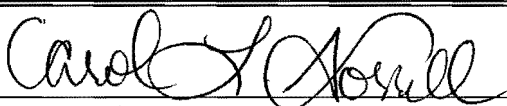

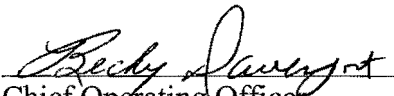

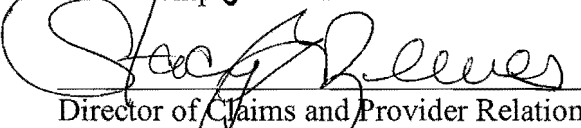
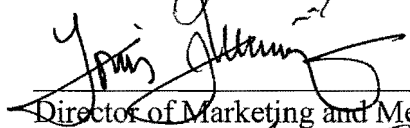



**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Assignment of Primary Care Providers		INDEX NUMBER 5.06-P		Page 1 of 7		
RESPONSIBLE DEPARTMENT HEAD: Director of Marketing and Member Services						
Review Date	08/1997	07/1998	09/1998	11/2000	12/2000	11/2001
Effective Date					01/01/01	N/A
Revision No.	1997-08	1998-07	1998-09	2000-11	2001-01	2002-04
Review Date	07/2002	05/2003	12/2003	05/2004	10/2009	01/2010
Effective Date	N/A	09/01/03	N/A	01/01/2004	11/16/09	06/22/10
Revision No.	2002-08	2003-06	2003-03	2004-06	2009-11	2010-06

Approved		Date	6/22/10
	Carol Sorrell, R.N. Chief Executive Officer		
Approved		Date	5/24/10
	Associate Medical Director		
Approved		Date	5/22/10
	Chief Operating Officer		
Approved		Date	5/14/10
	Chief Compliance Officer		
Approved		Date	5/8/10
	Director of Claims and Provider Relations		
Approved		Date	4/23/10
	Director of Marketing and Member Services		
Approved		Date	3-24-10
	Chief Health Services Officer		

POLICY¹:

Kern Health Systems will encourage new Medi-Cal members to select a Primary Care Provider (PCP) within 30 calendar days of enrollment with the Plan.² If a Medi-Cal member does not select a PCP within 30 calendar days from the effective date of enrollment, one will be assigned by KHS staff. This process will take no more than 40 days from the effective date of enrollment.

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Assignment of Primary Care Providers	INDEX NUMBER 5.06-P	Page 2 of 7
---	------------------------	-------------

Healthy Families members who have not chosen a PCP upon enrollment are assigned to a PCP effective the first of the month following enrollment.

All members for whom KHS chooses and assigns a PCP will be notified of the assignment within seven calendar days of the assignment.

KHS may in its sole discretion assign members who have not chosen a PCP upon enrollment on a preferential basis to: (1) PCPS who have demonstrated to KHS' satisfaction higher performance in KHS-selected quality measures. (2) Safety net and non safety net PCPs.

The CEO may elect not to make an assignment in accordance with this policy and may elect to assign a different provider if the CEO determines in the CEO's sole discretion that the assignment would not be in the best interests of KHS.

When possible, KHS will notify members at least 60 days before the termination of a contract with any of the following providers:

- A. The member's assigned provider group, or PCP³.
- B. A specialist from whom the member is currently receiving treatment
- C. An acute care hospital within a 15-mile radius of the member's residence

Termination plans and member notices will be filed with the Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS), for approval when legally required.

Assignment and termination of providers will be conducted as required in the following statutory and contractual requirements:

- California Health and Safety Code §1373.65
- DHCS Contract Exhibit A – Attachment 13(5)
- MRMIB Contract §II(F)

PURPOSE:

To facilitate member assignment to maintain quality of care, improve primary care access and minimize fragmentation and disruption of services.

DEFINITIONS:

Provider Group⁴	A medical group, independent practice association or any other similar provider organization.
Terminated Provider	A physician, provider group or hospital whose contract to provide services for KHS is terminated or not renewed by any of the contracting parties.

