

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	<b>PART II: TECHNICAL APPROACH</b>	Total Possible Points	Score	DHH Comments
		<b>Section K: Member Materials (Section § 12 of RFP)</b>	<b>50</b>		
K-1	A, B, and C	<b>K.1</b> Describe proposed content for your member educational materials) and attach a examples used with Medicaid or CHIP populations in other states.	<b>15</b>		
K-14	A, B, and C	<b>K.2</b> 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.	<b>5</b>		
K-17	A, B, and C	<b>K.3</b> 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.	<b>10</b>		
K-22	A, B, and C	<b>K.4</b> 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.	<b>10</b>		

Proposal Section and Page Number	Specify Applicable GSA Area (A, B and/or C)*	PART II: TECHNICAL APPROACH	Total Possible Points	Score	DHH Comments
K-26	A, B, and C	<p><b>K.5</b> Describe how you will fulfill Internet presence and Web site requirements, including:</p> <ul style="list-style-type: none"> <li>• Your procedures for up-dating information on the Web site;</li> <li>• Your procedures for monitoring e-mail inquiries and providing accurate and timely responses; and</li> <li>• 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.</li> </ul>	<b>10</b>		

## Question K.1

### Member Educational Materials

## Section K: Member Materials

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

### Improved Health Outcomes through Member Educational Materials

Effective member education is vital to the success of Louisiana Coordinated Care and pivotal in improving member health outcomes. Louisiana Healthcare Connections (LHC) will offer an expansive array of health education content to inform members and their families about health issues, self-care, and how to access LHC benefits and support. In developing member education content, LHC will combine best practices developed by Centene Corporation affiliate health plans serving Medicaid/CHIP members, with the extensive local experience of the 19 FQHCs participating in the Louisiana Partnership for Choice and Access (LPC&A), in caring for Louisianans. Centene Corporation (Centene) has 27 years experience in full-risk Medicaid coordinated care and CHIP healthcare coverage since program inception. LHC is a joint venture partnership between Centene Corporation and LPC&A.

LHC represents a unique blend of our local FQHC owner-partners' experience serving Louisiana Medicaid and CHIP recipients, LHC affiliate experience transitioning enrollees from fee-for-service to Medicaid managed care in nearby states such as Mississippi, Georgia, and South Carolina, and Centene's national vantage point. Using this combined expertise, LHC will target educational content to ensure a smooth transition to Louisiana Coordinated Care for a diverse membership of pregnant women, children, people with disabilities, and others. We know that a one-size-fits-all health message generally fits no one's needs. In developing member education content, LHC will implement all relevant NCQA Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), which operationalize the CLAS Standards issued by the U.S. Department of Health and Human Services' Office of Minority Health.

Several themes guide the content of our member education materials. Members must know how to use Coordinated Care in order to benefit from it, so information on obtaining services appropriately is primary. Then, our members' health needs and health literacy levels drive targeted educational content. For example, a pregnant woman who smokes cigarettes and lives in a food insecure home will benefit from the clear detail in *Your Pregnancy Guide* to provide answers and motivation. A healthy pregnant woman who wants to continue her daily exercise routine safely will find relevant guidance in our booklet *Smart Steps for Your Baby*. We provide a wide range of sample member materials in Attachment K.1.

Our member materials content will focus on three thematic areas:

- Coordinated Care and accessing services
- Wellness and disease and illness prevention
- Disease Management

Within each theme, content for various materials will include different levels of detail and be provided in various media in order to reinforce health messages. Certain types of member materials are typographically distinguished in the narrative below as follows:

- Book titles are underlined
- Booklet, pamphlet, and brochure titles are italicized
- Leaflet titles are in quotation marks

### Understanding Louisiana Coordinated Care and Accessing LHC Services Easily and Appropriately

The **new member Welcome Packet** is a primer for understanding and accessing provider and LHC services and features at all levels. We will structure the content specifically to assist a member's transition

from fee-for-service Medicaid to Coordinated Care. **Member Handbook** content will address all issues related to accessibility, responsibility, and how to get assistance with any member issue. The Handbook will explain subjects such as how to obtain care after hours and on weekends, how to get transportation services, and member privacy. It will contain all required content, including how to file a grievance and how to request education materials in other languages or formats.

To focus a member's attention on LHC plan features that improve access and utilization and promote improved health outcomes, we will develop a **convenient reference booklet** with information on LHC programs that promote and reward wellness, including CentAccount®, our member incentive program to reward healthy behaviors; NurseWise®, our 24/7 nurse advice line; MemberConnections® (Connections), our community-based member outreach program; and Start Smart for Your Baby® (Start Smart) described below. The brochure will describe how members benefit from each program and how to get more information. The brochure also will include information on ensuring continuity of care in the transition from fee-for-service to Coordinated Care, establishing a medical home, scheduling recommended EPSDT visits, identifying behavioral health conditions, Disease Management programs, and advance directives.

The Welcome Packet will encourage new members to take an immediate step toward personal responsibility by completing the enclosed **Health Risk Screening Form**, which helps LHC identify members who may benefit from Disease Management services. A separate leaflet, "**Are you pregnant?**" asks pregnant women to contact LHC about our Start Smart for Your Baby program.

Throughout the packet, the content will remind members that personal assistance is always available through the LHC member call center and will include a **NurseWise refrigerator magnet** for easy reference. A printed **Provider Directory**, which will be available in searchable format on the LHC Member Portal, will be in the new member Welcome Packet as well.

Additional LHC member materials will carry forward the theme of understanding and accessing Coordinated Care services and improving member health outcomes. Our **quarterly Member Newsletter, Healthy Moves**, will feature at least one reminder in each issue on appropriate use of services, such as the benefits of following the EPSDT schedule; **on-hold messages** will remind members of important plan features; **Health Education Sheets** for distribution via Case Managers will include information on specific diseases plus members' 24/7 access to NurseWise; **welcome letters** will explain specific Disease Management programs, Connections, Start Smart, and other programs; and the **LHC Member Portal** will include the Member Handbook, a searchable Provider Directory, *Healthy Moves*, information on specific health conditions, and other content on plan use and accessing services.

### **Health Education Content on Specific Member Needs**

LHC will develop integrated communication packages around our members' needs, to improve members' health literacy as well as outcomes. By using a broad spectrum of media on a single health topic, we provide the member repeat exposures to actionable information without being repetitive.

LHC will develop its marketing and member education plan, incorporating DHH's requirements, within 30 days after the Contract is signed for each GSA awarded. This detailed plan will include partnerships with community- and faith-based organizations for member education, as well as LHC's own member education initiatives. Based on our affiliate health plans' activities, we propose member education content including but not limited to:

- Wellness messages
- Targeted brochures and pamphlets with content on special health care needs like asthma, diabetes, congestive heart failure, hypertension, stroke, sickle cell anemia, chronic obstructive pulmonary disease (COPD), low back pain and chronic pain, and weight management, all of which are concerns in chronic care management in Louisiana
- Invitations to in-person health education events such as baby showers and cooking classes

- Invitations to members or members' families about in-person education on early intervention and management strategies for specific illnesses and disabilities
- Posters for provider offices and other locations
- Posters for special events and with targeted health messages
- Appointment and preventive testing reminders and health and wellness journals and growth charts

Our member education plan will incorporate the CMS "Text 4 Baby" initiative.

**Personal Wellness and Preventing Disease and Illness.** LHC member education for personal wellness and prevention of disease and illness will help achieve healthier lifestyles and earlier diagnosis of illness. We will deliver messages designed for both our entire population and for subpopulations in formats that hold members' attention. LHC will leverage content developed by LHC's parent company, Centene, and used successfully with Medicaid and CHIP members in other states. Examples of proposed content follow.

**Fluvention.** Fluvention, an annual coordinated campaign for all members, educates members on preventing transmission of the influenza virus by encouraging them to get seasonal flu vaccines and take everyday precautions to prevent illness. This integrated member campaign includes detailed booklets for the general population and for households with children, posters for provider offices and pharmacies, pamphlets with stay-healthy tips, pamphlets that list symptoms, reminder postcards, and Health Education Sheets. The educational approach also includes phone calls, providing information via our Member Portal, and collaborating with community groups to host events at which we provide flu prevention information to participants.

The content for Fluvention includes:

- How to avoid getting the flu
- Who is at high risk
- How to not spread the flu
- What the benefits of the vaccine are for a pregnant woman
- What to do if you or a family member gets sick
- When to return to work or school if you become sick
- When to call your doctor for yourself or a family member

Materials encourage self-management with headlines like "How can I protect my family?" and "Is there a medication to treat the flu?" with detailed answers. Colorful posters give flu prevention tips and remind high-risk groups of the value and safety of the vaccine. Households with children, in particular, are reminded about the nasal-spray vaccine option and how to get it. The repeated messaging at different levels of detail, along with a coordinated look, encourages personal responsibility and provides a foundation for health literacy on other topics.

**Member Education on Healthy Living.** Our affiliate health plans use Healthy Living initiatives to develop content specific to local needs. For example, one plan coordinates with local faith-based organizations important to their members to offer preventive screening services, such as blood pressure checks, body mass index measures, and glucose and cholesterol testing after scheduled Sunday services. Attendees receive Health Education Sheets and members receive plan materials specific to their needs, such as how to establish a medical home or how to use NurseWise. Providing content at events like these will give us a chance to connect with our members in their own community and attach a "face" to the printed messages members receive.

LHC is already identifying regional and local health education needs through its work with community-based organizations. For example, we hosted a Fresh Foods Fair on June 10, 2011, with Kingsley House in New Orleans, which attracted more than 400 children, parents, and seniors. At the Fair we held healthy cooking demonstrations, provided information on how to plant and grow healthy foods, and gave participants seed packets and recipe cards to take home.

Other Healthy Living topics will include encouraging use of local farmers' markets for less expensive and healthier food selections, healthy food preparation (including cookbooks for children), encouraging healthy snacks, lead awareness in the home, the need to cool the body during hot months, and the need for an emergency preparedness plan .

**Additional Content on Wellness and Illness Prevention.** To help members make informed health care choices, LHC will provide straightforward information on more than 40 health topics, ranging from ADHD to vasectomy, via **Health Education Sheets**. Some sheets were developed through a partnership between Centene and the Internal Medicine Department of the Washington University School of Medicine and others were developed by Centene. Medical residents researched and wrote educational materials on a variety of topics including alcohol abuse, migraine headaches, and peripheral vascular disease. Each sheet includes an answer to “How do I stay healthy?” and “When should I call my doctor?” and directs members to their PCP, NurseWise, or Case Manager as appropriate. A committee of physicians and Centene Medical Affairs staff then reviewed the sheets to ensure their being up-to-date, clinically accurate, and appropriate to the targeted audience. We provide a complete list of current Health Education Sheet topics at the end of this section.

LHC also will prepare **specialty pamphlets** on issues of concern to member subpopulations. For example, our affiliate health plan in Mississippi developed content to assist caregivers of members with developmental or physical disabilities, including stress management techniques for caregivers and how to develop respite plans. Another pamphlet describes how to organize the home of a member with a physical disability for comfort and safety. To strengthen members’ sense of responsibility for their health care, LHC will develop content **for member postcards and letters** on topics such as the need for a colon cancer screening, diabetes or eye exam, well woman visit, and a yearly physical. LHC will develop and distribute **collateral take-home materials** such as refrigerator magnets, personal wellness logs, journals, and bookmarks to reinforce healthy messages.

**Wellness Education for Pregnant Women and Children and Youth.** We describe below content for two key Medicaid/CHIP populations: for pregnant women and new mothers – Start Smart and EPSDT content; and for children and youth – healthy eating, obesity prevention, and issues facing adolescents.

***Content for Pregnant Women and New Mothers.***

**Start Smart for Your Baby® (Start Smart).** LHC will use Start Smart, a coordinated campaign promoting education for pregnant members, to ensure a healthy pregnancy and first year of life for our members and their babies. The program also promotes communication between members and any assigned Case Manager. Along with a range of Case Management techniques, the program includes literature and MP3 players with podcasts to educate members on how to extend the gestational period and reduce the risk of pregnancy complications, premature deliveries, and infant disease, which can result from high-risk pregnancies. Start Smart provides information from the start of pregnancy, addressing topics such as good nutrition, the need to keep doctor appointments, smoking cessation, appropriate weight gain, emotional issues, and risky and dangerous foods, through labor and delivery, addressing topics such as pre-term labor, false labor, vaginal and C-section delivery, and breast-feeding. Materials also explain the use of 17P (alpha-hydroxyprogesterone caproate) to help prevent recurrent preterm delivery for qualifying members. We will invite pregnant members to educational workshops styled as baby showers, where health professionals deliver in-person instruction and members receive pregnancy related incentives for participating.

After the baby is born, content in books, pamphlets, booklets, and postcard reminders covers the baby’s first year of development, developmental milestones, EPDST schedules, and how to care for, feed, and play with a baby. Materials also provide guidance on the stress of being a new mother, exercise, nutrition, domestic violence, and depression.

Start Smart has won numerous awards for its comprehensive content, attractive materials, and dynamic approach. The March of Dimes endorsed the Start Smart **Pregnancy Guide** and collaborated in reviewing

educational content. The American Academy of Pediatrics endorsed the Start Smart Guide to Your Baby's Care. Start Smart received a Platinum Award for Consumer Empowerment at the URAC Quality Summit in 2010 and was selected as one of three winners for the 2010 International Community Health Promotion Awards. The audio book, available online and in the MP3 podcasts, was selected as a Gold recipient at the 2010 Web Health Awards, an extension of the National Health Information Awards.

