members. Our Member Services Representatives have frequent and direct contact with our members and are a main source for educating our members and their families/caregivers regarding the process for reporting potential fraud and abuse. Member Services Representatives report all potential fraud and abuse information in accordance with DHH requirements. Members also receive information regarding fraud and abuse through our Member Handbook and website.

**Description of Contents of Additional Member Educational Materials**

***Prevention and Wellness Information***

Aetna Better Health’s approach to member education employs an array of initiatives to continually educate members about health related information, including: 1) the importance of preventive health care and prenatal care; 2) the appropriate use of the Emergency Department; and 3) the early warning signs of potential health problems. Our goal is to help our members make informed choices by promoting and emphasizing the benefits of wellness and the importance of healthy lifestyles including exercise, proper diet, and nutrition and smoking cessation in an understandable and meaningful manner.

Our educational strategies include, but are not limited to, the following:

- Aetna Better Health’s website includes information for members on wellness programs intended to prevent chronic illnesses, promote healthy lifestyles/habits and improve their understanding of what care is available and how to access it.

- Quarterly Member Newsletters containing general information on prevention and wellness including, but not limited to, tips on healthy eating, having a healthy pregnancy, domestic violence awareness and prevention and seasonal information (i.e., flu prevention, well-child visits before school begins).
- Brochures, flyers, and wall posters regarding Aetna Better Health prevention and wellness programs.
- Krames On-Demand for providing member education tailored to understanding specific conditions, as well as the importance of preventive services.
- Text4baby.org link as a resource for pregnant members to receive text messages on their cell phones for reminders about prenatal care and other important health-related information
- Targeted mailings to remind members to access services according to established periodicity schedules, including, but not limited to, the following:
  - Immunizations
  - Well child screenings (e.g., EPSDT)
  - Mammograms
  - PAP smears
  - Flu shots

#### ***Member Newsletters***

Aetna Better Health uses a professional newsletter publishing company to prepare our member newsletters. As required by DHH, newsletters are sent to all members and include topics that are specifically chosen to enhance current member education and outreach efforts related to quality indicators, HEDIS<sup>®2</sup>, general health education, and to communicate program requirements. When appropriate, Aetna Better Health will include custom articles to support DHH's initiatives as well as targeted health outcomes.

#### ***Ongoing Education***

Aetna Better Health understands the importance of communicating with our members on an ongoing basis. We use various integrated methods to educate our members on preventive health care, changes, and improvements to our programs and services and updated information regarding our benefits and providers.

#### ***Access to Care Reminders***

Our Arizona affiliate, Mercy Care Plan, sends disease appropriate mailings to members with chronic conditions to remind them about the importance of applicable screenings (e.g., lipid testing, vision screens, HbA1c screening, blood pressure monitoring, etc).

Post cards and informational flyer mailings are mailed monthly to parents, teens, and adults to reinforce and remind members of the importance of preventive care. Mercy Care also uses prerecorded voice messages to deliver important reminders to members' homes. These programs have value, as demonstrated by Mercy Care's results in the following table, which illustrates improvements in member participation in education programs achieved by reaching out to and

---

<sup>2</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance

educating members (note: Arizona’s State Medicaid agency is the source of these performance improvement statistics):

**Member Participation Improvements Resulting from Access to Care Reminders**

Education Program	2007 Percentage	2009 Percentage
Mammograms	58.9	68.0
Cervical Cancer Screening	64.0	68.0
EPSDT Well Visit – 3 to 6 year olds	68.8	74.4

**Website**

Our members have access to valuable information regarding Aetna Better Health and their health care on our website at [www.aetnabetterhealth.com](http://www.aetnabetterhealth.com). Our website contains information including, but not limited to, the following:

- Value of a PCP/PCMH and the importance of preventive health services
- Information regarding benefits of our NCQA certified Disease Management Program
- Member newsletters
- System to easily locate doctors by their geographical location, specialty and languages spoken
- Notice that translated versions of member materials and information are available upon request

**Additional Member Information**

Aetna Better Health’s Member Handbook and member newsletters also contain information on the appropriate use of the emergency room, the importance of the PCP/PCMH, the importance of keeping scheduled visits with the PCP/PCMH, change of address reminders, the importance of maintaining CCN Program benefits. The Member Handbook also contains contact information for Aetna Better Health’s Member Services Department, Disease Management, Case Management (ICM), Quality Management, Grievance and Appeals, and DHH.

**Member Communication Strategies Used to Build Content**

Aetna Better Health utilizes a number of verbal and written strategies to make sure we are communicating with our members in a clear, concise, and accurate manner. Following are examples of our efforts:

- We use bulleted lists, shorter sentence structures and do not use healthcare “jargon” when creating our member materials. Our communications materials were recognized by the Center for Plain Language, which gave Aetna the top honor for their “Plain Language Award” for two years in a row (2010 and 2011)
- We use the Flesch-Kincaid readability test to make certain that our member materials are written at or below the 6th grade level, as required by DHH
- We regularly review reports on the languages spoken by our members to assess which materials must be translated into other languages or converted to other formats
- Messages in our Member Handbooks, welcome newsletters and our website include Member Services Department contact information in the appropriate required languages for members

who need assistance in understanding the material or if members need the material in another language

- Network providers, Member Services Representatives, and Provider Services Representatives are trained to promote communication between providers and members to improve health outcomes

***Alternative Formats***

Aetna Better Health provides the same content in all member educational materials, regardless of format. We make certain that printed materials for members include instructions in Spanish and Vietnamese advising members to call Member Services to receive information in either language. There is no cost to members for these materials. To enable members to easily access information, we evaluate all written communication and educational materials to make certain that they are sensitive to the diverse cultures of our member population. All materials are written at or below the 6th grade reading level according to the Flesh-Kincaid readability test.

To accommodate members who are unable to read or understand written materials, we arrange to have any of our written materials read aloud to the member, in its entirety if necessary. Our representatives also review printed materials with the member to assist them with adequate comprehension. Our Member Services and Case Management personnel are sensitive to the needs of members with low health literacy and they work with members and their PCPs/PCMHs to make sure members comprehend the nature of their diagnosed condition(s) and the available treatments and therapeutic options, including prescribed medications.

If a member requests interpreter services, Aetna Better Health provides assistance through bilingual Member Services Representatives who speak Spanish and Vietnamese. For members requesting assistance in a language other than Spanish or Vietnamese, we use LanguageLine® Services (LanguageLine®), our trusted vendor since 1998. LanguageLine® is available to assist with telephonic interpretation 24-hours-a-day, 7-days-a-week. The member can call our Member Services Department to request interpretation assistance. There is no cost to the member for interpreter services.

Aetna Better Health will utilize Louisiana Relay services to communicate telephonically with members with hearing disabilities. We also have the capability to arrange for sign language interpreters at no cost to the member.

