Policy:	DD.2006
Title:	**Enrollment In/Eligibility with CalOptima Health Direct**
Department:	Customer Service
Section:	Not Applicable
CEO Approval:	*/s/ Michael Hunn 12/16/2024*
Effective Date:	09/01/2004
Revised Date:	12/01/2024
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the criteria by which CalOptima Health enrolls a Member in CalOptima Health Direct.

II. POLICY

A. CalOptima Health may enroll a Member in CalOptima Health Direct, in accordance with this Policy.

B. CalOptima Health shall enroll the following Members in CalOptima Health Direct Administrative (COHD-A) subject to the provisions of this Policy:

1. A Member who has Medicare coverage and is not enrolled in OneCare.

2. A Member who becomes the responsibility of the Public Guardian or is in an Institute for Mental Disease (IMD), or with Orange County Children and Family Services and placed outside of Orange County.

3. A Member with a Share of Cost (SOC) Aid Code.

4. At the time of initial enrollment in CalOptima Health, a Member with a non-Orange County zip code, or invalid address information from the State.

    a. If the address and/or zip code changes to an Orange County address at a later date, CalOptima Health shall request that the Member select a Health Network or CalOptima Health Community Network (CHCN), in accordance with CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process. If the Member fails to choose a Health Network or CHCN, then CalOptima Health shall auto assign the Member, in accordance with CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment.

C. CalOptima Health shall enroll a Member in CHCN in the following circumstances, unless eligible for enrollment in COHD-A under Section II.B.:

1. A Member with Long Term Care (LTC) Aid Code;

2. A Member with a Breast and Cervical Cancer Treatment Program (BCCTP) primary Aid Code;

3. A Health Network Eligible Member who:

    a. Is diagnosed with hemophilia;

    b. Is listed for a Major Organ Transplant or approved for a Bone Marrow Transplant (BMT).

    c. 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

    d. Is diagnosed with End Stage Renal Disease (ESRD).

D. If a Member is no longer required to be enrolled in COHD-A or CHCN as described in Sections II.B or II.C, such Member:

1. Is a Health Network Eligible Member;

2. May select CalOptima Health Community Network or any other Health Network in accordance with CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process.

E. CalOptima Health shall exclude a Health Network Eligible Member from the provisions of this Policy if such Member is enrolled in a Health Maintenance Organization (HMO) that, pursuant to the Health Network's Contract, is responsible for all Covered Services for the Member.

F. COHD-A is responsible for a Health Network Eligible Member until such Member selects a Health Network or is assigned to a Health Network, pursuant to CalOptima Health Policies DD.2008: Health Network and CalOptima Health Community Network Selection Process or AA.1207a: CalOptima Health Auto-Assignment, respectively.

G. CalOptima Health Direct is not responsible for Covered Services provided to a Member outside the United States, with the exception of Emergency Services requiring hospitalization in Canada or Mexico, in accordance with Title 22, California Code of Regulations, Section 51006.

III. PROCEDURE

A. At the time of initial enrollment in CalOptima Health, a Member with a zip code outside of Orange County, as indicated by the eligibility file sent to CalOptima Health by the State, or, if CalOptima Health is unable to verify a zip code within Orange County due to no address information provided by the State, such Member shall not be auto-assigned by CalOptima Health, and the Member shall remain in COHD-A.

B. If a Member assigned to COHD-A due to having a zip code outside Orange County changes his or her zip code to an Orange County zip code, CalOptima Health shall request that the Member select a Health Network or CHCN, in accordance with CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process. If the Member fails to choose a Health Network or CHCN, then CalOptima Health shall auto-assign the Member, in accordance with CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment.

C. If a current Member assigned to a Health Network has or receives a zip code outside of Orange County as indicated by the eligibility file sent to CalOptima Health by the State, or CalOptima Health is unable to verify a zip code within Orange County at a later date, the Member may remain with their

assigned Health Network unless Member makes a different Health Network choice or meets the criteria for COHD-A or CHCN enrollment as stated in Section II.B or II.C.

D. If a Health Network Eligible Member becomes the responsibility of the Public Guardian, or is in an Institute for Mental Disease, or is with Orange County Children and Family Services and resides outside Orange County:

1. The Member's Public Guardian, or the Orange County Children and Family Services may submit a written request to enroll the Member in COHD-A.

a. If CalOptima Health receives such request to enroll the Member in COHD-A by the tenth (10^{th}) calendar day of the month, CalOptima Health Direct shall assume responsibility for all Covered Services for the Member effective the first (1st) calendar day of the immediately following month.

b. If CalOptima Health receives such request after the tenth (10th) calendar day of the month, COHD-A shall assume responsibility for all Covered Services for the Member effective no later than the first (1st) calendar day of the month after the immediately following month.