**EPSDT.** LHC member education will emphasize to parents and guardians the importance of complying with EPSDT schedules and keeping appointments. Content on EPSDT will include the periodicity schedule; the schedule for children who are behind on their immunizations; why well visits are important; what happens at appointments; how to contact your doctor for an appointment; how to obtain transportation; and how to contact the plan for assistance. We will provide the periodicity schedule on a refrigerator magnet for easy reference and the Member Handbook will include detailed EPSDT content.

**Children and Youth Health Education.** LHC will take advantage of innovative initiatives for children and youth and their parents and caregivers that were developed by our parent company Centene. The materials help motivate and empower youth to take an interest and active role in their wellness and health care, and have been enthusiastically received by members of our affiliate health plans.

**Healthy Eating and Obesity Prevention.** To raise awareness with young members and their friends about the need for healthy eating, fitness, and the dangers of childhood obesity, we will use **Thumbs Up Johnnie**, a child-friendly, nationally recognized character, in a comic book series developed by Centene with the author. *Adventures Through Fitropolis* is a comic book featuring the "Super Centeam 5" characters, such as Skip Drive-Thru and Constance Eatrite, that leads children through relevant content on healthy eating, healthy snacking, being active, drinking water instead of sugary drinks, and skipping fast food in their food choices. The narrative is humorous and provides activity pages to reinforce the messages.

A companion book for parents, *A Pro Active Parent's Guide*, emphasizes the family's role in keeping children active, eating healthy foods, and making healthy food choices. The book offers tips for parents like eating together with your child several nights a week and making a food calendar for the week to help plan healthy meals. Affiliate health plans have distributed the books through Adopt-a-School Programs and other community initiatives. Teachers who turn in LHC's pre- and post-presentation student tests will receive a set of Thumbs Up Johnnie books for their classroom and bookmarks for their students, to keep the content fresh in their minds. To bring this education into daily life activities, LHC will use *The Super Centeam 5 Cook Book*, which contains recipes developed by children ages 9-11, including items like "Groovy Blueberry Smoothie" and "Edgy Veggie Pizza." The book contains information for children on how to get more fiber in their diet, how to watch out for too much sugar, how to get adequate calcium, and safety in the kitchen.

**Issues Facing Adolescents.** *Off the Chain* is a book developed exclusively for our teenage members. Its 40 pages provide detailed content on every aspect of a teenager's life, written in a teen-culture language, with graphics that range from graffiti art to bright pastels. The content includes:

- Driving
- Chatting and texting safety, including cyber-stalking
- Menstruation and basic female biology, including getting pregnant
- Dating and maintaining a relationship
- Male health
- Birth control and sexually transmitted diseases
- Domestic violence, including acquaintance and date rape
- Self-esteem, and a depression checklist
- Dangers of substance abuse and how to say no
- Dieting, eating right, and the dangers of diet pills and eating disorders
- Personal hygiene and grooming

- The need for exercise
- Dangers of smoking and how to help yourself or a friend stop
- Bullying
- Money and personal finance, including savings, buying a car, opening bank accounts and establishing a budget
- Sections on personal living, including how to operate a washing machine and how to keep your home clean

In each section, we provide telephone numbers and web sites for help and more information.

### **Disease Management and Chronic Care Conditions**

LHC will develop our own condition-specific content tailored to our Louisiana members and, when appropriate, use or adapt relevant materials from our parent company, LPC&A FQHC members, and health plan affiliates. We also will draw on specialty materials from professional medical and advocacy organizations and entities affiliated with the U.S. and Louisiana governments, such as the National Institutes of Health, if the content will benefit members and the materials meet DHH requirements for reading level, cultural competency, and formatting. Likewise, we will selectively use materials from respected non-profit advocacy groups, including groups whose names members are likely to recognize, such as the American Heart Association, to reinforce certain messages.

We will select materials to match member needs. For example, Centene developed an easy-to-read book, Diabetes Management: Controlling Diabetes One Step at a Time. This 60-page book is peppered with photos and illustrations and uses a lively, encouraging tone for those ready to learn to self-manage their disease. Available on the website in audio book format, the book received a Merit Award from the 2011 Web Health Awards honoring programs that exemplify exceptional content, design, creativity, and user experience. If an LHC Case Manager determines that Diabetes Management is too upbeat for a distressed member just learning to care for her diabetic child, the Case Manager may select *Just for Parents*. This booklet, from the American Diabetes Association, is written specifically to help parents deal with their own concerns and grief over their child's diagnosis, while providing their child medically appropriate care and support and building confidence.

LHC will develop and import content for a wide range of disease and chronic care conditions, including but not limited to topics on the Health Education Sheets at the end of this section, with special attention to asthma, diabetes, congestive heart failure, hypertension, smoking cessation, weight management, and low back pain. For these topics, extensive content will range from tips on eating out for members with hypertension, to detailed explanations on triglycerides, to how to administer asthma medication to yourself or your child.

Since persistence and creativity are important in successful member education, members enrolled in LHC Disease Management Programs will receive repeat messages at different levels of detail, depending on their situation. For example, members with diabetes will receive a welcome letter, the Diabetes Management book, a journal in which to chart their personal data on insulin dose and reaction, and a reminder magnet encouraging healthy behaviors. They may download from the LHC Member Portal a podcast on depression and diabetes or vision care for people with diabetes, or turn to a hardcopy or online issue of *Upbeat*, our newsletter sent to members enrolled in Disease Management Programs. Case Managers will have a large library of member education materials to draw on, so that content can fulfill members' needs for both quick reference tools and in-depth explanatory and instructional information.

Children with asthma will enjoy and benefit from a Thumbs-Up Johnnie comic book, *Puffletown: Helping You Understand Asthma One Breath at a Time*. The 20-page comic book offers a colorful and complete explanation of how to identify and rate the severity of your symptoms, how to identify your triggers, and how to explain your condition to your friends. A companion book for parents emphasizes the importance of staying involved with your child's daily care, using medications properly, how to help your child use a peak flow meter and inhaler, how to keep your home free of triggers, and tips for talking with school

personnel.

For members enrolled in Case or Disease Management, the member's Case Manager or Health Coach will follow up to verify that educational materials were received and to walk the member through the information, answering any questions the member may have.

Many Medicaid and CHIP members lack reliable telephone service, which can both limit members' ability to contact their provider or Case Manager to ask questions and impede the ability of providers and LHC staff to reach members to provide education and reminders critical to their care. Our **Connections Plus®** program will provide restricted-use cell phones to certain high-risk members enrolled in Case Management. LHC will send voice mails or text messages to the phone with health information targeted to the member's condition. For example, pregnant members will receive information (available to date in Spanish as well as English), about healthy eating, avoiding alcohol, and obtaining prenatal care.

### **Impact and Success of Member Education**

Like our affiliate plans, LHC will track the impact of member education programs on changes in member behavior and health outcomes. For example:

- Healthcare Effectiveness Data and Information Set (HEDIS) data indicate that our Ohio affiliate's use of multiple educational strategies increased breast cancer screening rates from 34.6% in 2007 to 43.3% in 2008.
- Our Indiana affiliate has effected positive behavior change since its launch of the CentAccount Program in July 2009. The completion rate for well visits linked to CentAccount incentives increased 20.1% for July through December 2009 compared to the same period in 2008. The rate of breast and cervical cancer screening increased 23.4% during the same period.
- As a result of aggressive outreach and education on prenatal case management, our Indiana affiliate's HEDIS rates for prenatal care timeliness and post partum care have risen above the national Medicaid 75th percentile in 2007 and above the 90th percentile for 2008 (benchmark HEDIS RY2008 data).
- In Arizona's south Yuma County, which has a high concentration of Hispanic and Native American members, our affiliate addressed depression and misuse of prescription drugs among older adults with chronic conditions in a coordinated education program. Evaluations in 2008 found a 4.4% increase in knowledge and progress in the desired direction on 83% of the measures.
- For HEDIS measures in Texas, over a four-year period, our affiliate achieved an 18.1% improvement in childhood immunizations, 70.9% improvement in retinal eye exams (diabetes care), and a 24.5% improvement in breast cancer screening rates.

**Involving Member, Provider and Community Stakeholders in Content Development.** LHC will incorporate information from all our stakeholders as we develop member education content, including local and State stakeholders and our FQHC owner-partners, in order to best respect and reflect Louisiana's distinctive and vibrant way of life. Our "feet on the street" involvement with community groups will provide insight on local community needs and the best methods for communicating our educational messages.

We will solicit recommendations on member education content from our Member Advisory Council (MAC), Community Advisory Committee (CAC), and Provider Advisory Committee (PAC) and will submit to them draft materials for their feedback. These entities will advise on content, materials, and outreach strategies to ensure health education is useful, understandable, and meaningful to our members. There will be one **Member Advisory Council** in each GSA we serve, formed in accordance with DHH requirements. LHC also may use structured focus groups of members to obtain input on education content and materials, for selected purposes.

Our multi-GSA **Community Advisory Committee** will include statewide and regional leadership from a broad representation of key stakeholders and will serve a coordinating role across GSAs. Participants in the initial meeting of the committee in March 2001 included leaders from the **Institute of Women and**

**Ethnic Studies, Nurse Family Partnership, Children’s Defense Fund, and Planned Parenthood Gulf Coast.** A consensus recommendation was to ensure that member education include raising awareness of behavioral health issues and conditions, given the significant impact they have on appropriately accessing medical care and on members’ physical health status.

LHC’s multi-GSA **Provider Advisory Committee** will include network practitioners from rural and urban communities and different practice types, our Medical Director, and the Director of Contracting and Network Development. Provider Relations staff will participate and support the committee as appropriate. LHC also will solicit input on member education content from our Community Hospital Collaborative Committee, composed of administrators and providers in rural and urban hospitals

### **Internal Process for Member Education Content Development**

LHC will develop member materials with input from LHC leadership and subcontractors, as appropriate, such as Nurtur, our Disease Management affiliate. We also will identify topics through Performance Improvement Projects, the annual LHC Quality Assessment and Performance Improvement Work Plan and related Evaluation, HEDIS initiatives, Consumer Assessment of Healthcare Providers and Systems (CAHPS®) satisfaction surveys, National Committee for Quality Assurance (NCQA) accreditation activities, and seasonal health campaigns. Our cross-functional Performance Improvement Team (PIT) will be another source of input for proposing member education content, for example, based on the frequency of member questions or complaints on a particular topic. The PIT is composed of management staff from key operational departments, who meet monthly to review performance measures, conduct barrier and root cause analysis for indicators below desired performance levels, and recommend changes to achieve continuous quality improvement. We will review potential member education topics in light of Contract requirements, input from our member and other advisory committees, and current LHC initiatives to determine priorities for new content development.

Materials will be culturally sensitive and reflect the diversity of Louisiana’s population. Member education materials will be available in Spanish and Vietnamese and, where our materials provide information about oral and written interpretation services, the information will be written in English, Spanish, and Vietnamese. We also will notify our members on all multi-page, written, member materials that real-time oral interpretation is available to them in any language at no cost to them, as well as how to access the interpretation. With DHH notice, we will ensure that translation services for written, member, educational materials are provided for any primary language spoken by 200 or more LHC members within a single GSA at no charge. We will use the Flesch Reading Ease and Flesch-Kincaid Grade Level Index to ensure no more than a 6.9 grade reading level, and adhere to People First language and the DHH Person First policy.

The Marketing and Communications Manager, who reports to the Vice President of Compliance, will supervise the process of member education content development, media selection, and production of materials. Our internal approval process will include a thorough compliance review and final approval by the Vice President of Compliance, including for any materials from subcontractors or providers. We will submit materials to DHH using the DHH Marketing and Member Education Materials Approval Form. LHC’s policies and procedures will establish our standards and processes for content and materials development to ensure accuracy, inclusiveness, respect for member diversity, and compliance with all DHH requirements, including RFP Section 12, and in particular 12.1 and 12.9, as more fully described in response K.2. Content produced by organizations other than LHC will be subject to the same policies and procedures as LHC-developed content. All content for member education, regardless of its source, will be submitted to DHH for review.

