



PPG Performance Scorecard External Training

Session 1: December 8, 2023

Session 2: December 13, 2023





Health Plans We Support



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Welcome to the PPG Performance Scorecard External Training

- **Today's session will be recorded**
- **Please enter your questions in the chat box**
- **An FAQ will be made available soon which will include answers to questions from today's session**

Two sessions- same content

- Session 1: Friday 12/8 at 9-10 am
- Session 2: Wednesday 12/13 at 2-3 pm

Summary

- This session will provide an overview of Health Net's quarterly PPG Performance Scorecard.
- The PPG Scorecard is a new executive summary that provides a view of PPG performance across seven key areas and across all lines of business.

Learning Goals

1. Understand why the PPG Scorecard is being rolled out, and how it will benefit PPGs
2. Understand how the PPG Scorecard will look, how it will be distributed, and how it will be used in addition to existing performance reporting.
3. Become familiar with the seven PPG Scorecard Performance Measure areas: what's being measured, how scores are determined, and how you can use this information to make focused improvements in your organization's performance.
4. Understand how to access self-study and other helpful PPG Scorecard resources

PPG Performance Scorecard Overview: What and Why



PPG Performance Scorecard Overview: What and Why

Health Net is proud to introduce a consolidated view of PPG performance: the quarterly *PPG Performance Scorecard*

Now:
A consistent and aligned approach

Before:

- Performance data from different HN departments was available, but not consolidated



PPG Performance Scorecard: Production, Distribution and Resources



PPG Performance Scorecard Production and Distribution

The PPG Performance Scorecard will be distributed to all PPGs quarterly

Distribution Schedule:

- Q4 (Feb)
- Q1 (May)
- Q2 (Aug)
- Q3 (Nov)*

** The first all-PPG distribution will occur with Q3 2023 Performance Scorecard in Nov/Dec.*

The Q4 2023 PPG Performance Scorecard will be distributed in February 2024.

Account Managers (AM) will facilitate distribution and review

- AMs will distribute Scorecards via email
- Separate Scorecards are produced for Health Net and WellCare. PPGs will receive one of each if they have HN and WellCare Membership.
- Results, opportunities and actions will be reviewed in JOMs or ad-hoc meetings as needed

The Performance Scorecard is produced in addition to other data and reports

- Monthly HEDIS/Quality Report Cards (Self-serve via secure Provider Portal)
- Ongoing Encounters and RAF Performance reports
- Incentive Scorecard (produced annually in Q4*)

**The Incentive Scorecard will be distributed annually beginning in December 2023*

Questions about self-serve? Ask your AM or CPM

PPG Performance Scorecard: Resources

Performance Scorecard resources are in the Provider Portal. Check back periodically for updates!

In the Public Provider Library: PPG Performance Scorecard tab [Link](#)

- Scorecard overview
- Dissemination of results
- Performance Scoring (performance areas pdf.)
- Sample Scorecard (pdf.)
- Performance Management