2. If the Member's Public Guardian, or Orange County Children and Family Services does not submit a written request to enroll the Member in CalOptima Health Direct, the Member's Health Network shall be responsible for all Covered Services for the Member, in accordance with the Division of Financial Responsibility (DOFR).

3. If the Member returns to Orange County, the Public Guardian or Orange County Children and Family Services may submit a written request to enroll the Member in a Health Network or CHCN.

E. If a Health Network Eligible Member is diagnosed with Hemophilia:

1. The Member's Health Network shall notify CalOptima Health of the Member's diagnosis, in writing, using the Hemophilia Special Needs Screen Questionnaire, in accordance with CalOptima Health Policy GG.1318: Coordination of Care for Hemophilia Members.

a. If the Health Network notifies CalOptima Health, in writing, by the tenth (10^{th}) calendar day of a month, CHCN shall assume responsibility for all Covered Services for the Member effective the first (1st) calendar day of the immediately following month.

b. If the Health Network notifies CalOptima Health, in writing, after the tenth (10th) calendar day of a month, CHCN shall assume responsibility for all Covered Services for the Member effective no later than the first (1st) calendar day of the month after the immediately following month.

2. The Member's Health Network shall be responsible for all Covered Services for the Member, in accordance with the DOFR, until the Health Network notifies CalOptima Health, in writing, to enroll the Member in CalOptima Health Direct, and CalOptima Health transitions such Member to CHCN, as set forth in Section III.E.1 of this Policy.

F. If a Health Network Eligible Member, is listed for a Major Organ Transplant or approved for a BMT.

1. The Member's Health Network shall notify CalOptima Health, in writing, in accordance with CalOptima Health Policy GG.1313: Coordination of Care for Transplant Members.

a. Except as set forth in Section III.F.1.b of this Policy, CHCN shall assume responsibility for all Covered Services for the Member on the first (1st) calendar day of the month immediately following the date CalOptima Health receives written notice from the Health Network.

b. If the Member receives a Major Organ Transplant or BMT after the date the Health Network notifies CalOptima Health and before the first (1st) calendar day of the month immediately following the date CalOptima Health receives notice, CHCN shall assume responsibility for all Covered Services for the Member on the first (1st) calendar day of the month of notice.

2. The Member's Health Network shall be responsible for all Covered Services for the Member, in accordance with the DOFR, until the Health Network notifies CalOptima Health, in writing, and CalOptima Health transitions such Member to CalOptima Health Direct as set forth in Section III.F.1. of this Policy.

3. CHCN shall be responsible for all Covered Services for the Member for three- hundred sixty-five (365) calendar days after the Member receives a Major Organ Transplant or BMT. After three hundred sixty-five (365) calendar days after the date the Member receives a Major Organ Transplant or BMT, CalOptima Health shall request the Member select a Health Network, in accordance with CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process.

4. If CalOptima Health, the DHCS-approved Transplant Center, or the CCS-approved Special Care Center, determines that the Member is ineligible for a Major Organ Transplant or BMT:

a. If it has been less than three hundred sixty-five (365) calendar days after the Member transitioned to CHCN, CalOptima Health shall transition the Member to the Member's previous Health Network, effective the first (1st) calendar day of the month immediately following the date CalOptima Health, or the DHCS-approved Transplant Center determines that the Member is ineligible for a Major Organ Transplant or BMT; or

b. If it has been more than three hundred sixty-five (365) calendar days after the Member transitioned to CHCN, CalOptima Health shall request the Member select a Health Network, in accordance with CalOptima Health Policy DD.2008: Health Network Selection Process, or CalOptima Health shall auto assign the Member, in accordance with CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment.

G. If a Health Network Eligible Member is identified as a potential candidate for a Major Organ Transplant or a BMT:

1. The Member's Health Network shall notify CalOptima Health by sending a Notification of Transplant Member, in accordance with CalOptima Health Policy GG.1313: Coordination of Care for Transplant Members.

2. CHCN shall assume responsibility for all Covered Services for the Member on the first (1st) calendar day of the month immediately following the date CalOptima Health receives written notice from the Health Network, for a period of not less than three hundred sixty-five (365) calendar days after the date the Member received such Transplant.

