Partnership HealthPlan of California

Direct Member / Health Conditions Category Designation Grid

This grid has been updated to crosswalk the transition to Partnership's new core claims system, HealthRules Payer (HRP), which is estimated to occur in 2026. At that time, the previous Direct Member designation (shown in first column) will be replaced with one or more of the following four eligibility components (shown in 4th column):
Health Condition, Benefit Plan, User Defined Terms (UDT) and/or Pseudo PCP. (Members may qualify for more than one component at the same time.)

Partnership Direct Member Designation	Direct Member Type	Criteria	HRP Categories and Eligibility Components *(effective when HRP is active)*
D1			**Transition to PCP** Benefit Plan: Full Scope PCP: Pseudo0001
Default1	New Member	Upon becoming eligible to Partnership, new Members will have up to 30 calendar days to select a primary care provider (PCP). During the interim, the Member will not be assigned to a PCP or a case managed pool unless the Member has selected a PCP in advance.	**Transition to PCP**
Default2	Member no longer eligible for a Health Services (HS) Direct Member designation.	Members who no longer qualify for a Health Services' approved Direct Member status such as WCM/CCS, LTC or H5 are placed in Default 2 for one month if the Member cannot be relinked, family-linked or assigned based on claims data.	**Transition to PCP**
Default4	Members who no longer have prime insurance status (H20, H21, H24)	Members who no longer qualify for prime insurance coverage status are placed in Default 4 for one month if the Member cannot be relinked, family linked or assigned based on claims data.	**Transition to PCP**
WELLNESS 0001	W&R Substance Use Treatment Services Only	Wellness & Recovery - Substance Use Treatment Services Only As of 7/1/2020 – Medi-Cal residents of Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, or Solano Counties. SUBSTANCE USE TREATMENT SERVICES ONLY Members will have a pseudo aid code of 99 (internal use only)	**Wellness and Recovery** Benefit Plan: Wellness and Recovery PCP: No PCP
WELLNESS 0011	W&R Deceased	Wellness & Recovery – Deceased W&R Member As of 7/1/2020 – Medi-Cal residents of Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, or Solano Counties.	

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		Members will have a pseudo aid code of 99 (internal use only)	
WELLNESS 0026	W&R with SOC	Wellness & Recovery – with Share of Cost (SOC) As of 7/1/2020 – Medi-Cal residents of Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, or Solano Counties. Members will have a pseudo aid code of 99 (internal use only)	**Unmet Share of Cost Wellness and Recovery** Benefit Plan: Unmet Share of Cost Wellness and Recovery PCP: No PCP
HealthWCM 0001 – 0004	CCS Members Who Do Not Have a Medical Home	If a WCM child has not been assigned to a medical home, they will be assigned as follows: HEALTHWCM 0001- Solano, Marin and Sonoma Counties HEALTHWCM 0002- Lake, Mendocino and Northern and Eastern Region Counties HEALTHWCM 0003- Napa County HEALTHWCM 0004- Yolo County	**Whole Child Model (WCM)** Health Condition: CCS Benefit Plan: Full Scope PCP: Yes, medical home is optional Historical CCS mbrs may be converted with No PCP
H1	Emergency & Pregnancy Only OBRA Aid codes	Effective January 1, 2022, as per APL 21-015 Attachment 1 "Mandatory Managed Care Enrollment (MMCE) Requirements," OBRA beneficiaries transitioned from the Medi-Cal managed care delivery system to Medi-Cal Fee for Service (FFS). Beneficiaries receiving pregnancy-related Medi-Cal services prior to January 1, 2022, will remain in their current delivery system through the end of the individual's postpartum period.	**OBRA- Restricted Services** Benefit Plan: ER and Pregnancy (Aid Codes ER, C5, C3, C7, 5F, 58, C9, C1) Benefit Plan: ER (Aid Code 5G) Benefit Plan: Pregnancy (Aid Code 5N) UDT: Aid Code - Benefit Plan Selection PCP: No PCP
H3	Acquired Immune Deficiency Syndrome (AIDS)	Effective date of assignment is the day of Partnership notification. Members approved when the 2008 CDC criteria for AIDS is met.	**AIDS** Health Condition: AIDS Benefit Plan: Full Scope PCP: No PCP
H5 Continued *Cont'd*	Continuity of Care, Transplants, and Sonoma Members approved	**CONTINUITY of CARE:** Partnership Medical Directors have the discretion to place Members with complex medical conditions into Direct Member status for continuity of care according to the following criteria: 1. The Member's eligibility to Partnership should be relatively recent.	**Transplant** Health Condition: Transplant Benefit Plan: Full Scope PCP: No PCP

