



**NOTICE OF A  
REGULAR MEETING OF THE  
CALOPTIMA BOARD OF DIRECTORS'  
PROVIDER ADVISORY COMMITTEE**

**THURSDAY, AUGUST 12, 2021  
8:00 A.M.**

**CALOPTIMA  
505 CITY PARKWAY WEST, SUITE 107-N  
ORANGE, CALIFORNIA 92868**

**AGENDA**

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at [www.caloptima.org](http://www.caloptima.org). In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

**To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged not to attend the meeting in person. As an alternative, members of the public may:**

- 1) Listen to the live audio at +1 (415) 655-0052 - Access Code: 658-726-847 or**
- 2) Participate via Webinar at: <https://attendee.gotowebinar.com/register/8708048945738214159> rather than attending in person. Webinar instructions are provided below.**

**I. CALL TO ORDER**

*Pledge of Allegiance*

**II. ESTABLISH QUORUM**

**III. APPROVE MINUTES**

- A. [Approve Minutes of the June 10, 2021 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee](#)

**IV. PUBLIC COMMENT**

*At this time, members of the public may address the Provider Advisory Committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.*

**V. MANAGEMENT REPORTS**

- A. [Chief Executive Officer Report](#)
- B. Chief Operating Officer Report
- C. [Chief Medical Officer Report](#)

**VI. INFORMATION ITEMS**

- A. [Intergovernmental Transfer Funds \(IGT\) 10 Update](#)
- B. OneCare Connect Transition
- C. [Healthcare Effectiveness Data and Information Set \(HEDIS\) MY2020 Results](#)
- D. [Member Experience Results](#)
- E. Behavioral Health Update
- F. [Federal and State Legislative Update](#)
- G. Committee Member Updates

**VII. COMMITTEE MEMBER COMMENTS**

**VIII. ADJOURNMENT**

# Webinar Instructions

1. **Please register for the Provider Advisory Committee Meeting on August 12, 2021 at 8:00 AM PDT at: <https://attendee.gotowebinar.com/register/8708048945738214159>. After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.**

*Note: This link should not be shared with others; it is unique to you.*

Before joining, be sure to [check system requirements](#) to avoid any connection issues.

2. **Choose one of the following audio options:**

#### TO USE YOUR COMPUTER'S AUDIO:

When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

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#### TO USE YOUR TELEPHONE:

If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

United States: **+1 (415) 655-0052**

Access Code: **658-726-847**

Audio PIN: Shown after joining the webinar.

# MINUTES

## REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' PROVIDER ADVISORY COMMITTEE

June 10, 2021

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on June, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing requirements of the Brown Act.

### **CALL TO ORDER**

PAC Chair Dr. Junie Lazo-Pearson, called the meeting to order at 8:03 a.m. and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

Members Present: Junie Lazo-Pearson, Ph.D., Chair; John Nishimoto, O.D., Vice Chair; Amin Alpesh, M.D.; Anjan Batra, M.D.; Jennifer Birdsall, Ph.D; Tina Bloomer, MHNP ; Donald Bruhns; Andrew Inglis, M.D.; Jena Jensen; Teri Miranti; Loc Tran, PharmD.; Christy Ward

Members Absent: Peter Korchin

Others Present: Ladan Khamseh, Chief Operating Officer; Gary Crockett, Chief Counsel; Emily Fonda, M.D., Chief Medical Officer; Michelle Laughlin, Executive Director, Network Operations; Rachel Selleck, Executive Director, Public Affairs; Jackie Mark, Sr. Policy Advisor, Government Affairs; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service

### **MINUTES**

#### **Approve the Minutes of the May 13, 2021 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee**

*Action: On motion of Member Alex Rossel, seconded and carried, the Committee approved the minutes of the May 13, 2021 regular meeting. (Motion carried 13-0-0; Member Korchin absent)*

## **REPORTS**

### **Consider Approval of the FY 2020-2021 PAC Accomplishments**

PAC members reviewed the FY 2020-2021 Accomplishments.

*Action: On motion of Member Teri Miranti, seconded and carried, the Committee approved the PAC 2020-21 Accomplishments (Motion carried 13-0-0; Member Korchin absent).*

## **PUBLIC COMMENTS**

There were no public comments.

## **CEO AND MANAGEMENT REPORTS**

### **Chief Operating Officer Report**

Ladan Khamseh, Chief Operating Officer, updated the PAC on the vaccination events that were taking place in CalOptima's parking lot and noted that over 800 individuals received vaccines and thanked the Orange County Health Care Agency for their partnership in this endeavor. Ms. Khamseh also notified the committee that CalOptima had received notice that Centers for Medicare and Medicaid (CMS) would be auditing the OneCare and OneCare Connect program. The audit is anticipated to begin July 19, 2021 and conclude on August 6, 2021. Ms. Khamseh as part of her COO report asked Michelle Laughlin, Executive Director, Network Operations to provide an update on the CalOptima COVID-19 Provider Toolkit that had been included in the PAC materials.

### **Chief Medical Officer Report**

Emily Fonda, M.D., Chief Medical Officer, provided a COVID-19 update and discussed the ongoing vaccine efforts that were currently in process and noted that approximately 31,000 gift cards had been sent to members as an incentive for getting their vaccines. She also noted that 879 gift cards had been distributed to homeless individuals as part of the vaccine initiative. Dr. Fonda reviewed the vaccine event that was to be held at the CalOptima facility parking lot on May 15, 2021 and noted that over 200,000 test messages had been sent to CalOptima members in addition to messenger videos, clergy videos and a Public Broadcasting Service (PBS) information broadcast to spread the word to Orange County.

## **INFORMATION ITEMS**

*At this time, Chair Lazo-Pearson rearranged the agenda to hear Item VII.C Federal and State Legislative update before continuing with the agenda.*

### **Federal and State Legislative Update**

Jackie Mark, Sr. Policy Advisor, Government Affairs also provided an update on several legislative items of interest to the committee and referred the committee to the handout that they had received in their meeting materials including a summary of the Governor's May Revise on the California State Budget.

**Families Together**

Alexander Rossel, Chief Executive Officer of Families Together of Orange County provided a video and a verbal update of how Families Together of Orange County was able to assist CalOptima members during the COVID-19 pandemic.

**PAC Member Updates**

Chair Lazo-Pearson notified the PAC that the Board at their June 3, 2021 meeting approved her reappointment as the Behavioral/Mental Health Representative and Tina Bloomer, NP was reappointed as the Nurse Representative. New appointments to the PAC were Gio Corzo as the Allied Health Services Representative and Jacob Sweidan, M.D. as the Health Network Representative. Both Mr. Corzo and Dr. Sweidan will begin their term on July 1, 2021. The PAC also said farewell to Teri Miranti who had represented the Health Networks for the last six years. Ms. Miranti was asked to return to the first in-person meeting so that the PAC could honor her service on the committee. Chair Lazo-Pearson also notified the PAC that John Kelly M.D. had resigned his seat on the PAC and that CalOptima staff would begin a special recruitment to fill the Physician Representative seat.

**ADJOURNMENT**

Chair Lazo-Pearson reminded the PAC that there would be no meeting in July and that August 12, 2021 at 8 a.m. would be the next PAC meeting. Hearing no further business, Chair Lazo-Pearson adjourned the meeting at 9:00 a.m.

*/s/ Cheryl Simmons*

Cheryl Simmons  
Staff to the Advisory Committees

*Approved: August 12, 2021*

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## MEMORANDUM

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**DATE:** July 28, 2021

**TO:** CalOptima Board of Directors

**FROM:** Richard Sanchez, Chief Executive Officer

**SUBJECT:** CEO Report — August 5, 2021, Board of Directors Meeting

**COPY:** Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

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### **Executive Director, Compliance Carmen Dobry Joins CalOptima**

On July 12, CalOptima welcomed Carmen Dobry, M.S., CHC, as Executive Director, Compliance. She is responsible for maintaining CalOptima's relationships with regulatory agencies, ensuring readiness for all internal and external compliance and auditing activities, and overseeing fraud, waste and abuse and HIPAA privacy activities. She has more than 20 years of payor and provider leadership experience in creating cultures of proactive compliance and corporate responsibility, detecting and correcting compliance shortfalls, monitoring changing compliance standards, and maintaining compliance. Prior to CalOptima, Ms. Dobry held compliance leadership roles at other health plans and provider organizations, including Verity Health System of California, Chinese Community Health Plan and Inland Empire Health Plan. In addition to being certified in health care compliance, she holds a master's degree in Health Services Administration and a bachelor's degree in Health Science from California State University, San Bernardino.