PROCEDURE:

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Assignment of Primary Care Providers	INDEX NUMBER 5.06-P	Page 3 of 7
---	------------------------	-------------

1.0 PCP ASSIGNMENT CRITERIA

1.1 Pediatric Assignment:

Patients under the age of 12 will only be assigned to a PCP who has: (1) completed a residency in Family Practice or Pediatrics, or (2) completed one year of Pediatric training after Medical School or has five years' experience in treating children **and** is credentialed to admit pediatric patients to a KHS contracted facility or has an admitting agreement with a KHS credentialed provider that can admit pediatric patients to a KHS contracted facility. No one under the age of 12 will be assigned to an Obstetrician as his or her PCP.

Patients between the ages of 12-18 will only be allowed to choose a Pediatrician, Family/General Practitioner, Internal Medicine Practitioner or an Obstetrician as their PCP.

Pediatricians, Family/General Practitioners and Internal Medicine physicians who were credentialed prior to 4/01/02, and have historically seen patients of all ages, will be allowed to continue seeing patients of all ages unless a quality of care issue is identified.

1.2 Adult Assignment:

Patients over the age of 18 will only be assigned to a Family/General Practitioner, Internal Medicine physician, or an Obstetrician as their PCP.

2.0 INITIAL PCP SELECTION

Medi-Cal members choose or are assigned to a PCP within 40 calendar days of the effective date of enrollment. Healthy Families members choose or are assigned to a PCP within 30 calendar days of the effective date of enrollment.

2.1 Members that Select a PCP Upon Enrollment

The Department of Health Care Services (DHCS) or Managed Risk Medical Insurance Board (MRMIB), as appropriate, notifies KHS of PCPs chosen by members upon enrollment. This choice is entered into the KHS information system.

A member is not assigned to his or her PCP of choice if any of the following occurs:

- A. The PCP selected is not in KHS' Provider Network for KHS' applicable Medi-Cal or Healthy Families plan
- B. The PCP selected has a closed practice
- C. The member is not the right age/sex for the PCP's practice

Any member choice of PCP that cannot be accommodated is documented in CSIM by the KHS Eligibility Coordinator. The member is called by KHS Member Services and assisted in making another selection. If the member is not available by phone, a *PCP Assignment* letter is mailed to the member. This letter asks the member to call KHS (See Attachment

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Assignment of Primary Care Providers	INDEX NUMBER 5.06-P	Page 4 of 7
---	------------------------	-------------

A).

2.2 Members Who Do Not Select a PCP Upon Enrollment

Members who do not choose a PCP from KHS' PCPs, or whose choice upon their initial enrollment with HCO cannot be accommodated, are assisted with the selection process by a KHS Member Services Representative (MSR). This process is outlined in *KHS Policy and Procedure #5.08 - New Member Entry*. It is the goal of KHS to encourage members to choose a PCP. Assignment of a PCP to a member is generally only used when a member does not choose an available PCP.

2.2.1 Assignment by Member Choice

A member may make an initial PCP choice during new member entry or by calling the KHS Member Services Department. KHS generally grants a member's PCP choice when possible. The MSR logs the member's request in the KHS information system and on the *PCP Change Form* (See Attachment B). The Eligibility Coordinator is responsible for performing PCP assignment in the KHS information system.

2.2.2 Automatic Assignment – Member has NOT chosen

Non-choice assignments for Medi-Cal Members are generally made after an attempt to obtain the member's choice has not been successful. Those Medi-Cal members who cannot be reached by Member Services, or who fail to choose within the first 30 days of enrollment, are assigned a PCP.

In order to facilitate that Healthy Families members are assigned to a PCP within 30 days of enrollment, such members are assigned to a PCP effective the first of the month following the effective date of enrollment.

Prior to performing assignment, KHS attempts to assign the member to a KHS PCP with whom the member has a known established relationship. A query is performed to determine if other family members are assigned to a particular PCP. If other family members are assigned to a particular PCP, the newly enrolled family member is generally assigned to that same PCP. In the case of newborns, if other family members are not assigned to an available PCP, a query is performed to determine the PCP who performed the initial hospital visit. If possible, the newborn is assigned to that same PCP.

