


PLAN OPERATIONS	 From DentaQuest			
	<i>Policy and Procedure</i>			
	Policy Name:	Enrollee Correspondence	Policy ID:	PLANCG-23
	Approved By:	Quality Assurance and Performance Improvement Committee	Last Revision Date:	03/28/2024
	States:	Oregon	Last Review Date:	04/26/2024
	Application:	Medicaid	Effective Date:	04/27/2024

PURPOSE

To provide direction when drafting correspondence or other communication and educational materials directed to enrollees.

This policy applies to all Dental Care Organization (DCO) correspondence (both electronic and paper) and educational materials sent to or intended for enrollees to read and understand. This policy is applicable at all times and is intended to provide a framework for improving health literacy with enrollees and foster effective communication.

POLICY

How to Draft Correspondence to Enrollees:

When drafting correspondence, the following guidelines shall be followed:

1. Use standard practice of writing all correspondence as if everyone may have limited health literacy. You cannot tell by looking at someone if they have a higher or lower health literacy. Anxiety when trying to understand a written communication can reduce the ability to manage and retain health information. Everyone will benefit from having written communication that is clear and concise.
2. Use plain language when writing all correspondence. The use of plain language includes being clear, brief and friendly. When applicable, address the reader directly and use an active voice when writing. Communicate the message efficiently.

A. Example of use of plain language and active voice

“If there are any points on which you require further explanation, we would be happy to provide additional details by phone.”



“If you have any questions, please call.”

3. Use consistent terminology and standardize materials. For clinical wording, use the Oregon Health Authority (OHA) approved wording for tooth numbers and dental procedure explanations as set forth in the Oregon Understanding Medical Terminology Guide.
4. Avoid using idioms (i.e. “clean bill of health”), cultural references or cultural-specific vocabulary, slang and jargon without layman definition (i.e. “dental caries”)
5. When drafting correspondence, be inclusive, respectful of differences, responsive to differences and be

welcoming.

How to Review Documents for Readability:

1. Enrollee correspondence and educational materials have to be at a sixth (6th) grade reading level or lower and written in a language sufficiently clear that a layperson could understand the notice and make an informed decision.
2. All correspondence and educational materials to enrollees should be reviewed using the Flesch-Kincaid standard in Microsoft Word to determine the readability level. When running the Flesch-Kincaid test, follow the following guidelines:
 - a. Review the freeform sections of a template letter
 - b. Remove names (enrollee, provider, clinic, etc.)
 - c. Remove dates and numbers
 - d. Shortening sentence length can help improve readability
 - e. Use layman's definitions to define complex medical terminology

Formatting Requirements

All enrollee materials will be in at least a 12-point font or large print 18-point font. Fonts used may include Times New Roman, Calibri or Arial.

PROCEDURE

Approval of Materials:

All correspondence and educational materials being sent to the enrollee directly by the DCO must be approved by the Coordinated Care Organization (CCO) prior to being sent to the enrollee.

Monitoring and Compliance:

The DCO staff may draft enrollee correspondence pertaining to welcome letters, grievances and appeals, pre-authorizations of services and referrals as well as educational materials. The DCO Compliance Department will audit enrollee correspondence and educational materials for non-compliance.

REFERENCES

OAR 410-141-3580 MCE Member Relations: Potential Member Information
OAR 410-141-3585 MCE Member Relations: Education and Information

DEFINITIONS

“Correspondence” means letters, educational materials, and brochures sent to enrollees from the DCO either via paper, fax or electronically (email).

“Health Literacy” means the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions regarding services needed to prevent or treat illness.

“Cultural Competence” has the meaning as defined in OAR 309-022-0105.

Operationally defined, Cultural Competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in

appropriate cultural settings to increase the quality of services, thereby producing better outcomes.

Revision History

Date:	Description
11/15/2018	Approval and adoption.
05/20/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.
12/09/2020	Updates based on annual review.
11/09/2021	Updates based on annual review.
06/20/2022	Updates based on CCO partner findings.
12/31/2022	Updates based on annual review.
11/13/2023	Updates based on annual review.
03/28/2024	Updates based on annual review.