### **OneCare and OneCare Connect Audit Underway**

On June 7, CalOptima was formally engaged by the Centers for Medicare & Medicaid Services (CMS) for a full-scope program audit of OneCare and OneCare Connect. CalOptima submitted audit data in late June, and CMS commenced the audit, which is being conducted virtually, with an entrance conference on July 19. As of this writing, the audit is ongoing. Staff was aware that CMS planned to conduct an audit this year and, in partnership with CalOptima's health networks, had completed many hours and tasks in preparation. Staff is presently working with compliance consultant BluePeak to manage the audit and coach health networks to respond effectively during the audit sessions. Seven program areas are included in the audit scope:

- Compliance Program Effectiveness
- Part D Formulary and Benefit Administration
- Part D Coverage Determinations, Appeals and Grievances
- Part C Organization Determinations, Appeals and Grievances
- Special Needs Plan Model of Care
- Medicare-Medicaid Plan – Service Authorization Request, Appeals and Grievances
- Medicare-Medicaid Plan – Care Coordination Quality Improvement Program Effectiveness

For audit oversight, an ad hoc committee of your Board was formed and has been informed daily about audit progress. The audit concludes with an exit conference on August 6.

### **National Committee for Quality Assurance (NCQA) Accreditation for Medi-Cal Renewed Through 2024**

Reflecting CalOptima's longstanding commitment to Medi-Cal quality, the agency recently and successfully completed an NCQA Accreditation renewal review process. The virtual file review was conducted July 12–13 and included assessment of CalOptima and health network records in areas such as utilization management denials and appeals, population health management (complex case management), and credentialing. The NCQA's final report stated that CalOptima had no issues, awarding the agency 100% of the allowable points. As a result, CalOptima's accredited status has been extended through July 27, 2024.

### **CalOptima and County of Orange Vaccinate More Than 5,000 in Pop-Up Events**

CalOptima and County of Orange hosted the last of six joint Vaccine Clinic and Resource Fair events on July 10. At the event, 495 individuals were vaccinated, bringing the six-event total to 5,073 vaccines delivered from May 15–July 10. With vaccinations at the events and elsewhere, 53% of CalOptima's membership age 12 and older is now vaccinated, which equates to about 355,000 people, as of July 27. As of the final event, 2,339 Member Health Rewards, worth more than \$58,000, were distributed. Of note, the final two events featured a special drive-thru lane for individuals with Autism Spectrum Disorder or disabilities, allowing them to get their vaccine without leaving their vehicle. The outstanding turnout to the event series was driven by a variety of factors, including through direct text messaging to members, word-of-mouth among members' friends and family, and walk-in traffic from the nearby Outlets at Orange. Further, the Resource Fair component differentiated the events from other vaccine clinics and was designed to address members' social determinants of health. Participating organizations included Social Services Agency, 2-1-1 Orange County, Community Action Partnership, and Pacific Health and Wellness. Nearly 110 CalOptima staff worked — many at more than one event — to help with check-in, line control, temperature check/hand sanitizing stations, post-vaccine observation and Member Health Rewards distribution among other tasks. For a broader perspective on vaccination, the Department of Health Care Services (DHCS) released statewide data from June about vaccination rates among Medi-Cal members in various health plans. Among 104 Medi-Cal health plans, CalOptima ranked 14th, with an overall rate of 44.4%. The difference between the state's percentage and CalOptima's percentage above is due to the reporting dates. CalOptima appreciates the successful partnerships that made the clinics possible and looks forward to continuing to promote vaccination widely.

### **Enacted State Budget Includes Increased Spending on Health Care**

On July 12, following negotiations with the Legislature, Gov. Gavin Newsom signed into law Senate Bill 129, implementing California's Fiscal Year 2021–22 Enacted State Budget. Total Medi-Cal spending is \$124.5 billion (\$28.2 billion General Fund). Compared with Medi-Cal funding in the FY 2020–21 Enacted Budget, this is an increase of nearly 8%. Key health care initiatives with a significant impact to CalOptima include:

- Behavioral health services for youth
- California Advancing and Innovating Medi-Cal (CalAIM) proposal
- Medi-Cal expansion to older adults ages 50 and older, regardless of immigration status

CalOptima's Government Affairs team is compiling an analysis of the Enacted State Budget that I will share with your Board in the near future.

### **CalOptima Makes First Model of Care Submission to Launch CalAIM in January**

In June, DHCS released final documents and supporting resources for the Enhanced Care Management (ECM) and In Lieu of Services (ILOS) components of CalAIM. The documents are posted on the [ECM and ILOS webpage](#) and cover a range of issues, including the contract template, provider terms and conditions, model of care templates, design implementation and more. With this guidance in mind and your Board's approval to proceed, CalOptima staff prepared and submitted the first of three Model of Care (MOC) documents to the state by July 1. A summary of the required submissions is below:

- July 1: MOC Submission 1 — Initial ECM and ILOS provider capacity questions, Whole Person Care and Health Homes Program transitions questions, and preliminary ILOS selections.
- September 1: MOC Submission 2 — Majority of ECM/ILOS policies and procedures and final ILOS selections.
- October 1: MOC Submission 3 — Final ECM and ILOS provider capacity network submission.

Staff will provide a comprehensive update on CalAIM implementation work at your August Board meeting and anticipates bringing additional CalAIM-related contracts and policies in September. In the meantime, planning has begun on a second meeting to engage stakeholders, following up on the successful May event that was attended by more than 300 providers and community representatives.

### **Association for Community Affiliated Plans (ACAP) Promotes Congressional Meetings**

Throughout June, Executive Director, Public Affairs Rachel Selleck and I met with members of Congress and their staffs as part of ACAP's Virtual Legislative Fly-In. This includes with Reps. Michelle Steel and Young Kim as well as the staffs of Sen. Dianne Feinstein and Rep. Linda Sanchez. During these online meetings, we shared details about CalOptima's programs, vaccination efforts and federal legislative priorities. The priorities discussed include expanding Medicaid funding flexibility to address social determinants of health (SDOH), ensuring Medicaid access and establishing payment parity for audio-only telehealth services in Medicare and PACE. Officials and their staffs expressed interest in further collaborating with CalOptima on these issues, and CalOptima plans to request your Board's formal support of related federal legislation at the August meeting.

### **Local Health Plans of California (LHPC) Discusses School-Based Behavioral Health**

On July 19–20, Rachel Selleck, Executive Director, Public Affairs, attended the LHPC Strategic Planning Retreat. LHPC is CalOptima's state trade association representing publicly governed Medi-Cal managed care plans. During the retreat, health plan representatives participated in a variety of sessions covering topics such as COVID-19, health equity, rate setting and future priorities. Of particular interest was Gov. Newsom's Children and Youth Behavioral Health Initiative, included in the Fiscal Year 2021–22 Enacted Budget. As part of the initiative, Medi-Cal plans will be eligible to receive incentive payments to expand access to school-based behavioral health services. Specific details are pending guidance from DHCS in the coming months. In the meantime, CalOptima will begin discussions with local school districts in an effort to build stronger relationships.

### **CalOptima Meets With Organization About Housing Support at Be Well OC**

CalOptima recently met with Housing for Healthy OC, LLC (HHOC) to learn more about a pilot in development to support needs for CalOptima members experiencing homelessness and receiving services at the Be Well OC campus. The proposed pilot is expected to have HHOC staff on-site to make referrals for members to existing housing navigation and supportive services programs. HHOC includes four agencies — American Family Housing, Friendship Shelter, Jamboree Housing and Mercy Housing — that together provide affordable, permanent supportive and bridge housing throughout Orange County. Friendship Shelter and Mercy Housing also operate shelters. CalOptima will return to the Board for consideration of a future partnership on the pilot program with HHOC as needed in the future.

