Government Business Division
Policies and Procedures

Section (Primary Department) **Marketing Services – Health Plan**		**SUBJECT (Document Title)** **Written Material Guidelines – LA**	
Effective Date October 26, 2016	**Date of Last Review** ~~July 21, 2021~~ June 20, 2022	**Date of Last Revision** ~~September 9, 2019~~ June 20, 2022	**Dept. Approval Date** ~~July 21, 2021~~June 20, 2022
Department Approval/Signature :			

~~**Policy applies to health plans operating in the following State(s). Applicable products noted below.**~~

Products				
☒ **Medicaid/CHIP**	☐ Arkansas	☐ Iowa	☐ Nevada	☐ Tennessee
☐ **Medicare/SNP**	☐ California	☐ Kentucky	☐ New Jersey	☐ Texas
☐ **MMP/Duals**	☐ Colorado	☒ Louisiana	☐ New York – Empire	☐ Virginia
	☐ District of Columbia	☐ Maryland	☐ New York (WNY)	☐ Washington
	☐ Florida	☐ Minnesota	☐ North Carolina	☐ Wisconsin
	☐ Georgia	☐ Missouri	☐ South Carolina	☐ West Virginia
	☐ Indiana	☐ Nebraska		

POLICY:

All written member, provider and marketing materials, including information for the website, will comply with contract requirements as outlined in Louisiana Department of Health (LDH) – Healthy Blue Contract # § 12.9

DEFINITIONS:

CMAP Verification Process (CVP): The process whereby the Legal Department reviews revised documents after they come out of CMAP. This process ensures that Legal reviews the final document prior to submission to Regulatory and the state.

Collateral Materials Approval Process (CMAP): Healthy Blue's procedure for reviewing all communications distributed to external audiences.

Submitter: The individual authorized to submit a proposed Communication to CMAP for review with the completed CMAP Submission Form. The following departments are authorized submitters:

1) Marketing Services
2) Corporate Communications
3) Health Promotion

Other departments may be designated through the Marketing Services Department to authorize submitters on an ad-hoc basis.

PROCEDURE:

1) The following guidelines will be followed in the production of all written member, provider and marketing materials. To ensure compliance with these contract requirements, all written member, provider and marketing materials are submitted to CMAP. Refer to the department procedure Collateral Material Approval Process (CMAP).

2) All appropriate internal Healthy Blue staff will be included on the distribution list as reviewer or optional reviewers of any Louisiana CMAP materials prior to submission to Regulatory and LDH.

3) In accordance with the LDH-Healthy Blue contract, all written member and marketing materials will:
   a) Be written at the 6.9 grade reading level, unless LDH approves otherwise. This will be verified by proofing all materials with the Flesch-Kincaid index function in Microsoft Word.
   b) Healthy Blue must be the first reference on member materials, subsequent references may be Healthy Blue. The mailing address of the health plan and toll-free phone number of Member Services must appear on the cover of marketing materials longer than one page.
   c) All documents must use between 10-12 pt font, with the exception of Member ID cards.
   d) Be provided in writing for prevalent language(s) identified by LDH.
   e) Persons making testimonial or endorsement for Healthy Blue with a financial interest in the company must be disclosed in the marketing materials
   f) All written materials are available to the member by oral translation at the member's request.
   g) Notification will be provided to members and potential members on how to obtain oral translation of these written materials through Member Services.
   h) The quality of materials used for printed materials shall be, at a minimum, equal to the materials used for printed materials for the MCO's commercial plans if applicable.
   i) All written materials related to MCO and PCP enrollment shall advise potential enrollees to verify with the medical services providers they prefer or have an existing relationship with, that such medical services providers are participating providers of the selected MCO and are available to serve the enrollee.
   j) All marketing activities should provide for equitable distribution of materials without bias toward or against any group.
   k) Marketing materials will be made available through the MCO's entire service area. Materials may be customized for specific parishes and populations within the Healthy Blue service area.
   a) Healthy Blue willl include in all member materials the following:
      i) The date of issue;
      ii) The date of revision; and/or
      iii) If the prior versions are obsolete.
   ~~a)~~b) All member materials must be in accordance with the LDH "Person First" Policy.
      i) Healthy Blue writing style dictates that member communications use a friendly, personable tone. Member materials must also use appropriate language when referring to any health issue or disability.

