



Policy: DD.2006b
Title: **CalOptima Health Community Network Member Primary Care Provider Selection/Assignment**
Department: Customer Service
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 12/05/2024

Effective Date: 01/01/2011

Revised Date: 12/05/2024

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

I. PURPOSE

This policy describes the criteria by which a CalOptima Health Community Network (CHCN) Member shall select or be assigned a Primary Care Provider (PCP).

II. POLICY

- A. CalOptima Health recognizes that it is in the best interest of a Member to establish a medical home and maintain continuity of care with a PCP.
- B. As part of CalOptima Health's commitment to these objectives, a CHCN Member is encouraged to select a participating PCP in accordance with the terms and conditions of this policy. If a CHCN Member does not select a participating PCP, CalOptima Health shall assign the Member to a participating PCP in accordance with this policy.
- C. CalOptima Health shall only assign a Member to a participating PCP who has been credentialed as a PCP by CalOptima Health.
- D. A Member shall have the right to select a participating Community Health Center or Non-Physician Medical Practitioner as his or her PCP. If a Member chooses a participating Non-Physician Medical Practitioner as his or her PCP, the Member shall be assigned directly to the supervising physician and not the Non-Physician Medical Practitioner.
- E. A Member categorized as a Senior or Person with a Disability (SPD) shall have the right to choose a PCP specialist physician who is a participating Provider, is willing to perform the role of the PCP, and has met CalOptima Health's requirements for a specialist to act as a PCP.
- F. A Member eligible for the California Children's Services (CCS) Program, or the Member's parent(s), custodial parent(s), legal guardian(s), or other Authorized Representative(s), shall have the right to request a specialist as a PCP if the specialist agrees to serve in a PCP role and is a CCS-paneled Provider qualified to treat the required range of CCS-Eligible Conditions of the CCS child or youth, in accordance with CCS program rules and regulations.

- G. CalOptima Health shall maintain the existing PCP assignment process for the Adult Expansion Population by designating a point of contact to coordinate with county uninsured programs and public health care systems to share data and use that data to effectuate PCP assignment.
1. CalOptima Health shall identify unique individuals in the county uninsured programs or public health care systems by Client Index Number (CIN). If the CIN is not available, other data elements shall be used such as name, date of birth, and address.
 2. CalOptima Health shall send the Member PCP Assignment file with all the data elements outlined in the data transmission requirements, outlined in DHCS APL 23-031: Medi-Cal Managed Care Plan Implementation of Primary Care Provider Assignment for the Age 26-49 Adult Expansion Transition, to the county uninsured programs and public health care systems.
 3. CalOptima Health shall receive data for the Adult Expansion Population from county uninsured programs and public health care systems to match PCP assignments for new and transitioning Members. CalOptima Health shall use the data elements provided to complete a Member match and PCP assignment.
 4. CalOptima Health shall return the PCP Assignment Return File to the county uninsured programs and/or public health systems of the Members successfully assigned a PCP match.
 5. CalOptima Health shall not preclude assignment based on a PCP having a closed panel or not accepting new Members.
 6. CalOptima Health shall receive, store, use, or transmit PHI and share data, in accordance with CalOptima Health Policy HH.3023: Information Sharing.
 7. CalOptima Health shall securely destroy data for individuals who do not ultimately enroll into CalOptima Health, in accordance with CalOptima Health Policy GA.3201: Document Management Program and with Health Insurance Portability and Accountability Act (HIPAA) regulations.
- H. CalOptima Health shall make reasonable efforts to ensure that a Member expressing a desire to continue his or her existing relationship with a participating CHCN PCP is assigned to such PCP.
- I. 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.
- J. American Indian Members may choose an American Indian Health Care Provider within CalOptima Health's contracted network as his or her PCP.
- K. CalOptima Health shall disclose to a Member the reason for which he or she could not select or be assigned to a specific PCP.
- L. A Member may change his or her CHCN-participating PCP once every thirty (30) calendar days in accordance with this policy.

- M. CalOptima Health shall notify the CHCN PCP via the provider portal that they have been selected by a Member, or that they have been assigned a Member by CalOptima Health, within ten (10) calendar days after completion of the selection or assignment.
- N. If a participating PCP terminates the contractual relationship with CHCN, CalOptima Health shall assign impacted Members to a new PCP of the Member's choice. In the absence of Member choice, if the PCP requests to maintain the relationship with the Member, the Member shall be assigned to a Health Network of the PCP's choice.
 - 1. Members diagnosed with the following conditions shall remain with CHCN and assigned to a new PCP of the Member's choice or auto assigned in the absence of Member choice:
 - a. Diagnosed with hemophilia;
 - b. A Member with a Breast and Cervical Cancer Treatment Program (BCCTP) Primary Aid Code;
 - c. Listed for a Major Organ Transplant or approved for a Bone Marrow Transplant (BMT);
 - d. Has received a Major Organ Transplant or BMT within one hundred twenty (120) calendar days prior to the Member's effective date of enrollment in CalOptima Health; or
 - e. Is diagnosed with End Stage Renal Disease (ESRD).
- O. CalOptima Health shall provide written notice of termination of a contracted Provider to each Member in accordance with CalOptima Health Policy DD.2012: Member Notification of Change in Location or Availability of Providers or Covered Services.