### **Staff Prioritizes SDOH and Health Equity Efforts**

With guidance from your Board, CalOptima has identified the development of an SDOH and Health Equity framework as a strategic initiative. A multidepartment workgroup has been convened to support this effort. While the framework is being created, CalOptima is focusing on food insecurity, an issue that has been exacerbated by the pandemic. Staff is working collaboratively with the Social Services Agency, for example, to obtain a comprehensive list of CalOptima members who are already enrolled in CalFresh as a way to identify those who are not enrolled. To empower providers to help patients needing food support, staff is developing tools to simplify the process of providers making referrals to CalOptima or offering resource information to patients. Staff is also planning provider education about how to submit claims and encounter data regarding these patients so we can better identify food insecure members and assess progress. On the health equity side, Population Health Management (PHM) has kicked off member outreach with a series of back-to-school immunization clinics in July–September and in partnership with schools and community-based organizations. These events are focused on bridging the gaps for missed well visits and immunizations due to the pandemic and ensuring readiness for CalOptima school-aged children. A new CalOptima [webpage](#) carries information about the scheduled events. Additionally, PHM is focused on addressing health equity by working with Orange County Community Action Partnership for diaper bank services and mobile mammography for Korean and Chinese communities. Examining 2020 quality data among Asian populations, Korean and Chinese members have the lowest rates of breast cancer screening at 58% and 45%, respectively, and Vietnamese members have the highest rate at 67%. The mammography events are scheduled for fourth quarter of 2021.

### **CalOptima Plans to Support UCI/County Participation in Public Health Program**

UC Irvine and Orange County Health Care Agency are jointly applying for a federally funded program that trains the next generation of public health workers to be proficient at informatics and technology. The program supports curriculum development, student recruitment and training, paid internships, career development services, and tuition discounts for working professionals. CalOptima plans to provide a letter of support for their application. If funded, the initiative will use a consortium approach to help participants develop a better understanding of the skills required for a 21st century public health workforce and improve curriculum design. In addition, as a consortium participant, CalOptima may consider providing internships or other experiential learning opportunities, and identify employees who may benefit from obtaining a continuing education certificate in public health informatics, technology and data science.

### **Effort to Boost Medicare Wellness Visits in Progress**

CalOptima staff from across several departments are working on an effort to improve completion of Medicare annual wellness visits, which have been affected by the pandemic and other factors. Finance shared that annual wellness visit completion rates have an impact on quality incentives and risk adjustment scores. Community Relations shared information about an annual wellness visit provider toolkit and consumer outreach materials developed by the OC Strategic Plan for Aging health care committee (co-chaired by CalOptima staff) and OC Healthy Aging Initiative. Communications, Provider Relations, Health Network Relations and PHM also participated in the discussion to coordinate efforts to enhance awareness of the provider toolkit and outreach materials as well as promote annual wellness visits for the member and provider communities. Staff will continue to meet to focus on this important aspect of preventive care for CalOptima seniors.

### **CalOptima Preparing for a Public Brand Awareness and Perception Survey**

CalOptima's Communications team is making progress on the survey initiative mentioned at your Board's June meeting. Objectives for the public survey have been identified: measure residents' overall awareness of CalOptima and its programs; identify the extent to which residents have a favorable view of CalOptima, including perceptions regarding quality of care; and understand the health care priorities/concerns of residents and identify opportunities to position CalOptima as a partner in addressing those issues. A combination of survey methods will be used, including Redirected Inbound Call Sampling and grassroots surveying, in English, Spanish and Vietnamese. Staff will provide an update to your Board upon survey completion. Results will inform CalOptima's future advertising and marketing campaigns.

### **Mentoring, Leadership Programs Offered for Staff Development**

In June, CalOptima offered two major programs to promote staff development. CalOptima reactivated the mentoring program, which was paused during the pandemic. There are nine mentor/mentee pairings across 10 departments. Although the program was founded six years ago, it aligns with the 2020–2022 Strategic Plan initiative to enhance operational excellence and efficiency by engaging and developing the workforce. For a broader audience, CalOptima held the quarterly Leadership Series for directors, managers and supervisors, offering a 90-minute training session by an external speaker. Business consultant and author Shari Harley presented “Getting the Best From Employees: Coaching and Developing for Performance” to an online group of more than 130 leaders. She provided practical tips about how to engage employees in the ways they learn best, set expectations as a manager and follow up on performance.

### **CalOptima Welcomes New Medical Director**

On June 28, Michael Collins, D.O., MPH, MS, began as a CalOptima Medical Director working on Utilization Management and Case Management for the Medi-Cal, OneCare and OneCare Connect programs. Most recently, Dr. Collins was medical director of ambulatory care at Monarch HealthCare. Prior to that, he held a medical leadership position at Inland Empire Health Plan and was a staff physician in occupational medicine at Kaiser Permanente in Ontario/Fontana. Dr. Collins earned his medical degree from Western University of Health Sciences and his master's in public health from Loma Linda University.



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## COVID-19 Update

Provider Advisory Committee and Member Advisory Committee  
August 12, 2021

Emily Fonda MD MMM CHCQM  
Chief Medical Officer

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# CalOptima Membership, COVID-19 Cases and Vaccination Data

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- As of July 30, 2021, CalOptima has 847,147 members (664,819 age 12 and older)
  - 4.8% members tested positive for COVID-19 (0.1% expired)
  - 360,989 members are vaccinated
  - 333,704 members are eligible for incentives
  - 57% members 16 years and older received at least one dose of vaccine
  - 54% members 12 years and older received at least one dose vaccine
- More than 195,895 gift cards processed for general members as of 7/30
  - Fulfillment vendor has processed approximately 115,000

# CalOptima COVID-19 Vaccination Data (July 2021)

- Highest vaccination rate: 63%~68% for Garden Grove, Irvine and Westminster
- 65 and older vaccination rate: ~74% (statewide Medi-Cal\* 69.9%)
  - LTC members vaccination rate: ~92%
  - PACE participants vaccination rate: ~99%
- Asian population: 76% vaccinated (statewide Medi-Cal\* 66.2%)
- Black population: 37% vaccinated (statewide Medi-Cal\* 27.5%)

By Ethnicity

Grand Total	664,819	360,989	54%
Alaskan Nat/ Amer Indian	1,268	497	39%
Asian	154,671	117,270	76%
Black	12,701	4,681	37%
Hispanic	264,005	119,209	45%
Others	104,713	57,510	55%
White	127,461	61,822	49%

