WORK PROCESS

DEPARTMENT: **Population Health and Clinical Operations** ~~Operations~~	DOCUMENT NAME: New Member Welcome Call
PAGE: 1 of 7	**REPLACES DOCUMENT:**
APPROVED DATE: 1/12	**RETIRED:**
EFFECTIVE DATE: 2/12; 10/23	**REVIEWED/REVISED:** 10/13, 7/14, 6/15, 6/16, 7/16, 5/17, 4/18, 10/18, 10/19, 08/20, 10/22
PRODUCT TYPE: Medicaid	**REFERENCE NUMBER:** LA.CM.01.04

SCOPE:
Louisiana Healthcare Connections (LHCC) Medical Management and Operations departments.

PURPOSE:
To describe the process for identifying enrollees~~members~~ in need of a new enrollee ~~member~~ welcome call, conducting and documenting new enrollee ~~member~~ welcome calls. The calls are for educating enrollees~~members~~ on the available programs, assisting them in establishing a relationship with their primary care provider (PCP), ensuring they have access to services, and performing an initial health needs assessment risk -screen to identify potential case management needs. LHCC shall attempt to conduct Enrollee Health Needs Assessments (HNA) as part of the Enrollee welcome call to identify health and functional needs of Enrollees, and to identify Enrollees who require short-term care coordination or Case Management for medical, behavioral, or social needs. When an Enrollee is a child, the HNA shall be completed by the Enrollee's parent or legal guardian (Model Contract 2.7.2.1).

LHCC remains committed to investing in technology and local partnerships to increase Health Needs Assessment completion rates amongst enrollees. To increase Health Needs Assessment completion rates amongst enrollees, LHCC has implemented the following outreach options for enrollees (RFP Response 2.6.1.):

- In-Person Home Visits
- E-mail outreach
- Community Wellness Centers
- Technology Driven Enrollee Engagement Tools
- Coordinated Entry System Tool
- Partnerships with Providers and CBOs such as Carpenter Health, AbsoluteCare, and Catholic Charities.

PROCEDURE:
1. It is the goal of LHCC to make at least 5 separate outreach attempts by telephone varying times and days of the week. If we are not successful, we will document all attempted and follow-up with a letter and email with instructions for completing the Health Needs Assessment. Our Health Needs

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Assessment completion efforts are not limited to these formal attempts (RFP Response 2.6.61).

~~1.~~

~~2.~~ ~~A list of new members identified. A SQL statement pulls all eligible members from the HPRP_OWN (Microstrategy) database and ETL_ACCESS_OWN database, which are Centene's core databases within the EDWP. It pulls all eligible members associated with LHCC every Monday and compares it to last week's pull of all eligible members associated with LHCC. The statement removes all members who were duplicated from the previous week because they would have been previously reported. The statement then pulls the last eligibility end date and most recent eligibility start date then counts the days between them. If it's less than 60 days it excludes them from being called.~~

2. The UMV[KF1][JL2] ~~Member~~Enrollee Welcome Packet & ID Card Report is used to identify new enrollees~~members~~ who should receive a welcome call. UMV, or Unified Member View, is the application utilized for processing the 834 enrollment files and serves as the source of truth for Enrollee eligibility information. [JL3]This report is pulled weekly by the LHCC Enrollment team. The report contains a list of all enrollees~~members~~ in need of a welcome packet. It is filtered by the LHCC Enrollment team to identify which enrollees~~members~~ are in need of a new enrollee~~member~~ welcome packet by conducting an eligibility history check. All enrollees~~members~~ identified as needing a new enrollee~~member~~ welcome packet are placed on the report of enrollee~~members~~ in need of new enrollee ~~member~~ welcome call.

3. Before lists are finalized:
   - Family ~~members~~enrollees will be grouped together by checking head of household information in AMISYS or UMV to prevent multiple calls to the same family.
   - Enrollee~~Member~~ eligibility will be confirmed in ~~clinical documentation system, AMISYS or~~ UMV. Welcome calls are made only to enrollees~~members~~ that are currently eligible.

4. Enrollees~~Members~~ are grouped by the benefits they receive to ensure they are informed correctly of their ~~benefits, and~~benefits and formatted per each vendors' specifications. The three groups include:
   - Full Benefit Enrollees~~members~~

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- Enrollees~~Members~~ with Behavioral Health and transportation benefits
- Enrollees~~Members~~ with Behavioral Health and no transportation benefits.

5. All files are ~~spot~~ checked and verified for accuracy.

6. If enrollees~~members~~ do not have a phone number on file, they are tracked separately and not sent over to Eliza[KF4] for the welcome call. Eliza is the vendor utilized by LHCC to conduct all member welcome calls. [JL5]Weekly Analytics will run a report on enrollees~~members~~ without a phone number ~~in an attempt to~~to locate a phone number. If a phone number is found, it is added to the report and the ~~member~~enrollee record is then sent to our ~~third party~~third-party vendor Eliza to complete the welcome call. Enrollees~~Members~~ with missing phone numbers will remain on the missing phone number report until one is found.

~~5.~~

7. All new enrollee~~member~~ data is uploaded in a report to shared documents on a Share Point site.

8. Analytics retrieves the file on the Share Point site and runs a query to format the data for Eliza intake.

6. ~~All Full Benefit members are~~ The file is sent securely to our ~~Tt~~hird ~~Pp~~arty vendor Eliza on a weekly basis and loaded into their outbound call system. Welcome calls and Health Risk Screenings (HRS) are conducted via an automated call system. At least 5 outreach attempts by telephone at varying times and days of the week will be required[KF6][JL7]. If we are not successful, we will document all attempts and follow-up with a letter and email with instructions and options for completing the Health Needs Assessment. ~~All three attempts are made within the same week.~~ Attached are the scripts and HRS for all welcome calls from Eliza.

