



Policy:	DD.2008
Title:	Health Network and CalOptima Health Community Network Selection Process
Department:	Customer Service
Section:	Not Applicable
CEO Approval:	/s/ Michael Hunn 12/16/2024
Effective Date:	01/01/2007
Revised Date:	12/01/2024
Applicable to:	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> OneCare <input type="checkbox"/> PACE <input type="checkbox"/> Administrative

I. PURPOSE

This policy describes the process by which a Health Network Eligible Member shall select CalOptima Health Community Network (CHCN) or a Health Network, and CHCN's or the Health Network's responsibilities for such Member.

II. POLICY

- A. CalOptima Health is committed to a Health Network Eligible Member's right to choose CHCN or a Health Network. CalOptima Health also recognizes that it is in the best interest of a Member to establish a medical home and maintain Continuity of Care with a Primary Care Provider (PCP).
- B. CalOptima Health shall request a Health Network Eligible Member select CHCN or a Health Network, in accordance with the terms and conditions of this Policy.
 - 1. Except as otherwise provided in this policy, a Health Network Eligible Member may select CHCN or any Health Network that is accepting new Members.
 - 2. American Indian Members may choose an American Indian Health Care Provider within CalOptima Health's provider network as their Primary Care Provider.
 - 3. Only a Member who is less than twenty-one (21) years of age may enroll in CHOC Health Alliance, as set forth in Section III.B of this Policy.
 - 4. On or after the effective date of the CalOptima Health Whole-Child Model program, a Member who is known to be participating in California's Children's Services (CCS) may only enroll in a Health Network that is participating in the Whole-Child Model program.
- C. A Health Network Eligible Member who does not select CHCN or a Health Network shall be subject to the Auto-Assignment process, in accordance with CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment.

- D. CalOptima Health recognizes that Family Linked Members may be best served by a single Health Network to ensure coordinated delivery of services by a Provider who is knowledgeable about the diverse needs of all the Members in the family. To facilitate this objective, CalOptima Health shall assign a Family Linked Member whose family includes a Member already enrolled in a Health Network or CHCN, to that Health Network or CHCN, in accordance with CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment.
1. CalOptima Health shall assign a Family Linked Member to the same Health Network their youngest sibling if such Family Linked Member is under the age of twenty-one (21) years.
 2. If a Family Linked Member is over the age of twenty-one (21) years and their youngest sibling is enrolled in CHOC Health Alliance, CalOptima Health shall assign the Family Linked Member to the Health Network of another family Member, if applicable.
 3. On or after the effective date of the CalOptima Health Whole-Child Model program, if the Member is known to be eligible with the Whole-Child Model program/California Children's Services Program (CCS) and the Member's youngest sibling is assigned to a Health Network that does not participate in the WCM/CCS program, the Family Link process will not apply.
- E. Health Network Eligible Members may change their Health Networks or select CHCN for any reason every thirty (30) calendar days, in accordance with this Policy.
- F. CHCN or a Health Network shall be responsible for providing Covered Services to its Members, in accordance with its contract and applicable statutes, regulations, CalOptima Health policies, and other requirements of the CalOptima Health program.
1. If a Health Network Eligible Member moves outside of Orange County, the assigned Health Network shall remain responsible for all Covered Services until the Member is no longer enrolled in the CalOptima Health program. If a Health Network Eligible Member becomes the responsibility of the Public Administrator/Public Guardian or is in an Institute for Mental Disease and is placed outside of Orange County, the assigned Health Network shall continue to be responsible for all Covered Services until the Health Network or the Public Administrator /Public Guardian submits a request to enroll the Member in CalOptima Health Direct, in accordance with CalOptima Health Policy DD.2006: Enrollment In/Eligibility with CalOptima Direct.
 2. If a Member becomes the responsibility of the Foster Care Program, CHCN or the assigned Health Network shall remain responsible for all Covered Services. The Member's foster parent, legal guardian, or the Orange County Children & Family Services Department may request to transition the Member into CalOptima Health Direct (COHD) – Administrative (COHD-A), in accordance with CalOptima Health Policy DD.2006: Enrollment In/Eligibility with CalOptima Health Direct.
- G. CHCN or a Health Network shall not be 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 of the California Code of Regulations, Section 51006(b).
- H. CalOptima Health or a Health Network shall ensure Continuity of Care for Members who transition into CalOptima Health in accordance with CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services.

- I. In the event that a Member is required to change Health Networks, due to Health Network termination or participation status of a Health Network in the Whole-Child Model program, CalOptima Health and the receiving Health Network shall collaborate to coordinate the provision of Covered Services for the affected Member, in accordance with CalOptima Health Policy GG.1304: Continuity of Care During Health Network or Provider Termination.