Members with vision disabilities have access to enrollment materials in alternative formats, which include the ability to enlarge the typeface on the website through our web accessibility initiative. This function enables members to change the text size, text and background colors, and other display settings through standard browser settings for improved readability. Materials are also be available, at no cost to the member, in Braille and audio formats upon request

We also have protocols in place for sending copies of member informational and educational materials to a designated third party, upon the request and signed consent of the member or the member's family/caregiver.

Please see Appendix U for examples of member educational materials produced for members in other states.

***Keeping Members and Providers Informed***

Aetna Better Health keeps our members and providers informed and provides information on how to contact us when they have questions or need assistance. We use the following communication tools to inform our members and providers about important information that impacts health outcomes.

Member Communication	Provider Communication
Member Website	Provider Web Portal
Member Handbook	Provider Manual
Member Newsletters	Provider Newsletters
Case Management Department Personnel (ICM)	Case Management Department Personnel (ICM)
Member Call Center (Toll-free call)	Provider Services Representative (Toll-free call)
Access to care reminder cards	Provider Service Center
UM/PA – Notice of Action Letter	UM/PA – Service Approvals/Denials
	Webinars - Interactive

***Member and Provider Feedback***

Aetna Better Health recognizes that there are multiple ways to receive member and provider feedback. Points of member and provider contact with Aetna Better Health for feedback are identified in the table below.

Member Feedback	Provider Feedback
Member Interaction with Assigned Case Manager (ICM)	Provider Satisfaction Survey
Member Grievances/Quality of Care Issues	Provider Services Representative Contact
Member Satisfaction Surveys	Provider Assistance Program for Non-Compliant Members
Transportation Surveys	Provider Claims Educator
Member Advisory Council	Provider Turnover Analysis
Staff Feedback	Provider Complaints and Appeals
Regulator Input	Regulator Input
Member Survey (CAHPS®)	Provider Site Visits
	Staff Feedback
	Identifying and Coaching Physician Groups with High Panel Use of Emergency Department
	Provider Group Meetings

## Spotlight on Member Materials

### ***Spotlight 1: EPSDT Health Promotion Activities***

Aetna Better Health defines health education as programs, services, and promotions designed to advise and inform members about wellness, healthy lifestyles, and the value of preventive care. Aetna Better Health uses a combination of health promotion activities to improve members' and their families/caregivers' understanding of the EPSDT Program. Our outreach and communications activities help members and their families/caregivers to understand the value of this critical program; provide information on how to access EPSDT services; and assist members in utilizing these services.

Promotion activities examples include:

- **General Educational Information.** Aetna Better Health defines *member information materials* as any material given to our members, including but not limited to: Member Handbook, member newsletters, surveys, on-hold messaging, health-related brochures, and website content. Each new member receives a Member Handbook that includes information on the EPSDT Program, child health guidelines and tips to keep children healthy. Our member newsletters typically include articles about the value of the EPSDT Program. We also use our Member Services toll-free line to educate callers, during their brief on-hold waiting periods, on various aspects of the EPSDT Program. These materials are included on our website for easy reference.
- **Population Specific Information.** Our Maternal Child Health/EPSDT Coordinator mails a variety of age-specific health materials to inform our members and their families/caregivers about our EPSDT Program.
- **Community Collaboration.** Aetna Better Health conducts community-based education at health fairs, where we disseminate, among other things, EPSDT information and information about our PCP network. Our Maternal Child Health/EPSDT Coordinator works with local community organizations to improve the health status of children.

### **EPSDT Member Outreach Activities**

Aetna Better Health's EPSDT outreach strategy recognizes the importance of emphasizing and repeating messages about the value of EPSDT services to members and their families/caregivers. Our strategy includes:

- **General Reminders to Members.** Our Maternal Child Health/EPSDT Coordinator informs all EPSDT members and families/caregivers reminder cards about the need for and value of scheduling well-child visits and obtaining age-appropriate immunizations as set forth in the EPSDT periodicity schedule.
- **Targeted Follow-up.** Our Maternal Child Health/EPSDT Coordinator make calls to the family/caregiver of EPSDT age members if the member is late for an EPSDT appointment. During this call, we take the proactive step of scheduling an appointment with the responsible party and the member's PCP office via a three-way call and arranging transportation.

### **EPSDT Outreach Strategies for Providers**

Aetna Better Health recognizes the critical role the PCP/PCMH plays in encouraging members to receive EPSDT services. Our PCP/PCMH education tools used to support the EPSDT Program include the Provider Manual, network newsletters; monthly lists of members due for an EPSDT visit distributed to their PCPs/PCMHs; and meeting with PCPs/PCMHs that provide care to a large number of EPSDT-eligible members. Other strategies include educating new providers

about EPSDT requirements during initial orientation and each scheduled office site visit. We analyze submission patterns of EPSDT forms to identify non-compliant providers and take necessary corrective action.

### **EPSDT Monitoring Activities**

In addition to on-going reviews of quality and utilization data, Aetna Better Health employs a variety of EPSDT-specific monitoring strategies to identify opportunities for improvement.

- **Ambulatory Medical Record Review (AMRR)**. Aetna Better Health will conduct AMRRs at PCPs/PCMHs' offices to assess their compliance with EPSDT requirements and to monitor the provision of EPSDT services. After each AMRR, we provide the PCP/PCMH with feedback and education on any identified areas of concern. Poorly performing providers must implement a corrective action plan and we review the provider's compliance within six months.
- **EPSDT-Related Performance Measures**. In addition to the DHH-generated EPSDT performance results, we assess our EPSDT performance and participation rates throughout the year, benchmarking our performance to the DHH goals and the NCQA Medicaid 75<sup>th</sup> percentile. Aetna Better Health produces a monthly report that shows our EPSDT-related HEDIS performance measure results based on a rolling 12-month analysis of claims. These reports enable us to identify any significant changes in performance that warrant further analysis and possible intervention or affirm the effectiveness of previously implemented interventions.
- **EPSDT Form**. Aetna Better Health contractually requires our providers to use the DHH EPSDT Age-Specific Tracking Form to document age-related and required information from each EPSDT screening and visit. We monitor compliance with requirements through provider profiling, claims history and the correct, accurate, and timely submission of EPSDT forms.
- **Member Satisfaction**. Aetna Better Health conducts a CAHPS<sup>®</sup> survey for our members, benchmarking the results to NCQA Medicaid HEDIS CAHPS<sup>®</sup> survey results for similar populations. This survey solicits family/caregiver input on accessibility/availability of appointments, how well providers communicated, and rating of doctors and Aetna Better Health.

### ***Spotlight 2: Maternity Care***

Aetna Better Health offers our members a comprehensive Maternity Care Program. We actively promote access to maternity care that is in full compliance with the most current American Congress of Obstetricians and Gynecologist (ACOG) standards.