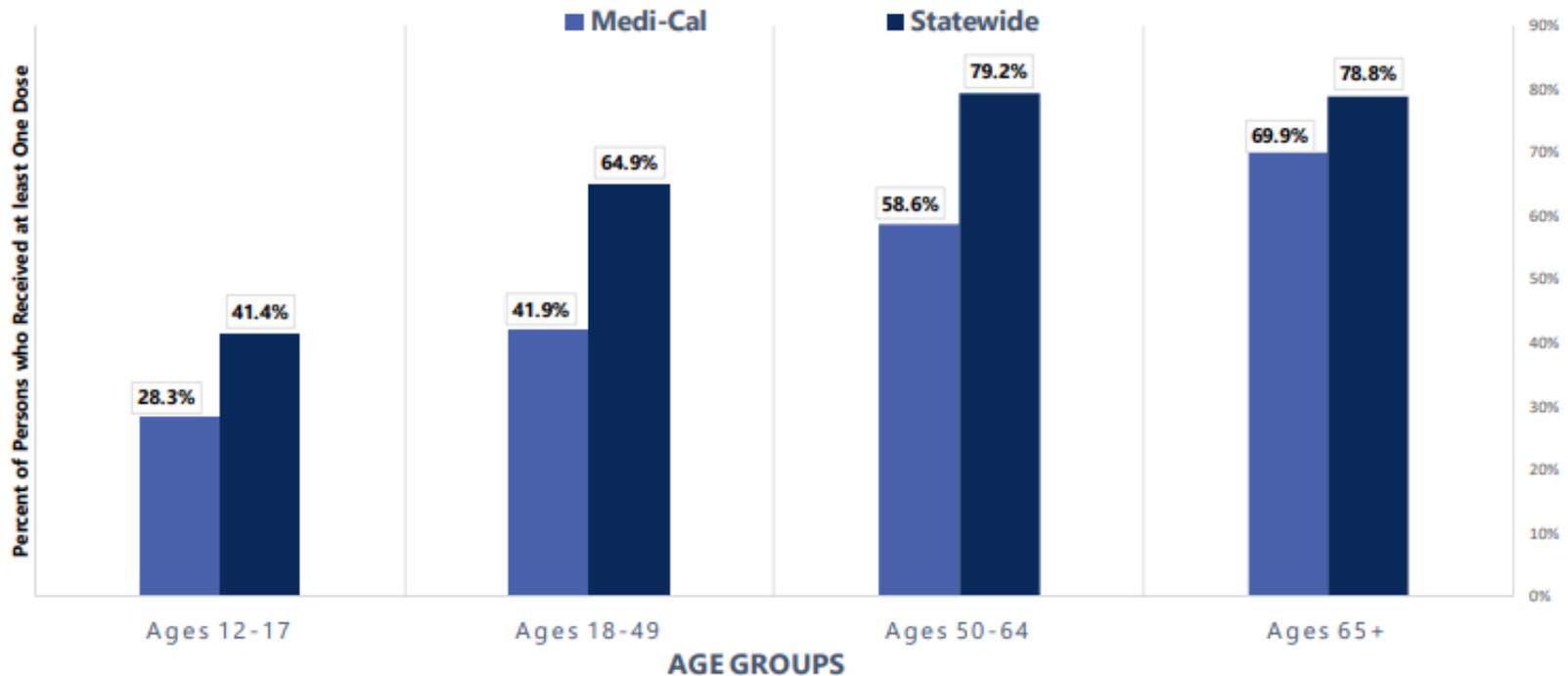
By Age Group

Grand Total	664,819	360,989	54%
Age 12-15	76,252	25,628	34%
Age 16-49	365,655	182,303	50%
Age 50-64	122,703	79,147	65%
Age 65-74	52,981	38,870	73%
Age 75+	47,228	35,041	74%

\* Statewide Medi-Cal data as of June 27

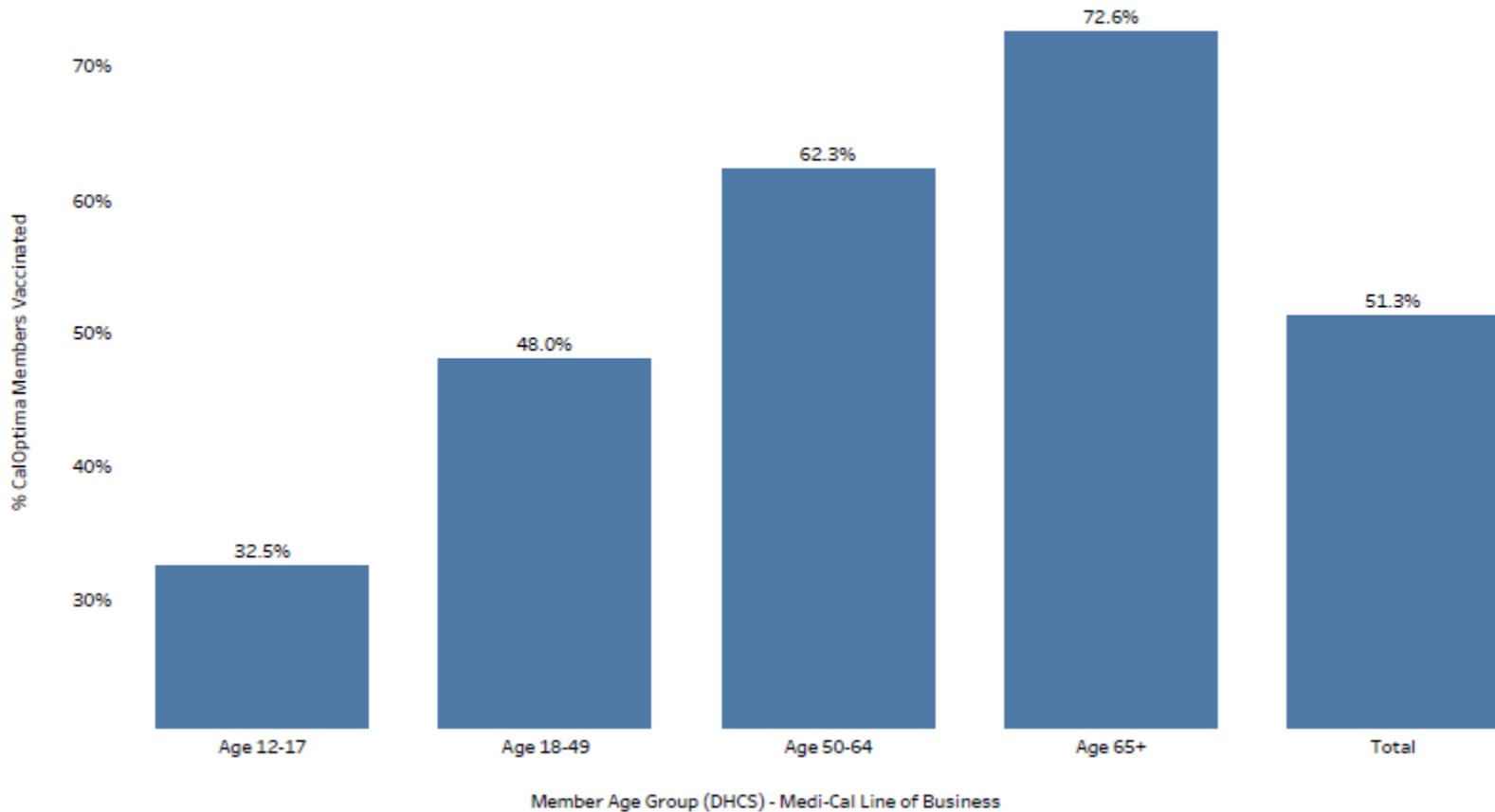
# Statewide Medi-Cal Vaccination Rate

**Received at least one dose as of June 27, 2021**  
**Comparing Medi-Cal Beneficiaries to all Californians**



# CalOptima Vaccination Rate

Vaccination Rates of CalOptima Eligible Members as of July 2021: Medi-Cal  
(Ages 12+ and Received at least one dose of vaccine)

