

Readability



AB 1296 Workgroup Meeting

Jim Palumbo

March 8, 2013

Center for **Health Literacy** | **MAXIMUS**

What is readability?

The quality of written language that makes it easier to read and understand

- We write health material in language that most adults can read and understand
- We design to enhance readability
- We translate
- We do community research

Research in the community

- Testing is one on one
- We ask community organizations to help us
- If we see a problem, we try to fix it
- We test translations
- We test to see if people who have motor or visual disabilities can read the materials too

Website usability testing

- Can people use the website to find what they want to find?
- Can they use the website even if they are disabled or speak and read another language?
- If not, are there changes in navigation or content that can improve their experiences?

NEW YORK HEALTH OPTIONS
PO BOX 11670
ALBANY, NY 12211-0670

NOTICE OF RECERTIFICATION FOR
MEDICAL ASSISTANCE.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA
NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER: U0101Q5154		DATE: May 10, 2011	CASE NUMBER: MA305994	
OFFICE ENR	UNIT	WORKER	UNIT OR WORKER NAME ENR DEFAULT WORKER	TELEPHONE NO. 855-693-6765
AGENCY TELEPHONE NUMBERS			CASE NAME / AND ADDRESS	
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP ----- OR Agency Conference			ENR// llllllllllllllllllll DEXTER, MARCUS 21 WEST ST, ALBANY, NY 12345	
Fair Hearing information and assistance				
Record Access				
Child/Teen Health Plan				
MEDICAL ASSISTANCE				

MEDICAID, FAMILY HEALTH PLUS,
FAMILY PLANNING BENEFIT PROGRAM
RENEWAL FORM

- o It is time to renew your health insurance benefits.
- o You must answer all the questions and return this form and any required documentation to New York Health Options at the following address by May 30, 2011.

New York Health Options
PO Box 11670
Albany, New York 12211-0670

- o If you do not complete and return this form, you will lose your health insurance. If we are paying your Medicare premium or other health insurance premium, we will also stop making these payments.
- o You must return this form even if you have told us you moved to another county.
- o This form is not complete until you sign and date it.
- o Please read the Terms, Rights, and Responsibilities.

Before

STATE MEDICAID OFFICE
PO Box 12345
Pleasantville, XO 12345-0000

Application to renew
your Medicaid benefits

Le enviaremos esta notificación en español
en un sobre aparte.

DRAFT

Notice number:	Date:	Case number:
Office:	Unit or worker name:	Telephone number:

For general questions or help, call:
toll-free **800-123-6543**
You can also call for information about:

- Agency conference
- Fair hearing
- Record access
- Child or teen health plans

Case name and address:

It is time to renew your health insurance benefits for Medicaid,
Family Health Plus, or the Family Planning Benefit Program.

- ★ If you do not renew, you will lose your health insurance.
- ★ If we are paying your Medicare premium or other health insurance premiums, we will also stop making these payments.

To renew your health insurance:

1. Call and renew over the phone. Call State Medicaid Office toll-free at **800-123-6543** on Monday to Friday, 8 a.m. to 8 p.m. or Saturday, 9 a.m. to 1 p.m.
 - ➔ Use the checklist on pages C and D to make sure that you have all the information you need when you call to renew.
 - OR
 2. Fill out this application, then sign and date it. Then, make copies of any proofs (copies of documents), and send the application and proofs to:

State Medicaid Office
PO Box 12345
Pleasantville, XO 12345-0000

 - ➔ Use the checklist on pages C and D to make sure that you send all your proofs.
- ★ You must renew even if you have moved to another county.

Questions? }

Call State Medicaid Office at **800-123-6543**. You can call Monday to Friday, 8 a.m. to 8 p.m. and Saturday, 9 a.m. to 1 p.m.

After