

**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: 02/11/2027 Last Review Date: 02/11/2026	
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 checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS <input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 02/11/2026

I. RELATED POLICIES:

- A. MPUP3039 - 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 contracted primary care provider (PCP) site is responsible for managing the Member’s primary care needs and coordinating specialty services.
- C. Whole Child Model (WCM): A comprehensive program for the whole child encompassing providing comprehensive diagnostic and treatment services and care coordination in the areas of primary, specialty, and behavioral health for any pediatric Member with CCS-eligible conditions insured by Partnership HealthPlan of California.

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To clarify when Primary Care Provider 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 for the Member Services Department to process the request.
 - 2. A Member who is “unstable” may not be transferred from one PCP to another without the approval of both the current and accepting PCPs. “Unstable” means that the Member has one or more medical conditions for which a transfer at that time could jeopardize the Member’s care.
 - 3. The following groups are considered unstable for purposes of transfer to another PCP.

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- a. Hospitalized Members or Members discharged from hospital less than 2 weeks prior to request
- b. Pregnant Members from the 33rd week of pregnancy until 8 weeks postpartum
- c. Members scheduled for major therapeutic procedures such as surgery within the next sixty (60) days
4. A Member with a pre-existing medical condition(s) who is not unstable is eligible for PCP transfer when requested by the Member.
5. Exceptions for pregnant Members wishing to transfer from the 33rd week of pregnancy and before 8 weeks postpartum are permitted with the approval of the potential accepting PCPs.
6. If Partnership HealthPlan of California 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.
7. When a Member requests transfer from one PCP to another, the Partnership Member Services Department screens 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.
 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 new Member is at least 28 weeks pregnant when they become a Partnership Member, they will be granted Direct Member status for continuity of care, upon their request. The Direct Member status is closed on the first day of the month following 8 weeks postpartum.
 5. In all cases, it is expected that the PCP accepting new Partnership Members (by Member's choice or by auto-assignment) will assume responsibility for the Member, even if the Member is currently hospitalized, is in active care, or has a pre-existing medical condition.
 - a. 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; 02/11/26

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*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.