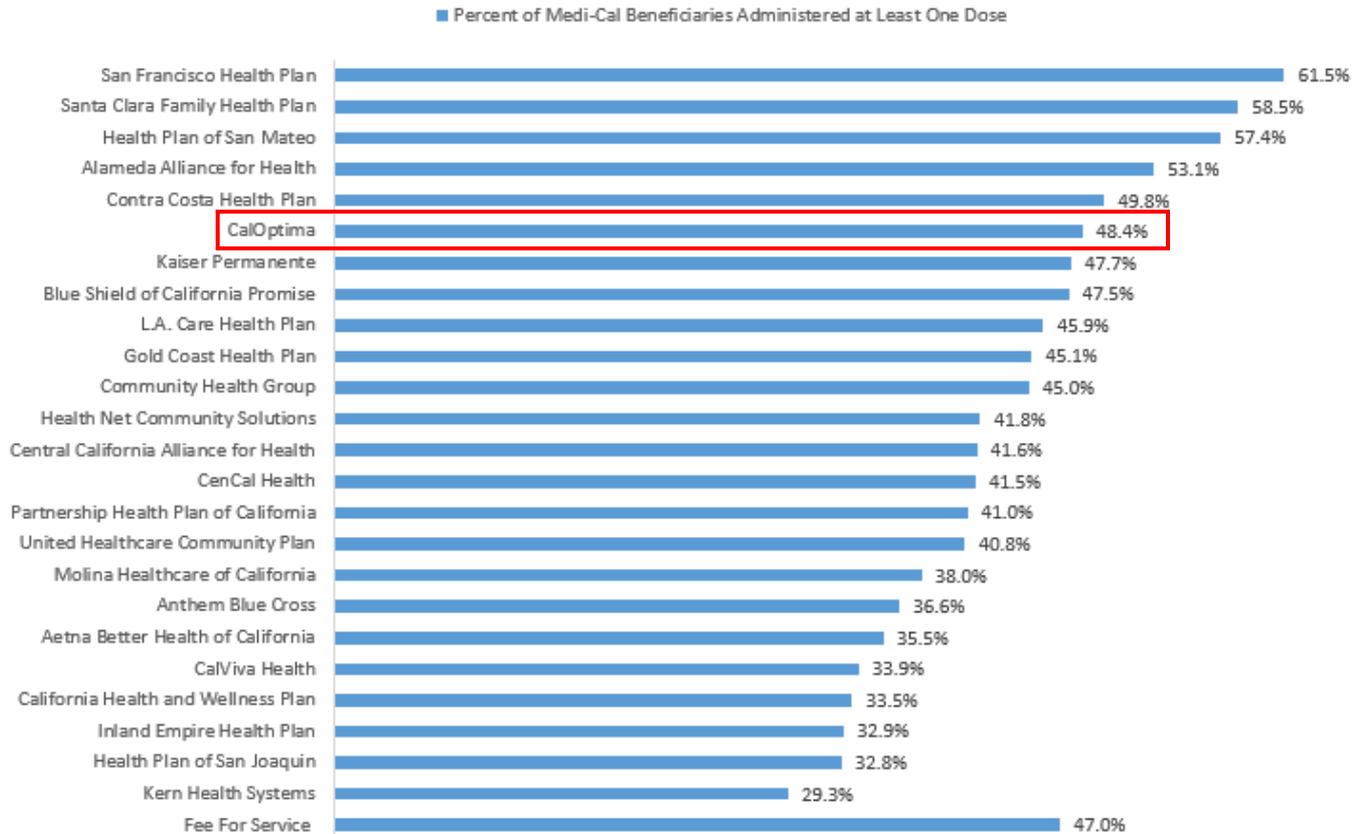


Vaccine Source: CalOptima Claims & Encounters, CAIR2, CAIRs, CMS, DHCS, Health Network Submissions

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# Percent of Medi-Cal Members Vaccinated By Managed Care Parent Plans

Percent of Medi-Cal Beneficiaries (age 12 and older) Administered at Least One Dose of a COVID 19 Vaccine as of June 2021 Month of Eligibility by Managed Care Parent Plan and FFS



# Recent COVID-19 Vaccination Efforts

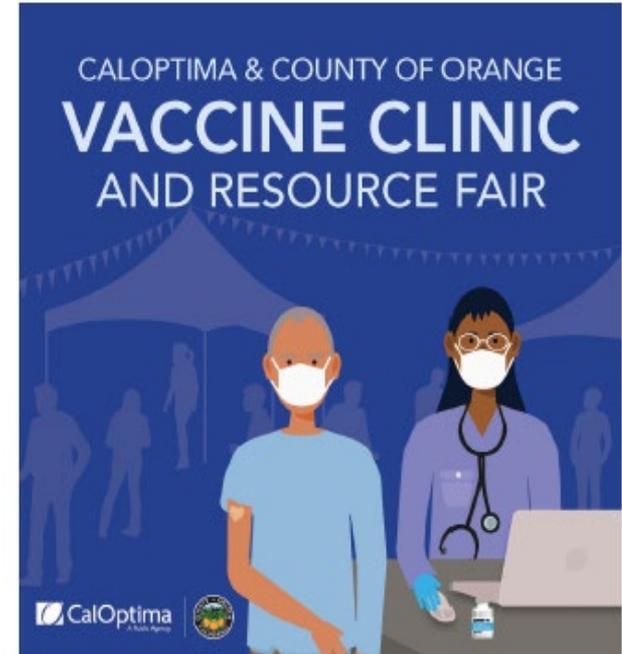
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- CalOptima/County of Orange Vaccine Events
  - May 15
    - 820 individuals vaccinated; 252 gift cards distributed
  - May 22
    - 1,244 individuals vaccinated; 531 gift cards distributed
  - June 5
    - 808 individuals vaccinated; 355 gift cards distributed
  - June 12
    - 1,316 individuals vaccinated; 643 gift cards distributed
  - June 19
    - 390 individuals vaccinated; 233 gift cards distributed
  - July 10
    - 495 individuals vaccinated; 326 gift cards distributed

**Total: 5,073 individuals vaccinated; 2,340 gift cards distributed**

# COVID-19 Vaccination Efforts for Children with Special Needs

- June 19 and July 10 Events
  - CalOptima and the County of Orange agencies partnered to hold a vaccine clinic to boost access to COVID-19 vaccines for hard-to-reach community members and individuals with disabilities
  - The goal was to minimize disruption to members with special health care needs and their families and maximize safety while providing vaccination
  - Member incentives were distributed on-site



# COVID-19 Vaccination Efforts for Members Experiencing Homelessness

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- 1,396 gift cards distributed, as of July 30
  - CalOptima is collaborating with the following entities to promote vaccination through health rewards:
    - Orange County Health Care Agency (OCHCA)
    - AltaMed
    - Families Together
    - Korean Community Services
    - Share Our Selves
  - Gift cards provided on-site after receiving the COVID-19 vaccine dose
  - Weekly reports sent to CalOptima from Federally Qualified Health Centers and OCHCA

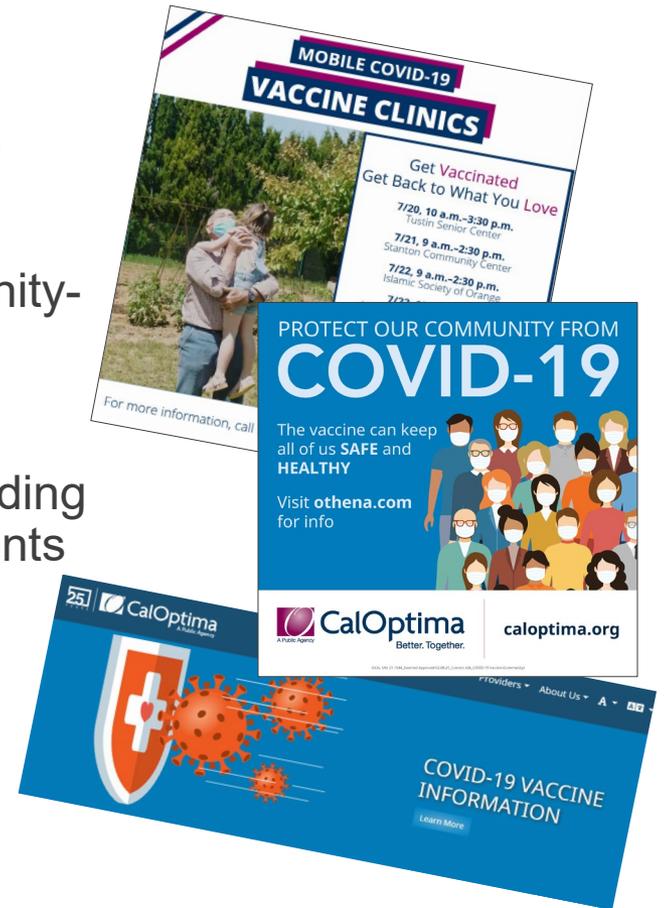
# COVID-19 Outreach Efforts

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- Texts sent to all members in all threshold languages
  - Arabic, Farsi, Chinese, Korean, Spanish, Vietnamese and English
- May 15 Vaccine Event
  - 259,000 text messages to age 16 and older
- May 22 Vaccine Event
  - 198,000 text messages to age 12 and older
- June 19 Vaccine Event
  - 236,466 text messages to age 12 and older
- Overall opt-out rate is 9.3% as of June 28

