



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Assignment of Primary Care Provider	Policy #	5.06-P
Policy Owner	Members Services	Original Effective Date	1/1/2014
Revision Effective Date	11/2024	Approval Date	04/18/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

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.

II. POLICY

A. Kern Health Systems (KHS) will encourage new Medi-Cal members to select a Primary Care Provider (PCP) within thirty (30) calendar days of enrollment with the Plan. If KHS does not receive a selection for a new Medi-Cal member on the enrollment file, one will be assigned by KHS through a default, automatic method of assignment as explained in Section B (2.,b. under Procedures), Automatic Assignment, of this policy. Every effort will be made to provide new members the opportunity to change a PCP assignment provided through the automatic assignment process to the PCP of their choice. This process will take no more than thirty (30) days from the effective date of 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. To a KHS PCP with whom the member has a known established relationship,
2. To a particular PCP other family members are assigned to or
3. Safety net PCPs as defined in Section B (2., b. under Procedures), of this policy.

American Indian Members may choose an Indian Health Services (IHS) provider within the Plan's network as their PCP.

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

1. The member's assigned provider group, or PCP¹
2. A specialist from whom the member is currently receiving treatment
3. 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:

1. California Health and Safety Code §1373.96
2. DHCS Contract Exhibit A – Attachment III, Section 5.1.4
3. W&I Code section 14182(b)(11)
4. 22 CCR 53853(a)(4)

III. DEFINITIONS

TERMS	DEFINITIONS
Provider Group ²	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.
Safety Net PCPs	Community or free clinic (CFC); Federally Qualified Health Center (FQHC); Indian or Tribal Clinic (ITC); clinics affiliated with publicly owned DSH facilities (PDSH); Rural Health Center (RHC).

IV. PROCEDURES

A. PCP Assignment Criteria

1. Pediatric Assignment

Members 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.

Members 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 members of all ages unless a quality -of -care issue is identified.

2. Adult Assignment

Members over the age of 18 will only be assigned to a Family/General Practitioner, Internal Medicine physician, or an Obstetrician as their PCP. Every effort will be made to assign SPD members to an Internal Medicine physician.

3. Specific Populations Assignment

KHS will adhere to APL 23-031 for new enrollee populations specifically patients who are 26 through 49 years of age, including transitioning populations that may consist of individuals also 26 through 49 years of age and who are currently enrolled in restricted scope Medi-Cal. KHS will prioritize Member choice of PCP over auto-assignment and will not preclude assignment based on a PCP having a closed panel status, or not accepting new Members. Members transitioning from restricted scope Medi-Cal or are otherwise uninsured to full-scope Medi-Cal maintain their existing PCP assignments to the maximum extent possible to minimize disruptions in services. KHS will not exclude assignment for Members assigned to an FQHC or RHC resulting from a lack of a provider-level assignment in the data.

KHS will adhere to all Continuity of Care requirements if the PCP is out-of-network in accordance with APL 23-022. Members will maintain the PCP assignment with the existing in-network PCP per Section B (2., b. under Procedures) of this policy.

KHS is required to designate a point of contact and effectuate a data sharing process with the county uninsured programs and public health care systems currently servicing the Adult Expansion Population (AEP). KHS is required to review and use the data provided by the county uninsured programs and public health care systems to effectuate PCP assignments for these members.

KHS will receive, review, and use the data elements of the AEP data file from Kern Medical to complete a match and PCP assignment of the transitioning Members. To the extent feasible, the matching process to help identify unique individuals may require that KHS use data elements such as name, date of birth, and address. KHS and Kern Medical may coordinate to develop methodologies that allow for flexibility in the matching algorithm used by KHS to accomplish the goals set forth in APL 23-031. KHS will send back to Kern Medical the PCP Assignment

Return File with data elements confirming which Members were successfully assigned a PCP match as outlined in APL 23-031. The data sharing process does not absolve KHS of the standard contractual requirements to notify providers of PCP assignment. KHS will establish process and procedures to securely destroy data of individuals who do not ultimately enroll in compliance with HIPAA regulations. The data sharing processes for receiving, storing, using, and transmitting and sharing data and PHI comply with applicable laws, the DHCS Contract, and DHCS data privacy and security standards.

