

Medi-Cal Managed Care: AUTO-ASSIGNMENT INCENTIVE PROGRAM OVERVIEW

The Auto-Assignment Incentive Program was implemented in the Medi-Cal managed care program in December 2005 (Year 1) in the Geographic Managed Care (GMC) and Two-MCP Model (2-Plan) counties. Since January 2017 (Year 12) Imperial and the Regional Model (RM) counties were included in the program's calculations. The program is designed to reward Medi-Cal Managed Care Plans (MCPs) with a greater percentage of default enrollments based upon specific performance measures. In Program Year 15 (CY 2020), four HEDIS measures and two safety net measures are used to develop base performance measures; Encounter Data Quality is used as an adjustment factor; and Inadequate Safety Net PCP Assignment may reduce the percentage of default enrollments.

HEDIS Measures Used in Auto-Assignment Incentive Program Year 15 (effective January 2020 to December 2020)

- Cervical Cancer Screening (CCS)*
- Childhood Immunization Status – Combination 3 (CIS-3)
- Comprehensive Diabetes Care: HbA1c Testing (CDC-HT)
- Controlling High Blood Pressure (CBP)*
- Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC-Pre)
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)

** Although they are still considered part of the AAIP HEDIS measure set, CCS and CBP were removed from consideration in Year 15 due to measure specification changes.*

Scoring of HEDIS Results

Points are assigned to each plan's rate for each HEDIS measure—current year points and improvement points.

- For current year points, MCPs are compared to each other (2-plan and Imperial counties) or to the county's harmonic mean (GMC counties) and awarded points based on whether the plan's score for each measure is statistically superior, statistically equivalent, or statistically inferior to the other or to the harmonic mean. The HEDIS and Safety Net rates for the MCPs in the (RM) counties were combined by Plan Parent into two regions and these combined Plan Parent rates were compared to each other for each region (without consideration of the Kaiser plans) to determine the default rate for the region.
- Except for new measures, or measures that are significantly changed from the previous year, an improvement point is awarded if the plan's performance has statistically improved over the previous year or in the case of exceptionally strong performance (at or above NCQA's national 90th percentile for Medicaid managed care and better than 75% overall). No point is awarded if the plan's performance is statistically unchanged from the previous year, and a point is removed if the plan's performance has statistically deteriorated from the previous year.

Safety Net Measures

Two safety net measures are used in the Auto-Assignment Incentive Program based on:

- Percentage of hospital discharges from Disproportionate Share Hospital facilities (based on OSHPD hospital discharge data)
- Percentage of members assigned to PCPs who are safety net providers (based on rates provided by the MCPs that have been validated by DHCS and validation of a sample of screen prints verifying PCP assignments)

“Safety net providers” are defined as: FQHCs, Rural Health Centers, Indian or Tribal Clinics, non-profit community or free clinics licensed by the state as primary care clinics, or clinics affiliated with DSH facilities.

For each safety net measure, the MCP's rates are compared to each other's (2-plan) or to the county's harmonic mean (GMC) and they earn points based on those comparisons. Improvement points also are awarded or deducted based on how much a plan's rates improved or decreased over the previous year's.

Cap on Percentage of Total Assignments

Currently, the maximum change in the default allocation for any one plan is "capped" at 20% from the previous year. Note that the cap only applies to the base calculation involving HEDIS and Safety Net measures and does not impact the subsequent adjustments for Encounter Date Quality, or AB-85 PCP safety net assignment rates.

Encounter Data Quality Adjustments

Beginning with Year 11, up to 6% of the total default allocation per county will be awarded to MCPs that achieve or maintain a High Performing Encounter Data grade based on the most recent evaluation available at the time of the default calculation each year.

For the Two Plan model counties, if only one MCP is High Performing, that MCP will get the full 6%. If both MCPs are High Performing, both will receive 3%. In both instances the remaining 94% is allocated based on the point ratio of the HEDIS/Safety Net calculation. If neither MCP is High Performing, the HEDIS/Safety Net point ratio shall be the default rate split as before.

For the GMC counties, if only one MCP is High Performing, that MCP will get the full 6%. If two MCPs are High Performing, both will receive 3%. If three MCPs are High Performing, those MCPs will each receive 2%. If four MCPs are High Performing, those MCPs will each receive 1%. In all these instances the remaining 94% or 96% is allocated based on the point ratios of the HEDIS/Safety Net calculation. If none of the MCPs are High Performing, the HEDIS/Safety Net point ratio shall be the default rate split as before. Note that since Kaiser rarely accepts default members, those MCPs will not be taken into consideration for this adjustment whether they are High Performing or not.

AB-85 25% Reduction for Inadequate Safety Net PCP Assignment

Beginning with Year 10, if a MCP does not assign the required amount of its members, who do not choose a PCP, to the County Public Hospital Health System their net default allocation may be reduced by 25%. If a MCP would otherwise already receive 25% or less, the MCP may not receive any defaults. If the MCP was unable to meet the requirements of AB-85 due to provider panel closures or time and distance requirements, the adjustment may not be made to their default allocation.