III. PROCEDURE

A. CHCN or Health Network Selection Process

1. Upon receipt of the Member's eligibility information from the Department of Health Care Services (DHCS), CalOptima Health shall send an enrollment packet to a Health Network Eligible Member. The enrollment packet shall include, but not be limited to, the following information:
 - a. New Member Welcome Letter/CalOptima Health Medi-Cal Identification Card;
 - b. CalOptima Health, Health Network Selection Form;
 - c. Health Information Form;
 - d. Medi-Cal Summary of Benefits;
 - e. Invitation to a Member orientation;
 - f. Health Network Selection Form Guide;
 - g. Instructions on how to access the Provider Directory and Member Handbook;
 - h. Initial Health Assessment;
 - i. Notice of Nondiscrimination/Language Assistance Taglines; and
 - j. Postage-paid envelope to return materials to CalOptima Health.
2. Only a Health Network Eligible Member or the Member's Authorized Representative shall sign a Health Network Selection Form on behalf of the Member. CalOptima Health shall not accept a Health Network Selection Form submitted without the signature of the Member or an Authorized Representative.
 - a. CalOptima Health shall not accept responsibility for an inappropriately signed Health Network Selection Form.
3. A Member or the Member's Authorized Representative may request a change of Health Network or CHCN selection over the phone in accordance with CalOptima Health Policy DD.2006b: CalOptima Health Community Network Member Primary Care Provider Selection/Assignment. The request will be recorded and processed by the Customer Service Representative at the time of request.
4. If CalOptima Health receives a Health Network Eligible Member's completed Health Network Selection Form by the tenth (10th) calendar day of a month, the Member shall be enrolled into the selected Health Network no later than the first (1st) calendar day of the immediately

following month. If CalOptima Health receives a Member's completed Health Network Selection Form after the tenth (10th) calendar day of a month, the Member shall be enrolled into the selected Health Network no later than the first (1st) calendar day of the month after the immediately following month.

5. A Health Network Eligible Member who has not selected a Health Network or CHCN within the designated timeframe shall be automatically assigned to a Health Network pursuant to CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment. Following the assignment of a Member in accordance with this policy, CalOptima Health shall notify the Member in writing of the assignment.
6. CalOptima Health may apply the following criteria to Member assignments to Health Networks or CHCN:
 - a. Consistent with the provisions of this policy and CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment Policy, CalOptima Health shall assign Family Linked Members to the same Health Network or CHCN.
 - b. If a Health Network Eligible Member regains eligibility after experiencing a lapse of Medi-Cal eligibility of less than three hundred sixty-five (365) calendar days, CalOptima Health shall assign the Health Network Eligible Member to CHCN or the last Health Network to which the Member was enrolled.
 - c. If a Health Network Eligible Member regains eligibility after experiencing a lapse of Medi-Cal eligibility more than three hundred sixty-five (365) calendar days, CalOptima Health shall treat such Health Network Eligible Member as a new Member, in accordance with this policy.
7. If a Health Network contract with CalOptima Health is terminated, or a health network is no longer participating in the Whole-Child Model Program, a Member who is enrolled in that Health Network may choose a new Health Network or CHCN, in accordance with this policy.
 - a. If the Member does not select a new Health Network or CHCN prior to the contract termination of the Member's current Health Network, CalOptima Health shall assign such Member to:
 - i. A Health Network of the Member's PCP's choice if the Member's PCP, as shown in CalOptima Health's system, is contracted with at least one (1) other Health Network; or
 - ii. A Health Network based on Auto Assignment.
8. Health Network Eligible Members may change PCP's every thirty (30) calendar days for any reason

B. Members eligible for enrollment in CHOC Health Alliance

1. Subject to other limitations set forth in this Policy, a Member who meets criteria set forth in Section II.B.2. of this policy may select CHOC Health Alliance.
2. CalOptima Health shall assign a new Health Network Eligible Member to CHOC Health Alliance, in accordance with Policy AA.1207a: CalOptima Health Auto-Assignment.

3. Except as otherwise provided in Section III.B.4. of this Policy, a Member who is enrolled in CHOC Health Alliance shall select another Health Network prior to his or her twenty-first (21st) birthday in accordance with the following:
 - a. CalOptima Health shall provide the Member with a ninety (90), sixty (60) and thirty (30) calendar day written notice to select CHCN or another Health Network prior to the Member's twenty-first (21st) birthday. The written notices shall inform the Member that CHOC will only provide health care service until the end of the Member's twenty-first (21st) birth month.
 - b. If the Member does not select CHCN or another Health Network within the designated timeframe, CalOptima Health shall assign the Member to CHCN, or a Health Network as follows:
 - i. If the Member's PCP is contracted with CHCN or another Health Network, CalOptima Health shall assign the Member to a Health Network of the Member's PCP's choice; or
 - ii. If the Member's PCP is not contracted with CHCN or another Health Network, CalOptima Health shall assign the Member to a Health Network based on geographic access.
 - c. The Member shall be enrolled in CHCN or the new Health Network effective the first (1st) calendar day of the month immediately following the Member's twenty-first (21st) birthday.
4. A Member shall remain in CHOC Health Alliance beyond the Member's twenty-first (21st) birthday if the Member meets all of the following criteria:
 - a. Member is diagnosed with one (1) of the following California Children's Services (CCS)-Eligible Conditions:
 - i. Cystic Fibrosis;
 - ii. A rare metabolic disorder not including Phenylketonuria (PKU);
 - iii. Spina Bifida; or
 - iv. Muscular Dystrophy.
 - b. Member is eligible to receive services from CCS for the CCS-Eligible Condition as of the day before the Member's twenty-first (21st) birthday; and
 - c. Member is receiving care for the CCS-Eligible Condition from a pediatric specialist who is contracted with CHOC Health Alliance as of the day before the Member's twenty-first (21st) birthday.
 - d. A Member who remains in CHOC Health Alliance pursuant to Section III.B.4.a of this policy shall remain in CHOC Health Alliance until:
 - i. The Member selects CHCN or another Health Network; or

