



Policy: AA.1207a
Title: **CalOptima Health Auto-Assignment**
Department: Provider Network Operations
Section: Provider Data Management Services

CEO Approval: /s/ Michael Hunn 06/05/2024

Effective Date: 01/01/2007

Revised Date: 06/01/2024

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

I. PURPOSE

This policy establishes a process by which CalOptima Health shall assign a Member who has not voluntarily selected a Health Network, or CalOptima Health Community Network (CHCN), to a Health Network, or CHCN.

II. POLICY

- A. A Health Network-eligible Member shall select a Health Network or CHCN in accordance with CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process. If a Member does not select a Health Network or CHCN, in accordance with CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process, CalOptima Health shall assign such Member to a Health Network or CHCN in accordance with the terms and conditions of this Policy.
- B. CalOptima Health shall Auto-Assign Members, in accordance with the provisions of this policy, to ensure the following:
 - 1. Member access to health care services in geographic proximity to his or her residence, as on file with CalOptima Health from eligibility files received from the Department of Health Care Services (DHCS);
 - 2. Community Health Center safety net provider participation in the CalOptima Health program; and
 - 3. Member enrollment in Health Networks or CHCN demonstrating quality performance.
- C. Members may request to change their Health Network or CHCN enrollment once per month, in accordance with CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process.
- D. CalOptima Health shall Auto-Assign a Member who has not selected a Health Network or CHCN to a Health Network or CHCN by using available data from CalOptima Health or network providers or clinics indicating an existing relationship with a contracted provider or clinic to preserve the relationship where possible. In the absence of this information the Auto-Assign of a Member is

based on a Zip Code Match between the Member's residence and a Health Network/CHCN's coverage area, as set forth in Section III.A.2.b. of this policy.

III. PROCEDURE

- A. CalOptima Health shall Auto-Assign eligible Members to a Health Network or CHCN as follows, and in the following order:
1. CalOptima Health shall Auto-Assign a Member to an existing contracted provider or clinic when provided with the data establishing the relationship by CalOptima Health or a network provider or clinic.
 2. CalOptima Health shall Auto-Assign no less than thirty-seven percent (37%) of eligible Members to a Health Network or CHCN based on the Member's assignment to a community health center as a Primary Care Provider (PCP). CalOptima Health shall Auto-Assign Members through the Health Network or CHCN level to the Community Health Center. If a new Federally Qualified Health Center (FQHC), or FQHC-Look-Alike, enters the CalOptima Health program, CalOptima Health shall increase the base Auto-Assignment allocation for Community Health Centers by one percent (1%), not to exceed forty-five percent (45%). If a FQHC, or FQHC-Look-Alike, terminates with the CalOptima Health program, CalOptima Health shall decrease the total Auto-Assignment allocation by one percent (1%), not to fall below thirty-seven percent (37%).
 - a. A Community Health Center shall select CHCN or at least one (1) Health Network that shall receive its allocation of Auto-Assigned Members. A Community Health Center may select CHCN or one (1) Health Network that shall receive its allocation of pediatric Auto-Assigned Members, and CHCN or one (1) Health Network that shall receive its allocation of adult Auto-Assigned Members.
 - i. If a Community Health Center intends to select or unselect CHCN or change the Health Network which shall receive its allocation of Auto-Assigned Members, it shall notify CalOptima Health's Provider Relations Department, in writing.
 - ii. If a Community Health Center fails to select CHCN or at least one (1) Health Network that shall receive its allocation of Auto-Assigned Members, CalOptima Health shall exclude that Community Health Center from receiving any allocation of Auto-Assigned Members until a Health Network, or CHCN, has been selected.
 - iii. If the Community Health Center previously selected CHCN or a Health Network that has been suspended for Auto-Assignment, the Community Health Center shall select an alternate Health Network or CHCN to receive its allocation of Auto-Assigned Members.
 - b. If a Member has a Zip Code Match with a Community Health Center's coverage area, CalOptima Health shall assign the Member to the Community Health Center as the Member's Primary Care Provider, in accordance with CalOptima Health Policy EE.1112: Health Network Eligible Member Assignment to Primary Care Provider.
 - c. CalOptima Health shall Auto-Assign Members to Community Health Centers based on performance metrics established in CalOptima Health Policy AA.1207c: Performance-based Community Health Center Auto-Assignment Allocation Methodology.