III. PROCEDURE

- A. PCP Selection or Assignment for a Newly Enrolled CHCN Member
 - 1. A newly eligible Member who chooses CHCN or is Auto-Assigned to CHCN shall have thirty (30) calendar days to select a CHCN participating PCP, or up to forty-five (45) calendar days if the Member's date of eligibility with CalOptima Health Direct (COHD) was after the fifteenth (15th) calendar day in the eligibility month.
 - 2. A Member assigned directly to CHCN, in accordance with CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct, shall be assigned a PCP in accordance with the terms of this policy.
 - 3. If an Adult Expansion Population Member's PCP data is received from the county uninsured programs and public health care systems, CalOptima Health shall assign the member to the PCP listed in the PCP Assignment File.
 - 4. If a Member does not select a participating PCP as described in Section III.A.1 of this Policy, or for a Member assigned directly to CHCN as described in Section III.A.2 of this Policy, CalOptima Health shall assign the Member to a participating PCP based on the following criteria:
 - a. If the Member was eligible with CalOptima Health within the last three hundred sixty-five (365) calendar days, CalOptima Health shall assign the Member to the last PCP on record that is currently a CHCN-participating PCP.

- b. If the Member does not meet criteria outlined in Section III.A.4.a and has a family Member in CHCN, CalOptima Health shall assign the Member to the same PCP, subject to any age and gender restrictions applicable to the PCP.
 5. Notwithstanding the above, if an SPD or a CCS Member does not select a CHCN-participating PCP, CalOptima Health shall use Fee-For-Service (FFS) utilization data or other data sources (including electronic data), if available, for purposes of PCP assignment.
 6. In the event Sections III.A.3-4 do not apply, CalOptima Health shall assign the Member to a participating PCP open for new assignment based on the following:
 - a. The geographic location of the participating PCP's office in relation to the Member's residence, in accordance with CalOptima Health Policy GG.1600: Access and Availability Standards;
 - b. The Member's language; then
 - c. The Member's age.
 - d. If more than one (1) PCP meets all assignment criteria, a PCP will be assigned based on a rotation to allow balanced distribution.
- B. For a PCP who terminates from CHCN and requests to maintain the relationship with the Member;
 1. The Provider shall submit a written request to CalOptima Health's Provider Relations Department at least sixty (60) calendar days prior to the expected date of termination including the Health Network name for Member assignment as appropriate.
 2. CalOptima Health shall provide written notification to the Member in accordance with CalOptima Health Policy DD.2012: Member Notification of Change in Location or Availability of Providers or Covered Services.
 3. In the absence of Member choice, CalOptima Health shall maintain the Member's relationship with the current PCP and the Health Network selected by the PCP.
 4. The effective date of the change shall be the first (1st) of the month following the date of the PCP termination.
- C. If a Member selects a participating PCP that is not accepting new Members, CalOptima Health shall:
 1. Inform the Member to choose a participating PCP to avoid Auto-Assignment.
 2. Contact the PCP, if a Member contacts CalOptima Health and indicates an existing relationship with a participating PCP not accepting new Members and make all reasonable efforts to ensure that the Member may continue an existing relationship with the participating PCP.
 3. Assign the Member to a CHCN-participating PCP, in accordance with Section III.A. of this policy, if CalOptima Health is unable to obtain a CHCN-participating PCP from the Member.
- D. A Member may request to change his or her participating PCP every thirty (30) calendar days by contacting CalOptima Health's Customer Service Department.

