

15. (Section 25.0 Marketing)

a. Provide a summary of the Vendor’s marketing and distribution plan, describing the following at a minimum:

We understand the importance and sensitivity surrounding compliance with marketing activities and prohibited practices, and we are committed to establishing trustworthy and dependable relationships with our Commonwealth partners, including accountability for marketing regulations and contractual requirements in compliance with Section 25.0 Marketing of Attachment C – Draft Medicaid Managed Care Contract. To address this operationally, we support all marketing team members and subcontractors through leadership oversight and required training on MCO marketing activities.

Please see Attachment C.15 Sample Marketing Plan, which provides an example of the marketing tactics and timing that we would implement for the Kentucky MCO program.

Our commitment to state Medicaid programs has yielded years of experience establishing relationships within local communities and providing statewide outreach. Our marketing and outreach teams are dedicated to the Commonwealth and will continue to provide comprehensive and innovative marketing programs and approaches. In our efforts, we will build on our existing knowledge of the Commonwealth and apply best practices as we continue to engage all of our service areas and populations to provide equitable marketing and outreach throughout the Commonwealth.

i. The system of control over the content and form of all marketing materials.

All marketing materials and communications are subject to corporate policies and procedures (P&Ps), including material and content audits. These P&Ps result in clear and consistent materials that are compliant with DMS and CMS requirements. Our creation and review approach includes the following activities to control content and form:

- The local team collaborates with corporate marketing to determine culturally and geographically appropriate marketing programs and materials based upon potential enrollee needs.
- Marketing program and material requests go through our c-Tag system (illustrated), which tracks all consumer and enrollee-facing touchpoints and materials.
- All internal teams and subcontractors request marketing materials and programs using the c-Tag intake tool. Various teams within UnitedHealthcare, depending on the subject matter, review requests. Reviewers analyze the requested material and associated content within their team’s frame of reference (e.g., clinical staff

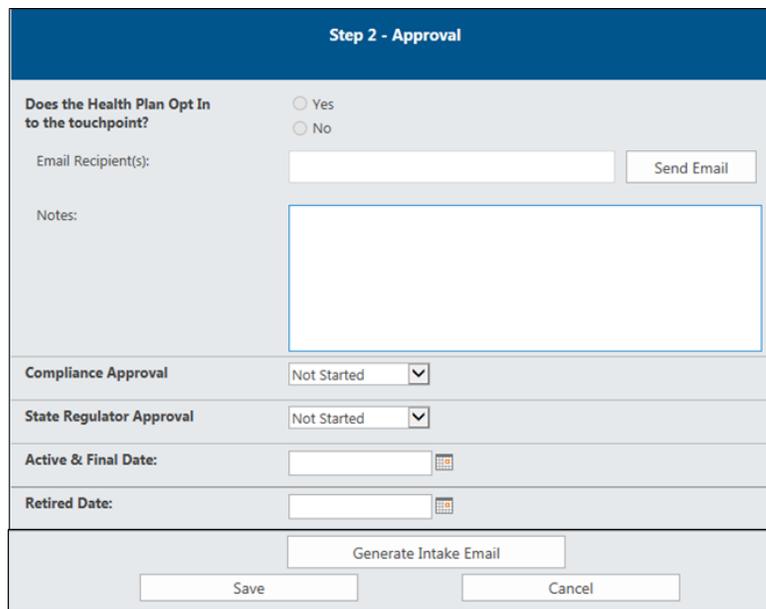


Figure 8. c-Tag System: We use our c-Tag system to control the content and form of marketing materials and communications.

review disease management content for accuracy). These reviews confirm factual, complete and consistent messaging.

- The c-Tag system facilitates these internal reviews, and tracks approval status from all appropriate parties, including legal, compliance and DMS.
- We catalog materials in the c-Tag system with approved dates, approver names/roles and date range for the material's use.
- Subject matter experts conduct ongoing monitoring of materials to confirm accuracy and make updates as needed.

Subcontractor marketing materials also go through the full c-Tag process and are tracked, approved and catalogued accordingly.

ii. The methods and procedures to log and resolve marketing Grievances.

While we make every effort via our tools and processes to prevent marketing grievances, we understand they may still happen and need to be addressed in a manner appropriate to the nature of the grievance. Our compliance team follows our established P&Ps to address and validate compliance with each federal regulation (including 42 C.F.R. 38.104 and 42 C.F.R. 438.10) and contract requirement related to grievances and appeals processing, which includes procedures to log and resolve marketing grievances. In addition, all marketing materials produced and distributed contain appropriate 1557 language. Marketing grievances related to discrimination follow our standard discrimination appeal and grievance process.

