

## SECTION T – MARKETING AND MEMBER MATERIALS

*T.1 Describe proposed content for your member educational and marketing materials and attach examples used with Medicaid or CHIP populations in other states.*

Louisiana Healthcare Connections (LHCC) use marketing and health education materials as allowed, and in compliance, with all state and federal requirements related to marketing and member education materials, including, but not limited to those in Section 12 Marketing and Member Education, Subsection 20.7 Marketing and Member Education Violations, Subsection 4.6.5 Staff Training and Meeting Attendance, Section 10 Provider Services and 42 C.F.R § 438.104, and as outlined in our DHH-approved Member Education and Marketing Plan. All staff, including subcontracted staff and providers who provide materials to members, will understand and comply with these requirements and restrictions.

### **Materials to Promote Member and Community Engagement**

LHCC’s education and marketing materials cover a wide range of topics in accessible, engaging formats, including social media and mobile technology, and we provide them to members/guardians at multiple appropriate points in time, such as during orientation or service planning, or upon identifying a specific need. In addition, our Customer Services Representatives (CSRs) and NurseWise, our accredited 24/7 nurse advice line, can respond to requests for information and/or materials at any time.

LHCC combines best practices developed by Centene Corporation (Centene), our parent company and our affiliate health plans serving Medicaid/CHIP members, along with our extensive local experience and cultural affinity as Louisianans to develop and/or select member education content. For member education and community outreach, we may also employ high-quality, engaging materials developed by reputable external organizations with acknowledged expertise in a particular health topic. For example, we have used materials from the American Academy of Pediatrics, the Channing Bete/Prevent Child Abuse America Great Beginnings Series, and the March of Dimes to inform parents about keeping their children safe and healthy.

We will ensure that member materials are culturally relevant and meet the needs of our members with communication vulnerabilities (visual and hearing impairments, language barriers, etc.), as described more fully in Section T.4. In this section, we describe those materials we use to educate our members and promote community wellness in the context of when and how we use them.

Please see *Attachment T.1 Marketing and Educational Material Examples* at the end of Section T that provides a list of marketing and member educational materials examples.

**New Member Orientation Materials.** LHCC staff outreaches by phone to new members to provide orientation training and assistance in completing the initial screening, selecting a PCP, and making an initial wellness appointment. We will send to each new member household a complete Welcome Packet that includes the following (pending DHH approval).

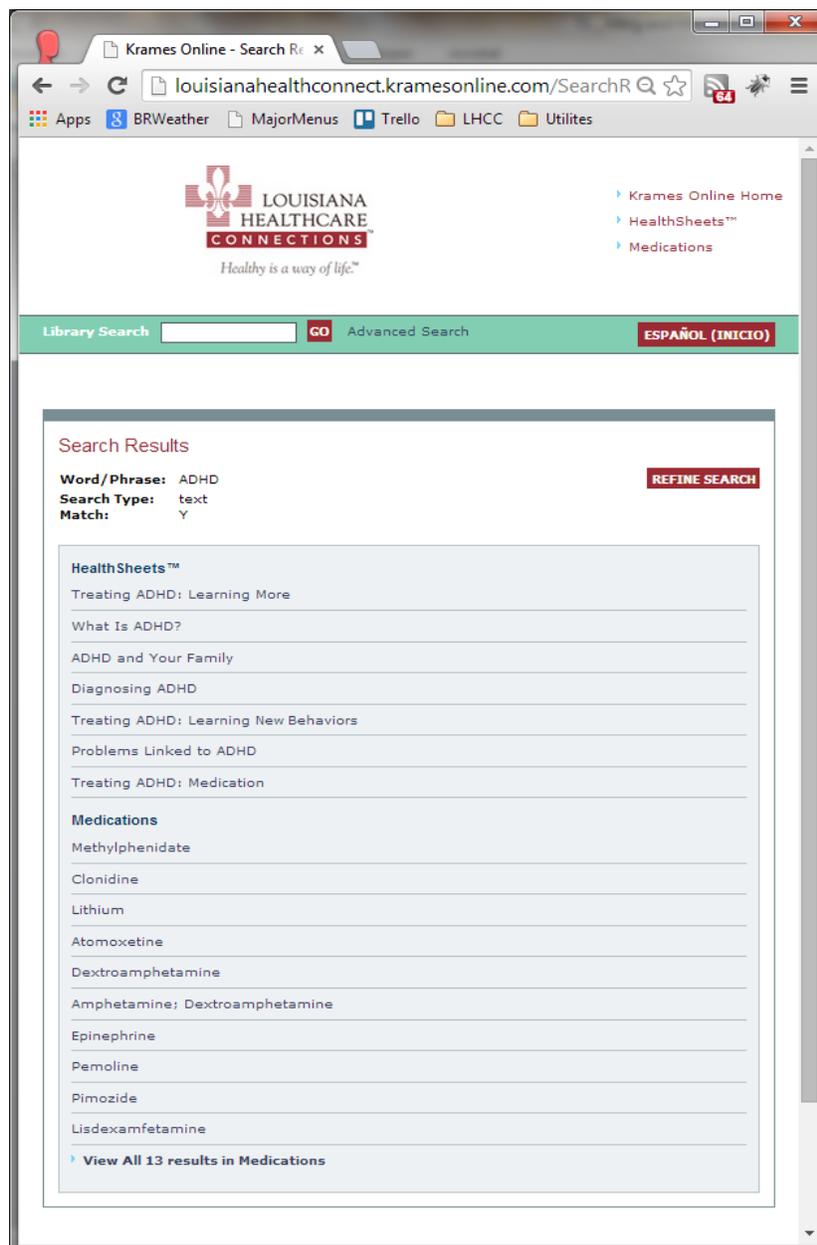
<b>LHCC Welcome Materials: Prevention-Focused and Comprehensive</b>	
<b>Well-Child Check Ups Brochure</b>	The “What is a Well Child/EPSTD Check-Up” brochure explains the importance of accessing EPSTD services for children, at no cost to members, and provides the schedule.
<b>Welcome Letter and PCP Change Request Form</b>	Our welcome letter that highlights LHCC features includes information about how to select or change PCPs with the request form or by calling Member Services, and how to use our online Provider Directory and/or request a printed copy.
<b>Child Health Check Schedule</b>	“Should I Schedule a Health Check” provides a one-page EPSTD schedule on a sticker that members/guardians can post at home, and includes reminders about dental screenings and blood lead testing.
<b>Start Smart Notice of Pregnancy (NOP)</b>	The NOP Form to submit also informs members of our perinatal CM program for pregnant mothers and the importance of notifying LHCC and their PCP of pregnancy.
<b>Member Handbook</b>	Our comprehensive Member Handbook complies with all RFP requirements in accordance with 42 CFR §438.10 (f) (6), and includes information about LHCC and all essential elements of the Bayou Health Program, including covered and value-added benefits, such as our member incentive program. Beginning in 2015, we will include our Member Handbook in our “Virtual Welcome Packet” on our website, as well as provide printed copies upon request.
<b>About Your Medical Home</b>	This brochure explains the importance and functions of the member’s PCP as a medical home through which they can access and coordinate all needed care.
<b>Health Risk Screen Form</b>	This form for members to complete and submit includes information about how it will help LHCC get members the care they need.
<b>NurseWise Sticker</b>	This sticker provides information about when and how to contact NurseWise, our 24/7 nurse advice line, for information and assistance.
<b>Welcome Newsletter: Benefits Summary</b>	Our “Someone to Care” booklet explains benefits in the context of our “Healthy as a Way of Life” motto and philosophy. Includes information about our incentives program, NurseWise, unlimited doctor visits, MemberConnections® (community health workers) program, online resources, and all elements required in the RFP in accordance with 42 CFR §438.10 (f)(6).
<b>Provider Directory Flyer</b>	The “Need Help Finding a Louisiana HealthCare Connections Doctor” sheet reminds members how to access or request a directory.
<b>Emergency Preparedness Brochure</b>	Our “Be Prepared” brochure focuses on planning for hurricanes and how to get help to create an emergency plan. It encourages members to talk to their PCPs to plan for special needs and DME to plan for emergencies, and reminds them that LHCC will refill prescriptions after disasters, and of our role in assisting them to meet their health care needs.
<b>Personal Health Account Guide</b>	This one-page guide encourages members to create a personal account in our secure Member Portal, and outlines the benefits of registering. It includes a barcode that members can scan with their smart phones to take them to our online member resource portal.
<b>CentAccount Brochure</b>	This brochure describes our enhanced CentAccount® Rewards and how members can earn and use incentive rewards for items at local retailers.
<b>Well-Ahead Individual WellSpot Overview</b>	This insert will encourage our members to participate in DHH’s Well-Ahead program and make their homes individual WellSpots by pledging to be tobacco-free and adopt the 5-2-1-0-10 lifestyle.

All staff and orientation materials clearly inform members about how to access LHCC information at any time online or via our member call center.

**Ongoing Outreach Materials.** We send to all member households our quarterly *HealthConnect* newsletter that provides useful information for members/guardians. For example, our Spring 2014 issue featured articles on heart health (cholesterol and blood pressure), our Start Smart for Your Baby® (Start

Smart) Program, asthma, mental health, ADHD, Case Management, Disease Management, Pharmacy, and Member Rights and Responsibilities. Every issue includes our Call Center information.

***Comprehensive Online Health Library.*** In addition to maintaining all our materials on our website, we encourage members to take charge of their own wellness by accessing our extensive Online Health Library. Available to members and the general public, LHCC’s online library features a searchable Krames Health Sheet database with more than 4000 topics. Available in English and Spanish, and other languages as needed (including Vietnamese), many of the health sheets provide information to support our Case Management Team’s disease management education. For example, we can direct members to our library and direct them to information, or we can print and provide information. In addition, online searches yield medication information so that members can learn about their health issue, and the medications used to treat it, with one search. For example, a search for information about ADHD will



result in links to 7 related health sheets and links to information about 10 medications typically prescribed for ADHD, as illustrated in the screen snapshot picture below.

**Wellness and Prevention Materials.** LHCC uses a variety of materials to reinforce wellness and disease prevention messages, often partnering with community organizations to provide materials in conjunction with wellness events for members and non-members. For example, as part of our regular Lunch and Learn outreach at the YWCA luncheons for senior citizens, we provide information about nutrition and staying hydrated, all tailored for the participants' age group. We offer podcasts for our Start Smart Program and may offer them for other issues, such as Diabetes.

As noted, we offer **health sheets** on myriad *prevention* topics. A few examples include:

- “Healthy Foods for the Whole Family,” which emphasizes the benefits of eating healthy food together with your children, and offers tips about how to get them interested in trying new foods and eating vegetables they may not initially like.
- “Exercise: Why Fitness Matters,” which describes the many benefits of exercise for staying healthy, maintaining a healthy weight, reducing risks for many diseases, improving sleep and energy levels, and managing stress.

To strengthen members' sense of responsibility for their health care, LHCC provides a number of member postcards and letters on topics, such as the need for a colon cancer screening, diabetes or eye exam, well woman visit, and a yearly physical. We tailored messaging regarding sensitive issues, such as chlamydia and other STI screenings, to be direct and appealing to a youthful audience, in consideration of our state's high prevalence of STIs and our young Medicaid population. Our chlamydia screening reminder for women, for example, reads “BTW: STD? Totally not your BFF,” and features direct, clear statements about how the disease spreads and the importance of screening to cure it and prevent damage to reproductive organs, and also how to contact LHCC for help.

LHCC develops and distributes collateral take-home materials, such as refrigerator magnets, personal wellness logs, and journals to reinforce healthy messages. For example, we print our one-page EPSDT flyer with a calendar on adhesive paper so that members can easily post it for quick reference.

LHCC also conducts an annual Flu Prevention Program with materials to educate members about how to prevent transmission of the influenza virus by encouraging them to get seasonal flu vaccines and take everyday precautions to prevent illness. This integrated member campaign includes a direct mail and voicemail outreach to members to remind them to get their free flu shot, awareness education at community events, and provider engagement and patient education materials, like posters and handouts. Our call center also generates an automated reminder to members regarding the importance of prevention, how to contain the virus, and reminding them to get a flu shot.

To support wellness and combat obesity, we use the *My Route to Health (MRTH)* book that includes lessons and exercises to set attainable lifestyle goals, a wellness journal, information about healthy eating and exercise, and various tools for monitoring progress. In addition, we offer members the *MRTH Cookbook* that features healthy, simple recipes that taste good and are inexpensive to make, and an MRTH plate, divided to guide portion sizes.

We also leverage our partnerships and existing local state and resources to provide materials to members that promote wellness and preventive care. For example, we refer members to materials and resources, such as those created and provided by the American Heart Association, with whom we have a strong relationship locally (described more fully in the following section on community partnerships). Similarly, we coordinate with WIC representatives in Parish Health Units to provide information, education, and support to new mothers and their children. For tobacco cessation, we fully support DHH's Tobacco Control Program, and will educate our members about accessing all of the resources available through the

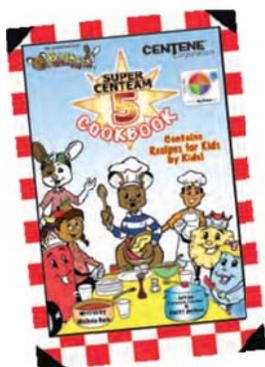
program, such as the Louisiana Tobacco Quitline, Freedom from Smoking Clinics, and Smoking Cessation Trust. We will leverage local resources and coordinate with other health plans and providers, including the Office of Public Health’s Parish Health Units, all of which are in our provider network, to provide and/or enhance outreach and intervention programs targeting priority health issues for our state.

**Maternal and Child Wellness Materials.** We outreach to pregnant members via phone, mail, text messages, podcasts, and home visits through our award-winning Start Smart for Your Baby® Program (Start Smart). Our *Start Smart Pregnancy Guide*, praised by the March of Dimes, provides information for self-care during pregnancy, and we incent mothers to complete prenatal, postpartum, and well child doctor visits. Care Management staff hand-deliver Neonatal Intensive Care Unit (NICU) Kits to all mothers with babies in intensive care and assure them of our support.

Our Text4Baby and Start Smart text messaging programs support breastfeeding and prenatal care, and include messages about child check-ups and screenings. Start Smart materials cover all stages of pregnancy from conception through the first year of a child’s life, and includes information about all health issues related to pregnancy, such as depression, nutrition, warning signs for when to call the doctor, recovering after delivery, etc. **Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.** A full description follows in the section on technology tools.

Examples of LHCC Start Smart for Your Baby Printed Materials	
<b>Start Smart Brochure</b>	An introductory brochure outlining the program’s benefits to mom and baby.
<b>Lead Brochure</b>	A detailed brochure that explains the dangers of lead exposure and how to determine risk, and emphasizes the importance of free screening as part of EPSDT wellness visits.
<b>17P Brochure</b>	We provide this brochure to members with high-risk pregnancies and to mothers of prematurely born newborns, and explain how the treatment can help prevent premature delivery for first and subsequent pregnancies, what it is, how it works, and how to get it.
<b>Perinatal Depression Scales and Flyer</b>	Self-assessment tools that provide information about depression to help members identify the need for help, and to help LHCC outreach and assist members who need BH support.
<b>Smart Steps Booklet</b>	This booklet covers baby’s visits to the doctor with space for growth data and provider instructions, and includes the EPSDT schedule.

**Materials for Children and Teens.** LHCC uses many of Centene’s books developed with a nationally recognized children’s author to educate elementary school-aged children about a variety of health topics.



The *Adventures of Boingg and Sprockette* books, featuring Darby the Wallaby and his friends, focuses on obesity prevention and healthy eating, asthma, diabetes, foster care, bullying, and the negative impact of smoking. Our MCRs use several titles in the series at school-based and community events, and during home visits as needed to support young members with educational materials that target health issues they face. We provide our *Super Centeam 5 Cookbook*, for example, as part of our efforts to teach kids about nutrition and healthy food choices as a way to combat childhood obesity. Also useful for parents, this cookbook

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**Centene’s health education books have won numerous national awards, including multiple National Health Information Awards and Hermes Creative Awards.**

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includes recipes created by kids for kids, consistent with federal MyPlate portion recommendations, as well as a coloring page, stickers, and recipe cards for kids to create their own recipes.

We often provide our *Baby Fuel* book to pregnant members and new parents to give them valuable information on feeding babies and toddlers. Sectioned by age groups of 0-4 months, 4-6 months, 1-2 years, and 2-3 years, *Baby Fuel* contains advice on breastfeeding, allergies, and age-appropriate recipes to encourage a healthy start to life.

Our MCRs use Centene’s award-winning “Off the Chain” series created for adolescents that address a variety of health issues as a way to facilitate communication with teens. Using the “Real Issues, Real Answers” booklet (and related parent guide), MCRs have hosted “Teen Talk Chit-Chat Sessions” to provide a forum to discuss the issues tweens, pre-teens, and young adults face, such as peer pressure, keeping a positive attitude, healthy behaviors and choices, resume building, conflict resolution (anti-bullying), conduct for using social media, and personal hygiene.



We also use *Off the Chain: It’s All About Asthma* to teach teens and their parents about dealing with, and controlling, asthma, and *Off the Chain: Teens & Pregnancy* to provide clear, honest information about the stages of pregnancy and vital issues, such as nutrition for mother and baby, labor and delivery, breastfeeding, baby safety, what to expect after the baby arrives, and more. Written in collaboration with the National Urban League, the book contains non-judgmental, sound advice. LHCC recently pledged funding to Urban League of New Orleans (ULGNO) to enable them to increase their capacity to serve via a larger headquarters. We will pursue collaboration with them through their family programs to jointly provide teen pregnancy prevention education based on our *Off the Chain* book.

#### ***Materials to Support Disease Management and Chronic Care Conditions.***

In addition to the My Route to Health book and collateral materials noted above, we offer the following disease- or issue-focused books in the MRTH series:

- *The FAQs of HIV* discusses prevention, misconceptions, testing, and treatment topics on the subject of HIV and AIDS. Also offering advice on how to discuss the disease with children, the book features helpful information in tasteful and conversational language with appealing graphics.
- Co-authored with Dr. Joseph Wright, MD, MPH, of the Child Health Advocacy Institute, our award winning *Living Well with Sickle Cell* helps affected members and their families learn about the disease, risks and how to avoid them, managing the effects of Sickle Cell Disease, and how to get support.
- LHCC may offer the MRTH book, *Living with Chronic Pain*, for use in our Chronic Care Management (CCM) pain management programs, and other CCM programs that target health issues, such as Sickle Cell Disease and Diabetes, that cause chronic pain.



Our Case Managers (CMs), including our Behavioral Health (BH) CMs, as appropriate for each member’s condition, provide information about mental health issues, medication changes, etc., to help them understand how to find support and/or help support their loved ones. We may offer, as approved, materials from the National Institute of Mental Health (NIMH) series on depression related to co-occurring health issues, such as “Depression and Diabetes,” “Depression and Chronic Pain,” and “Depression and Cancer,” in addition to health sheets from our Krames Library, such as “Your Emotional Health After Bypass Surgery.”

*Describe innovative ways that you have engaged in member education.*

### **Innovative Engagement Strategies**

LHCC uses a variety of creative ways to outreach to members and engage them in health and wellness education, and we continually seek more ways to connect. We will solicit feedback from our Member and Community Advisory Councils and local organizations that also serve our members. The following descriptions include some current strategies we use, and ideas for outreach we will test and/or implement.

**Specialized Case Management Teams and Chronic Care Management Programs.** Our specialized Integrated Care (IC) Teams address specific educational needs identified during the assessment and ongoing outreach process. Our Transitional Care Team focuses on hospital transition planning, for example, and provide education about post-discharge follow-up care or disease management. With DHH approval, they will use the AHRQ publication, “Taking Care of Myself: A Guide for When I Leave the Hospital.” Care Management staff in affiliated plans, such as Sunshine Health Plan in Florida, have found this guide to be very useful in helping members adhere to follow-up self care. The guide is a series of short, simple worksheets designed to be completed at the hospital that helps patients understand and keep track of when they are supposed to take medications, schedule follow-up doctor visits, recommended exercises, dietary needs, etc.

In addition to these specialized teams, we have several targeted Chronic Care Management Programs (CCMPs), such as our Asthma Management Program (with Nurtur, our DM affiliate subcontractor) and our Start Smart program, that incorporate member education and materials. For example, Centene developed a book with Nurtur for young adults called *On Target with Your Asthma* that we use to spell out the warning signs and symptoms of asthma episodes, as well as treatment methods and lifestyle tips for dealing with the disease. Subject matter also includes triggers and irritants, asthma and nutrition, emotional health, and quitting smoking.