- d. A Health Network or CHCN's receipt of Auto-Assigned Members from a Community Health Center shall not affect the Health Network or CHCN's receipt of any other Auto-Assigned Members.
 - e. If CalOptima Health Auto-Assigns a Member to a Community Health Center as the Member's PCP, the Member's Health Network or CHCN shall not reassign such Member to a PCP that is not a Community Health Center unless the Member requests such reassignment.
3. CalOptima Health shall Auto-Assign eligible Members, not Auto-Assigned to a Health Network or CHCN. The Health Network or CHCN shall assign a PCP to the Member.
 - a. CalOptima Health shall assign Members to a Health Network or CHCN once it fills a Community Health Center's assignment allocation, or if there is no Zip Code Match between an eligible Member and a community health center's coverage area.
 - b. CalOptima Health shall Auto-Assign eligible Members to a Health Network or CHCN based on the Health Network or CHCN's score on the indicators listed in the Health Network or CHCN Performance-based Auto Assignment Allocation Table, which shall be calculated pursuant to CalOptima Health Policy AA.1207b: Performance-based Health Network and CalOptima Health Community Network Auto-Assignment Allocation Methodology.
 - c. CalOptima Health shall assign any remaining Members to a Health Network with a Zip Code Match, regardless of whether or not that Health Network's Auto-Assignment allocation has been satisfied.
 - B. The number of Auto-Assigned Members a Health Network or CHCN receives may vary monthly, depending upon the number of Members eligible for Auto-Assignment and the Zip Code Match between a Member and a Health Network or CHCN's coverage area.
 - C. In an effort to keep Members of the same family covered under one (1) Health Network or CHCN, CalOptima Health shall Auto-Assign Members by family unit in accordance with CalOptima Health Policy DD.2006b: CalOptima Health Community Network Member Primary Care Provider Selection/Assignment. If a Family Linked Member who is less than twenty-one (21) years of age has family members in more than one (1) Health Network or CHCN, CalOptima Health shall Auto-Assign such Family Linked Member to the same Health Network or CHCN as his or her sibling.
 1. If the Family Linked Member is known to be eligible with the Whole-Child Model (WCM) program/California Children Services Program (CCS) and the Family Linked Member's sibling is assigned to a Health Network that does not participate in the WCM program whether excluded from doing so or otherwise, the Family Linked Member shall be assigned to a Health Network participating in the WCM program.
 - D. Notwithstanding any other provisions of this policy and if applicable, subject to Section III.I., CalOptima Health shall assign a new Health Network-eligible Member to CHOC Health Alliance if:
 1. The Member's parent, or guardian, fails to select a Health Network, or CHCN, upon enrollment with CalOptima Health;
 2. The Member will be less than seven (7) months of age at the time of enrollment with a Health Network or CHCN;

3. The Member does not have another Family Linked Member enrolled in a Health Network/CHCN at the time of assignment; and
 4. CHOC Health Alliance is not suspended from Auto-Assignment pursuant to this policy.
- E. Notwithstanding any other provisions of this policy, CalOptima Health shall ensure, effective July 1, 2019, that CCS-eligible Members are not assigned, whether by Auto-Assignment or otherwise, to a Health Network that is excluded from participating in the WCM program.
- F. An existing Member assigned to a Health Network who becomes CCS/WCM-eligible, or new CCS/WCM Members who do not select a Health Network, will be assigned to participating Health Networks after consideration of factors, unique to each Member, such as current PCP and specialist relationships to the Member, Members preference, provider and service utilization, diagnosis, severity of condition, Health Needs Assessment, geography, and language.
- G. Effective July 1, 2019, if a new Member who is known to be CCS-eligible or an existing Member who becomes CCS-eligible (while enrolled in a Health network that does not participate in the WCM program) CalOptima Health's Auto-Assignment process will only allow a new CalOptima Health Member who is known to be CCS-eligible, to be assigned to a participating Health Network. All other existing Auto-Assignment rules will apply, including accounting for allotted percentages for the Health Networks.
- H. Health Networks that do not meet the WCM network certification requirements can become eligible for the affected category of Auto-Assignment if they meet such requirements at a later date and are added to the WCM network with the approval of DHCS.
- I. Quality metrics and a minimum performance level on the established quality metrics shall be utilized to qualify for Auto Assignment. CalOptima Health may suspend Auto-Assignment against a Health Network or CHCN if a Health Network or CHCN fails to score at, or above, a specified performance level based on overall performance on established HEDIS indicators.
1. CalOptima Health Achievement of minimum performance levels on quality metrics is assessed annually. A Health Network that has been suspended from Auto-Assignment due to failure to meet minimum performance levels will be reassessed annually. Auto-Assignment will be reinstated when a Health Network has demonstrated that they meet the minimum performance levels established by CalOptima Health.
 2. CalOptima Health shall report to the Delegation Oversight Committee (DOC) any Health Network that fails to meet established minimum performance levels. CalOptima Health shall provide written notice to any Health Network that fails to meet this threshold.
 3. Pursuant to CalOptima Health Policy HH.2002: Sanctions, CalOptima Health's Compliance Committee may impose penalties against a Health Network that fails to meet the minimum performance requirements.
 4. Minimum Health Network performance levels may be modified for future measurement years, pursuant to this policy. Any change in performance level expectations shall be approved by the Quality Assurance Committee (QAC) of the Board of Directors prior to implementation. CalOptima Health shall notify Health Networks of the change prior to the Implementation of changes to metrics or scoring of quality metrics. Notification to the networks includes discussion at Health Network Forum, Quality Forum, or other stakeholder forums that permit the Health Networks to be informed of planned changes to the quality metrics or scoring, and also permit them to provide feedback on the proposed changes.