*****New*** Resources to Support Performance Improvement**

- Links to useful QI, HEDIS, CAHPS, Encounters and PAAS information

*****New*** PPG Scorecard Self-Study:**

to be posted following Webinars in the HN Provider Portal

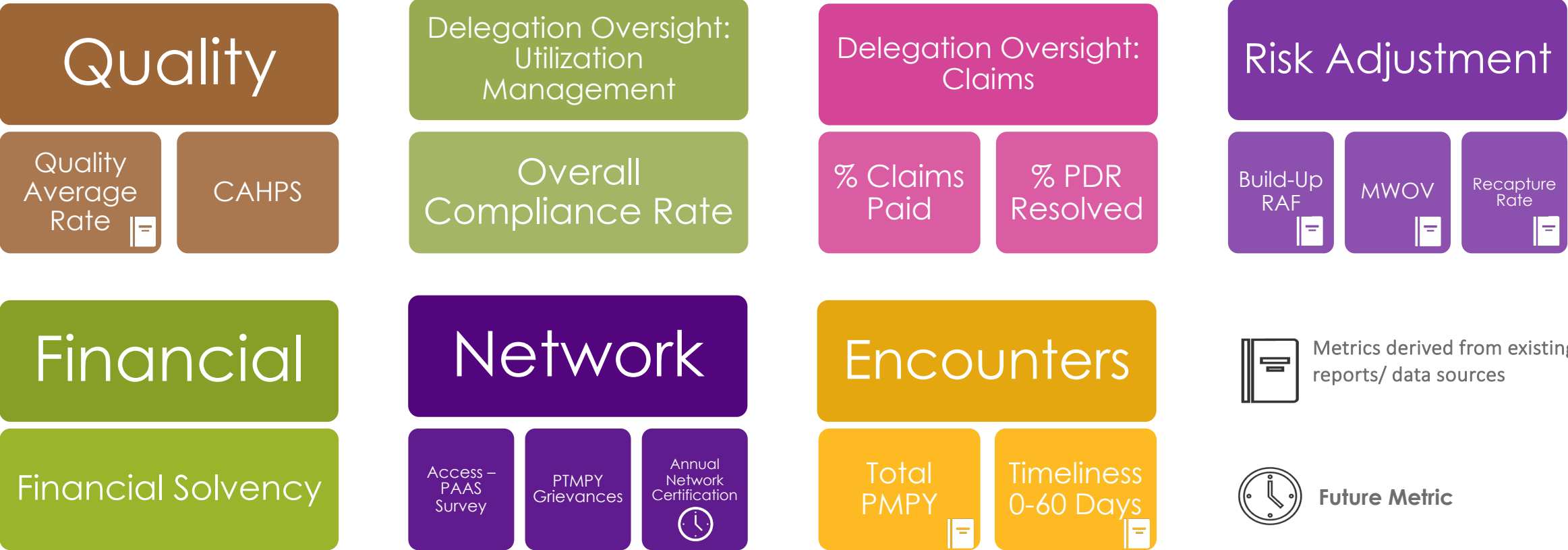
- On-demand training (*recorded training webinar*)
- Scorecard Training PPT slides and FAQ

Performance Measure Area Overview, Sample PPG Performance Scorecard and Data Timeframes



Performance Measure Area Overview

- ✓ The PPG Performance Scorecard is a quarterly executive summary of PPG performance across seven key measure areas
- ✓ These are actionable measures that impact regulation and/or accreditation and are relevant to delegated functions
- ✓ While the underlying performance data is not necessarily new, the PPG Performance Scorecard is a novel mechanism to aggregate, evaluate and present this information



Example PPG Performance Scorecard

Separate Scorecards are produced for Health Net and WellCare Medicare membership. For WellCare, scores are produced for 3 of the 7 performance measure areas: Encounters, Risk Adjustment and Quality.

Performance Scores | **>=80% Performing** | **50-79% Monitoring** | **<50% Below Standard**

Selected PPG:	Overall Performance Score
Example PPG	60% Monitoring

Overall Scoring: Score is weighted by member LOB distribution

Membership Details				
LOB	Members	LOB Members %	% Total Members	LOB Performance Score
MCR	6,275	11%	0.3%	73%
MCL	38,944	71%	1.8%	57%
COM	9,357	17%	0.4%	64%

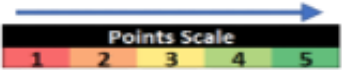
Encounters				
LOB	Total PMPY	Timeliness 0-60 Days	Encounter Points	Total Encounter Points
MCR	46.9	86.8%	5.0	4.8
MCL	14.8	87.6%	4.5	
COM	18.1	86.2%	5.0	

Encounter Point Totals: PMPY = 50% | Timeliness = 50%

Quality				
LOB	Quality Rate	CAHPS	Quality Points	Total QT Points
MCR	3.0	3.4	3.0	2
MCL	1.5	TBD	2.0	
COM (HMO-POS)	1.4	N/A	1.0	
COM (HMO-MKT)		N/A		
COM (PPO-MKT)	1.0	N/A	1.0	

Quality Point Totals: MCR Avg Quality = 50% | CAHPS = 50% All other LOBs: Avg Quality = 100%

In Development: CalAIM, Pop Health & Health Equity Measures, CAHPS data for MCL & COM, MCL MWOV & Recapture rate
Membership Thresholds: COM: >=400 | MCR: >= 50 | MCL: >=1,000



Blue Font = Point Calculation Methodology

Risk Adjustment					
LOB	Build-Up RAF	MWOV	Recapture Rate	RAF Points	Total RAF Points
MCR	1.087	46.0%	72.9%	3.4	2.6
MCL	N/A	TBD	TBD		
COM	0.695	73.5%	56.4%	1.8	