**MemberConnections® Program.** LHCC’s MemberConnections® Program allows us to provide a level of interaction with our members that other health plans cannot. MemberConnections® Representatives (MCRs) are LHCC’s community health outreach workers hired from within the communities we serve to help ensure that our outreach is culturally competent and conducted by people who know the unique characteristics and needs of each region. MCRs receive comprehensive training and become an integral part of our Customer Services and Care Management staff, which benefits our members and increases our effectiveness. MCRs make home visits to high-risk members we cannot reach by phone, and will assist with member outreach, coordinate social services, and attend community functions to provide health education and outreach. The section on community partnerships that follows describes some of our specific MCR outreach initiatives.

**Enhanced Community Connections Resource Guide.** We understand that members are more likely to access resources that will benefit them if those resources are relevant and easy to locate. As such, we upgraded our previously static resource guide to a searchable Community Connections Resource Guide that empowers members to find services based on their needs and in their own regions of the state. Though our MCRs, Case Management and Customer Services staff use the database regularly, and will continue to work with members to access community resources, (housing assistance, food banks, etc.), and our user-friendly online format will encourage members to seek services on their own, thus promoting personal responsibility and member engagement in their own wellbeing.

**Enhanced CentAccount® Member Rewards Program.** LHCC will continue rewarding Bayou Health members’ healthy choices through our award-winning CentAccount® program, but we are improving the benefits to members and offering more items and products to drive healthy behaviors and healthy outcomes. Members can earn dollar rewards by staying up to date on preventive care, including well-child

visits and immunizations. Members will be able to buy things like fresh foods and groceries, frozen foods, baby items and clothing (diapers, formula, baby foods, etc.), as well as over the counter drugs (allergy, cold meds, etc.) and other personal items (deodorant, soap, shampoo, etc.).

By expanding our program, members will be able to use their CentAccount<sup>®</sup> card at a select number of retailers, including RiteAid, Dollar General, and Family Dollar, as well as other locations as we continue expanding our list of retail partners. Members can visit our Member Portal for the most up-to-date listing of approved items and retailers. We inform members of this incentive in the new member Welcome Packet, the Member Handbook, on the Member Portal, through new Member Welcome Calls, email blasts, and any time a member who has not completed applicable healthy behaviors contacts the Call Center.

During the *2<sup>nd</sup> Quarter of 2015*, we will add to our suite of uniformly branded mobile capabilities with LHCC's Mobile CentAccount<sup>®</sup>, which gives members access to their rewards information, including status against their health goals and reward points earned to date, via any mobile device.

**Provider and Member Care Gap Alerts.** LHCC providers automatically receive a care gap alert through the secure Provider Portal when a member is due or overdue for services. They can see the alert on each member's record, as well as for each member if they open their panel roster. This helps them target outreach to members due for specific services, or to outreach to all members who need follow-up care. Those members who register on our secure Member Portal also have the option to receive care gap alerts, thus providing them with another tool to take part in their own care.

We recently enhanced our care gap alerts to more easily indicate which particular gap in service prompted the alert. In addition, we are introducing a new care gap member engagement tool (described below in technology tools section) on our web and mobile platforms.

**Safelink and Connections Plus<sup>®</sup>.** LHCC has partnered with Safelink to provide free cell phones to our members. This federal program provides free cell phones to individuals who are in a certain low-income bracket. Through our partnership, LHCC members will receive the standard 250 minutes per month; however, calls and texts to and from LHCC are free. Additionally, our Case Management staff can upgrade minutes based on clinical need. When SafeLink is not an option for members, LHCC may enroll members in our Connections Plus<sup>®</sup> program, which provides restricted-use cell phones to certain high-risk members. Connections Plus<sup>®</sup> phones are pre-programmed with numbers for the Complex Care Management staff, our 24/7 nurse advice line, 911, their PCP, and other treating providers. LHCC staff will use the phones to contact members for education, appointment reminders, and ongoing coaching and support for wellness and compliance. With the member's consent, we will also send text messages with health information targeted to the member's condition.

**ReConnect Program.** Through *ReConnect*, our Member Advocates contact members who phoned our call center multiple times within a selected timeframe (for example, during the previous month) to verify that staff addressed all their needs. This *best practice* call center outreach allows us to follow up with members and engage them with personal attention to determine if the initial resolution and education were sufficient, and to proactively offer the member additional service.

*Describe how you will provide equitable marketing throughout the state.*

### **Creating a Statewide, Equitable Marketing Campaign**

LHCC implements policies and programs to ensure equitable marketing throughout the state, in compliance with state and federal law and contractual requirements related to marketing, including, but not limited to those outlined in Sections 12 and 20 of this RFP, and 42 C.F.R § 438.104. We maintain

clear boundaries between our community outreach and member education activities and any marketing activities that might be reasonably interpreted as intended to influence a person to enroll in LHCC.

The Director of Marketing and Communications develops and implements the marketing program; produces our marketing and member materials; and oversees and evaluates marketing campaigns, public relations, and print, graphic, and web design integrity. Medical Management develops the member and general community education programs and member engagement strategies, and evaluates the effectiveness of educational programs. Marketing and Communications applies professional communications strategies to member educational programming created by Medical Management to promote healthy behaviors, and increase personal responsibility and self-management.

Our Community Engagement Task Force, comprised of Marketing and Communications; Medical Management, including Case Management and Connections®; Compliance; Network Development; Operations; and Quality is responsible for creating broad-based marketing plans for LHCC to develop appropriate strategic objectives and state-wide tactics for equitable marketing. Plans include corporate branding; campaigns prior to, and during, open enrollment periods; press events; and strategies for community sponsorship. Reports from our Customer Service Department, Community and Member Advisory Committees, Provider Relations, and Connections® further inform the Task Force, which monitors and evaluates marketing tactics for effectiveness and appropriate representation of LHCC and our parent company Centene, as well as for overall compliance.

As we have in the past, LHCC will provide a Marketing and Member Education plan detailing activities and materials for DHH review within 30 calendar days from the date the Contract is signed, and annually thereafter. We will clearly distinguish between marketing activities and materials, and member education activities and materials. We will design our proposed statewide marketing campaign to develop general community recognition of our LHCC brand, and the role we play in serving the Bayou Health Program. We will execute marketing campaigns that engage the full diversity of Bayou Health members statewide, and will not exclusively target individual communities or populations. We will employ Louisiana-based consultants to assist in media selection, recommend best practices to engage populations statewide, and provide counsel on effective large-scale communications strategies. We will obtain DHH prior approval for any marketing materials, such as print or web advertisements, billboards, or radio announcements, prior to their use, and we will continue to report all marketing and member education activities monthly and annually.

**Ensuring Compliance with Marketing Regulations.** LHCC understands and complies with all regulations on prohibited marketing activities. We do not employ or hire marketing agents or subcontractors for the purposes of soliciting Medicaid potential enrollees or prospective enrollees, nor provide incentives, compensation, or bonuses based solely on an overall increase in MCO enrollment.

We have implemented policy and procedures, including comprehensive training, to help ensure that staff, providers, and subcontractors understand and engage only in allowable marketing activities. Training covers prohibited activities, DHH's events and activities approval process, written materials guidance, marketing and member education violations (and reporting them), and sanctions.

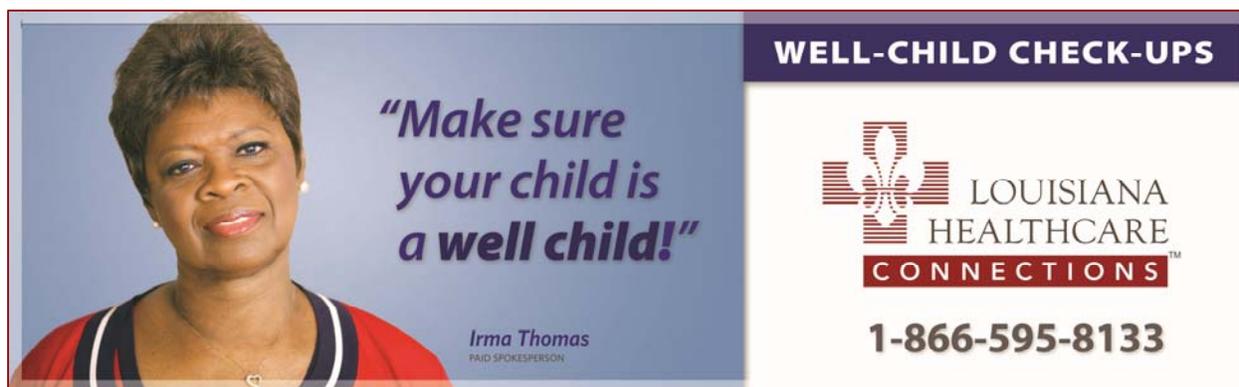
**Employee Training.** During new employee orientation and annually thereafter, all LHCC employees receive training on State and federal marketing restrictions, and employees initial a copy of our relevant policies and procedures related to prohibited marketing activities to verify understanding. Our Compliance Officer works directly with LHCC Trainers to develop additional educational modules for member-facing employees, such as Customer Service Representatives (CSRs) in our Call Center. The training focuses on the applicability of marketing restrictions and prohibited activities on their interaction with members, Bayou Health enrollees who are not members, and the public. The table on the following page is a sample of broad training topics and related content we will cover in employee training.

Sample Training Topic	Example of Content
<b>Prohibited Activities</b>	Review of all prohibited activities, including inaccurate statements about covered services or availability of providers, portrayal of competitors in a negative manner, or assisting in or improperly influencing an enrollment.
<b>Marketing restrictions in provider locations</b>	No incentives to providers for distribution to members and no member education or plan distribution of member education material onsite. Marketing materials for all Bayou Health MCOs must be equitably displayed, and providers must not assist individuals in making MCO selection in any way.
<b>Materials Content</b>	DHH prior-approval required on all materials distributed to members or the public, including those created by community or nonprofit groups.
<b>Community events/activities</b>	All events require DHH pre-approval, including health fairs, health education events, school-based events, etc.
<b>Promotional Items</b>	Only DHH-approved, LHCC-supplied giveaways are permissible and must not exceed \$15 for non-members. No inducements to enroll.
<b>Enrollment inquiries</b>	Direct all enrollment inquiries to the Enrollment Broker and refer members to Enrollment Broker for change in MCO selection.
<b>Other Prohibited Activities</b>	Review of Fines and Sanctions; misusing information, unauthorized outreach, misleading, false inaccurate, or confusing statements.

**Marketing Compliance for Providers and Subcontractors.** We contractually obligate providers and subcontractors to comply with DHH and federal marketing restrictions. Our Vice President of Network Development and Contracting ensures our providers understand how marketing restrictions apply to their practices. Initial provider orientation, the Provider Training Manual, and a special page on the public-facing pages of our website for providers outline DHH marketing regulations in detail. We provide ongoing education via the Provider Newsletter and FaxBlasts, as needed.

**Compliance in Materials Development.** LHCC will submit all marketing and educational materials within required timeframes for DHH approval prior to distribution, including materials developed by our subcontractors or recognized entities having no association with LHCC, such as community support groups. All materials will comply with DHH’s Written Materials Guidelines. We will provide member materials written at no more than a 6.9 grade level, as measured by the Flesch-Kincaid scale, and provide language translation and interpretation, and alternative formats at no cost to members upon their request. We will obtain prior written approval from DHH before updating marketing and member education materials on the website, which complies with Section 508 of the Americans with Disabilities Act and all DHH MCO Website and written marketing guidelines, including the requirement for a member-focused section with the capability for bi-directional communications (Please see Section T. 3 for details).

**Examples of Statewide Marketing Materials for Open Enrollment Periods.** During open enrollment periods, LHCC has developed and distributed, and will continue to develop and distribute, statewide messaging to increase brand awareness of our health plan, as allowed under DHH and federal marketing restrictions. Our 2013 campaigns focused on promoting statewide health priorities, child wellness (EPSDT screenings), Emergency Department Diversion, and annual adult health screenings. For example, the billboard below featuring LHCC Spokesperson, Irma Thomas, promotes well-child check-ups.



We will use marketing materials (including scripts) to reach enrollees through radio and television broadcasts, printed advertisements, direct mail and email to members, and online resources and social media, with materials in Spanish and Vietnamese in those areas where such languages are prevalent. For example, the picture to the right shows a print advertisement in Spanish that urges members to visit their doctors for preventive care to stay healthy, rather than waiting until they are sick.



*Provide examples or descriptions of how your member education and marketing materials will be used to improve service coordination including:*

### Materials to Support and Improve Service Coordination

LHCC staff work together to ensure service coordination for our members, from initial assessments that identify all the services members need, to ensuring that they receive them. Our outreach and education materials support these service coordination processes, as described below.

*The coordination of carved out and behavioral health services.*

**Behavioral Health and Carved-Out Services.** LHCC staff use several materials that emphasize the importance of coordinated services, from our materials about coordinated care itself, to those about integrated health issues (e.g., depression linked to diabetes). For example, we educate our members about behavioral health when we help them complete our Health Risk Screening, using health sheets tailored to their needs, and through our Start Smart Prenatal and Postpartum Depression Screen Tools—always

helping them to find assistance and coordinate all services in keeping with the PCMH model. We include dental and behavioral health information in our Member Handbook, on our website, and in many of our materials, such as our EPSDT literature. Some examples of materials that we use, or propose to use (pending DHH approval), include:

- **“About Your Medical Home” Brochure.** Our Mississippi affiliate, Magnolia Health Plan, uses this brochure specifically to explain the importance and functions of their PCP as a medical home through which they can access and coordinate all needed care.
- **Behavioral Healthcare Information Sheet.** This describes, in general, what behavioral healthcare is and the problems it can address, such as depression, anxiety, substance abuse, and ADHD. It includes warning signs and information about getting help to feel better.
- **Screening and Assessment Tools.** These are tools that help LHCC, members, and providers understand the range of services needed, including the need for Case Management, to develop treatment and/or care plans.
- **Services Description Brochures.** These brochures help members identified as needing behavioral health care from a specialty provider, to understand the next steps in their care. For example, we might provide our “What is the First Step?” BH therapy brochure when a PCP refers a member for care managed through the State Management Organization. This brochure informs members that most people need help at some time in their lives; what to expect from therapy (additional assessment, clear boundaries, member involvement, etc.); and how to select a therapist. In addition, we provide materials to help members understand their specific condition, such as depression, anxiety, etc., and the kinds of treatment and self-care that can help them manage such conditions, including care from their PCP or care from a specialty BH provider to whom their PCP may refer them.

**Dental Services.** With the July 1, 2014 implementation of the Medicaid Dental Benefits Manager (DBM) Coordinated Dental Services contract, LHCC welcomes the opportunity to strengthen our coordination efforts for our members who need dental care. Our Vice President, Operations recently met with the DBM to discuss opportunities for coordination, and to develop a formal memorandum of understanding (MOU). We have discussed with the DBM the possibility of developing joint education and outreach initiatives, such as the following, to improve member and provider awareness of the importance of dental care.

- Coordinated outreach and education for shared members emphasizing the connection between good oral health and general health.
- Co-development of educational materials provided to pregnant mothers.
- Co-branding or dual participation in local health fairs, including our Baby Showers and Diaper Days.
- Collaborative development of a program like “Bright Beginnings,” which our Centene affiliate plan in Florida operates in conjunction with their DBM, who is also Louisiana’s current DBM vendor. This is a value added program that provides education to expectant mothers about the importance of healthy dental care.
- Joint outreach to PCPs and members, as well as individual outreach by both the MCO and DBM to their respective networks regarding the value of the dental benefit.
- Joint education initiatives to members on tobacco cessation with emphasis on how tobacco use in any form increases the risks for gum disease and cancer.
- Coordinated effort on a “Don’t Forget the Dental” campaign incorporated into in all EPSDT outreach to help ensure that all EPSDT required screening elements are completed.
- Training for LHCC Customer Service and Case Management staff to include dental care reminders.

- Coordinated Fax Reminders to PCPs twice a year to talk to members about the importance of following up with dental referrals as part of their screenings.

**Supporting MCO efforts toward EPSDT compliance, appropriate ED utilization, STI education, encouraging the use of prenatal services and prematurity prevention.**

**Priority Intervention Efforts.** The table below summarizes and illustrates how our materials and/or proposed materials (as approved by DHH) will support our efforts regarding EPSDT compliance, appropriate ED utilization, STI education, and greater use of prenatal and prematurity prevention services.

Materials Supporting LHCC’s Priority Intervention Efforts	
<b>EPSDT Compliance</b>	We use EPSDT-specific materials and messaging from the moment a member enrolls with LHCC, as described fully in the response to Section M2. As noted, we have multiple focused materials in our welcome packet as part of our Start Smart programs, and at our quarterly Baby Showers and monthly Diaper Days, all of which encourage the full range of EPSDT screening compliance. We are working with the state’s contracted Dental Benefits Manager to coordinate outreach and education materials about dental screenings, and our BH Case Managers will help educate those members whose primary health issue is BH, and to use our prenatal and postpartum BH screening tools. Our quarterly <i>HealthConnect</i> newsletter frequently stresses the importance of prenatal care, and taking infants for immunizations and health screenings as soon as they are born. In addition, We mail birthday card reminders to members/guardians the month before each child’s birthday, and postcards to members we could not reach by phone, or who are past-due for services. We urge them to contact us, as needed, for help scheduling appointments and arranging transportation, and remind them about incentive rewards for completing check-ups on time.
<b>Appropriate ED Utilization</b>	Our Member Handbook and benefits summary include information about appropriate ED access. In addition, we provide brochures such as “Right Care at the Right Time,” that exclusively focuses on distinguishing when to access the PCP, Emergency Clinic (with a list of clinics), or ED, reminding members that we cover unlimited PCP visits. We also provide a NurseWise Brochure explaining how and when to access the 24/7 nurse advice line, including guidance for whether or not to go to the ED. Our <i>LHCC Provider Directory</i> allows members to locate and contact a provider, and will soon be available via mobile app on the Mobile App Resources section of our public website.
<b>STI Education</b>	CM staff provide members with Health Sheets on any type of STI, including chlamydia and HIV/AIDS. In addition, we provide Centene’s award winning <i>The FAQs of HIV</i> book that covers prevention, misconceptions, testing, and treatment topics regarding HIV and AIDS, as well as offers advice on how to discuss the disease with children.
<b>Encouraging the Use of Prenatal Services and Prematurity Prevention</b>	Our Start Smart program incorporates a comprehensive collection of materials and engagement tools related to all aspects of perinatal services, including prematurity prevention, and maternal and infant health and wellness. Many materials are for all of our pregnant members, and those who recently delivered. In addition, our dedicated OB/NICU Case Management staff will visit new mothers with babies in NICU to provide support, coordinate follow-up services to prepare for the transition home, and hand-deliver NICU kits that contain baby care items, a t-shirt, thermometer, Start Smart Baby Journal, 17P treatment brochure, NICU guidebook, Start Smart backpack, and <i>Start Smart Guide to Baby’s Care: First Year</i> .  <b>Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.</b>

Materials Supporting LHCC’s Priority Intervention Efforts	
	Our <i>HealthConnect</i> newsletter regularly features Start Smart, emphasizing the importance of prenatal care and timely infant immunizations and screenings.

*The use of technological tools, including social media and mobile technology, to engage members.*

### **Technology Tools for Member Engagement**

LHCC offers, and is developing, a range of engagement tools focused on prevention and intervention and overall wellness. LHCC's websites, including our public website and secured Provider and Member Portals, have been designed as mobile enabled since 2010 with web experiences that translate into easily accessible content when viewed on PCs or mobile devices. For 2015, we are building rich, engaged, multimedia websites using best-in-class Adobe Digital Experience Platform software to enrich user engagement on our websites. Additionally, our new software will enhance the "mobile friendliness" of our websites through the incorporation of new style sheet designs and the increased use of capabilities in HTML 5, an increasingly popular software toolset for consistent presentation across PCs using all popular web browsers, Macintosh, mobile phones, and mobile devices. The result will be further enhanced adaptability and optimization of our online content for mobile devices, which will afford users the convenience of accessing our website, with access to all website features, while using their mobile devices.