**Attachment K.1: Examples of Member Educational Materials for Medicaid and CHIP Populations.**

Attachment K.1 provides samples of member educational materials described in RFP Sections 12.1.5 and 12.18.1-12.18.8 for Medicaid and CHIP populations served by our affiliate health plans. As above, certain types of materials with explanatory titles are typographically distinguished on the list below as follows:

- Book titles are underlined
- Booklet, pamphlet, and brochure titles are italicized
- Leaflet titles are in quotation marks

**A. Sample New Member Welcome Packet**

- *IlliniCare Gives You More* – reference booklet highlighting major features of health plan, including MemberConnections® and NurseWise®
- NurseWise refrigerator magnet with phone number
- Health Risk Screening Form
- Appointment Reminder Card in full color with call-to-action message
- PCP Change Request Form
- “Are you pregnant?” – mailing insert asking pregnant women to contact Start Smart for Your Baby®
- Peach State Provider Directory – table of contents and sample pages
- Peach State Health Plan Member Handbook

**B. Content on Understanding Coordinated Care and Accessing LHC features**

- *About Your Medical Home* – brochure listing the advantages of establishing a medical home, when to call your doctor rather than go to the Emergency Room, and a call to action to make an appointment
- *NurseWise®: One of the Best Things about Your Magnolia Plan Membership* – brochure explaining nurse advice line
- *Emergency Room – When to Use It / When Not to Use It* – brochure
- **CentAccount®**
  - Leaflet listing all the health-related items a member can purchase with CentAccount rewards
  - Mailer for CentAccount Card with phone number for assistance
  - Postcard about new rewards added to member’s CentAccount
- **MemberConnections®**
  - “While you were out” door hanger with MemberConnections phone number
  - Leaflet listing ways MemberConnections can help members; includes phone number
  - Instruction sheet accompanying the member’s limited use cell phone
  - MemberConnections post card about trying to reach the member
- **Specific Call-to-Action Advice for Health Care Self-Management**
  - Postcard appointment reminders – trying to reach you, smoking cessation, well woman, and EPSDT appointments with Happy Birthday messages
  - Advance Directive Wallet Card – leaflet with wallet card attached, explaining why and how to complete advance directive
  - *Helping Your Child Grow Healthy, Stay Healthy* – brochure on the need to keep the EPSDT schedule of appointments
  - “When Should I Schedule a Health Check?” – refrigerator magnet with the EPSDT periodicity table and plan phone number
  - “Behavioral Health for Adults” – reference leaflet on warning signs and how to get services

- “Disease and Case Management” – reference leaflet explaining the two programs, conditions supported, and how to get help

### C. Start Smart for Your Baby® Sample Materials

- *Start Smart for your Baby* – introductory brochure outlining the program’s benefits to mom and baby
- Notification of Pregnancy Forms for member or provider to enroll a pregnant woman in the program
- Letter to woman whom plan has been unable to contact for Start Smart enrollment and offering a home visit
- *Your Pregnancy* – covers diet, exercise, appointments, behavioral health, and health issues during pregnancy
- Start Smart for Your Baby – Your Pregnancy Guide – 72-page book endorsed by the March of Dimes with complete information on all pregnancy and delivery topics
- *Pregnancy Journey Booklet* – personal log for provider appointments and instructions
- *Smart Steps for Your Baby* – details on how to start or continue a walking program for health during pregnancy
- *17P Treatment* – brochure on why it’s needed, what it is, does it work and how to get it
- Invitation to new mothers for a “birthday party” member educational event
- Prenatal Depression Scale - self-assessment tool to return to plan for review and action, if needed
- Letters to mothers of newborns:
  - Born prematurely, with special information on premature birth, possibility of 17P treatment during future pregnancies, and Case Manager’s name and phone number
  - To congratulate mother on baby’s birth, and remind her of other educational materials, such as Newborn Journey Booklet
- *So Your Baby is in the ICU* – with special information on baby’s hospital stay, medical equipment used, feeding and nutrition, and taking baby home
- *Newborn Journey Booklet* – covering baby’s visits to the doctor with space for the baby’s growth data and special provider instructions, and with EPSDT schedule
- *Bouncing Back after Child Birth* – covers recovery, nutrition, breastfeeding issues, post-partum depression, and birth control
- “Because you matter. Because we care.” – leaflet with detail on depression post-partum
- “Are your children being poisoned by lead?” – detailed brochure
- Coupon offering new mother free baby announcements through Start Smart
- A Guide to Your Baby’s Care: The First Year – 44-page book developed by Centene and endorsed by the American Academy of Pediatrics, covering all aspects of mother and baby physical and behavioral health
- Great Beginnings with Your Baby: Your Baby’s First Year – 24-page book endorsed by Prevent Child Abuse America, covering developmental milestones, sleeping habits, playing with and feeding baby, and EPSDT schedules, among many other topics
- Podcasts, available for downloading from affiliated plan websites and on Connections Plus® cell phones; a full list of available podcasts is at the end of this section and includes:
  - Vaginal Delivery
  - Domestic Violence in Pregnancy

### D. Specialized Member Education Campaigns

- **Weight Management**
  - Welcome letter outlining the weight management program
  - *Eat Smart and Be Active Log* – monthly personal log for calories, number of steps walked, fruits and vegetables

- *Eat Right and Be Active* – details nutrition, how to menu plan and shop, tips for eating out and starting an exercise program
- Poster listing food groups with daily serving sizes and foods to avoid
- My Route to Health – 20-page book of nutrition and exercise advice, with personal log for weight reduction progress and emotions
- **Diabetes**
  - Welcome letter outlining the care management program for diabetes
  - *Diabetes Journey Booklet* – personal log for insulin and glucose levels
  - Refrigerator magnet with diabetes management tips
  - Letter congratulating member for completing all required appointments and screenings accompanying incentive
  - Diabetes Management: Controlling Diabetes One Step at a Time – 60-page comprehensive review of diabetes issues
  - Podcasts, available for downloading from member website and on Connections Plus® cell phones; a full list of available podcasts is at the end of this section and includes:
    - Depression and Diabetes
    - Eye Problems and Diabetes
- **Fluvention**
  - Leaflet reminding members to get vaccine
  - Leaflet for pregnant women about the need for flu protection
  - Leaflet for pregnant women addressing concerns about mercury in the flu vaccine
  - Poster for provider locations with healthy tips and vaccination reminder
  - *A Fluvention Guide for Your Family* – pamphlet on who should get vaccine, high risk groups, symptoms and preventions
  - *A Fluvention Guide for Parents* – pamphlet geared to parents with babies and young children on symptoms, prevention and vaccine

#### **E. Health Education for Children and Youth**

- “Asthma” – Health Education sheet for parents about children
- *Super Centeam 5: Adventures through Fitropolis* – comic book developed in a Centene series on healthy eating/snacking and preventing childhood obesity
- *Super Centeam 5: A Pro Active Parents Guide* – companion piece for parents, with cooking and food shopping tips and family physical activities
- *Super Centeam 5: Cookbook for Kids by Kids* – companion piece with healthy recipes
- *Adventures from Puffletown: Helping You Understand Asthma One Breath at a Time* – comic book in the Centene series describing how to play outdoors safely, when to get assistance and how to know your triggers
- *Adventures from Puffletown: A Pro Active Parents Guide* – companion piece with details on use of inhaler and peak flow meter, identifying triggers at home, symptoms and when to call doctor
- *Managing School* – prepared by the American Diabetes Association for children and youth with diabetes, covering stress, medication management, talking to teachers and coaches
- *Just for Parents* – companion piece to *Managing School*, with information on handling your child’s emotions and your own, helping child adjust, grief and anger, and getting support
- Off the Chain – comprehensive 40-page book for youth with topics ranging from male and female health to handling finances to cyber-bullying

#### **F. Other Health Education and Disease Management Topics**

- *Health Education Sheets* – series available on over 40 topics. A full list of topics is provided below in this section; samples in Attachment K.1 are:
  - “Congestive Heart Failure”
  - “Chronic Obstructive Pulmonary Disease”

- “Dental Health in Adults”
- “Sickle Cell”
- *Safety in the Home* – pamphlet covering fire safety, slips and falls, and poisons in the home
- *About Care Giving* – pamphlet with tips for the caregiver about stress reduction and how to get plan assistance on specific tasks
- *Healthy Moves* – quarterly newsletter for affiliated plan members with content tailored to regional and seasonal needs
- Living Well with Sickle Cell – comprehensive 24-page book covering health tips, value of vaccines and penicillin, when to go to the emergency room or call a doctor and information on genetics

### **Content in Health Education Sheets**

Each Health Education Sheet includes an answer to “How do I stay healthy?” and “When should I call my doctor?” and directs members to their PCP, NurseWise® or Case Management as appropriate.

The four Health Education Sheets with an asterisk below are provided as examples in Attachment K.1.

Attention Deficit/Hyperactivity Disorder	Diarrhea in Children
Alcohol Abuse	Domestic Violence
Alcohol Abuse and Pregnancy	Influenza
Alpha-Hydroxyprogesterone Caproate (17P)	Group B Streptococcus Infection
Antibiotics for Adults	Hemophilia
Antibiotics for Children	Hip Replacement
Asthma in Children	HIV
Benign Prostatic Hyperplasia Olympus	Hyperlipidimia
Breast Feeding	Hyperthyroidism
Chronic Health Failure	Migraine
Chronic Renal Failure	Obesity in Adults
Chronic Obstructive Pulmonary Disease*	Obesity in Children
Cold Cough (Child)	Otitis Externa (Child)
Congestive Heart Failure*	Otitis Media (Child)
Cystic Fibrosis	Peripheral Vascular Disease
Dementia	Post Operative Problems
Dental Health in Adults*	Psoriasis
Depression	Pneumatoid Arthritis
Diabetes Type 1	Sickle Cell*
Diabetes Type 1 (Child)	Sexually Transmitted Diseases
Diabetes Type 2 (Child)	Tubal Ligation
Dialysis Access Catheter	Vasectomy
Dialysis Access Fistula	

## Podcasts for Disease and Care Management

The following are examples of podcasts for Start Smart for Your Baby® and diabetes management.

### StartSmart for Your Baby®

#### First Year of Your Baby

- Taking Care of Your Baby
- How to Get Help
- Taking Care of You
- Summary – First Year

Respiratory Syncytial Virus

Bleeding in Early Pregnancy

Breast Feeding at Work

C-Section

Days after Delivery

Days after Labor

Domestic Violence in Pregnancy

Exercise in Pregnancy

False vs. Real Labor

First Trimester

Folic Acid

Heartburn in Pregnancy

Morning Sickness

Pap Smear

Safe Sleeping for Your Baby

Second Trimester

Smoking in Pregnancy

Third Trimester

Vaginal Delivery

### Diabetes Management

- Part 1 – Get Started
- Part 2 – Be An Active Member
- Part 3 – Take Care
- Controlling for Life

ABCs of Diabetes

Depression and Diabetes

Exercise and Diabetes

Eye Problems and Diabetes

Smoking and Diabetes

Things to Do to Control Your Diabetes

Type 2 Diabetes

When You Have Diabetes

## Question K.2

Meeting Written Material Language  
Requirements and  
Reading Level Requirements

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 (6th) grade reading level requirement.

LHC will comply with requirements relating to all written member materials, regardless of the means of distribution, for example, printed, web, advertising, and direct mail. We address below the following topics regarding how LHC will ensure that all written materials meet DHH language requirements:

- Accountability for Compliance with Language Requirements
- Readability
- Languages and Alternative Formats
- Content
- Style and Production
- Distribution of Marketing Materials

### **Accountability for Compliance with Language Requirements**

LHC will submit complete final drafts of all written materials to DHH for approval using the DHH Marketing and Member Education Materials Approval Form (including any materials from subcontractors, providers, and recognized entities having no association with LHC, whose materials LHC wishes to distribute). Before submission, LHC's **Marketing and Communications Manager** (Communications Manager) **and Vice President of Compliance** will review the materials for compliance with State and federal requirements including but not limited to required content, accuracy, no more than 6.9 grade reading level, cultural sensitivity including People First Language and the DHH Person First Policy, non-discrimination, formatting standards, and quality of materials used for printing. The Communications Manager will coordinate the review process, which includes review by management staff in our Member Services and Provider Services, Medical Management, and Quality Management Departments, as appropriate to the content and proposed use of the materials.

LHC will ensure that materials and services do not discriminate against Medicaid members on the basis of their health history, health status or need for health care services (including enrollment, re-enrollment, and disenrollment materials and processes).

As required by DHH, LHC will apply all marketing and member education guidelines to our agents, subcontractors, volunteers, and providers. The VP of Compliance, with the assistance of the Communications Manager, will provide cross-departmental oversight to ensure compliance by subcontractors and others. The Senior Director of Contracting and Network Development will direct monitoring for provider compliance, which will be conducted primarily through onsite visits by Provider Relations staff to network provider offices and facilities.

### **Readability**

**Reading Level.** All LHC member materials will be in a style and reading level that will accommodate the reading skills of CCN members. The writing will be at no higher than a 6.9 grade level, as determined by the **Flesch Reading Ease and Flesch-Kincaid Grade Level Index**, taking into consideration the need to incorporate and explain certain technical or unfamiliar terms to assure accuracy. The Flesch standards are built into Microsoft Word, thus staff from all LHC departments who contribute to written member materials can quickly and easily assess reading level. Communications Department staff will verify the reading level for final materials to be submitted to DHH and maintain evidence that the Member Handbook has been tested against the 6.9 grade level standard.

**Maximizing Readability and Member Comprehension.** When writing member materials, we will write the way a person talks: we use a friendly tone, active voice, common words, and short sentences, and we provide examples when words might be confusing. We will include appealing graphic elements and culturally relevant illustrations to reinforce narrative in member materials. In addition, we will ask participants from our Member Advisory Council and Community Advisory Committee to review

proposed materials and provide feedback on issues such as readability, clarity, and confirming that the materials convey what is intended and are culturally sensitive to local norms and expectations.

As our parent Centene has done, LHC will support health literacy training for staff who develop member materials, through organizations such as America's Health Insurance Plans. We anticipate selectively engaging a specialized health literacy advisor. For example, Centene engaged the Health Literacy Division of Language Solutions to assist on the Start Smart pregnancy book that was endorsed by the March of Dimes and our book on managing diabetes.

### **Languages and Alternative Formats**

**Translation and Conversion to Alternative Formats.** LHC will notify members that written information is available in Spanish and Vietnamese and how to request it. On materials where this information is provided, including the Member Handbook, the notation will be written in both Spanish and Vietnamese. LHC will inform members that on request, materials will be provided in the member's primary language, and in alternative formats, such as audio CD or Braille, for persons with visual, hearing, speech, physical, or developmental disabilities. We will provide translations and alternative formats at no expense to the member. In addition, LHC will translate and make available, within 90 calendar days of notice from DHH, written marketing and member education materials for any language that is spoken as a primary language for 200 or more members of a CCN within the GSA.

For all member materials translation, LHC will use certified professional translator services such as Inlingua Translation Services, an international language translation and language and intercultural training organization with more than 40 years experience. Inlingua issues certifications of accuracy and completeness for each translation. LHC also may engage local translators to translate or review certain materials. For alternative audio formats, when possible, local speakers using a regional accent will record audio materials and podcasts.

