# Marketing Guidance

The purpose of the marketing and member education reviews conducted by the Marketing Unit is to ensure all marketing/member education comply with State and Federal regulations, contract language and Missouri Mandatory Language. Clinical accuracy, source credibility and ease of understanding for a diverse population of MO HealthNet Managed Care members are also reviewed.

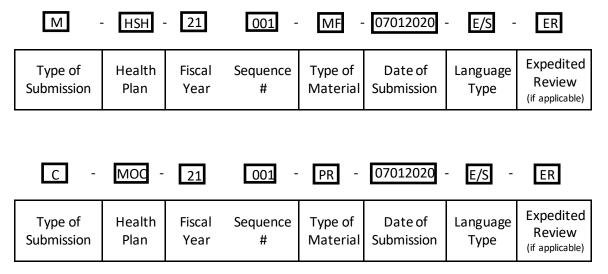
In order to increase efficiency of reviews and to shorten the time for State responses to the health plan, please observe the requirements and guidelines listed below.

## How to submit materials for initial review by the state:

The subject line of the email should include the unique tracking number following the protocol described herein:

- Type of Submission: M (Mandatory) and C (Conditional).
- Plan Code: HSH (Home State Health), MOC (Missouri Care), and UHC (United Healthcare).
- **Sequence #**: The first two numbers of the sequence shall start with the fiscal year in which the material is submitted.
- **Type of Material**: MF (Member Facing), PR (Marketing Material), MI (Member Incentive), and AB (Additional Benefit).
- Date of submission: MMDDYYYY.
- Language Type: E (English) and/or S (Spanish).
- Version Type: Revision (V.2) or Final (F)
- If applicable, indicate ER for Expedited Review.

Initial Submission Example:



#### Resubmission Example:

M	- HSH	- 21	001 -	MF -	07152020	- E/S	- ER - V.	2
Type of Submission	Health Plan	Fiscal Year	Sequence #	Type of Material	Date of Submission	Language Type	Expedited Review (if applicable)	Version Type

# The body of the email shall include:

- Title of material
- Briefly describe how and when the material will be used
- The timeframes for the use
- The media to be used for distribution if approved
- Provide any additional pertinent information regarding your submission (i.e. providing tracking number(s) of associating materials, details about previously approved materials/programs, etc.)

#### How to submit materials to MHD

- Each material must be submitted separately
- Submit the entire document with every submission
- Indicate any new language in tracked changes and provide a camera ready attachment

## How to submit previously approved material for a new approval by the State:

Remove the previous shortened tracking number and approval date prior to your submission
and follow the guidelines above for submitting an initial review. When replacing as existing
material, please include the previously approved shortened tracking number in the body of the
email of the initial submission.

#### **Guidelines for all submissions:**

Submit all marketing and member education submissions to <a href="MHD.MCMarketing@dss.mo.gov">MHD.MCMarketing@dss.mo.gov</a>
Use the unique tracking number in the subject line of your email for any correspondence regarding that submission.
Ensure body of the email includes all pertinent information.
Ensure all submissions have been proof read and spell checked prior to submission.
Provide proof of reading level (readability score). Reading level is at, or below, 6 <sup>th</sup> grade (6.9 or below).
<ul> <li>If resubmitting a material, include an updated reading level if extensive revisions were made to the original document.</li> </ul>
Use "your MO HealthNet Managed Care health plan" or "as part of your MO HealthNet Managed Care benefits" when referring to your health plan or covered benefits at no cost at least once per member facing material for identification purposes excluding additional health benefits or member incentives.

Ensure that the material is Missouri specific and health plan specific. Any submissions that reference other states or other health plans will be denied.
Submit all submissions and resubmissions in camera ready format that can be electronically edited to the extent possible (Word, Excel, PowerPoint, and Adobe).
All written member materials must include appropriate interpretation services and nondiscrimination notice and taglines.
All written material must be a minimum of 12 point font. All taglines must be a minimum of 18 point font.
Ensure all submissions have the proper use of MO HealthNet/DSS logos, health plan logos, and the logo(s) of any subcontractor or other stakeholders when appropriate.
Use "Medicaid" only when referring to the federal Medicaid program.
Use "MO HealthNet" or "MO HealthNet (Medicaid)" when referring to the State of Missouri Medicaid program.
Health plans may use the term "doctor", "physician", "provider", or "primary care provider".
Health plans must comply with contract provision 2.13.3.g and may not portray covered benefits as enhanced, extra, additional or free.
Health plans cannot combine comprehensive benefits with additional health benefits without proper identification
Health plans need to specify if covered benefits have limited eligibility (i.e. transportation)
Health plans may only use the terms "free" and "gifts" if referring to an additional health benefit.
When submitting a translated version with your English version, submit a certificate of translation of the material.
<ul> <li>Health plans should submit an updated certificate of translation if revisions to the English version affect the translated version.</li> <li>The health plan shall ensure the translation certificate document numbers/document name is consistent with the English and translated versions submitted.</li> <li>The health plan should include the approved tracking number in the email submission.</li> </ul>
Ensure your subcontractor submissions comply with all contract requirements including all of Section 2.13, Marketing and Member Education, Missouri Mandatory