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Other products that will be rolled out through our Health and Wellness app capability include:

- **on.track.** Through the **on.track** program, members are inspired to set and achieve specific health goals by taking advantage of one of more than 100 leading health and fitness apps available on the market, including dozens of free and low-cost alternatives. Using **on.track**, a member will be able to select activities to track based on their personal health goals, such as nutrition, fitness, weight management, stress and sleep management, tobacco cessation, diabetes, and/or hypertension management. The member chooses a simple-to-use app, links it to his or her **on.track** account and begins activity tracking with just three taps. Seamlessly, data from the tracker is pulled into the **on.track** Lifestyle Manager, where the member can monitor progress toward health goals.
- **on.board Action Plans.** **on.board** action plans are individualized health behavior change programs designed to target an individual member's most severe health risks, unique risk level, and readiness to change. With a focus on physical activity, nutrition, stress management, and tobacco cessation, **on.board** action plans leverage the fundamentals of game theory to engage an individual and motivate them to learn about, and improve, their health behavior.
  - Comprised of three to five levels, each action plan includes interactive activities, such as quizzes, videos, activity tracking (leveraging **on.track** available apps and devices), and challenging-yet-achievable to-do's. Members will be able to achieve badges as they progress through levels of these the evidence-based programs, which are specifically designed to be self-rewarding and ultimately drive sustained healthy behaviors. Beyond addressing specific health risks, these dynamic action plans are also tailored to a member's specific learning style to further foster program efficacy.

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**Social Media.** LHCC estimates that 50% to 75% of LHCC members or prospective members are regularly “online” with many active on several major social media websites and apps. This is why we believe our first application of social media should be as a *coordinated component* of our overall communications strategy. Beginning in late 2014, and with approval from DHH, LHCC will expand our social media presence as a coordinated and complementary DHH-compliant marketing extension to our existing member and community health and wellness outreach campaigns.

We have two objectives:

- To communicate to the people of Louisiana about broadly applicable public health topics (such as flu season, eating right, child wellness); and,
- To offer our members additional tools to engage them in healthy behaviors and increase their health literacy.

We will publish regular and concise items via a blog from our LHCC public website that will automatically populate feeds to popular Louisiana social media outlets, such as Facebook and Twitter. Social media viewers of our entries can click and be taken instantly to the blog entry on our website, where they will be able to opt-in for future communications and/or have access to any of our publicly available information. With DHH approval, we also can focus the user's attention on topics important to State health and wellness initiatives, such as hurricane preparedness and Well Ahead Louisiana.

Over time, and as our social media volume grows, we envision future applications in social media that will offer members and non-members access to peer group forums for LHCC-moderated discussions on health topics that our readers tell us are important to them; information that we hope DHH will find valuable in helping to inform future DHH initiatives.

### **Partnering with Community Based Organizations for Education and Outreach**

LHCC’s outreach staff work together with our providers and local organizations to provide education and outreach at community events that involve Bayou Health stakeholders. At such events, we provide general informational materials compliant with marketing requirements about LHCC, training opportunities, and health promotion (such as EPSDT and staying healthy).

In addition to providing financial support to providers and organizations that help to educate members and their communities about important health issues and self-care, we collaborate with local organizations statewide to support and encourage health literacy and stronger, more resilient

**LHCC partners with, as well as financially supports, those organizations that share our commitment to the communities we serve. Over the last two years, we have donated more than \$750,000 back into the community.**

communities. Many community-based health and human services organizations share our commitment to improving health outcomes and quality of life for those they serve. Following is a summary of some of our partnerships for member outreach and education.

**Urban League.** As the oldest community-based initiative in the country to empower low-income, ethnically disenfranchised communities, Urban League’s community affiliates have improved employment opportunities, health, education, and housing to address disparities in every area they serve. Urban League of Greater New Orleans (ULGNO) is no exception, and their mission aligns with ours. As such, we pledged \$600,000 to help ULGNO build a permanent headquarters, and increase their capacity to serve communities throughout the Greater New Orleans Area. We provided the first of three payments toward funding their new home in New Orleans’ Mid City neighborhood on North Carrollton Avenue.

The ULGNO provides services to more than 10,000 Louisianans per year through its Centers of Excellence focused on education and youth development, workforce and economic development, and public policy and advocacy. The new headquarters will provide needed additional space to support ULGNO’s community programs that help overcome educational, economic, and health disparities. These include their Project Ready (college preparation program), Parent Information Center, and early Head Start Program that provides whole family services, such as perinatal education, pregnancy support, and health screenings.

In helping ULGNO expand their capacity, we are creating opportunities to expand ours. With ULGNO, we are exploring ways that we may leverage our existing collaboration to enhance services and member/community education and outreach. For example, we will work with ULGNO, as well as other partners, to possibly develop and/or expand on the following initiatives and ideas.

Ongoing and Potential LHCC-ULGNO Expanded Partnership Initiatives	
<b>Early Childhood Literacy</b>	ULGNO operates an Early Head Start program for preschool children. Our MCRs will work with them to incorporate our Adopt-a-School literacy events into their curriculum in ways that complement what they are teaching. For example, we might focus on fitness and a “Healthy Snack Attack” to engage children in physical activities and choosing healthy foods during their scheduled recess or snack periods.
<b>Teen Pregnancy Prevention</b>	National Urban League (UL) and Centene collaborated to create our <i>Off the Chain: Teens and Pregnancy</i> book, and we will explore how to use this book to support a teen pregnancy prevention initiative. For example, we might jointly host our “Teen Talk Chit-Chat Sessions” to engage adolescents about making good choices, or we could offer them as part of ULGNO’s outreach to high school kids. Centene is working with UL to pilot a pregnancy prevention program based on Off the Chain materials that incorporates online modules that will qualify for high school credit. The three-year pilot will begin this Fall in Georgia, Florida, and South Carolina. If the pilot shows measurable success, LHCC may work with ULGNO to adopt it in the future.
<b>Obesity Prevention and Intervention</b>	LHCC is partnering with ULGNO and the Children’s Hospital to implement a multi-faceted obesity prevention program, <i>Let’s Move GNO!</i> , based on the <i>Let’s Move!</i> Meet-up model championed by Michelle Obama. We will seek additional community partners, including

	schools, community organizations, and universities. We will incorporate elements of our Healthy Lifestyles program related to healthy food and cooking, and our other initiatives described more fully in the remainder of the section.
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When the new ULGNO headquarters are complete, LHCC will rent office space to further ensure sustainability for their programs with a regular source of income, which will allow us to locate a team of member-facing staff in the ULGNO building, and therefore facilitate our joint efforts to serve communities.

We also provide regular sponsorship support for ULGNO’s and National Urban League events. When the ULGNO hosted the National Urban League conference in New Orleans in 2012, LHCC and Centene teamed up to provide one of three major sponsorships for the event, providing \$25,000 in support, and we have continued this support for ULGNO by providing another \$25,000 for their 2013 annual gala, and \$75,000 for this year’s gala. ULGNO appointed Jamie Schlottman, LHCC CEO, to their board of directors, and chose him as their 2014 Gala Chair. We also donated \$1,000 toward a ULGNO Scholarship to a graduating senior this year.

Leveraging the deep cultural and local connections ULGNO has developed through years of service, we also turn to them in seeking qualified candidates for LHCC staff positions to find culturally competent staff who truly understand those we serve. Our practice of hiring from local communities is essential to effective member outreach and education.

We are linked with Urban League nationwide through our affiliated plans in other states that also collaborate with local Urban League chapters, and Michael Niedorff, Centene’s CEO, is on the UL National Board of Trustees. In fact, Centene is the only MCO representative on the UL Health Advisory Council that proactively addresses local issues at the federal level by providing unbiased, clear information to congressional staff, including staff for the Congressional Tri-Caucus, representing citizens of African-American, Asian/Pacific Islander, and Hispanic descent.

**Capitol Area Homeless Alliance.** Some of our hardest-to-reach members are those without adequate or stable housing. LHCC is partnering with the Capitol Area Homeless Alliance to expand health care services to these vulnerable community members. As an Alliance board member, our Director of External Relations helped coordinate an Alliance initiative to help the homeless access critical health care services, including preventive care that could address unnecessary ED utilization and prolonged or exacerbated health problems, by assisting them in enrolling in Medicaid. LHCC’s MCRs also support people without permanent housing by volunteering weekly at Abraham’s Tent in Lake Charles. They help prepare the dining hall to provide prepared food, serve hot lunches, distribute non-perishable food items and clothing, and clean up the dining hall after the meals.

**YMCA/YWCA.** LHCC partners with regional YMCA affiliates to offer several programs that promote community wellness. Partnering with the ExxonMobil YMCA in Baton Rouge, for example, we sponsored enrollment for 150 kids from low-income families to participate in swimming and water safety lessons in the Swim, Succeed and Survive program.

**“84% of the children in our camps and swim lessons are only able to participate as a result of the contributions and support of organizations such as Louisiana Healthcare Connections.”**

*Ronald Smith, Executive Director,  
ExxonMobil YMCA*

We also partnered with YMCAs in Regions 2 and 3, and with YMCAs/YWCAs in Regions 6 and 7, to engage kids in Be Fit—a program that engages elementary school children in monthly strength-building, fun competition to encourage fitness and build teamwork skills; and Kiddie Olympics, which provides activities for elementary school children and toddlers annually during Spring Break. Other partner

organizations for these programs include RKM clinics, Boys and Girls Club, and Ryan Elementary School, Northwestern State University, Caddo Community Action Agency, and Einstein Academy.

In addition, we participate in Lunch and Learn meetings at the YMCAs in Regions 2, 6, and 4 to engage senior citizens in fitness activities, and teach them about good nutrition and how to avoid dehydration. We provide educational materials, such as our *My Route to Health* book and cookbook.

*LHCC is working with our YMCA partners and all affiliates statewide to expand these Lunch and Learn and fitness programs throughout Louisiana beginning in 2015.*

**Let's Move GNO! (Let's Move!).** LHCC is partnering with ULGNO and Children's Hospital to develop for 2015, a multi-faceted obesity prevention program, *Let's Move GNO!*, based on the *Let's Move!* Meet-up model championed by Michelle Obama. We will seek additional community partners, including

### LHCC in Action...

#### Mini-Grants

*LHCC will work with local nonprofit agencies to develop or support innovative programs or services that target subgroups of members such as children in Case Management or members facing health care disparities. The focus of each grant might be facilitating health care delivery, mentoring health care literacy, creative approaches to community outreach or normalizing the life of children in Case Management.*

schools, community organizations and universities. For our part, we will incorporate elements of our Healthy Lifestyles program, which includes components related to healthy food and cooking, and choosing nutritious, healthful foods on a limited budget. Our overall goals are to help Louisianans to *Eat Healthy, Get Active, and Live Well* through events and activities, such as community gardening (especially in "Food Deserts"), health education and screenings, and physical activities.

Beyond a Lets Move! event, we will support ongoing initiatives around our three goals, such as creating a "Train the Trainer" program kit for schools and other community organizations to remind Louisianans to maintain healthy behaviors, and we will sponsor and/or

support recreational sports leagues (registration fees, equipment, etc.), with the hope of engaging more than 500 Louisianans.

**Eat for Life Fresh Foods Health Fair.** LHCC has partnered with Kingsley House (the oldest Settlement House in the South that serves families and children, including people who are elderly, frail, or medically fragile) through a variety of programs, and Market Umbrella (an organization that supports local markets to preserve traditions and support small producers, such as farmers) to host two *Eat for Life* Fresh Foods Health Fairs to raise awareness of the link between diet and health. Targeted to Kingsley House children and families, the fair showcased the benefits of growing, cooking, and eating fresh fruits and vegetables.

More than 500 Kingsley House Head Start, Summer Camp Adult Services, and Senior Center participants attended our most recent fair in 2012. Participants sampled healthy chef-prepared foods, vegetables, and yogurt. The New Orleans Food and Farm network taught participants how to plant seeds, and children sampled tomatoes grown in the Kingsley House garden. In addition, all participants received a voucher redeemable for \$10 in tokens at the Crescent City Farmers Market to be distributed for use during upcoming field trips to the farmers markets over the next week. The photo below shows kids dancing along with Radio Disney.



**LHCC MCRs Making a Difference in the Community.** Our MCRs, as noted, are community health workers from those areas they serve. We encourage and support them to build on the relationships they have developed with organizations in their communities because they *live* in those communities. Our MCRs have developed partnership with numerous community services groups, schools, and faith-based organizations in each region. They participate in facilitating events such as health literacy readings, math and science fairs, nutrition education, physical fitness activities, anti-bullying programs, hygiene presentations for junior high school students, and pep rallies to motivate students to prepare for success in state achievement testing (LEAP) and as they become adults. In addition, they work in their communities to feed the homeless, collect gifts and food for low-income families for holidays and other times, and so much more. The network of collaboration they have created has fostered community support and trust, empowering LHCC to more effectively provide health education to our members and their communities.

Each MCR conducts home visits to high-risk members to support our CM staff when members are difficult to reach, as well as visit providers to let them know how MCRs can help them engage members, and to engage them as partners in educating members assigned to them, such as through our Healthy Celebrations. Our MCR Manager works closely with our 12 Regional MCRs to ensure statewide member and community engagement on a regular schedule. For example, in addition to hosting monthly and quarterly outreach activities, MCRs participate in community events, such as health fairs and complete additional events *weekly*. For example, MCRs visit schools for weekly “*Snack Attacks*,” where they help kids choose foods to make healthy snacks after school, or many other volunteer activities that promote community wellbeing.

*“The weekly Snack Attacks allow kids to taste and create fun snacks to share with family and friends. Students are super creative and have great ideas for healthy snacks.”*  
LHCC MCR Manager

**Baby Showers and Diaper Days.** MCRs host quarterly baby showers, rotating the locations throughout LHCC’s service areas, for our pregnant members and those who recently delivered. Partnering with community health centers and local health and human services organizations, we provide educational materials, including our March of Dimes endorsed Start Smart Pregnancy Book, information about infant care, lead poisoning, child safety, and the importance of scheduling well visits. We invite all new and expectant mothers by region, and provide refreshments and DHH-approved baby gift items, such as sippy cups, bibs, and baby books as an incentive to participate. When our baby showers are part of an event hosted by a local service organization, MCRs will set up a booth to provide educational materials and baby gifts. Our Start Smart CMs often attend the baby showers to provide in-person education and answer members’ questions.

Similar to Baby Showers, Diaper Days are more targeted to the families of newborns. We focus on postpartum care, infant care, EPSDT services, and issues related to being new parents. We host Diaper Days monthly, and we engage new mothers and fathers, and support them to be active in their baby’s development and health and wellness care. We provide baby gifts and child wellness literature, as well as our *Dad: Little Word, Big Deal* book for new fathers. Based on a Diaper Days event we hosted in collaboration with Healthy Start in New Orleans, the Family Services of Greater New Orleans’ NOLA Dads program that provides support, mentoring, and education hosted with us a “Diaper Days for Dads” exclusively for young new fathers in the area on June 26, 2014. We plan to continue partnering with NOLA Dads to host targeted events for fathers.

## LHCC in Action...

### **About our Diaper Days for Dads**

*The fathers who attended our Baby Showers inspired our Diaper Days for Dads. Some of them expressed fears about not becoming good fathers and overcoming the stigma about African-American men being uninvolved with their children. A few of them mentioned growing up without their fathers. Though only two young men attended our first Diaper Days for Dads in Lake Charles, we partnered with Patrick Carter of NOLA Dads to host a second event in New Orleans. Ten men and one expectant mom attended. Participants learned about WIC services, the Affordable Care Act, fire safety, health issues (including child screenings) and parenting strategies. Mr. Carter asked LHCC's MCRs to continue offering Diaper Days for Dads on a regular basis.*

As of the end of August (prior to submitting this RFP response), we have hosted 54 Baby Showers and Diapers Days statewide for 2014, including, for example, events in collaboration with Volunteers of America in Alexandria; Battered Women's Program in Baton Rouge to provide education to women with young children staying in the shelter; and The Providence House, a shelter in Shreveport, in support of homeless families. We also participated in the Healthy Baby Expo and Diaper Derby in Lake Charles organized by the Zeta Phi Beta Sorority (a national sorority for African American women), Lake Charles Chapter, and other events focused on maternal and child health and support for new parents.

**School-based events.** Through our *Adopt-a-School* initiative, our MCRs partner with public elementary schools across the state monthly to read books about health and wellness to students in preschool and up to Grade 5, and also complete an activity related to the book topic. For example, we read Scholastic's *Froggy Goes to the Doctor* book that addresses the anxiety some children have about doctor visits, and focuses on the importance of regular visits. MCRs ask questions about the stories, and the student who correctly answers the most questions receives a copy of the Scholastic Book. We often read from the *Boing and Sprockette* series, particularly *Adventures in Fitropolis*, or we talk about good nutrition and provide healthy snacks and the *Super Centeam 5 Cookbook*. Students complete activities related to the focus topic, such as coloring pages from the Scholastic series and fitness games, and they receive related items such as coloring books and colors, cookbooks, and water bottles. We regularly visit 20 elementary schools and Head Start or preschool programs. Our MCRs also target outreach and activities specifically to teens through schools and faith-based organizations, as noted below.

**Teen Talk Chit-Chat Sessions.** Our MCRs use our "Off the Chain" series for adolescents that addresses a variety of health issues as a way to facilitate communication with teens. Teen Talk Tuesdays and Teen Chit-Chat Sessions provide a forum to discuss with tweens, pre-teens, and young adults the issues they face, such as peer pressure, keeping a positive attitude, healthy behaviors and choices, resume building, conflict resolution (anti-bullying), conduct for using social media, and personal hygiene. Building on her strong ties to her church and rapport with its young congregation, one of our MCRs initiated a Teen Chit-Chat Session series with youth at Ivory Chapel Baptist Church in Bastrop as a segment within their monthly youth day events. Based on her success, another MCR initiated Teen Talk Tuesdays at The Louisiana College in Pineville and University of Louisiana at Lafayette. All of our MCRs work with middle schools, high schools, and other organizations to talk to teens and offer "Off the Chain" materials.

**Health Fairs and Community Events.** LHCC's MCRs participate in numerous health fairs throughout the state each year to outreach to members and their communities to provide health education and facilitate health screenings in partnership with provider organizations.

For example, MCRs worked with La Raza's Louisiana Affiliate, Puentes New Orleans, and A Community Voice, an organization of community members representing families, women, children, workers, and the elderly in low-income communities. Our MCRs participated in, and helped them organize, a health fair and coordinated with one of our Providers, EXCELth, to bring a mobile clinic to the La Raza community health fair. The mobile clinic enabled many participants to receive much-needed oral health screenings. We also partnered with multiple organizations to provide EPSDT screenings to

members and their communities in underserved areas in East Baton Rouge Parish. As part of our overall strategy to improve wellness, we are working to increase partnerships to host events that provide opportunities for more comprehensive wellness screenings outside a doctor's office.

Partnering with our providers, we host quarterly *Healthy Celebrations* to increase awareness about preventive screenings, and encourage members and non-members to complete them. We invite our providers to participate and commit to a Saturday date, and their staff call and encourage all of their patients to schedule a screening and attend the family-friendly event. At the same time our members receive their screenings, we provide healthy snacks, and they can participate with their families in fun activities, such as potato sack races, face and t-shirt painting, arts and crafts, and various games with prizes. During the entire month leading up to the event, our staff outreach to all of our members assigned to that practice and due for screenings to help them schedule an appointment for the event day. We also arrange transportation for individuals or groups of members. Capital City Family Health Clinic in Baton Rouge partnered with LHCC over two weekends to specifically target teens and children (3-6) for EPSDT services. We scheduled 54 of our members for screenings, and approximately 60% of those members attended the event.

In addition, we organize community events and encourage and support all staff to participate in events, such as community health awareness walks and fundraising events for organizations that support health literacy and overall wellness. For example, MCRs helped organize and promote LHCC staff participation in a Sickle Cell Awareness 5K Walk/Run in August hosted by the Sickle Cell Anemia Foundation of Baton Rouge. LHCC sponsored the event, in which 42 LHCC staff participated.

*"Since Bayou Health launched, Louisiana Healthcare Connections has provided resources central to the vitality of our community, and we have seen the impact of your commitment to better health."*

*Lorri Burgess, COO, Baton Rouge  
Sickle Cell Anemia Foundation*

We have sponsored and participated in their 5K annually since 2012, as well as provided financial support for Southwest Louisiana Sickle Cell Anemia, Inc., which provides genetic testing and counseling, case management, and behavioral health support for individuals and families.