Aetna Better Health conducts health promotion activities to educate members about our maternity care services, the importance of early and continued prenatal care, postpartum follow-up and a healthy lifestyle in achieving positive birth outcomes. Our Member Services Department performs general health promotion activities along with targeted activities for pregnant members and those of a child-bearing age. Maternity care information is included in our 1) new member welcome letter, which includes steps to take if the member is pregnant; 2) Member Handbook, which includes care guidelines, covered services, and stay healthy tips when pregnant; 3) articles in our member newsletters that remind members about the importance of prenatal care and postpartum follow up, the need for dental care while pregnant (coordination with the carved out dental vendor is available through Member Services, ICM, or Provider Services), and the importance of folic acid intake while pregnant; and 4) the inclusion of maternity care reminders on our Member Services toll-free line on-hold messaging. Maternity

care information is also available on our website. Targeted promotional materials disseminated to pregnant members or those of child-bearing age include:

- For female members 18 to 39 years of age, a brochure encouraging them to initiate a visit with an OB/GYN within the first trimester of their pregnancy.
- For newly identified pregnant women, perinatal outreach materials including information about signs of preterm labor, anemia, and nutrition and how to contact a Case Manager; a “Taking Care of Yourself and Your new Baby” booklet with a letter that provides information to newly identified pregnant women on the availability of free childbirth classes. We also provide an informational flyer on the Women, Infants and Children (WIC) program, including information on what is offered by the program, as well as how to apply.
- After delivery, new mothers receive a “You and Your New Baby Book,” which provides them with tips on maintaining the good health of their babies.

Targeted outreach to inform and educate our pregnant members continues throughout a woman’s pregnancy and during her postpartum care. Early identification is key to the success of our outreach strategies. Aetna Better Health identifies pregnant women through several processes, including external sources such as ED claims; OB/GYN observation admission report, review of Health Risk Assessments completed by newly enrolled members; review of EPSDT tracking forms, provider authorization requests for “total OB care”; and members directly contacting Aetna Better Health about a pregnancy.

Once identified, our Maternal Child Health/EPSDT Coordinator mails a letter to the pregnant member, congratulating them on their pregnancy and encouraging them to make an appointment with their OB/GYN. This mailing includes the “Taking Care of Yourself and Your New Baby” booklet.

### **Initiatives to Reduce Racial and Ethnic Health Care Disparities**

Since 2001, Aetna and the Aetna Foundation have awarded over \$15.5 million for programs addressing health-related racial and ethnic disparities. Aetna was the first national insurer to collect racial and ethnic information, which reflects on our commitment to use this information to better understand and address identified disparities. Examples include:

- Evaluating drug interactions, unsafe medications and access to medications for the most needy populations in the United States
- Using HEDIS data to reduce disparities in preventive care access for:
  - Women who have never had a Pap smear or mammogram
  - Children who have been to the ED many times per year due to poor asthma care
  - Men who have received little to no care for their diabetes prior to an amputation
  - Members with sickle cell disease who have not had a flu shot
- Monitoring ED use as a measure of access
- Measuring behavioral health comorbidity and co-managing these members in Care Management
- Profiling provider practices to verify access to care

In addition, Aetna is currently undertaking the following initiatives:

- African American Diabetes Education Pilot
- Study of Hypertension in African Americans

The following provides a more detailed description of these programs.

***African American Diabetes Education Pilot***

Researchers at Emory University recently identified limited health literacy as one of the principle barriers preventing African Americans from accessing HbA1C and LDL screenings and from appropriately self-managing the disease once a diagnosis has been made. In response, Aetna's African American Diabetes Education Pilot is focused on improving compliance through the provision of culturally competent educational materials.

**Study of Hypertension in African Americans**

Aetna's Study of Hypertension in African Americans is employing various outreach, training, and reporting strategies to accomplish two critical goals:

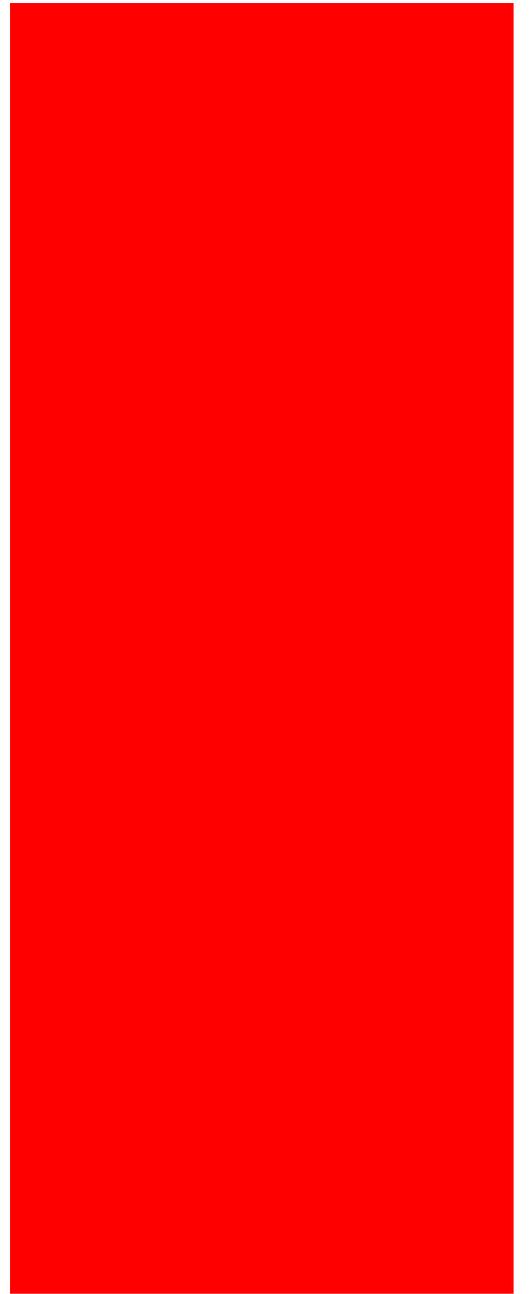
- Increase the rate of clinically acceptable blood pressure measurements
- Compare the impact of different DM approaches for improving blood pressure and self-care knowledge and behaviors

**Current Initiatives**

Additional examples of the Aetna Foundation's current initiatives to address health care disparities include:

- Morehouse School of Medicine: – “Improving Diabetes Care through Technology and Infrastructure Enhancement” to improve care among low-income, inner city adults
- College of New Rochelle: – “Weight and Wellness Module Education” to provide timely information about the health risks associated with obesity
- Center for Asian and Pacific Islanders: – “First Words for Family Health” Program to help immigrants and refugees to safely utilize and understand American health care

94 K.2



**K.2 Describe how you will ensure that all written materials meet the language requirements and which reference material you anticipate you will use to meet the sixth (6<sup>th</sup>) grade reading level requirement.**

Aetna Better Health currently serves over 1.3 million members in 10 states across the country. We serve Medicaid members in the Aged, Blind and Disabled (ABD), State Children’s Health Insurance Program (SCHIP), Temporary Assistance for Needy Families (TANF) and dual eligible populations. Our experience in communicating with a wide variety of member populations with a diverse array of special needs spans 25 years. This has equipped us with the capability of tailoring our communications to the language, format and literacy level of the diverse member populations we serve. In our experience with groups in other states similar to the Coordinated Care Network (CCN) Program populations, we have used targeted communications to achieve better health results for our members. We will develop and design our written materials to be fully responsive to members’ needs and to comply with the Department of Health and Hospitals’ (DHH) requirements for the Louisiana Medicaid CCN Program. One of the key approaches we use to maintain responsiveness to our members’ needs is our Member Advisory Council (MAC) – the MAC collaborates with our Member Services personnel to review and/or recommend materials that are easy to read and understandable for our diverse membership.