3. CalOptima Health shall transition the Member to the Member's previous Health Network, effective no later than the first (1st) calendar day of the month immediately following the three hundred sixty-fifth (365th) calendar day after the date the Member received a Major Organ Transplant or BMT.

4. The Member's Health Network shall be responsible for all Covered Services for the Member until the Health Network submits written notice and CalOptima Health transitions such Member to CHCN, as set forth in Section III.G.1 and III.G.2 of this Policy.

H. If a Health Network Eligible Member is diagnosed with ESRD and is not already assigned to CHCN:

1. The Member's Health Network shall notify CalOptima Health, in writing, of the Member by submitting a copy of Form CMS-2728-U3 to CalOptima Health Case Management Department.

a. If a Health Network submits a Form CMS-2728-U3 on or before the fifteenth (15th) calendar day of a month, CHCN shall assume responsibility for all Covered Services for the Member effective no later than the first (1st) calendar day of the month after the immediately following month. For example, if a Health Network submits Form CMS-2728-U3 on June 15, CHCN shall assume responsibility for the Member effective August 1.

b. If a Health Network submits a Form CMS-2728-U3 after the fifteenth (15th) day of a month, CHCN shall assume responsibility for all Covered Services for the Member effective no later than the first (1st) calendar day of the second (2nd) month after the immediately following month. For example, if a Health Network submits Form CMS-2728-U3 on June 16, CHCN shall assume responsibility for the Member effective September 1.

c. CalOptima Health shall provide the Member with a thirty (30) calendar day notice of the transition, pursuant to the CalOptima Health Contract with DHCS.

I. If CalOptima Health identifies a Member who meets the requirements specified in Sections II.B and II.C, of this Policy, CalOptima Health shall transition the Member to COHD-A, or CHCN, and notify the Member's Health Network of such transition. CalOptima Health shall provide the Member, with a thirty (30) calendar day notice of the transition pursuant to CalOptima Health's contract with DHCS.

1. The Member's Health Network shall be responsible for all Covered Services for the Member, in accordance with the DOFR, until CalOptima Health enrolls the Member in COHD-A or CHCN.

J. If CalOptima Health identifies a Member who meets the requirements specified in Section II.B.1. of this Policy, CalOptima Health shall assign the Member a PCP as follows:

1. For a member who has both Medicare Parts A and B or Medicare Part B coverage and is enrolled in CalOptima Health Direct pursuant to this Policy, CalOptima Health shall not be required to assign such members who are eligible for services through Medicare to a Medi-Cal Primary Care Provider (PCP) or require them to select a Medi-Cal PCP in accordance with the policy of the Department of Health Care Services (DHCS).

2. For a member who has Medicare Part A coverage, but does not have Medicare Part B coverage, and is enrolled in CalOptima Health Direct, pursuant to this Policy, CalOptima Health shall assign such member to a Medi-Cal PCP in accordance with DHCS policy(s).

3. For an existing Member assigned to a Health Network, who gains Part A-only Dual status, CalOptima Health shall transition the Member to COHD-A in the month CalOptima Health is notified by the State of the change to Medicare Part A eligibility.

a. CalOptima Health shall assign the Member a PCP in accordance with CalOptima Health Policy DD.2006b: CalOptima Health Community Network Primary Care Provider Selection/Assignment.

4. For a newly enrolled Member who is also Medicare Part A-only Dual eligible, CalOptima Health shall assign the Member to a PCP in accordance with the methodology described in CalOptima Health Policy DD.2006b: CalOptima Health Community Network Primary Care Provider Selection/Assignment.