B. Initial PCP Selection

Medi-Cal members choose or are assigned to a PCP upon enrollment. Every effort will be made to provide new members the opportunity to change a PCP assignment provided through the automatic assignment process to the PCP of their choice. This process will take no more than thirty (30) days from the effective date of enrollment.

1. Members that Select a PCP Upon Enrollment

The Department of Health Care Services (DHCS) 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 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 reported to the KHS Eligibility Coordinator. The member is assigned a PCP through the automatic assignment process as indicated in Section B (2., b. under Procedures), of this policy and a PCP Assignment letter is mailed to the member. This letter asks the member to call KHS if they would like to change their PCP. This letter also provides information to the member about the PCP Change Policy. (See Attachment A). Every effort will be made to provide new members the opportunity to change a PCP assignment provided through the automatic assignment process to the PCP of their choice. This process will take no more than thirty (30) days from the effective date of enrollment per KHS Policy and Procedure #5.08 – New Member Entry.

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 Health Care Options (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.

a. 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 over auto-assignment when possible. The MSR notes the PCP change and makes the change in QNXT.

b. Automatic Assignment – Member has NOT chosen

Non-choice assignments for Medi-Cal Members are generally made if the member's choice has not been received or if the member's choice is not assignable.

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 upon enrollment of their own coverage, if other family members are assigned to a PCP that is not available, 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.

Members assigned a PCP through the default process will be assigned as follows: 50% of the default members will be assigned to safety net provider Kern Medical over a given year. The remaining 50% of default assignments are made to Safety Net providers as defined under the Definitions section in this policy. If there are multiple Safety Net providers in a zip code, the default assignment will be distributed equally among the Safety Net providers within the zip code.

The following factors are taken into consideration when assigning members to PCPs:

- i. Days/hours/number of locations of the PCP.
- ii. 10 mile/30 -minute distance standard (ZIP Code), that is, the proximity of available PCPs to the member.
- iii. Member needs, such as accessibility, language, family and the ability of available PCPs to accommodate such needs.
- iv. PCP availability.
- v. Member age.

With the following exceptions, members assigned through the default process are assigned in accordance with the pediatric and adult PCP criteria outlined in Section A. (Under Procedures) – PCP Assignment Criteria:

- i. Members are not generally assigned to Obstetrician/Gynecologist

OB/GYNs

- ii. Members under age 18 are not assigned to Internal Medicine physicians

- c. Member Notice

Member Services mails the PCP Assignment letter to new members and members who have changed their PCP (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.

- d. PCP Assignments through File-In Enrollment Processing

New enrolled members defaulted to KHS are automatically assigned according to Section B. (2., Under Procedures) 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 unless the member requested to change their PCP the month of disenrollment. If so, the member will be assigned to their PCP of choice. However, if the break in coverage is greater than six months, KHS considers these members to be new, and follows the process outlined in Section B (Under Procedures) of this policy.

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 unless the member requested to change their PCP the month of disenrollment. If so, the member will be assigned to their PCP of choice

- e. Exceptions to Assignment by Choice/Automatic Assignment

At the discretion of the Chief Executive Officer (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

C. Provider Notification

KHS provides real time access to eligibility records through its Provider Portal where providers can verify eligibility online 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 and 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 ten (10) days of the completed selection or assignment.

V. ATTACHMENTS

Attachment A:	Letter to Member: <i>PCP Assignment</i>
Attachment B:	

VI. REFERENCES

Reference Type	Specific Reference
Choose an item.	¹ Health and Safety Code §1373.65(d)
Choose an item.	² Health & Safety Code §1373.65(g)

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2025-01	Attachment A “Letter to Member PCP Assignment” was submitted on 1/10/2025 to DHCS (Filing ID #20917). DHCS approved the revised attachment on 2/5/2025.	Member Services
Revised	2024-11	Per annual policy routine review.	N.S. Member Services
Revised	2024-05	Added section A to cover adherence to additional direction from DHCS for specific populations, such as APL 23-031; updated assignment for KM/Safety Net Providers. DHCS approved the policy on 5/14/2024.	N.S. Member Services
Revised	2022-11	Updated for AIR R.0174 to include references to provider directory and changing PCP through portal, online, or call; DHCS Approved 11/17/2022.	Member Services
Revised	2022-09	Updated for R.0169 to include additional regulatory references; IHS & SPD detail; DHCS Approved on 10/07/2022.	Member Services