2) Written member materials are available in alternative formats for members and potential members with special needs at no expense to the member or potential member. Upon request, written member materials are available in Braille, large print or audio format.

3) Because LDH has identified English and Spanish as the prevalent languages of the Louisiana Medicaid population, all written materials are provided in English and Spanish. If any additional populations exceed 4% of overall membership, the appropriate language will be included in all communications as specified in the LDH-Healthy Blue contract. Healthy Blue will comply with the requirement and indicate such in a Language Block or other approved mechanism.
4) Healthy Blue shall provide written request with copy to LDH for approval at least thirty (30) calendar days before implementation of any new written materials or changes to existing written materials that will be provided to the members or potential members.

5) Under certain circumstances, expedited requests for approval of new or modified written materials can be submitted to LDH; however, this should be the exception not the rule.

6) Expedited review of written materials via CMAP must be approved by the Regulatory Services before expedited request is made to LDH.

7) Modification to the written materials related to changes in benefits must be provided to the member at least thirty (30) days before the effective date of the benefit change(s).

8) Materials that are created in conjunction with the State as a part of a project or other activities do not need to go through the internal CMAP process. These materials should be reviewed and approved by Legal, Regulatory and Compliance prior to sending to member or providers.

9) The Regulatory Services department maintains accountability for the submission of materials to LDH for review and approval.
   a) Copywriter is responsible for sending the CMAP approved written materials for which approval is requested, along with a completed Regulatory Filing Request (RFR). The RFR identifies the intent, plan for the use of the material and the state required distribution information. If the RFR is incomplete, Regulatory will not proceed with the LDH approval filing.
   b) For Spanish translations, a translation affidavit is required along with the translated copy. This step occurs after the English copy has been approved by LDH.
   c) Upon receipt of required materials that have been approved through the CMAP process, Regulatory Services will draft the submission to LDH, which includes a copy of the member material (hard copy submission is required for materials developed by third-party health education resources). These documents are e-mailed to LDH for review.

10) Within thirty (30) days of the submission, LDH will either approve or identify any required changes to the member material(s). If approval or denial has not been received from LDH

within this timeframe, Regulatory will reach out to LDH to determine the status of the document.

a) If the material is approved, Regulatory Services will maintain a copy of the approval notice on file and notify the copywriter of the approval.
b) If the submission is denied, Regulatory Services will communicate LDH comments on the reason for denial to the copywriter to make the necessary revisions.
c) Upon receipt of a revised material, Regulatory Services will resubmit the material to LDH following the procedures identified above.

11) The following table outlines the potential resubmission responses that may be received from LDH, document flow and potential business owner actions:

Approve	**Approve with Changes**	**Reject**
Document flow is: LDH Regulatory Copywriter Business Owner	1. Document flow is: LDH Regulatory Copywriter Business Owner 2. Business owner will need to update document which will follow the flow below: Business Owner Copywriter Regulatory LDH 3. The document is returned to LDH for informational purposes to indicate that the requested changes were made by the business owner.	1. Document flow is: LDH Regulatory Copywriter Business Owner (Note: See 2-4 below for business owner options)
		2. Business owner will revise document based on LDH recommendation Business Owner Copy-writer Regulatory LDH **(Note: copywriter has the option to send the document through entire C-MAP process or CVP prior to sending to Regulatory)**
		3. Business Owner may withdraw document in

		its entirety from the CMAP process.
		4. Business owner may create a new document and resubmit through the entire CMAP process

12) Any revisions to previously approved materials will be resubmitted to LDH following the procedure identified above. Upon review of the changes, if Regulatory Services the change to be a non-substantial change according to LDH standards, the materials will be filed as an informational.

15) Healthy Blue will comply with any notice or directive from LDH to discontinue or modify previously approved materials.

REFERENCES:

- Corporate Procedure: Collateral Materials Approval Process (CMAP)
- LDH-Healthy Blue Contract § 12.9

RESPONSIBLE DEPARTMENTS:

Primary Department:
Marketing Services – Health Plan

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
10/26/2016	• New
10/25/2017	• For annual review • Amerigroup references updated to Healthy Blue • Procedure section updated with current contract language
09/12/2018	• For annual review • No changes
09/09/2019	• Annual Review • Placed on updated template • Updated Procedure

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08/05/2020	• Annual Review; no changes
07/21/2021	• Annual Review; no changes
06/20/2022	• Annual Review; updates to the procedure