

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: MPCP2023 (previously MCCP2023)		Lead Department: Health Services Business Unit: Care Coordination	
Policy/Procedure Title: New Member Needs Assessment		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 08/16/2017		Next Review Date: 06/10/2027 Last Review Date: 06/10/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA		Approval Date: 06/10/2026	

I. RELATED POLICIES:

- A. MPCD2013 – Care Coordination Program Description
- B. MPCP2019 – 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)
- D. MCQP1021 – Initial Health Appointment

II. IMPACTED DEPTS:

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

III. DEFINITIONS:

- A. California Children’s Services (CCS): A state program for children up to 21 years of age, who have been determined eligible for the CCS program due to the presence of certain diseases or health problems.
- B. Care Coordination (CC) Staff: Partnership’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.
- C. Health Information Form (HIF)/Member Evaluation Tool (MET): Screening tool sent to newly enrolled Members to identify Members needing expedited care.
- D. 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).
- E. Initial Health Appointment (IHA): is defined as a Member’s visit to their Primary Care Provider (PCP) or other provider of primary care services, within stipulated timelines for an evaluation that consists of a history and physical examination sufficient to assess and manage the acute, chronic and preventive health needs of the member. The IHA must be documented in the member’s medical record.
- F. Partnership Advantage: Effective January 1, 2028, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the

Policy/Procedure Number: MPCP2023 (previously MCCP2023)		Lead Department: Health Services Business Unit: Care Coordination	
Policy/Procedure Title: New Member Needs Assessment		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 08/16/2017		Next Review Date: 06/10/2027 Last Review Date: 06/10/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage

Partnership Advantage Member Handbook.

- G. 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).
- H. Whole Child Model (WCM): A comprehensive program for the whole child encompassing providing comprehensive diagnostic and treatment services and care coordination in the areas of primary, specialty, and behavioral health for any pediatric Member with CCS eligible conditions insured by Partnership.

IV. ATTACHMENTS:

- A. [Health Information Form \(HIF\)/Member Evaluation Tool \(MET\)](#)
- B. [Health Risk Assessment \(HRA\)](#)
- C. [Pediatric HRA](#)

V. PURPOSE:

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

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 MPCP2019 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 Partnership 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 (PCP) and/or specialists’ offices to coordinate appointments

Policy/Procedure Number: MPCP2023 (previously M CCP2023)		Lead Department: Health Services Business Unit: Care Coordination	
Policy/Procedure Title: New Member Needs Assessment		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 08/16/2017		Next Review Date: 06/10/2027 Last Review Date: 06/10/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage

- 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. Initial Health Appointment (IHA)

1. For Members/Enrollees, Partnership must ensure Members engage in primary care consistent with IHA requirements. This requirement may be met by confirming the Member's/Enrollee's engagement with their PCP and documenting that the member was seen by a PCP within the past 12 months.
 - a. If the Member/Enrollee was not seen by a PCP within the past 12 months. The requirement may be met by assisting in identifying and connecting with a PCP who accepts Member's or Enrollee's coverage or by conducting a warm handoff to a care coordination entity affiliated with the Medicare Enrollee's plan, if applicable.
 - b. For more information regarding IHA please review Partnership's policy MCQP1021 Initial Health Appointment.

D. Disenrollment

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

VII. REFERENCES:

- A. Title 42 Code of Federal Regulations (CFR) [438.208\(b\)](#)
- B. [DHCS All Plan Letter 26-001: Initial Health Appointment](#) (01/07/2026)

VIII. DISTRIBUTION:

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

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Medi-Cal

10/18/17; *11/14/18; 11/13/19; 09/09/20; 09/08/21; 10/12/22; 10/11/23; 10/09/24; 02/12/25; 01/14/26; 06/10/26

Partnership Advantage (Program effective January 1, 2028)

01/14/26; 06/10/26

*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