So far this year, MCRs have participated in wellness and education events such as the NOLA Life Festival hosted by Greater St. Stephen Ministries; the Dads, Dunks and Dominoes fair targeting young men in New Orleans; Teche Action Clinic Health Fair in Pierre Part, where participants received screenings and health information; West Monroe Community Health Fair; Carroll High School (also in Monroe) Spring Extravaganza for students, parents, and community members; and the Donaldsonville Teen Summit, hosted by the Office of Public Health, Baton Rouge AIDS Society, Catholic Charities, and Councilmembers Oliver Joseph and Ronnie Edwards. At both of these events targeting adolescents, we provided our "Off the Chain" materials, as well as *Smokey Yuckpack* anti-smoking and *Adventures in Fitropolis* books (with parent guides) for the younger children who attended.

**Community Coalitions.** MCRs meet regionally with local coalitions organized to bring together a variety of community partners, such as health advocacy groups, Bayou Health MCOs, and community health clinics (FQHCs) to share information about upcoming events, potential collaborations, and to identify and address local and regional health disparities and unmet needs. Many times, these meetings directly result in our participation in a community event, or a more long-term initiative.

As a member of the Louisiana Community Health Outreach Network (LaCHON), one of our MCRs learned about the Louisiana Community Health Worker Training Institute (LCHWTI) at Tulane University School of Medicine. When our MemberConnections® Manager expressed interest in Community Health Worker Certification for our Connections team, that MCR connected her with LCHWTI Director, Dr. Ashley Wennerstrom. As a result, we are exploring the possibility of certification for our senior MCR staff, as well as ongoing staff training through LCHWTI.

Also due to the community coalition network, LHCC participates with Families Helping Families in their annual Resource Information Workshop to provide a “resource hub” for the local communities where they are held, and an Educational and Empowerment Resource fair to help community members access preventive health care and community services (food, clothing, etc.) with a health information exhibit. Our MCRs have participated in events with, or are members of, the following coalition organizations (selected examples) that help provide health education to our members and their communities.

- Gulf Coast Coalition
- Healthy Community Coalition
- Central City Renaissance Alliance
- Lafourche Parish Library
- LSU Agricultural Center
- United Way

MCRs and other LHCC staff have participated in, or initiated activities related to, national health awareness months. For example, MCRs have participated in community awareness fairs at Louisiana State University’s Earl K. Long Hospital for World HIV/AIDS Awareness Day for the last two years, and we collaborate with several of network hospitals (Children’s Hospital of New Orleans, St. Jude Children’s Research Hospital, and Our Lady of the Lake Children’s Hospital, for example) to visit children as part of National Leukemia and Lymphoma Awareness Day and give them teddy bears.

As part of LHCC’s partnership with the American Heart Association (AHA), MCRs engaged Oak Park Elementary School as a partner to participate in National Wear Red Day in 2013 and 2014 as part of our regular literacy outreach. We encouraged students and teachers to wear red for a fundraising event that we helped the children organize. The students’ Wear Red Day fundraising efforts brought in \$250.00 in 2013, and raised \$385.00 in 2014 to donate to the American Heart Association.

At the plan level, LHCC’s CEO is on the AHA Board of Directors, and we sponsored a “Circle of Red” table at AHA’s annual fundraiser luncheon in support of their “Go Red for Women” campaign to increase awareness of the symptoms of heart disease in women, which often go undetected until a woman has a life-threatening event, such as a heart attack or stroke. We provided \$25,000 in funding in 2013, and will continue with annual sponsorships. LHCC employees have participated in the AHA Capitol Region 5K Walk/Run every year since 2012.

**LHCC Employee Community Members.** Because our employees live and work here, they also provide valuable feedback as community members. We encourage and support them to volunteer in their communities by providing time off and company-wide recognition. As valued members of their communities—parents, coaches, neighbors, and friends—LHCC employees have a stake in working to make them stronger. Our employees volunteer time and effort to organizations such as Boys and Girls Club of Baton Rouge, Baton Rouge Youth Coalition, local schools and churches, and many others.

*“I want to express my appreciation to Louisiana Healthcare Connections as a wonderful community partner and a true civic leader in Baton Rouge. We deeply appreciate your commitment and passion to the Boys & Girls Club.”*  
**Pat Van Burkleo, President, Boys & Girls Club of Greater Baton Rouge**

Staff members have organized teams to participate in the March of Dimes 5K, and to collect toys, food and clothing for low-income families. They are beginning preparation for LHCC’s annual food drive that culminates in a volunteer day at Greater Baton Rouge Food Bank, where they stock shelves and serve and distribute food for the holidays. They partnered earlier this year with the St. Vincent DePaul Society, Kean’s Cleaners, and WAFB television to provide gently used uniforms to youth in the East Baton Rouge Parish School System.

Each year, LHCC’s employees also participate in a corporate-wide giving campaign to raise money for the United Way. Centene Chair/CEO Michael Neidorff encourages executive staff of all our affiliated health plans to participate, and pledged to match funds at 50% of all funds raised in each state to donate to local United Way organizations. LHCC employees developed, and held, fundraiser activities that included an email bingo game, garage sale, bake sale, pay to ride (the elevator), and more. Collectively, we raised more than \$20,000 in donations to Louisiana United Way chapters. With its focus on addressing health, income, and educational disparities, United Way is a valued partner organization that shares our commitment to improving the wellbeing of Louisianans.

### **LHCC Employee Community Members**

As community members, our employees identify opportunities for LHCC to make a difference. As “Reading Partners” at University Baptist Church, our VP of Finance and his wife mentor and work with students to improve literacy at Highland Elementary School, which primarily serves families in poverty. When they learned that the school would have to discontinue its Accelerated Reader Program due to budgetary constraints, LHCC intervened to fund the program for the year. Our VP perfectly summed up the value of our shared investment in Highland: *“We just love being a part of helping children improve their reading skills. I think I’m the one getting the reward.”*

***T.2 Describe your strategy for ensuring the information in your provider directory is accurate and up to date, including the types and frequency of monitoring activities and how often the directory is updated. How will this information be available to members and the public?***

### **Ensuring an Accurate, Up-to-Date LHCC Provider Directory**

LHCC understands and will comply with all regulatory and contractual requirements including, but not limited to Section 12.14 Provider Directory for Members, Section 12.5 Marketing and Member Materials Approval Process, Section 12.9 Written Materials Guidelines, Section 12.10 MCO Website Guidelines, Section 7.15.1.3 Pharmacy Network Requirements, and all other requirements related to maintaining accurate and up-to-date Provider Directory information, the delivery of electronic files to the Enrollment Broker and other DHH designees, printed member materials, and website development.

Louisiana Healthcare Connections (LHCC) ensures accurate and up-to-date Provider Directory information through initial provider data capture; prompt data update processes, including daily updates to the online Directory; a robust, locally-driven auditing process to assure quality and accuracy; and ongoing monitoring through staff visits to provider offices. We support these strategies with extensive provider education and outreach on the importance of reporting any data changes, and with training for all LHCC staff on their responsibility for reporting provider data inaccuracies or discrepancies within a prescribed process that was built for quick and accurate updating. We use a data management technology

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**LHCC Customer Service Department processes approximately 120 requests each month for print copies of the Provider Directory.**

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tool that manages a broad range of provider data in a holistic and integrated fashion for data integrity across all our systems. We also hold our subcontractors accountable for data integrity for the provider networks they manage. We deliver

the information to our members and the general public through the online Provider Directory, new mobile applications, information provided by LHCC’s Customer Service Department, and wide distribution of hard-copy printed versions throughout Louisiana, as described below.

**Provider Data Management and Integrity Technology.** Our Provider Relationship Management (PRM) System serves as our enterprise-wide provider data management tool. Expanding on the latest in Customer Relationship Management technology, PRM automates the entire lifecycle of our provider relationships, including provider prospecting and recruiting, provider application processing,

credentialing and contracting, and provider services support. LHCC uses PRM for continuous provider data management support (e.g. demographics, identifiers, affiliations, specialty codes). Our staff enter provider data into PRM once, and then the system integrates with and distributes data to all other LHCC systems, promoting data integrity throughout and creating one “source of truth” for all provider data. For example, PRM sends specialty provider information to TruCare and distributes pay class information to AMISYS Advance. PRM is the *one* source for provider directory data and daily updates to the LHCC online searchable Provider Directory.

PRM supports multiple provider locations and types, for example, PCPs and PCP groups, hospitals, specialists, providers of ancillary services, pharmacies, FQHCs and RHCs, and urgent care clinics, and allows for the printed Provider Directory to be organized by Parish and Service Area. PRM houses all data elements (such as the provider’s gender, accreditations, hospital affiliations, and designation as Primary Care Medical Home) necessary to create a complete user-friendly directory.

**Data Integrity Begins with Provider Education, Staff Training, and Initial Data Capture.** Our Manager of Network Development and Contracting (Manager) oversees the collection and management of all provider data, including the data elements used to create an accurate, up-to-date Provider Directory. The Provider Data Management (PDM) Unit ensures initial provider data are accurately loaded and maintained, and PDM maintains ongoing control over data elements that affect payment, such as billing address, and fields that normally do not change after initial capture, such as Medicaid ID numbers. Our Network Development and Contracting Team (Network Team), located in Baton Rouge with a dedicated Contract Coordinator for each of Louisiana’s three GSAs, is responsible for initial submission of provider data to PDM, and then maintains control over the data elements which inform the Provider Directory (address, phone, hours of operations, panel status, languages spoken, etc.). The Network Team also is responsible for audits of accuracy described below. The Manager and Contract Coordinators meet weekly with PDM to monitor data load processes, and discuss and resolve any quality control or communications issues.

**Provider Education Encourages Accurate Information.** LHCC’s provider agreement and Provider Manual direct providers to notify LHCC of any changes in practice or demographics. In addition, we explain the importance of timely notification of any changes and how to provide them during provider orientation, through the Provider Manual, on our Provider Portal, via fax blast, and at least twice yearly in our provider newsletter, *NetworkConnect*. Providers may submit changes by fax, mail, secure email through the Provider Portal, in person during a Provider Relations (PR) staff visit, or by contacting the Provider Call Center. Providers also directly contact their Contract Negotiator or Contract Coordinator with changes. For quality assurance, LHCC requires an authorizing signature, either in writing or electronically, to confirm all updates.

**Staff Training for Quick Update.** During both new hire orientation and ongoing refreshers, we educate all LHCC staff on the importance of, and their specific job responsibilities related to, maintaining accurate and up-to-date provider information. We require staff with key responsibility for the provider network, such as PR staff and Customer Service Representatives (CSRs) in the call center, and member-facing staff, such as Case Managers, to electronically transmit any changes to the Network Team within one to two business days of receipt for review, confirmation, and submission for system correction.

**Ensuring Accuracy in Initial Data Capture.** During initial credentialing, LHCC obtains required data elements for the Provider Directory through the attested credentialing application. Our Contract Negotiators remind providers to ensure all information is accurate and current before they submit paperwork for network participation. Contract Coordinators review the information for completeness prior to submission to PDM. In the initial capture, PDM loads data from the provider’s submitted paper application or, when available and attested to, from the Council for Affordable Quality Healthcare (CAQH) database, into PRM. PRM contains built-in controls to promote data integrity, which reduces the chance of data entry errors. For instance, format length of certain numeric value fields is specified, and

alpha vs. numeric requirements are set for certain fields, for example, so alpha entry cannot occur in an NPI numeric field. The provider's status is listed as Par Pending, which ensures that provider data are not uploaded to LHCC's online Provider Directory until the credentialing process is complete. After this initial entry, the Contract Coordinators provide a final data integrity review by verifying the initial data input against the provider's source documentation.

After any omissions or discrepancies are corrected and credentialing is complete, PDM staff change the provider's status from Par Pending to Contracted, and the data are available for the direct daily feed to LHCC's searchable online Provider Directory (used by our CSRs and MemberConnections® staff to assist members) and distributed to all systems enterprise-wide.

### **Types and Frequency of Auditing and Monitoring Activities to Ensure Accuracy**

LHCC exceeds DHH requirements, ensuring data integrity with *daily* updates to the online Provider Directory, rather than the contractually required weekly timeframe. To maintain integrity of all provider data and facilitate these daily updates, the Network Team receives edits from ongoing data audits, described below, and submissions from providers and LHCC staff. The Network Team then inputs the edits to Provider Directory elements into PRM within one to two business days. PDM inputs any validated changes on fields affecting provider payment within five business days after receipt from the Network Team. The Network Team re-audits all edits against the source documentation after input, as a final verification of accuracy.

All changes to the provider record are then uploaded *daily* to the online Provider Directory, TruCare, AMISYS, and all internal systems, ensuring that LHCC members and staff have the most up-to-date information available.

**Monitoring Accuracy of Data. Individual Provider Outreach.** Beginning in 2013, LHCC Provider Relations enhanced our methodology for collection and authorization of provider changes. We deployed our *Provider Verification Information Process* in which our Provider Relations Specialists (PR Specialists) located in Baton Rouge, Lafayette, New Orleans, and Shreveport verify all provider demographics and panel attributes (such as limitations and panel status) in the Provider Visit Record during every provider field visit. A representative from the provider's staff signs the Provider Visit Record to verify captured information, and the PR Specialist reviews any variances against the PRM data and submits edits to the Network Team for input.

Based on the success of verifying data through the Provider Visit Record, in July 2014, two PR Specialists piloted the use of mobile tablets to complete the *Provider Verification Information Process* during the visit. In the pilot, provider staff sign off electronically on the accuracy of their information and receive a receipt copy via secure email, creating an electronic paper trail. Then, the Provider Visit Record data are electronically transmitted to the Network Team so they can make data changes immediately. The result is faster capture and upload of necessary edits to all systems, including the directory. Provider Relations will make this pilot initiative permanent, and train and equip all PR Specialists by November 2014.

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**LHCC Provider Specialists, located in Baton Rouge, Lafayette, New Orleans and Shreveport, visit 40 unique providers/facilities monthly to provide personal service and audit the accuracy of their Provider Directory information.**

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**Large Group Provider Outreach.** As part of ongoing provider outreach, in 2014 we also conducted seven Large Group Provider Workshops throughout Louisiana, at which we verified/updated provider information while engaging providers on various health plan initiatives and procedures.

**Member-Reported Discrepancies.** When a member reports a discrepancy in provider data (for instance, phone number or hours of operation) to our Customer Service Center, the CSR submits the possible data

change to the Network Team via PRM. The Network Team investigates the discrepancy, contacts the provider for a verified update and, if necessary, engages the PR Specialists to investigate in the field. The Network Team inputs all verified edits which are uploaded daily to the online Provider Directory.

**Ongoing Audit Processes.** LHCC also employs a locally-driven, continuous audit process to ensure the quality and accuracy of provider data.

#### Daily

- After edits are made to provider data, LHCC’s Network Team produces error reports for all newly entered data, checks the newly entered data against the source documentation, and corrects any errors immediately.

#### Quarterly

- The Network Team compares provider files to our network adequacy report, which includes GeoAccess reports, and investigates and resolves any flagged issues.

#### Routinely

- The PDM matches data from multiple systems that use PRM data, such as AMISYS Advance, against PRM to ensure that the loads are successful across systems, and investigate and resolve any discrepancies.

#### At least semi-annually

- The Manager oversees a quality audit of directory elements. Contract Coordinators audit provider data in their assigned GSAs beginning with tier one or high volume providers, such as large hospital systems and large multi-location provider practices, comparing source documentation on file to the PRM, and resolve and edit changes.
- Post-entry, the Contract Coordinators check the newly input data against the source documentation as a final quality audit, and flag, correct, and resubmit any errors as needed until all audited elements are accurate.
- All updates load into in the online Provider Directory daily.

#### Every three years during recredentialing

- The Credentialing staff submit any provider changes for edit, and the Network Team audits post-entry to ensure accuracy

**Subcontractors.** LHCC holds our affiliated subcontractors that manage provider networks, such as OptiCare Managed Vision, Inc., responsible for maintaining accurate and up-to-date provider information for their provider networks. We require each subcontractor to submit a complete electronic data feed of all required provider data elements weekly. PDM loads the feed into PRM and thus to the online Provider Directory and all other LHCC internal systems within 24 hours. LHCC monitors its subcontractors through Joint Operations Committee meetings conducted at least quarterly to ensure that the information they provide for the Provider Directory is accurate and up-to-date, and that they comply with all DHH requirements.

**How will this information be available to members and the public?**

**LHCC Provider Directory Information: Available 24/7 to Members and the Public**

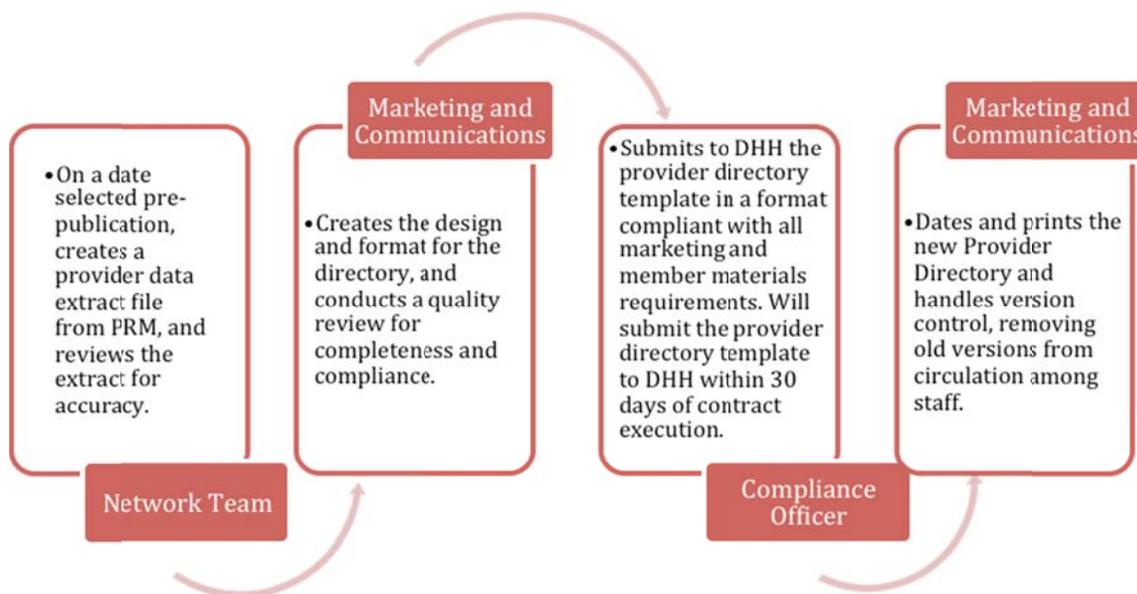
LHCC’s Provider information is available 24/7 to both members and all interested persons through:

- Hard copy, printed directories, including regionally specific directories
- Our online, searchable directory
- LHCC’s Find-a-Provider Mobile Application, available early 2015
- 24/7 personal support via the Customer Service toll-free phone number.

**Publication and Distribution of Hard-Copy LHCC Provider Directories.** Routinely, LHCC produces hard copies of the Provider Directory on an annual basis and may do so more frequently as needed, such as when a large provider group enters or leaves the network. For ease of member use, LHCC prints a directory for each of Louisiana’s nine regions with listings by Parish and an index by provider name. To provide the most up-to-date information, LHCC may use printed inserts to update the directory monthly. Additionally, upon member request, LHCC will print an updated listing of providers near the member, with address, phone, hours of operation and panel status, printed directly from our online Provider Directory and offered with the hard copy directory.

An abbreviated version of the directory is available to the Enrollment Broker upon request. LHCC submits an electronic file of the provider directory to the Medicaid Fiscal Intermediary, the Enrollment Broker and other designee as determined by DHH.

The Director of Marketing and Communications is responsible for quality, design and production of the printed directory.