Our focus and commitment to providing marketing and member materials that meet language and reading level requirements is a company-wide endeavor and comes directly from Aetna Better Health’s Chief Executive Officer (CEO). The CEO has direct oversight of the Marketing Department. Working in conjunction with our Legal and Compliance Departments, the Marketing Department produces and oversees the development process of member materials to make certain that federal and state guidelines are met, in addition to language and reading level requirements. We take pride in the fact that we have never been cited or sanctioned by any state agency for marketing violations or for distributing materials without state review and approval.

---

## **WRITTEN MATERIALS GUIDELINES**

---

Aetna Better Health utilizes specific guidelines to make certain that we are communicating with our members in a clear, effective, and accurate manner for both language and reading level requirements. We use bulleted lists, shorter sentence structures and do not include healthcare “jargon” when creating our member materials. These efforts were recognized by the Center for Plain Language, which gave Aetna the top honor for their “Plain Language Award” for two years in a row (2010 and 2011). Further, as described in Section K.1, we utilize the Centers for Disease Control<sup>3</sup> and Prevention’s *Three “A’s”* guidelines for health literacy. When we develop member materials, we make the information Accurate, Accessible and Actionable:

- **Accurate:** The information is presented accurately and in a manner members are able to understand.
- **Accessible:** We use multiple distribution channels, appropriate languages and formats to make certain that member materials actually reach our members.

---

<sup>3</sup> <http://www.cdc.gov/healthliteracy/DevelopMaterials/index.html>

- **Actionable:** Our method of communicating with members is to provide information that can be acted upon to improve health outcomes.

In applying the *Three “A’s”* guidelines, all member materials are in a style and reading level that accommodates the reading skills of CCN members. The writing level will be at or below a 6th grade reading-level as determined by the Flesch-Kincaid readability tool. We take into consideration and incorporate the need to explain to the member technical or unfamiliar terms to assure accuracy and understandability. Aetna Better Health understands that DHH reserves the right to require evidence that a Member Handbook has been tested against the 6th grade reading-level standard required by DHH.

All written materials will be clearly legible with a minimum font size of 10 point, with the exception of member ID cards and unless otherwise approved by DHH.

All multi-page written member materials notify the member that real-time oral interpretation is available for any language at no cost to the member, as well as how to access those services. Aetna Better Health also provides instructions on how to request multi-lingual interpretation and translation when needed at no cost to the member. This instruction will be included in Member Handbook and on our website, in English, Spanish, and Vietnamese as are described below.

## **Oral Interpretation and Written Translation Services**

### ***Oral Interpretation Services***

To accommodate members who are unable to read or understand written materials, we arrange to have any of our written materials read aloud to the member, in its entirety if necessary. Our representatives also review printed materials with the member to assist with adequate comprehension. Our Member Services and Case Management personnel are also sensitive to the needs of members with low health literacy and make every effort to work with members and their Primary Care Providers/Patient-Centered Medical Homes (PCPs/PCMHs) to make sure that members comprehend the nature of their diagnosed condition(s) and the available treatments and therapeutic options, including prescribed medications.

If a member requests interpreter services, Aetna Better Health provides assistance through bilingual Member Services Representatives who speak Spanish and Vietnamese. For members requesting assistance in a language other than Spanish or Vietnamese, we use LanguageLine<sup>®</sup> Services (LanguageLine<sup>®</sup>), our trusted vendor since 1998. LanguageLine<sup>®</sup> is available to assist with telephonic interpretation 24-hours-a-day, 7-days-a-week. The member can call our Member Services Department to request interpretation assistance. There is no cost to the member for interpreter services.

### ***Written Translation Services***

All written translations will be performed by our approved vendor, Akorbi Language Consulting. Akorbi is an ISO-9001 certified professional translation company specializing in both healthcare and government documents. Akorbi has worked with Aetna Better Health for the past eight years. A certified and notarized statement of accuracy is provided with each translated document.

Aetna Better Health will make certain that translation services are provided for written marketing and member education materials for any language that is spoken as a primary language for 200 or more CCN Program members within each GSA. Materials will be translated and made available to members at no cost to them within 90 calendar days of notice from DHH.

## **Alternative Formats and Methods of Communication**

### ***For Members with Hearing Disabilities***

Aetna Better Health will utilize Louisiana Relay services to communicate telephonically with members with hearing disabilities. We also have the capability to arrange for sign language interpreters at no cost to the member.

### ***For Members with Vision Disabilities***

Members with vision disabilities will have access to enrollment materials in alternative formats, which include the ability to enlarge the typeface on the website through our web accessibility initiative. This function enables members to change the text size, text and background colors, and other display settings through standard browser settings for improved readability. Materials will also be available in Braille and audio format.

We will also have protocols in place for sending copies of member informational and educational materials to a designated third party, upon the request and signed consent of the member or the member's family/caregiver.

## **Written Materials Review Process**

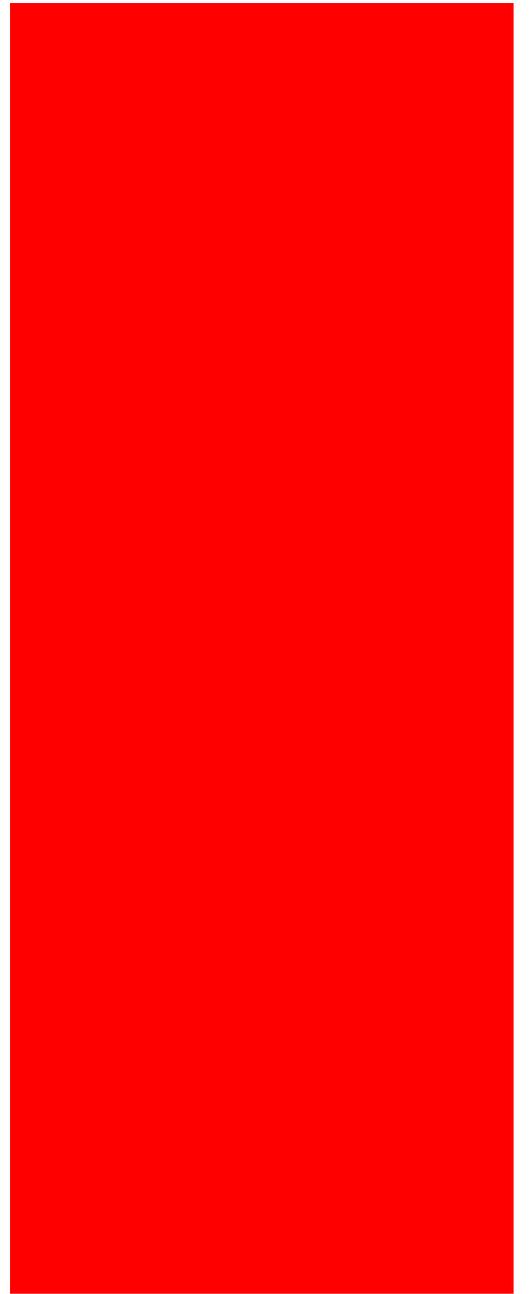
Aetna Better Health's Marketing Department will make accommodations and take into account the target audience's potential for low literacy, low health literacy, and low English proficiency in developing member materials. The Marketing Department verifies that all written materials are written at or below a 6th reading level, using the Flesch-Kincaid readability tool embedded in Microsoft Word.

