



Policy: MA.4010
Title: **Health Network and Primary Care
Provider Selection, Assignment,
and Notification**

Department: Customer Services
Section: Not Applicable

CEO Approval: */s/ Michael Hunn 12/16/2024*

Effective Date: 08/01/2005
Revised Date: 12/01/2024

Applicable to: ☐ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines CalOptima Health's process for Member selection of, or assignment to, a Health Network and Primary Care Provider (PCP) and the process to notify a Member of a PCP contract termination.

II. POLICY

- A. CalOptima Health is committed to a Member's right to select a Health Network and a Primary Care Physician (PCP).
- B. CalOptima Health shall ensure that a Member is enrolled in a Health Network, and assigned to a PCP, no later than the Member's effective date of OneCare coverage.
- C. CalOptima Health shall request an individual to select a Health Network and a PCP at the time of enrollment with OneCare.
- D. A Member may only select a PCP within his or her selected Health Network.
- E. A Member who selects or is assigned to a participating Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as his or her PCP:
 - 1. Shall be assigned directly to the FQHC or RHC; and
 - 2. Shall not be assigned to an individual PCP performing services on behalf of the FQHC or RHC.
- F. If a Member fails to select a Health Network and/or a PCP at the time of enrollment, CalOptima Health shall assign such Member to a Health Network and/or a PCP, in accordance with this Policy.
- G. CalOptima Health shall notify a Member, in writing or by telephonic outreach, of the Member's Health Network and/or PCP assignment, with instructions on how the Member may change his or her Health Network and PCP.

- H. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima Health, in accordance with the terms and conditions of this policy and CalOptima Health Policy MA.4011: Member Notification of Change in Location or Availability of Providers or Covered Services.
- I. CalOptima Health shall notify affected Members of a PCP and/or Health Network contract termination, in accordance with this Policy.

III. PROCEDURE

- A. If a Member completes the OneCare Enrollment Form during a face-to-face or telephonic interview, CalOptima Health staff shall assist the Member in selecting a Health Network and PCP.
- B. If a Member submits the OneCare Enrollment Form to CalOptima Health by mail or facsimile, or makes the Election through another method approved by the Centers for Medicare & Medicaid Services (CMS), CalOptima Health staff shall ensure the Member's selection of a Health Network and PCP as follows:
 - 1. If the Member selected a PCP, but failed to select a Health Network, CalOptima Health shall assign the Member to a Health Network as follows:
 - a. If the Member's selected PCP contracts with only one (1) Health Network, CalOptima Health shall assign the Member to that Health Network.
 - b. If the Member's selected PCP contracts with more than one (1) Health Network, CalOptima Health staff shall contact the Member to obtain the Member's choice of Health Network.
 - c. If CalOptima Health staff is unable to contact the Member within the designated time frame, CalOptima Health staff shall contact the Member's PCP to determine a Health Network for the Member.
 - d. If the PCP is unable to provide the Health Network selection within the same day of CalOptima Health's request, CalOptima Health shall assign the Member to a Health Network.
 - 2. If the Member selected a Health Network, but failed to select a PCP, CalOptima Health shall assign the Member to a PCP as follows:
 - a. CalOptima Health staff shall contact the Member to obtain the Member's PCP selection.
 - b. If CalOptima Health staff is unable to contact the Member within the designated time frame, CalOptima Health shall assign the Member to a PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.
 - 3. If the Member selected a PCP, who is not available to new Members, CalOptima Health shall assign the Member to another PCP as follows:
 - a. CalOptima Health staff shall contact the Member to inform the Member that the selected PCP is not available to new Members and obtain the Member's new PCP selection.

- b. If CalOptima Health staff is unable to contact the Member within the designated time frame, CalOptima Health shall assign the Member to another PCP contracted with the Member's Health Network, taking into consideration the geographic location of the PCP's office in relation to the Member's residence and the Member's preferred language, if available.
 4. If the Member fails to select both a Health Network and a PCP, CalOptima Health shall assign the Member to a Health Network and PCP as follows:
 - a. CalOptima Health staff shall contact the Member to obtain the Member's choice of Health Network and PCP.
 - b. If CalOptima Health staff is unable to contact the Member within a designated timeframe, CalOptima Health shall assign the Member to a PCP and Health Network, taking into consideration the geographic location of the Member's residence and the Member's preferred language, if available.
- C. A Member or Authorized Representative may request to change his or her Health Network or PCP at any time. A Member or Authorized Representative shall contact the CalOptima Health OneCare Customer Service Department to request a Health Network or PCP change.
 1. If the Member requests to change his or her Health Network or PCP by close of business on the last business day of the month, the effective date with the new Health Network or PCP shall be the first (1st) calendar day of the following month.
 2. If the Member requests to change Health Network or PCP after the close of business on last business day of the month, the effective date with the new Health Network or PCP shall be the first (1st) calendar day of the month after the immediate following month.
 3. A Member may only select a PCP within his or her selected Health Network.
- D. Upon termination of a PCP's contract with a Health Network, the Health Network shall notify CalOptima Health no later ninety (90) calendar days prior to the PCP's contract termination date in accordance with CalOptima Health Policy GG.1652: DHCS Notification of Change in the Availability or Location of Covered Services.
 1. The Health Network notice to CalOptima Health shall indicate an affected Member's new PCP assignment, the new PCP's name, and the new PCP's Medicare identification number.
 2. In the case of unforeseen circumstances (i.e., if the Health Network received less than ninety (90) calendar days' notice from a PCP), the Health Network shall notify CalOptima Health of a PCP termination immediately upon receipt of such notice.
 3. CalOptima Health shall make a good faith effort to notify an affected Member of a PCP termination forty five (45) calendar days prior to the PCP's contract termination date and make a minimum of one (1) telephonic outreach attempt to inform the Member.
 4. The written Provider Termination Notice must do all of the following:
 - a. Inform the Member that the Provider will no longer be in the network and the date the Provider will leave the network;