If KHS is unable through the aforementioned methods to determine an established relationship with an available PCP, members are assigned a PCP. The following factors are taken into consideration when assigning members to PCPs:

- A. Days/hours/number of locations of the PCP
- B. 10 mile/30 minute distance standard (ZIP Code), that is, the proximity of available PCPs to the member

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Assignment of Primary Care Providers	INDEX NUMBER 5.06-P	Page 5 of 7
---	------------------------	-------------

- C. Member needs, such as handicapped access, language, family and the ability of available PCPs to accommodate such needs
- D. PCP availability
- E. Member age
- F. KHS may in its sole discretion assign members who have not chosen a PCP upon enrollment on a preferential basis to: (1) PCPS who have demonstrated to KHS' satisfaction higher performance in KHS-selected quality measures. (2) Safety net and non safety net PCPs.

With the following exceptions, members are assigned in accordance with the pediatric and adult PCP criteria outlined in *Section 1.0 – PCP Assignment Criteria*:

- A. Members are not generally assigned to OB/GYNs
- B. Members under age 18 are not assigned to Internal Medicine physicians

2.2.2.1 Assignment Log and Member Notice

Each assignment is logged by the Eligibility Coordinator. Each entry includes member name, member identification number and PCP assignment with appropriate region.

Member Services mails the *PCP Assignment* letter to assigned members (See Attachment A). This letter informs the member of the assigned PCP, the PCP's address and telephone number, and how to contact the Plan for questions or changes in the assigned PCP. PCP Assignment Letters are mailed to members within seven calendar days after assignment.

2.2.2.2 PCP Assignments through File-In Enrollment Processing

New enrolled members defaulted to KHS are automatically assigned according to Section 2.2.2 of this policy, effective on the enrollment date.

Re-enrolled members (previously disenrolled) are not manually assigned a PCP. The KHS computer system automatically reassigns the PCP active at the time of disenrollment if the PCP is currently active. However, if the break in coverage is greater than six months, KHS considers these members to be new, and the new enrolled member defaulted process is initiated.

Transfers due to aid code changes are not manually assigned a PCP. The KHS computer system automatically reassigns the PCP from the previous aid code.

Supplementals that come off hold status are automatically assigned their previous PCP if the previous PCP is a valid and available selection.

2.3 Exceptions to Assignment by Choice/Automatic Assignment

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Assignment of Primary Care Providers	INDEX NUMBER 5.06-P	Page 6 of 7
---	------------------------	-------------

At the discretion of the CEO of KHS, exceptions to the above criteria for assignment may be made when access to care is an issue or when necessary in the best interests of KHS

2.4 Provider to Member Ratios

KHS monitors the full-time equivalent provider to member ratios based on the requirements shown below by utilizing systems that track the number of members assigned to a provider with a maximum limit applied to the provider's record in the system.

A. KHS will annually monitor that its provider network satisfy the following full-time equivalent provider to member ratios:

- 1) Primary Care Physicians 1:2,000
- 2) Total Physicians 1:1,200

Specifically, KHS will (1) multiply the number of its contracting Primary Care Physicians by 2,000 to determine their available total member capacity and verify that such number exceeds the actual count of members; and (2) multiply the number of its contracting physicians by 1,200 to determine their available total member capacity and verify that such number exceeds the actual count of members.

B. In accordance with Title 22, CCR, Section 51241, KHS will annually monitor that full-time equivalent physician supervisor to non-physician medical practitioner ratios do not exceed the following:

- 1) Nurse practitioners 1:4
- 2) Physician Assistants 1:2

C. Non-physician medical practitioners shall not be assigned as a PCP for more than 1,000 members (Note: KHS has established a system limitation of such member assignments to 1,000 to effect this limitation).

3.0 PROVIDER NOTIFICATION

KHS provides real time access to eligibility records through its Provider Connection system, based portal where providers can verify eligibility on line with KHS. User ID and access is provided by KHS. Additional options are AVES a State Medi-Cal automated eligibility verification system, DIVA an automated phone verification system that can be accessed as well as the KHS Member Services Department at 1-800-391-2000.

Printed eligibility listings are also provided to PCPs who do not use any of the above processes by the Provider Relations Representatives. The PCP is notified of the Member Eligibility List within 10 days of the completed selection or assignment.

