

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> CA Medicaid Marketing		<b>SUBJECT (Document Title)</b> Call Campaigns with Vendors - CA	
<b>Effective Date</b> 03/16/2023	<b>Date of Last Review</b> 05/09/2024	<b>Date of Last Revision</b> 05/09/2024	<b>Dept. Approval Date</b> 05/09/2024
<b>Department Approval/Signature:</b>			

**Policy applies to health plans operating in the following State(s). Applicable products noted below.**

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

**POLICY:**

The purpose of this document is to provide Anthem Blue Cross Medicaid Health Plan’s (“health plan”) procedures for managing vendors who provide outreach to Medicaid members via outbound calls in California and to ensure compliance with Department of Health Care Services (DHCS) Texting Program and Campaign requirements, California Medicaid marketing regulations, the Telephone Consumer Protection Act, and applicable vendor agreements.

**DEFINITIONS:**

- APL** – All Plan Letter
- CMAP** – Collateral Materials Approval Process
- DHCS** – Department of Health Care Services
- DNC** – Do not call list
- Early Case Finding or ECF** - Process of identifying members who have health conditions that may require case management or other services/supports.
- FTEU** – Free to End User
- HCP** – Healthcare Plan
- IVR** – Interactive Voice Response
- PCP** – Primary Care Provider
- SMS** – Short Message Service
- STFP** – Secure File Transfer Protocol
- TCPA** – Telephone Consumer Protection Act

**PROCEDURE:**

The health plan recognizes that phone calls, including live calls and Interactive Voice Response (IVR) calls, are an effective communication tool to provide health care related information to Medicaid members in a convenient and timely manner. The health plan contracts with vendors who outreach to members using call scripts to communicate information about the

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health plan, and provide contact information to our Customer Care Center to ensure members get answers to their questions.

Each vendor has an assigned Vendor Manager at the plan. For Welcome Calls, or any other marketing sponsored campaigns, the Marketing Director or their delegate is the Vendor Manager of those calls. For all others, the Health Education Program Director or their delegate is the Vendor Manager. Each Vendor Manager or delegate is ultimately responsible for end-to-end administrative oversight of the call campaign process involving a vendor.

All scripts are submitted to the state for approval prior to use. A TCPA form should be submitted and approved for all scripts (including SMS and IVR), and all scripts should be sent to CMAP for review.

- 1) Call campaigns will only be used for clearly defined communication to members as approved by the CA Health Plan's Member Communications Workgroup, co-owned by the California Marketing Director and Health Education Program Director.
- 2) All outbound member communication will follow an intake process to ensure that each new campaign or program is reviewed and approved by CA Health Plan's Member Communications Workgroup once all educational, cultural, linguistic, and health equity needs are evaluated.
- 3) For internal SMS Campaigns developed by Anthem, the following documents need to be submitted to the Compliance Manager for submission and approval to DHCS:
  - a) Campaign Proposal
  - b) Project Proposal question form
  - c) Texting Program Campaign Submission form
  - d) Program Submission Review form
  - e) Additional Questions form
- 4) External SMS created by a third party vendor do not have to wait for DHCS approval for implementation. However, they must still undergo Anthem's internal approval process to ensure that the campaign meets requirements before launching.
- 5) The call vendor will attempt at least two -3) times to reach new adult members or the parent(s)/legal guardian(s) of new child members. Reasons for call campaigns include, but are not limited to:
  - a) Welcoming the member
  - b) Educating members on their available benefits such as health education, verifying receipt of members' ID cards and new member packets, assisting with any clarification or necessary changes, and providing appointment reminders for preventative care
  - c) Promoting the adoption of member tools and resources
- 6) Some calls offer members or parents/guardians of members a live transfer to Member Services (within operational hours within the Pacific Coast time zone) and/or self-service digital tools for assistance with:
  - a) Selecting or changing a Primary Care Physician/Provider, and/or

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- b) Getting answers to benefits or other questions
- c) Enrolling into member programs

**1.0 Scrubbing**

Numbers in the call campaign should be scrubbed through CPSUI initially, and then again every ten (10) calendar days thereafter to respect DNC requests that have occurred during the campaign. The vendor manager will work with the vendor to establish the DNC scrubbing process. If it is determined that the Plan is responsible for scrubbing, the Plan will scrub the appropriate list every ten (10) calendar days. The vendor manager will monitor DNC reports. For the scrubbing process refer to the training in the Elevance Health Workday Learning System. Note: This 10-day requirement is for call campaigns. Individual calls by nurses, behavioral health, etc. must be checked in CPSUI prior to each call.