Risk Adjustment Point Totals: Build-Up RAF = 20% | MWOV = 40% | Recapture Rate = 40%

Network					
LOB	Annual NW Cert	PAAS Survey	PTMPY Grievances	Network Points	Total NW Points
MCR	TBD	55%	9.7	2.0	2
MCL	TBD	58%	2.7	1.5	
COM	TBD	58%	5.6	2.5	

Network Point Totals: PAAS = 50% | PTMPY Grievances = 50%

Delegation Oversight - Claims		
LOB	CL Overall Points	Total Claim Points
MCR	4	4.7
MCL	5	
COM	5	

Delegation Oversight Claims Point Totals: % Claims Paid = 50% | % PDR = 50%

Financial Solvency	
	Total Financial Points
Same points for all LOBs	3

Financial Point Totals: Financial Solvency = 100%

Delegation Oversight - UM Compliance		
LOB	UM Overall Points	Total UM Points
MCR	5	3.3
MCL	1	
COM	4	

PPG Scorecard 10.13.23 Publish



Scorecard Data Timeframes

- Scorecards will reference the data timeframes associated with that particular release
- Most scores use data that was last refreshed ~90-120 days prior to release
- Annual measures (such as CAHPS and PAAS) will reflect the most recent available data
- Quality (HEDIS measures) will reflect either Final Full Measurement Year, or YTD Build-up, in accordance with the schedule noted below

Quality Data Timeframes by Scorecard Release

<u>Scorecard</u>	<u>Release Month</u>	<u>Measurement Period</u>	<u>Reporting Year</u>
Q3 2023	Nov-23	YTD Data Thru June 30, 2023 (or latest available)	2024
Q4 2023	Feb-24	YTD Data Thru September 30, 2023 (or latest available)	2024
Q1 2024	May-24	Completed MY 2022	2023
Q2 2024	Aug-24	YTD Data Thru March 31, 2024 (or latest available)	2025
Q3 2024	Nov-24	YTD Data Thru June 30, 2024 (or latest available)	2025

Performance Measure Area and Scoring Detail

Encounters

Two performance measures are converted to a point value, then weighted to arrive at “Encounter Points” for each LOB*

Measure 1: Per Member Per Year (PMPY) Encounter Rate (50% Weight)

- PMPY represents annualized encounter data received per member. It is a build-up measure that titrates over the course of a calendar year.
- PMPY Formula: (Total Procedures/Total Member Months) * 12 (note: includes only accepted professional claims)
- Encounters annual PMPY goals by LOB
 - ✓ Medicare: 51.0 (13 mo runout)
 - ✓ Medi-Cal: 16.6 (CY w/3 mo runout)
 - ✓ Commercial: 15.5 (CY w/4 mo runout)

Measure 2: Timeliness (50% Weight)

- Goal is 65% of encounters submitted within 60 days of service (same goal for all LOBs)

*“Total Encounter Points” is the average points across all LOBs. This is for reference and is not used to calculate performance scores.

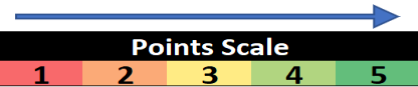
Encounter Performance Improvement Strategies

- Check that lab and x-ray in hospital lab are counted since they may be submitted in institutional format, instead of professional format.
- Review rejections regularly
- Consult Integrated Healthcare Association’s **Encounter Data Resource Hub** for additional strategies and knowledge

Encounters				Total Encounter Points
LOB	Total PMPY	Timeliness 0-60 Days	Encounter Points	
MCR	46.9	86.8%	5.0	4.8
MCL	14.8	87.6%	4.5	
COM	18.1	86.2%	5.0	

Illustrated Example: Medi-Cal Encounter Points Calculation

- Measure 1: PMPY is **14.8, which equates to 4** points for Medi-Cal
- Measure 2: Timeliness of **87.6%, which equates to 5** points
- Measure Area Points weighting is 50/50 between these two measures, so (4 + 5)/2= 4.5
- **Therefore, this PPG received 4.5 Encounter Points for Medi-Cal**



					Point Conversion				
Performance Area	Metric	LOB	Weight	Frequency	1	2	3	4	5
Encounters	Total PMPY	Medi-Cal	50%	Monthly	<11	11-12.9	12-13.9	14-15.9	>16
	Timeliness 0-60 Days	All	50%	Monthly	<55	55-59.9	60-64.9	65-69.9	>70

Quality: Calculating the Quality Score Average Rate

A “Quality Score Average Rate” is calculated for each Line of Business

- Priority HEDIS measures are defined by LOB for each measurement year (measures can vary by year).
- PPG administrative performance data associated with those priority measures is reviewed.
- Measures without a minimum 30 members are excluded. The total LOB denominator is adjusted thereafter.

