



Policy: EE.1112
Title: **Health Network Eligible Member Assignment to Primary Care Provider**

Department: Network Operations
Section: Health Network Provider Relations

CEO Approval: /s/ Michael Hunn 05/23/2024

Effective Date: 10/01/1995

Revised Date: 03/01/2024

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

I. PURPOSE

This policy establishes the guidelines by which a Health Network shall assign a Health Network Member to a Primary Care Provider (PCP) and report PCP assignments to CalOptima Health.

II. POLICY

A. A Health Network Eligible Member shall have a choice of PCP at the time the Member selects a Health Network for enrollment and may change his or her PCP within the CalOptima Health network on a monthly basis for any reason, in accordance with CalOptima Health Policy DD.2008: Health Network Selection Process.

1. 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 or clinic as a PCP if the specialist or clinic 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 Member, in accordance with CCS program rules and regulations.
2. A Member with a Seniors or Person with Disability (SPD) aid code shall have the right to request a specialist or Community Health Center as a PCP if the specialist or Community Health Center agrees to serve in the PCP role.
3. For Adult Expansion Population Members with an existing in-network PCP with a Health Network, CalOptima Health is required to maintain that assignment upon transfer to the delegated Health Network.
4. Members shall have the right to request assignment to a PCP with a closed panel status as the Members in this population would not represent an increase to the panel size as they are already assigned to this PCP.

B. If a Member does not select a PCP at the time of Health Network selection, a Health Network shall assign such Member to a PCP within seven (7) calendar days after receipt of the eligibility file, and no later than forty-five (45) calendar days after the Member's enrollment with CalOptima Health.

- C. A Health Network shall only assign a Member to a PCP who has been credentialed in accordance with CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners and registered with CalOptima Health as a PCP by the Health Network.
- D. Except for an SPD Member, a Health Network shall assign a Member to a PCP, taking into consideration:
 - 1. The geographic location of the PCP's office in relation to the Member's residence, in accordance with CalOptima Health Policy GG.1600: Access and Availability Standards;
 - 2. The Member's language preference, if available; and
 - 3. The Member's age.
- E. For an SPD Member who does not select a PCP within thirty (30) calendar days of the effective date of enrollment with CalOptima Health, a Health Network shall use Fee-For-Service (FFS) utilization data provided by the DHCS or other data sources, including electronic data, to establish existing Provider relationships for the purpose of PCP assignment, and shall comply with all state and federal privacy laws in the provision and use of data.
- F. A Health Network shall make reasonable efforts to ensure that a Member expressing a desire to continue his or her existing relationship with a contracted PCP in the CalOptima Health network is assigned to such PCP.
- G. A Member who selects or is assigned to a Community Health Center, such as a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC), as his or her PCP shall be assigned directly to the Community Health Center and not the individual PCP performing services on behalf of the Community Health Center.
 - 1. With the exception of Member PCP assignment to a Community Health Center, a Member must be assigned to an individual PCP, as outlined in this policy.
- H. A Health Network shall notify the PCP via fax, email or provider portal that a Member has selected the PCP, or that the Health Network assigned the Member to the PCP, within ten (10) calendar days after completion of the selection or assignment.
- I. A Health Network shall disclose to a Member the reason for which he or she could not select or be assigned to a specific PCP.
- J. A Health Network shall notify CalOptima Health via the PCP Upload of a Member's assignment to a PCP, in accordance with Section III.C of this policy.
- K. A Member may change his or her PCP monthly, for any reason, within his or her selected Health Network. The Health Network shall process a Health Network Eligible Member's request to change his or her PCP.
- L. If a Health Network terminates a PCP, or a PCP terminates the contractual relationship with the Health Network, the Health Network shall assign a new PCP to a Member affected by the termination of his or her PCP within seven (7) calendar days after the effective date of the termination. A Health Network shall notify the affected Members, in writing, of the change of

availability of Covered Services, in accordance with CalOptima Health Policy DD.2012: Member Notification of Change in the Availability or Location of Covered Services.

III. PROCEDURE

A. Primary Care Provider Selection

1. A Health Network Eligible Member shall have the opportunity to select a PCP at the time of Health Network selection during the first thirty (30) calendar days after enrollment/eligibility.
2. A Member shall have the right to select a Community Health Center or a Non-Physician Medical Practitioner as a PCP. If a Member chooses a 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.
3. An SPD Member shall have the right to request a specialist or Community Health Center as a PCP if the specialist or Community Health Center agrees to serve in the PCP role.
4. 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 or clinic as a PCP if the specialist or clinic 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.
5. An Adult Expansion Population Member is not required to request Continuity of Care to maintain their PCP assignment with a PCP that is in network.
 - a. Continuity of Care shall be provided in accordance with CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services.

B. Member Assignment to Primary Care Provider

1. If a Member selects a Health Network but does not select a PCP at the time of Health Network Selection, the Health Network shall assign the Member to a PCP within seven (7) calendar days after receipt of the eligibility file.
2. If a Member selects neither a Health Network nor a PCP at the time of Health Network selection, CalOptima Health shall:
 - a. Auto-assign the Member to a Health Network, in accordance with CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment; and
 - b. Defer the Member's assignment to a PCP to the assigned Health Network, except for a Member who is assigned directly to a Community Health Center.
 - c. The Health Network shall assign the Member to a PCP within seven (7) calendar days after receipt of the eligibility file.

