



## CalOptima Health Seeks Candidates to Participate on its Provider Advisory Committee

The CalOptima Health Board of Directors welcomes input and recommendations from the provider community regarding issues concerning CalOptima Health programs. For this reason, the CalOptima Health Board encourages providers to become involved through an advisory group known as the **Provider Advisory Committee (PAC)**.

The PAC advises the CalOptima Health Board of Directors and staff. The committee is comprised of 15 members representing diverse provider constituencies. These include, but are not limited to, health plans, hospitals, physicians, nurses, allied health professionals, long-term care services and community health centers. The committee's charge is to:

- Provide advice and recommendations to the CalOptima Health Board on issues concerning CalOptima Health programs, as directed by the CalOptima Health Board
- Engage in study, research and analysis of issues assigned by the Board or generated by the committee
- Serve as a liaison between interested parties and the Board
- Assist the Board in obtaining public opinion on issues relating to CalOptima Health programs
- Initiate recommendations on issues for study to the CalOptima Health Board for their approval and consideration
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County, including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members
- Facilitate community outreach for CalOptima Health and the Board

At this time, CalOptima Health is seeking candidates to participate on the PAC. **Service on the PAC is voluntary, with no stipend.** The following three-year seats are available beginning upon Board approval in August 2026:

- **Allied Health Services Representative (fulfills an existing term through 2028)**
- **Community Health Center Representative**
- **Hospital Representative**
- **Physician Representative**
- **Safety Net Representative**

The committee encourages interested individuals with knowledge and support of Medi-Cal and Medicare programs to apply. To apply or to nominate an individual for the PAC, please mail, fax or email the attached candidate application by **April 15, 2026**, along with a **biography or resume** and **two letters of reference** to:

CalOptima Health  
Attn: Cheryl Simmons  
505 City Parkway West  
Orange, CA 92868

Fax: 714-571-2479 or email: [csimmons@caloptima.org](mailto:csimmons@caloptima.org)

For any questions, please call Cheryl Simmons at **714-347-5785**.



## Provider Advisory Committee Application

**Instructions: Please answer all questions. You may write or type your answers. Please use a separate sheet if necessary. Please attach a resume or biography outlining your qualifications and signed disclosure forms. If you have any questions regarding the application, please call Cheryl Simmons at 714-347-5785.**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby submit my application for the following Provider Advisory Committee (PAC) seat(s), and I understand that service on the PAC is voluntary:**

- ☐ Allied Health Services Representative
- ☐ Community Health Clinics Representative
- ☐ Hospital Representative
- ☐ Physician Representative
- ☐ Safety Net Representative

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Current position and tenure (i.e., employee, student, volunteer, retired or agency).

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Education and/or licenses (if applicable):

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What is your direct or indirect experience working with the CalOptima population you wish to represent on the PAC? Please include any relevant community experience.

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Explain your ability and specific plan to reach out for input and communicate with the CalOptima Health population you would represent on the PAC (i.e., primary professional/trade association(s), stakeholder involvement, etc.).

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Please list similar committees on which you have served or describe your ability to collaborate in a multidisciplinary way.

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What is your understanding, experience and familiarity with the diverse cultural community in Orange County?

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What is your current understanding and experience with CalOptima Health programs?

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Please explain why you wish to serve on the PAC and how you might uniquely contribute to this advisory committee on behalf of all CalOptima Health members.

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For demographic purposes only, which group best describes your race? (One or more groups may be marked)

- ☐ American Indian or Alaska Native   ☐ Asian   ☐ Black or African American   ☐ Hispanic  
☐ Native Hawaiian or Other Pacific Islander   ☐ White   ☐ Other   ☐ Prefer Not to Answer

Please specify which of CalOptima Health's threshold languages you speak fluently:

- ☐ English   ☐ Spanish   ☐ Vietnamese   ☐ Farsi  
☐ Korean   ☐ Chinese   ☐ Arabic   ☐ Russian

**Please submit two letters of recommendation along with a biography or resume with this application.**

- 1) Professional
- 2) Community or Personal

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

If selected, are you able to commit to attending all regularly scheduled PAC meetings and volunteer to serve on at least one subcommittee? ☐ Yes ☐ No

Do you agree that you will advocate on behalf of all CalOptima Health members and/or providers during your service on the PAC? ☐ Yes ☐ No

If selected as a PAC representative, do you agree to complete the required compliance courses within the appointed timeframe? ☐ Yes ☐ No

***All advisory committee representatives are appointed by the CalOptima Health Board of Directors and are subject to the CalOptima Health Code of Conduct.***

### **Public Records Act Notice**

**Under California law, this form, the information it contains, and any further information submitted with it, such as biographical summaries and resumes, are public records, with the exception of your address, email address, and telephone numbers, as well as the same information for any references provided. These documents may be presented to the Board of Directors for their consideration at a public meeting, at which time they will be published, with the contact information removed, as part of the board materials that are available on CalOptima Health's website, and even if not presented to the Board, will be available on request to members of the public.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Submit this application by April 15, 2026, along with a biography or resume and your two reference letters to:**

CalOptima Health  
505 City Parkway West  
Orange, CA 92868  
Attn: Cheryl Simmons

Phone: 714-347-5785 Fax: 714-571-2479 Email: [csimmons@caloptima.org](mailto:csimmons@caloptima.org)