Commercial and Medi-Cal Methodology

Health Net uses a proprietary methodology (similar to DHCS AQFS*)

- Each HEDIS measure finding is compared to a benchmark and assigned a score on a 1-5 scale
- An average of rankings across measures is then calculated to arrive at a “Quality Score Average Rate” for each LOB

Medicare Methodology

Health Net measures HEDIS priority measure performance by PPG, as compared to current available Inovalon or CMS cutpoints**

- A STAR score is attributed to each measure's performance using the weight assigned by CMS for the Measurement Year vs. the benchmark
- An average of all scores is provided as the “Quality Score Average Rate”

** Health Effectiveness Data and Information Set (HEDIS®) Aggregated Quality Factor Score (AQFS)*

- *HEDIS® measures and specifications were developed by and are owned and copyrighted by the National Committee for Quality Assurance (“NCQA”)*
- *HEDIS® AQFS is a single score that accounts for plan performance on all DHCS selected HEDIS® indicators It is a composite rate calculated as % of the National High Performance Level (HPL).*

*** May 2024 Scorecard release will use CMS final cutpoints for MY 2022. Feb, Aug and Nov Scorecard releases will use Inovalon projected cutpoints.*

Quality: Quality Points Calculation

How the Quality Points* calculation is performed:

Commercial and Medi-Cal: Quality Points score is based solely on the **Quality Score Average Rate**, converted to a 1-5 point value

Medicare: Quality Points score is calculated using two measures:

- 1. **Quality Score Average Rate**, converted to a point value (50% Weighting)
- 2. **CAHPS results**, converted to a point value(50% Weighting)

**“Total QT Points” is the average Quality points across LOBs. This is for reference and is not used to calculate Performance Scores.*

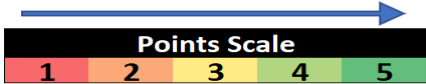
Quality Performance Improvement Strategies

- Ensure patients are accurately diagnosed and services are rendered based on medical necessity and clinical practice guidelines.
- Follow American Academy of Pediatrics/Bright Futures Periodicity Schedule and USPSTF preventive and clinical practice guidelines
- ...and more QI resources in the Provider Library!

Quality				
LOB	Quality Rate	CAHPS	Quality Points	Total QT Points
MCR	3.0	3.4	3.0	2
MCL	1.5	TBD	2.0	
COM (HMO-POS)	1.4	N/A	1.0	
COM (HMO-MKT)		N/A		
COM (PPO-MKT)	1.0	N/A	1.0	

Illustrated Example: Medicare Quality Points Calculation

- Measure 1: Quality Rate is 3.0; which converts to a Point Score of 3
- Measure 2: CAHPS score is 3.4; which converts to a Point Score of 3
- Performance Score weighting of 50/50 is applied $(3 \times .5) + (3 \times .5) = 3.0$
- **Therefore, this PPG received 3.0 Quality Points for Medicare**



					Point Conversion				
Performance Area	Metric	LOB	Weight	Frequency*	1	2	3	4	5
Quality	Quality Score Avg Rate	COM (HMO-POS)	100%	Monthly	0-1.6	1.7-2.3	2.4-2.8	2.9-3.9	>=4.0
		COM (HMO-MKT)			0-1.5	1.6-2.3	2.4-2.8	2.9-3.9	>=4.0
		COM (PPO-MKT)			0-1.5	1.6-2.4	2.5-3.0	3.1-3.9	>=4.0
		MCL		Monthly	0-1.0	1.1-1.8	1.9-2.9	3.0-3.9	>=4.0
	Quality Score Avg Rate	MCR	50%	Monthly	0-1.74	1.75-2.74	2.75-3.74	3.75-4.74	4.75-5.0
	MCR CAHPS	MCR	50%	Yearly	0-1.74	1.75-2.74	2.75-3.74	3.75-4.74	4.75-5.0