**Requests for Translation or Alternative Formats.** We anticipate that most requests for translation or alternative formats (referred to in this section as Requests) will be received by Member Services Representatives in our call center or MemberConnections outreach staff who meet with members in their homes and the community. These staff will enter Requests in the Member Relationship Manager (MRM) system, specifying the materials and language or format requested. Requests automatically are routed to the internal fulfillment queue, which alerts the Communications Department staff to each Request. Staff will order the specified materials, monitor timely production of them by the translator or other subcontractor, obtain any required certification of accuracy, and normally will mail the materials to the member who submitted the Request.

MRM is then updated to indicate that materials were provided to the member, which will trigger an alert to the appropriate staff (call center or Connections staff) to contact the member to verify receipt of the materials. Communications staff also will update LHC records to include newly translated and alternative format materials, to facilitate prompt response to future member Requests.

**Accessibility of Written Materials Online.** LHC's online Member Portal will comply with Section 508 of the Americans with Disabilities Act and provide written materials in a format usable by members with vision impairment. The Portal will contain many of our printed materials, such as the Member Handbook, CentAccount information (a member incentive program), and *Healthy Moves* Member Newsletters.

### **Content**

In developing member material content, LHC will implement all relevant NCQA Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), which operationalize the CLAS Standards issued by the U.S. Department of Health and Human Services' Office of Minority Health. LHC will assure that marketing and member education materials are accurate and do not mislead,

confuse, or defraud members and potential members or DHH.

The Communications Manager will use checklists and related management tools to identify and assemble content requirements and guidelines for member written materials. The Manager will use such tools both early in development of new materials and for the final review, to ensure that all required content is included. For example, at a minimum the Manager will include the following DHH standards:

- If a person making a testimonial or endorsement for LHC has a financial interest in the company, such fact must be disclosed in the marketing materials.
- All written materials will comply with the DHH Person First Policy.
- LHC's name, mailing address (and physical location, if different) and toll-free number will be prominently displayed on the cover of all multi-paged marketing materials.
- All LHC multi-page written member materials will notify the member that real-time oral interpretation is available for any language at no expense to them, and how to access those services.
- All LHC written materials related to CCN and PCP enrollment will advise potential enrollees to verify with the medical services providers they prefer or have an existing relationship with that such medical services providers are LHC participating providers and are available to serve the enrollee.
- LHC marketing materials will accurately reflect general information that is applicable to the average potential LHC member.

In addition, the Communications Manager will ensure compliant content for specific materials and types of materials. For example, content for each newsletter will include DHH requirements, NCQA requirements, seasonal information that has a high impact on health status and utilization, and other issues that LHC deems important (for instance, specific clinical initiatives and targeted reminders and tips such as regarding healthy behaviors). Section K.1 provides further specifics on overall content of member materials and K.3 regarding the member ID card and Welcome Packet.

### **Style and Production**

The Communications Manager will ensure that the style, formatting, and production for all written materials (including those from subcontractors and providers) comply with DHH requirements, for example, submission to DHH in pdf format unless otherwise authorized.

**Font Size.** All LHC written materials will be clearly legible with a minimum font size of 10-point, preferably 12-point, with the exception of Member ID cards, unless otherwise approved by DHH. The Communications Manager will develop and circulate for internal review all proposed materials in 12-point font size, unless a specific reason is identified for using a 10- or 11-point font size. We anticipate there will seldom be occasion to request DHH approval for a font-size smaller than 10-point.

**High Quality Materials for Printed Documents.** LHC will use high quality materials for our printed materials, comparable to and as demonstrated by the sample member materials used by LHC affiliates with Medicaid/CHIP members, as provided in Attachment K.1. For example, our Member Handbook, which is a reference document intended for repeated use, will be printed with high quality materials by one of the nation's largest commercial printers, and our member invitations to local health education events typically will be printed on quality business-weight paper by our mail subcontractor. The quality of paper and related materials correlates generally to the type of document and its intended use, understanding that all member materials are designed to attract and keep members' attention. Examples of a wide range of our printed documents for Medicaid/CHIP members are provided in Attachment K.1. LHC will not offer commercial health plan coverage.

### **Distribution of Marketing Materials**

LHC will make marketing materials available through our entire service area. In some instances, we may customize certain materials for specific parishes and populations within our service area. All marketing activities will provide for equitable distribution of materials without bias toward or against any group.

Question K.3  
Member ID Cards

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.

### **Overview**

To ensure smooth transition of members from fee-for-service to coordinated care LHC will provide the member ID card, along with a complete new member Welcome Packet (Welcome Packet) written in a friendly, easy-to-understand style, produced in an attractive package, and delivered within DHH timeframes after enrollment. Through our Centene affiliated health plans we have extensive experience in producing high quality materials to educate our various member populations and have systems in place to produce and deliver materials quickly.

LHC will mail member ID cards and new member Welcome Packets within 10 business days of enrollment (or up to 21 days during the phase-in implementation). We will mail a Welcome Packet to each new member. If a responsible party for a member is associated with two or more new members, we may send only one packet. LHC's goal is to mail the member ID card with the Welcome Packet but, if necessary, as authorized by DHH, the ID card can be sent separately with an explanation of the purpose of the card, how to use the card, and how to use the card in conjunction with the DHH-issued card; this information also will be in the Welcome Packet. LHC will submit all materials in the new member Welcome Packet, including the member ID card, to DHH for approval.

### **Production of ID Cards and Welcome Packets**

**Initial Production. Timeframes.** Upon receiving the DHH enrollment file, the Eligibility Specialist will load the files within 24 hours, Monday through Friday, into AMISYS Advance, our core transaction system. All new members will be flagged, indicating that they must be sent a Welcome Packet and member ID card. If a new member did not select a PCP during the enrollment process, LHC will auto-assign a PCP according to the State approved algorithm, and the member's initial ID card will include the PCP's name and phone number(s).

Within one to five business days of loading the files, on the same day each week (for example, Friday), LHC will electronically send the Welcome Packet/ID card file to our mail subcontractor. Within two business days after receiving the file, the subcontractor will print member ID cards and mail Welcome Packets. Thus except under unusual circumstances, LHC will produce and mail the new member Welcome Packet within four to eight business days of receipt of the enrollment file from the enrollment broker. LHC will use Centene's established mail subcontractor to take advantage of its specialized quality checking processes, economies of scale, reduced cost per unit, and superior performance history. Our subcontractor is proactive in recommending streamlined and cost-effective processes and materials, and uses state-of-the art data processing, printing, and distribution technology.

**ID Card as Part of Welcome Packet.** LHC's preference and plan are to send the member ID card as part of the Welcome Packet. If LHC mails the member ID card separately from the Welcome Packet, the mail subcontractor will enclose a letter explaining the ID card, in the same manner as described above, and mail the card and letter within the above timeframes.

**Member Language Preference.** LHC will mail members an ID card in English and, if the 834 file indicates that the member's preferred language is Spanish or Vietnamese, an additional card in Spanish or Vietnamese. (All members receive an ID card in English because providers and their office staff will not universally speak the language spoken by the member.)

The Welcome Packet will be printed in front/back style in English and Spanish, with the required notice in Vietnamese that materials are available in Vietnamese. Distribution of bilingual English/Spanish welcome packets has worked well for our affiliate health plan in Texas, ensuring that the vast majority of all members receive their first mailing in their preferred language. If the enrollment file specifies

Vietnamese as a member's preferred language, LHC will send the initial ID card and welcome packet in Vietnamese. The language preference indicator will direct future mailings of member materials in the member's preferred language and alert call center and other staff to use the preferred language or arrange for translation.

LHC will notify members that written information is available in Spanish and Vietnamese and how to request it. On materials where this information is provided, including the Member Handbook, the notation will be written in both Spanish and Vietnamese. LHC will inform members that on request materials will be provided in the member's primary language and in alternative formats, such as audio on CD or Braille, at no cost to the member. In addition, LHC will translate and make available, within 90 calendar days of notice from DHH, written marketing and member education materials for any language that is spoken as a primary language for 200 or more members of a CCN within the GSA. LHC will use certified professional translators for all member materials translation services.

**Welcome Packet Contents.** As indicated, LHC's plan is to send the member ID card as part of the Welcome Packet. The LHC Welcome Packet will contain DHH required materials:

- **Welcome letter**, highlighting major program features, and, if the member ID card is not included in the packet, an explanation that the card will be mailed separately, and contact information for LHC
- **Member Handbook**, containing all DHH and federal requirements including but not limited to covered services and LHC features and how to access them; the importance of the medical home; how to select a PCP and the PCP's role in coordination of services; member rights and responsibilities, including appropriate use of the Emergency Room; the extent to which and how members may obtain benefits, including family planning services and specialized behavioral health services from out-of-network providers; how to contact Member Services for assistance; our Disease Management Programs; member's rights and protections; procedures for obtaining benefits; the purpose of the Medicaid card and the member ID card and how to use both; and grievance, appeal and fair hearing procedures. The Handbook also includes a Resource Section that details the EPSDT periodicity schedule including the recommended immunization schedules for children 0-18 years, the catch-up schedule for children 4 months-18 years, and the recommendations for preventive pediatric health care and oral health care
- **LHC Member ID card**, as described above
- **Provider Directory**, with all DHH and federal requirements, which also is available online and searchable with all DHH requirements, on LHC's Member Portal

LHC's Welcome Packet will include additional specific program materials and highlight valuable features to help our members understand the benefits of coordinated care and to motivate them to take action. Additional Welcome Packet materials will include:

- **Benefits booklet:** This easy-to-understand booklet describes key coordinated care features and how to use them, for example, establishing a medical home, what to do in an emergency, what an advance directive is, and what Case and Disease Management are and how they help members. The booklet also provides easy reference information on CentAccount™, our member incentive program to reward healthy behaviors; NurseWise®, our 24/7 nurse advice line; MemberConnections®, our community-based member outreach program; and StartSmart for Your Baby®.
- **Health Risk Screening Form:** Each member is asked to complete the Health Risk Screening Form and return it in the prepaid envelope. The form helps to identify chronic conditions including but not limited to diabetes, asthma, congestive heart failure, and behavioral health conditions. This information will help LHC identify members who may benefit from Disease Management services or MemberConnections.
- **Appointment Reminder Card:** This call-to-action card reminds members of the need to have a PCP and to see their PCP as recommended. Because members are receiving a new ID card to access services, the reminder card notifies them that their PCP information is on the ID card.

- **PCP Change Request Form:** Member may use this form to change PCPs within 90 days of being auto-assigned to a PCP (if they did not initially select their own PCP).
- **Are You Pregnant?** A colorful mailing insert card directing pregnant women to contact Start Smart for Your Baby and offering an incentive.
- **NurseWise® magnet with telephone number for 24/7 nurse advice:** NurseWise staff answer health related questions, refer symptomatic callers to the appropriate level of care, and support member's informed decision-making regarding their care.

Samples of Medicaid and CHIP Welcome Packet and other member materials from LHC affiliated plans are provided in Attachment K.1.

**Ensuring Compliance and Accuracy. Review and Approval.** LHC will submit complete final drafts of the new member Welcome Packet, including member ID card, to DHH for approval using the DHH Marketing and Member Education Materials Approval Form. Before submission, LHC's Marketing and Communications Manager and Vice President of Compliance will review the materials for compliance with State and federal requirements including but not limited to required content, accuracy, no more than 6.9 grade reading level, usage guidelines applicable to persons with Limited English Proficiency and low reading level, cultural sensitivity including People First Language and DHH's Person First Policy, and formatting standards.

**Welcome Call.** NurseWise and member call center staff will attempt to contact each new member by phone within 14 business days of receipt of the enrollment file (up to 21 days during the phase-in implementation period). During the new member Welcome Call, staff will confirm that members have received their Welcome Packet and member ID card. If a member has not received the packet and ID (or has lost it), staff will flag the member's record in Member Relationship Manager (MRM), our all-in-one member information system, to trigger mailing of another packet and member ID card.

During the welcome call, staff will verify any language preference specified on the enrollment file, and if none is indicated, will inquire if the member has a preferred language other than English. If the member has such a preferred language, it will be entered in MRM. If the language is Vietnamese, MRM will automatically flag the system to send the member an ID card and Welcome Packet in Vietnamese. If it is Spanish, an ID card in Spanish will be sent (since the Welcome Packet was already received in the combined English/Spanish format).

If during the Welcome Call (or otherwise) a member changes PCP, LHC will reissue the member ID card with the new PCP name and phone number(s) within 10 calendar days of the PCP selection as described above. LHC will make three attempts to contact the member. We will report to DHH each month the name, telephone number, and Medicaid Recipient ID Number of each member we attempted to contact three times and were unable to successfully make contact.

If LHC has made three unsuccessful attempts to reach the member, but the member actually received the Welcome Packet and then initiates a call to LHC, call center staff will be alerted in MRM that the Welcome Call has not yet been conducted, and will proceed to conduct the Welcome Call. Using MRM in this manner has proven highly effective with affiliate plans. For example, analysis by one affiliate health plan *prior to* MRM implementation showed that of the members for whom a Case Manager had made three unsuccessful attempts, *45% of them had initiated an unrelated recent call to Member Services*. Thus when a member calls us, our call center's staff seeing in MRM that we are looking for the member will significantly increase effectiveness of our outreach and accuracy of member contact information.

**Ongoing Quality Assurance Processes.** To ensure that member ID cards and the Welcome Packets are mailed within the required timeframe, the weekly file that LHC transmits to the mail subcontractor includes a number of LHC staff, so that they can verify timely receipt. If mailing timeliness or other compliance issues arise, Member Services management will develop a corrective action plan that the mail subcontractor will be contractually required to implement. The mail subcontractor contract provides for sanctions and possible contract termination if performance does not meet contractual standards within 60

days of implementing a corrective action plan. Our current mail subcontractor has not been sanctioned or subject to a corrective action plan for the 10 years it has served Centene affiliated health plans.

