

Illinois Department of Healthcare and Family Services
Health Plan Outreach Guidelines

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Health Plan Outreach Guidelines Overview

The following outreach guidelines pertain to the health plans' HealthChoice Illinois contracts.

At all times, Contractor must comply with the requirements in 42 C.F.R. Section 438.104 regarding Marketing activities.

The Department of Healthcare and Family Services (Department) requires the review and prior approval of all materials related to or containing information regarding the Health Plan that would be intended to be used for education, outreach or marketing purposes. For the purposes of this document, Health Plan means an MCO/MCCN. It is therefore, imperative that the organizations comply with the marketing guidelines under 42 C.F.R. Section 438.104 and the Health Plan Contract. Materials subject to these guidelines may be in any form including, without limitation, written, audio, visual, digital or electronic form and includes but is not limited to, welcome materials, health plan education materials, program web sites, brochures, posters, and any additional marketing materials. The Health Plan will be responsible for translating (at a minimum translation to Spanish) all approved materials.

HFS reserves the right to require an organization to withdraw advertising or other outreach materials from distribution immediately or to publish, at the organization's cost, a retraction and/or clarification in connection with any false or misleading statements or any violation of these guidelines. In addition, HFS reserves the right to conduct an audit of an organization's HFS-related advertising and outreach materials at any time.

Review of all outreach materials required by contracts to be submitted to the Department for prior approval shall be completed by the Department on a timely basis, not to exceed thirty (30) days after the date of receipt by the Department. Notice of the Department's approval or disapproval shall be provided to the Contractor within 30 days of receiving the materials. The Contractor shall not use any outreach material until it has received approval from the Department. All outreach materials must be reviewed and approved by the Department at least annually.

Enrollee Readability and Communication

Health Plans must assure that all outreach and informational materials shall set forth the Flesch-Kincaid readability scores at or below sixth (6th) grade reading level. All written and oral communications must be made available in an enrollees' language, by the Health Plan, upon request. At a minimum, all written materials shall be made available by the Health Plan in both English and Spanish.

All Health Plan outreach and informational materials, including materials that will be used by providers or posted in providers' offices, must include the following statement, "Illinois Client Enrollment Services will send you information about your health plan choices when it is time for you to make a health plan choice and during your Open Enrollment period".

Section 1557 of the ACA

All written communication pieces including, but not limited to, Member Handbooks, letters, flyers, brochures, post cards, etc., are required to include the ACA section 1557 nondiscrimination statement and language taglines. The long version of the nondiscrimination statement and the language taglines in the 15 different languages are to be used on all materials over 2 pages. The short version of the nondiscrimination statement along with the language taglines in English, Spanish, and Polish should be on postcards, brochures, flyers and anything else that is less than 2 pages.

Health Plan Education Materials

Health Plans may develop materials that educate potential enrollees about their health plan in particular. The materials must be sent to HFS for approval. *All materials must have a statement at the bottom that states, "Illinois Client Enrollment Services will send you information about your health plan choices when it is time for you to make a health plan choice and during your Open Enrollment period."* Approved materials may be made available at approved education events in the community such as health fairs. These materials may not be used at provider offices, see information regarding provider offices below. These materials may also be sent to potential enrollees using a mail vendor who has a confidentiality agreement with HFS.

Co-Branding Materials

Plans that choose to co-brand with providers/pharmacies may include the name and/or logo of co-branded providers/pharmacies on materials other than member ID cards. Plans cannot imply that any co-branded partnership is endorsed by the State. All co-branded materials must contain the following disclaimer: "Other <Pharmacies/Physicians/Providers> are available in our network."

Outreach by Mail

Outreach by mail, mass media advertising and community-oriented marketing directed at potential enrollees will be allowed subject to the Department's prior approval. Health Plans shall be responsible for all costs of such outreach, including labor costs. All mass mailing conducted by the Health Plan must be sent via the Department's contracted mail vendor.