Risk Adjustment

Three Risk Adjustment performance measures are converted to a point value, then weighted to arrive at “RAF Points” for each LOB*

Measure 1: Build-Up RAF (20% weight)

- Raw Risk Adjustment results based on Encounters and Alternative Submission Method (ASM) received as of the data refresh date
- **Goal: meet or exceed 1.00**

Measure 2: MWOV (40% weight)

- Represents members w/o visits as of the data refresh date
- **Goal: Below 20%**

Measure 3: Recapture Rate (40% weight)

- Represents the percent of suspected conditions captured by the data refresh date
- **Goal: Above 75%, Stretch goal 85%**

*“Total RAF Points” is average RAF points across LOBs. This is for reference and is not used to calculate Performance Scores.

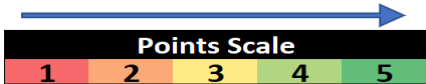
Risk Adjustment Performance Improvement Strategies

- Encourage patients to visit and communicate proactively about their health conditions and treatment history.
- Capture chronic conditions and their severity with specificity in medical records; add all DX codes to when submitting claims/encounters and submit them timely.

Risk Adjustment					
LOB	Build-Up RAF	MWOV	Recapture Rate	RAF Points	Total RAF Points
MCR	1.087	46.0%	72.9%	3.4	2.6
MCL	N/A	TBD	TBD		
COM	0.695	73.5%	56.4%	1.8	

Illustrated Example: Medicare Risk Adjustment Points Calculation

- Measure 1: Build-up RAF is 1.087, which equates to 5 points (20%)
- Measure 2: MWOV is 46% which equates to 1 point (40%)
- Measure 3: Recapture Rate is 72.9%, which equates to 5 points (40%)
- Measure Area Points weighting of 20/40/40 is applied $(5 \times .2) + (1 \times .4) + (5 \times .4) = 3.4$
- **Therefore, this PPG received 3.4 RAF Points for Medicare**



					Point Conversion				
Performance Area	Metric	LOB	Weight	Frequency	1	2	3	4	5
Risk Adjustment	Build-up RAF	Commercial: Ind + Small Bus	20%	Monthly	<0.7	0.7-0.79	0.8-0.89	0.9-0.99	>1.0
	Members w/o Visits	Medicare	40%	Monthly	>30	>25-30	>20-25	>15-20	<15
	Recapture Rate	Medi-cal (future)	40%	Monthly	<39.9	40-49.9	50-59.9	60-69.9	>70

Network

Two Network performance measures* are converted to a point value, then weighted to arrive at a “Network Points” score for each LOB**

Measure 1: Timely Access to Care (50% Weight)

- Annual Provider Appointment Availability Survey PAAS) results Goal is 70% ROC (Rate of Compliance) across access measures/standards, and is the same for all LOB’s

Measure 2: PTMPY Grievances (50% weight)

- PTMPY (per thousand members per year) Grievances Goal varies by LOB and is based on quality of service Access to Care grievances.

*Network scores currently n/a for CalViva

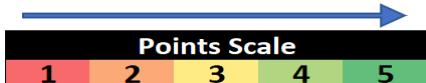
**“Total Network Points” is the average points across all LOBs. This is for reference and is not actually used to calculate overall performance scores.

PAAS Timely Access to Care Standards	
Measure	Standard
Urgent care appt w/PCP	W/in 48 hours of request
Urgent care appt w/ Specialist	W/in 96 hours of request
Non-urgent care appt w/PCP	W/in 10 bus days of request
Non-urgent care appt w/Specialist	W/in 15 bus days of request

Network					
LOB	Annual NW Cert	PAAS Survey	PTMPY Grievances	Network Points	Total NW Points
MCR	TBD	55%	9.7	2.0	2
MCL	TBD	58%	2.7	1.5	
COM	TBD	58%	5.6	2.5	

Illustrated Example: Commercial LOB Calculation

- Measure 1: PAAS Survey result of 58%, which equates to 1 point (50%)
- Measure 2: PTPMPY Grievances of 5.6, which equates to 4 points (50%)
- Performance Score weighting of 50/50 is applied (1*.5) + (4*.5) = 2.5
- Therefore, this PPG received 2.5 Network Points for Commercial