Language, and, Federal and State laws and regulations.
Proper use of required mandatory language
Add the shortened tracking number (HSH21001) and the approval date (07/01/2020) in the lower right-hand corner of all materials developed and printed by the health plan. You are not required to add the tracking number and approval date to promotional items. You are require to verify and document that all promotional items used, in other submissions, have received a approval by MHD.
For members using the method of text messages for communication, the health plan must include the option for opt out and "messaging and data rates may apply".
All call scripts need to include a minimum of the following:
<ul> <li>Greeting;</li> <li>Purpose of Call;</li> <li>Identity Verification: The health plan shall verify the identity of the MO HealthNet member or authorized parent/guardian prior to providing benefit information. Acceptable verification shall include at a minimum three (3) of the following: first and/or last name, date of birth, MO HealthNet (Medicaid) number, full or last four numbers of the social security number, or full address (street name, city, zip code). The methods utilized must be approved in advance by the state;</li> <li>If script is giving members name over phone, include three (3) additional forms of identification.</li> <li>If script is asking for members name over phone, include two (2) additional forms of identification.</li> <li>Closing; and</li> <li>Voicemail messages shall not include benefit specific information. The MHD recommended responses for voicemails should include, but no limit to: "We want to confirm your appointment tomorrow." or "We have important information about your benefits."</li> </ul>
Health plans may mention member incentive rewards in member facing materials and can be posted on a secure portal for viewing. Health plans may not mention the nominal amount of gifts or rewards in public facing marketing materials such as banners, public websites, or posters.
Health plans should not send texts or notices to members telling them their benefits "will end" if they do not reapply. Health plans should use language such as "may end" or "could end" in these situations.
Submit all member-facing materials that will be distributed by a provider's office.
All other revisions the state agency deems inaccurate or inappropriate.

#### Mandatory Managed Care Member Education and Marketing Materials Requiring Prior Written Approval

- Member Notice Templates
  - o Acknowledgement of Grievance
  - Acknowledgement of Appeal
  - Extension of Time for Appeal Resolution
  - Extension of Time for Grievance Resolution
  - Notice of Appeal Resolution
  - Notice of Grievance Resolution
  - Notice of Adverse Benefit Determination
  - Notice of Dental Adverse Benefit Determination
- Provider Termination Letters
  - Member Notice of Provider Closure
  - Member Notice of Provider Termination
  - o Retraction of Member Notice of Provider Termination
- Cancer Screening Flyer
- Member Grievance and Appeal Flyer
- Member Handbooks
- Member ID Cards
- MCO Member Facing Websites (URL only)
- Applications (apps)
- Materials related to Member Incentives
- Materials related to Additional Health Benefits
- Non-discrimination and taglines

#### Managed Care Member Education and Marketing Materials Requiring Conditional Approval

- Quarterly Newsletters
- Call Scripts
- Giveaways
- Items that include the state agency's name, logo, or other identifying information
- Notice to sponsor or to participate in community activities, programs, or events
- Community activities at provider sites
- Birthday parties
- Swimming parties
- Press releases
- Health fairs
- Health plan call flows (this does not include call scripts for members)
- Back to school events and flyers
- Health Plan Member Advocacy Committee Meetings
- Publications from nationally acknowledged entities such as: Text 4Babies, KRAMES materials, American Heart Association, American Diabetes Association, March of Dimes, American Academy of Pediatrics, etc.
- Materials published by sister state agencies such as: Department of Health and Senior Services
  (DHSS), Department of Mental Health (DMH), Department of Elementary and Secondary Education
  (DESE)
- Envelopes
- Social media announcements about meetings
- Materials attached to MCO websites (non-URLs)
- All remaining marketing and member education materials not listed under the 'mandatory' section

above