If a Health Plan chooses to use another third party mailing source, other than the Department's contracted mail vendor, the Health Plan needs to ensure that the third party vendor has a "Confidentiality Agreement" on file with the Department of Health Care and Family Services. The mailing material still requires the Department's prior approval. Outreach representatives cannot obtain lists of clients for marketing purposes. All outreach information must be approved by the Department prior to use.

Face-to-Face Outreach

Face-to-face outreach by the Health Plan directed at participants or potential enrollees, including direct or indirect door-to-door contact, telephone contact, or other cold-call activities, is strictly prohibited.

Cold call outreach is prohibited (both in person and by telephone) in all outreach activities. At no time shall a Health Plan representative approach an individual to offer education or information about the Health Plan. An individual must approach or contact the Health Plan representative directly and request information on the Health Plan. For example, at health fairs, a Health Plan representative is prohibited from approaching individuals to offer information on the Health Plan. An individual must approach the Health Plan table/booth and request information.

Communication with the Media and Press Releases

Health Plans are allowed to communicate with the media when contacted by the media source. All Health Plan press releases must be approved by the Department prior to distribution.

Provider and Health Plan Education at Provider Locations

Providers and their staff shall ensure that a client is aware of all plan choices and shall use materials approved by the Department in educating individuals. A flyer/letter template will be provided to providers to use in their offices which will require the provider to include all health plans that they are contracted with. If a provider chooses to *prefer* a health plan in the flyer/letter (the preference must be a benefit to the recipient, not only to the provider), providers may add a paragraph to the flyer/letter indicating their preference. The paragraph must make no false or disparaging statements about other health plans and must be presented in a positive way. Any flyer/letter that has a preferred provider paragraph must be submitted through the preferred Health Plan for HFS approval.

The provider template flyer/letter, including those with a preferred health plan paragraph must have a statement at the bottom that states, "Illinois Client Enrollment Services will send you information about your health plan choices when it is time for you to make a health plan choice and during your Open Enrollment period."

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The provider template flyer/letter, including those with a preferred health plan paragraph, must also contain the required ACA 1557 nondiscrimination statements and language taglines.

Provider's offices are prohibited from providing client's access to the Client Enrollment Services Enrollment Portal to make an online enrollment choice within any provider setting. This includes all Health Plan primary care provider offices, health fairs, or other health plan functions where enrollment may be discussed. If a potential enrollee is not currently enrolled with a Health Plan, you may refer them to the Illinois Client Enrollment Services at 1-877-912-8880 for information about their health plan choices. An individual that is not enrolled in a health plan may also be excluded from participating in a managed care program. These individuals should be referred to Illinois Health Connect for assistance in finding providers for needed services. Individuals enrolled in a Health Plan, should be referred to their health plans Member Services Department for assistance with questions and access to care.

Allowable Outreach/Education Activities

The Health Plan may engage in the following activities:

- Notification to the public of the Health Plan in general in an appropriate manner through appropriate media, throughout its enrollment area, upon receipt of prior approval by the Department.
- Department approved informational materials for television, radio, and newspaper dissemination.
- Hosting or participating in community health awareness events and health fairs where all health plans in the region have been given the opportunity to attend at least 30 days in advance of the event. It is the responsibility of the health plan to advise the event planner that all plans must be invited in order for the health plan to accept the invitation. The health plans must send all events to HFS for prior approval. The Department may also participate or provide observation of Health Plan participation. The Department does not consider WIC offices, church meetings, breadlines, food pantries, report card pick up days, etc. as community health awareness events or health fairs and will not approve such activities. Prior approved non-cash promotional items are permitted (as approved by the Department prior to use), but not for solicitation purposes. Health plan approved materials may be displayed on the health plan's table/booth at community health education events and health fairs.
- All planned events should have an expected attendance of at least 50 attendees in Rural Counties and at least 100 attendees in Urban Counties as identified in Attachment II of the HealthChoice contract. Member only events are not limited and may have any number of attendees.