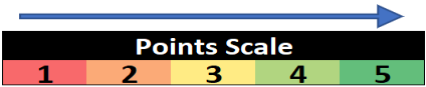


					Point Conversion				
Performance Area	Metric	LOB	Weight	Frequency	1	2	3	4	5
Network	Access - PAAS Survey	All	50%	Annual	<59%	60 -69%	70-79%	80-89%	>90%
	PTMPY Grievances	Medi-Cal	50%	Quarterly	>2.993	2.665-2.993	1.633-2.664	1.14-1.632	<1.14
	PTMPY Grievances	Medicare		Quarterly	>14.455	10.696-14.455	7.843-10.695	5.934-7.842	<5.934
	PTMPY Grievances	Commerical: All Products		Quarterly	>12.192	9.925-12.192	6.79-9.924	2.616-6.78	<2.616
	Annual Network Cert.	All	TBD	Annual	Fail	N/A	N/A	N/A	Pass

Network Performance Improvement Strategies

- Take advantage of the on-demand Access to Care training to learn about best practices.
- Designate an Open Access trainer for office staff.

Delegation Oversight – Utilization Management (UM)



Delegation Oversight - UM Compliance		
LOB	UM Overall Points	Total UM Points
MCR	5	3.3
MCL	1	
COM	4	

					Point Conversion				
Performance Area	Metric	LOB	Weight	Frequency	1	2	3	4	5
Delegation Oversight - UM	Overall Compliance Rate	All	100%	Monthly	<60	60 -69%	70-79%	80-89%	>90%

UM performance data are reviewed, aggregated and expressed as a single performance score. Each LOB receives its own result.

Performance categories include:

1. Annual Audit Results (pass/fail for each available result):

- UM Effectiveness score (All PPGs will have a score)
- Denial samples review score (majority will have a score, some will not as it is based on audit sample availability)
- Complex Case Management case review score (CCM is separate delegated function outside UM. As such, this score may either be n/a for some PPGs; or a qualifying audit sample may not be available)

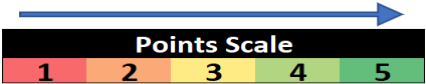
2. Previous Three Months’ Turnaround Time Scores (pass/fail for each):

- UM determinations Decision
- UM determinations Member notification
- UM determinations Provider notification

UM Compliance Rate is expressed as a percentage (# of passed/# of considered categories) and converted to a point value.

This PPG received an LOB score of 1 for Medi-Cal, meaning a passing score was received for < 60% of the considered categories

Delegation Oversight – Claims



Delegation Oversight - Claims		
LOB	CL Overall Points	Total Claim Points
MCR	4	4.7
MCL	5	
COM	5	

Point Conversion									
Performance Area	Metric	LOB	Weight	Frequency	1	2	3	4	5
Delegation Oversight - Claims	Overall Compliance Rate	All	100%	Monthly	<60	60 -69%	70-79%	80-89%	>90%

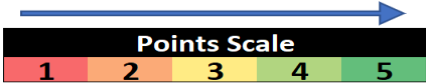
Claims performance data are reviewed, aggregated and expressed as a single performance score. Each LOB receives its own result. Claims performance categories include:

1. Claims Processing Results (pass/fail for each):
- Annual audit Processing Accuracy score
 - Annual audit Processing Timeliness score
 - Claims {30 or 45 day} paid Turn Around Time for the last 3 months (standards as applicable per LOB)
2. Provider Disputes (pass/fail for each):
- Disputes annual audit Processing Accuracy score
 - Disputes annual audit Processing Timeliness score
 - Disputes processing Turn Around Time for the last 3 months

Claims Compliance Rate is calculated as % (# of passed/# of considered categories) and converted to a point value

This PPG received an LOB score of 5 for Medi-Cal, meaning a passing score was received in at least 90% of the considered categories

Financial Solvency



Financial Solvency	Total Financial Points
Same points for all LOBs	3

13 Measures Reviewed + Benchmarks		
Working Capital* (must be +)	Tangible Net Equity*	Required TNE* (must be +)
Cash to Claim Ratio* >=1.00	Cash to Payable Ratio > = 0.50	Profit Margin > 0.00
Medical Cost Ratio <=0.85	Debt to Equity Ratio <=1.00	Accts Receivable Turnover > = 11.81
Average Days to Collect <=30	Average Claims Liability between 2.5 to 3.5	General & Administrative <=0.15
Total Z-Score > = 1.81		

Health Net reviews DMHC’s 4 required ratios*, plus an additional 9 ratios, against defined benchmarks

Reference: Health and Safety Code sections 1375.4 through 1375.8. CA Code of Regulations Title 28 sections 1300.75.4 - 1300.75.4.8 (SB260) for risk bearing organizations (RBOs).