Our current process for logging and resolving marketing grievances occurs at the local level and is as follows:

- Upon learning of a marketing grievance, the compliance lead creates an internal case number in the appeals and grievance log.
- Within 48 business hours, the marketing lead, in partnership with compliance, examines the case to identify all relevant information, including activity or material ID code, employees involved and the potential scope of the issue.
- Based upon this initial review, the local team will develop a proposed resolution approach and engage the Commonwealth contract management team to review the grievance and proposed approach together.

Depending on the nature of the issue, proposed resolutions could include, but are not limited to, actions such as altering materials and presentations to address ambiguous or confusing language, removing materials from immediate use while substantial revisions are made, or no changes if the grievance is unsubstantiated.

iii. The verification and tracking process to ensure marketing materials and activities have been approved by the Department and adhere as required by Section 25.1 "Marketing Activities" and Section 4.4 "Approval of Department" for the Vendor and its Subcontractors.

Our local team will work closely with DMS to make sure we provide accurate and timely deliverables, including for our subcontractors, for prior approval, such as marketing plans and schedules, marketing collateral and informational materials for enrollee education and outreach programs. We will submit all items for review according to DMS's requirements to allow DMS to approve, deny or modify. Our process is as follows:

- Marketing materials and proposed activities are reviewed via our c-Tag process, referenced previously. This review includes an audit against the requirements in Section 25.1 to confirm compliance with the contract. We assign each material an ID code that can be used to identify that material moving forward, both internally and by DMS.

- After internal approvals for marketing materials and activities have been secured and tracked in our c-Tag system sends these materials via email to DMS for review and approval. Materials and activity overviews are typically sent in Word or PDF format to allow DMS reviewers to insert comments and revision requests directly into the documents without the need for additional software or tools.
- The compliance officer changes the status of the material or activity to ‘Submitted in our c-Tag system.
- Our local health plan receives DMS’s feedback and updates the c-Tag system to reflect DMS’s response.
- If revisions are required, the item is noted as “rejected” and moved to “in process” status, while needed revisions are made.
- Updated drafts for DMS’s review and approval are emailed to the DMS reviewer using the same material ID code as the original submission, and, if possible, using the same email string where revisions were requested.
- Following DMS approval, the local health plan submitter tracks the approval in the c-Tag system.
- The c-Tag system then notifies the material requester of final approval and the materials are prepared for distribution.
- A catalog of materials and their approval status is emailed each week to local marketing and compliance leads, and is accessible at any time via the c-Tag system.

Intake ID	Title	State Regulator Status	State Approval Date	State Rejected Date
4746	2019 OH Exact Care / Mailer	Not Started		
4837	2020 OH Pocket calendars	Not Started		
4677	C&S Pharmacy Adherence program_Low Adherence / call script	Submitted		
4678	C&S Pharmacy Adherence program_medication reminder / call script	Submitted		
4679	C&S Pharmacy Adherence program_Predictive non-Adherence / call script	Submitted		
4802	National Flu Email February 2020 Deployment- C&S Medicaid	Approved	12/18/2019	
4800	2019 OH7228_MCD_Pharmacy Adherence Program_NON-ADH Letter	Approved	12/18/2019	
4794	2020 OH Medical Nutrition Therapy Mailer	Not Started		
4766	2020 Ohio Winter Member News Letter	Approved	11/25/2019	
4726	2020 OH MMP Medicaid Only Member Handbook	Approved	11/18/2019	
4693	2019 OH Enhanced Maternal Guideline/Mailer	Approved	11/12/2019	
4658	2020 Cervical Cancer Screening Live calls	In Process		11/7/2019
4665	2020 OH MMP Self-Select Welcome Letter Waiver	Approved	10/2/2019	

Figure 9. State approval status of marketing materials are maintained on a simple-to-use catalog.

b. Describe the Vendor’s understanding of the populations in the Commonwealth and define how it will adapt its marketing materials to reach the various populations and audiences.

Successful population/audience targeted marketing requires extensive knowledge of the people who reside within the diverse Commonwealth communities and of the resources available to support these people. We must also understand where they are in their journey and where they want to go to achieve the best outcomes.

One method of learning about the specific needs of the populations in the Commonwealth is through direct audience research, which we regularly conduct in the states we serve and have already started in the Commonwealth. As an example, in 2018, we conducted in-depth online interviews with individuals across Kentucky who had experience with Medicaid to understand their concerns, needs and styles of communication better. Through this research, we learned that regular mail is a preferred method of receiving information — however; most consumers prefer to take specific actions needed via telephone or online. This knowledge helps us understand how to best outreach to these populations, and what tools and systems we need to apply to encourage continued engagement with them.