Revised	2017-07	Policy revisions approved by DHCS on 7/12/17. The policy was approved for DHCS OR R.0171 and OR R.0172 on 6/7/2023. Section 2.4 Provider to Member Ratio moved to Policy 4.30-P Accessibility Standards.	Member Services
Revised	2017-03	DHCS approval received 4/3/2017. Revised to comply with DMHC Routine Survey Deficiency #4 dated January 2017. Added FTE equivalency clarification. Reviewed by Provide Relations Manager.	-
Revised	2013-12	Major revisions throughout policy. Review provided by Chief Medical Officer	CMO
Revised	2010-06	Revised as request by the Department of Health Care Services (DHCS).	-
Revised	2009-11	Healthy Families Contract 00MHF014 §II(F) 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. ¹ Health & Safety Code §1373.65(g)	-

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	Attach. A NME PCP Letter (ID #20917) on 1/10/2025	2/5/2025
Department of Health Care Services (DHCS)	APL 23-031	5/14/2024
Department of Health Care Services (DHCS)	DHCS OR R.0174	11/17/2022
Department of Health Care Services (DHCS)	DHCS OR R.0169	10/17/2022
Department of Health Care Services	DHCS OR R.0171 & R.0172	6/7/2023

(DHCS)		
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Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Choose an item.		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure: Assignment of Primary Care Provider

Last approved version: 2017-07

Reason for revision: Per annual policy routine review.

Director Approval		
Title	Signature	Date Approved
Nate Scott Senior Director of Members Services		
Amisha Pannu Senior Director of Provider Network		
Christine Pence Senior Director of Health Services		

Date posted to public drive: _____

Date posted to website ("P" policies only) : _____

Date

«AddressBlock»

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 choose 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.

In order to improve the quality of care provided to our members, KFHC wants to help you establish a medical home with a single PCP who will coordinate all of your health care. **KFHC members cannot receive primary care services from a PCP they are not assigned to. You must see the PCP or clinic you are assigned to for primary care services. If you go to a PCP, you are not assigned to, that PCP will NOT see you and will tell you that you must go to your assigned PCP.** The longer you are treated by your PCP, the better he or she will be able to manage your health care. If you want to change your PCP from the one listed below, please call Member Services toll free at 1-661-632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) or 711 for TTY/TDD.

The PCP you have been assigned to is:

«Provider__Name»
«Provider__Address_»
«Provider__City» «STATE» «Provider__Zip»
«phone»

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 toll free at 1-661-632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) or 711 for TTY/TDD. You can call us Monday through Friday from 8:00am to 5:00pm.

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 1-661-632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) or 711 for TTY/TDD 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.

A fin de mejorar la calidad del cuidado que se proporciona a nuestros miembros, KFHC quiere ayudarle a establecer un hogar médico con un solo PCP que coordinará todo el cuidado de salud. **Los miembros de KFHC no pueden recibir servicios de cuidado primario de un PCP al que no están asignados. Usted debe consultar con el PCP o clínica que se le asigna para servicios de cuidado primario. Si usted va a un PCP al cual usted no está asignado, el PCP NO lo(a) verá y le dirá que debe ir a su PCP asignado.** Entre más tiempo sea usted tratado por su PCP, él o ella podrá administrar su cuidado médico mejor. Si usted quiere cambiar su PCP que mencionamos al reverso de esta carta, por favor llame gratis a Servicios para Miembros al 1-661-632-1590 (Bakersfield) o al 1-800-391-2000 (fuera de Bakersfield) (TTY/TDD 711).

El PCP que le hemos asignado es:

La información se encuentra al reverso.

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. Esta 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 su IHA.

Nuevamente, ¡gracias por elegir a Kern Family Health Care! Nosotros estamos aquí para contestar sus preguntas y para ayudarle con sus problemas. Llámenos gratis al 1-661-632-1590 (Bakersfield) o al 1-800-391-2000 (fuera de Bakersfield). Puede llamarnos de lunes a viernes de las 8:00 a. m. a las 5:00 p. m.

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 1-661-632-1590 (Bakersfield) o al 1-800-391-2000 (fuera de Bakersfield) (TTY/TDD 711).