

## Model Welcome Newsletter

When submitting a welcome newsletter for review, please include this completed form with the submission to help streamline review.

● = Required    ○ = As Needed

Required Element	Source of Requirement/ Related Contract Provision	MCO - Integrated	MCO - Opt-In	MCO - SBH/NEAT	MCO - SBH/NEMT/NEAT	MCO - CSoc/No SBH	DBPM-EPSTD	DBPM-Adult Dental	Found on page
Please indicate the intended population.									
Managed Care Entity		●	●	●	●	●	●	●	●
Submission Date		●	●	●	●	●	●	●	●
<b>Section Title</b> (Preferred text)		●	●	●	●	●	●	●	●
Paragraph Title (Suggested text)		●	●	●	●	●	●	●	●
Required Content		●	●	●	●	●	●	●	●
Required Text		●	●	●	●	●	●	●	●
<b>Welcome</b>		●	●	●	●	●	●	●	
<i>Welcome Statement</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	
<MCE> Service Hours and Contact Information	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Member Services (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Nurse Line (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●			

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<i>Crisis Line (number and hours)</i>	42 CFR § 438.10 (g)	●	●	●	●	●			
<i>DBPMs (numbers and hours) Include the DBM that manages VABs for the MCO</i>	42 CFR § 438.10 (g)	●	●	●	●	●			
<i>Managed Care Organizations (numbers and hours)</i>	42 CFR § 438.10 (g)						●	●	
<i>Pharmacy Benefit Manager (number and hours) Include mobile app information, if there is one</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●			●			
<i>Fee For Service Pharmacy contact information</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.3			●	●				
<i>Transportation Broker (number and hours) Include mobile app information, if there is one</i>	42 CFR § 438.10 (g) MCO Statement of Work 6.23	●	●	●	●	●	●	●	
<i>Any other unit providing services directly to enrollees</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>Fraud Reporting (list contact numbers for both the MCE and LDH)</i>	42 CFR § 438.10 (g) MCO Statement of Work 15	●	●	●	●	●	●	●	
<i>Labeled space for Enrollee to write &lt;PCP/PDP&gt; Information</i>	Marketing and Member Education Companion Guide	●	●			●	●		
<i>Labeled spaces for Enrollee to write specialist information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	○		
<i>Mobile App Information</i>	Marketing and Member Education Companion Guide	●	●	●	●	●	●	●	

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<Primary Care Provider (PCP)/ Primary Dental Provider (PDP)/Pharmacist>'s Role	42 CFR § 438.10 (g)	●	●	●	●	●	●		
How to choose a <PCP/PCD/Pharmacist>	42 CFR § 438.10 (g)	●	●	●	●	●	●		
<b>Getting Care</b>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
How to Make, Change or Cancel Appointments		●	●	●	●	●	●	●	
How long it might take to get an appointment		●	●	●	●	●	●	●	
How to Access After Hours Care		●	●	●	●	●	●		
What to do in an Emergency or Crisis		●	●	●	●	●	●	●	
Services your <PCP/PCD/Pharmacist> provides		●	●	●	●	●	●	●	
Specialty Care	42 CFR § 438.10 (g)	●	●	●	●	●	●		
<i>How to find a provider</i>									
How to Change Providers	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<i>(Restrictions on freedom of choice)</i>	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
Rides to Appointments	42 CFR § 438.10 (g) MCO Statement of Work 6.23	●	●	●	●	●	●	●	

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Getting Help in a Different Language or Format	42 CFR § 438.10 (g) MCO Statement of Work 12.22 DBPM Statement of Work 2.9.2	●	●	●	●	●	●	●	
Pharmacy	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●	●	●	●	●	●	
(Co-pay information)	42 CFR § 438.10 (g) MCO Statement of Work 6.3	●	●	●	●	●			
<b>What We Pay For</b>		●	●	●	●	●	●	●	
Where to find Benefit details	42 CFR § 438.10 (g)	●	●	●	●	●	●	●	
<b>Member Satisfaction</b>		●	●	●	●	●	●	●	
Member Rights and Responsibilities	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to Receive Information</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to be treated with respect</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Non-discrimination policy information</i>		●	●	●	●	●	●	●	
<i>Right to participate in decision regarding healthcare</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to be free from restraint or seclusion</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
<i>Right to receive a copy of medical records</i>	42 CFR § 438.100 (b)	●	●	●	●	●	●	●	
How to File a Grievance or Appeal	42 CFR § 438.10 (g) MCO Statement of Work 13 DBPM Statement of Work 2.10	●	●	●	●	●	●	●	
<i>Reconsideration request information</i>							●	●	

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<i>State Fair Hearing process</i>		●	●	●	●	●	●	●	
What to do if you get a bill for a covered service	MCO Statement of Work 12.12.1.36	●	●	●	●	●	●	●	
When and how to report fraud	42 CFR § 438.10 (g) MCO Statement of Work 15 DBPM Statement of Work 2.12.11	●	●	●	●	●	●	●	
<i>Reporting to the MCE</i>		●	●	●	●	●	●	●	
<i>Reporting to LDH</i>		●	●	●	●	●	●	●	
<i>Examples of fraud and why it is bad</i>		●	●	●	●	●	●	●	
<b>Helping You Be Healthy</b>	MCO Statement of Work 12.12.1.8	●	●	●	●	●	●	●	
Health/Oral Health Education		●	●	●	●	●	●	●	
Oral hygiene							●	●	
Tobacco Cessation	MCO Statement of Work 6.31	●	●	●	●	●			
Problem Gambling	MCO Statement of Work 6.31	●	●	●	●	●			
<b>Other Plan Details</b>		●	●	●	●	●	●	●	
How to ask for <Medical/Dental/Pharmacy> records	42 CFR §438.100 MCO Statement of Work 25.45?	●	●	●	●	●	●	●	
How to Change Plans	42 CFR § 438.10(e) MCO Statement of Work 11.8	●	●	●	●	●	●	●	
How to Disenroll from Managed Care	42 CFR § 438.10(e) MCO Statement of Work 11.6	●	●	●	●	●	●	●	

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How to Request a Member Handbook									
How to Request a Provider Directory									
<b>Medicaid Related</b>		●	●	●	●	●	●	●	
Reporting Changes in Contact Information or Family Size	MCO Statement of Work 12.12	●	●	●	●	●	●	●	
<i>Toll free</i>		●	●	●	●	●	●	●	
<i>Website</i>		●	●	●	●	●	●	●	
<i>Local office</i>		●	●	●	●	●	●	●	