



Jeffrey Norris | Value-Based Payment Branch Chief

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THIS LETTER SENT VIA EMAIL ONLY

FQHC APM STAKEHOLDER LETTER ON REASSIGNMENT

To Federally Qualified Health Center (FQHC) Alternative Payment Methodology (APM) Stakeholders:

DHCS and FQHC APM stakeholders have highlighted that accurate PCP assignment of Medi-Cal members is essential to various parts of the FQHC APM. PCP assignment issues have created specific challenges in the FQHC APM rate setting.

Stakeholders have requested additional information on the member PCP reassignment process. Many stakeholders report to DHCS that the only mechanism to reassign members is to call the MCP's call center for each individual member. Stakeholders report this is a tedious and time-consuming process, which contributes to challenges in maintaining an accurate PCP roster.

Stakeholders have inquired if there are other methods of reassigning members within their organizations (e.g. when a member is assigned to one clinic site at an FQHC but receives primary care at another clinic site within the same FQHC).

Even beyond the FQHC APM, accurate PCP assignment is important to both PCPs and MCPs for a variety of operational, clinical, and financial reasons. When PCP assignment is not accurate, reassigning members to the correct PCP is time consuming for members, MCPs, and FQHCs.

Regarding initial PCP assignment, the [2024 MCP contract](#) (on page 311 subsection H) indicates that when members do not choose a PCP within 30 days of enrollment, the MCP must use utilization data or other data to select a PCP. For PCP reassignment (as a separate process from initial PCP assignment), the 2024 MCP contract does not specify how the process occurs. MCPs are encouraged take a utilization data-based approach to PCP reassignment, similar to the required process for initial assignment. In all cases, the MCPs must ensure member choice is guaranteed.

Data-based approaches to reassignment can include ad-hoc or regular (e.g. annual) to reconcile where a member gets primary care versus where the member is assigned. DHCS encourages MCPs to engage in these approaches on a regular/on-going basis. To increase the impact of PCP reassignment on the APM, FQHCs and MCPs are encouraged to partner on any PCP reassignment as soon as possible.

Specific approaches for reassignment to a new PCP might include the "[four cut method](#)" and/or components of this [HCP-LAN Whitepaper](#). DHCS is neither endorsing nor



February 2, 2024

requiring either of these approaches but rather showing these references as examples. In other states, when an administrative process results in reassignment of a member to another PCP, the member is notified and given the option to decline the reassignment.

Please note this letter does not relate in any way to [MCP auto-assignment](#), which is a different program.

Thank you for your continued commitment to the FQHC APM,



Jeffrey Norris

jeff.norris@dhcs.ca.gov

Value-Based Payment Branch Chief

Quality & Population Health Management (QPHM)

California Department of Healthcare Services (DHCS)

State of California

cc: Rafael Davtian (Deputy Director of Healthcare Financing, DHCS), Palav Babaria (Chief Quality Officer and Deputy Director of QPHM, DHCS)