Additionally, our Director of Member Services will conduct monthly reviews of member grievances to identify potential member ID card issues and implement and monitor improvements. Our Quality Assessment and Performance Improvement Committee (QAPIC) will monitor distribution timeliness for all materials through a quarterly review of subcontractor and internal performance reports, member grievances, and provider complaints. The QAPIC will develop and monitor corrective action plans as needed to ensure subcontractor performance.

***Example of Continuous Quality Improvement.*** In 2008, Centene's Texas health plan detected a high rate of new member Welcome Packets returned "undelivered" despite having validated correct mailing addresses. The plan also experienced a higher-than-normal rate of ID card requests. After meeting with post office staff, plan staff determined that households with three or more members were receiving multiple packets due to an anomaly in administering case numbers in Texas compared to many other states. As a result, the packages would not fit into mail slots, especially if the family resided in an apartment building. Additionally, some households had a "head of household" with a last name that differed from other names within the same household. This resulted in the post office automatically flagging the packets as a wrong delivery. The health plan resolved the case numbers and followed recommendations from the postal service regarding packaging and delivery issues. A few simple changes not only resulted in a decrease in returned mail and fewer ID card requests and complaints, but it also saved health plan mailing costs. LHC will build on such lessons learned from Centene plans in other states to ensure that our members receive new member information in a timely, reliable manner.

### **Layout of the Member ID Card**

The LHC member ID card will include:

- Member's name and date of birth
- LHC's name and address
- PCP's name and telephone number, including an after-hours telephone number if different
- Emergency instructions
- Toll free numbers for:
  - 24-hour member services and filing grievances
  - Provider services and prior authorization
  - Reporting Medicaid fraud

A layout of the front and back of the ID card is provided at the end of this narrative.

### **Ensuring Member Receipt of a New ID Card After a Change in Information.**

LHC will reissue a member's ID card if the member or member's parent or representative reports the card lost; in the case of a member name change or relocation to a different GSA; if the member requests a new PCP or a new PCP is auto-assigned (such as after a PCP dies or moves from the GSA, and the member does not select a new PCP); or for any other reason that results in a change to information on the card, such as a change in a PCP after-hours telephone number. When any data element listed on the member ID card changes, MRM automatically flags the system to reissue a corrected card.

We offer members several ways to update card information and request new cards.

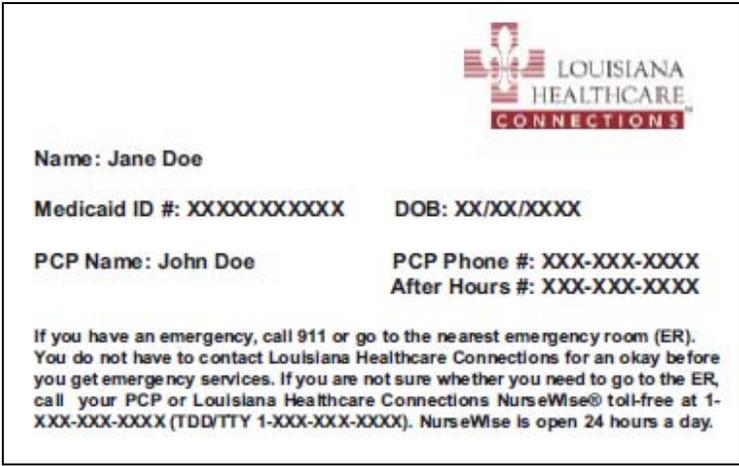
- A member may contact the call center and speak with a staff person who inputs the data change or request in the member's MRM file, triggering a new card.
- Members also may use the call center's automated line and respond to telephone prompts to request a replacement for a lost or stolen card. This automatically triggers the system to produce and send a replacement card to the member.

- LHC members will be able to request a new card via the LHC secure online Member Portal. Call center staff will receive the request, make needed data updates in MRM, and a new card will be issued.
- Connections staff working in the field with a laptop can request replacement cards by entering the request in the member's MRM record.

In each case, LHC will mail the replacement ID card to members within 10 calendar days, following the process described above. In the mailing, we will explain the differences between the two LHC member ID cards and the card issued by DHH, and will request that the member destroy the original LHC card.

Call center staff verify and update member contact information in MRM during every call with a member, so that such information is accurate and current.

**Louisiana Healthcare Connections Member I.D. Card - Front:**

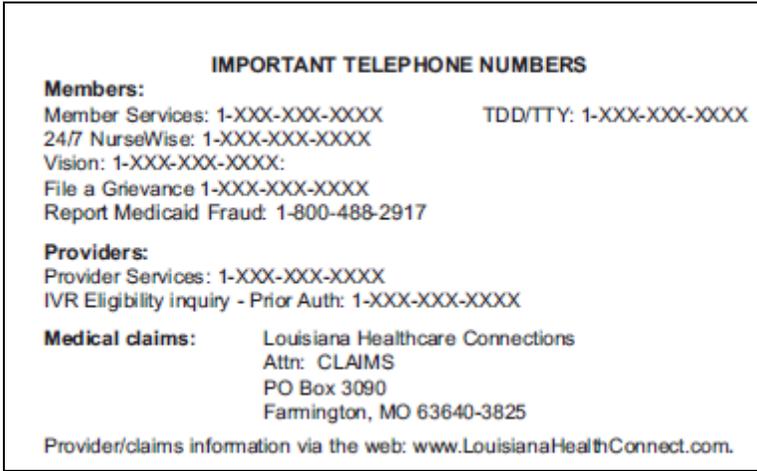


The image shows the front of a Louisiana Healthcare Connections Member I.D. Card. It features the organization's logo in the top right corner. The card contains the following information:

**Name:** Jane Doe  
**Medicaid ID #:** XXXXXXXXXX      **DOB:** XX/XX/XXXX  
**PCP Name:** John Doe      **PCP Phone #:** XXX-XXX-XXXX  
   **After Hours #:** XXX-XXX-XXXX

If you have an emergency, call 911 or go to the nearest emergency room (ER). You do not have to contact Louisiana Healthcare Connections for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Louisiana Healthcare Connections NurseWise® toll-free at 1-XXX-XXX-XXXX (TDD/TTY 1-XXX-XXX-XXXX). NurseWise is open 24 hours a day.

**Louisiana Healthcare Connections Member I.D. Card - Back**



The image shows the back of a Louisiana Healthcare Connections Member I.D. Card. It features the following information:

**IMPORTANT TELEPHONE NUMBERS**

**Members:**  
Member Services: 1-XXX-XXX-XXXX      TDD/TTY: 1-XXX-XXX-XXXX  
24/7 NurseWise: 1-XXX-XXX-XXXX  
Vision: 1-XXX-XXX-XXXX:  
File a Grievance 1-XXX-XXX-XXXX  
Report Medicaid Fraud: 1-800-488-2917

**Providers:**  
Provider Services: 1-XXX-XXX-XXXX  
IVR Eligibility inquiry - Prior Auth: 1-XXX-XXX-XXXX

**Medical claims:** Louisiana Healthcare Connections  
                                 Attn: CLAIMS  
                                 PO Box 3090  
                                 Farmington, MO 63640-3825

Provider/claims information via the web: [www.LouisianaHealthConnect.com](http://www.LouisianaHealthConnect.com).

Question K.4  
Provider Directory

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.

LHC will ensure accurate and up-to-date Provider Directory information through verified initial provider data capture, prompt data update processes, third party provider data monitoring and verification, systems and software customized for DHH requirements, staff training, and provider education on the importance of reporting changes. LHC will comply with all RFP and other requirements, including but not limited to RFP Sections 12.14, 12.10.6.3, and the CCN-P Systems Companion Guide, for updating and reporting Provider Directory information and preparing required Provider Directory formats in order to provide our members, potential members, DHH, and other stakeholders the most accurate and current provider information.

### **Provider Data Management and Integrity Technology**

**Portico.** Portico will serve as our enterprise provider data management system.

**Major Portico Features.** Portico capabilities include maintaining multiple identifiers and specialty and sub-specialty codes for individual providers; we will configure Portico with the codes specified by DHH. Portico supports required elements such as full audit trail and history tracking, retention of NPI requirements, linkages of individual providers to groups, credentialing information, provider office hours, and provider languages spoken. In addition, Portico supports multiple provider locations and location contacts, and multiple individual level provider service locations. Our Portico system will take full advantage of database transaction audit capabilities in the system's underlying Oracle database.

**Source for LHC System-Wide Provider Data Distribution.** Portico is one component that powers our Provider Relationship Management (PRM) system. PRM is our provider services inquiry and provider data management application that is used by provider call center staff and Provider Relations field staff. Portico will contain "all things provider" related information, and will be the "system of record" for provider data in our MIS, systematically distributing provider data where needed to other systems (for example, distributing fee schedule information to AMISYS Advance, and demographic information to the clinical management system, TruCare, to PRM, and to the parallel Member Relationship Management (MRM) System, which is used by member call center and community-based outreach staff, among others). PRM also will support required functions such as system generated letters to providers when their licenses are nearing expiration.

Use of Portico as the system of record and for distribution of provider data means that it is the "source of truth" and one touch point for provider data. There is no need to re-key the same provider data multiple times in separate systems – the data is entered once and then integrated with other systems, which ultimately *promotes data integrity* throughout the system. Thus, Portico is the *one* source for Provider Directory data and daily updates of the LHC online Provider Directory.

**Enclarity.** In Q4 2011, we will enhance our provider data quality controls through use of Enclarity data and interface services. Enclarity is the nation's leading commercial provider data supplier and a recognized expert in sourcing, maintaining, and validating provider demographic, licensure, specialty, and sanctions information. LHC will use Enclarity's interface services and nationwide database of current and accurate provider data to regularly validate all aspects of our provider data related to demographics, licensure, and sanctions. One of the reasons we chose to partner with Enclarity was their longstanding technical partnership with Portico, Inc. and their ability to integrate with Portico.

Enclarity maintains a storehouse of *correct, current, and comprehensive* provider data by continually reviewing the most trusted sources of data in the industry (for example, licensing boards, National Practitioner Data Bank (NPDB), Centers for Medicare and Medicaid Services (CMS) Office of Inspector General (OIG), and United States Postal Service (USPS) address/zip code verification) and using an industry coalition for certain non-source verifiable information. The result is a universe of provider information representing more than 140 million records, all synchronized and normalized in Enclarity's

Master Provider Referential Database (MPRD). Enclarity provides reliable, current information by continuously updating the MPRD and systematically verifying provider data via phone calls and related follow up.

**New Network Provider Information Capture Process.** During initial credentialing, LHC will obtain most required provider data elements through the attested credentialing application. LHC Network Development staff will electronically transmit requests to credential newly contracted providers to the Centene Provider Data Management (PDM) Unit where PDM Coordinators retrieve applications from the Council for Affordable Quality Healthcare® (CAQH) database (unless a provider submitted a paper application), assemble all required credentialing information, and enter provider data into Portico. PDM Coordinators will enter DHH-required and other critical provider information such as names, locations, billing address, telephone numbers including after hours number(s), non-English languages spoken, panel status (open/closed), hours of operation, Tax ID and group billing National Provider Identifiers (NPIs), age/gender restrictions, provider type (such as PCP or specialist), provider gender, specialties, board certification status, education, hospital privileges, licensure, malpractice coverage and sanctions information. In addition to prime source verifications completed during the credentialing process, PDM Coordinators will cross-reference attested provider data obtained during credentialing with Enclarity's secure online database search tool (the database includes out-of-network providers) and will investigate any discrepancies between attested provider information and Enclarity data.

The provider's status is listed in Portico as pending until LHC makes a credentialing decision. Assigning a pending status ensures that the provider data is not loaded to the LHC online Provider Directory. Once a provider is approved and contracted by LHC, a PDM Coordinator will change the provider's Portico system status from pending to network participating provider, at which point the provider's data is available for direct daily feed to the searchable Provider Directory used by provider and member call center staff to ensure they have the most up-to-date information for any telephone inquiries. LHC also will establish a direct daily feed of up-to-date provider data to the online, searchable Provider Directory on LHC's Provider and Member Portals and public website.

Portico contains built in controls that promote data integrity throughout the system and help decrease the chances of certain data entry errors. For instance, format length for certain numeric value fields is specified, and alpha vs. numeric requirements are set for certain fields (for example, so that alpha entry cannot occur in an NPI field that requires numbers). Portico also has pop up wizards that are helpful when training new staff on provider data entry.

### **Strategies for Ongoing Provider Information Updates and Monitoring**

**Provider Education and LHC Staff Training.** All provider contracts will require providers to notify LHC of any changes in provider information, and the Provider Manual will instruct providers on how to provide LHC updated information. During provider orientation, LHC Provider Relations Specialists will explain the importance of notifying LHC immediately of any provider information changes. We will remind providers through Provider Relations onsite visits and notices in the Provider Newsletter to notify LHC promptly when provider information changes.

We will educate LHC staff in all operational departments on the importance of maintaining accurate and up-to-date provider information and their job-specific roles in achieving that. Key staff include PDM Coordinators and a PDM Team Lead who will maintain the accuracy of provider data in Portico, under the direction of the Centene Director of Contracting, Credentialing, and Provider Data Management (Credentialing and Provider Data Management). Key staff also include LHC Provider Relations Specialists (field staff) who conduct provider training and report to LHC's Senior Director of Contracting and Network Development. The Senior Director is accountable for accuracy of the Provider Directory and oversees all aspects of LHC provider data management.

**Process for Data Updates on Request.** Provider Relations staff are invaluable in the ongoing effort to obtain updated provider information, because they often learn of potential upcoming changes as they discuss a range of matters with office staff during onsite visits. Providers may submit changes by fax, mail, secure message via the Provider Portal, in person such as during a training session or Provider Relations visit, or by phoning the call center. (Providers usually inform either call center or Provider Relations staff regarding provider data changes.) Most oral updates require written follow up confirmation, and staff will instruct providers on specifically how to submit such confirmation.

