

## Welcome Letter / ID Card Checklist

<b>Content must include:</b> Simple, usable details that a member would need to know to access care based on their level of benefit coverage. <b>References:</b> OAR 410-141-3580 (6)(c); OAR 410-141-3585 (8-10); Exhibit B Part 3 (2) (k)	<b>MCE: Reviewer: Date:</b>	
	<b>MET</b>	<b>COMMENTS</b>
<b>1.</b> Must include Language Access Tagline. Language in the letter accompanying the member ID card must include how a member can access auxiliary aids and services, including materials in alternate formats, other languages, oral interpretation at no cost to them. Tagline must be a minimum of 18-point font.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>2.</b> Overall document font size must be no smaller than 12-point for regular print.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>3.</b> Must be in easily understood language and format. 6th grade reading level or lower using the Flesch-Kincaid readability scale.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>4.</b> MCE contact information, including website and customer service number	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5.</b> Welcome letter should include introductory details that would be helpful to a new member. It should include the following elements (when applicable):		
<b>5a.</b> Letter should be tailored to align with the member's benefit coverage.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5b.</b> Information about PCP assignment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5c.</b> Details about dental / selecting a DCO, if applicable to member's benefit coverage.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5d.</b> Details about selecting CCO-contracted BH providers.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5e.</b> NEMT information.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5f.</b> Provider Directory web address	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5g.</b> MCE Customer Service number(s); other important phone numbers.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>5h.</b> Any additional information MCE would like to include to assist member in navigation.		
<b>6. Member ID Card</b>		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>6a.</b> Font size no smaller than 12- point.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>6b.</b> Member Name and OHP ID number. Level of enrollment (Ex. CCOA, B, E, G describing type of benefit at high level e.g. physical, behavioral health, and dental.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

6c. MCE Name. If applicable the members plan assignment (medical network) e.g. HSO-Providence.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6d. Name of Primary Provider, Dental organization, Pharmacy group and/or BIN (billing), Vision. (when applicable)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6e. MCE toll-free phone number, web address, TTD/TTY, language access number, emergency phone number	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6f. NEMT Brokerage name and contact information.	<input type="checkbox"/> YES <input type="checkbox"/> NO	