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.1207b: Performance-based Health Network and CalOptima Health Community Network Auto-Assignment Allocation Methodology
- C. CalOptima Health Policy AA.1207c: Performance-based Community Health Center Auto Assignment Allocation Methodology
- D. CalOptima Health Policy DD.2006: Enrollment In/Eligibility with CalOptima Health Direct
- E. CalOptima Health Policy DD.2006b: CalOptima Health Community Network Member Primary Care Provider Selection/Assignment
- F. CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process
- G. CalOptima Health Policy EE.1112: Health Network Eligible Member Assignment to Primary Care Provider
- H. CalOptima Health Policy HH.2002: Sanctions
- I. Department of Health Care Services All Plan Letter (APL) 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023 (Supersedes APL 22-032)
- J. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-034: California Children's Services Whole Child Model Program (Supersedes APL 21-005)

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
10/03/2006	Regular Meeting of the CalOptima Board of Directors
12/04/2007	Regular Meeting of the CalOptima Board of Directors
02/05/2008	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
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
10/06/2022	Regular Meeting of the CalOptima Health Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2007	AA.1207a	CalOptima Auto Assignment	Medi-Cal
Revised	12/04/2007	AA.1207a	CalOptima Auto Assignment	Medi-Cal
Revised	02/05/2008	AA.1207a	CalOptima Auto Assignment	Medi-Cal
Revised	01/01/2011	AA.1207a	CalOptima Auto Assignment	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	03/01/2011	AA.1207a	CalOptima Auto Assignment	Medi-Cal
Revised	11/01/2012	AA.1207a	CalOptima Auto Assignment	Medi-Cal
Revised	07/01/2013	AA.1207a	CalOptima Auto Assignment	Medi-Cal
Revised	02/01/2016	AA.1207a	CalOptima Auto Assignment	Medi-Cal
Revised	02/01/2017	AA.1207a	CalOptima Auto Assignment	Medi-Cal
Revised	11/01/2017	AA.1207a	CalOptima Auto Assignment	Medi-Cal
Revised	10/06/2022	AA.1207a	CalOptima Health Auto-Assignment	Medi-Cal
Revised	01/01/2024	AA.1207a	CalOptima Health Auto-Assignment	Medi-Cal
Revised	06/01/2024	AA.1207a	CalOptima Health Auto-Assignment	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 Health Network.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
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.
Community Health Center	Also known as Community Clinic—a health center that meets all of the following criteria: <ol style="list-style-type: none"> 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 Direct; and 3. Ability to function as a Primary Care Provider (PCP).
Corrective Action Plan	A plan delineating specific and identifiable activities or undertaking that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the State, or designated representatives. Health Networks and Providers may be required to complete CAPs to ensure that they are in compliance with statutory, regulatory, contractual, CalOptima Health policy, and other requirements identified by CalOptima Health and its regulators.
Family Linked Member	A Member who shares a county case number, as assigned by the County of Orange Social Services Agency, with another Member who is in his or her family and who resides in the same household.
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.
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.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner.
Shared Risk Group (SRG)	A Health Network who accepts delegated clinical and financial responsibility for professional services for assigned Members, as defined by written contract and enters into a risk sharing agreement with CalOptima Health as the responsible partner for facility services.

Term	Definition
Whole-Child Model (WCM)	An organized delivery system established for Medi-Cal eligible CCS children and youth, pursuant to California Welfare & Institutions Code (commencing with Section 14094.4), that (i) incorporates CCS covered services into Medi-Cal managed care for CCS-eligible Members and (ii) integrates Medi-Cal managed care with specified county CCS program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.
Zip Code Match	The DHCS reported member's home address zip code must match to a zip code within the zip code range table in order for that clinic or health network to be eligible for the Member assignment.