

DIRECT MEMBERS

Direct Members are members with eligibility status, limited benefits and/or clinical condition(s) who are not appropriate for primary care capitation. Some examples of Direct Members:

- **Share of Cost Members** – Services received after the member has met their share of cost.
- **New Members** – Upon eligibility, members have thirty (30) days to select a primary care provider (PCP).
- **Retroactive Members** – Eligibility granted or reinstated by the county retroactively. Members are a direct members for the “retro” calendar month only.
- **Limited Services Members (OBRA)** – Services for these members are limited to pregnancy and/or emergency room treatment only.
- **Limited Services Members (W&R)** - Services for these members are limited to substance use treatment services under PHC’s Wellness and Recovery Program. Substance use treatment services must be provided by a PHC W&R contracted provider.
- **Long-Term Care Residents** – Members in a LTC facility and or with a LTC aid code.
- **Clinical Condition** – Members with designated clinical condition(s) such that a primary care capitated arrangement places an unfair burden on the assigned PCP. These members are placed in direct member status for a specified time frame as assigned by our Health Services Department. Some examples of qualifying clinical conditions are: End Stage Renal Disease, Organ Transplants, Hospice, and AIDS (per 1993 definition). In addition, children who qualify for California Children’s Services (CCS) or Whole Child Model (WCM) may qualify for direct member status.
- The PCP or responsible provider may call PHC if they believe a member that may meet the clinical conditions described above. Call our Health Services Department at (707) 863-4133.

Medical Homes Members

- WCM (CCS) children may be linked to a local PCP/Medical Home (MH). The member will not be capitated to the local PCP/MH but will be Fee-For-Service.

Important Information for Direct Members and Medical Homes

- **Prior Authorization** – Prior authorization requirements apply.
- **Payment for services** – Providers are paid fee for service.
- **Referrals** – In most cases, referrals to specialty care are not required.

Other Capitated Providers – Direct members and members linked to a Medical Home may be capitated for other services i.e. vision, mental health and/or lab. Check our eligibility systems or call us to verify other capitated providers.