We are also persistent in our efforts to understand, listen and work with stakeholders — tapping into their local awareness and familiarity to better understand and address needs and concerns.

**COLLABORATE**

This collaborative process is ongoing in the Commonwealth within our Commercial and Medicare segments, and through our engagement over the past years working to understand the Commonwealth's Medicaid population. We have connected with multiple stakeholder groups within Commonwealth communities, learned about the populations they serve, initiated diverse partnerships, and defined and executed culturally competent programs to positively affect the lives of Kentucky MCO program enrollees, their families and caregivers. Our Medicaid collaboration and learning initiatives include:

- ***In Stanton and Winchester:*** Partnering with the American Heart Association, University of Kentucky, Georgetown Community Hospital and Clark Regional Hospital, we convened and spoke with local stakeholders to better understand barriers to reducing and managing chronic disease related to cardiovascular disease, obesity and diabetes. These identified barriers (such as provider offices, public transportation and health agencies closing at 5 p.m.) provide insight into the need to connect with Medicaid populations outside standard business hours and in accessible locations, for example, hosting evening and weekend events located on or near bus routes.
- ***In Louisville and surrounding counties:*** Partnering with Goodwill Industries of Kentucky, we are collaborating to understand what individuals who have been recently justice-involved or are striving to enter the workforce after a period of inactivity need. We learned that many of these individuals have anxiety about, and in some cases, an inability to use a computer. This provides insight into the need to reach these populations through traditional marketing methods, such as newspapers, local bulletin boards and convenience store signage. We must also make information that is more detailed available to them in printed or verbal formats, and would not expect this population to go online to learn more.
- ***In Beattyville and Campton:*** Partnering with the Center of Excellence in Rural Health and Kentucky Homeplace, we convened and shadowed their community health workers to better understand the daily struggle of individuals and how lack of resources influence individuals toward decreased outcomes. This work uncovered nuances such as why individuals did not want to switch to mail order pharmacy even though it saved them \$100. This information helps us understand that engaging and working with these populations will rely heavily on partnering with local organizations and businesses that these individuals already trust to support their needs.
- ***In Louisville, Paducah, Glasgow, Manchester, Covington and Hartford:*** Partnering with Kentucky Youth Advocates and a child welfare champion at each location, we convened and spoke with local stakeholders to better understand at-risk youth populations and current approaches to connect with them. We learned about the complex network of individuals that influence and interact with this youth population, including family caregivers, school officials and local EMS and law enforcement. Understanding this network of teams helps identify the need for marketing and education not only for the parents and immediate caregivers of these youth, but also for other key stakeholders. For example, we may hold lunch and learn events for schoolteachers, or provide important benefit and service information to EMS and law enforcement via webinar or printed handouts. We can also host community sessions including all of these groups to facilitate conversation and collaboration between them to help better serve these youth.

Learning and understanding the nuances helps us best engage, via marketing or otherwise, those we will be fortunate to serve in the Medicaid populations.

To bring this understanding to life, we put the appropriate resources in place to meet the identified needs of individuals in the community (e.g., hiring a multilingual member of the community as an outreach and engagement representative, or creating materials in Spanish or other prevalent non-English languages). We will develop, monitor and continuously improve culturally relevant and linguistically appropriate materials for MCO enrollees and potential enrollees using our award-winning Just Plain Clear Communications glossary, an internal initiative to enhance health literacy by simplifying communications. Just Plain Clear uses easy to understand health care and insurance terms, making messaging understandable and useful. To improve health literacy, materials are written at or below a sixth-grade reading level. To confirm that materials do not exceed this level, we use our proprietary Doc Scrub Readability database, based upon the Flesch-Kincaid reading level tool.

We are especially sensitive to the needs of people with disabilities and special health care needs, and we make certain our approach aligns with the Commonwealth's whole-person philosophy. For example, communication services and alternative formats are available for all enrollees and potential enrollees. We offer free interpretive services and can provide information in Braille, large print and voice-recorded formats. Representatives may also read materials aloud to enrollees with impaired vision. We use the 711 National Telecommunication Relay Service (TRS) TTY line to facilitate communication with enrollees and prospective enrollees who have hearing or speech impairments. Our digital product team designs both our enrollee and public websites to include multiple language offerings, culturally relevant materials and accessibility tools. We continue to enhance website accessibility as technology and industry needs evolve.

As we plan our marketing activities, we will rely upon our Cultural Competency Plan as the foundation for culturally appropriate marketing to all Commonwealth enrollees. Our local leadership team will create and maintain the Cultural Competency Plan to make certain that we:

- Meet the individual, cultural and linguistically diverse needs of all individuals
- Provide a framework for advancing and valuing diversity within the organization
- Provide enrollees with adequate communication support based upon individual needs

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