	DEPARTMENT: Member Services
LOCAL HEALTH PLAN UnitedHealthcare Community Plan	LINES OF BUSINESS: Hawaii Medicaid
TITLE: Touchpoints and Website Review and Approval Process	Number: MIS-1003
EFFECTIVE DATE: 07/01/2021	Page 1 of 10
REVIEWED: 05/14/2021	AUTHORIZED BY: David Heywood

I. SCOPE:


This document outlines the process that UnitedHealthcare Community Plan uses to review and approve Hawaii Medicaid touchpoints and website portals from copy development to final State -Department of Human Services (DHS) approval and printed and / or Web publication.

II. PURPOSE:

To define and set forth the review and approval process for member, provider and marketing touchpoints and the health plan’s website.

III. DEFINITIONS:

- A. **Member Touchpoints** means all attempted points of contact including written materials produced or authorized by UnitedHealthcare Community Plan and distributed to Members or potential members containing information concerning UnitedHealthcare Community Plan Program(s). Member Materials include, but are not limited to, Member letters, Member handbooks, Provider directories, and health-related education material.
- B. **Marketing Materials** means general information material that is distributed through mass media, newspapers, magazines and other periodicals, radio, television, the internet, public transportation advertising, and other media outlets. These materials are produced in any medium by or on behalf of UnitedHealthcare Community Plan and can reasonably be interpreted as intending to market to potential Members. Health-related Materials or health-related education materials are not Marketing Materials.
- C. **UHC Community & State Marketing & Communications Team** is the group within UHC Community & State Marketing Department responsible for managing the internal review process for all member materials. This group also interfaces with UHC Community & State Print & Fulfillment to coordinate the printing, production, and inventory management of UnitedHealthcare Community Plan Hawaii Medicaid materials.
- D. **UnitedHealth Networks- Provider Relations** is responsible for managing the internal review process for all provider materials. This group also interfaces with UHC Community & State Marketing Department.
- E. **Product Marketing** is the group within the UnitedHealthcare Community & State Marketing Department that is responsible for strategy, planning and content for materials used in the selling process.
- F. **Hawaii Site** is the group at the local level that is responsible for managing the State - DHS approval process for all member and provider materials. This group also interfaces with Medicaid Member Experience Team to coordinate translation, proofing, and direction on print quantities.

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G. **Communication Tracking Approval & Governance (CTAG)** is the SharePoint site where all communications (printed, digitally displayed, spoken or electronic) directed to members directly from or on behalf of UnitedHealthcare will be tracked.

H. **Touchpoint Owner** is the material or ideation owner(s) and is responsible for submitting communications through the Governance SharePoint Intake site.

IV. POLICY:

It is the policy of the health plan to assure all provider and member touchpoints are compliant with the information requirements in 42 CFR §438.10, specifically, all written member materials in content shall be written with easily understood language and formats .and submitted to the State - DHS for review and approval in accordance with the State -DHS Contract, and the State - DHS Uniform Managed Care Manual’s provisions regarding the review and approval of Member Touchpoints and other guidance as applicable.

V. PROCEDURE:


A. Procedure for Member touchpoints

1. All requests for revisions to existing documents or creation of a touchpoint must be entered into CTAG at the onset or at the idea phase. For required Medicaid Member materials, CTAG submission for internal review must be performed at the onset and idea phase utilizing a specific intake module within CTAG. Changes to existing, previously State DHS approved materials must also be reviewed utilizing the CTAG internal review process. Governance will review and either approve/deny/or request additional information from the submitter. Once it is approved in Governance, the touchpoint submitter is then notified via CTAG communications and proceeds to the next step of working with UHC Community and State Marketing and Communications Team for the final draft touchpoint.

2. Creation of Touchpoints:

UHC Community & State Marketing & Communications Team (M&CT), in conjunction with UHC Community & State Clinical, Hawaii Site, and any other touchpoint owners are responsible for drafting member materials. Website content is the responsibility of e-commerce consultants, the Marketing team, and Consumer Experience Team. Draft documents will adhere to contract requirements, legal and HIPAA requirements and brand standards.

a. All written materials will be available with taglines in the prevalent non-English languages, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided and the toll-free and

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TTY/TDY telephone number of UnitedHealthcare Community Plan Member Services. Large print shall be conspicuously visible.