Aetna Better Health recognizes that DHH will review documents and may request changes. We will make those changes in a timely manner and return the revised documents to DHH for review and approval.

Aetna Better Health's written member materials for the program will be produced in English. A tagline will be included on the member materials in both Spanish and Vietnamese indicating that translations will be available upon request by calling Member Services.

Aetna Better Health's written materials subject to review by DHH will receive a thorough internal compliance and legal review prior to being sent to DHH for approval. No written materials subject to review by DHH will be distributed to a member without DHH's written approval.

95 K.4



**K.3 Describe your process for producing Member ID cards and information that will accompany the card. Include a layout of the card front and back. Explain how you will ensure that a Member receives a new Member ID Card whenever there has been a change in any of the information appearing on the Member ID Card.**

Aetna Better Health produces ID cards for 1.3 million members in 10 states across the country. We take pride in the fact that we have a seamless process in place to make certain our members receive their ID cards in a timely, accurate manner so they can readily access needed healthcare services.

---

## **MEMBER ID CARD GENERATION**

---

Aetna Better Health's member ID card generation is a system-driven process. The Member ID Card generation begins with our receipt of the daily enrollment file from the Enrollment Broker. Aetna Better Health's Information Technology (IT) Department loads the enrollment file into our QNXT™ system. Once the enrollment file is processed and the new members are posted to the system an automated routine generates a daily ID card production file. This file is automatically sent via a secure FTP site to our print and fulfillment vendor. The ID card production file contains the member's name, ID number, date of birth, Primary Care Provider (PCP) information, member address, and effective date.

The print and fulfillment vendor processes these data and prepares an ID card print file. This file contains the information that was generated by QNXT™. The ID card print file triggers the ID print job.

Aetna Better Health ID cards will contain the following information:

- Member's name and date of birth
- Aetna Better Health's name and address
- Instructions to call 911 for emergencies
- The PCP's name and telephone number
- Toll-free number(s) for:
  - 24-hour Member Services and Filing Grievances
  - Provider Services and Prior Authorization and
  - Reporting Medicaid Fraud (1-800-488-2917)

Aetna Better Health's ID card will be included in the member welcome packet. If Aetna Better Health receives a member record on an eligibility file from DHH without a PCP assigned, the Enrollment Department will auto-assign a PCP to the member. Members may change PCPs at any time by calling Member Services.

Aetna Better Health will send new members welcome packets within 10 business days from the date of receipt of the file from DHH or the Enrollment Broker. During the phase-in implementation of the program, Aetna Better Health will send welcome packets as soon as possible but never more than 21 business days after the receipt of the eligibility file. Our current

production target is 10,000 packets per business day, but production is scalable up with adequate notice time.

Aetna Better Health will mail only one welcome packet to the head of the household when two (2) or more members are in the same household. The packet will include an ID card for each member.

If a member reports a lost card, if there is a member's name changes or the member's PCP changes, or for any other reason that results in a change to the information on the member ID card, the member simply calls our Member Services Department to get an ID card reissued. Our standard turnaround time is 10 calendar days from the date of notice. This process is noted in the Member Handbook, as well as on our website.

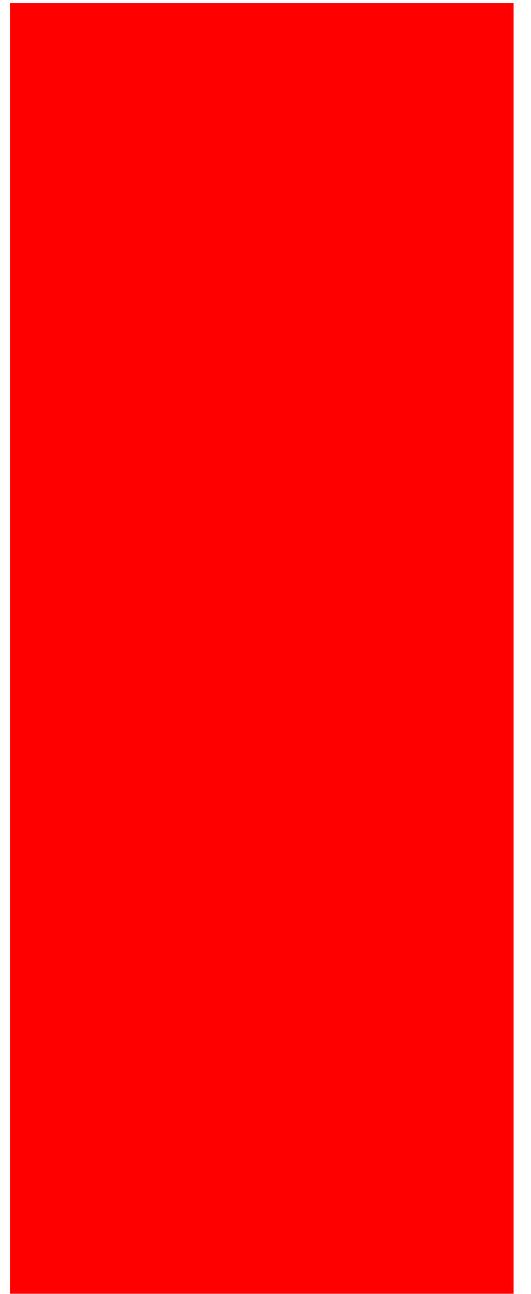
Each time a reissue occurs, the new information is included on the outbound file to the print and fulfillment vendor. The member's record on the outbound file is coded to identify it as a reissue instead of a new member. This triggers the fulfillment of a new ID card with the new information. Anytime an ID card is mailed, the card is accompanied by an ID card carrier letter that explains the purpose of the reissued card.

