



Policy and Procedure No: MS 28.1		Revision No: 1
Division: Care Management		
Department: Member Services		
Title: PHC-CA Enrollee Demographics		
Effective Date: 7/15/2024		
Supersedes Policy No: N/A		
Reviewed/Revised by: Cassandra Gomez		Review/Revision Date: 12/5/2025
Approving Committee: Member Provider Committee		Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025		

Purpose:

To describe the framework for what demographic information is collected, how it is collected and maintained/stored and managed, and the use of enrollee demographic information by PHC California (the Health Plan). This Policy aims to ensure accurate and comprehensive data collection that will help provide culturally and linguistically appropriate services (CLAS), promote cultural competence, and address health disparities.

Policy:

1. The Health Plan collects and maintains the following demographic information for enrollees. The Department of Health Care Services (DHCS) requires the Health Plan enrollees to be twenty-one (21) years of age or older with a diagnosis of AIDS.
 - a. Race
 - b. Ethnicity
 - c. Gender at birth
 - d. Gender identity
 - e. Sexual orientation
 - f. Language(s) (spoken, read and write)
 - g. Preferred Pronouns (He/Him, She/Her, They/Them, Ze/Hir)
2. The Health Plan’s data collection framework includes its enrollee demographic survey instrument (see Attachment A) which is based on the Office of Management and Budget (OMB) categories for collecting the demographic information listed in #1. Data is rolled up by the AHF IT Department using SQL programming to create reports in the Health Plan’s report system.
3. A CLAS course is located in AHF University and is a required assignment for all Health Plan staff. An annual report showing percentage completion rate for Health Plan staff is presented at Quality Improvement and Health Equity Committee (QIHEC).
4. The Health Educator/ Health Equity Officer contributes to a multi-year Population Needs Assessment (PNA) process, which informs the annual Population Health Management (PHM) Strategy. This process includes assessing the population language profile and identifying health equity improvement opportunities through engagement with community stakeholders.

5. The Health Plan submits audited Managed Care Accountability Sets (MCAS) as required by DHCS. The Health Plan also tracks measures based on the Healthcare Effectiveness Data and Information Set (HEDIS) data to demonstrate monitoring of the HEDIS measure Race/Ethnicity Diversity of Membership pursuant to the Department of Health Care Services (DHCS) and Department of Managed Healthcare (DMHC) requirements.
6. The Health Plan primarily stores enrollee demographic data in its health plan management system. This data is electronically transferred to the care management system under the supervision and monitoring of the AHF IT Department. The current systems are called Health Suite and eQ Suite, respectively.

Procedure:

1. Data Collection:
 - a. The Health Plan develops and publishes an enrollee demographic survey based on OMB and NCQA categories. This survey for demographic information is collected at the time of initial enrollment and may be used, as needed, during any face-to-face, telephone or mail encounter. Opportunities for data collection include but may not be limited to provider or care management visits, call center or case management telephone contact or targeting mailings with a return-addressed-stamped-envelope.
 - b. The Health Plan submits its enrollee demographic survey instrument to the California DHCS Managed Care Operations Division portal for its review and approval.
 - c. The Health Plan's Certified Enrollment Specialist, under the direction of the Director of Pharmacy Sales, Western Region, enrolls potential members that reside in Los Angeles County, are twenty-one (21) years of age or older and have a diagnosis of AIDS. Enrollment takes place in a variety of locations with confidentiality and privacy at the forefront due to the known diagnostic criteria of the Health Plan.
 - d. The enrollee demographic survey is part of the enrollment packet of forms that applicants complete when enrolling in the Health Plan. The Sales Representative explains the purpose of collecting demographic information including data sharing, the protection of data, confidentiality and privacy, voluntary participation and how data will be used to improve healthcare services and advance health equity. All AHF employees are well versed in communicating so as not to stigmatize anyone and in fact, AHF has been a pioneer in advocating the removal of any stigmatization in the people-living-with-HIV-or-AIDS (PLWHA) community.
 - e. The Sales Representative submitted the completed form with the enrollment packet documents to the Director of Member Services and Plan Administrator via a group email.
 - f. The Director of Member Services or designee reviews each application to verify eligibility.
 - g. The Director of Member Services or designee enters the data into the Health Plan's management system within twenty-four (24) hours after receiving. Member services must receive all applications by the 20th of each month to be processed to start the following month.
 - h. Member services then send the application to DHCS and wait confirmation via email. When DHCS sends confirmation email to the Health Plan, the enrollee is notified of acceptance.

