

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy/Procedure Number: MCUP3034 (previously UG100334)			Lead Department: Health Services	
			Business Unit: Utilization Management	
Policy/Procedure Title: PCP-To-PCP Transfers & Assignments of New Members to PCP			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 08/09/1995		Next Review Date: 02/12/2026 Last Review Date: 02/12/2025		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI		<input type="checkbox"/> P & T	
	<input type="checkbox"/> OPERATIONS		<input type="checkbox"/> EXECUTIVE	
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	
	<input type="checkbox"/> CEO <input type="checkbox"/> COO		<input type="checkbox"/> FINANCE	
			<input checked="" type="checkbox"/> QUAC	
			<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT	
			<input type="checkbox"/> PAC	
			<input type="checkbox"/> DEPT. DIRECTOR/OFFICER	
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 02/12/2025	

I. RELATED POLICIES:

- A. MCUP3039 - Direct Members
- B. MCCP2014 – Continuity of Care
- C. MCCP2024 – Whole Child Model for California Children’s Services (CCS)

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services

III. DEFINITIONS:

- A. California Children’s Services (CCS): A state program for children up to 21 years of age, who have been determined eligible for the CCS program due to the presence of certain diseases or health problems.
- B. Medical Home: The provider identified as the Member’s medical home or primary care provider (PCP) is responsible for managing the Member’s primary care needs.
- C. Whole Child Model (WCM): This program provides comprehensive treatment for the whole child and care coordination in the areas of primary, specialty, and behavioral health for Partnership HealthPlan of California pediatric Members with a CCS-eligible condition(s).

IV. ATTACHMENTS:

APPENDIX

- A. Guidelines for Determining Medical Stability Prior to PCP Transfer

V. PURPOSE:

To clarify when transfers are medically acceptable.

VI. POLICY / PROCEDURE:

- A. Primary Care Provider (PCP) to PCP transfers:
 - 1. At the time a Member requests transfer from one PCP to another, the Member must be medically stable in order for the transfer to be processed by the Member Services Department. See Appendix A.
 - 2. A Member who is “unstable” is not to be transferred from one PCP to another without the approval of both the current and accepting PCPs. Unstable means that the Member possesses one or more medical conditions such that transfer at that point in time might jeopardize the care of that Member.
 - 3. A Member with a pre-existing medical condition(s) who is not unstable is eligible for PCP transfer

Policy/Procedure Number: MCUP3034 (previously UG100334)		Lead Department: Health Services Business Unit: Utilization Management	
Policy/Procedure Title: PCP-To-PCP Transfers & Assignments of New Members to PCP		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 08/09/1995		Next Review Date: 02/12/2026 Last Review Date: 02/12/2025	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees

when requested by the Member.

4. Pregnant Members are permitted to change PCP assignment through week 32 of pregnancy, but are considered inappropriate for transfer from the 33rd week of pregnancy until 8 weeks postpartum. Exceptions for Members wishing to transfer after 32 weeks of pregnancy and before 8 weeks postpartum are permitted with the approval of the potential accepting PCPs.
 5. If Partnership HealthPlan of California (Partnership) determines that a Member is eligible for Direct Member status at the time of the requested PCP transfer, an assignment to a Direct Member category is made, rather than assignment to a PCP.
 6. When a Member requests a transfer from one PCP to another, the Member Services Department at Partnership is to screen the request for suitability of transfer. Information regarding the Member's medical condition(s) and stability are assessed. When necessary, the HealthPlan's Chief Medical Officer or physician designee determines the Member's suitability and timing for transfer.
- B. Assignment of new Members to a PCP
1. A new Member who indicates preference for a particular PCP is assigned to that provider if the provider is accepting new Members.
 2. A Member who does not submit a choice of PCP within the specified time frame is randomly auto-assigned to a PCP from the geographic pool of PCPs who are accepting new Members through this process.
 3. If Partnership determines that a Member is eligible for Direct Member status, an assignment to a Direct Member category is made.
 4. If a Member is at least 28 weeks pregnant when they become a Partnership Member, they will be granted Direct Member status for continuity of care. The Direct Member status is closed the 1st of the month following 8 weeks postpartum.
 5. In all cases, it is expected that the PCP accepting new Partnership Members (by Member choice or by auto-assignment) will assume responsibility for the Member, even if the Member currently is hospitalized, is in active care, or has a pre-existing medical condition. If Partnership determines that a hospitalized new Member will become capitated to a hospital on the first of the next month and may still be hospitalized at that time, Partnership will notify the capitated hospital and the PCP of the impending assignment.
 6. A Member with a CCS-eligible condition who indicates a preference for a particular medical home, is assigned to that provider if the provider is accepting new Members. The provider identified as the child's medical home is responsible for managing the child's primary care needs and coordinating the child's care for both the CCS-eligible condition(s) and the non-CCS-eligible condition(s). CCS/WCM children do not require a Referral Authorization Form (RAF) to see a specialist for either the CCS-eligible condition(s) or the non-CCS eligible condition(s).

VII. REFERENCES:

N/A

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 10/13/99; 03/21/01; 04/17/02; 08/20/03; 10/19/05; 10/18/06; 09/19/07; 10/15/08; 01/18/12; 01/20/16; 09/21/16; 09/20/17; *10/10/18; 11/13/19; 10/14/20; 02/10/21; 02/09/22; 01/11/23; 03/13/24; 02/12/25

Policy/Procedure Number: MCUP3034 (previously UG100334)		Lead Department: Health Services Business Unit: Utilization Management	
Policy/Procedure Title: PCP-To-PCP Transfers & Assignments of New Members to PCP		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 08/09/1995		Next Review Date: 02/12/2026 Last Review Date: 02/12/2025	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.

APPENDIX A

Guidelines for Determining Medical Stability Prior to PCP Transfer

The following groups are considered unstable for purposes of transfer to another Primary Care Provider (PCP).

1. Hospitalized Members or Members discharged from hospital less than 2 weeks prior to request
2. Pregnant Members more than 28 weeks gestation or within 8 weeks after delivery
3. Members scheduled for major therapeutic procedures such as surgery within the next sixty (60) days