Point Conversion

Performance Area	Metric	LOB	Weight	Frequency	1	2	3	4	5
Financial	Financial Solvency (Blue Book Rating)	All	100%	Quarterly	5	4	3	2	1

Review Process

- Health Net reviews PPGs required financial submissions (at the Parent PPG level)
- A Blue Book Rating is assigned based on review of 13 measures against benchmarks (as listed in the Ops Manual)
- PPGs will be notified if being put on a CAP due to non-compliance with HN ratios
- Although the data is refreshed quarterly, financial reviews are performed on a rolling basis over the course of the calendar year- so a score may be up to 9-12 months old.

Blue Book Ratings Explained

(note: Blue Book rating values are inverse to Point Conversion, i.e. a Rating of 1 is highest)

- 1 = **Meet Standards** (all ratios are compliant)
- 2 = **Satisfactory** (one or more ratios are partially compliant but no non-compliant ratios)
- 3 = **Observe/Acceptable** (one or more Health Net ratios are non-compliant)
- 4 = **Moderately High Risk of Insolvency** (three or more key ratios are non-compliant (i.e., cash-to-payable, average claims reserves, medical cost ratio); the plan may place provider on an internal corrective action plan (CAP)
- 5 = **High Risk of Insolvency**: one or more DMHC-mandated ratios are non-compliant (i.e., TNE, WC, CCR; provider is under a DMHC self-initiated CAP) and provider is being closely monitored

What's Next

- Account Managers are currently distributing Q3 2023 PPG Performance Scorecards
- The Q4 2023 PPG Performance Scorecard will be distributed in February 2024
- Self-Study Resources will be posted in the Provider Library/Portal
- Provider Update re: Performance Remediation/CAP Process
- Additional information and resources coming in early 2024
- Please work with your Account Manager if you have questions or feedback

Thank you for your participation!

Appendix

December 2022: Original Scorecard Communication

PROVIDERUpdate



CONTRACTUAL | DECEMBER 22, 2022 | UPDATE 22-1090 | 3 PAGES

New PPG Scorecards Help Measure Your Group Performance

Find out if you are meeting performance standards

Health Net* values its relationships with our delegated participating physician groups (PPGs). As the healthcare industry in California continues to demand increased performance and value, Health Net has improved our delegation program tools to include an enhanced PPG Performance Scorecard to evaluate PPGs in the seven performance areas outlined in the table on page three.

The scorecard will increase visibility across the highlighted areas to enhance our ongoing Joint Operations Meeting (JOM) reviews and PPG performance and to ensure that PPGs are meeting or exceeding performance standards. Effective March 1, 2023, the provider operations manual will be updated to include information on the scorecard.

Pilot group

Health Net will begin piloting the enhanced scorecard with PPGs beginning January through June 2023. Your feedback will be critical to improving the scorecard methodology.

Scorecard elements

Each PPG will receive scorecard results on a quarterly basis. The PPG Performance Scorecard will be reviewed regularly at JOMs and shared with the PPG leadership.

The PPG Performance Scorecard will be used to:

- Ensure transparency in performance.
- Jointly identify opportunities to improve performance and commit to developing performance improvement plans that are regularly reviewed at JOMs and regular meetings.
- Ensure performance exceeds minimum performance standards.
- Serve as a catalyst for corrective action and improvement plans.
- Align performance to performance standards, penalties and rewards outlined in PPG contracts.

A sample scorecard is included on page two for your reference.