Members are also instructed to not share their ID card with anyone, as this constitutes fraud and abuse. We communicate this information to the member through the Member Handbook, welcome letter and on our website.

The images below represent a sample of the front and back of the member ID card.

			
Member ID# 123456789-12	Date of Birth 01/20/1980		
Member Name Smith, Joan	Sex F		
-----			
PCP Jones, Robert	Effective Date 06/01/2011		
PCP Phone 123-456-7890			
<small>THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. www.aetnabetterhealth.com</small>			
<p><b>Member Services 1-8XX-XXX-XXXX</b> (24 hours / 7 days a week)  <b>Hearing impaired: LA Relay 7-1-1</b>          To file a grievance contact Member Services.  <b>Urgent Care:</b> Call your primary care physician (PCP)  <b>Emergency Care:</b> Call 911 or go to the nearest emergency room when your medical situation is very serious – when it may be life or death. Call your PCP as soon as you can.  <b>To Verify Member Eligibility:</b> www.aetnabetterhealth.com or 1-8XX-XXX-XXXX.  <b>Provider Services and Prior Authorization:</b> prior authorization is required for all inpatient admissions and selected outpatient services. To notify of an admission, call 1-8XX-XXX-XXXX.  <b>Reporting Medicaid Fraud:</b> 1-800-488-2917</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Send Medical Claims To:</b>            Aetna Better Health            PO Box XXXXX            Phoenix, AZ 85082-XXXX         </td> <td style="width: 50%; vertical-align: top;"> <b>Physical Address:</b>            Aetna Better Health            Street Address            City, State Zip         </td> </tr> </table> <p><b>Electronic Claims:</b> Payer ID# XXXX</p>		<b>Send Medical Claims To:</b> Aetna Better Health PO Box XXXXX Phoenix, AZ 85082-XXXX	<b>Physical Address:</b> Aetna Better Health Street Address City, State Zip
<b>Send Medical Claims To:</b> Aetna Better Health PO Box XXXXX Phoenix, AZ 85082-XXXX	<b>Physical Address:</b> Aetna Better Health Street Address City, State Zip		

96 K.4



**K.4 Describe your strategy for ensuring the information in your provider directory is accurate and up to date, including the types and frequency of monitoring activities and how often the directory is updated.**

Aetna Better Health has been producing provider directories for our members for over 25 years. We currently maintain this process for over 1.3 million members in Arizona, California, Connecticut, Delaware, Florida, Illinois, Maryland, Missouri, Pennsylvania and Texas. The following information details the strategy and monitoring processes we utilize to make certain that our directories are accurate and up-to-date and that members receive information about any changes in the provider network that affect them in a timely, responsive manner. It is our standard operating procedure to advise our members, stakeholders, enrollment brokers, advocacy organizations, and other interested parties that the most accurate provider listing is available on our website.

Aetna Better Health has written policies and procedures that define and govern the process for maintaining our provider directory. These policies and procedures indicate that the Chief Operating Officer (COO) is responsible for the integrity of the provider directory. Assisting the COO is the Provider Services Manager. The Provider Services Manager is responsible for the day-to-day management of the Provider Services Department. A key function of this position is the integrity, accuracy, and completeness of our provider directory. Aetna Better Health has standardized processes and protocols that govern the functionality of the department and the performance of personnel.

---

## **PROVIDER DIRECTORY FOR MEMBERS**

---

Aetna Better Health's Provider Services Department is responsible for actively monitoring the provider network for changes and making such changes are accurately reflected in the official provider directory. Our QNXT™ system houses all provider information, which is used to create the directory (both paper and web-based). The monitoring process for provider changes and terminations is as follows:

### **New Provider Addition**

Providers requesting to join the Aetna Better Health network contact the Provider Services Department. The Provider Services Department telephone number and e-mail address is on the Aetna Better Health website. Our website also includes a copy the Provider Manual and other important information. The process for a provider requesting to join the Aetna Better Health network is as follows:

- A provider who is interested in contracting with Aetna Better Health will download a Practitioner Application Screening (PAS) form from our website, complete the form and fax, e-mail, or mail it to our Provider Services Department. The Provider Services Department will review the PAS form and the provider. After thorough review, if it is, determined that the provider meets all of the necessary requirements, including credentialing, Provider Services will send a contract to the provider for review and execution.
- Once the provider signs the contract and sends it back to the Provider Services Department, the provider's PAS form is processed through our post contracting review process, which

includes activities necessary to validate the information on the PAS form, including our NCQA certified credentialing process. After the review of the PAS form is completed, a trained and experienced Provider Services Representative completes a Provider Change Request (PCR). The PCR includes all pertinent information that is required to successfully add the provider to our system. To make certain the accuracy of the PCR information, it is peer reviewed by comparing the information to the PAS form. The completed/validated PCR is electronically transferred to the Provider Data Services unit. The Provider Data Services unit is responsible for accurately and timely inputting the provider's information into our QNXT system.

- The originator of the PCR audits and approves the information entered into QNXT after receiving the PCR closure notice from Provider Data Services and before the information is promoted to QNXT.

### **New Location Notification**

The Provider Manual instructs providers to contact Provider Services when they move, add a new location, or make any other change that will affect the accuracy and completeness of the Provider Directory. Providers must contact our Provider Services Department via written correspondence to notify Aetna Better Health regarding any changes in demographic data, including address changes, new locations or making any other change that will affect the accuracy and completeness of the Provider Directory. When our Provider Services Department receives the request for a provider change, our Provider Services Representative will review the request and contact the provider's office if additional information is needed. Our standard operating procedure is to process the change (including contacting the provider's office for additional information) within five (5) calendar days of receipt of the request. Once the information on the request is verified and appropriate documentation secured, the Provider Service Representative will prepare a Provider Change Request (PCR). The completed PCR is sent (via e-mail) to the Provider Data Services team. The Provider Data Services team processes the PCR and modifies the provider's record in the QNXT™ system. The originator of the PCR audits and approves the information entered into QNXT™ after receiving the PCR closure notice from Provider Data Services and before the information is promoted to QNXT™.

### **Terminations**

Aetna Better Health has an established and written policy and procedure that governs the process, to include the responsibilities of the individuals in the Provider Services Department. The Provider Manual and the provider's contract contain instructions regarding the provider's rights to terminate their contract with Aetna Better Health. These instructions require the provider to notify the Provider Services Department in writing of the termination. These instructions include the following steps:

- The provider submits a written termination notice to our Provider Services Department (e-mail, letter, or fax).
- Provider Services Department reviews the requests and attempts to retain the provider, enlisting assistance from the Network Development team as needed.

