Policy:	AA.1207c
Title:	**Performance-based Community Health Center Auto-Assignment Allocation Methodology**
Department:	Provider Network Operations
Section:	Provider Data Management Services

CEO Approval: */s/ Michael Hunn 11/13/2024*

Effective Date:	07/01/2013
Revised Date:	11/07/2024

Applicable to:
☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I.   PURPOSE

This policy establishes CalOptima Health's methodology for determining a Community Health Center's Auto-Assignment allocation according to performance-based indicators.

II.   POLICY

A.   CalOptima Health shall auto-assign a Health Network Eligible Member who has not selected a Health Network, or CalOptima Health Community Network, to a Health Network, or CHCN, in accordance with CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment.

B.   CalOptima Health shall auto-assign Members to a Community Health Center based on performance metrics established herein and indicators for population served by each Community Health Center.

C.   CalOptima Health shall calculate a Community Health Center's performance-based Auto-Assignment allocation as follows:

1.   CalOptima Health shall calculate an Auto Assignment Quality Score (AAQS) (scored between zero (0) and ten (10)) for each Community Health Center. A higher score indicates better performance.

2.   Annually, each Community Health Center will be provided with documentation of how their AAQS score was derived which includes their performance on each quality metric, comparison to national benchmarks which are used in the scoring, as well as assigned measure weights and calculations used to derive the AAQS.

D.   Each individual Community Health Center shall be given a Clinic rank. The Clinic rank is determined by the Community Health Center's achieved AAQS which is calculated annually. The Clinic ranking determines the order of the auto-assignment allocation run.

E.   The aggregate Community Health Center allocation of auto-assigned Members shall be distributed amongst all eligible Community Health Centers to reflect AAQS score ranking and ensure Federally Qualified Health Centers (FQHCs) and FQHC-Look-Alikes receive twice the allocation of other Community Health Centers.

F. CalOptima Health shall evaluate the performance-based Auto-Assignment allocation methodology annually, or upon:

    1. Addition, or termination, of a Community Health Center;

    2. A material change of a Community Health Center; or

    3. Change in indicators.

G. The Community Health Center Auto-Assignment allocation distribution shall be recalculated upon the addition of any new Community Health Centers to the CalOptima Health program. A new Community Health Center, for purposes of Auto-Assignment, is considered a Community Health Center with less than one (1) full measurement year of data during the measurement period. Prior to one full measurement year, a new Community Health Center will receive 3.0 points per measure used in the AAQS. When a full year of data is available and an AAQS can be calculated, then the new Community Health Center shall receive an AAQS based on performance. The established aggregate Auto-Assignment allocation for that calendar year shall be redistributed amongst all eligible Community Health Centers, in accordance with Section III.G. of this policy.

H. CalOptima Health shall notify Health Networks and Community Health Centers of any changes in the performance-based Auto-Assignment allocation methodology or measures prior to the measurement period.

III. PROCEDURE

A. CalOptima Health shall calculate each measure annually using the most current data available for the preceding year.

B. The measurement results shall take effect the year following measurement.

C. The AAQS shall be based on the following eleven (11) measures weighted equally:

Measure	Category
Adult Access to Preventive and Ambulatory Care Visits	HEDIS
Child and Adolescent Well-Care Visits	HEDIS
Childhood Immunization Status- Combination 10	HEDIS
Immunizations for Adolescents- Combination 2	HEDIS
Well-Child Visits in the First 30 Months of Life- 0 to 15 Months- Six or More Well-Child Visits	HEDIS
Well-Child Visits in the First 30 Months of Life- 15 to 30 Months- Six or More Well-Child Visits	HEDIS
Prenatal and Postpartum Care: Postpartum Care	HEDIS
Prenatal and Postpartum Care: Timeliness of Prenatal Care	HEDIS
Cervical Cancer Screening	HEDIS
Getting Care Quickly	CAHPS
Getting Needed Care	CAHPS

D. Healthcare Effectiveness and Data Information Set (HEDIS) performance rates shall be calculated for each Community Health Center using administrative data (claims and encounter data). The minimum denominator to report a performance rate shall be thirty (30) Members.