b. All written materials shall also be made available in alternative formats upon request of the potential Member or Member at no cost, and in a manner that takes into consideration the Member's special needs, including those who are visually impaired or have limited reading proficiency. Auxiliary aids and services shall also be made available upon request of the potential Member or Member at no cost. UnitedHealthcare Community Plan shall notify all Members and potential Members that information is available in alternative formats at no cost and provide information on how to access those formats.

c. UnitedHealthcare Community Plan shall make all written information for Members available in languages that comply with Section 1557 of the Patient Protection and Affordable Care Act. When UnitedHealthcare Community Plan is made aware that the Member needs written information in one of these alternative languages, UnitedHealthcare Community Plan shall send all written information in this language, not English, to that Member within seven (7) days of the request or within seven (7) days of the next business day following the request if the request is made outside of business hours. Small-sized publications and communications such as post cards, brochures, and pamphlets to obtain services shall include at a minimum, taglines in the following four non-English languages: Ilocano, Vietnamese, Chinese (Traditional), and Korean. UnitedHealthcare Community Plan will provide information in other prevalent non-English languages based upon Member population, and as required in Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, 45 CFR Part 80.

d. All written materials distributed to Members shall include a language block that informs the Member that the document contains important information and directs the Member to call UnitedHealthcare Community Plan to request the document in an alternative language or to have it orally translated. The language block will be printed, at a minimum, in the four non-English languages.

e. UnitedHealthcare Community Plan shall certify that a qualified individual has reviewed the translation of the information into the different languages for accuracy.

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f. All written materials shall be worded such that the materials are understandable to a Member who reads at the 6th (6.9 or below) grade reading level. Utilization of the Flesch-Kincaid Index shall be the means as the scoring tool to determine that this requirement is being met.

g. The Touchpoint Owner submits through an Intake Form on the Communications Tracking Governance site (CTAG). The Governance Team (C&S National Marketing) reviews the Intake Form and member materials.

h. The M&CT completes a first review to assure copy is written in a submittal format, e.g., sixth grade reading level, phone numbers are included as applicable and other branding standards are followed. Readability level will be tested via Flesch-Kincaid Grade Level. UHC Community & State Marketing & Communications Team reviews the material and returns the material with comments to the M&CT via email. The M&CT reviews comments and either accepts them, reviews with the M&CT, or sends back to the Hawaii Site business owner for edits.


3. If legal review is required:

Governance will request this at the initial submission of the CTAG intake. After legal review, Governance will then return the material with comments to the M&CT via CTAG notifications. The M&CT reviews comments and either accepts them, reviews with their Director of Marketing Operations, or sends back to the Hawaii Site business owner for edits.


a. The CTAG Site Administrator from Marketing is responsible for health plan socialization, reviewing, tracking and managing all submissions through the Governance SharePoint Intake site.

b. The Hawaii Site Compliance Department works with the State - DHS to obtain approval making any necessary edits as requested by the State - DHS. State - DHS will identify any required changes to the Member materials within 45 business days. All activities related to the communication or touchpoint (review status, Compliance review, State review) will be tracked in the SharePoint site (CTAG).


c. The final State - DHS approved material is recorded by the Compliance Director. The Compliance Department saves a copy of the final State approved word document and approved review form in the SharePoint site (CTAG).

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- B. The M&CT submits the State - DHS approved member material for language translation [refer to policy #MS004 Translation Services for Members]. The list of materials that are translated include but are not limited to: Member handbook, Member Newsletters, Member Disease Management Education Material. The M&CT sends the certification to the Hawaii Site business owner via email. The submission is entered by the M&CT onto the Materials Review Submission Tracking grid.
- C. All written material including changes or revisions shall be submitted to DHS for prior approval before being distributed. UnitedHealthcare Community Plan shall also receive prior approval from the State-DHS for any changes in written materials provided to the Members before distribution to Members.
1. Translated certificates will be submitted to the State -DHS by the Compliance Department. Translation certificates will be submitted no more than 30 days after State - DHS approval of the member material(s).
 2. Once the final print ready files are received by the Hawaii Site business owner, the business owner must work with their ES&P buyer for print production. The Hawaii Site business owner is responsible for sending a copy of the final creative proof to the local M&CT team for posting on the website if applicable.
 4. UHC Print and Fulfillment obtains a printer's proof from the print vendor. The printer's proof is then proofed by the Hawaii Site business owner and approves the final printer's proof for print production.
 5. UHC Print and Fulfillment provides mailing notices to the plan to confirm fulfillment. The Hawaii business owner reviews the notices to track quality and compliance. UHC Print and Fulfillment team is responsible for placing the final materials into inventory.
- D. Procedure for Provider materials
- a. The UnitedHealthcare Provider Communication Team is comprised of all business segment representation.
 - b. As applicable, Provider Materials that require State review and approval (i.e. as part of a new Medicaid Program RFP Proposal/Implementation or any provider communication documents that may require State review and approval as a result of a State memo received by UnitedHealthcare Community Plan), the Compliance Department logs the materials on the State submission grid and re-titles the documents with the appropriate State and/or Health Plan naming convention. The