- i. Should an existing enrollee's record lack demographic information, the Care Management staff, under the direction of the Director of Care Coordination, collects this information when it contacts enrollees for follow-up, health assessments or responding to enrollee enquiries or requests. The Care Management staff also sends out a demographic survey via mail and email. There are also opportunities to close gaps in the demographic information during events such as interdisciplinary care plan meetings, retrieval of records for MCAS/HEDIS, Health Fairs when AHF participates, enrollee Public Policy Committee Meetings and AHF Advocacy groups. Upon completion of the form, the document is sent to the Director of Member Services.
- j. The Director of Member Services and Call Center Operations or his or her designee is responsible for completing and documenting member information into the Health Plan Management System (HEALTH Suite) which is then imported to the care management system (eQ Suite) by the AHF IT Department.
- k. The Health Plan may receive, exchange or use enrollee demographic data stored, collected or assessed by sources who made a direct request for demographic data. Those sources may include but are not limited to: AHF Healthcare Centers/Pharmacy, hospitals, network providers' electronic health records, emergency rooms, Care/Case Management systems, DHCS/CMS data and care givers. The data may be received or exchanged via a hard copy or electronically. Electronic exchange of data is programmed by the AHF It Department's Associate Director of EDI and Data Analytics or his or her designee, using the highest levels of security and confidentiality.
- l. Data Analytics in IT completes a Gap analysis report quarterly to address any gaps in demographic data. Any enrollee declining to answer one of demographic information fields is considered a gap; as is a blank. These enrollees may receive a survey in the mail, an email, or phone call and be asked to complete the demographic section. Under the direction of the Health Equity Officer, QIHEC monitors demographic enrollee data to sustain or improve 80% completion rate on fields particularly required for MCAS/HEDIS (such as the Race field) or for service area target improvements. The data field report with percentages is presented at least annually at QIHEC and documented in the minutes.
- m. If the Health Plan receives data that is conflicting demographic data, the plan will attempt to reconcile the difference. The Health Plan considers the Health Plan's management system (Health Suite) to be the "source of truth". Any changes to this system must come from the enrollee. However, if the field in the plans management system is blank or enrollee "declined to answer", and conflicting data is received through other direct enrollee completed sources, Member Services representative will attempt to contact the enrollee via phone for correct answer. If this attempt fails, a letter may be sent requesting the information or the information will be obtained from the medical record/provider. Any questions about this process will be handled by the Health Equity Officer including decisions regarding additional steps to take or definitions of fields and how the fields role up to OMB categories. Once a field reconciliation is finalized, a Member Services designee enters the data into the Health Plan's management system (Health Suite).
- n. The Health Plan does not calculate estimations using indirect methods for race/ethnicity since the population is skewed by its Population Specific Plan (PSP). The Health Plan only focuses on enrollees twenty-one (21) years of age and older with a diagnosis of AIDS. There is no comparable data set to extrapolate meaningful estimations from since other data sets such as



Census data focus on the total population. The Health Plan does look at Census data, Department of Public Health data, and the U.S Data. Center annually to see if any statistically useful resources have been developed. Research is extended to other sources, as needed. The Health Plan continually advocates for stratification of data by PSPs with both CMS and DHCS.

1. Data Use and Analysis:

- a. The Health Equity Officer or his or her designee uses enrollee demographic data for reporting, analysis, and decision-making purposes to improve healthcare services and address health disparities.
- b. The Health Equity Officer or his or her designee will request data and/or reports from IT to be pulled from HEALTH Suite.
- c. Standard reports will be developed as needed and reside in the Business Intelligence (BI) Portal.
- d. The Health Equity Officer or his or her designee may share aggregate and de-identified data with relevant stakeholders to support research, policy development, and community health initiatives.
- e. The National Quality Director or designee oversees the collection, auditing and reporting of MCAS/HEDIS data.

The AHF Privacy Officer ensures all data use adheres to privacy laws and regulations, ensuring the protection of enrollee confidentiality.

Definitions:

1. Race: Refers to an individual's identification with a particular racial group, such as American Indian or Alaskan Native, Asian, Black, Middle Eastern or North African, Native Hawaiian or another Pacific Islander, White, etc.
2. Ethnicity: Refers to a Hispanic, Latino or Spanish individual's cultural background or heritage, such as Cuban, Mexican or Mexican American, Puerto Rican, etc..
3. Gender Identity: Refers to an individual's deeply held sense of their gender, which may or may not align with the sex assigned at birth.
4. Sexual Orientation: Refers to an individual's emotional, romantic, and/ or sexual attraction to other individuals, such as gay, lesbian, bisexual, heterosexual, etc.
5. Language Spoken, Read, write: Refers to the language an individual is proficient in speaking, reading, and writing.
6. Pronouns:
 - a. He/Him: Typically used by individuals who identify as male.
 - b. She/Her: Typically used by individuals who identify as female.