LHCC will notify members and the public of the availability of the new printed directory on our website. Members or the public can easily request a copy of the printed Provider Directory and any updates through our MemberConnections® staff, through a request form included in the Welcome Packet, at

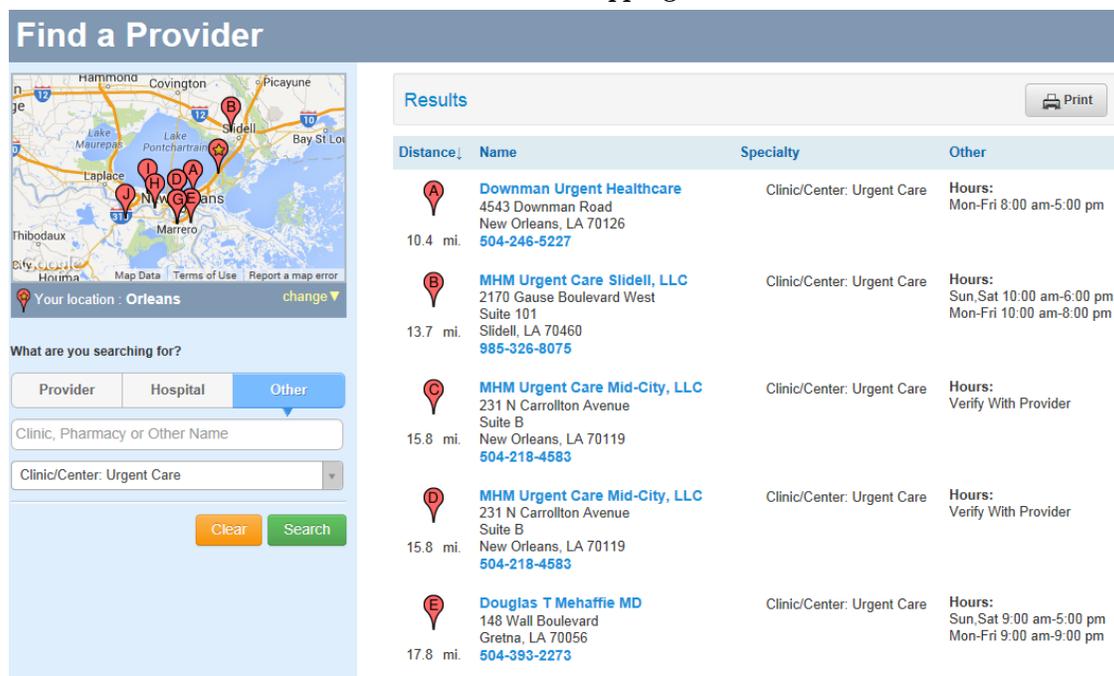
member and community education events held by LHCC throughout Louisiana, and through Customer Service via phone, mail, or a “contact us” link on our website’s main page.

**Online Searchable Provider Directory.** LHCC’s website hosts our searchable online Provider Directory, which is available to all site visitors without password or log-in and provides all the data elements below.

Data Elements in LHCC’s Searchable Provider Directory	
<ul style="list-style-type: none"> <li>Name and specialty, including vision, FQHCs, DME and medical supply providers, urgent care settings, etc.</li> <li>Address</li> <li>Phone and fax numbers</li> <li>Hours of operation, including non-traditional hours</li> <li>Provider gender</li> <li>Practice restrictions or service limits</li> </ul>	<ul style="list-style-type: none"> <li>Languages spoken</li> <li>If practice is closed to new members</li> <li>Certifications and hospital affiliations</li> <li>Accessibility for persons with disabilities</li> <li>Information on pharmacy delivery, vaccine services and/or 24 hour pharmacy service</li> <li>Map of provider location</li> <li>List of Primary Care Medical Homes with NCQA or JCAHO recognition</li> </ul>

Designed for ease of use, the Provider Directory is specific to LHCC’s Bayou Health network. The *Find-a-Provider* tab on our main page takes visitors directly to LHCC’s Provider Directory. Our site does not offer multiple product directories, such as with many commercial insurance carriers, and users cannot accidentally log in to another state or a different plan’s directory. Members who log into our secure Member Portal can also access the Directory.

**Figure T.2-A: Find-a-Provider Online Screen with Mapping**



Distance	Name	Specialty	Other
10.4 mi.	<b>A</b> Downman Urgent Healthcare 4543 Downman Road New Orleans, LA 70126 504-246-5227	Clinic/Center: Urgent Care	Hours: Mon-Fri 8:00 am-5:00 pm
13.7 mi.	<b>B</b> MHM Urgent Care Slidell, LLC 2170 Gause Boulevard West Suite 101 Slidell, LA 70460 985-326-8075	Clinic/Center: Urgent Care	Hours: Sun, Sat 10:00 am-6:00 pm Mon-Fri 10:00 am-8:00 pm
15.8 mi.	<b>C</b> MHM Urgent Care Mid-City, LLC 231 N Carrollton Avenue Suite B New Orleans, LA 70119 504-218-4583	Clinic/Center: Urgent Care	Hours: Verify With Provider
15.8 mi.	<b>D</b> MHM Urgent Care Mid-City, LLC 231 N Carrollton Avenue Suite B New Orleans, LA 70119 504-218-4583	Clinic/Center: Urgent Care	Hours: Verify With Provider
17.8 mi.	<b>E</b> Douglas T Mehaffie MD 148 Wall Boulevard Gretna, LA 70056 504-393-2273	Clinic/Center: Urgent Care	Hours: Sun, Sat 9:00 am-5:00 pm Mon-Fri 9:00 am-9:00 pm

Users may find a local provider by selecting a parish from a pull-down menu of all Louisiana parishes, or by providing their zip code. The directory also offers *location mapping*, which plots the user’s location on

an interactive map along with all providers (Figure T.2-A) or only the providers requested by the user. The user can obtain directions to one provider's location by clicking on "get directions" on the provider's individual page; or, as in the display above, may print the area around a given location by clicking on the printer icon. Searches can be narrowed or expanded by the user in Advanced Search.

By clicking on the provider's name in Figure T.2-A, the user obtains more detail, including panel status, board certifications, hospital and medical group affiliations, and languages spoken.

LHCC designed and maintains our website with all users in mind. Our website is fully Section 508 compliant and employs functionalities that work with any reasonably up to date browser. We avoid designs that cause excessive screen flicker, or functions that require significant memory or additional plug-ins.

We continue to inform our web development efforts with member input; for example,

- We seek feedback from our Member Advisory Committee on the functionality and user friendliness of our site.
- Our Director of Customer Service provides recommendations for future enhancements based on comments received by CSRs during member calls and while co-browsing with members to teach web navigation skills.
- We use web analytics tools to assess user interests and site performance.
- We will periodically employ on-site surveys to evaluate user experience and solicit direct feedback.

**Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.**

**Customer Service Call Center: 24/7 Personal Service for Provider Directory Information.** Provider data housed in PRM is also fed daily into the systems Customer Service uses to provide callers with provider directory information, ensuring accuracy. From 7 a.m. to 7 p.m. Monday-Friday (excepting state-declared holidays), callers access a highly trained LHCC CSR in our Baton Rouge call center who assists in finding a provider, using all the online search features. NurseWise, LHCC's 24/7 nurse advice line, answers our telephone line after hours, uses the same telephony and documentation platforms, accesses the

same systems as LHCC, and offers full information on our provider network to callers. At any time, members can access our voice and prompt-activated IVR for the phone number of their assigned PCP. Customer Service also mails hard copy Provider Directories, updated inserts, and personalized listings of provider information printed directly from the online Provider Directory to individuals upon request.

**T.3 Describe how you will fulfill Internet presence and Web site requirements, as well as any social media components.**

### **LHCC Internet Presence: Platform for Engagement and Interactive Use**

The Louisiana Healthcare Connections (LHCC) website and Member Portal leverage the nationwide health care web applications design, development, integration, implementation, security infrastructure, and operations expertise of our parent company, Centene Corporation (Centene). We continue to invest and expand the functional reach of our online presence via our mobile enabled (also known as “mobile friendly”) website, a growing family of mobile applications (apps), bi-directional communication capabilities, and a carefully orchestrated social media presence, all in alignment with DHH directives and HIPAA regulations.

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**Today, Centene websites average 11 million page views a month and almost 1 in 3 visitors access a Centene website through their mobile device.**

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**Fulfilling DHH Internet Presence Requirements.** We have reviewed, in detail, all RFP requirements related to Internet presence and website support, including in particular Sections 6.22, 7.15.1.3, 12.5, 12.10, 12.14.5, 12.18.3, 13.2.4.2, 14.7.6; along with RFP Addendum 8, Questions 224 and 240, and we currently meet all of these requirements today, and are in the process of building mobile applications and social media capabilities to meet or exceed requirements in Section 12.11.4.1 (see discussion below).

**Ensuring Members Have Vibrant and Timely Content and Communication Capability.** We offer members consumer-friendly access to LHCC and Bayou Health content online by:

- **Offering a public website** with clearly organized, DHH compliant information that invites visitors to contact us for information or help
- **A secure Member Portal** that empowers members with self-service informational tools and bi-directional communication capabilities
- **Innovating with new mobile applications and the use of social media** to extend and enhance communication and member engagement in their personal health
- **Maintaining proven controls and processes** to ensure our web content is accurate, timely, and informed by DHH approval and Member Advisory Committee input; and,
- **Offering providers website resources and Provider Portal functionality** that go beyond DHH requirements.

### **The LHCC Public Website: Engaging Members with Compelling Content**

**Meeting and Exceeding DHH Requirements.** The LHCC public website provides links and information about eligibility and benefits, health management, services, incentive programs, and provides a health library with over 4,000 health articles. LHCC members also have access to our secure Member Portal with additional capabilities discussed further below. Member-focused features on our LHCC public website currently include:

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**In June 2014, Centene won the Gold Web Health Award, which recognizes high-quality digital health resources for consumers and health professionals. The awards program is organized by the Health Information Resource Center<sup>sm</sup>, a 20-year old clearinghouse for professionals who work in consumer health fields.**

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- Member Handbook
- An interactive, searchable Provider Directory
- General customer service information

- Instructions on how to file grievances and appeals
- Telephone contact information (toll-free 24/7 customer service number, and a telecommunication device for the deaf [TDD] number)
- Link to the Enrollment Broker’s website, ([www.bayouhealth.com](http://www.bayouhealth.com)) and toll free number, 1-855-BAYOU-4U (1-855-229-6848) for questions about enrollment
- Link to the Medicaid website ([www.medicaid.dhh.louisiana.gov](http://www.medicaid.dhh.louisiana.gov)) and the toll free number (888-342-6207) for questions about Medicaid eligibility, along with information on Louisiana Medicaid and the Bayou Health program.

***Open for Communications.*** Any visitor to our public LHCC site, or member who accesses our secure Member Portal, can fill in an online form to contact us, or access the “Help” section for a list of frequently asked questions (FAQ). We encourage visitors or members to contact us if they cannot find what they are looking for in the FAQ. The visitor or member can select the general topic they wish to contact us about by using a drop-down box in our *Contact Us* online form.

Depending on the topic, the our Microsoft Exchange e-mail system appropriately routes the message through our enterprise Member Relationship Management (MRM) software, which is integrated with all of our core systems (including our website, claims systems, and Centelligence™ informatics platform). Using the latest in Customer Relationship Management (CRM) technology, MRM is our integrated member data management system that enables coordinated LHCC contacts with our visitors, members, and providers, both inbound (to LHCC) and outbound (from LHCC), and across multiple media (telephone, mail, fax, e-mail, and web).

LHCC carefully monitors all e-mail and all online interactions and inquiries, and answers these in the shortest time possible (always within two business days of the date received by LHCC). All e-mail correspondence between our Member Portal and MRM are sent via secure e-mail, and MRM maintains a history of the e-mail correspondence for member service, operational, and regulatory reporting.

***Online Provider Directory with Multiple Search Parameters.*** Members, providers, and any website visitors can search for providers in our network (including pharmacies) by location or by doctor/facility name, and refine the search through additional criteria, such as provider specialty and languages spoken. Distance to the provider’s facility is calculated in real time. Detailed parameters, such as provider name, distance to the medical facility, languages spoken, etc., are also provided. Public transportation access information is included, as well as a map application that provides a travel itinerary from the user’s location to the provider (via Google Maps). Our provider search is powered by our Provider Relationship Management (PRM) system, which contains our provider data.

***Well-Organized Health Content.*** We offer a health library with over 4,000 health topics for members to view at their convenience. Health topics include:

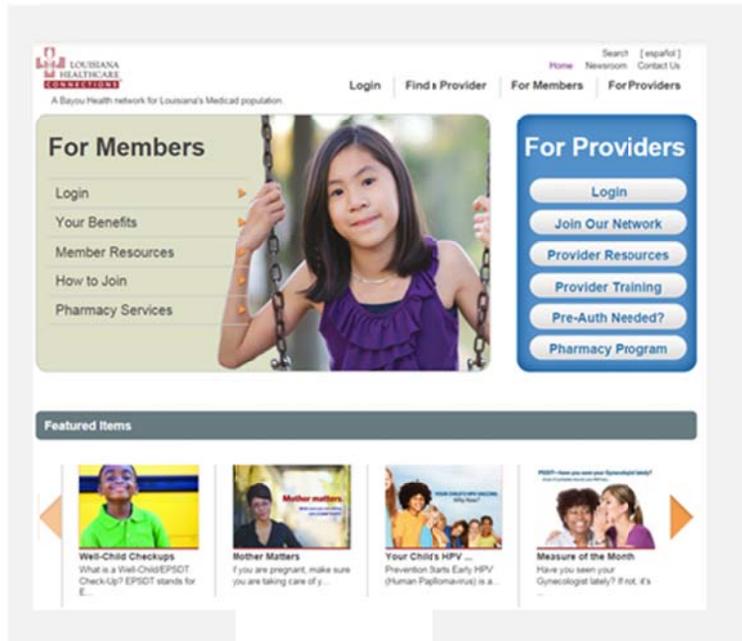
- Start Smart for Your Baby® (our program to promote education and communication between pregnant members and their Case Managers).
- Taking Care of Your Baby
- Diabetes Management
- Immunizations and vaccines; and,
- Many more indexed, vetted, and consumer-ready topics.

***Mobile-Friendly LHCC Public Website.*** LHCC's websites, including our public website and secure Member and Provider Portals, have been designed as mobile friendly since 2010, with web experiences that translate into easily accessible content when viewed on PCs or mobile devices. See ***Figure T.3-A: LHCC Website Viewed On Personal Computer and Mobile Device*** below.

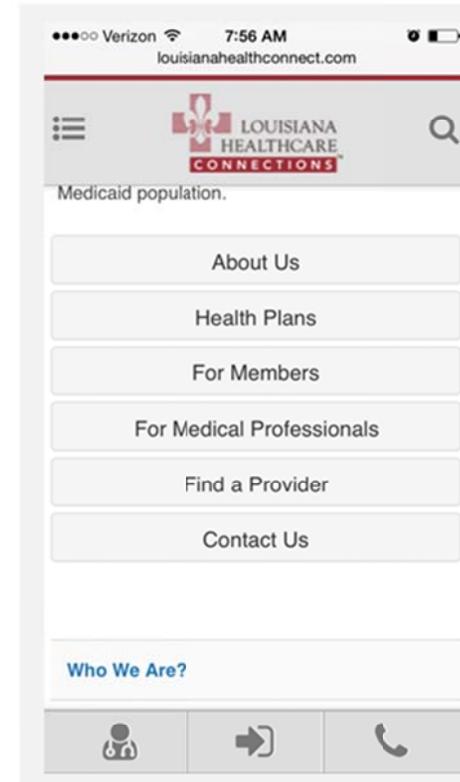
Figure T.3-A: LHCC Website Viewed On Personal Computer and Mobile Device

Our LHCC Website has always been **mobile friendly** with a compelling presentation of content, resources, and communication features whether experienced from a personal computer **or** a mobile device:

LHCC Website via **personal computer**



LHCC Website via **mobile phone**

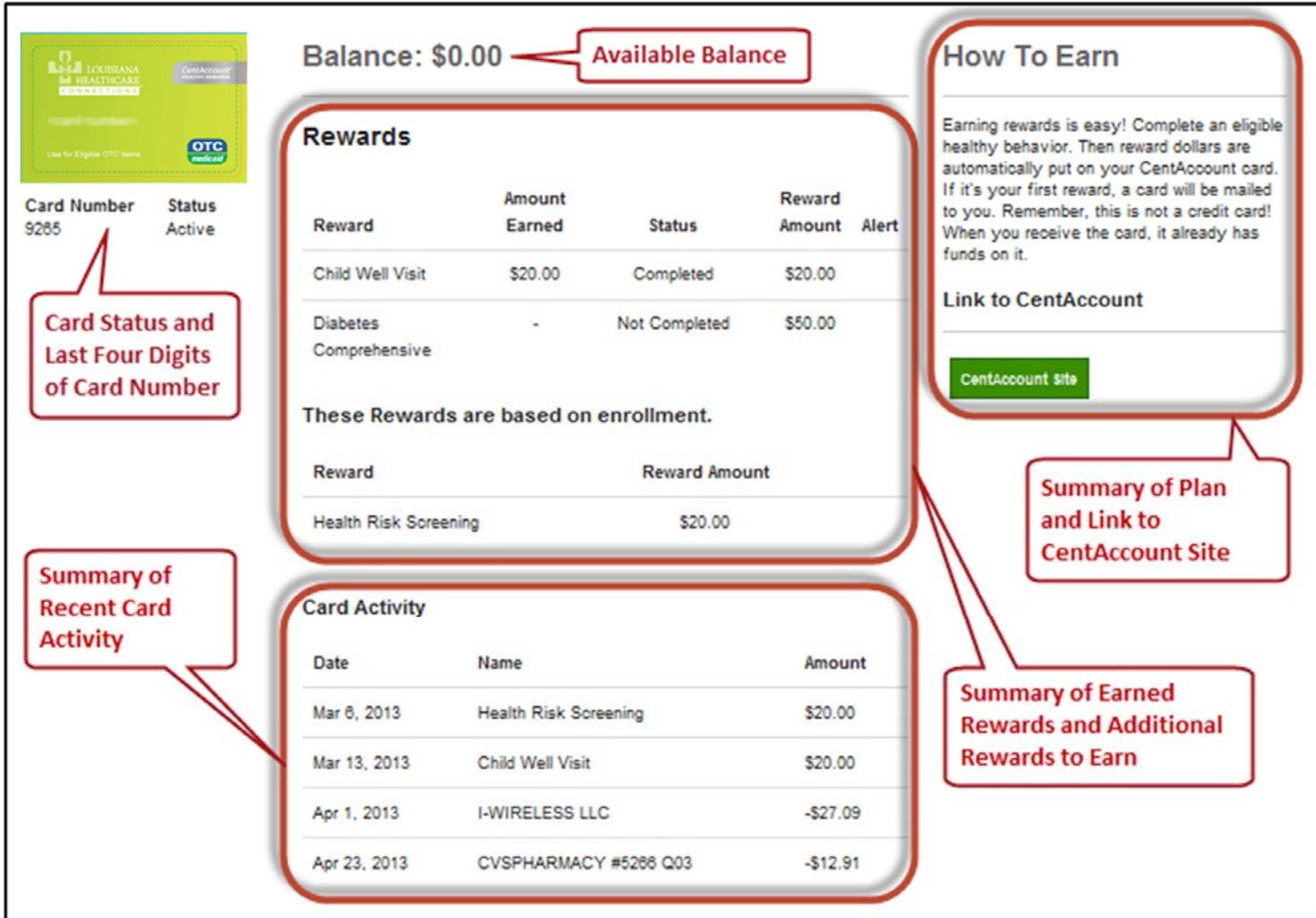


### **Empowering Members with Tools and Information: The LHCC Member Portal**

Both our web-based Member and Provider Portals access secured interactive member and provider specific content supplied through our Centelligence™ data integration and analytics platform. Members and providers can easily register to access their respective Portals from the LHCC website.

Our secure LHCC Member Portal, with self-service features, offers LHCC members the “informational tools” they need to help them take personal accountability for their health care by providing important basic information (such as eligibility and benefit information); helping them understand what they have to do (care opportunities, care gap alerts, health and wellness reminders, and health information specific to the member); and providing self-service support tools, such as the ability of the member to choose or change their PCP online, print a temporary ID card, exchange secure bi-directional messages with our staff, and manage their Member Portal web account information and communication preferences. In addition, the member can check the status of their CentAccount® incentive balance. LHCC’s CentAccount® Program actively promotes personal health care responsibility and ownership by offering our members financial incentives for certain healthy behaviors and adherence to their care plan regimen. Please see *Figure T.3-B: Checking CentAccount Balance on the Member Portal* on the following page.

Figure T.3-B: Checking CentAccount Balance on the Member Portal



**Balance: \$0.00** Available Balance

**How To Earn**

Earning rewards is easy! Complete an eligible healthy behavior. Then reward dollars are automatically put on your CentAccount card. If it's your first reward, a card will be mailed to you. Remember, this is not a credit card! When you receive the card, it already has funds on it.

