To:	All Medi-Cal PCPs and Medi-Cal IPAs
From:	IEHP – Provider Relations
Date:	August 26, 2020
Subject:	**Primary Care Provider (PCP) Medi-Cal Membership Auto-Assignment Policy Published on IEHP.org**

Inland Empire Health Plan (IEHP) has published a new policy that provides details on how the new quality and access-focused auto-assignment logic is applied to Members new to IEHP effective **September 1, 2020**.

The new policy, **MC_3H – Primary Care Provider Auto-Assignment Process**, can be found on the Provider portal at www.iehp.org > For Providers > Provider Resources > Manuals > Provider Manual > Medi-Cal > Section 03 - Enrollment and Assignment.

Provider Manuals

The Inland Empire Health Plan (IEHP) Provider Policy and Procedure is designed to help IEHP's Contracted Entities (Providers) understand how IEHP works and understand the rules and regulations IEHP must comply with, as governed by the California Department of Health Care Services (DHCS), California Department of Managed Health Care (DMHC), California Managed Risk Medical Insurance Board (MRMIB) and the Centers for Medicare and Medicaid Services (CMS). The provisions of these Provider Manuals must be adhered by all of IEHP's Providers.

Medi-Cal

00 - Table of Contents and Introduction (PDF)

01 - Organizational Structure (PDF)

02 - Committee Overview (PDF)

03 - Enrollment and Assignment (PDF)

04 - Eligibility and Verification (PDF)

05 - Credentialing and Recredentialing (PDF)

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.

enclosure: MC_3H-Primary Care Provider Auto-Assignment Process

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APPLIES TO:

A. This policy applies to all IEHP Medi-Cal Members.

POLICY:

A. IEHP provides each new Member an opportunity to select a Primary Care Provider (PCP). IEHP will assign a PCP to all Medi-Cal Members and beneficiaries who do not choose a PCP by using an auto-assignment algorithm.

B. The algorithm will first determine if there are any attributes that would render the PCP ineligible to receive auto-assignment.

C. If there are no exclusions that would prevent the PCP from receiving auto-assignment, the algorithm will then look at PCP attributes that must match the Member's needs in order to be eligible to be the Member's assigned PCP.

D. The two (2) factors above will create a pool of available PCPs to whom the Member may be assigned. This pool of PCPs will be further assessed using a series of weighted quality attributes to determine the best matched PCP to whom the Member will be assigned.

PURPOSE:

A. The intent of the algorithm or logic for PCP Auto-assignment is to identify the best match between a PCP and a Member in terms of demographics, access, and quality.

PROCEDURES:

A. IEHP shall provide each new Member an opportunity to select a PCP or Safety-Net Clinic, as applicable, within the first thirty (30) calendar days of enrollment. Members who have not chosen a PCP through the Health Care Options (HCO) enrollment form or by calling in to IEHP's Member Services are auto-assigned to a PCP. Reference MC_03E "Primary Care Provider Assignment".

B. The following steps will be followed to auto-assign Members to available PCPs in the network.

1. **Provider Exclusions**: The auto-assignment algorithm will review PCPs available for Member assignment and determine if any are ineligible to receive auto-assignment. The following factors will exclude a PCP from auto-assignment:

    a.   The PCP's primary specialty is General Practice.

    b.   The PCP has reached their assignment capacity. The PCP's membership limit is the maximum number of Members a PCP can be assigned to ensure they can provide adequate and continuous access to care as outlined by Department of

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Health Care Services (DHCS) and IEHP Policy 18A2 – Primary Care Provider – Enrollment Capacity.

    c.   The PCP has a practicing restriction issued by the Medical Board of California. The practicing restriction does not result in a loss of license but indicates a serious violation, that restricts the Provider from auto-assignment. Practicing restrictions are discussed and reviewed in either Credentialing Subcommittee or Peer Review Subcommittee and then updated by Credentialing to reflect in IEHP's systems. PCPs concerned that they may have a practicing restriction may contact their Provider Services Representative to inquire.

    d.   The PCP is on a one (1) year credentialing cycle. The committee did not deny participation in the Network but has elected to review the PCP again in one (1) year rather than the standard three (3) year cycle.