- C. A Health Network shall report Member assignments and changes of a PCP in the PCP Upload File, as indicated in the Health Network Report Grid. Any errors on the PCP Upload File shall be corrected by a Health Network within ten (10) calendar days of receipt.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract for Health Care Services
- B. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment
- D. CalOptima Health Policy DD.2008: Health Network Selection Process
- E. CalOptima Health Policy DD.2012: Member Notification of Change in the Availability or Location of Covered Services
- F. CalOptima Health Policy GG. 1325: Continuity of Care for Members Transitioning into CalOptima Health Services
- G. CalOptima Health Policy GG.1600: Access and Availability Standards
- H. CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners
- 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. Health Network Report Grid
- L. PCP Upload File Submission Schedule
- M. Title 22, California Code of Regulations (CCR), §55170
- N. Welfare and Institutions Code, §§ 14087.325 and 14094.14

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
11/25/2009	Department of Health Care Services (DHCS)	Approved as Submitted
08/06/2010	Department of Health Care Services (DHCS)	Approved as Submitted
02/24/2013	Department of Health Care Services (DHCS)	Approved as Submitted
03/03/2015	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 ACTIONS

Date	Meeting
09/06/2018	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/1995	EE.1112	Primary Care Physician Assignment to Members	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	01/01/1996	EE.1112	Primary Care Physician Assignment to Members	Medi-Cal
Revised	07/01/2001	EE.1112	Primary Care Physician Assignment to Members	Medi-Cal
Revised	05/01/2002	EE.1112	Primary Care Physician Assignment to Members	Medi-Cal
Revised	09/01/2002	EE.1112	Primary Care Physician Assignment to Members	Medi-Cal
Revised	07/01/2007	EE.1112	Primary Care Physician Assignment to Members	Medi-Cal
Revised	01/01/2009	EE.1112	Health Network Eligible Member Assignment to a PCP	Medi-Cal
Revised	07/01/2010	EE.1112	Health Network Eligible Member Assignment to a PCP	Medi-Cal
Revised	12/01/2012	EE.1112	Health Network Eligible Member Assignment to a PCP	Medi-Cal
Revised	09/01/2014	EE.1112	Health Network Eligible Member Assignment to a PCP	Medi-Cal
Revised	10/01/2015	EE.1112	Health Network Eligible Member Assignment to a PCP	Medi-Cal
Revised	09/01/2016	EE.1112	Health Network Eligible Member Assignment to a PCP	Medi-Cal
Revised	11/01/2017	EE.1112	Health Network Eligible Member Assignment to Primary Care Provider	Medi-Cal
Revised	09/06/2018	EE.1112	Health Network Eligible Member Assignment to Primary Care Provider	Medi-Cal
Revised	09/01/2019	EE.1112	Health Network Eligible Member Assignment to Primary Care Provider	Medi-Cal
Revised	06/01/2020	EE.1112	Health Network Eligible Member Assignment to Primary Care Provider	Medi-Cal
Revised	11/01/2022	EE.1112	Health Network Eligible Member Assignment to Primary Care Provider	Medi-Cal
Revised	05/01/2023	EE.1112	Health Network Eligible Member Assignment to Primary Care Provider	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	11/01/2023	EE.1112	Health Network Eligible Member Assignment to Primary Care Provider	Medi-Cal
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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	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.
California Children's Services (CCS)-Eligible Condition	Chronic medical conditions, including but not limited to, cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries and infectious disease producing major sequelae as defined in Title 22, California Code of Regulations sections 41515.2 through 41518.9.
California Children's Services (CCS) Program	The public health program that assures the delivery of specialized diagnostic, treatment, and therapy services to financially and medically eligible persons under the age of twenty-one (21) years who have CCS-Eligible Conditions, as defined in Title 22, California Code of Regulations (CCR), Sections 41515.2 through 41518.9.
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).
Continuity of Care	Services provided to a Member rendered by an out-of-network provider with whom the Member has pre-existing provider relationship.
Covered Services	Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children's Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program, to the extent those services are included as Covered Services under CalOptima Health's Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Enhanced Care Management and Community Supports as part of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative (as set forth in the CalAIM 1115 Demonstration & 1915(b) Waiver, DHCS All Plan Letter (APL) 21-012: Enhanced Care Management Requirements and APL 21-017: Community Supports Requirements, and Welfare and Institutions Code, Division 9, Part 3, Chapter

Term	Definition
	7, Article 5.51, beginning with section 14184.100), or other services as authorized by the CalOptima Health Board of Directors, which shall be covered for Members notwithstanding whether such benefits are provided under the Fee-For-Service Medi-Cal program.
Department of Health Care Services (DHCS)	The single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
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.
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 (CCN).
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.
Non-Physician Medical Practitioner	A nurse midwife, physician's assistant, or nurse practitioner who provides primary care.
Primary Care Physician	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, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialist Physician who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a non-physician Practitioner (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD beneficiaries, a PCP may also be a specialist or clinic in accordance with W & I Code 14182(b)(11).
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 PCP may be a Primary Care Physician or Non-Physician Medical Practitioner.
Primary Care Provider (PCP) Upload File	A file provided by Health Networks to CalOptima Health to report on Member Primary Care Provider (PCP) changes. A Health Network shall submit the PCP Upload File to CalOptima Health in the time, format, and manner specified by CalOptima Health.

Term	Definition
Timely and Appropriate Submission Grid (“Report Grid”)	A matrix of reports required by CalOptima Health, including report names, descriptions, responsible department, naming conventions, frequencies, submission methods and file formats.
Rural Health Clinic (RHC)	An organized outpatient clinic or hospital outpatient department located in a rural shortage area, which has been certified by the Secretary, United States Department of Health and Human Services.
Seniors and Persons with Disabilities (SPD)	Medi-Cal beneficiaries who fall under specific Aged and Disabled Aid Codes as defined by the DHCS.