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H5	Continuity of Care, Transplants, and Sonoma Members approved	2. The Member requires ongoing care from out-of-area specialist(s) for appropriate management of their complex medical condition(s) and discontinuation of this care from the out-of-area specialist(s) would be detrimental for the Member's health. 3. Referrals to specialty care by an in-network PCP do not meet the Member's health care needs. 4. The out-of-area specialist accepts the additional responsibility of Primary Care Provider. 5. Transgender Member or Member with gender dysphoria requiring primary care with clinician with expertise in this area. 6. The Member's need for Direct Member status under Health Plan 5 is generally required for 12 months or less. 7. Member will be removed when the Member's needs for continuity of care have been met. **Transplants:** <u>Solid Organ</u> Member is approved upon notification from a Medi-Cal designated transplant facility that the Member has completed the evaluation process and is currently listed and waiting a solid organ transplant. Exceptions: See H38. Members on dialysis awaiting a kidney will stay in H38 until transplanted. Heart transplant recipients are granted H5 for plan lifetime. <u>Bone Marrow (including CAR T-cell therapy and gene therapy)</u> Member is approved upon notification from a Medi-Cal designated transplant facility that the Member has completed the evaluation process, a donor match has been found and is currently listed and waiting transplant. Bone Marrow Transplant Members become eligible for assignment to a PCP two years after receiving the	

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		transplant but may qualify for continued H5 based on continuity of care criteria above. **Sonoma Members Approved for House Calls:** Sonoma Members approved for "House Calls" (a St. Joseph's System Provider Group). "House Calls" is a provider group that provides care for home bound patients.	
H6	Hospice	Effective date is the day the Member signs the hospice election form and continues in this category as long as their care is provided by a hospice program.	**Hospice** Health Condition: N/A Benefit Plan: Hospice PCP: No PCP
H7	Members in Foster Care, Adoption, or Members with aid code(s) from the Department of Developmental Services (DDS)	**Aid Codes:** Foster and Adoption: 03, 04, 06, 07, 2P, 2R, 2S, 2T, 2U, 40, 42, 43, 45, 46, 49, 4A, 4C, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T, 4U, 4W, 5K, 5L DDS: 6V	**Developmental Disability** Health Condition: Developmental Disabilities Benefit Plan: Full Scope UDT: Foster Member PCP: Yes, optional
H8	Out of Area	Effective date is the day the Member establishes residence out-of-county for a 3-month period, except if the Member is an inpatient in an out-of-county hospital, then the Member can be placed in H8 the day after discharge. **Exception:** Members in a residential treatment facility for substance use disorders will be temporarily placed in H8 if the facility is out of the resident's county for the length of their stay.	**Out of Area** Benefit Plan: Full Scope PCP: Pseudo002
H9	Long Term Care (LTC)	**LTC:** Effective date is the day of admission to SNF or LTC facility. **LTC Psychiatric**: Effective date is the date the Member is admitted to a long term care psych-iatric facility. The Member is removed on the first day of the month following discharge and is re-linked to the previously assigned PCP at this time.	**Long Term Care (LTC):** Health Condition: LTC – Admit Benefit Plan: Full Scope PCP: No PCP