    e.   The PCP has a low-quality rating. A low-quality rating is defined as a Global Quality P4P Quality score that falls below the 25th percentile of the IEHP Network. The quality rating score is based on the most recent Global Quality (GQ) P4P Final Score available for Providers. All Final GQ P4P scores for the IEHP Network are tabulated and percentile cut points are defined. Any Provider with a GQ P4P Final score that falls below the 25th percentile will be excluded from the auto-assignment process. Updates to this score will occur annually, as new final quality scores are available.

    f.   The PCP has a future termination date with the network. A PCP must have an active PCP affiliation line without a planned termination date to receive new Members through the auto-assignment process. PCPs who have already notified IEHP of a future change (relocating, IPA and/or Hospital change, or terminating the IEHP PCP network) will have a panel status reflecting the future change and will be excluded from the auto-assignment process and the impacted panel will not receive auto-assignment until after the future change, as applicable

2.   **Provider "Must Match" Attributes:** Once PCPs who are ineligible to receive auto-assignment have been removed from the pool of eligible PCPs, the following conditions must be met in order for a PCP to be eligible for selection to match to a Member in the auto-assignment algorithm:

    a.   The PCP's panel status allows for auto-assignment. The PCP must have a panel status of <u>Open</u> or <u>Limited: Non-Standard Age Limit for Specialty</u> in IEHP's system.

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PCPs can confirm with their Provider Services Representative or IPA if their panel status reflects one of the aforementioned statuses.

b. The PCP must have an active PCP affiliation with the same line of business as the Member. For Open Access Members, the PCP must also have a separate active affiliation for the Open Access program.

c. The PCP must have an active PCP affiliation with an effective date on or before the Member's effective date.

d. For a PCP with a primary specialty of OB/GYN, only female Members identified as female in IEHP's system age 14 and older will be eligible to be auto assigned to this type of PCP; male Members or Members under 14 years old will not be auto assigned to these PCPs.

e. The PCP must have an office within ten (10) miles of the Member's home to be assigned as the Member's PCP.[1] Ten (10) miles is the CMS and DHCS network adequacy standards distance between Primary Care Providers to a Member's home. Consequently, IEHP follows the standard of Ten (10) miles (See Policy 9A - Access Standards).

f. Per AB85 requirements, at least 50% of auto-assigned Medi-Cal Expansion (MCE – L1, M1, 7U) Members must be assigned to the county health system clinics, if there is a county PCP who is meeting all other "Must Match" filters. This condition applies to MCE Members only.[2]

3. **Provider Weighting:** Providers that are eligible to receive auto-assignment and meet the "Must Match" filters will be further assessed against a series of quality attributes with associated "weights". The following attributes are listed in descending order according to their weight value. The attributes with the greater weight values are at the top of the list. The attributes will be used to determine the "best matched" PCP for the Member.

a. Quality Rating - The quality rating is an annually updated score based on the PCP's Global Quality P4P performance and percentile ranking within the IEHP PCP network. For Clinics receiving Membership assignment, the quality rating is assigned to the clinic level instead of at the individual PCP level within the clinic but reflects the cumulative quality rating of the PCPs practicing at the clinic. PCPs who do not receive a quality rating during the annual update receive a comparable

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[1] Knox-Keene Health Care Service Plan Act of 1975, § 1300.67.2.2.
[2] Assembly Bill 85 (Chapter 24, Statues of 2013)

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rating value in lieu of a quality rating. The ratings are published and shared with PCPs in June of each year, based on the final Global Quality P4P annual report. The Groups listed below are the quality rating weighted groups listed in descending order:

1) Quality 75th – PCPs with a GQ P4P quality score that falls at or above the 75th Percentile (i.e., $\geq 75^{th}$ Percentile). This group would receive the highest quality "weight".

2) Quality "NA" – PCPs who were not issued a GQ P4P quality score due to length of time in IEHP's Network (Providers who were recently credentialed in IEHP's network (less than twelve (12) months prior) or not meeting minimum Membership assignment requirements (PCPs with less than two hundred (200) Members assigned at the beginning of a calendar year do not meet the requirements to participate in Global Quality P4P that calendar year)

3) Quality 50th – PCPs with a GQ P4P quality score that falls between the 75th Percentile and the 50th Percentile (i.e., $<75^{th}$ Percentile and $\geq 50^{th}$ Percentile).