THIS UPDATE APPLIES TO CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers
- Community Supports (CS) Providers
- Enhanced Care Management (ECM) Providers

LINES OF BUSINESS:

- IFF
 - Ambetter HMO
 - Ambetter EPO
 - Ambetter HSP
 - Employer Group
 - HMO/POS/HSP
 - EPO
 - PPO
 - Medicare Advantage (HMO/PPO) (Wellcare By Health Net)
 - Cal MediConnect (Los Angeles/San Diego)
 - Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - San Bernardino
 - San Diego
 - San Joaquin
 - Stanislaus
 - Tulare

PROVIDER SERVICES

provider_services@healthnet.com

Ambetter from Health Net IFP

EnhancedCare PPO – 844-463-8188

Health Net Employer Group HMO, POS, HSP, PPO, & EPO – 800-641-7761

Ambetter from Health Net IFP

CommunityCare HMO, PPO, PureCare HSP, & PureCare One EPO – 888-926-2164

Medicare (individual & employer group) (Wellcare By Health Net) – 800-929-9224

Medi-Cal (including CS and ECM providers) – 800-675-6110

PROVIDER PORTAL

provider.healthnetcalifornia.com

PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

Sample scorecard

Performance Scores >=80% Performing 50-79% Monitoring <50% Below Standard					PPG Scorecard (Pilot version 1.0)						
Selected PPG:		Overall Score			Risk Adjustment						
A Medical Group		65%			LOB	Build-Up RAF	MWOF	Recapture Rate	RAF Score	Total RAF Score	
		Monitoring			COM	0.8	58.5%	44.8%	1.2	1.5	
					MCR	0.9	43.0%	55.5%	1.8		
					MCL	N/A	TBD	TBD			
Overall Scoring: Score is weighted by member LOB distribution					Risk Adjustment Scoring: Build-Up RAF = 20% MWOF = 40% Recapture Rate = 40%						
Membership Details					Network					Total NW Score	
LOB	Members	LOB Membership %	% Total Membership	LOB Score	LOB	Annual NW Certification	PAAS Survey Access	PTMPY Grievances	Network Score	3.2	
COM	1,957	7%	0.1%	62%	COM	TBD	75%	3.4	4.0		
MCR	369	1%	0.0%	61%	MCR	TBD	5.0	1.5	1.5		
MCL	24,789	91%	1.3%	65%	MCL	TBD	77%	1.5	4.0		
					Network Scoring: PAAS = 33% PTMPY Grievances = 66%						
Encounters					Delegation Oversight					Total Claim Score	
LOB	Total PMPY	Timeliness 0-60 Days	Encounter Score	Total Enc Score	LOB	% Claims Paid *	% PDR *	DO - Claim Score	UM Score	5	
COM	16.5	87.6%	2.5	2.7	COM	100.0%	100%	5	4		
MCR	56.7	59.6%	3.0		MCR	100.0%		4	4		
MCL	13.9	77.8%	2.5		MCL	100.0%	100%	5	4		
Encounter Scoring: PMPY = 50% Timeliness = 50%					Delegation Oversight Claims Scoring: % Claims Paid = 50% % PDR = 50%						
Quality					Financial					Total FN Score	
LOB	Quality Rate	CAHPS	Quality Score	Total QT Score	LOB	Financial Solvency	<td rowspan="4">3</td>			3	
MCR	3.3		5.0	2.7	COM	3	Financial Scoring: Financial Solvency = 100%				
MCL	1.2	TBD	5.0		MCR	3					
COM - POS	1.3	TBD	5.0		MCL	3					
COM - HMO	0.0	TBD	6.0								
COM - PPO	0.0	TBD	6.0								
Quality Scoring: MCR Avg Quality = 50% CAHPS = 50% All other LOBs: Avg Quality = 100%											

DRAFT - Work in Progress

Performance scoring

PPG performance will be scored as follows:

- Performing — meeting/exceeding performance targets.
- Monitoring — inconsistently meeting performance targets.
- Below standard — consistently below performance targets.

Performance area

PPG performance will be measured in the seven areas below:

- Quality
- Claims
- Financial
- Encounters
- Utilization management
- Risk adjustment
- Network

Communication regarding future enhancements

Health Net's provider operations manuals will be updated in March 2023 to include additional information about the PPG scorecards. Once the operations manuals are updated, we will send additional communications with specific instructions on how and where to access the scorecards.

Additional information

If you have questions regarding the information contained in this update, contact the Health Net Provider Services Center by email at provider_services@healthnet.com within 60 days, by phone or through the Health Net provider website as listed in the right-hand column on page one.



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