- 1) Phone numbers may be scrubbed from the file that is transmitted to the vendor for call outreach. Phone numbers that are scrubbed will not receive a call.
  - a) Reasons why a phone number may be scrubbed include:
    - i. The phone number appears on the internal health plan Do Not Call List (“internal DNC list”)
    - ii. The phone number is bad or incomplete
    - iii. The member with that phone number is ineligible to receive outreach based on business rules
    - iv. To avoid duplication as the phone number already appears on the list.

**2.0 Vendor Outreach**

- 1) The member’s contact information will be provided to the vendor, which is contracted to make calls on Anthem’s behalf.
  - a) The call vendor is responsible for determining which phone numbers provided by Anthem are capable of receiving call messages.
  - b) Calls are not made outside of the following hours:
    - i. Monday through Friday: 9:00 a.m. to 7:00 p.m.
    - ii. Saturday: 9:00 a.m. to 6:00 p.m.Calls are not made on Sunday or company holidays.

**3.0 Outreach Vendor Validation**

- 1) Vendor Outreach Results
  - a) Based on the agreement the health plan has with the vendor, the call vendor will send the results of the outreach back to Anthem on the agreed-upon cadence and agreed format. For welcome calls, the results are then imported and stored into Anthem’s Member Retention Database and later analyzed by a marketing research analyst.
  - b) Anthem will monitor members opting out of calls upon agreed cadence, usually monthly.

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- 2) Vendor Monitoring
  - a) Anthem will meet with the vendor on a biweekly cadence to review the campaign's launch, instruction adherence (i.e. time of day), ongoing results, need for any modifications and any overall concerns with the campaign.
  - b) If instructions are not being followed as directed, the campaign is to be put on hold until there is a resolution.
  - c) In the event the vendor is not facilitating the campaign as expected, marketing leadership will partner with Vendor Oversight to discuss corrective action.
  - d) TCPA violations will be communicated to Elevance Health's Privacy Team within 24 hours.

#### **4.0 Privacy / PHI**

- 1) Anthem will include only limited Protected Health Information (PHI) in the call. All call messages will be reviewed for conformance with policies pertaining to the use and disclosure of PHI.

#### **5.0 Vendor Compliance**

- 1) If using a third-party vendor to conduct a call on behalf of Anthem, Anthem will submit a copy of the third-party vendor contract/business agreement to DHCS for review and approval prior to the start of the call campaign. Vendor contract must adhere to DHCS policies, procedures, contract, and regulatory requirements.
- 2) Anthem closely monitors all vendor outreach programs to ensure compliance with company policies and procedures and meets regularly with vendors to discuss any relevant changes or issues.
- 3) Anthem has a bidirectional feed of DNC data with some of its call vendors that allows the vendor to eliminate from outreach any phone number that has been registered in Anthem's internal DNC list. The vendor checks the DNC data at least every seven (7) days to ensure ongoing campaigns do not contain phone numbers that were registered after the onset of the outreach. The change will take place within seven (7) days.
- 4) All communication will be conducted in accordance with applicable regulatory and contractual requirements.

#### **6.0 Complaints**

- 1) When Anthem is notified of a complaint, we will do as follows:
  - a) If the complainant requests to no longer be contacted, his/her phone number is placed on the internal DNC list immediately using Anthem's Contact Preference Shared User Interface (CPSUI).
  - b) If the complainant wants more details about the nature of the outreach, research the program and provide the requested information to whomever will be following up with the complainant (usually the health plan or call center associate).
  - c) Forward the complaint, research, and/or resolution electronically to the TCPA Compliance Help Desk for informational purposes.

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**REFERENCES:**

None

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:**

CA Medicaid Marketing

**Secondary Department(s):**

CA Medicaid Health Promotion and Education

CA Medicaid Quality Management

**EXCEPTIONS:**

None

**REVISION HISTORY:**

Review Date	Changes
05/09/2024	<ul style="list-style-type: none"><li>• Annual Review</li><li>• Updated Procedure section</li><li>• Updated secondary department name from "CA Medicaid Health Education" to ""CA Medicaid Health Promotion and Education"</li></ul>
03/16/2023	<ul style="list-style-type: none"><li>• New Policy</li></ul>