Staff who receive an update from a provider will electronically transmit the data to a central PDM mailbox, and a PDM Coordinator will enter updates in Portico within one business day. Through Portico, LHC will feed daily provider data updates to the online searchable Provider Directory, thus updating the Directory faster than DHH's weekly requirement.

If members tell us about provider data inconsistent with the Directory or LHC staff notice any inaccuracy, Provider Relations staff will be notified and will contact the provider in question to confirm needed updates by phone or in writing, per LHC policy. As indicated above, upon confirmation, the system is updated within one business day and updates appear (real-time) for provider and member call center staff and daily in the online searchable Provider Directory on the LHC website. Updates will appear in the next monthly hardcopy Directory insert or annual full Directory reprint, and in electronic versions as required for DHH or the Enrollment Broker. Throughout this process, PDM staff will have secure online access to Enclarity's database search tool as a resource in provider data verification. When LHC terminates a provider from the network or staff receive notice in writing from a provider regarding a termination, we will update the provider's record in Portico, remove the contracted status indicator, and report the PCP termination to the Enrollment Broker as required by close of the next business day.

**Types and Frequency of Provider Data Monitoring.** LHC monitoring to ensure that Provider Directory information is accurate and up-to-date will include the following methods.

**Provider Exclusion Checks.** Centene's Credentialing and Provider Data Management Department in conjunction with LHC's Credentialing staff will perform all federal and State mandated exclusion background checks on provider owners and managers as part of credentialing and recredentialing process, as well as on a monthly basis through direct query to State licensing agencies, CMS OIG Exclusions List, and CAQH Sanction Track, and through quarterly Enclarity data updates. Our credentialing process will include primary source verification as well as systematic scans of sources such as those cited in the previous sentence. We will maintain the results of exclusion background checks in Portico, and we will provide related information to DHH via the transmission method, format, and frequency that DHH specifies.

**Enclarity.** Enclarity will provide LHC with timely quality monitoring and quality controls with overall quality audit and quarterly refresh of data. When Enclarity receives LHC's quarterly provider data file, they will identify inaccurate, duplicate and incomplete provider records. LHC will establish in advance business rules (such as probability weighting for recommended changes) that will govern which of the Enclarity updates, corrections and augmentations LHC will integrate into Portico automatically, and which potential updates require review or other action by LHC and/or PDM staff, for example, to ensure compliance with certain DHH requirements.

LHC system business rules will not be varied or relaxed for the Enclarity data import process (for example, field maximums will be maintained) and Portico will have the ability to reject data based on established business rules. Changes that do not rate high enough against pre-determined probability weights will be investigated. This allows corrections rated at a high confidence level to be automatically integrated and accepted and corrections rated at a mid-range threshold to be flagged for LHC and/or PDM staff follow up before acceptance into Portico. Business rules also will address overwriting scenarios, so that certain plan-specific data takes priority over Enclarity updates.

**Emdeon – Claims Data.** Claims can be a rich source of data and LHC will use our Emdeon EOP service claims data to identify and filter provider information from claims that may offer opportunities to verify and update provider data in Portico. In addition, Enclarity has a partnership with Emdeon in which Emdeon reviews and flags new provider addresses in claims and Enclarity promptly follows up with the providers through their regular monitoring. Both Enclarity and the Emdeon EOP service use the USPS address/zip code verification, which provides an important additional layer of data verification and integrity.

**System Audit Controls.** LHC will maintain automated system audit controls that IT and PDM staff will periodically test and verify, in addition to daily audit control reports. Discrepancies identified through the system audit controls will be automatically flagged for staff investigation. These controls will verify data from a wide variety of sources that may affect Provider Directory data.

**Recredentialing.** At the triennial provider recredentialing, providers will complete a recredentialing application and confirm (or if necessary update) Directory information. Credentialing staff will submit any Provider Directory changes to PDM staff for entry in the system, as described above.

**Provider Directory Formats and Update Frequency.** LHC will include in the Provider Directory DHH required data elements discussed in this response and as specified in the CCN-P Systems Companion Guide. Before initial release of the Provider Directory, LHC will submit templates of its Provider Directory to DHH for approval within thirty days from the date the contract is signed.

Per RFP Section 12.14, we will maintain the directory in the four required formats, as described herein.

**Online.** The online searchable Provider Directory (accessible through LHC’s Provider and Member Portals and public website) will include open vs. closed panel designation and be updated daily as detailed above. **Hard Copy.** LHC will reprint the updated hard copy of the Provider Directory annually and we will use inserts for monthly directory updates for new members and potential member requests.

**Enrollment Broker – Hard Copy Abbreviated Version.** Per Section 12.14.3, LHC will provide an updated abbreviated version (with at a minimum PCPs, specialists, and hospitals) in a format and frequency specified by DHH. **Enrollment Broker - Electronic file.** LHC will provide daily updates to the Enrollment Broker’s electronic version, which is more frequent than the required weekly minimum.

### **Subcontractors**

LHC will monitor subcontractors with a delegated network (such as OptiCare) to ensure that information they provide for the Provider Directory is accurate and up-to-date and that they comply with all DHH requirements. Monitoring will include Joint Operations Committee (JOC) meetings conducted at least quarterly. The JOC will consist of LHC and subcontractor staff for the relevant functional areas.

## Question K.5

# Internet Presence and Website Requirements

**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.

The Louisiana Healthcare Connections (LHC) Member Portal, specially created for Louisiana Healthcare Connections (LHC) members, will leverage the nationwide health care web applications design, development, integration, implementation, and operations expertise of Centene. We will configure the LHC Member Portal specifically for the Coordinated Care Network Program (CCN-P). The LHC Member Portal will provide user-friendly accessibility to content specifically developed to address our member population. Our Portal houses multiple features; including contact information, an interactive provider directory, forms, and a wealth of actionable health and Louisiana Medicaid Program related information for members.

For information on our Provider Portal and the administrative and clinical functionality we make available to our providers in support of our members, please see our response to Question G.12 and Questions R.11 and R.15.

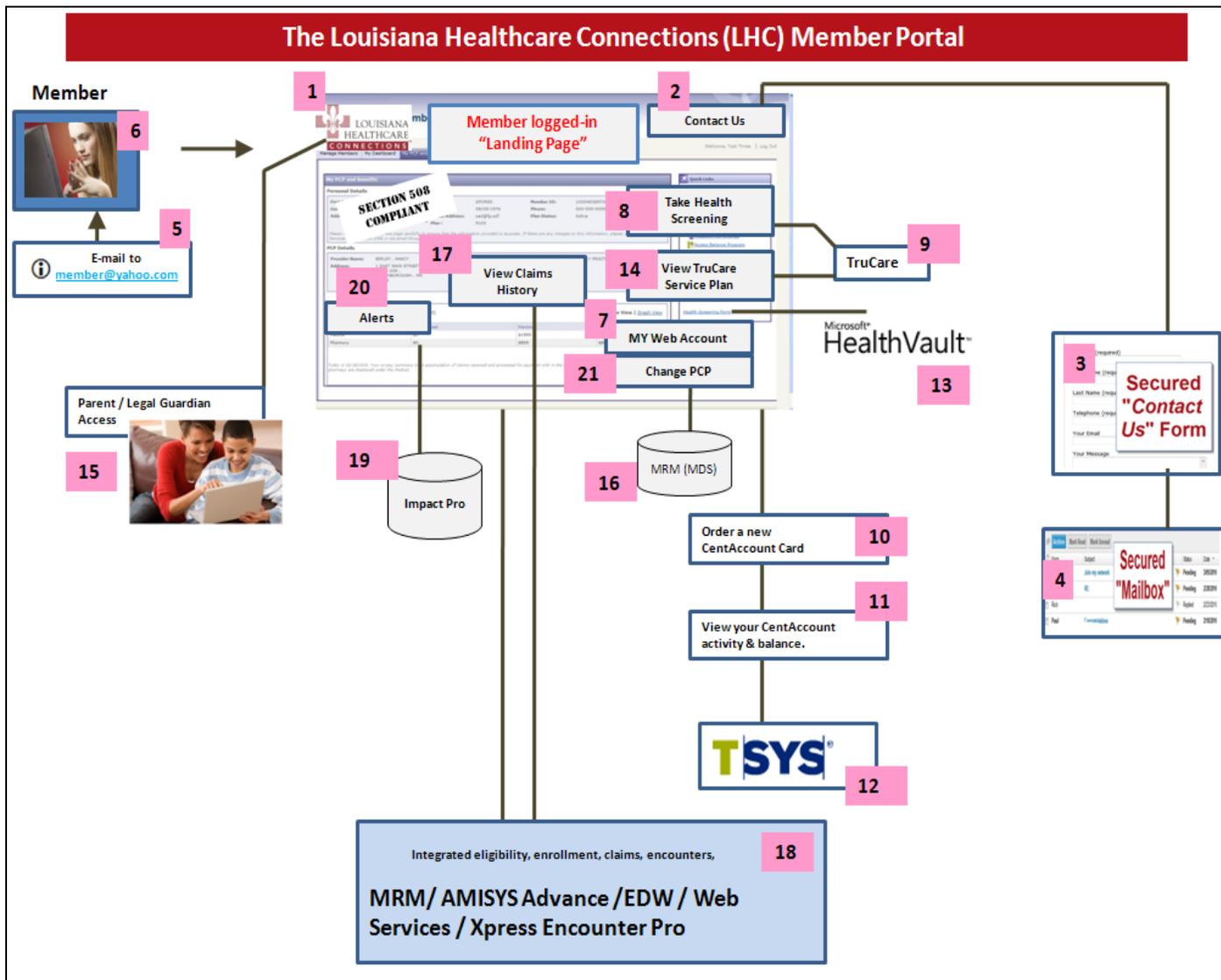
**Fulfilling CCN-P Internet Presence Requirements: The LHC Member Portal.**

**Member Services: The LHC Member Portal.** Our secure LHC Member Portal will offer LHC members the “informational tools” they need to help them take personal accountability for their healthcare by providing important basic information such as eligibility and benefit information; helping them understand what they have to do such as care gap alerts, wellness reminders, and health information specific to the member; and providing self-service support tools such as the ability of the member to choose or change their PCP online, print a temporary ID card, exchange secure messages with our staff, and manage their Member Portal web account information and preferences). Our Member Portal also enables our members to access secure interactive member specific content supplied through our Enterprise Data Warehouse (EDW) and supporting business applications.

Please see *Figure K.5-A* for a graphical depiction of the secure interfaces and data content that will support our Member Portal. At the center of *Figure K.5-A* is a logged in member-landing page with access points to other member-specific “transactional” information sources and access to other secured sites.

Immediately below *Figure K.5-A*, in *Table K.5-A*, we have listed out the planned capabilities for our Member Portal, several of which go *beyond* those requested in the RFP, with corresponding itemized references back to *Figure K.5-A*.

Figure K.5-A



**Table K.5-A - LHC Member Portal Features:**

Feature	Capability and/or Informative Content
<b>Information</b>	
<b>Plan Information for Members</b> (Item 1 in Figure K.5-A)	<p>All of our Portals provide <i>engaging health plan</i> information, displayed in a well-structured manner, and are easy to navigate. We will post our Member Handbook; covered services information; member privacy rights and other member rights and responsibilities; grievance and appeals procedures; contact information; and frequently asked questions and answers. We will also post plan notices, policy changes, and new program information. The main page will also display important contact information including our toll-free customer service Member Call Center telephone number, and Telecommunications Device for the Deaf (TDD) number, a link to DHH Enrollment Broker’s Member Portal, and a toll free number where current or potential enrollees can call with their questions. For questions about Medicaid eligibility, we will also provide a link to DHH’s Member Portal (<a href="http://www.medicaid.dhh.louisiana.gov">www.medicaid.dhh.louisiana.gov</a>) along with DHH’s toll free number (888) 342-6207.</p>
<b>E-mail Communications, Contact Us and Secure Messaging</b> (Items 2, 3, 4, 5, and 6 in Figure K.5-A)	<p>Members and visitors to the Portal will be able to fill out a contact form online with a question and phone number as well as an e-mail address (optional) for the response. The secure Member Portal will have secure messaging capability behind the member’s login. By having the “Contact Us” function available <i>after</i> login to the Member Portal, we can offer members “e-mail alert” functionality. At the member’s option, when LHC responds to the member’s Contact Us query, an e-mail alert will be sent to the member’s e-mail address with a notice that his/her query has a response from LHC. The e-mail alert will contain a link back to the LHC Member Portal, allowing the member to log in to the Portal and view the LHC response. This function will provide significant tools to LHC’s member outreach and education capabilities. For example, LHC will be able to e-mail members and request that they log in to the secure Member Portal and retrieve important member-specific health information related to gaps in care. Further, the portal will provide an “inbox” and “outbox” so that a member can securely send and view messages to and receive messages from LHC while logged in to the secure Portal.</p>
<b>My Web Account</b> (Items 5, 6 and 7 in Figure K.5-A)	<p>We will provide personal Web Account administrative capabilities for our LHC Member Portal. Members will be able to change their Portal registration information and preferences, such as e-mail and password, and set their preferences for e-mail alerts. E-mail alerts allow the member to receive an e-mail notice at his/her designated e-mail address that certain information is available for the member. These e-mails will not contain any Protected Health Information (PHI), but will have a link for the member to log in to the LHC member portal to view the information. If a member would like to receive e-mail alerts but needs assistance with setting up an e-mail account, our Member Services Representatives (MSR) will assist members with setting up a free e-mail account with a major supplier (e.g. Yahoo, Google), and offer advice on ensuring that such an account does not inadvertently block LHC e-mails (e.g., “spaminator” settings).</p>
<b>Wellness</b>	
<b>View CentAccount Status</b> (Items 11 and 12 in Figure K.5-A)	<p>LHC’s CentAccount Program promotes personal health care responsibility and ownership by offering our members financial incentives for certain healthy behaviors. The CentAccount Program uses industry-leading technology to</p>

