



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

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

Effective Date: 01/01/2007

Revised Date: 11/07/2024

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

I. PURPOSE

This policy establishes CalOptima Health's methodology for determining a Health Network and CalOptima Health's Community Network's (CHCN) Assignment allocations 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 CHCN, to a Health Network, or CHCN, utilizing performance-based indicators and in accordance with CalOptima Health Policy AA.1207a: CalOptima Health Auto-Assignment.
- B. CalOptima Health shall determine a Health Network's, or CHCN's, performance-based Auto-Assignment allocation according to indicators listed in the Health Network/CHCN Performance-based Auto-Assignment Allocation Table.
 1. CalOptima Health shall calculate a Health Network's, (including CHCN's), performance-based Auto-Assignment allocation as follows:
 - a. CalOptima Health shall calculate an Auto Assignment Quality Score (AAQS) (scored between zero (0) and ten (10)) for each Health Network. A higher score indicates better performance. The scores are ranked to determine the order of the Auto-Assignment allocation run.
 - b. Annually, each Health Network 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.
- C. CHCN, and each individual Health Network, shall be given a AAQS score from zero (0) to ten (10) based on their performance during the measurement period. CalOptima Health shall utilize the Health Network, or CHCN, AAQS, in numerical sequence, (highest to lowest) as the processing order for Auto-Assignment.

- D. In the event that CHCN's, or a Health Network's, Auto-Assignment is suspended for any reason, CalOptima Health shall distribute that Health Network's, or CHCN's, allocation of Auto-Assigned Members amongst the remaining eligible Health Networks, or CHCN, in a manner that is proportional to each individual Health Network's, or CHCN's, Performance-based Auto-Assignment allocation.
- E. CalOptima Health shall score a Health Network for an indicator as long as the Health Network maintains a Contract for Health Care Services for the entire measurement year and is contracted with CalOptima Health at the time of measurement calculation.
- F. Performance-based Auto-Assignment allocation for a new Health Network, or CHCN:
 - 1. A new Health Network, for purposes of Auto-Assignment, is considered a Health Network with less than one (1) full measurement year of data during the measurement period. Prior to one (1) full measurement year, a new Health Network will receive three (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 Health Network shall receive an AAQS based on performance.
 - 2. In the event of a declaration of a "extreme and uncontrollable event" declared by DHCS (such as the previous declarations for regional wild-fires and flooding which adversely impacted ability to collect data and calculate quality scores), there will be no penalties to scores and each HN will receive the better of the current or prior year AAQS.
- G. CalOptima Health shall evaluate the performance-based Auto-Assignment allocation methodology for Health Networks and CHCN annually, or upon:
 - 1. Addition, or termination, of a Health Network;
 - 2. A material change; or
 - 3. Change in indicators.
- H. CalOptima Health shall notify Health Networks 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

Measure	Category
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 Data and Information Set (HEDIS) performance rates shall be calculated for each Health Network, including CHCN, 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 for each Health Network, including CHCN, according to CalOptima Health Policy GG.1637: Assessing Member Experience.
- 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 Health Network, prior to the ability to report performance rates as described in Section II.G.1. of this Policy, 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. Health Networks must report a minimum of three (3) HEDIS measures to generate an AAQS and to participate in Auto Assignment.
- I. CalOptima shall calculate eligible and participating Health Network's (including CHCN's) performance-based Auto-Assignment allocation as follows:
- For each Health Network, derive a score relative to the sum of all AAQS scores for all eligible and participating Health Networks;
 - For each Health Network, calculate the final allocation percentage by multiplying the relative score with the percent of the total Health Network Auto-Assignment 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
11/14/1995	Regular Meeting of the CalOptima Board of Directors
01/23/1996	Regular Meeting of the CalOptima Board of Directors
12/04/2008	Regular Meeting of the CalOptima Board of Directors
10/07/2010	Regular Meeting of the CalOptima Board of Directors
03/03/2011	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
10/06/2022	Regular Meeting of the CalOptima Health 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	01/01/2007	AA.1207b	Performance-based Auto Assignment Allocation Methodology	Medi-Cal
Revised	01/01/2009	AA.1207b	Performance-based Auto Assignment Allocation Methodology	Medi-Cal
Revised	01/01/2011	AA.1207b	Performance-based Auto Assignment Allocation Methodology	Medi-Cal
Revised	07/01/2013	AA.1207b	Performance-based Health Network Auto Assignment Allocation Methodology	Medi-Cal
Revised	12/01/2014	AA.1207b	Performance-based Health Network Auto Assignment Allocation Methodology	Medi-Cal
Revised	02/01/2016	AA.1207b	Performance-based Health Network and CalOptima Community Network Auto Assignment Allocation Methodology	Medi-Cal
Revised	02/01/2017	AA.1207b	Performance-based Health Network and CalOptima Community Network Auto Assignment Allocation Methodology	Medi-Cal
Revised	11/01/2017	AA.1207b	Performance-Based Health Network and CalOptima Community Network Auto Assignment Allocation Methodology	Medi-Cal
Revised	10/06/2022	AA.1207b	Performance-based Health Network and CalOptima Health Community Network Auto-Assignment Allocation Methodology	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	01/01/2024	AA.1207b	Performance-based Health Network and CalOptima Health Community Network Auto-Assignment Allocation Methodology	Medi-Cal
Revised	05/01/2024	AA.1207b	Performance-based Health Network and CalOptima Health Community Network Auto-Assignment Allocation Methodology	Medi-Cal
Revised	11/07/2024	AA.1207b	Performance-based Health Network and CalOptima Health Community Network 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 Primary Care Provider (PCP) and/or Health Network is assigned to a participating CalOptima Health Provider and/or Health Network.
CalOptima Health Community Network (CHCN)	A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members.
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.
Health Network Eligible Member	A member who is eligible to choose a CalOptima Health, Health Network or CalOptima Health Community Network (CHCN).
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.