- If retention warranted, Provider Services telephonically outreaches to the provider office (the Provider Services Representative may involve their manager, the Director of Network Development, the COO or the CMO in this process).
- If retention not warranted or provider no longer desires network participation, the Provider Services Representative reviews the term date to see that the provider gave the appropriate contractual advance notice for termination without cause.
- If the notification timeframe was not met, the Provider Services Representative will inform the provider of the contractual obligation via phone call or written correspondence for notice of termination without cause and provide them with their effective termination date.
- If notification is warranted, the Provider Services Representative prepares a Provider Change Request (PCR) and submits it to Provider Data Services for action. Our Provider Services Representative also notifies the appropriate departments for member transition of care. The Provider Service Manager or COO will notify DHH.

### **Frequency of Updating the Provider Directory**

Aetna Better Health's web-based online version of the provider directory will be updated every night. The hard copy version of our provider directory will be updated at least on an annual basis.

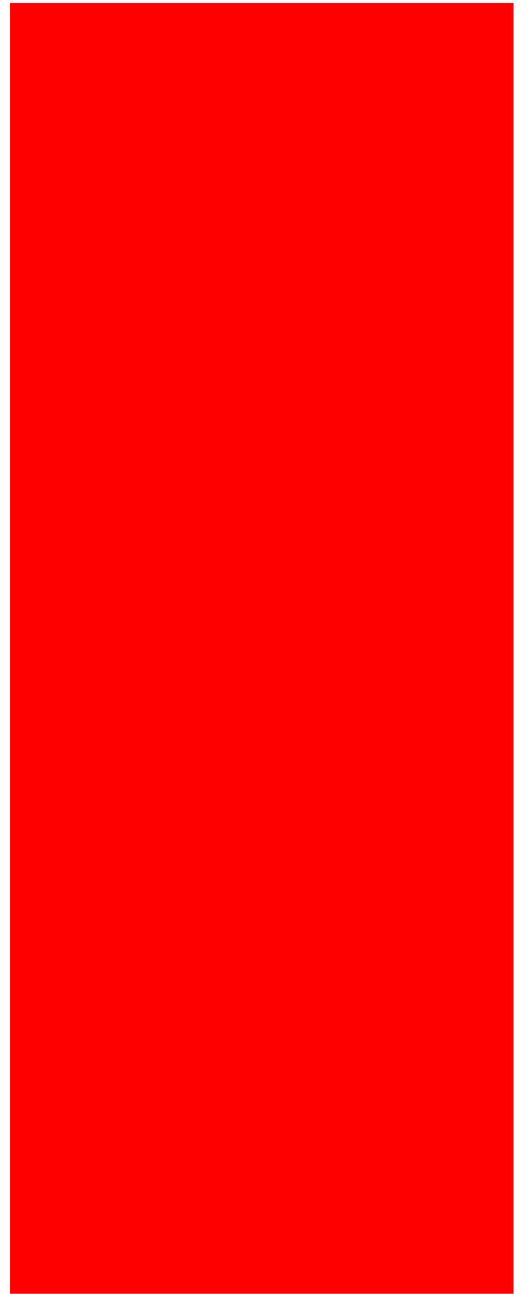
The electronic version will be updated prior to each submission to DHH's Fiscal Intermediary. The abbreviated hard copy version for the Enrollment Broker will be distributed to new Medicaid members in the format specified by DHH.

The paper copy of the provider directory is updated annually – this update will result in a new printing of the provider directory. However, inserts are used to update the provider directory each month. The monthly inserts are combined each quarter for a full quarterly update insert.

### **Obtaining Updated Provider Directory Information from Member Services**

Members will be informed through the Member Handbook, welcome packet and the welcome letter that they can call Member Services and speak to a Member Service Representative to obtain the most up-to-date provider directory information. Members may also go to our website to access the most up-to-date version of the provider directory. Upon request, our Member Services Representative will assist the member in accessing the provider directory. Aetna Better Health will also make an electronic and hard copy provider directory available to the Enrollment Broker.

97 K.5



**K.5 Describe how you will fulfill Internet presence and Web site requirements, including:**

- Your procedures for up-dating information on the Web site;
- Your procedures for monitoring e-mail inquiries and providing accurate and timely responses; and
- The procedures, tools and reports you will use to track all interactions and transactions conducted via the Web site activity including the timeliness of response and resolution of said interaction/transaction.

Aetna Better Health maintains websites for 1.3 million members in 10 states: Arizona, California, Connecticut, Delaware, Florida, Illinois, Maryland, Missouri, Pennsylvania, and Texas. Our commitment to providing the most accurate and up-to-date information on our website is a management priority. The following information details our procedures for updating information on our website, along with monitoring e-mail inquiries and providing accurate and timely responses. An explanation of the procedures, tools and reports to track all interactions and transactions conducted through our website and the timeliness of responses and resolutions to those interactions and transactions also follows.

---

## **AETNA BETTER HEALTH'S WEBSITE REQUIREMENTS**

---

Aetna Better Health and our affiliates maintain websites for our Medicaid health plans in 10 states. We give our members and providers unlimited, immediate, convenient, and no-cost access to information specific to their respective programs that is compliant with HIPAA privacy and security requirements. Our websites are also compliant with Section 508 of the Americans with Disabilities Act (ADA) and meet all standards the ADA sets for people with visual impairments and disabilities that make usability a concern (see below). Furthermore, Aetna Better Health does not use proprietary items that would require a specific browser.

AboveHealth<sup>®</sup> is Aetna Better Health's HIPAA-compliant web portal for members and providers. This web portal is designed for the purpose of fostering open communication and facilitating access to a variety of information in a multitude of ways. Through this secure portal, providers can submit prior authorization requests as well as check on their status. This highly secure, ASP-based application synchronizes data on a daily basis with Aetna Better Health's information processing system, QNXT<sup>™</sup>, through data extract and load processes to support the following functions:

- Eligibility verification
- Prior authorization submission and status inquiry
- Claim status inquiry

The portal can also be configured to provide HEDIS<sup>®4</sup> scorecard data, as well as alerts indicating when a member is due or past due for a HEDIS-related service (e.g., well-child check-up, need

---

<sup>4</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance.

for asthma controller medication, immunizations). This information is integrated within the application's provider panels/rosters. If a member is due or past due for a service, a "flag" appears next to the member's name, which, when clicked, permits providers to view a description of the needed service(s).