1. If the Member requests a PCP change before seeing his or her assigned PCP prior to the sixteenth (16th) calendar day of the current month, CalOptima Health shall make the change effective the first (1st) calendar day of the current month.
2. If the Member requests a PCP change after seeing his or her assigned PCP after the sixteenth (16th) calendar day of the current month, CalOptima Health shall make the change effective the first (1st) calendar day of the immediately following month.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Community Network (CHCN) Primary Care Provider (PCP) Selection Form and Guide
- B. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Contract for Health Care Services
- D. CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct
- E. CalOptima Health Policy DD.2012: Member Notification of Change in Location or Availability of Providers or Covered Services
- F. CalOptima Health Policy GA.3201: Document Management Program
- G. CalOptima Health Policy GG.1600: Access and Availability Standards
- H. CalOptima Health Policy HH.3023: Information Sharing
- I. Department of Health Care Services All Plan Letter (APL) 23-031: Medi-Cal Managed Care Plan Implementation of Primary Care Provider Assignment for the Age 26-49 Adult Expansion Transition
- J. Department of Health Care Services All Plan Letter (APL) 23-034: California Children's Services Whole Child Model Program (Supersedes APL 21-005)
- K. Welfare and Institutions Code, §§ 14087.325 and 14094.14
- L. Title 22, California Code of Regulations (CCR), §55170
- M. Title 42, Code of Federal Regulations (CFR), §438.10(f)(5)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
07/12/2010	Department of Health Care Services (DHCS)	Approved as Submitted
04/07/2015	Department of Health Care Services (DHCS)	Approved as Submitted
10/09/2017	Department of Health Care Services (DHCS)	Approved as Submitted
09/17/2018	Department of Health Care Services (DHCS)	Approved as Submitted
06/05/2023	Department of Health Care Services (DHCS)	Approved as Submitted
05/16/2024	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
11/05/2009	Regular Meeting of the CalOptima Board of Directors
03/06/2014	Regular Meeting of the CalOptima Board of Directors
09/06/2018	Regular Meeting of the CalOptima Board of Directors
12/05/2024	Regular Meeting of the CalOptima Health Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2011	DD.2006b	CalOptima Care Network Member Primary Care Provider Selection/Assignment	Medi-Cal
Revised	03/01/2011	DD.2006b	CalOptima Care Network Member Primary Care Provider Selection/Assignment	Medi-Cal
Revised	07/01/2011	DD.2006b	CalOptima Care Network Member Primary Care Provider Selection/Assignment	Medi-Cal
Revised	01/01/2013	DD.2006b	CalOptima Care Network Member Primary Care Provider Selection/Assignment	Medi-Cal
Revised	03/01/2015	DD.2006b	CalOptima Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	09/01/2016	DD.2006b	CalOptima Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	09/01/2017	DD.2006b	CalOptima Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	09/06/2018	DD.2006b	CalOptima Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	09/01/2019	DD.2006b	CalOptima Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	08/01/2020	DD.2006b	CalOptima Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	10/01/2021	DD.2006b	CalOptima Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	09/01/2022	DD.2006b	CalOptima Health Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	05/01/2023	DD.2006b	CalOptima Health Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	04/01/2024	DD.2006b	CalOptima Health Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal
Revised	12/05/2024	DD.2006b	CalOptima Health Community Network Member Primary Care Provider Selection /Assignment	Medi-Cal

IX. GLOSSARY

Term	Definition
Adult Expansion Population	An expansion population as defined by amended Welfare and Institutions Code (W&I) Section 14007.8 for full scope Medi-Cal to individuals who are twenty-six (26) through forty-nine (49) years of age, and who do not have satisfactory immigration status (SIS) as required by W&I Section 14011.2.
Authorized Representative	Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member.
Auto-Assignment	The process by which a CalOptima Health Member who does not select a PCP and/or Health Network is assigned to a participating CalOptima Health Provider and/or Health Network.
California Children's Services (CCS)-Eligible Condition	A medical condition that qualifies a Child to receive medical services under the CCS Program, as specified in 22 CCR section 41515.1 et seq.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
CalOptima Health Community Network (CHCN)	A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Member.
CalOptima Health Direct (COHD) Member	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Community Health Center	Also known as Community Clinic—a health center that meets all of the following criteria: <ol style="list-style-type: none"> 1. Recognized by the Department of Public Health as a licensed Community Clinic or is a Federally Qualified Health Center (FQHC) or FQHC Look-Alike; 2. Affiliated with a Health Network; and 3. Ability to function as a Primary Care Provider (PCP).
Covered Services	Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, this Contract, and APLs that are made the responsibility of Contractor pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS)

Term	Definition
	<p>Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under this Contract, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than 21 years of age. Contractor is financially responsible for the payment of all EPSDT services;</p> <ol style="list-style-type: none"> 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, Contractor is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, Contractor is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than 21 years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, Contractor must ensure access to comparable services under the EPSDT benefit in accordance with APL 23-005;

Term	Definition
	<p>14. Childhood lead poisoning case management provided by county health departments;</p> <p>15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living;</p> <p>16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and APL 16-006; and</p> <p>17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with APL 22-012.</p>
Federally Qualified Health Center (FQHC)	An entity defined in Section 1905 of the Social Security Act (42 United States Code Section 1396d(1)(2)(B)).
Member	For the purposes of this policy, a Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal, or the United States Social Security Administration, who is enrolled in the CalOptima Health program and the CalOptima Health Community Network.
Non-Physician Medical Practitioner	A nurse midwife, physician's assistant, or nurse practitioner who provides primary care.
Primary Care Practitioner/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 individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.
Rural Health Clinic (RHC)	An entity defined in Title 22 CCR Section 51115.5.
Seniors and Persons with Disabilities (SPD)	Medi-Cal beneficiaries who fall under specific Aged and Disabled Aid Codes as defined by the DHCS.