



| | | |
|---|--|--|
| Policy and Procedure No: MS 20.0 | | Revision No: 0 |
| Division: Care Management | | |
| Department: Member Services | | |
| Title: PHC-CA Outbound Enrollment Verification (OEV) Process | | |
| Effective Date: 1/1/2024 | | |
| Supersedes Policy No: N/A | | |
| Reviewed/Revised by: Sandra Holzner | | Review/Revision Date: 12/5/2025 |
| Approving Committee: Member Provider Committee | | Date: 12/15/2025 |
| Executive Oversight Committee Date: 12/16/2025 | | |

Purpose:

This policy outlines the process followed by the Member Services Department to verify a Medi-Cal applicant’s intent to enroll in PHC California (the Health Plan) using the Department of Health Care Services (DHCS) approved Outbound Enrollment Verification (OEV) script and follow-up notice. This process ensures compliance with DHCS requirements and timely confirmation of the member’s enrollment intent.

Policy:

Health Plan Member Services staff or designee shall verify enrollment requests using an outbound calling protocol and, when necessary, a written follow-up notice. The following provisions apply:

1. Member Services staff or designee shall initiate verification upon receipt of a completed PHC Medi-Cal application received from the Sales Enrollment team.
2. Member Services staff or designee shall confirm applicants’ eligibility using the DHCS MEDS system prior to initiating contact.
3. Member Services staff or designee will conduct an OEV call to confirm the applicant’s intent to enroll in the PHC California Health Plan.
4. Member Services staff or designee shall place up to three (3) outbound call attempts to the applicant using the DHCS-approved OEV script (Form 72.0).
5. If all three call attempts are unsuccessful, Member Services staff or designee shall mail the DHCS-approved Enrollment Request Verification Notice (Form 71.0) to the applicant.
6. If the applicant has indicated a preferred language other than English, Member Services staff or designee must use the Language Line services before placing the call.
7. The OEV process must be completed before the applicant’s enrollment effective date.
8. All outreach contact attempts and outcomes must be documented in HealthSuite and 8x8 systems.

Procedure:

Outbound Enrollment Request Verification Process

1. Eligibility Review

- a. Member Service staff or designee shall verify applicant eligibility using the DHCS MEDS system.

2. Outbound Call Attempts

- a. Member Services staff or designee shall place up to three (3) outbound calls using the DHCS Form 72.0.
- b. Member Services staff or designee shall access the Language Line vendor prior to calling if the applicant's preferred language is not English.
- c. Member Services staff or designee shall document the outcomes of each call attempt in HealthSuite and 8x8.

3. Call Script Execution

- a. Member Services Staff or designee shall introduce the purpose of the call and confirm if the availability of the applicant.
- b. If the applicant confirms enrollment, Member Service staff or designee shall explain the PHC health plan and request verbal confirmation to proceed. The confirmation shall be documented in HealthSuite and 8x8.
- c. If the applicant declines PHC enrollment, Member Services staff shall update HealthSuite and 8x8 system accordingly and halt further action.

4. No Contact Established

- a. If the applicant cannot be reached after three (3) attempts:
 - i. Member Services staff or designee shall complete the Enrollment Request Verification Notice (Form 71.0).
 - ii. Member Services staff or designee shall mail the Enrollment Request Verification Notice (Form 71.0) letter to the address on file.
 - iii. Member Services staff or designee shall document all contact attempts and mailing details in HealthSuite and 8x8.

Definitions:

1. OEV (Outbound Enrollment Verification): A mandatory process to confirm a PHC Health Plan Medi-Cal applicant's intent to enroll.
2. HealthSuite: The Health Plan's internal documentation system.
3. 8x8: The cloud-based communication and contact center platform used by Member Services staff to manage and document call activity.
4. DHCS Form 72.0: DHCS-approved call script for outbound verification calls.

5. DHCS Form 71.0: DHCS-approved written notice used when the applicant is unreachable by phone or unsuccessful contact.

Monitoring:

Member Services leadership will perform monthly audits to confirm adherence to this policy. Findings will be reported to the Member Provider Committee on a quarterly basis. This policy shall be reviewed and updated annually, or as necessary.

Reference(s):

1. DHCS OEV Script (Form 72.0)
2. DHCS Enrollment Request Verification Notice Template (Form 71.0)
3. Title 22, California Code of Regulations Section 53800 et seq.