~~7.~~
~~8. All Behavioral Health members are sent to Envolve PeopleCare on a biweekly basis, every other Monday. Members are loaded into the Program Outreach Manager (POM) system, and all first attempts are conducted~~

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~~within 8 business days.   The remaining attempts are completed within 30 days. The attached scripts are utilized for members receiving outreach from Envolve PeopleCare, based on their eligibility type, and an HRS is conducted.~~

Welcome calls will be conducted in accordance with the state contract to occur within 14 business days of the date LHCC~~the MCO~~ sends the welcome packet. (~~RFP 12.11.2.3.1~~Model Contract 2.13.4.1) ~~Based on the frequency of outreach, a member would never be outreached over the 14 business day mark of a welcome packet, no matter which day of the week a welcome packet is sent.~~ However, if a ~~member~~enrollee's phone number is provided after the 14 business day period, they will be sent to our third party vendor Eliza via the next file after the phone number is identified and a welcome call with be conducted.

9.

~~1.~~**10.** In Welcome calls ~~from both Eliza and EPC,~~ the following information is discussed:

- A brief explanation of the health plan's programs
- Health plan's statement of confidentiality
- The availability of oral and written translation services and how to receive them free of charge.
- Verification of receipt of new ~~member~~enrollee welcome packet
- Verification of Primary Care Provider (PCP)
- The concept of the patient-centered medical home, including the importance of the ~~member~~enrollee(s) making a first appointment with his or her PCP. This visit is to establish the doctor-patient relationship and initiate preventative care prior to requiring treatment for an illness or condition.
- Verification of additional insurance coverage
- Nurse Advice Line Triage which is available 24/7 to assist with health care needs/questions.
- Benefits

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~~2.~~11. Health Risk Screenings ~~from both Eliza and EPC~~ are conducted to identify whether the ~~member~~enrollee is pregnant, has a chronic condition, and/ or any special health care needs.

~~3.~~12. ~~EPC outreach staff will offer assistance in making an appointment with the member's PCP, or assist member in finding a PCP if they have none.~~ Welcome calls from Eliza can be connected to Louisiana Healthcare Connections ~~m~~Member Enrollee ~~s~~Services in case a ~~member~~enrollee needs assistance finding a PCP.

~~4.~~13. In the screening, if a ~~member~~enrollee has identified that they lost or never received the welcome packet, a new packet will be sent.

14. Completed ~~W~~welcome call records from Eliza are sent back to the health plan and are received by the Analytics team. ~~and are to be integrated into the member record in OMNI. All welcome calls conducted by EPC are integrated into OMNI at the time they are placed.~~

15. The completed welcome call records are reviewed by Analytics and compared to the welcome call data the health plan originally sent to our ~~third party~~third-party vendor Eliza to ensure all ~~members~~enrollees were outreached to as required.

~~5.~~16. If Analytics identifies any ~~members~~enrollees that appear to have not been called they are sent back to our ~~third party~~third-party vendor Eliza to ~~either a.~~ confirm the welcome call did take place, in which case an updated report will be sent to the plan showing the welcome call was completed or ~~b.~~ conduct the welcome call. All discrepancies are investigated with Eliza for root cause analysis and resolution.

REFERENCES
RFP Response 2.6.6.1~~12.11.2.3.1~~
EPC.NAL.ORP.01
LA.CM.01.03
Model Contract 2.7.2.1 and 2.13.4.1

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ATTACHMENTS New ~~Member~~Enrollee Welcome Call Scripts Health Risk Screening Form

DEFINITIONS

REVISION LOG

REVISION	DATE
Changed references from Centene to Louisiana Healthcare Connections	10/2013
No revisions	7/2014
Changed wording and layout to flow better. No content changes.	6/2015
Changed wording and layout. No content changes.	6/2016
In #2, Added reference to 12.11.2.3.1 and corrected to reflect that we make the call 14 days from the date that send the welcome packet. In #3, changed wording from "case head" to "head of household"	7/2016
Grammatical changes only	5/2017
Changed Customer Relationship Manager (CRM) to Unified ~~Member~~Enrollee View (UMV) in #1 and #3. Added information discussed with ~~member~~enrollee in #5 Changed language in #6 to match EPC policy Added item #9 to match EPC policy Changed policy in References to EPC.NAL.ORP.01	4/2018
Revised policy to reflect new process with as they relate to both Eliza and EPC. This includes added information discussing new process for pulling ~~member~~enrollee data, process for formatting, sending out information, and vendors' respective processes for conducting calls.	10/2018
No revisions	10/2019
Revision includes Update to data pull details Additions include: the tracking process for people without phone numbers and subsequent call attempts, how the eligibility file is transferred to the correct team for Eliza upload, the process for	08/2020

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accepting audit results and ensuring all ~~members~~enrollees sent were outreached Removal ~~includes:~~includes A separate process for the BH-only calls, as now all calls are conducted by Eliza.	
Changed "members" to "enrollees" Addendum to include model contract reference 2.7.2.1 Health Needs Assessment of the Enrollee Addendum to include RFP Response reference 2.6.6.1 Timely Completion of the Health Needs Assessment through No Wrong Door. Addendum to include RFP Response reference 2.6.6.1 Enhancing HNA Completion	10/2022

WORK PROCESS APPROVAL

The electronic approval retained in RSA Archer, ~~Centene's P&P management software,~~ is considered equivalent to a physical signature.

~~VP Medical Management_____ Signature on file ____~~
~~Sr. VP Medical Affairs_____Signature on File _____~~