**Link to CentAccount**

[CentAccount Site](#)

**Summary of Plan and Link to CentAccount Site**

**Summary of Earned Rewards and Additional Rewards to Earn**

**Summary of Recent Card Activity**

**Card Status and Last Four Digits of Card Number**

**Card Number** 9285      **Status** Active

**Rewards**

Reward	Amount Earned	Status	Reward Amount	Alert
Child Well Visit	\$20.00	Completed	\$20.00	
Diabetes Comprehensive	-	Not Completed	\$50.00	

These Rewards are based on enrollment.

Reward	Reward Amount
Health Risk Screening	\$20.00

**Card Activity**

Date	Name	Amount
Mar 8, 2013	Health Risk Screening	\$20.00
Mar 13, 2013	Child Well Visit	\$20.00
Apr 1, 2013	I-WIRELESS LLC	-\$27.09
Apr 23, 2013	CVSPHARMACY #5288 Q03	-\$12.91

***Enhancing Interactive Capabilities.*** In 2015, we will improve the interactivity of our website through the incorporation of “Click to Call” technology, which will allow our site visitors to enter their phone number and get an immediate call from our Customer Service Representatives (CSRs). We are also enhancing our screen-sharing capabilities to include mobile devices. Screen-sharing allows for our CSRs to view (with the member or provider’s permission) what the user is viewing, and/or for our CSRs to take control of the member’s mobile or web screen, which allows our CSRs to offer comprehensive support of member and provider visitors to our website, and help users navigate to the information and functions they need.

In addition, and also in 2015, we will offer members who register to use our secure Member Portal the option to receive email notifications as soon as our Centelligence™ platform identifies care opportunities, care gaps, or health alerts. These e-mails will supply a secure link that the member can retrieve on their mobile device or computer, and when they touch or click the link, the member will be prompted to log in to the Portal. Once logged in, the member will immediately go to their care gap information.

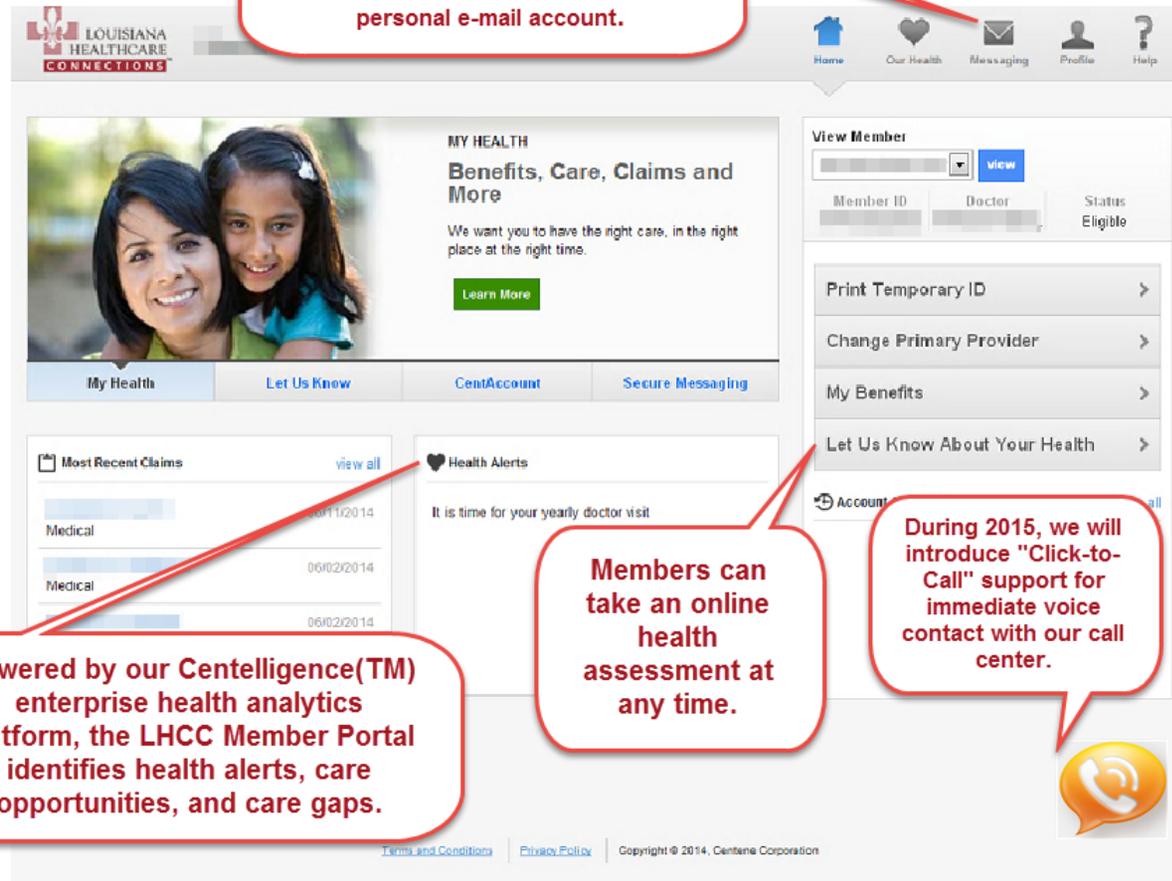
We are also currently working toward, and we are on target to meet, the first eight NCQA Member Connections (MEM) standards on our website and Member Portal by 2/1/2015. NCQA MEM standards are a nationally recognized gold standard for Managed Care Organization (MCO) websites, and span a comprehensive array of interactive health management tools (including Health Appraisals and self-management health tools) to actively engage members in their care and ongoing wellness.

Please see ***Figure T.3-C: Landing Page of Member Portal***, for a screen snapshot of the Member’s “home page” in the Member Portal. Immediately below Figure T3-A, in ***Table T3-D: Content Overview of Secure Member Portal***, we have listed the current and planned capabilities for our Member Portal, several of which go *beyond* those requested in the RFP.

**Figure T.3-C: Landing Page of Member Portal**

The LHCC Member Portal offers a number of interactive tools, including bi-directional communication features.

Member Portal users can contact us securely and be notified when we respond via a link sent to their personal e-mail account.



The screenshot shows the LHCC Member Portal landing page. At the top, there is a navigation bar with icons for Home, Our Health, Messaging, Profile, and Help. The main content area features a 'MY HEALTH' section with a photo of a woman and a child, and text about benefits, care, claims, and more. Below this are tabs for 'My Health', 'Let Us Know', 'CentAccount', and 'Secure Messaging'. On the right, there is a 'View Member' section with a search bar and a 'view' button, and a list of actions like 'Print Temporary ID', 'Change Primary Provider', 'My Benefits', and 'Let Us Know About Your Health'. At the bottom, there are sections for 'Most Recent Claims' and 'Health Alerts'. A 'Click-to-Call' icon is visible in the bottom right corner.

Members can take an online health assessment at any time.

Powered by our Centelligence(TM) enterprise health analytics platform, the LHCC Member Portal identifies health alerts, care opportunities, and care gaps.

During 2015, we will introduce "Click-to-Call" support for immediate voice contact with our call center.

**Table T.3-B Content Overview of Secure Member Portal**

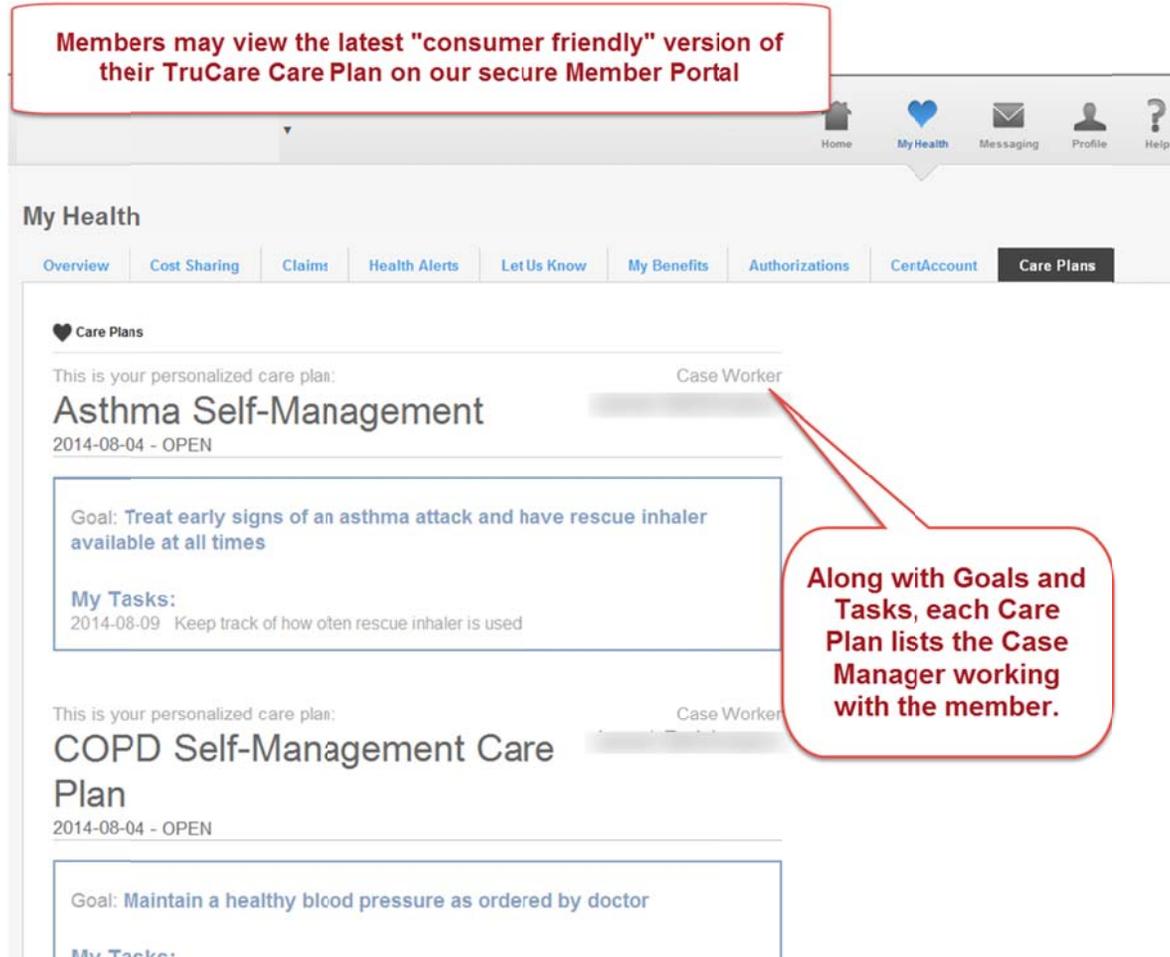
Feature	Capability and/or Informative Content
<b>E-Mail Communications and Account Profile</b>	
<b>E-mail Communications, Contact Us, and Secure Messaging</b>	<p><b>Public Website.</b> Members and visitors are able to fill out a contact form online with a comment or question and phone number, as well as an e-mail address (optional) for the response (see discussion above).</p> <p><b>Member Portal.</b> Members can utilize our secure messaging capability behind the member’s login. The secure messaging function’s location after login to the Member Portal, allows us to offer members “e-mail alert” functionality. The member can opt to have an e-mail alert sent to their personal e-mail address when LHCC responds to the member’s query, with a notice that his/her query has a response from LHCC. The e-mail alert contains a link back to the LHCC Member Portal, which allows the member to log in to the portal and view the LHCC response. This function enhances our member outreach and education capabilities, for example, LHCC can e-mail members and request that they log in to the Member Portal and retrieve important member-specific health information related to gaps in care. Further, the portal provides an “inbox” and “outbox” so that a member can securely send and receive messages from LHCC while logged in to the portal. In order to ensure that we respond to all Internet communications in a timely manner, LHCC’s Member and Provider Services departments have a policy regarding Internet communications, and a procedure for evaluating if the department is meeting the defined standards. All inbound e-mail queries are closed within 30 days, and our CSR department conducts monthly audits of open/closed cases by reviewing MRM reports.</p>
<b>Member Profile</b>	<p>We provide personal Web Account administrative capabilities for our LHCC Member Portal. Members are able to change their website registration information and preferences, such as e-mail and password, and set their preferences for e-mail alerts. These e-mails do not contain any Protected Health Information (PHI), but have a link for the member to log in to the LHCC member portal to view the information (see above). If a member would like to receive e-mail alerts, but needs assistance with setting up an e-mail account, our CSR can assist members with setting up a free e-mail account with a major supplier, and offer advice about how to ensure that such an account does not inadvertently block LHCC e-mails.</p>
<b>Wellness</b>	
<b>View CentAccount<sup>®</sup> Status</b>	<p>LHCC’s CentAccount<sup>®</sup> Program promotes personal health care responsibility and ownership by offering our members financial incentives for certain healthy behaviors. The CentAccount<sup>®</sup> Program uses industry-leading technology to restrict card purchases to fresh foods and produce, health care, and personal hygiene items. Our members have the ability to view their CentAccount<sup>®</sup> incentive balance and recent CentAccount<sup>®</sup> reward card through the Member Portal. See <i>Figure T.3-B: Checking CentAccount Balance on the Member Portal</i> above.</p>
<b>Personal Health Record (PHR)</b>	<p>LHCC provides support to those members who want to create a PHR. Through our Member Portal, member newsletters, targeted member mailings, and social media presence, we promote our support of Microsoft HealthVault (HealthVault), one of the most prevalent PHR platforms in the market today.</p> <p>If a member needs help, we also will educate them on how to set up a Health Vault account. At the member’s request, LHCC will securely send claims data (including pharmacy claims data) to HealthVault on behalf of the member for import and “consumerization” of the data. This will help make the member’s PHR valuable and useful, especially in an emergency event situation. The Member Portal also contains a link to Health Vault where the member can subsequently log on through Microsoft’s security controls to view their personal health record information. HealthVault users can easily authorize providers, caregivers, family members, etc. to securely view their stored health information.</p>
<b>Care</b>	
<b>Online Health Risk</b>	<p>LHCC members can complete the LHCC Health Risk Screen (HRS) on our Member Portal.</p>

Feature	Capability and/or Informative Content
<b>Screen, Care Opportunities, and Gaps</b>	<p>All information collected on the HRS is electronically imported into our TruCare clinical management system. TruCare is used by LHCC clinical staff to support Case, Care, and utilization Management.</p> <p>Once HRS data is in TruCare, it is automatically available to our Centelligence™ predictive modeling software, which analyzes HRS and other clinical information, such as claims data, to identify any potential member gaps in care or preventive services.</p>
<b>TruCare Care Plan</b>	<p>Allows view access to the LHCC Care Plan maintained in TruCare, our health management platform. The TruCare Care Plan includes member problems, goals, objectives, and other key elements. The TruCare Care Plan—viewable from within the Member and Provider Portal—supports collaborative care among LHCC, members, and providers. Please see <i>Figure T.3-D: The TruCare Care Plan Viewed through the Member Portal</i>.</p>
<b>Choose or Change PCP</b>	<p>LHCC members can choose or change their PCP at any time. The member can assess how a potential PCP meets their needs based on geographic proximity, languages spoken, gender, office hours, and other information. Our portals are fully integrated with our MRM and Provider Relationship Management (PRM) systems, which integrate all data pertaining to our members and contracted providers, respectively. PRM offers one provider data source for our Member and Provider Portals, our claims processing system, provider directories, and other provider data-related processes. Please see our response to Section W.1 for more information on MRM and PRM.</p> <p>The new PCP request from the member is electronically promulgated to our MIS for tracking and execution. A new member ID card is mailed to the member within 10 days, as required by DHH.</p>
<b>Manage Dependents Health Records</b>	<p>Federal and state regulations stipulate we may not provision a secure portal account for members who are less than 18 years of age. However, through the profile function of our Member Portal, members can create an account for their dependents. This feature of our portal helps parents, who are LHCC members themselves, to manage the health of their family. We also believe this feature is an important factor in furthering increased family engagement in our member’s care—particularly when the child has special health care needs, and especially for all child members—in the event of statewide emergencies (such as hurricanes) where ready access to LHCC member information is an imperative.</p>
<b>Financial Transparency Tools</b>	
<b>Claims History and Explanations of Benefits (EOB)</b>	<p>All LHCC member portal users are able to view medical, behavioral health (for services delivered by LHCC providers), and pharmacy claims history, including dates of service, dollar amounts, and services rendered.</p>
<b>Accessibility and Technology</b>	
<b>Web Browser Compatibility, Section 508 Compliance</b>	<p>LHCC is fully compliant with Section 508. LHCC member web applications have minimal end user technical prerequisites; we only require that the user have a reasonably recent version of the most popular web browsers, including Internet Explorer, Google Chrome, Safari, and Firefox. The website is designed so that users do not require significant memory, disk resources, or special software beyond a web browser.</p>
<b>Integration</b>	<p>LHCC’s web portals are architected on open standard technology, which allows us to deploy web services with a broad range of integration and connectivity options. The result is better access to more timely information from our internal applications and external systems for critical applications, such as our care gap alerts, which integrates with our Centelligence™ predictive modeling system to deliver care gap and health risk information on specific members.</p>
<b>Security</b>	
<b>Security and HIPAA compliance</b>	<p>Since 2010, Centene has deployed secure Member and Provider Web Portals for all affiliate health plans. Centene’s web architecture allows for the cost effective use of common technologies across all our health plans, including LHCC, but our web portals are rigidly segmented for each health plan in terms of user and data access and sub-network</p>



Feature	Capability and/or Informative Content
	management. We employ HIPAA compliant security controls, safeguards, policies, and procedures throughout our MIS infrastructure, including our web infrastructures. Please see our response to Section W.1 for more information.

**Figure T.3-D: The TruCare Care Plan Viewed through the Member Portal.**



**Members may view the latest "consumer friendly" version of their TruCare Care Plan on our secure Member Portal**

Home MyHealth Messaging Profile Help

**My Health**

Overview Cost Sharing Claims Health Alerts Let Us Know My Benefits Authorizations CertAccount **Care Plans**

♥ Care Plans

This is your personalized care plan: Case Worker

### Asthma Self-Management

2014-08-04 - OPEN

Goal: Treat early signs of an asthma attack and have rescue inhaler available at all times

**My Tasks:**  
2014-08-09 Keep track of how often rescue inhaler is used

This is your personalized care plan: Case Worker

### COPD Self-Management Care Plan

2014-08-04 - OPEN

Goal: Maintain a healthy blood pressure as ordered by doctor

**My Tasks:**

**Along with Goals and Tasks, each Care Plan lists the Case Manager working with the member.**

### **Mobile Technology for Members**

**Mobile-Friendly LHCC Public Website.** LHCC's websites, including our public website and secure Provider and Member Portals, have been designed as mobile enabled since 2010, with web experiences that translate into easily accessible content when viewed on PCs or mobile devices (see *Figure T.3-A: LHCC Website Viewed On Personal Computer and Mobile Device* above). For 2015, we are building rich, engaged, multimedia websites using best-in-class Adobe Digital Experience Platform software to enrich user engagement on our websites. Additionally, our new software will enhance the "mobile friendliness" of our websites through the incorporation of new style sheet designs and the increased use of capabilities in HTML 5; an increasingly popular software toolset for consistent presentation across Macintosh, mobile phones, mobile devices, and PCs that use all popular web browsers. The result will be further enhanced adaptability and optimization of our online content for mobile devices, which will afford users the convenience of access to our website, and all website features, through the use of their mobile devices.

**Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.**

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Other products that will be rolled out through our Health and Wellness app capability include:

- **on.track.** Through the **on.track** program, members are inspired to set and achieve specific health goals by taking advantage of one of more than 100 leading health and fitness apps available on the market, including dozens of free and low-cost alternatives. Using **on.track**, a member will be able to select activities to track based on their personal health goals, such as nutrition, fitness, weight management, stress and sleep management, tobacco cessation, diabetes and/or hypertension management. Simple to use, the member chooses an app, links it to his or her **on.track** account, and begins activity tracking with just three taps. Seamlessly, data from the tracker is pulled into the **on.track** Lifestyle Manager where the member can monitor progress toward health goals.
- **on.board Action Plans.** **on.board** action plans are individualized health behavior change programs designed to target an individual member's most severe health risks, unique risk level, and readiness to change. With a focus on physical activity, nutrition, stress management, and tobacco cessation, **on.board** action plans leverage the fundamentals of game theory to engage an individual and motivate them to learn about, and improve, their health behavior.
- Comprised of three to five levels, each action plan includes interactive activities, such as quizzes, videos, activity tracking (leveraging **on.track** available apps and devices), and challenging-yet-achievable to-do's. Members will be able to achieve badges as they progress through levels of these evidence-based programs, which are specifically designed to be self-rewarding and ultimately drive sustained healthy behaviors. Beyond addressing specific health risks, these dynamic action plans are also tailored to a member's specific learning style to further foster program efficacy.