# Ongoing Communications Efforts

- Social Media
  - Using Facebook, Instagram and Twitter to actively promote vaccine clinics, resources
- Community Announcements
  - Distributing a weekly newsletter to community-based organizations
- Website
  - Maintaining timely information online, including recent posting of FAQs on COVID-19 variants
- Member Outreach
  - Texting
    - Homebound members
    - Support Mobile COVID-19 Vaccine Clinics
  - CareNet CCN member outreach
    - Priority zip codes



# Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



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# Intergovernmental Transfer (IGT) 10 Update

Provider Advisory Committee

August 12, 2021

Debra Kegel, Director, Strategic Development

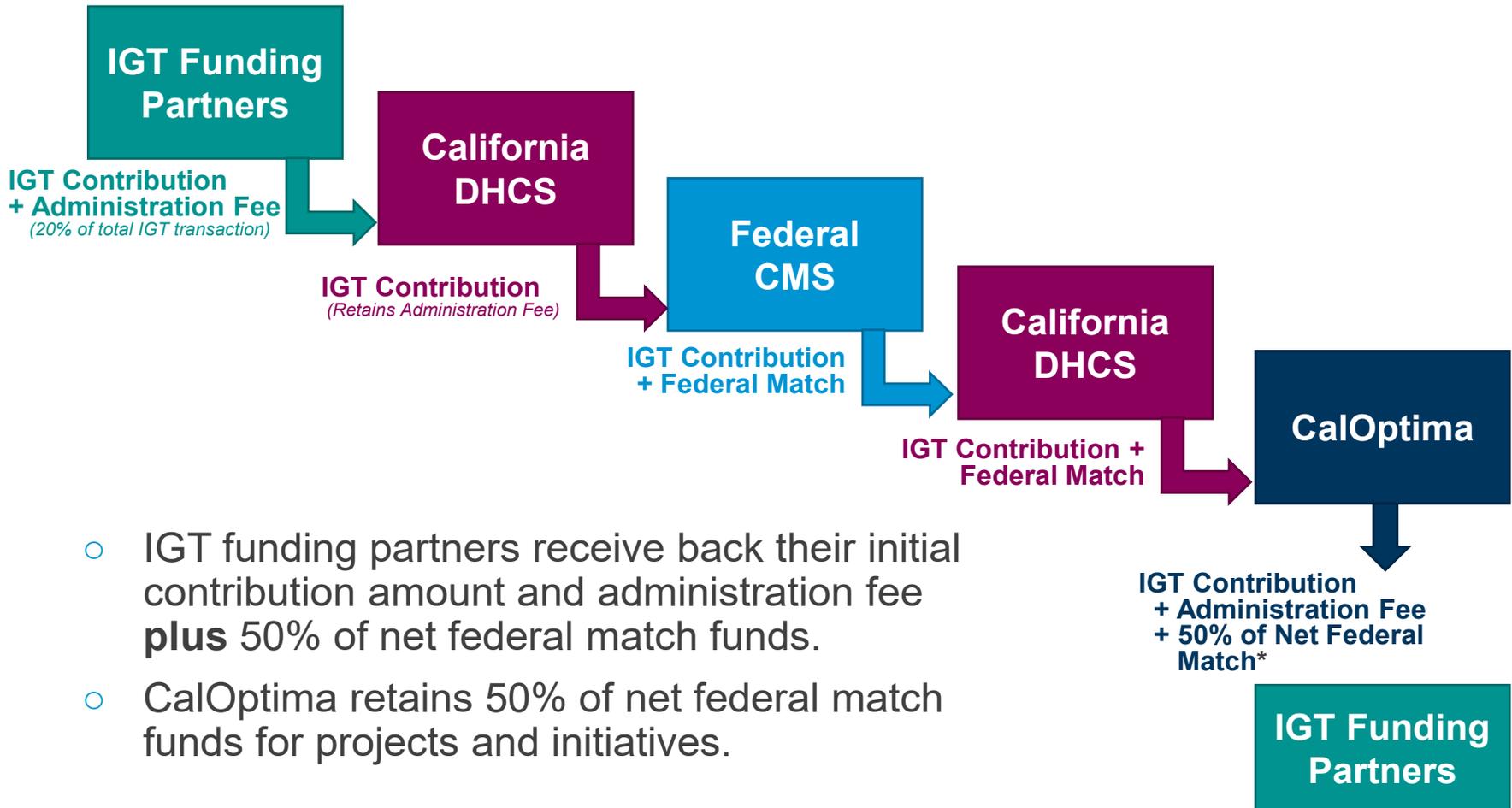
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# Intergovernmental Transfer (IGT) Background

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- Process permits DHCS to secure additional federal revenue from the Centers of Medicare & Medicaid Services (CMS) to increase CalOptima's Medi-Cal managed care capitation rates
  - IGTs 1–7: Funds must be used to deliver enhanced services to existing Medi-Cal members
  - IGTs 8–11: Funds must be used for Medi-Cal covered services included in CalOptima's DHCS contract for Medi-Cal members

# IGT Transaction Process



- IGT funding partners receive back their initial contribution amount and administration fee **plus** 50% of net federal match funds.
- CalOptima retains 50% of net federal match funds for projects and initiatives.

\* 50% of net federal match is split based on funder's [IGT contribution](#) percentage

# Intergovernmental Transfer (IGT) Background (cont.)

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- CalOptima has participated in the Department of Health Care Services (DHCS) annual Rate Range IGT since 2010
  - Enables CalOptima and our governmental funding partners to receive additional revenue for services to Medi-Cal members
    - City of Orange
    - City of Newport Beach
    - County of Orange
    - First 5 Orange County Children & Families Commission
    - University of California, Irvine

# IGT 10 CalOptima's Share Status

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- IGT 10 funding will be made in two installments
  - First received in May 2021
    - CalOptima share was \$45.1 million
  - Second expected in fall 2021
    - CalOptima share is estimated to be \$22.7 million\*
- CalOptima's Board of Directors has allocated \$36.4 million
  - \$1.2 million for OC COVID-19 Nursing Home Prevention Program Grant Extension and Expansion
  - \$35 million for COVID-19 Vaccination Member Incentive Program for Calendar Year 2021 — Incentive
  - \$221,145 for COVID-19 Vaccination Member Incentive Program for Calendar Year 2021 — Staffing

\* Amounts may change based on actual enrollment [Back to Agenda](#) and member mix.

# Next Steps

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- Staff is developing recommendations for Board consideration with the following focus areas:
  - Evolving Strategic Plan-related initiatives (e.g., to address social determinants of health and health equity)
  - Additional COVID-19-related initiatives
  - Implementation of California Advancing and Innovating Medi-Cal (CalAIM) beginning January 1, 2022

# Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



A Public Agency

# CalOptima

Better. Together.

# HEDIS<sup>®</sup> Measurement Year (MY) 2020 Results

Provider Advisory Committee  
August 12, 2021

Kelly Rex-Kimmet, Director, Quality Analytics  
Paul Jiang, Manager, Quality Analytics

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# Healthcare Effectiveness Data and Information Set (HEDIS)

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- HEDIS is a set of standardized measures designed to provide buyers and consumers with reliable comparison of health plan performance
- HEDIS includes 92 measures across 6 domains of care and relates to many significant public health issues, such as cancer, heart disease, smoking, asthma and diabetes
- HEDIS results are audited by National Committee for Quality Assurance (NCQA) certified auditors.
  - All measures passed audit and are reportable
- Medical records review was required for 47 measures and sub-measures with 8,209 chart chases.
  - Chart retrieval rate is approximately 99%

# HEDIS and Regulatory Requirements

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- Department of Health Care Services (DHCS)
  - Managed Care Accountability Set (MCAS) — select measures must achieve minimum performance level (MPL), which is the national Medicaid 50th percentile
  - Financial sanctions or corrective action plans will not be imposed for Measurement Year (MY) 2020 measures but quality improvement projects for measure results below MPL are required
- NCQA
  - Health Plan Ratings — 2021 ratings will display the better of the Overall Rating score between HPR 2019 and HPR 2021
  - Accreditation
- Centers for Medicare & Medicaid Services (CMS)
  - Star Ratings
  - Quality withhold payment