### **Aetna Better Health's Website**

In compliance with DHH's requirements, Aetna Better Health's Louisiana website will contain member information in English and Spanish and will include the following:

- The most current version of the Member Handbook
- Telephone contact information including a toll-free Member Services number prominently displayed and a reference to contacting Louisiana Relay Telecommunications Device for the Deaf (TDD) by calling 711
- A multiple-criteria provider search function by location, specialty, and language(s) spoken, showing open versus closed panels
- EPSDT information including periodicity and immunization
- Information on our Disease Management Program and how to enroll
- A link to the Enrollment Broker's website and toll-free number for questions about enrollment
- A link to the Medicaid website ([www.medicaid.dhh.louisiana.gov](http://www.medicaid.dhh.louisiana.gov)) and the toll-free number (888-342-6207) for questions about Medicaid eligibility
- The capability for members to submit questions and comments to Aetna Better Health and receive responses
- A section for Aetna Better Health's providers that includes contact information, claims submittal information, prior authorization instructions and a toll-free telephone number
- General Member Services information
- Information on how to file grievances and appeals – including the address to file the grievance or appeal
- Instructions on reporting suspected fraud and abuse, including the DHH Fraud and Abuse line at 1-800-488-2917 or the website [www.dhh.louisiana.gov/offices/?ID=92](http://www.dhh.louisiana.gov/offices/?ID=92)
- Information in key languages advising the member to contact member services if the member needs member materials translated to another language or for special assistance

In addition to the above, our website will contain the following:

- The HIPAA Notice of Privacy Practices – Explanation of Enrollees' rights to access, amend, and request confidential communication of, request privacy protection of, restrict use and disclosure of, and receive an accounting of disclosures of Protected Health Information (PHI)
- Member newsletters
- Information about the availability of member materials in alternative formats and how to request them
- Availability of language interpretive services for members with Limited English Proficiency (LEP)

- Links to a variety of public health initiatives and related materials including:
  - ◇ A link to the State’s dental services site
  - ◇ Smoking cessation and weight management programs
  - ◇ A link to the State’s Pharmacy Benefits Manager (PBM)
  - ◇ A link to the State’s behavioral health vendor
  - ◇ A link to the State’s waiver program for personal care services
- Provider information, including:
  - ◇ Provider Manual and practice guidelines, including prior authorization requirements
  - ◇ Fee schedules, forms and claims information (inquiry, reimbursement, etc.)
  - ◇ Registration process and procedures for access to the provider secure web portal
  - ◇ Provider newsletters
- Aetna Better Health member benefits
- Searchable online provider directory
- Health education and condition-specific information
- Behavioral health information
- Dental information
- Pharmacy information
- Member Handbook
- Frequently asked questions

***For Members with Vision Disabilities***

Members with vision disabilities will have access to enrollment materials in alternative formats, which include the ability to enlarge the typeface on the website through our web accessibility initiative. This function will allow members to change the text size, text and background colors, and other display settings through standard browser settings for improved readability. Materials will also be available in Braille and audio format.

We will also have protocols in place for sending copies of member informational and educational materials to a designated third party, upon the request and signed consent of the member or the member’s family/caregiver.

**Website Update Procedures**

Aetna Better Health will make certain that our website includes both general and up-to-date information about our plan as it relates to the Louisiana Medicaid Coordinated Care Network (CCN) Program and, per DHH requirements, will obtain prior approval from DHH before the website is in place and when updates are made. The following information details the change control process for making updates, changes, and deletions to any of Aetna Better Health’s websites. These change procedures will be followed for the CCN program’s website.

***Change Control Process***

The process for updating the Aetna Better Health website has quality control steps built into the process to protect the integrity of the website and the accuracy of the information. The change

control process is jointly the responsibility of the Application Development group of our IT Department and our Marketing Department. The change control process is initiated by an employee in the Marketing Department competing and submitting a “Work Request Form”. The head of the Marketing Department must prior approve each “work request form” for changing the Aetna Better Health website. The Application Development group will not accept a “Work Request Form” unless it is approved by the head of the Marketing Department.

The “work request form” is received by the IT Change Control unit with the Application Development group. The IT Change Control unit reviews the “work request form” for completeness, accuracy and validity. At this point the “work request form may be accepted, rejected or returned to the originator. If accepted it will be assigned 1-3 levels of concern:

- Normal Cycle: all changes fall into this category by default. These changes are discussed and may be approved by the Change Control Committee at the weekly IT Change Management meeting.
- No Impact: a change that follows an established process, where only the parameters are changed or use established system functions, is relatively common, and is the accepted solution to a specific requirement or set of requirements. These tasks are well-known and proven. Our Change Management Committee manages this process.
- Expedited: a change that would normally be full cycle but needs to occur prior to the next IT Change Management meeting. These changes require an IT Senior Manager’s approval.

At this point, the “work request form” is assigned a ticket number for tracking purposes. Prior to beginning any work on the “ticket,” the request is reviewed by our Change Management Committee. The Change Management Committee is responsible for assigning final priority status and allocating the needed resources to complete the assignment. The IT Support Group will begin the process of working the request and making appropriate programming system modifications. The IT Support Group’s work is supervised and continually peer reviewed and tested to identify any defects.

After the IT Support Group completes the assignment, the website modification is posted to the QA environment for testing. The completed change is independently tested by Marketing and any defects or problems noted during the testing phase results in the “ticket” being returned to the IT support groups for research or modification. If Marketing does not discover problems during the independent testing phase, the website update is provided to the requestor for use testing. Again, the cycle of testing and revision is repeated until all issues have been identified and resolved. Following final acceptance and written sign-off by Marketing and the requestor, the website modification is placed in production.

The normal turn-around time for non-urgent requests is eight business days. If an urgent request is received (CMS changes, state requests, fee schedule changes for providers, etc.), Aetna Better Health has the capability to have the change updated and “live” the same day.

#### ***Updates to the Online Provider Directory***

Our online provider directory is updated nightly according to the selection criteria developed by Aetna Better Health and PDS. A batch job extracts provider information from QNXT™ each night for display within the provider search function on website.

## **Monitoring Our Websites**

### ***Monitoring E-Mail Inquiries and Providing Accurate and Timely Responses***

#### **How Member Inquiries Are Handled**

When a member contacts us through our website, Aetna Better Health's information processing system, QNXT™, is used to verify that the individual is a member. Member Services Representatives monitor these inquiries throughout the day. A Member Services Representative sends an e-mail in response to the member's inquiry is sent to the member within 24 hours or the next business day. All communications are noted in the member's account in QNXT™, using a code. Reports are generated from the information collected from the codes.

For members who want to contact their Case Manager or want to engage in a Care Management Program, a Member Services Representative will fill out a Care Management Referral form and e-mail it to the Case Manager. The Member Services Representative will document the information in our call tracking system and will advise the member that a Care Management Associate will contact them.

#### **How Provider Inquiries Are Handled**

Providers have a designated e-mail box on the website. Provider Services Representatives monitor the inbox throughout the day. They also make certain that providers receive a response to their questions or issues within 24 hours or one business day of receipt.

### ***Monitoring Website Through Dashboard Reports***

Aetna Better Health utilizes dashboard reports provided by our vendor, WebSite Marketing Lab, to monitor page views, page view summaries, and page trends. This includes the number of visits and views, as well as average time viewed (in seconds) and average time to serve (in milliseconds).

## **Links to Our Website**

For a sample of Aetna Better Health's websites, please refer to the following links:

[www.aetnabetterhealth.com/Pennsylvania/default.aspx](http://www.aetnabetterhealth.com/Pennsylvania/default.aspx)

[www.marylandphysicianscare.com](http://www.marylandphysicianscare.com)