**Per RFP Section 22.13. Proprietary and/or Confidential Information, this information is confidential and has been redacted from this copy.**

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### Engaging Members through Social Media

We have carefully monitored the penetration and use of social media in Louisiana since beginning operations in 2012. Using research from sources such as the Pew Research Center, along with other telecommunication and Internet industry sources, such as the Forrester Group, we found that social media plays an important role in the daily life of many of our members.

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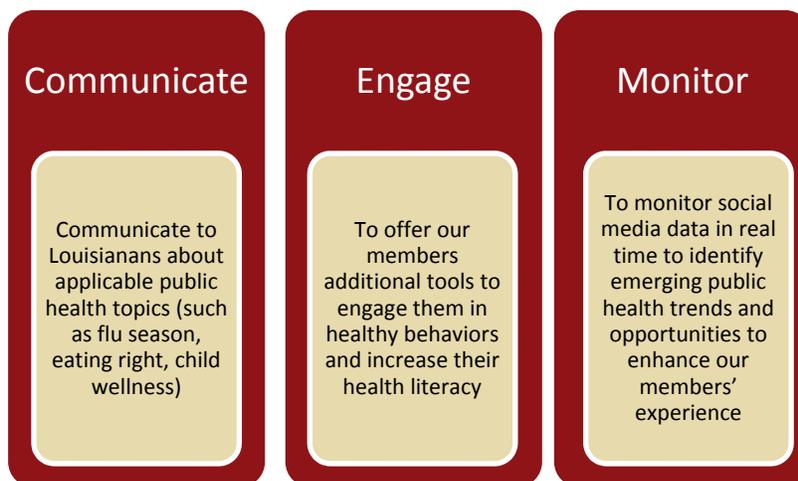
**Based on our research informed by Pew Research and other sources, we estimate that over 50% of Louisianans engage through social media websites and mobile apps.**

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We plan to move forward deliberately, yet *cautiously*, with our social media strategy, in close partnership with DHH. The rapid frequency and fresh news vibrancy that users expect of social media means it is essential that we establish an efficient yet thorough process for DHH governance and oversight of our social media communications. In addition, we need to ensure our social media content is compliant with DHH marketing communication requirements, and in alignment with all Federal Medicaid regulations. Finally, we need to carefully, but clearly, position social media use with our membership to help ensure that our members do not unintentionally expose personal information (including Protected Health Information) over our supported social media platforms. Several of our affiliate health plans have successfully worked with their state agency clients and established a meaningful, compelling social media presence, with appropriate content that is carefully vetted, yet continuously fresh. Please see **Figure T.3-G: Coordinated Care** for one example from our affiliate, Coordinated Care in Washington State.

Our first application of social media will be a *complementary component* of our overall communications strategy. Beginning in late 2014, and with approval from DHH, LHCC will expand our social media presence as a DHH-compliant online extension to our existing member and community health and wellness outreach campaigns, and as an additional tool to understand the sentiment of our members and community. A central principle in our social media strategy is to focus on our *health message*, and less on LHCC itself.

### LHCC's 3 Media Strategy Objectives



We are currently working with DHH on a social media usage survey of our members to help us determine which demographic segments of our membership predominantly use which social media services (e.g., Twitter, Facebook, Pinterest). The results of this survey will inform our efforts to offer health content that will most likely resonate with a particular segment of our members on a particular social media service (e.g., flu season information for mothers with children who may predominantly use Pinterest).

Also starting in late 2014, we will use the Adobe Social system to track the trending of health topics from our members and our community. Adobe Social’s social data analytics will assist our staff in identifying emerging public health issues early (such as flu trends) and community needs by using real-time data analytics from across the social web, all to inform our health communication and quality efforts.

In addition, we will publish regular and concise items via a blog from our LHCC public website that will automatically populate feeds to popular Louisiana social media outlets, such as Facebook and Twitter. Social media viewers of our entries will be able to click (or touch on their mobile devices) and be taken instantly to the blog entry on our website, where they will be able to opt-in for future communications, and/or have access to any of our publicly available information. With DHH approval, we also can focus the user’s attention on topics important to state health and wellness initiatives, such as hurricane preparedness and Well Ahead Louisiana.

Over time, and as our social media volume grows, we envision future applications in social media that will offer members and non-members access to peer group forums for LHCC-moderated discussions on health topics that our readers tell us are important to them; information that we hope DHH will find valuable in helping to inform future DHH initiatives.

**Figure T.3-G: Coordinated Care**



## Updating Website Information

**Ensuring Relevant, Compelling Member Materials.** We take great care in selecting and presenting updated and vibrant materials for all member communications. Member materials, including those on the LHCC member website, are developed by leveraging input and ideas from a wide audience, including DHH, our LHCC providers, the various community organizations and committees in which LHCC is involved, and our employees, based on interactions with members or other stakeholders. We also use several quality improvement measures to inform our selection of targeted topics of interest and concern, such as the results of Performance Improvement Projects, Quality Improvement Plans, Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) initiatives, Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) satisfaction surveys, and National Committee for Quality Assurance (NCQA) standards related to member communications and service (such as the Member Connections [MEM] standards—see discussion above). Additionally, we develop information and campaigns around seasonal issues, for example, our Flu Prevention campaign and Emergency Preparedness campaign. Once topics are identified, we review DHH priorities and contract requirements to determine what information must be disseminated or if there are any restrictions to the dissemination.

**Member Feedback.** LHCC will continue to work directly with our members to capture what materials members would like to see on the member website, and work with our members to ensure that our website and portal features provide the optimal information accessibility. We will periodically conduct usability testing of our website with actual LHCC members who we will ask to test the portal's features and provide feedback to us. We subsequently will use this feedback to enhance the website, where appropriate. We will design our member usability testing to evaluate ease of use of our physician and hospital directories, the appropriateness of website font size and reading level, intuitive content organization, and ease of user navigation. We also encourage members to provide written feedback and suggestions on how we can improve our website.

To ensure that our materials are culturally appropriate, understandable, and meaningful to members, we obtain input from our Member Advisory Council (Council, or MAC), and plan to conduct targeted member focus groups to obtain additional input on LHCC materials and program information. The MAC reviews and provides feedback on our services, promotions, member materials, policy, operational changes, or any other information on which health plan staff seek member perspective. We also solicit ideas on how to improve LHCC, its services, policies, or operations, and regularly seek input from Council members on the understandability of member materials. We include DHH in all correspondence we have with the Council, including agenda and Council minutes, and we post all such correspondence to our public website in English and Spanish, with all member-identifying information redacted for HIPAA compliance.

**Member Website Materials.** LHCC uses a multi-departmental, inclusive approach for developing member materials before we submit them to DHH for approval, including several approvals and sign off by our Member Services Department management and LHCC executive leadership. We believe it is critical that Member Services management play a role in the approval of all materials provided to members, as they interact with them most frequently and understand the delicacy and complexity of member interactions. LHCC has policies and procedures that specify the review and approval process for materials that are prepared for our members, potential members, providers, and other stakeholders.

Our LHCC Director of Marketing and Communications holds overall responsibility for managing the content on all LHCC websites and works in conjunction with Centene's Member and Provider Services and Marketing Team in St. Louis, who support our secure web-based Member and Provider Portals and public website. When LHCC staff identify the need for new materials, or a change to existing materials, the responsible manager submits draft material and an LHCC *Communication Project Initiation Form* to the LHCC Director, Marketing and Communications. This form identifies the appropriate internal and

corporate departments that must review the draft document, substantiates the review and approval process, and ensures that all approvals have been made before submission to DHH for written approval.

The initial internal review particularly focuses on the following:

- Overall message
- Grammatical accuracy and flow
- LHCC/Centene Style Guide standards
- Compliance, privacy, rights, and responsibilities
- Addresses, telephone numbers, and website addresses
- Any State-mandated date stamp and catalog number that may be required
- Easy-to-understand benefits, operating procedures, accessibility, and limitations (NCQA Standard Rights & Responsibilities 7, Element A, Items 1–7 and Element B, Items 1–6)
- Reading level (in compliance with State standard of no higher than grade 6.9)
- Availability in alternative formats (Braille, large font, recorded tapes, and other supported languages).

***Adhering to NCQA Standards.*** If a draft document contains HEDIS, NCQA, or clinical information, it is reviewed and approved by the Quality Department staff. The business owner and project coordinator (person who requested the change) are mutually responsible for ensuring that all information contained in the document is accurate, meets all standards, and is approved. This process complies with NCQA standards.

***Provider Directory.*** Our Provider Network and Contracting team oversees the provider directory feature of our Member and Provider website. Technical errors are reported in writing (hard copy or electronically) to the VP of Network and Contracting, with a copy reported to the Director of Marketing and Communications to ensure proper communication with the Centene Service Desk or Centene IT Department for correction of any issues. If necessary, we will temporarily post an “Experiencing Technical Difficulties” bulletin to instruct visitors of technical challenges. We will also report technical errors to DHH. Per RFP Section 12.14.5, we will ensure that DHH’s Enrollment Broker has our updated Provider Directory for their operations.

***Translation of Member Materials.*** To assure the best possible level of usability, our member materials are written at a 6<sup>th</sup> grade reading level or below (no higher than 6.9), with appealing graphic elements. We use the Flesch Reading Ease and Flesch-Kincaid Grade level tests to ensure this reading level, and adhere to People First language and the DHH Person First policy. When writing all member materials, we write the way a person talks; we use a friendly tone, active voice, common words, and short sentences; provide examples when words might be confusing; and obtain member feedback to ensure clear messaging. Materials are culturally relevant, linguistically appropriate, and produced in alternate formats (e.g., Braille, large print, on audio tapes) at no expense to the member. We include footers on our member materials to advise our members to call us if they need the information in another format.

Our content, and most LHCC member materials, are developed in both Spanish and English. We use a certified translator to translate all documents in foreign languages and then our bilingual LHCC staff review to ensure proper translation of program-specific language and that our members will understand it.

***Website Link Integrity.*** Any LHCC employee who discovers broken links or website error messages is requested to report these in writing (hard copy or electronically), and submit this promptly to the LHCC Director of Marketing and Communications for immediate correction.

***DHH Approval.*** The following process is in place for all changes to the LHCC website. Website changes are submitted to the Director of Marketing and Communication, and once add/change documentation has

gone through all internal approvals, the Director of Marketing and Communications will submit changes to a member of the Executive Team who will obtain written approval from DHH. Once approved by DHH, changes will be made to our LHCC website by our Marketing and Communications Team or, if on the Member Portal, by Centene IT. Once in production, our marketing and communications staff reviews and approves production changes and ensures they are accurate and implemented as designed.

**Annual Review.** Materials that have been developed/reviewed through the above processes will be reviewed annually (or more frequently if necessitated by a program change) to ensure that the content (in all published languages) is correct and will not defraud, mislead, or confuse members. The annual review process follows the initial review process described above. We also systematically assess member understanding of our operations and policies by meeting quarterly with the Member Advisory Council and assessing the results of our incoming and outgoing member calls. We seek member feedback during all member interactions to improve service delivery and ensure that members understand our organization, operations, and policies.

**Quality Audits.** For quality and training purposes, on a monthly basis, the Call Center Manager will monitor a random sample of e-mails; e-mail statistics; HRS completed, PCP Change Error Report; and all other special projects, as appropriate. The audit consists of checking the percentage of cases entered, accuracy of documentation, and the number of open versus closed cases.

**Portal Metrics.** In addition to the above monitoring activities and tools, our Centene Information Technology (IT) group that supports LHCC tracks metrics about our member portal, such as the number of HRS forms completed online, number of PCP change requests, etc. We collect and analyze these metrics to ensure that the functionalities we provide on our Member Portal are valued and used by our members, and to identify areas of potential improvement. Our IT group also tracks Member Portal activity using Google Analytics to help us determine how people find our Member Portals, what pages they visited and, consequently, what areas interested them. We use this information to help guide us on content, usability, and overall design of the Member Portal.

### **Expansive, Well Organized Resources for Providers**

Our Provider public website and secure Provider Portal currently meet all requirements in Section 10.3. We also feature a section on our public website for our providers that includes a toll-free telephone number and contact information, including claims submittal information and prior authorization instructions.

**Web Based Referral System.** Through the online authorization request and status feature of our Provider Portal, we systematically track, manage, and report on referral requests (or request for any service requiring prior authorization). In addition, if a member or provider contacts LHCC for assistance in finding a specialist and/or getting an appointment with a specialist within an appropriate timeframe, we track and monitor these referrals to ensure that appropriate access is available using the CRM component of MRM. Provider referral requests can be made via our website or over the phone.

For more information on our web-based Provider Portal and the administrative and clinical functionality we make available to our providers in support of our members, please see Section W.6.

***T.4 Describe how you will ensure culturally-competent services to people of all cultures, races, ethnic backgrounds, and religions as well as those with disabilities in a manner that recognizes values, affirms, and respects the worth of the individuals and protects and preserves the dignity of each, including description how you will ensure that covered services are provided in an appropriate manner to members with Limited English proficiency and members who are hearing impaired, including the provision of interpreter services.***

LHCC understands and will comply with all state and federal requirements for providing culturally competent care to all members, including provisions for ensuring effective communication with people with communication vulnerabilities, and RFP provisions including, but not limited to those in Sections 4.1.3, 7.1.6, 12.1.13, and Appendix NN. We contractually require our subcontractors to do the same.

### **Ensuring Culturally Competent Services for All Members**

LHCC is committed to ensuring that members receive needed services, including interpreter and assistive communication services, in a manner that recognizes, values, affirms, and respects the worth of each individual. Adhering to the National Standards on Culturally and Linguistically Appropriate Services (CLAS standards), we work to minimize physical, mental, and cultural barriers to care and to preserve the dignity of our members. The CLAS standards, developed by the U.S. Department of Health and Human Services' Office of Minority Health, are organized by themes; Culturally Competent Care, Language Access Services, and Organizational Supports for Cultural Competence. Implementing CLAS standards provides us clear direction to ensure that we provide culturally competent services to our members.

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**LHCC approaches all members with respect and deference to their traditions and strengths.**

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We will participate in the State's efforts to promote the delivery of services in a culturally competent manner to all members. For example, we understand that DHH's Bureau of Minority Health Access and Promotion has collaborated with the Chatah (Choctaw) tribe to conduct wellness training. LHCC welcomes the opportunity to join such collaborations, and to leverage established trainings or assist in development and implementation of other trainings that address the needs of specific subgroups of members.

Our CLAS Task Force is responsible for the oversight and maintenance of our framework and commitment to ensure that members receive care and services that are delivered in a culturally and linguistically sensitive manner. Chaired by our Vice President of Compliance, the Task Force includes management staff from our Customer Services, Provider Services, Contracting and Network Development, Medical Management, and Quality Departments, as well as our Chief Medical Officer (CMO) and other senior leadership staff. The Task Force evaluates the effectiveness of our cultural competency strategies and initiatives, and reports results to our Quality Assessment and Performance Improvement Committee (QAPI Committee), which incorporates relevant data and information in our annual Quality Assessment and Performance Improvement (QAPI) Work Plan and subsequent QAPI Evaluation.

Our strategies for ensuring culturally competent services for all members include:

- A cultural competency plan that will move us farther along the path toward NCQA Multicultural Healthcare Distinction
- Recruiting diverse local staff who come from, and understand, the populations we serve
- Developing a network of providers our members know and trust, and who understand the diverse cultural needs of the Bayou Health population
- Providing comprehensive cultural competency training to staff and providers
- Monitoring staff and provider performance

- Providing communication services and support in compliance with 42 CFR §438.206(c)(2).

We also ensure culturally competent services through activities in our QAPI Plan that address health disparities.

**Cultural Competency Plan.** As part of our efforts to achieve NCQA Multicultural Healthcare Distinction and create and support a *culturally competent system* of care that extends throughout our plan and provider network, our CLAS Task Force and Quality Department are formalizing and expanding on our cultural competency activities through a Cultural Competency Plan. Our current activities already address the 14 CLAS Standards and, in particular, the following elements:

- Staff and provider training
- Member access to interpreters, including for persons with hearing impairment
- In-person and telephone communication standards
- Written materials in multiple languages (including Spanish and Vietnamese) and alternative formats
- Community collaboration
- Cultural competency regarding, at a minimum, ethnicity, gender, cultural background, poverty or low income status, religion, sexual orientation, member beliefs, interpersonal communication styles, and physical and behavioral health disabilities.

Our Plan will include tools to support provider-member communication, such as sample message boards and language identification flash cards developed by the US Department of Commerce Census Bureau. It will also include descriptions of some of the cultural beliefs, attitudes, and nuances within Louisiana's diverse communities that influence how members respond to illness, ideas about treatment, and the health care system. For example:

- Providers approaching African-American members about their risk factors and the importance of screening for HIV/AIDS must be sensitive to potential cultural beliefs related to the disease. Research indicates that historic medical abuse has perpetuated a high mistrust of medical entities among African-American communities, particularly regarding HIV/AIDS information. (Ball et al, Journal of Psychology and Behavioral Science, December 2013).
- Providers serving members from Asian communities, such as the Vietnamese community in east New Orleans, must be sensitive to cultural expectations regarding gender roles and social status deference.
- Providers serving American Indian members (in Louisiana, the Biloxi-Tunica, Coushatta, Jena Band of Choctaw, and Chitimacha Tribes) must be aware that the member may desire to use Tribal healing rituals, even in a medical facility, and that prolonged eye contact can be interpreted as disrespect.

To ensure we incorporate meaningful information for providers that accurately represents local populations, we will solicit input on the cultural beliefs and sensitivities we include in our Plan, and how we describe them, from local organizations with expertise in diverse cultures represented within our membership.

With DHH approval, we will publish the expanded Plan on our website to provide transparency around our goals and policies, and create an opportunity for continuous feedback from our providers, members, and community partners.

**Diverse Local Staff.** LHCC is a health plan built from the ground up in Louisiana, by—and for—Louisianans. About 90% of our current staff were born and bred in Louisiana, and we understand the unique characteristics of this State's multiple cultures. We share the accents, we know how to pronounce the names of our towns, and when we talk with members, they hear familiar voices. This helps us



establish trust and get a foot in the door with those who may be wary of outsiders, and helps us provide culturally competent services.

For example, our MemberConnections® Program Representatives (MCRs) are community health workers we hire from within the areas they serve. We encourage and support them to build on the relationships they have developed with organizations in their communities because that is where they live. Our MCRs have developed partnerships with numerous community services groups, schools, and faith-based organizations in each region. They participate in, and facilitate, events such as health literacy readings, math and science fairs, nutrition education, physical fitness activities, anti-bullying programs, hygiene presentations and pep rallies for junior high school students to motivate students to prepare for success in State achievement testing (LEAP) and as they become adults. Our MCRs created a network of collaboration that fosters community support and trust, empowering LHCC to more effectively provide health education to our members and their communities.

MCRs conduct in-person outreach to members who are difficult to reach, difficult to engage, and have more intensive needs for support and assistance. For example, the outreach may occur at the member’s home. Seeing a familiar face and hearing a familiar language often opens doors that would otherwise be closed to us. Through their role of outreaching more broadly to local health and human service organizations, our MCRs connect us to members, their families, and their friends to an extent that is unique among Bayou Health MCOs.

We also work to recruit staff who reflect the diversity of those we serve. For example, as shown in the table, the majority of our Case Management and MCR staff are Black/African-American, as is the majority of LHCC members.

Ethnicity/Race	CM/MCR Staff	LHCC Members
Black/African-American	70%	60%
Non-Hispanic White	14%	31%
Hispanic/Latino	6%	3%
Asian/Pacific Islander	10%	1%

Languages spoken by our current Case Management staff include Vietnamese, Spanish, and French. We will work with local organizations (such as Urban League of Greater New Orleans and La Raza, with whom we have participated in community events) to recruit staff who are active in their communities, and who speak the prevalent languages. Our recruiting software allows us to incorporate specific language requirements for job postings, and we monitor language needs on our staff and within our membership to help us hire to any gaps.

**Providers Who Understand and Are Trusted by Bayou Health Members.** LHCC prioritizes recruiting providers who have traditionally served the state’s Medicaid populations. While contracting with providers who serve the commercial population may make network numbers look impressive, these providers are often unfamiliar with the unique characteristics, needs, and cultural considerations of the Bayou Health population. If providers lack the cultural competence necessary to effectively respond to our diverse membership’s needs, members may avoid, or have difficulty, accessing needed care, engaging in care, and being adherent to treatment and medication regimens.