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# Public Health Emergency

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- In 2020, the COVID-19 public health emergency (PHE) and global pandemic continued throughout the year
- The PHE adversely impacted the utilization of health care services, especially outpatient and preventive care services
- Many rates for all programs show a drop in performance compared to previous years
- The impact of the PHE must be kept in mind as the plan level HEDIS rates for MY2020 are reviewed

# Medi-Cal Summary

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- Overall, rates related to prevention, screening, lab testing, and office visits were lower in MY2020 as a result of the COVID-19 PHE
- There were 2 measures did not achieve the MPL set by DHCS:
  - Cervical Cancer Screening
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder
- Health Plan Rating (HPR) — projected to maintain 4.0 rating
  - Of 34 HEDIS measures, 5 are statistically higher than last year
  - Of 34 HEDIS measures, 11 are statistically lower than last year

# Medicare Summary

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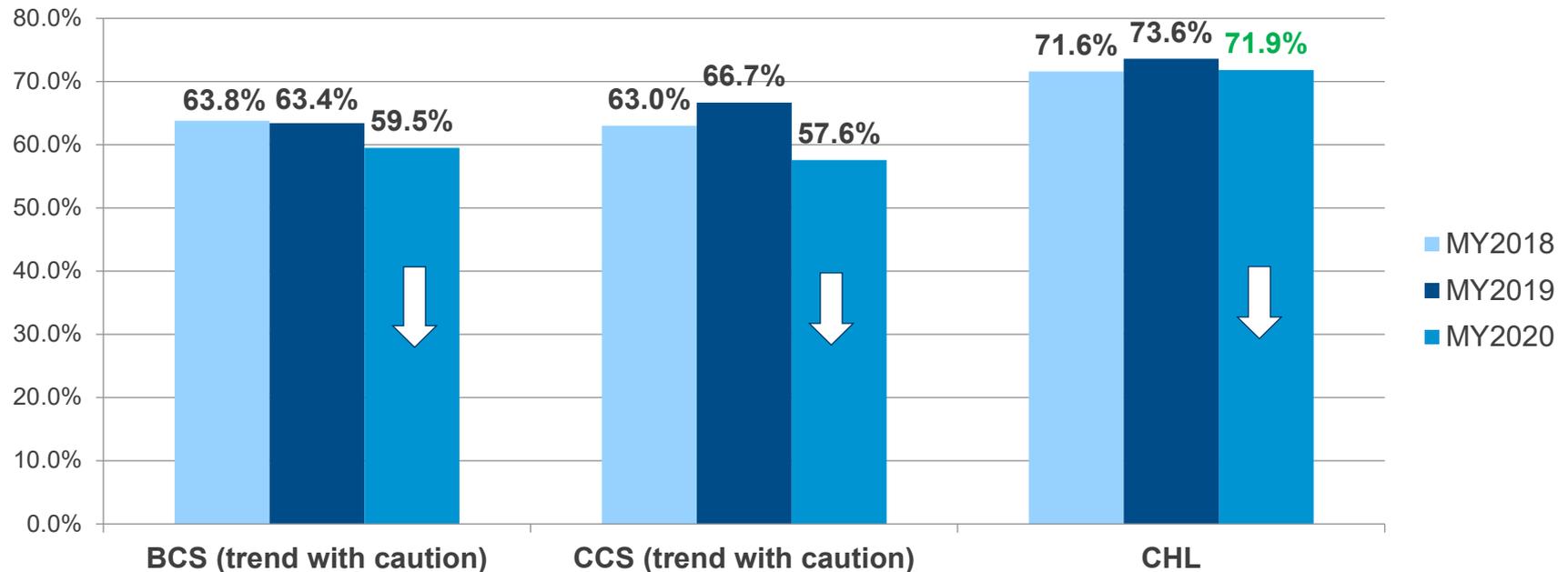
- Rates related to Star measures were lower in MY2020 as a result of the COVID-19 PHE
- CAHPS weight increase doubled for MY2020 and then was increased to 4X for MY2021
- The Member Experience team is aware of the increased focus on OC/OCC member satisfaction and is refocusing efforts based on best practices employed by other Medicare plans
- The Star rating can not be estimated at this time as the rating includes other performance metrics besides HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS)

# Top Opportunities: Medi-Cal

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- Measures that did not meet the MPL
  - Cervical Cancer Screening
  - Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic medications
- Controlling High-Blood Pressure (due to triple weight in HPR set)
- Individual HPR measures that scored below 3.0
  - Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (rating = 2)
  - Follow up After ED visit for Mental Illness (rating = 2)
  - Follow-up Care for Children Prescribed ADHD Medication (rating = 2)

# HEDIS MY2020 Results: Medi-Cal Women's Health Cancer Screenings



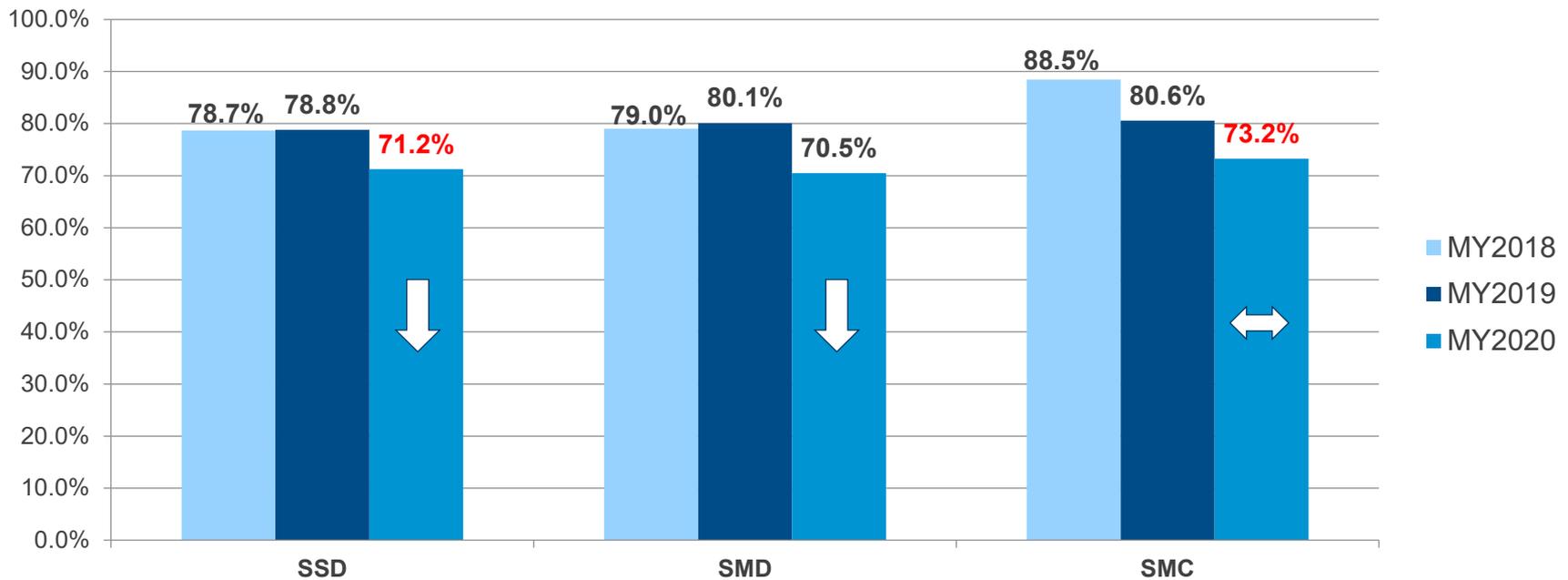
HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Breast Cancer Screening (BCS)	55.08%	61.84%	69.22%	58.82%	HPR, MPL, P4V
Cervical Cancer Screening (CCS)	57.42%	65.69%	72.68%	61.31%	HPR, MPL, P4V
Chlamydia Screening in Women (CHL)	53.52%	63.53%	71.42%	71.42%	MPL, P4V

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
 ↑ ↓ statistically higher or lower ↔ statistically no difference \*\*HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