- b. Include name, address, and phone number of in-network Provider that the Member may access for continued care and how the Member may select a different PCP if he or she is not satisfied with his or her new PCP assignment;
 - c. Explain how the Member may request a continuation of ongoing medical treatment or therapies with their current Provider;
 - d. Provide information about the annual coordinated election period and the Medicare Advantage Open Enrollment Period, as well as explain that an enrollee who is impacted by the Provider termination may contact 1-800-MEDICARE to request assistance in identifying and switching to other coverage, or to request consideration for a Special Election Period (SEP); and
 - e. Include CalOptima Health's OneCare Customer Service telephone number, TTY number, and hours and days of operation.
- 4. The telephonic provider termination notice must relay the same information as the written provider termination notice as described in section III.D.4. of this Policy.
- 5. If the Member is not reached via telephonic attempt(s), CalOptima Health shall send an "Unable to Reach You Notice" to the Member.
- E. Upon termination of a Health Network, CalOptima Health shall notify an affected Member of a Health Network termination thirty (30) calendar days prior to the Health Network's contract termination date.
 - 1. CalOptima Health's notice shall request the Member to contact CalOptima Health to select another Health Network.
 - 2. If the Member does not contact CalOptima Health within the designated timeframe, CalOptima Health shall assign the Member to a Health Network contracted with the Member's selected PCP.
 - a. If the Member's currently assigned PCP contracts with more than one (1) Health Network, CalOptima Health staff shall contact the Member's currently assigned PCP to determine a Health Network for the Member.
 - b. If the Member's currently assigned PCP is unable to provide the Health Network selection within the same day of CalOptima Health's request, or the Member's currently assigned PCP is not contracted with any other Health Network, CalOptima Health shall assign the Member to a new Health Network and PCP.
 - c. CalOptima Health shall assign the Member to a new PCP, taking into consideration the geographic location of the Member's residence and the Member's preferred language, if available.

IV. ATTACHMENT(S)

- A. Notice of Physician Medical Group Termination
- B. Unable to Reach You Notice

V. REFERENCE(S)

- A. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- B. CalOptima Health Policy MA.4003: Member Enrollment
- C. CalOptima Health Policy MA.4011: Member Notification of Change in Location or Availability of Providers or Covered Services
- D. Title 42, Code of Federal Regulations (C.F.R), §§422.111(e) and 422.2267

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
03/04/2021	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	08/01/2005	MA.4010	Physician Group and PCP Selection, Assignment, and Notification	OneCare
Revised	07/01/2007	MA.4010	Physician Group and PCP Selection, Assignment, and Notification	OneCare
Revised	08/01/2012	MA.4010	Physician Medical Group and PCP Selection, Assignment and Notification	OneCare
Revised	02/01/2014	MA.4010	Physician Medical Group and PCP Selection, Assignment and Notification	OneCare
Revised	04/01/2016	MA.4010	Physician Medical Group and PCP Selection, Assignment and Notification	OneCare
Revised	05/01/2017	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare
Revised	10/01/2019	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare
Revised	03/04/2021	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare
Revised	09/01/2022	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare
Revised	12/01/2023	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare
Revised	12/01/2024	MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	OneCare

IX. GLOSSARY

Term	Definition
Authorized Representative	Has the meaning given to the term Personal Representative in Section 164.502(g) of Title 45, Code of Federal Regulations. A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting <i>in loco parentis</i> who have the authority under applicable law to make health care decisions on behalf of unemancipated minors and as further described in CalOptima Health Policy HH.3009.
Election	Enrollment in, or voluntary disenrollment from, a Medicare Advantage (MA) plan or Original Medicare.
Election Period	The time during which an eligible individual may elect a Medicare Advantage (MA) plan or Original Medicare. The type of Election Period determines the effective date of MA coverage as well as the types of enrollment requests allowed.
Federally Qualified Health Center (FQHC)	A type of Provider defined by the Medicare and Medicaid statutes. FQHCs include all organizations receiving grants under Section 330 of the Public Health Service Act, certain tribal organizations, and FQHC Look-Alikes. An FQHC must be a public entity or a private non-profit organization. FQHCs must provide primary care services for all age groups.
Member	For the purposes of this policy, an enrollee-beneficiary of the CalOptima Health OneCare program.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Primary Care Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model, “Primary Care Practitioner” or “PCP” shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a specialty care provider or clinic.
Provider	Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.