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H10	Retroactive Members	Effective date of assignment is the first day of the month the Member becomes retroactively eligible with Partnership. The Member is removed and assigned to a PCP on the first day of the month after the retroactive period.	**Retroactive Members** Benefit Plan: Full Scope PCP: Pseudo003
H11	Deceased	Effective date of assignment is the date of death plus one day.	**Deceased** Benefit Plan: N/A UDT: Deceased Date PCP: No PCP
H13	Newborn (mother assigned to a non-capitated PCP)	The effective date of H13 depends on the birth mother's Partnership enrollment status. The newborn period is defined as one of the following: • Date of birth through the second month following birth or • Second month following birth only	**Newborn** Benefit Plan: Full Scope UDT: Newborn PCP: Optional (TBD)
H14	Administrative	Members placed in H14 for any of the reasons below: • Have a Pope Valley, Potter Valley, or a Sea Ranch address or • Qualify for Direct Member status due to a state fair hearing decision, or • County expansion • Members that exceed a 30 mile radius from the nearest PCP	**Exempt from PCP** Benefit Plan: Active UDT: Exempt from PCP PCP: No PCP at the same time - Mbr may select PCP
H16	State Hospitals for Mental Health Services	Effective date of assignment is the date of admission to a State Hospital for Mental Health Services. The Member is removed on the first day of the month following discharge from the State Hospital.	**State Hosp for Mental Health** Health Condition: Mental Health Benefit Plan: Active PCP: No PCP
H18	Native Americans - Redding Rancheria Liberty site	Native American Indian – Redding Rancheria Liberty Site As of 9/1/2019: • Healthrurl 0018 is used only for Native American Members and/or their family Members receiving services at Redding Rancheria Liberty site. • Assignment to Healthrurl 0018 requires Redding Rancheria approval.	**Native Americans** Benefit Plan: Full Scope UDT: Native American Alaskan PCP: Yes, Pseudo-H18

Partnership Direct Member Designation	Direct Member Type	Criteria	HRP Categories and Eligibility Components *(effective when HRP is active)*
H19	General Member Service (GMS) AND Prenatal Care 28+ weeks	**GMS**: Effective date of this assignment is at the discretion of Member Services for the following circumstances: 1. The Member has an appointment with a physician for primary care services other than the Member's assigned PCP, and 2. The Member was assigned to a PCP inappropriately due to an error in the assignment process. 3. Other criteria approved by a Member Services Director and the Chief Medical Officer or physician designee. The Member is removed when the Member no longer qualifies, based on the criteria listed above. **Prenatal Care**: Effective date of this assignment is the first of the month that Partnership is notified of eligibility with Partnership under the following conditions: 1. The Member is 28 weeks pregnant or more on the date of eligibility with Partnership, 2. The Member has been regularly cared for by an obstetrical provider prior to eligibility with Partnership, and; 3. The Member wishes to continue care and requests during pregnancy to continue with their established obstetrical provider for the duration of their pregnancy. The Member is removed on the first day of the month following 60 calendar days from the delivery date. If the Member does not meet qualifications for Direct Member status under made H19, the Member would be required to change OB providers due to PCP and hospital linkages.	**Access to Care** Health Condition: Access to Care Benefit Plan: Full Scope PCP: No PCP at the same time - Mbr may select PCP
H20	Medi-Medi Members	Effective the date Member has Medicare Part A or Part B or both Part A and Part B status. Moved out of H20 the day they no longer have any Medicare status.	**Medi-Medi Member** Benefit Plan: Full Scope UDT: Dual Medicare/Medicaid PCP:

