

# PARTNERSHIP HEALTHPLAN OF CALIFORNIA

## POLICY/ PROCEDURE

<b>Policy/Procedure Number:</b> MCCP2023			<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> New Member Needs Assessment			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 08/16/2017		<b>Next Review Date:</b> 10/11/2024 <b>Last Review Date:</b> 10/11/2023		
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>		<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 10/11/2023	

**I. RELATED POLICIES:**

- A. MPCD2013 – Care Coordination Program Description
- B. MCCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children’s Services
- C. MCCP2024 – Whole Child Model for California Children’s Services (CCS)

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Information Technology
- C. Member Services

**III. DEFINITIONS:**

- A. Health Information Form (HIF)/Member Evaluation Tool (MET): – Screening tool sent to newly enrolled members to identify members needing expedited care.
- B. Health Risk Assessment (HRA): An assessment form mailed to newly enrolled adult members (ages 21 and over) with corresponding Seniors and Persons with Disabilities (SPD) aid codes who may be at risk for adverse health outcomes without support from an Individualized Care Plan (ICP).
- C. Pediatric Health Risk Assessment (PHRA): An assessment form mailed to newly enrolled pediatric members (under age 21) with corresponding Seniors and Persons with Disabilities (SPD) aid codes and/or California Children’s Services (CCS) identifiers who may be at risk for adverse health outcomes without support from an Individualized Care Plan (ICP).
- D. Care Coordination (CC) Staff: PHC’s CC staff members have either experience in health care fields (e.g., Medical Assistant, Emergency Medical Technician, etc.) or are licensed and possess the appropriate skills and training to assist members. All staff are trained in care coordination and motivational interviewing.

**IV. ATTACHMENTS:**

- A. [HIF Form](#)
- B. [HRA Form](#)
- C. [PHRA Form](#)

**V. PURPOSE:**

This policy describes the process Partnership HealthPlan of California (PHC) will follow to assess new plan enrollees in order to identify those members who may need expedited services.

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## VI. POLICY / PROCEDURE:

### A. New Member Outreach Process

1. All newly enrolled members designated with an SPD aid code and/or CCS identifier are sent the HRA (Attachment B) or PHRA (Attachment C) via mail within 10 calendar days of enrollment into the plan along with a postage-paid envelope for response. The HRA includes both questions from the HIF tool as well as additional questions appropriate for assessing the need for expedited services for high-risk members. (See policy MCCP2019 for the full process of screening of Seniors and Persons with Disabilities and/or California Children's Services beneficiaries, and risk assignment process.)
2. For more information on the assessment, outreach and case management activities for CCS members, please see PHC policy MCCP2024 Whole Child Model for California Children's Services.
3. All newly enrolled members who are designated with neither an SPD aid code nor a CCS identifier are sent the HIF/MET form (Attachment A) via mail within 10 days of enrollment into the plan along with a postage-paid envelope for response.
4. Each new member will also receive up to two telephone calls reminding them to review and return the assessment form. This telephonic outreach can be made to head of household for members under the care of parents or other authorized representatives. At least two attempts will be made to contact the member or their authorized representative within 45 days of enrollment.

### B. Initial Screening

1. Returned forms will be reviewed to determine if the member requires expedited care within 30 days of receipt of a completed HRA form for SPD/CCS members, or within 90 days of return of the HIF/MET for all other newly enrolled members. If the member is found to require expedited care, a CC staff member will contact the member or member's authorized representative.
  - a. The role of CC staff member in the HRA or HIF/MET process is to expedite access to care for new members. Examples include, but are not limited to:
    - 1) Facilitate referrals for Long Term Services and Supports (LTSS) needs identified
    - 2) Contact durable medical equipment (DME) vendors to facilitate timely delivery of appropriate medical equipment
    - 3) Work with the primary care provider and/or specialists' offices to coordinate appointments
    - 4) Arrange transportation as appropriate
    - 5) Provide support and encouragement to the member and caregiver
    - 6) Identify members who may benefit from mental health services and refer to appropriate agencies for services
    - 7) Work with member to identify any psychosocial needs and refer to community-based organizations as appropriate
    - 8) Assist with facilitating referrals to appropriate resources and/ or services outside of the Plan's benefits (i.e., personal care, and/or energy assistance programs)
    - 9) Screen and refer new members who may benefit from Basic Care Management or Complex Case Management Services

### C. Disenrollment

1. Upon disenrollment from PHC and when requested, PHC will make the results of the HRA or HIF/MET assessment available to the new Medi-Cal Managed Care Health Plan.

## VII. REFERENCES:

Title 42 Code of Federal Regulations (CFR) [438.208\(b\)](#)

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**VIII. DISTRIBUTION:**

- A. PHC Department Directors
- B. PHC Provider Manual

**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Senior Director, Health Services

**X. REVISION DATES:** 10/18/17; \*11/14/18; 11/13/19; 09/09/20; 09/08/21; 10/12/22; 10/11/23

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**PREVIOUSLY APPLIED TO:** N/A