- c. They/Them: Used by individuals who identify as non-binary, genderqueer, or gender non-conforming. They/Them pronouns can also be used as gender-neutral pronouns for anyone.
- d. Ze/Hir: Used by some individuals who identify outside of the binary gender system.

Monitoring:

This policy is updated, as necessary, and reviewed and approved at least annually Member Provider Committee (MPC).

References:

1. National Committee for Quality Assurance (NCQA) Health Equity Standards and Guidelines, Effective for Surveys on or After July 1, 2024; HE 2 Element B: Collection of Data on Race/Ethnicity.
2. Race and Ethnic Standards for Federal Statistics and Administrative Reporting, Policy Directive No. 15, 1977.



ATTACHMENT A



1

Applicant/Member-Name: _____ → 1

Member-ID-No. (if known): _____ → 1

PHC California wants to be sure you get the best care possible. Please answer these questions about your identity. Your answers will help us meet your needs and provide the highest quality of care. If you don't want to fill out this questionnaire, your current or future enrollment in the plan will not be affected.

1. → What is your race? **Check all that apply.** 1

<input type="checkbox"/> → American Indian or Alaska Native	<input type="checkbox"/> → Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> → Asian	<input type="checkbox"/> → White
<input type="checkbox"/> → Black or African American	<input type="checkbox"/> → Other _____ →
<input type="checkbox"/> → Middle Eastern or North African	<input type="checkbox"/> → Decline to State

2. → Are you of Hispanic, Latino or Spanish Origin? 1

<input type="checkbox"/> → No	<input type="checkbox"/> → Yes, Cuban
<input type="checkbox"/> → Yes, Another Latino or Spanish Origin (Argentinean, Peruvian, etc.) 1	<input type="checkbox"/> → Yes, Mexican, Mexican American
→ _____ →	<input type="checkbox"/> → Yes, Puerto Rican
	<input type="checkbox"/> → Decline to State

3. → In which language do you prefer to receive your medical care? **Choose only one.** 1

<input type="checkbox"/> → American Sign Language	<input type="checkbox"/> → Russian
<input type="checkbox"/> → Armenian	<input type="checkbox"/> → Spanish
<input type="checkbox"/> → Chinese	<input type="checkbox"/> → Tagalog
<input type="checkbox"/> → English	<input type="checkbox"/> → Vietnamese
<input type="checkbox"/> → Farsi	<input type="checkbox"/> → Other _____ →
<input type="checkbox"/> → Korean	<input type="checkbox"/> → Decline to State

4. → In which language do you prefer to read? **Choose only one.** 1

<input type="checkbox"/> → Armenian	<input type="checkbox"/> → Russian
<input type="checkbox"/> → Braille	<input type="checkbox"/> → Spanish
<input type="checkbox"/> → Chinese	<input type="checkbox"/> → Tagalog
<input type="checkbox"/> → English	<input type="checkbox"/> → Vietnamese
<input type="checkbox"/> → Farsi	<input type="checkbox"/> → Other _____ →
<input type="checkbox"/> → Korean	<input type="checkbox"/> → Decline to State

5. → What is your sex at birth? **Choose only one.** 1

<input type="checkbox"/> → Male	<input type="checkbox"/> → Other
<input type="checkbox"/> → Female	<input type="checkbox"/> → Decline to State

6. → What is your gender identity? **Choose only one.** 1

<input type="checkbox"/> → Cisgender (Male or Female)	<input type="checkbox"/> → Non-Binary
<input type="checkbox"/> → Agender	<input type="checkbox"/> → Queer
<input type="checkbox"/> → Bigender	<input type="checkbox"/> → Transgender Female (MTF)
<input type="checkbox"/> → Genderfluid	<input type="checkbox"/> → Transgender Male (FTM)
<input type="checkbox"/> → Intersex	<input type="checkbox"/> → Decline to State

7. → Which of the following do you identify most closely with? **Choose only one.** 1

<input type="checkbox"/> → Gay, Lesbian or Homosexual	<input type="checkbox"/> → Asexual
<input type="checkbox"/> → Straight or Heterosexual	<input type="checkbox"/> → Heterosexual-MSM (Men who Have Sex with Men)
<input type="checkbox"/> → Bisexual	<input type="checkbox"/> → Decline to State

8. → What are your pronouns? **Choose only one.** 1

<input type="checkbox"/> → He/him/his	<input type="checkbox"/> → Ze/hir/hirs
<input type="checkbox"/> → She/her/hers	<input type="checkbox"/> → Xe/xem/xyr/s
<input type="checkbox"/> → They/them/theirs	<input type="checkbox"/> → Decline to State

Please return this form to a plan representative or send it to Attn: Member Services, PHC California, PO Box 46160, Los Angeles, CA 90046.

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DHCS-MDDYY-PHC-FR-Form-41.11