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			• No PCP for A/B & Part B only member • Yes PCP for Part A only members
H21	Continuous Insurance Premium Program (CIP)	Effective date of assignment is the first day of the month of notification that the Member is eligible for CIP and the Health Services Department determines that the Member's medical condition warrants continued eligibility for this program. If the Member is in H21, the Member's health insurance premium is paid by Partnership. The HS Director monitors H21 Members periodically. The Member is removed on the first day of the month after the Member no longer meets criteria for eligibility.	**Health Ins. Payment Program** Health Condition: OHC- CIP Benefit Plan: Full Scope PCP: No PCP
H22	Genetically Handicapped Persons Program (GHPP)	Effective date of assignment is the date Partnership is notified from the state that the Member has been included on the GHPP list. The Member is removed on the first day of the month that the Member is no longer eligible for GHPP.	**GHPP** Health Condition: GHPP Benefit Plan: Full Scope PCP: Defer to CC
H24	Other Insurance	Effective date of assignment is the first of the month of notification or identification that the Member has other health insurance. The Member is removed on the first day of the month that the other insurance ends. In this situation, since Partnership is the "payer of last resort", the other insurance is always the primary payer. Members with an OHC code of C, F, H, K, P and have no Medicare (A and/or B) on the 834 file are placed in H24, effective the first of the current month or following depending on the 834 file information. Partnership is the "payer of last resort." Includes Members who have prime insurance and are placed in an LTC.	**Other Health Coverage** Benefit Plan: Full Scope PCP: No PCP
H26	Unmet Share of Cost (SOC)	LTC aid code 13, 23, 63 with an unmet SOC may be placed in H26.	**Unmet Share of Cost** Benefit Plan: Unmet Share of Cost PCP: No PCP
H27	Long Term Care Resident with aid code 53	Effective date of assignment is the day the Member is admitted to a long term care facility. The Member is removed on the first day of the month	**Long Term Care Residents – ER, Pregnancy, and LTC**

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		that the Member is discharged from the LTC facility or the Member no longer has aid code 53.	Benefit Plan: Limited to LTC (Aid Code 53) Benefit Plan: ER, Pregnancy, and LTC (Aid Codes 55, D2, D3, D4, D5, D6, D7) UDT: Aid Code - Benefit Plan Selection PCP: No PCP
H28	Long Term Care aid code not in LTC (13, 23, 63)	Member with long term care (LTC) aid code and Partnership has not received information of an admit to an LTC facility.	**Long Term Care (Not in LTC facility) - 13, 23, 63** Health Condition: LTC – Aid Code Benefit Plan: Full Scope (Aid Codes 13, 23, 63) PCP: No PCP
H29	Duplicates	Effective date of assignment is the day the Member becomes eligible under more than one name or Membership number. Partnership pays for services under the valid Member number.	**Duplicates** Health Condition: Missing Benefit Plan: Full Scope UDT: Duplicate Invalid Record PCP: No PCP
H32	Holderman Patients	Effective date of assignment is the date of admission to Holderman facility. The Member is removed on the first day of the month following discharge from the Holderman facility.	**Holderman Patients** Health Condition: Mental Health Benefit Plan: Active PCP: No PCP
H38	End Stage Renal Disease (ESRD)	Members approved when the Medicare definition for ESRD is met. Effective date is the actual date of the first outpatient hemo/ peritoneal dialysis treatment. Exception: Member assigned to H9 who also meets the definition for ESRD will be assigned to H9 with special notation regarding ESRD status.	**End Stage Renal Disease (ESRD)** Health Condition: ESRD Benefit Plan: Full Scope PCP: No PCP
H39	Breast / Cervical Cancer	A Member is placed in H39 when the Member has Single aid code of: 0U, 0T, 0R or Member has multiple aid codes and one of them is: 0U, 0T, 0R, , 0N, 0M, 0P 0W	**Breast and Cervical Cancer** Benefit Plan: BCCTP (Aid code 0T) Benefit Plan: BCCTP (Aid code 0R) Benefit Plan: ER, Pregnancy, LTC, and BCCTP (Aid code 0U) UDT: Aid Code - Benefit Plan Selection PCP: No PCP
H40	Continuity of Care due to large PCP contract termination	• Used at the discretion of Health Services and Large Provider Term Workgroups. • As of 2/5/2020 only available for HEALTHYOLO 0040 & HEALTHRURL 0040	**Health Condition** Health Condition: Health Condition Benefit Plan: Full Scope PCP: No PCP at the same time – Mbr may select PCP (check with CC)
H41	Continuity of Care due to large PCP	• Used at the discretion of Health Services and Large Provider Term	**Continuity of Care** Health Condition: Continuity of Care

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	contract termination for WCM	Workgroups. • As of 2/5/2020, only available for HEALTHYOLO 0041 & HEALTHRURL0041	Benefit Plan: Full Scope PCP: No PCP at the same time – Mbr may select PCP