4) Quality 25th – PCPs with a GQ P4P quality score that falls between the 50th Percentile and the 25th Percentile (i.e., $<50^{th}$ Percentile and $\geq 25^{th}$ Percentile).

5) Quality $<25^{th}$ - PCPs with a GQ P4P quality score that falls below the 25th Percentile (i.e., $<25^{th}$ Percentile). PCPs in this group are excluded from auto-assignment.

b.   Facility Site Review (FSR) and Medical Record Review (MRR) - A PCP whose most recent office site audit has a score of 90% or higher for both the FSR and the MRR.   The FSR and MRR are required by DHCS and IEHP Policy. They are conducted utilizing State-mandated audit tools and are in place to ensure Provider offices maintain standards for physical accessibility, safety, and medical record keeping.

c.   Family Link – Connected to a PCP who is already assigned as the PCP to other individuals within the Member's family (identified through a Family Link).

d.   Provider Language Match (threshold languages)– The designated threshold languages for San Bernardino and Riverside County are English and Spanish.

1) Higher weights are attributed when the threshold language audit is passed by a PCP site, and the PCP or the PCP's clinical office staff speaks a threshold language that is the Member's preferred language.

2) Weights are also attributed when the threshold language audit is passed by a PCP site, but only the PCP's non-clinical office staff speaks a threshold language that is the Member's preferred language.

e. Provider Language Match (non-threshold languages) – any language other than the designated threshold languages for San Bernardino and Riverside County; English and Spanish.

1) Higher weights are attributed to PCPs where the PCP or the PCP's clinical office staff speaks a non-threshold language that is the Member's preferred language.

2) Weights are also attributed when the PCP's non-clinical office staff, but not the clinical staff or PCP, speaks a non-threshold language that is the Member's preferred language.

f. Board Certification - Board certification indicates advanced training that is specialty specific. A higher weighting is attributed to a PCP with a board-certified primary specialty and where the board-certification is effective (either lifetime or non-expired). For Clinics receiving Membership assignment, a higher weighting is attributed if the Clinic has affiliated PCPs with a board-certified primary specialty and where the board-certification is effective (either lifetime or non-expired).

g. Electronic Medical Record (EMR) System - A PCP who uses an electronic medical record system in their office. Utilizing an EMR system has the potential to identify care gaps, improve the quality of care received by the Members, provide Members with easier access to their personal medical information and as a result, improve Member satisfaction. This information is self-reported during the bi-annual Provider Directory verification and can be updated by the PCP at any time by reporting an EMR update or change to their PSR. IEHP reserves the right to further verify the information by other methods as determined necessary to ensure its accuracy and validity.

h. Walk-in Appointments - A PCP office that will see Members on a walk-in basis and does not require appointments for any types of visits, including physicals and sick visits. This information is self-reported during the bi-annual Provider Directory

verification but can be updated by the PCP at any time by notifying their PSR. IEHP reserves the right to further verify the information by other methods as determined necessary to ensure its accuracy and validity.

i. Extended Hours - A PCP office that is open to Members at a time other than regular business hours Monday-Friday 8am to 5pm; the office must be open any weekday before 8am and/or after 5pm and/or on the weekends. This information is self-reported during the bi-annual Provider Directory verification but can be updated by the PCP at any time by notifying their PSR. IEHP reserves the right to further verify the information by other methods as determined necessary to ensure its accuracy and validity.

j. Distance - Distance from the PCP's office to the Member's home. A PCP located closer to the Member is weighted higher than a PCP who is further away.

C. The following elements do <u>not</u> influence the auto-assignment algorithm:

1. Current Membership - The total Members assigned to a PCP or Clinic (only for Clinics receiving Membership assignment) does not add any additional priority selection or additional weighting to Member selection.

2. The PCP's IPA - The PCPs affiliation with a specific IPA – Delegated or IEHP Direct – does not add any additional priority selection or additional weighting to Member selection.

3. EMR – The type or brand of EMR utilized by the PCP does not add any additional priority selection or additional weighting to Member selection.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	August 1, 2020
Chief Title: Chief Operating Officer	**Revision Date:**	