Inappropriate Activities

Unless prior approval is provided by the Department, a Health Plan and its staff shall not:

- Provide cash to potential enrollees, prospective enrollees or enrollees, except for reimbursement of expenses and stipends, in an amount approved by the Department, for participation on committees or advisory groups.
- Provide gifts or incentives to potential enrollees or prospective enrollees unless 1) such gifts or incentives are also provided to the general public and, 2) do not exceed ten dollars (\$10) in value per individual gift or incentive. (All such gifts must be approved by the Department prior to use.)
- Provide gifts or incentives to enrollees unless such gifts or incentives 1) are provided conditionally based on the enrollee receiving preventive care or other health related activity; and 2) are not in the form of cash or an instrument that may be converted to cash.
- Induce providers or employees of the Department or DHS to reveal confidential information regarding participants or otherwise use such confidential information in a fraudulent manner.
- Threaten, coerce or make untruthful or misleading statements to potential enrollees, prospective enrollees or enrollees regarding the merits of enrollment with any Health Plan including, but not limited to, any statement that potential employee, prospective enrollee or enrollee must enroll with a Health Plan in order to obtain benefits or in order not to lose benefits, or any statement that the Health Plan is endorsed by Federal CMS, by the federal or state government, or by any similar entity.
- Conduct outreach activities at the local DHS office
- Conducting outreach activities at any WIC office, church meeting, breadlines, food pantries, report card pick up days, etc.
- Represent themselves to be employees of the Department or DHS.
- Engage in outreach activities which target prospective enrollees on the basis of health status or future need for health care services, or which otherwise may discriminate against individuals eligible for health care services.
- Allow for or conduct online enrollment within Health Plan Network Provider's offices. This includes all Plan primary care provider offices.
- Any event not preapproved by the Department.

Enrollee Incentives

The Health Plan is allowed to offer non-cash incentives to their enrolled members for the purposes of rewarding for compliance in immunizations, prenatal visits, or

participating in disease management, etc. All non-cash incentives must be approved by the Department prior to use. The Health Plan is encouraged to consider items that promote good health behavior, e.g., toothbrushes or immunization schedules. This incentive shall not be extended to any individual not yet enrolled in the Health Plan. The Contractor must submit all incentive award packages to the Department for approval prior to implementation.

Open Enrollment

After 90 days from their initial enrollment, individuals are “locked-in” to their Health Plan, or required to remain enrolled with the Health Plan for 12 months (as long as they remain eligible for Medicaid). Enrollees may request a change of their Health Plan at any time if they have just cause. At the end of an individual’s lock-in period, they will be provided with a 60-day period to change health plans or stay enrolled with their current health plan. This is an individual’s Open Enrollment period. Client Enrollment Services will notify an individual when it is their Open Enrollment period. The notice will include the information an individual needs to make a new health plan choice, or remain enrolled in their current health plan and timeframes for making a decision.

HFS considers any education or guidance issued by a health plan to their current enrollees in the HealthChoice Program, which is for the purpose of educating or guiding a health plan enrollment period decision, including initial choice periods or subsequent health plan switch periods, to be marketing. If your current enrollment materials include language intended to guide or educate enrollees about staying with their current health plan or choosing another Health Plan, the Department **must approve** the material prior to its use by the Health Plan in accordance with the Department’s guidelines provided in this document.

Enrollment Confirmation

Health Plans serving the Family Health Plan population are required to include on the Plan Welcome Letter that clients have 90 days from the effective date of their enrollment to change their plan. The Welcome Letter must include the client enrollment broker telephone number in order for the individual to request a plan change. The member welcome packet must also specify (in the member handbook/guide) that an individual will have another opportunity to change plans during their “Open Enrollment “at the end of their 12 month lock-in period.

Who to Contact:

To request approval of materials community activities, or to ask questions about allowable outreach/education activities, send an email and reviewable attachments to:

HFS.HLTHPlnOutreach@illinois.gov