E. Consumer Assessment of Healthcare Providers and Systems (CAHPS) performance rates will be calculated based on Member satisfaction surveys fielded by CalOptima Health according to CalOptima Health Policy GG.1637: Assessing Member Experience. A Community Health Center shall receive the CAHPS score achieved by their affiliated Health Network.

F. Points will be allocated for each measure based on comparison to the most recent National Committee for Quality Assurance (NCQA) National Medicaid percentiles available at the time of measurement. Point allocation shall be as follows:

Points Earned for Individual Measures	
NCQA Percentile	Points
At or above the 75th percentile	10
At or above the 66.67th percentile, below the 75th percentile	8
At or above the 50th percentile, below the 66.67th percentile	6
At or above the 33.33rd percentile, below the 50th percentile	4
At or above the 25th percentile, below the 33.33rd percentile	2
Below the 25th percentile	0

G. A new Community Health Center, prior to the ability to report performance rates as described in Section II.H. above, shall receive three (3) points per measure.

H. The AAQS is calculated based on the sum of points for each measure divided by the number of reportable measures. The maximum possible AAQS is ten (10) points. Community Health Centers must report a minimum of three (3) HEDIS measures to generate an AAQS and to participate in Auto Assignment.

I. CalOptima Health shall calculate eligible and participating Community Health Center's performance-based Auto-Assignment Allocation as follows:

   a. For each Community Health Center, AAQS score is adjusted for FHQC status by applying an FQHC factor – two (2) for FQHC and FHQC-look-alike and one (1) for all others;

   b. A relative score to the sum of all Community Health Center adjusted scores is calculated for each Community Health Center;

   c. The Adjusted Relative Score is multiplied by the percent of the total Community Health Center Auto-Assignment allocation in accordance with CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
B. CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment
C. CalOptima Health Policy GG.1637: Assessing Member Experience

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
03/03/2011	Regular Meeting of the CalOptima Board of Directors
11/01/2012	Regular Meeting of the CalOptima Board of Directors
12/06/2012	Regular Meeting of the CalOptima Board of Directors
03/07/2013	Regular Meeting of the CalOptima Board of Directors
03/06/2014	Regular Meeting of the CalOptima Board of Directors
11/07/2024	Regular Meeting of the CalOptima Health Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	07/01/2013	AA.1207c	Performance-based Community Health Center Auto Assignment Allocation Methodology	Medi-Cal
Revised	02/01/2016	AA.1207c	Performance-based Community Health Center Auto Assignment Allocation Methodology	Medi-Cal
Revised	02/01/2017	AA.1207c	Performance-based Community Health Center Auto Assignment Allocation Methodology	Medi-Cal
Revised	11/01/2017	AA.1207c	Performance-based Community Health Center Auto-Assignment Allocation Methodology	Medi-Cal
Revised	02/01/2023	AA.1207c	Performance-based Community Health Center Auto-Assignment Allocation Methodology	Medi-Cal
Revised	01/01/2024	AA.1207c	Performance-based Community Health Center Auto-Assignment Allocation Methodology	Medi-Cal
Revised	06/01/2024	AA.1207c	Performance-based Community Health Center Auto-Assignment Allocation Methodology	Medi-Cal
Revised	11/07/2024	AA.1207c	Performance-based Community Health Center Auto-Assignment Allocation Methodology	Medi-Cal

IX. GLOSSARY

Term	Definition
Auto-Assignment	The process by which a CalOptima Health Member who does not select a PCP and/or Health Network is assigned to a participating CalOptima Health Provider and/or to a Health Network or CalOptima Health Community Network.
Community Health Center	Also known as Community Clinic—a health center that meets all of the following criteria: 1. Recognized by the Department of Public Health as a licensed Community Clinic or is a Federally Qualified Health Center (FQHC) or FQHC Look-Alike; 2. Affiliated with a Health Network or CalOptima Health Community Network; and 3. Ability to function as a Primary Care Provider (PCP).
Corrective Action Plan (CAP)	A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the Centers of Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), or designated representatives. FDRs and/or CalOptima Health departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CalOptima Health and its regulators.
Healthcare Effectiveness Data and Information Set (HEDIS)	The set of standardized performance measures sponsored and maintained by the National Committee for Quality Assurance (NCQA).
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.