Feature	Capability and/or Informative Content
	restrict card purchases to health care related items. Centene provides our members the ability to view their CentAccount incentive status by accessing, through the Portal, LHC branded web pages on the TSYS Member Portal. TSYS is our second-tier subcontractor for our existing CentAccount™ Program. Our members will thus be able to track their CentAccount activity and their award status via this secure link to the LHC content hosted on the TSYS Member Portal.
<b>Health Podcasts</b> (Item 1 in Figure K.5-A)	We will offer topical podcasts for members to download and listen to at their convenience. See our response to Question K.1 for more information. Topics may include areas such as: <u>StartSmart for Your Baby®</u> First Year of Your Baby <ul style="list-style-type: none"> <li>• Taking Care of Your Baby</li> <li>• How to Get Help</li> <li>• Taking Care of You</li> <li>• Summary – First Year</li> </ul> <u>Diabetes Management</u> <ul style="list-style-type: none"> <li>• Part 1 – Get Started</li> <li>• Part 2 – Be An Active Member</li> <li>• Part 3 – Take Care</li> <li>• Controlling for Life</li> </ul>
<b>Local Health Content &amp; News</b> (Item 1 in Figure K.5-A)	Our Portal will contain a variety of health education literature and messages, including, but not limited to: activities for kids, community events, a member blog and Member Newsletters.
<b>Personal Health Record (PHR)</b> (Item 13 in Figure K.5-A)	LHC will provide support to those members who want to create a PHR. Through our Member Portal, member newsletters, targeted member mailings, we will promote our support of the <i>Microsoft</i> PHR <i>Microsoft HealthVault</i> . We also will educate members about how to set up an account with HealthVault. At the member’s request, LHC will send periodic claims data (including pharmacy claims data) to HealthVault on behalf of the member for import and “consumerization” of the data. This will help make their PHR valuable and useful, especially in an emergency event situation. We will also provide a link to the HealthVault on the Portal, where the member can subsequently log on through Microsoft's security controls to view the member's personal health record information.
<b>Care</b>	
<b>Online Health Risk Screen Member Gaps In Care</b> (Items 8, 9, 19, 20, 5 and 6 in Figure K.5-A)	LHC members will be able to complete the LHC Health Risk Screen on our Member Portal. All information collected on the HRS will automatically be populated into our TruCare health services management system. TruCare will be used by LHC clinical staff to support case and care management, disease management, and utilization management activities. Once HRS data is electronically imported into TruCare, this data will automatically be available to our Centelligence™ Foresight (Foresight) Predictive Modeling application. Foresight will analyze HRS and other clinical data, such as from claims, to identify any potential member gaps in care or in preventive services. Our Member Relationship Management system (MRM) will indicate that an HRS was completed for the member. MRM is our integrated member data management system that will enable coordinated LHC contacts with our

Feature	Capability and/or Informative Content
	<p>members, both inbound (to LHC) and outbound (from LHC), across multiple media (telephone, mail, e-mail, and web). If the member has signed up for e-mail alerts, and a care gap is identified (either from HRS and/or claims data) for the member, our MRM will issue an e-mail alert to the member. The e-mail will instruct the member to contact LHC for health information, and/or login to the Member Portal to retrieve an important message. Please see our response to Question R.11 for more information on TruCare, ImpactPro, and the MRM.</p>
<p><b>Condition-specific Care Alerts</b></p>	<p>The LHC Member Portal will provide access to tailored care alerts for specific diagnoses.</p>
<p><b>TruCare Service Plan</b> (Item 14 in Figure K.5-A)</p>	<p>Allows read-only access to the LHC Service Plan maintained in TruCare (see our response to Questions R.11 and R.16). Service Plan data will include member problems, goals, objectives, and other key elements. The Service Plan - viewable from within the Member and Provider Portals - will support collaborative efforts among LHC, members, and providers in determining and assessing outcomes.</p>
<p><b>Choose or Change PCP</b>                      (Item 21 in Figure K.5-A)</p>	<p>LHC members will be able to choose or change their PCP on the Member Portal. In addition, the member will be able to assess how a potential PCP meets their needs based on geographic proximity, languages spoken, gender, office hours, and other information. Our portals are fully integrated with our Provider Relationship Management (PRM) system that integrates all data pertaining to our contracted providers. PRM will provide one data source for our Member Portal, our claims processing system, provider directories, and other provider data-related processes. Please see our response to Questions R.4 and R.11 for more information on PRM.</p>
<p><b>Provider Search</b>                      (Item 1 in Figure K.5-A)</p>	<p>Members will be able to search for providers by location or by doctor/facility name and refine the search through additional criteria, such as provider specialty and languages spoken. Distance to the provider’s facility is calculated in real time. Detailed parameters such as provider name, distance to the medical facility, languages spoken, etc. are also provided. Public transportation access information is included, as well as a map application that provides a travel itinerary from the user’s location to the provider (via Google Maps). Our provider search is powered by PRM.</p>
<p><b>Parent/Legal Guardian (PLG) Log-on as Member</b>                      (Item 15 in Figure K.5-A)</p>	<p>Federal and state regulations stipulate we may not provision a secure portal account for members who are less than 18 years of age. However, we do have the technical ability to provision an account for a member's parent or legal guardian (PLG) - a capability we refer to as our <i>PLG feature</i>. If LHC membership follows the relative proportions of the existing Community Care 2.0 plan, approximately 80% of our members will be less than 18 years of age. We will accommodate the needs of these members (and their parents or legal guardians) with PLG support. Our PLG feature allows a validated parent or legal guardian to access the young patient’s health plan information on our Member Portal. Our HIPAA enrollment processing system allows us to receive and process parent or legal guardian (aka “Responsible Person”) information in the HIPAA 834 file we receive from the Enrollment Broker. For more information on our enrollment and eligibility processing capabilities, please refer to our response to Question R.6. We propose to review our proposed Parent/Legal Guardian Member Portal provisioning process with DHH and DHH's Enrollment Broker. For example, we would ensure with DHH and the</p>

Feature	Capability and/or Informative Content
	<p>Enrollment Broker that we would be able to consider “Responsible Person” information in the HIPAA 834 enrollment and eligibility file as validated information suitable for provisioning a secure member portal account for the child member. We also propose, that if DHH or the Enrollment Broker cannot establish the parent or legal guardian (the member’s “Responsible Person”), then LHC will attempt to establish this information - and we will use that validated information to provision the child member’s web account, and we will report that information back to the Enrollment Broker, per DHH requirements. We believe that the PLG feature of our Portal is a very important factor in furthering increased family engagement in our member’s care; particularly when the child has special health care needs. This is especially true for all child members in the event of state emergencies (such as hurricanes), when ready access to LHC member information is imperative.</p>
<b>Financial Transparency Tools</b>	
<p><b>Claims History and Explanations of Benefits (EOB)</b> (Item 17 and 18 in Figure K.5-A)</p>	<p>All LHC Member Portal users will be able to view medical claims history, including dates of service, dollar amounts, and services rendered. Claims history will also include pharmacy claim activity received from DHH’s Fiscal Intermediary (FI), and as appropriate and if supplied by DHH or DHH’s FI, other claims data (in consumer readable format).</p>
<b>Accessibility and Technology</b>	
<p><b>Web Browser Compatibility, Section 508 Compliance</b></p>	<p>LHC’s Member Portal will be fully Section 508 compliant. LHC member web applications will have minimal end user technical prerequisites: we require only that the user have a reasonably recent version of the most popular web browsers: Internet Explorer Version 7.0 or above; FireFox Version 2.0 or above; or Safari Version 5.0 or above. This compatibility will be extended and the portal will be viewable/usable on reasonably recent versions of Apple iPhone, Android and all popular personal digital assistants. The Member Portal will also be designed so that users do not require significant memory, disk resources, or special software beyond a web browser.</p>
<p><b>Integration</b></p>	<p>Centene Portals are architected on IBM WebSphere standards based technology, allowing us to develop and deploy web services with a broad range of integration and connectivity options. The result: better access to more timely information from our internal applications and external systems for critical applications - such as our Condition Specific Care Alerts (see above) application for members, which integrates with our Centelligence™ Foresight predictive modeling system and Enterprise Data Warehouse (EDW) to deliver targeted care gap and health risk information on specific members.</p>
<b>Security</b>	
<p><b>Security and HIPAA compliance</b></p>	<p>Since 2010, Centene has been deploying secure Member Web Portals for all affiliate health plans. Centene’s web architecture allows for the cost effective use of common technologies across all our health plans, including LHC, but our web portals are rigidly segmented for each health plan in terms of user and data access and sub-network management. Please see our response to Questions R.4 and R.16 for more information on our MIS architecture, and how we configure our systems for data and access segregation. We employ rigid HIPAA Security compliant controls, safeguards, policies and procedures throughout our MIS infrastructure, including our web infrastructures. Please see our response to Question R.16 for more information on our HIPAA compliance.</p>

## Updating Portal Information

**Ensuring Relevant and Interesting Member Materials.** We take great care in selecting and presenting updated and vibrant materials for all member communications. Member materials, including those on the LHC Member Portal are developed leveraging input and ideas from a wide audience of people, including; DHH, our LHC providers, the various community organizations and committees in which LHC is involved, and our employees, based on interactions with members, or other stakeholders. We will also use several quality improvement measures to inform our selection of targeted topics of interest and concern such as the results of Performance Improvement Projects, Quality Improvement Plans, Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) initiatives, Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) satisfaction surveys, and National Committee for Quality Assurance (NCQA) standards related to member communications and service (such as the Member Connections (MEM) standards). We also develop information and campaigns around seasonal issues, as noted above, for example our Fluvention campaign and Emergency Preparedness campaign. Please see our response to Question M.1 for more information on our emergency response planning. Once topics are identified, we will review DHH priorities and contract requirements to determine what information must be disseminated or if there are any restrictions to the dissemination.

**Member Feedback.** Aside from Section 508 compliance, and the information provided through the channels mentioned above, LHC will work directly with our members and our Member Advisory Council (MAC) to capture what materials members would like to see on the Member Portal, and ensure with them that our Member Portal provides the utmost in information accessibility. We will periodically conduct usability testing of our Member Portal with actual LHC members who we will ask to try out the Member Portal features and provide feedback to us. We will subsequently use this feedback to enhance the Portal where appropriate. We design our member usability testing to evaluate how easy it is to use our physician and hospital directories, the appropriateness of Portal font size and reading level, intuitive content organization, and ease of user navigation. We provide each member who tests our Portal a testing tool that guides them through Portal features and allows them to score their experience completing various tasks. We also encourage members to provide written feedback and suggestions on how we can improve our Member Portal.

To ensure that our materials are culturally appropriate, understandable, and meaningful to members, we will obtain input from our MAC and plan to conduct targeted member focus groups to obtain additional input on LHC materials and program information. The MAC will review and provide feedback on our services, promotions, member materials, policy or operational changes, or any other information on which health plan staff seek member perspective. We also solicit ideas on how to improve LHC, its services, policies or operations, and regularly seek input from MAC members on the understandability of member materials.

**Member Portal Materials.** LHC will use a multi-departmental, inclusive approach for developing member materials, including several approvals and sign off by our Member Services Department management and LHC executive leadership, *before* we submit them to DHH for approval. We believe it is critical that Member Services management play a role in the approval of all materials provided to members, since they interact with them most frequently and understand the delicacy and complexity of member interactions.

LHC will create a policy and procedures document that specifies the review and approval process for materials that are prepared for our members and potential members, and other stakeholders.

The LHC Manager of Marketing and Communications will have overall responsibility for managing the content on the LHC member (and provider) Member Portals working in conjunction with Centene's Member and Provider Services Team in St. Louis, who support our Member and Provider Portals. When LHC staff identify the need for new materials or a change to existing materials, the responsible manager submits draft material and an LHC *Communication Project Initiation Form* to the LHC Marketing

Manager. This form identifies the appropriate internal and corporate departments that must review the draft document, substantiates the review and approval process, and ensures that all approvals have been made before submission to DHH for review.

The initial internal review particularly focuses on the following:

- Overall message
- Grammatical accuracy and flow
- Centene/LHC Style Guide standards
- Compliance, privacy, rights and responsibilities
- Addresses, telephone numbers and Member Portal addresses
- Any State-mandated date stamp and catalog number that may be required
- Easy-to-understand benefits, operating procedures, accessibility and limitations (NCQA Standard Rights & Responsibilities 7, Element A, Items 1 – 7 and Element B, Items 1 – 6)
- Reading level (in compliance with State standard of no higher than grade 6.9)
- Availability in alternative formats (Braille, large font, recorded tapes and other supported languages).

***Adhering to NCQA Standards.*** If a draft document contains HEDIS, NCQA or clinical information, it will be reviewed and approved by the Quality Improvement Committee. The business owner and project coordinator (person who requested the change) will be mutually responsible for ensuring that all information contained in the document is accurate, meets all standards, and is approved. This process complies with NCQA standards.

***Provider Directory.*** Our Provider Network Operations Team oversees the provider directory feature of our Member Portal. All technical errors will be reported in writing (hard copy or electronically) to the Director of Network Operations with a copy to the Manager of Marketing and Communications to ensure proper communication with the Service Desk or Corporate IT for correction of any issues. (If necessary, an “Experiencing Technical Difficulties” bulletin will be posted temporarily to instruct visitors of technical challenges). Technical errors will also be reported to DHH.