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

SUBJECT: Assignment of Primary Care Providers	INDEX NUMBER 5.06-P	Page 7 of 7
---	------------------------	-------------

ATTACHMENTS

- ❖ Attachment A: Letter to Member: *PCP Assignment*
- ❖ Attachment B: *PCP Change Form*

¹ **Revision 2010-06:** Revised as request by the Department of Health Care Services (DHCS). **Revision 2009-11:** Policy divided into 3 policies per CEO. 5.06-P Assignment of Primary Care Providers focuses on assignment of members. 5.10 Change of Primary Care Provider and 5.19 Provider Terminations. **Revision 2004-06:** Revised per DMHC Comment April 16, 2004 (061A). **Revision 2004-03:** Revised per AB1286/SB244(2003). **Revision 2003-06:** Revised per DHCS Comment (03/04/03). **Revision 2002-08:** Requested by KHS Medical Director. DHCS comments received 10/15/02. Medical Director spoke directly with DHCS. Response to DHCS 01/31/03. DHCS Comment 03/04/03. **Revision 2002-04:** Revisions to add information regarding PCP assignment for infants. Also incorporated revisions requested per DHCS Comment Letter 09/19/01. Approved by DHCS 07/26/02, but Medical Director had already requested revisions. **Revision 2001-01:** revisions for 2000 Legislation submission – DMHC. Revisions also made in accordance with DHCS Comment Letter 02/14/01.

² Healthy Families Contract 00MHF014 §II(F)

³ Health and Safety Code §1373.65(d) has some confusing erroneous language that seems to indicate that a notice must go out when an individual provider is terminated, but the notice it references is specifically only required for the termination of provider groups/hospitals. To facilitate compliance, CAHP suggests sending member notice in cases of individual provider termination.

⁴ Health & Safety Code §1373.65(g)

April 23, 2010

MEMBER INFO

Dear Kern Family Health Care Member:

Thank you for choosing Kern Family Health Care (KFHC) as your health plan. Each Kern Family Health Care member has their own Primary Care Provider (PCP). If you chose a PCP on your registration material, and that PCP was available, we assigned you to that PCP. If not, we assigned you to another PCP in your area.

The PCP you have been assigned to is:

PROVIDER INFO

If you want to change your PCP from the one listed above, please call Member Services at 1 (800) 391-2000.

It is very important that you schedule your "Initial Health Assessment" (IHA) with your PCP. You need to schedule your IHA within 120 days of becoming a new member. Babies 18 months and younger need to have an IHA within 60 days of becoming a new member. This appointment gives you the opportunity to meet your PCP and to talk about your health care needs. You do not have to be sick to make this appointment; in fact it is better if you are not sick. Call your PCP today to schedule your IHA.

Again, thank you for choosing Kern Family Health Care! We are here to answer any questions and to assist you with problems. Just call us at 1 (800) 391-2000.

Sincerely,

Kern Family Health Care Member Services Department

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Kern Family Health Care's Member Services Department at 1-800-391-2000 right away.

Estimado Miembro de Kern Family Health Care:

Gracias por elegir a Kern Family Health Care (KFHC) como su plan de salud. Cada miembro de Kern Family Health Care tiene su propio Proveedor de Cuidado Primario (PCP). Si usted eligió a su PCP en el formulario de registro, y el PCP estaba disponible, nosotros le asignamos a ese PCP. De no ser así, nosotros le asignamos a otro PCP en su área.

El PCP que le hemos asignado es él que se menciona al reverso. Si usted desea cambiar a un PCP diferente al que se le asignó, por favor llame a Servicios para Miembros al 1-800-391-2000.

Es muy importante que haga una cita con su PCP para un Examen Inicial Completo (IHA por sus siglas en Inglés). Usted debe hacer la cita dentro de los primeros 120 días de hacerse nuevo miembro. Bebés de 0 a 18 meses deben de tener el IHA dentro de los primeros 60 días de hacerse nuevo miembro. Esa visita le dará la oportunidad de conocer a su PCP y hablar del cuidado de su salud. Usted no necesita estar enfermo para hacer esta cita, en realidad es mejor si usted no está enfermo. Llame a su PCP hoy y haga una cita para el examen (IHA).

Nuevamente, ¡gracias por elegir a Kern Family Health Care! Nosotros estamos aquí para contestar sus preguntas y para ayudarle con sus problemas. Llámenos al 1-800-391-2000.

Atentamente,

El Departamento de Servicios para Miembros de Kern Family Health Care

IMPORTANTE: ¿Puede leer esta carta? Si no, nosotros le podemos ayudar a leerla. Además, usted puede recibir esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al Departamento de Servicios para Miembros al 1-800-391-2000.