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- Hawaii Site Compliance Department will submit educational materials to DHS for review based on the appropriate required timeline:
- i. State RFP Proposal/Implementation required timeline.
 - ii. State document review required timeline during the contract period (i.e., at least forty-five (45) days prior to the date on which it proposes to use or distribute the materials).
- c. The State - DHS reviews the material(s) and provides feedback and/or approval to the health plan.
- i. The Hawaii Site Compliance Department communicates to the Hawaii Site business owner any feedback and/or approval from the State; the Hawaii Site business owner makes necessary edits as requested by the State and provides the revised document to the site Compliance Department who will then communicate the revised documents back to the State for a final approval.
 - ii. Upon approval from the State, the Hawaii Site compliance team saves a copy of the final State approved word documents and approved review word form in a central repository (SharePoint site) and distributes a PDF copy of the same to the Hawaii Site business owner who then:
 1. Emails a PDF copy of the same to the UHN Provider Communications Team for their records
 2. Emails/Distributes a copy of the approved content material to UnitedHealthcare Community Plan QUEST Integration staff (i.e., Provider Services Team) and external partners (i.e., MDX, Optum as applicable) as well as network providers.
- d. If this document is collateral material, the approved copy is forwarded by the Hawaii Site business owner to the design firm for creative layout and production. The Hawaii Site business owner works with the design firm on the creative layout and final proof against the State approved PDF copy.
- e. Once the creative proof is approved by the Hawaii Site, M&CT directs the design firm to upload print files for print production.
- f. UHC Print and Fulfillment obtains a printer's proof from the print vendor. The printer's proof is then proofed by the M&CT against the creative proof. The Hawaii Site business owner reviews and approves the final printer's proof for print production.
- g. The Hawaii Site business owner sends the final approved proof to the Webmaster for upload to the UnitedHealthcare Community Plan Web site.
- h. The Hawaii Site business owner will also provide the UnitedHealthcare Community Plan Webmaster with other applicable Provider materials to be uploaded and

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displayed on the UnitedHealthcare Community Plan Web site. This includes but not limited to Provider Administrative Guide, Provider Newsletter, Provider Network Phone Numbers, and email addresses.

- i. UHC Print and Fulfillment team is responsible for placing the final materials into inventory.

E. State Approval of Materials


1. All printed materials, advertisements, video presentations, and other information prepared by UnitedHealthcare Community Plan that pertain to or reference programs or shall be reviewed and approved by the State - DHS before use and distribution. UnitedHealthcare Community Plan will not advertise, distribute, or provide any materials to its Members or to any potential Members that relate to QI that have not been approved by the State – DHS.

2. UnitedHealthcare Community Plan shall submit to the State - DHS any marketing materials received from a Provider or Subcontractor for review and prior approval.

F. Website Content Review Process

1. The Hawaii Site business owner will provide the UnitedHealthcare Community & State Webmaster with Member materials and website copy as they are updated, which are displayed on the UnitedHealthcare Community Plan Web site. This includes but not limited to Member Handbook, Member Newsletters, and other health-related materials or educational material. If the document is a pdf version, the document must be sent through the PDF accessibility team to adhere to WCAG 2.0 compliance prior to uploading to any website member portal.

- a. Monitoring of web site for performance and functionality
 - i. The web site is monitored continually for availability by the Internet Service Provider system software. Service loss of the website is communicated to its system administrators via email and telephony text messaging.
 - ii. Web site functionality is monitored daily by the Webmaster or his designate.
- b. Website content and PDF links review process
 - i. The website is updated utilizing content provided by the Hawaii Site business owners. This includes but is not limited to product descriptions, Member Handbooks, Member Educational Materials and Provider directory. The online Provider directory “Find a Doctor” is updated daily to reflect Provider additions, terminations, or changes. The PDF Provider directory, which is

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also found online, is updated monthly. Only State approved content is posted to the website. All member materials are in accordance with the State - DHS requirements for written materials standards. Semi-annually the Hawaii Site business owners in collaboration with the Webmaster coordinates an audit of the materials displayed on the UnitedHealthcare Community Web sites to determine the need for updated Member and Provider materials.