Our network includes a broad representation of providers, including safety net and essential providers who have historically served, and are familiar with, Medicaid members and the diverse cultures of our state. By contracting with community-based, locally staffed organizations (such as FQHCs and RHCs)

that typically employ providers with experience in addressing the cultural and health care needs of their communities, we help ensure regional pools of providers who share our commitment to culturally competent, patient-centered care.

Using DHH and our own data to identify the providers Bayou Health members historically have seen, we have built a network experienced with this population, and we will continue to prioritize any traditional provider for recruitment who is not contracted with LHCC. Our August 2014 analysis of our current provider network indicated that we currently contract with 92% of physician PCPs, 89% of specialists, and 100% of FQHCs/RHCs identified by DHH as Significant Traditional Providers (STPs). By the time LHCC submits this proposal, we expect this percentage to be even higher, since we have received several signed contracts from STPs in Regions 8 and 9, which are pending credentialing.

***Network Development To Meet Identified Member Needs.*** We continually monitor our network using information about demographics, types of providers needed, historic and projected enrollment, member and provider feedback, travel distances, regional infrastructure, and special needs of the populations we serve. This allows us to pinpoint where there may be gaps in linguistic, cultural, or disability-related expertise to meet member needs, and target network recruitment accordingly. We also monitor at the individual member level to ensure continuity in addressing the member’s cultural needs. For example, if a Case Manager working to develop a care plan with a member identifies that the member’s individual provider, who speaks the member’s language, is retiring from a group practice, the Case Manager would contact the group to determine if there are alternate providers available who speak the member’s language, and arrange interpreter services as needed to support the member’s choice to continue receiving services through the practice.

***Ensuring Provider Capability to Serve Members with Disabilities.*** To competently meet the needs of members with disabilities, we request information about the provider’s expertise and special accommodations during the initial provider site visit after contracting. At this time, we collect information about any special accommodations the provider offers, such as adjusting exam tables, or the option for certain exams or procedures to be performed while the member is in a wheelchair versus on an exam table. We provide this information to Customer Service and Case Management staff to assist members in locating providers who can meet their unique needs.

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**LHCC’s parent company, Centene, is  
a Starkloff Disability Institute  
“Role Model Company.”**

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***Comprehensive Cultural Competency Training.*** LHCC draws on our deep Louisiana roots and strong community connections to provide comprehensive cultural competency training to our staff and providers. We are also able to leverage the resources of Centene Corporation (Centene), our parent company, which has a national reputation for cultural and disability competence. For example, we are able to draw on Centene’s relationship with the Starkloff Disability Institute for information and expertise in serving members with disabilities. We offer a powerful combination of home-grown material and curricula with lessons learned across multiple states and through national connections about implementation of effective cultural competency training.

***Staff Training.*** LHCC requires all staff, regardless of role or responsibility, to complete our Cultural Competency Training Program upon hire, and at least annually thereafter. We also require biannual refresher training for staff with member contact, including MCRs, Case Management staff, and Customer Service Representatives (CSRs). The program, based on the enhanced CLAS Standards, reviews the challenges facing many of our members, such as low literacy, limited mobility, behavioral health, and other disabilities; linguistic barriers and resources for members with Limited English Proficiency (LEP) or low literacy; and the impact of poverty on health (such as lack of shelter, food, and social supports). Training also focuses on the impact of culture on health care decisions, and the employee’s own culture and potential biases, including ethnicity and gender. We also provide disability sensitivity training, including topics on People First Language, the Americans with Disabilities Act, and misconceptions

about persons with physical and behavioral disabilities. Our Health Plan Trainer is responsible for developing and providing training.

Training methods we use include role-playing, presentations, and case discussions, with emphasis on developing skills to communicate appropriately and address members' linguistic and disability related needs and cultural differences. Staff receive training on listening for members' needs and anxieties, and identifying potential life stressors that may affect how they do or do not access care.

In addition, training addresses tasks related to ensuring culturally competent services, such as coordinating three-way calls as needed for immediate interpretation; helping members find providers who meet their language needs; responding to hearing-impaired members using the Louisiana Relay Service; providing materials, such as the ID Card or Member Handbook in the member's primary language, as requested; and using an oral interpreter as necessary to help members understand written materials, including notices. CSR training includes "warm transfer" of members to Case Managers and arrangement of interpreter services, and our best practice "stay on the line" feature, which directs callers automatically to a CSR if the caller cannot press phone keys or respond to menu options. We discuss and provide staff access to our Community Connections guide, which contains local social services and other resources in each community we serve, such as resources to assist with paying utility bills, food pantries, clothes closets, and support groups.

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**Targeted Training to  
Address Health Disparities**

**Two of our MCRs are already certified through the Office of Public Health STD/HIV Training and Capacity Building Program as HIV Prevention Counselors. The majority of our MCRs will earn this certification by year-end 2014, with the goal of creating a team of certified HIV community educators that can educate members at risk for HIV infection *who are difficult to reach, or unresponsive to other types of outreach around this sensitive issue.***

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To provide a foundation for ongoing staff training in areas, such as the impact of poverty on Louisiana health disparities, our Health Plan Trainer participates in training programs provided by our subcontractors, such as Nurtur, our chronic care/disease management affiliate, and community and advocacy groups, such as Louisiana Assistive Technology Access Network (LATAN). Our Trainer evaluates the appropriateness

of such externally driven course material for presentation to staff and incorporation into our ongoing training curriculum. We also work with community organizations to enhance our training with additional expertise and knowledge related to specific subgroups of members and how to effectively provide services to them. For example:

- Over the past two years, LATAN has provided trainings to our MCRs, Case Management staff, and Customer and Provider Services staff about assistive technologies available for people with disabilities.
- CASA Advocates have provided training to Case Management staff to enhance their ability to interface effectively with the foster care system for members in foster care.

All LHCC staff also have access to Centene's Cultural Diversity Database, which provides information on more than 20 different races or ethnicities. The database includes information on specific diseases or conditions for which a particular group is at higher risk and identifies cultural habits, beliefs, and traditions that may influence a person's health care practices. For example, Case Managers provide members of a given minority race or ethnicity information about increased risk for certain diseases based on their race or ethnicity, along with information about behaviors they can change to mitigate risk. The database helps Case Management staff in particular to ensure that members who are not part of a prevalent race or ethnicity within their community receive culturally competent care.

**Provider Training.** During initial orientation and ongoing provider training, we provide cultural competency information, such as cultural sensitivity, special needs of target populations, linguistic competence, and processes for arranging interpreters for appointments via LHCC. We emphasize provider practice requirements and expectations, such as compliance with the ADA and Civil Rights Act (CRA) related to providing services in an appropriate manner to members who are hearing impaired and members with LEP, and guidance about the use of staff members as interpreters and adherence to HIPAA when using interpreters not provided via LHCC. As noted above, our Cultural Competency Plan, which we will post on our website and make available to providers, will incorporate information on the cultural beliefs, attitudes, and nuances of different subpopulations to enhance provider ability to provide culturally competent care.

LHCC educates providers on topics related to serving individuals with disabilities, such as Disability Sensitivity and People First Language, via initial and ongoing training, the Provider Manual and website, and quarterly newsletters. We also educate them to expect that some people with disabilities may require additional time to understand health care concerns, ask questions, or prepare for examinations. We encourage providers to be flexible with appointment times and help coordinate home visits where possible. In addition, our Clinical Provider Trainers offer focused training to providers and their office staff to further develop their capacity to meet the needs of members with disabilities. Training sessions cover the social and personal barriers people with disabilities face, and offer solutions to help accommodate their needs.

Additionally, we educate providers about Communication Vulnerability and options such as message boards, magnifiers, and health procedure picture boards for improving communication with members with a physical impairment and/or cognitive impairment or mental illness. As noted, our Cultural Competency Plan will include references to free resources, as well as communication tools for providers to improve provider-patient communication and understanding.

Whenever possible, we will arrange for providers and their staff, as applicable, to receive Continuing Education Units (CEUs) to encourage ongoing and regular participation in training. LHCC will provide a link on our Provider Portal to web training, such as the DHH Physician’s Practical Guide to Culturally Competent Care that offers nine CEUs.

Our Provider Relations staff offer in-person training in provider offices and community locations. This in-person training allows our staff to obtain immediate feedback on areas of uncertainty, and to answer specific questions providers have about how to meet language and communication needs and secure interpreter services for members. We provide education about how to meet language and communication needs and access interpreters in our Provider Manual, which addresses our policies on cultural competency and standards for accessibility, including ADA and LEP requirements. The Provider Manual details the provider’s responsibility to ensure that members understand that they have access to medical interpreters, signers, and TDD/TTY services to facilitate communication at no cost to them.

**Monitoring.** We monitor the cultural competency of services provided by our staff and our provider network, and the sufficiency of resources to address related issues. Under the direction of the CLAS Task Force and Chief Medical Officer, Quality staff monitor metrics and activities such as:

- Utilization of telephonic interpretation services, including which non-English languages members request
- Utilization of TDD and Louisiana Relay services for members with hearing impairment
- Utilization of in-person interpreter services, including requested spoken languages and American Sign Language
- Member and provider complaints related to cultural competency
- Member and provider satisfaction surveys
- Progress on cultural competency initiatives.

Follow up on identified improvement opportunities occurs through the Quality Department and other appropriate Department(s), as well as our Quality Assurance and Performance Improvement Committee (QAPI Committee). Any identified opportunities related to cultural competency will be reported to the CLAS Task Force for use in evaluating progress, barriers, and improvement opportunities.

***Additional Staff Monitoring.*** We continuously monitor staff performance to ensure culturally competent services. Quality Specialists monitor CSR performance via auditing of at least 10 calls per month for each CSR. Supervisors evaluate, among other elements, appropriate skills in assisting members, and the audit evaluates, among other elements, appropriate skills in assisting members and verification that staff confirm any special needs members have in MRM/CRM from previous documentation.

The Manager of MemberConnections® monitors MCRs monthly to ensure performance. Home visit audits, conducted for five cases per MCR each month, review elements that include appropriate assistance provided to members. The Manager also reviews metrics monthly regarding field responsibilities, such as conducting community events. The guide describing the metrics, which we provide to MCRs to assist them in tracking their own performance against metrics, lists key responsibilities in carrying out duties. One of these responsibilities is to demonstrate respect for all differences.

Case Management Supervisors conduct monthly random case file audits and quarterly quality assurance reviews to assess timeliness and appropriateness of Case Management activities, including arranging interpreter and sign language interpreter services when necessary. Case Management Supervisors also monitor member feedback related to cultural competence or linguistic, cultural, and disability-related access provided to Case and Chronic Care Management staff during care plan development, implementation, and monitoring.

***Additional Provider Monitoring.*** Monthly, our QI Director monitors member complaints related to cultural competency, such as complaints regarding language barriers, difficulty communicating with providers, difficulty accessing interpreter services, and disability access. When we receive a complaint about a provider, Provider Relations staff address it immediately with that provider, which may involve assistance such as helping the provider record an after hours message in Spanish. If complaints show a pattern indicating a need for focused provider training, our QI staff and Provider Relations staff coordinate to ensure that providers are adequately trained and monitored for improvement. In such cases, we may also solicit assistance from our advisory committees to help identify and/or address issues.

To ensure that our providers are in compliance with ADA, our Provider Relations staff assess provider office sites for ADA compliance as part of the credentialing process. We also request information about accessibility from non-facility providers, such as designated disabled parking spaces and presence of an elevator in a multi-level building. In addition, Provider Relations Specialists monitor providers for cultural competency and ADA compliance during regular office visits, and can direct providers to assistance for improvement of competency and maintaining compliance with ADA.

***Stakeholder Feedback.*** LHCC obtains feedback on how well we ensure culturally competent service delivery through our Member Advisory Council (one per GSA), Community Advisory Committee, and Provider Advisory Committee, all of which meet quarterly. We request input from our Member Advisory Council and Community Advisory Committee on numerous plan activities and performance, including, but not limited to cultural competency. To the extent practicable and relative to where committee members reside, LHCC holds some Member Advisory Committee meetings in different towns within each GSA to increase opportunities for local input. For example, we have held MAC meetings in New Orleans, Alexandria, Lafayette, Thibodeaux, and Lake Charles.

In addition to seeking input through the Provider Advisory Committee, LHCC includes providers on the QAPI Committee and other appropriate committees, such as our Medical Management Committee (which serves as our required Utilization Management Committee). These committees analyze and develop

strategies to address ethnic and other disparities in utilization and quality of services. We also solicit individual provider feedback during provider training sessions and field visits.

**Activities That Address Health Disparities.** LHCC uses health plan operational strategies and provider strategies to address disparities in treatment and respond to the health care needs of all members, regardless of their racial, ethnic, cultural, or religious backgrounds. Addressing disparities is a required component of our QAPI Plan, and will be a key focus of our Cultural Competency Plan.

We assess key utilization and outcome measures for disparities among race/ethnicity groups, and between rural and urban members, by using enrollment file and other data. A recent data analysis revealed that 59.3% of our membership is African-American, clustered in the urban areas of Orleans, East Baton Rouge and Jefferson parishes, and with a disproportionate risk for diabetes, overweight, HIV/AIDS, and sickle cell disease. An unexpected finding was that, in our population, African-American members did not have a disproportionate risk for preterm births compared to other members.

LHCC recognizes the role we can play in reducing racial and ethnic health care disparities experienced by our membership. Nearly 60% of our members identify themselves as African-American. We focus clinical initiatives, Case Management activities, and clinical practice guideline development on conditions for which African-Americans are at higher risk (and subject to disparities in treatment and outcome), such as HIV, sickle cell disease, heart disease, stroke, and breast and cervical cancer. When Case Managers and Health Coaches work with members, they provide information about any increased risk for particular diseases related to the member's race or ethnicity, and provide information about behaviors that members can change to mitigate identified risks.

We track the success of our Case Management activities to ensure that members with HIV and sickle cell disease (well over 80% of whom are African-American) receive recommended screening and treatment. We will expand upon these efforts in 2015 by implementing new Chronic Care Management Programs (CCMPs) for members with HIV/AIDS and sickle cell disease.

We will partner with the AIDS Healthcare Foundation's NCQA accredited Positive Healthcare HIV/AIDS disease management program to implement and continuously improve the new CCMP for HIV/AIDS. The program will encompass all co-morbid conditions, interface with our other CCMP programs, and coordinate palliative and hospice care. The program will support independence, self-sufficiency, effective family functioning and caregiver assistance, and use of appropriate health services. There will be a particular focus on identifying and overcoming social, cultural, and other barriers to improved outcomes, including specialized medication therapy monitoring to assist with antiretroviral drug adherence, and other co-morbid condition medication regimens.

Because of the prevalence of HIV infection among young, African-American men in Louisiana, all of our MCRs are receiving certification in HIV Prevention Counseling and Rapid Testing, as noted above. We also seek out opportunities to work with providers and community organizations involved with the Office of Public Health HIV/STD program to leverage their experience in addressing this sensitive issue. For example, we participated in an event that targeted this population that was organized in part by the Office of Public Health and the Baton Rouge AIDS Society.

We will transition our current award winning Sickle Cell Case Management Program into a comprehensive CCMP by establishing coordinated health care interventions and communications that meet all CCMP requirements. The program will provide members with sickle cell disease education related to inheritance patterns, disease complications, symptoms and treatment, comorbid conditions, and special issues that arise with children and adolescents. It will also promote use of hydroxyurea to reduce episodes of acute chest syndrome and vaso-occlusive painful crises, and the need for blood transfusions and inpatient and emergency room utilization. We also will outreach to local experts, such as the Sickle Cell Foundation, to identify opportunities to collaborate and provide enhanced services to our members.

Our periodic data analysis will continue to provide valuable insight into our populations and sub-populations. This analysis is a key component of developing culturally and linguistically sensitive programs and focused interventions, designed to enhance the experience of care and improve the general health and well-being of our membership. We recognize that while our members may face similar barriers, the way each member meets those challenges is unique and specific to their beliefs and culture. LHCC nurses and support staff take time to develop respectful and trusting relationships with each member and/or the member's family in order to identify and resolve barriers to care and service. LHCC recognizes that communication is essential to quality care, and strives to hire bilingual staff and contract with bilingual physicians representative of our membership. While we cannot directly measure the effectiveness of hiring bilingual staff and contracting with bilingual physicians, we are convinced that effective communication leads to improving health outcomes for the members we serve.

### **Ensuring Appropriate Provision of Covered Services to Members with Limited English Proficiency and Hearing Impairment**

We inform members of their rights to interpreter services, as well as information about accessing interpretation services for all foreign languages and American Sign Language (ASL), and alternative communication systems for vision and hearing impairment, free of charge. We provide this information through our Member Handbook, which we provide to each member upon enrollment, and upon request. We also provide this information via our Member Portal, when members contact our Call Center with questions or requests, and during Case Management and outreach activities. Our online Provider Directory, which we also provide upon enrollment and upon request, indicates the languages each provider/office speaks. We also provide educational materials in alternative formats, including large print, braille, and auditory translation as requested to meet the communication needs of our members. We provide certified medical language interpreters, including those who have experience serving people with disabilities who may have communication challenges.

We document member communication needs in our TruCare and our Member Relationship Management (MRM) systems so that all LHCC staff who interact with, or coordinate services for, the member are aware of their needs. Our Provider Relationship Management (PRM) system fully integrates with MRM, which allows us to link relevant provider and member information and easily match a member with a provider who speaks his/her primary language. Members also can search for providers via our online directory, and refine the search by languages spoken.

**Members with Limited English Proficiency (LEP).** Our Member call center IVR system greets callers in English and Spanish and offers all self-service options, such as obtaining an ID card in either language. If a caller selects Spanish, the call is routed to our English/Spanish bilingual staff or, if no Spanish-speaking CSR is available, alerts the CSR that the caller requires interpreter services. For Vietnamese, Spanish, and all other languages, the CSR immediately accesses Voiance, our ISO certified, award-winning language interpretation services contractor. Voiance provides professional translators for more than 200 languages that meet all CMS, HIPAA, and ACA regulatory requirements. Year to date, less than 1% of all callers spoke languages other than English. Of those requesting service, 89% spoke Spanish followed by 5.6% who spoke Nepali.

We strive to recruit staff who are proficient in prevalent local languages, and familiar with local communities so that they can communicate effectively with members. This includes not only understanding and translating words, but understanding the specific cultural nuances so critical to effective communication with members with limited English proficiency and low health literacy. For example, as noted above, we offer local Case Management staff who speak Spanish, Vietnamese, and French.

When a member needs care from a provider who does not speak the member's primary language, the provider or member may request interpreter services, or the Case Manager or Customer Service Representative may automatically arrange for them through Voiance if the provider does not offer them. If immediate services are needed, providers can call a Case Manager or CSR to connect with an interpreter at any time. Interpretation services may include immediate telephone interpreter service accessible at any hour, and face-to-face interpreting, which is available by appointment. We also provide interpretation services in American Sign Language (ASL) via Sign Language Services International, based in Baton Rouge. This range of services helps ensure that interpreting services will be available at all times. LHCC discourages the use of children as their parent's translator, especially when PHI or clinically complex issues are discussed.

In addition, LHCC provides materials in English, Spanish, and Vietnamese, and translates materials as requested, at no cost to members, in compliance with State and federal law. Member materials are written at up to a grade 6.9 reading level in People First Language, and in accordance with DHH's Person First Policy, and our member website is designed and maintained to be compliant with Section 508 to be used by persons with vision or other impairment.

**Members with Hearing Impairment.** LHCC's TTY/TDD line that uses Louisiana Relay is displayed prominently in our Member Handbook, on our website, and in member educational materials for members with hearing impairments and/or other communication disorders. We also inform members of the availability of, and how to access, translation and interpretation services, including American Sign Language (ASL) for members who are hearing impaired. LHCC trains staff in the use of, and proper etiquette for, these services (such as speaking to the caller and not the interpreter) upon hire and annually thereafter. We provide immediate interpretation services from trained professionals in any foreign language and American Sign Language to support all aspects of the members' care, including collecting medical history and providing health education and treatment.

When members use assistive communication devices or services, such as message boards, staff document member needs and support members and providers to ensure communication assistance is in place. For example, if we know that a member uses communication boards or other assistive devices, the Case Manager or other staff coordinating services informs the provider that the appointment will require additional time to allow effective and culturally sensitive communication.