5. A Member may request to change his or her participating PCP every thirty (30) calendar days by contacting CalOptima Health's Customer Service Department.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract with Department of Health Care Services (DHCS)
B. CalOptima Health Contract for Health Services
C. CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment
D. CalOptima Health Policy DD.2006b: CalOptima Health Community Network Member Primary Care Provider Selection/Assignment
E. CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process
F. CalOptima Health Policy FF.1001: Capitation Payments
G. CalOptima Health Policy GG.1304: Continuity of Care During Health Network or Provider Termination
H. CalOptima Health Policy GG.1313: Coordination of Care for Transplant Members
I. CalOptima Health Policy GG.1318: Coordination of Care for Hemophilia Members
J. California Health and Safety Code, §§ 104160 through 104163
K. Department of Health Care Services (DHCS) All Plan Letter (APL) 14-015: PCP Assignment in Medi-Cal Managed Care for Dual-Eligible Beneficiaries
L. Department of Health Care Services All Plan Letter (APL) 23-034: California Children's Services Whole Child Model Program (Supersedes APL 21-005)
M. Title 22, California Code of Regulations, §51006
N. Welfare and Institutions Code, §§ 4474.6 and 14182.17(d)(3)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
10/01/2012	Department of Health Care Services (DHCS)	Approved as Submitted
04/01/2015	Department of Health Care Services (DHCS)	Approved as Submitted
08/18/2015	Department of Health Care Services (DHCS)	Approved as Submitted
10/07/2015	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
10/09/2006	Regular Meeting of the CalOptima Board of Directors
06/03/2008	Regular Meeting of the CalOptima Board of Directors
11/05/2009	Regular Meeting of the CalOptima Board of Directors
03/04/2010	Regular Meeting of the CalOptima Board of Directors
03/06/2014	Regular Meeting of the CalOptima Board of Directors

Date	Meeting
08/06/2015	Regular Meeting of the CalOptima Board of Directors
09/06/2018	Regular Meeting of the CalOptima Board of Directors
04/04/2019	Regular Meeting of the CalOptima Board of Directors
09/03/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	09/01/2004	DD.2006	CalOptima Health Direct Responsibilities	Medi-Cal
Revised	01/01/2006	DD.2006	CalOptima Health Direct Responsibilities	Medi-Cal
Revised	01/01/2007	DD.2006	CalOptima Health Direct Responsibilities	Medi-Cal
Revised	07/01/2008	DD.2006	CalOptima Health Direct Responsibilities	Medi-Cal
Revised	07/01/2010	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	01/01/2011	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	10/01/2012	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	03/01/2015	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	05/01/2015	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	09/01/2015	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Reviewed	02/01/2016	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	07/01/2016	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	09/06/2018	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	04/04/2019	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	09/03/2020	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	03/01/2022	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	10/01/2023	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal
Revised	1201/2024	DD.2006	Enrollment In/Eligibility with CalOptima Health Direct	Medi-Cal

IX. GLOSSARY

Term	Definition
Aid Code	The two (2) character code, defined by the State of California, which identifies the aid category under which a member is eligible to receive Medi-Cal covered services.
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 Members.
CalOptima Health Direct (COHD)	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.
CalOptima Health Direct (COHD) Member	A member who receives all Covered Services through CalOptima Health Direct.
CalOptima Health Direct Administrative (COHD-A)	The managed Fee-For-Service health care program operated by CalOptima Health that provides services to members as described in CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.

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, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health 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. Covered Services do not include: 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal 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) 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 the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 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, CalOptima Health 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, CalOptima

Term	Definition
	Health 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 twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 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; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 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 DHCS APL 22-012.
Division Of Financial Responsibility (DOFR)	A matrix that defines how CalOptima Health identifies the responsible parties for components of medical associated with the provision of covered services. The responsible parties include, but are not limited to, Physician, Hospital, CalOptima Health and the County of Orange.
End Stage Renal Disease (ESRD)	That stage of kidney impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplantation to maintain life. End Stage Renal Disease is classified as Stage V of Chronic Kidney Disease. This stage exists when renal function, as measured by glomerular filtration rate (GFR), is less than 15ml/min/1.73m^2 and serum creatinine is greater than or equal to eight, unless the Member is diabetic, in which case serum creatinine is greater than or equal to six (6). Excretory, regulatory, and hormonal renal functions are severely impaired, and the Member cannot maintain homeostasis.
Health Maintenance Organization (HMO)	A health care service plan, as defined in the Knox-Keene Health Care Service Plan Act of 1975, as amended, commencing with Section 1340 of the California Health and Safety Code.
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.
Health Network Eligible Member	A member who is eligible to choose a CalOptima Health, health network or CalOptima Health Community Network (CHCN).

Term	Definition
Major Organ Transplant	A Transplant for: 1. Heart; 2. Heart and lung; 3. Lung; 4. Liver; 5. Small bowel; 6. Kidney; 7. Combined liver and kidney; 8. Combined liver and small bowel; or 9. Combined kidney and pancreas.
Member	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 Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to patients; for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner.
Status 7	Temporarily unsuitable for Transplant according to the DHCS-approved Transplant Center.