- ii. Semi-annually, the Webmaster will conduct an audit of materials displayed on the UnitedHealthcare Community Plan Web sites for the Plan and determine the need for updated Member and Provider materials based upon availability of those materials. This includes but not limited to Member Handbook, Provider Administrative Guide, Provider Newsletters, Provider Network Phone Numbers, and email addresses.
- iii. Monthly, corporate network will provide to the Webmaster an updated provider listing to be displayed on the UHCommunityPlan.com website.

G. Provider Online Inquiries.

- a. Physicians, Hospitals and Other healthcare providers are encouraged to visit www.unitedhealthcareonline.com at their convenience. This is a provider portal specifically designed to allow provider to take advantage of online functionality available 24-hours a day seven (7) days a week.
- b. The site has a broad range of tools and resources, as well as online interactions. The online interaction gives immediate response to verification of patient benefits, eligibility and claims status. Upon entering the required information, the system validates the information and returns an immediate electronic response containing information and/or online instructions.

H. Member Portal

- a. All QUEST Integration Members can register for the Member online portal. This website portal is available to all Members that contains accurate, up-to-date information about the Health Plan, services provided, the provider network, FAQs, and contact phone numbers and e-mail addresses. The portal allows for members to access various types of information including, but not limited to:
 - i. View explanation of benefits (EOB) for the past twelve (12) months
 - ii. Review status of prior authorization requests (approval or denials)
 - iii. Contact their service coordinator, if applicable
 - iv. Review their service plan, if applicable
 - v. Communicate changes to the health plan including, but not limited to demographics, change in family size, change in PCP, request change in service coordinator, if applicable.

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- b. The section of the website relating to QUEST Integration shall comply with the marketing policies and procedures and requirements for written materials described above and all applicable State and Federal laws.
- c. The information shall be in a format that is readily accessible.
- d. The information shall be placed in a location on the website that is prominent and readily accessible.
- e. The information shall be provided in an electronic form which can be electronically retained and printed.
- f. The information is consistent with content and language requirements.
- g. The Health Plan shall notify the Member that the information is available in paper form without charge upon request.
- h. The Health Plan shall provide, upon request, information in paper form within 5 business days. In addition, the Health Plan shall submit access to the Member website (even if in a test environment) to DHS for review and approval.
- i.
- I. Methods used to inform members and providers of availability and updates to website:
 - a. Member and Provider materials will list the URL within the copy. This includes but is not limited to Provider Administrative Guide, Provider Newsletters, Member Handbook, Member Newsletters, and Educational Materials.
 - b. Updates are mentioned during quarterly member advisory group meetings, virtual monthly member classes and bi-annual provider classes when and if applicable.

VI. ATTACHMENTS:


- A. Provider Directory Development and Maintenance Process

VII. RELATED POLICIES:

- A. HI-MS-Policy-1004-Translation Services for Members

VIII. REFERENCE:

- A. RFP-MQD-2021-008
- B. UnitedHealthcare Community & State Brand Guidelines Standardized Language

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- C. Communication Tracking Approval & Governance (CTAG) Policy
- D. Disclaimer Chart

IX. APPROVED BY:


 _____ Date: 05/14/2021
 Health Plan Authorization

X. REVIEW HISTORY

Effective Date	Key update from Previous Version	Reason for Revision
1/1/2015	This policy replaces the Materials and Website Review and Approval Process policy for the QExA and QUEST programs that will be retired on 12/31/2014. This policy was revised for QUEST Integration.	The QExA and QUEST programs will terminate on 12/31/14 and will be replaced by the QUEST Integration contract effective 1/1/2015.
12/15/2016	No changes made	Annual Review
5/10/2018	Updated definitions and review process to incorporate CTAG	Annual Review
1/24/2019	Updated frequency of PDF Provider directory updates	Annual Review
12/22/2020	Updated process flow for CTAG procedures and website updates	Annual Review
07/01/2021		HI QUEST Integration Readiness 2021