***Translation of Member Materials.*** To assure the best possible level of usability, our member materials will be written at a sixth grade reading level (no higher than 6.9), with appealing graphic elements. We use the Flesch Reading Ease and Flesch-Kincaid Grade level tests to ensure this reading level. When writing all member materials, we write the way a person talks; we use a friendly tone, active voice, common words, and short sentences; provide examples when words might be confusing; and obtain member feedback to ensure clear messaging. Materials will be culturally relevant and produced in required languages and alternate formats (e.g., Braille, large print, on audio tapes). We include footers on most of our member materials to advise our members to call us if they need the information in another format.

Our content and most LHC member materials will be initially developed in Spanish, English, and Vietnamese. All documents in foreign languages are translated by a certified translator and will then be reviewed by bi-lingual LHC staff to ensure that program-specific language is translated properly and that it will be understood by our members. We will post translated materials on the walls of our office for a period, so that our bilingual employees can consider them over time. We believe this helps to ensure our members will understand the content.

***Member Portal Link Integrity.*** Any LHC employee who discovers broken links or Member Portal error messages will be requested to report these in writing (hard copy or electronically) and submit this promptly to the Manager of Marketing and Communications for immediate correction.

***DHH Approval.*** Once add/change documentation has gone through all internal approvals, the Manager of Marketing and Communications will prepare the Marketing and Member Education Materials Submission Form for DHH and submit this to our Compliance Officer for submission to DHH. Once approved by

DHH, changes will be made to our LHC Member Portal by our Marketing and Communications team or by Centene IT if on the Member Portal. Once in production, our Manager of Marketing and Communications reviews and approves production changes are accurate and implemented as designed.

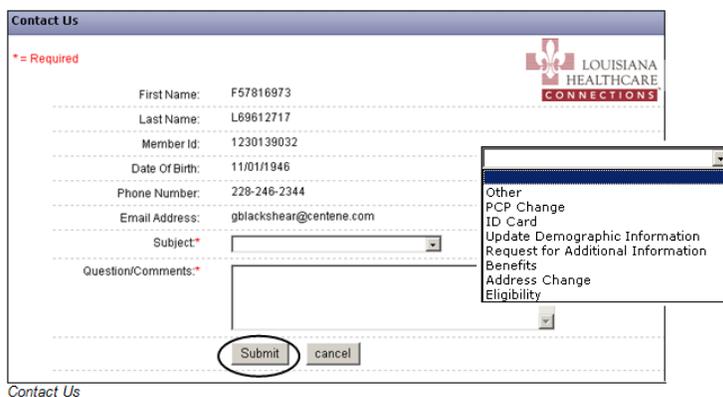
**Annual Review.** Materials that have been developed/reviewed through the above processes will be reviewed annually (or more frequently if necessitated by a program change) to ensure that the content (in all published languages) is correct and will not defraud, mislead or confuse members. The annual review process follows the initial review process described above. We will also systematically assess member understanding of our operations and policies by meeting quarterly with the MAC and assessing the results of our incoming and outgoing member calls. We seek member feedback during all member interactions to improve service delivery and ensure that members understand our organization, operations and policies.

### **Monitoring, Tracking, and Responding to e-Mail Inquiries and Other Member Interactions.**

We consider our Member Portal an extension of our ability to outreach to and serve our members, and we provide interactive features to engage members in taking responsibility for their health care, as described above. We monitor and track all Internet correspondence to ensure that we are responsive to member concerns and requests.

**Contact Us and E-Mail Tracking.** Any visitor to our public LHC Portal or our secure Member Portal will be able to complete a form online to contact us. The visitor can select the general topic they wish to contact us about using a drop down box in the Contact Us online form, and depending on the topic, the visitor's message is routed by our Microsoft Exchange system, through our Microsoft Dynamics Contact Relationship Management (CRM) software powering Centene's Member Relationship Management (MRM) system. Please see an example of the Contact Us form below in Figure K.5-B.

**Figure K.5-B - Example Web Portal Contact Us Form.**



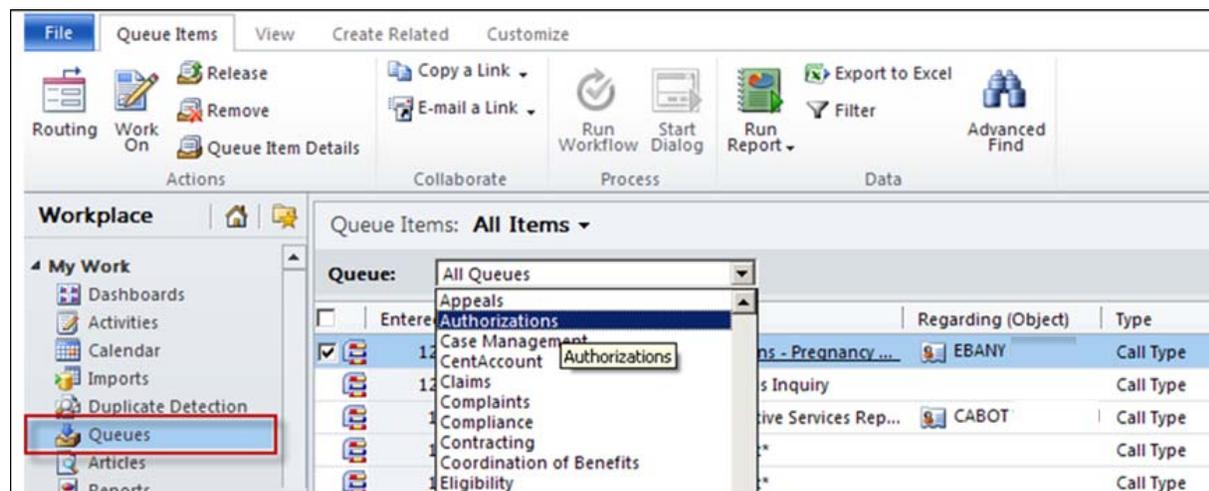
The screenshot shows a web form titled "Contact Us" with the Louisiana Healthcare Connections logo in the top right. A red asterisk indicates required fields. The form contains the following fields and values:

- First Name: F57816973
- Last Name: L69612717
- Member Id: 1230139032
- Date Of Birth: 11/01/1946
- Phone Number: 228-246-2344
- Email Address: gblackshear@centene.com
- Subject: A dropdown menu is open, showing options: Other, PCP Change, ID Card, Update Demographic Information, Request for Additional Information, Benefits, Address Change, and Eligibility.
- Question/Comments: A large text area for the user's message.

At the bottom of the form are "Submit" and "cancel" buttons. The "Submit" button is circled in red.

Once in MRM, the visitor's inquiry is immediately assigned to the correct department, tracked, managed, and followed up systematically through our Dynamics workflow engine. If, for any reason, it is necessary for the responsible department to confer or obtain information from another department, that email, like any correspondence within MRM, can be routed to the appropriate party and placed in their call queue. Please see an example of the MRM call queue below in Figure K.5-C.

**Figure K.5-C - Example MRM – Call Queue.**



LHC will carefully monitor all e-mail and all online interactions and inquiries and answer these in the shortest time possible, and at most, within two business days of the date received by LHC. All e-mail correspondence between our Member Portal and MRM will be sent via secure e-mail and MRM will maintain a history of the e-mail correspondence for operational and regulatory reporting.

In order to ensure we respond to all Internet communications in a timely manner, all Centene health plan Member and Provider Services Departments, including LHC, must have a policy regarding Internet communications and a procedure for evaluating if the department is meeting the defined standards. All MSR and other staff using MRM will have extensive training on the MRM documentation system. This will include but is not limited to documenting e-mail inquiries through the LHC Member Portal, routing cases to the designated individuals for follow up and resolution (if applicable), and checking queues to ensure all routed cases have been closed in a timely manner. All cases should be closed within 30 days to ensure accurate data for reporting purposes. Member Services Management will conduct monthly audits of open/closed cases by reviewing MRM reports.

**Online Health Risk Screen Monitoring and Follow-up.** As mentioned above, our on-line Health Risk Screen (HRS) (below) helps our Case Managers identify members with possible health concerns. All information collected on the HRS will automatically be populated into our TruCare clinical management and documentation system. Our MRM will indicate that an HRS was completed for the member, and the data will be available in TruCare for *follow up* by our Case Managers, if responses indicate a follow up call from a case manager is necessary.

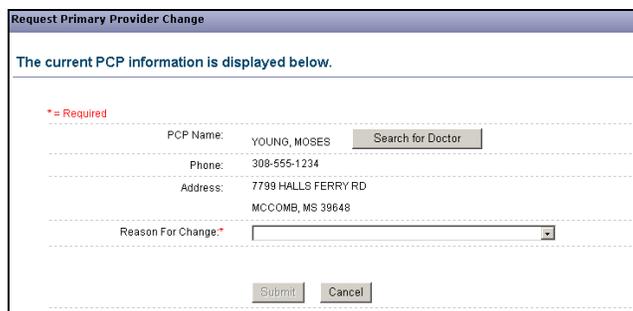
For reporting purposes and so that we can take advantage of the opportunity to complete an HRS with the member if they should happen to call our MSR, MRM will record whether a member has completed a Health Risk Screen, or not. MSR will be trained to review the member record in MRM for all care gaps, whether the HRS is complete or not, whether the member is special needs, and other information that helps the MSR understand the member’s needs so that they can respond to the member in a comprehensive, and informed manner.

**Select/Change Primary Care Provider Requests and Response.** We will also automate through our member portal the ability for a member to request or change PCP assignment. This feature is fully integrated with our Provider Relationship Management (PRM) system ensuring provider data is current and accurate.

Please see an example of the "Request PCP Change" form below in Figure K.5-D and Figure K.5-E. The Search for Doctor Link launches our PCP search functionality, allowing the member to choose a PCP that

meets their preferences on geographic proximity, languages spoken, gender, office hours, and other information.

**Figure K.5-D - Example Web Portal Request PCP Change**



The current PCP information is displayed below.

\* = Required

PCP Name: YOUNG, MOSES

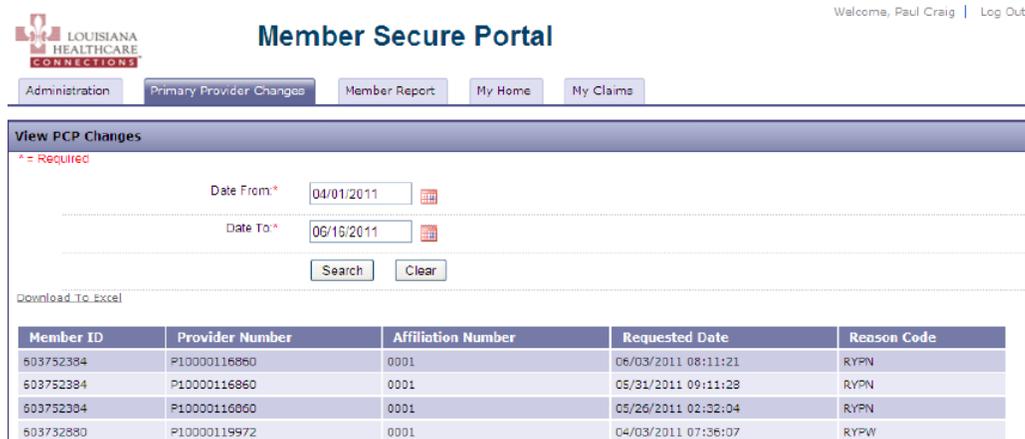
Phone: 308-555-1234

Address: 7799 HALLS FERRY RD  
 MCCOMB, MS 39648

Reason For Change:\*

All PCP change requests are queued in the Portal Administrative Function for **follow up and tracking** by the MSR as seen in the example below. The new PCP information will promulgate to MRM, AMISYS Advance and EDW where it will be available for reporting purposes. A new member ID card will be mailed to the member within 10 days as required by DHH.

**Figure K.5-E - Example Web Portal Administrative Function – PCP Change.**



Welcome, Paul Craig | Log Out

**Member Secure Portal**

Administration | Primary Provider Changes | Member Report | My Home | My Claims

**View PCP Changes**

\* = Required

Date From\*: 04/01/2011

Date To\*: 06/16/2011

Download To Excel

Member ID	Provider Number	Affiliation Number	Requested Date	Reason Code
603752384	P10000116860	0001	06/03/2011 08:11:21	RYPN
603752384	P10000116860	0001	05/31/2011 09:11:28	RYPN
603752304	P10000116060	0001	05/26/2011 02:32:04	RYPN
603732880	P10000119972	0001	04/03/2011 07:36:07	RYPW

**Quality Audits.** For quality and training purposes, on a monthly basis, the Supervisor/Manager will monitor a random sample of e-mails; e-mail statistics; HRS completed, PCP Change Error Report; and all other special projects, as appropriate. The audit consists of checking percentage of cases entered, accuracy of documentation, and the number of open versus closed cases. We will capture these results on a monthly performance card, reviewed with, and signed by each employee on a monthly basis.

**Portal Metrics.** In addition to the above monitoring activities and tools, our Centene Information Technology (IT) group tracks metrics about our member portal, such as the number of HRS forms completed on line, number of PCP change requests, etc. as seen in the example below for one of our health plans (see Figure K.5-F). We do this to ensure that the functionalities we provide on our Member Portal are valued and used by our members, and to identify areas of potential improvement. Our IT group also tracks Member Portal activity using **Google Analytics** to help us determine how people find our Member Portals, what pages they visited and consequently, what areas interested them. We use this information to help guide us on content, usability and overall design. The example below is a high level metric that tracks the number of Health Risk Screens that were completed for one of our affiliated health plans from month to month, beginning in September 2010 through May 2011.

**Figure K.5-F - Example Web Portal Metrics – Assessments.**