- ii. The Member's pediatric specialist determines that the Member's care may safely be transitioned to CHCN or another Health Network.
- C. If a Health Network Eligible Member moves outside of Orange County, the Member's Health Network or CHCN shall continue to be responsible for Covered Services until the Member is no longer enrolled in the CalOptima Health program.
 1. Upon notice that a Health Network Eligible Member has moved outside of Orange County, CHCN or a Health Network shall attempt to verify this information with the Member. CHCN or the Health Network shall instruct the Member to contact the County of Orange Social Services Agency or the United States Social Security Administration to report a change of address.
 2. A Health Network or CHCN provider shall notify CalOptima Health of a Health Network Eligible Member's change of address by submitting a Medi-Cal Contact Information Request Form (MC 354) to the CalOptima Health Customer Service Department.
 3. Upon notice that a Health Network Eligible Member has moved out of Orange County, CalOptima Health shall send the Member's new residence information to the County of Orange Social Services Agency, in accordance with Title 22 of the California Code of Regulations, Section 50188, or to the U.S. Social Security Administration.
- D. CalOptima Health recognizes that a situation may occur in which the needs of a Family Linked Member may not be best served by enrollment in the same Health Network as other Members in their family in accordance with Section II.D of this policy. A Family Linked Member may contact CalOptima Health's Customer Service Department to request enrollment in CHCN or a different Health Network from other Members of their family.

IV. ATTACHMENT(S)

- A. Health Network Selection Form
- B. New Member Welcome Letter/CalOptima Health Medi-Cal ID Card

V. REFERENCE(S)

- A. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment
- C. CalOptima Health Policy DD.2006: Enrollment In/Eligibility with CalOptima Health Direct
- D. CalOptima Health Policy DD.2006b: CalOptima Health Community Network Member Primary Care Provider Selection/Assignment
- E. CalOptima Health Policy GG.1101: California Children's Services (CCS)/Whole Child Model – Coordination with County CCS Program
- F. CalOptima Health Policy GG.1304: Continuity of Care During Health Network or Provider Termination
- G. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
- H. Title 22, California Code of Regulations, §§50188, 51006, and 51301 et seq.

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
06/24/2015	Department of Health Care Services (DHCS)	Approved as Submitted
11/09/2017	Department of Health Care Services (DHCS)	Approved as Submitted

Date	Regulatory Agency	Response
09/23/2020	Department of Health Care Services (DHCS)	Approved as Submitted
02/17/2022	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
08/30/2006	Special Meeting of the CalOptima Board of Directors
10/03/2006	Regular Meeting of the CalOptima Board of Directors
08/07/2014	Regular Meeting of the CalOptima Board of Directors
04/04/2019	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2007	DD.2008	Health Network Selection Process	Medi-Cal
Revised	01/01/2011	DD.2008	Health Network Selection Process	Medi-Cal
Revised	12/01/2011	DD.2008	Health Network Selection Process	Medi-Cal
Revised	03/01/2015	DD.2008	Health Network Selection Process	Medi-Cal
Revised	04/01/2016	DD.2008	Health Network Selection Process	Medi-Cal
Revised	06/01/2017	DD.2008	Health Network Selection Process	Medi-Cal
Revised	06/01/2018	DD.2008	Health Network and CalOptima Community Network (CCN) Selection Process	Medi-Cal
Revised	04/04/2019	DD.2008	Health Network and CalOptima Community Network (CCN) Selection Process	Medi-Cal
Revised	04/01/2020	DD.2008	Health Network and CalOptima Community Network Selection Process	Medi-Cal
Revised	01/01/2022	DD.2008	Health Network and CalOptima Community Network Selection Process	Medi-Cal
Revised	11/01/2023	DD.2008	Health Network and CalOptima Health Community Network Selection Process	Medi-Cal
Revised	12/01/2024	DD.2008	Health Network and CalOptima Health Community Network Selection Process	Medi-Cal

IX. GLOSSARY

Term	Definition
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.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
California Children's Services (CCS)-Eligible Conditions	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.
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- 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.
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	<p>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.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 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;

Term	Definition
	<ol style="list-style-type: none"> 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 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.

Term	Definition
Family Linked Member	A member who shares a county case number, as assigned by the County of Orange Social Services Agency, with another member who is in their family and who resides in the same household.
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).
Initial Health Appointment (IHA)	Previously called Initial Health Assessment, is an assessment required to be completed within 120 days of MCP enrollment for new members and must include a history of the member's physical and behavioral health, an identification of risks, an assessment of need for preventive screens or services and health education, and the diagnosis and plan for treatment of any diseases.
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
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.