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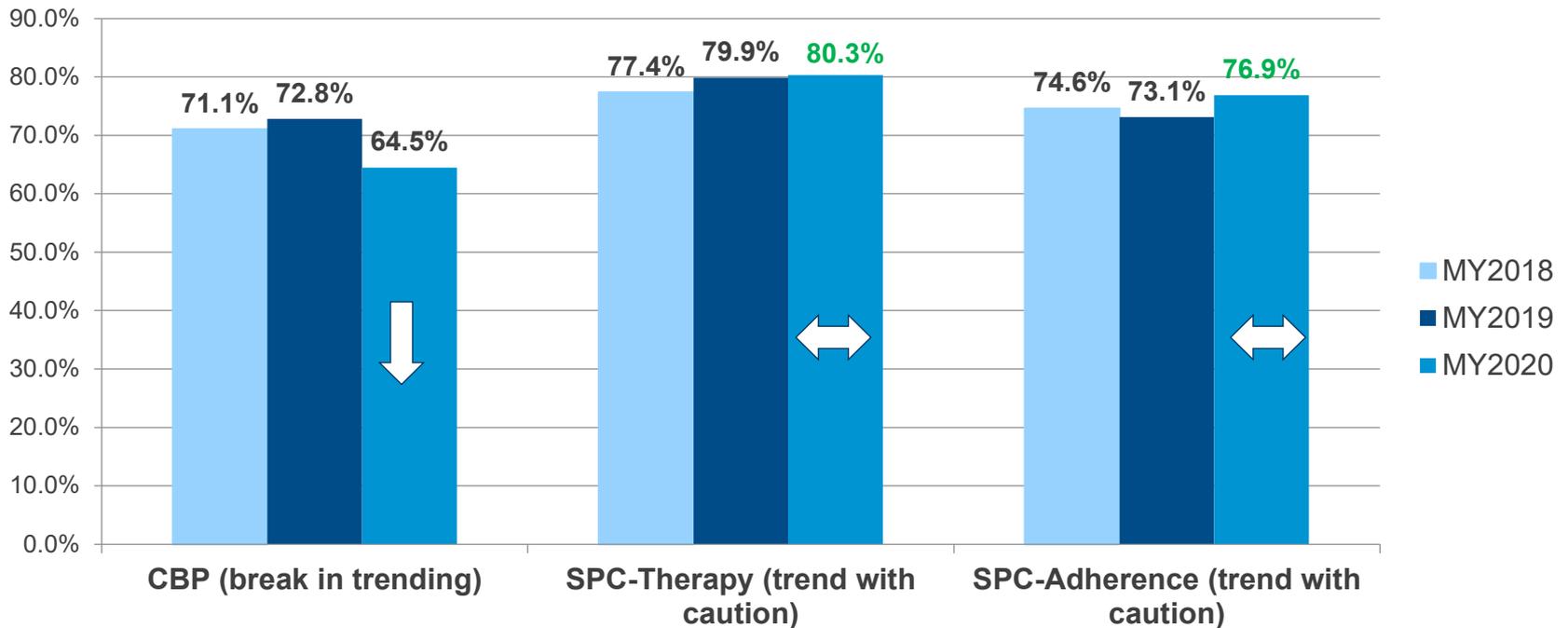
# HEDIS MY2020 Results: Medi-Cal Behavioral Health — Schizophrenia or Bipolar Disorder



HEDIS Measure	QC 33rd Percentile	QC 66h Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic medications (SSD)	79.58%	83.97%	87.91%	82.09%	HPR, MPL, P4V
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	68.24%	74.06%	81.25%	81.25%	
Cardiovascular Monitoring for People with Cardiovascular and Schizophrenia (SMC)	73.56%	80.90%	88.89%	80.90%	

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
 ↑ ↓ statistically higher or lower ↔ statistically no difference \*\*HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

# HEDIS MY2020 Results: Medi-Cal Cardiovascular Conditions



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Controlling High-Blood Pressure (CBP) ++	58.15%	65.69%	72.75%	72.75%	HPR, MPL, P4V
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Therapy	77.56%	82.02%	85.71%	79.94%	HPR
Statin Therapy for Patients with Cardiovascular Disease (SPC) - Adherence	64.59%	70.81%	78.12%	75.59%	HPR

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# Top Opportunities: Medicare

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- Low performance
  - Care for Older Adults — Functional status assessment (1 star)
  - Statin Therapy for Patients with Cardiovascular Disease — treatment (1 star)
- Star measure for MY2021 and x3 weight for MY2022
  - Controlling of blood pressure
- Transitions of Care — Med Reconciliation

# Next Steps

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- Results will be used to calculate:
  - Health Network (HN) provider P4V program incentives
  - HN quality rating results
- Starting to see performance improvements in some rates for MY 2021
  - Initiatives are underway to encourage members to return to preventive care visits
  - Trainings for providers on the HEDIS MY 2021 specifications highlighting documentation requirements to close gaps on telehealth visits

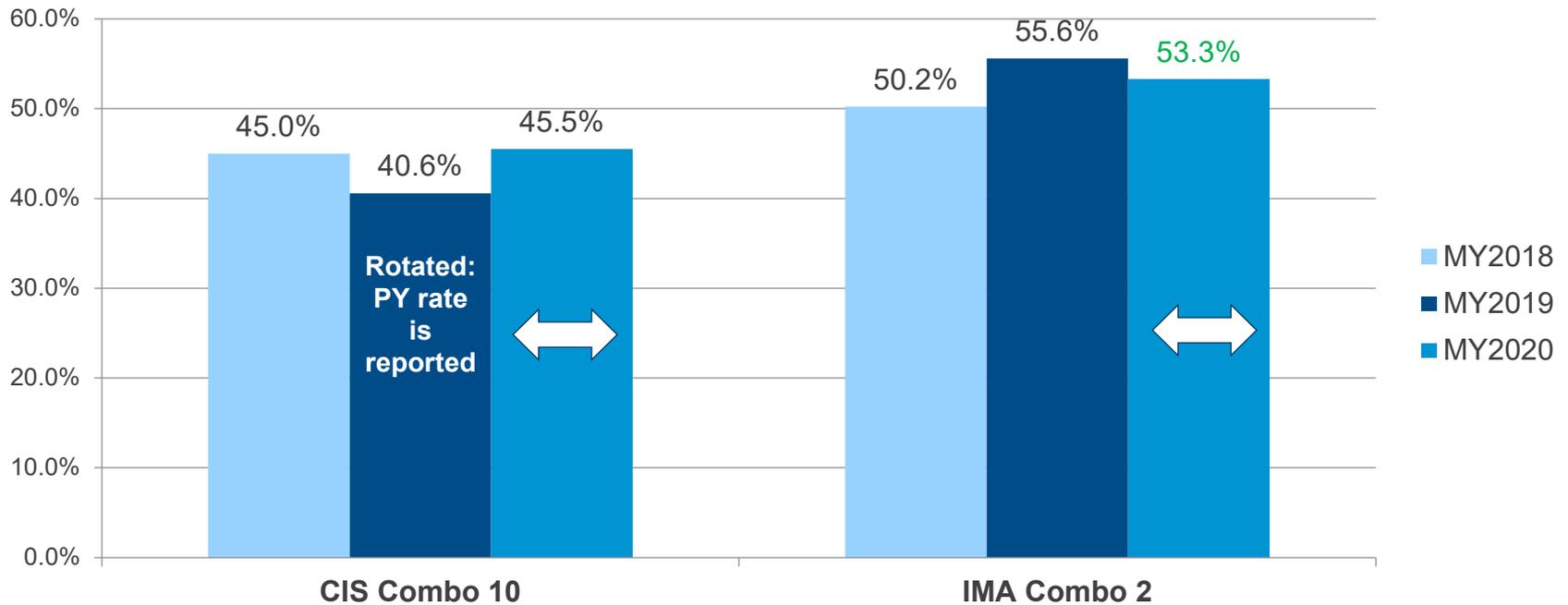
# Medi-Cal Measure Results Benchmarks: NCQA

National Medicaid MY 2019 Percentiles

# Pediatric Prevention Measures

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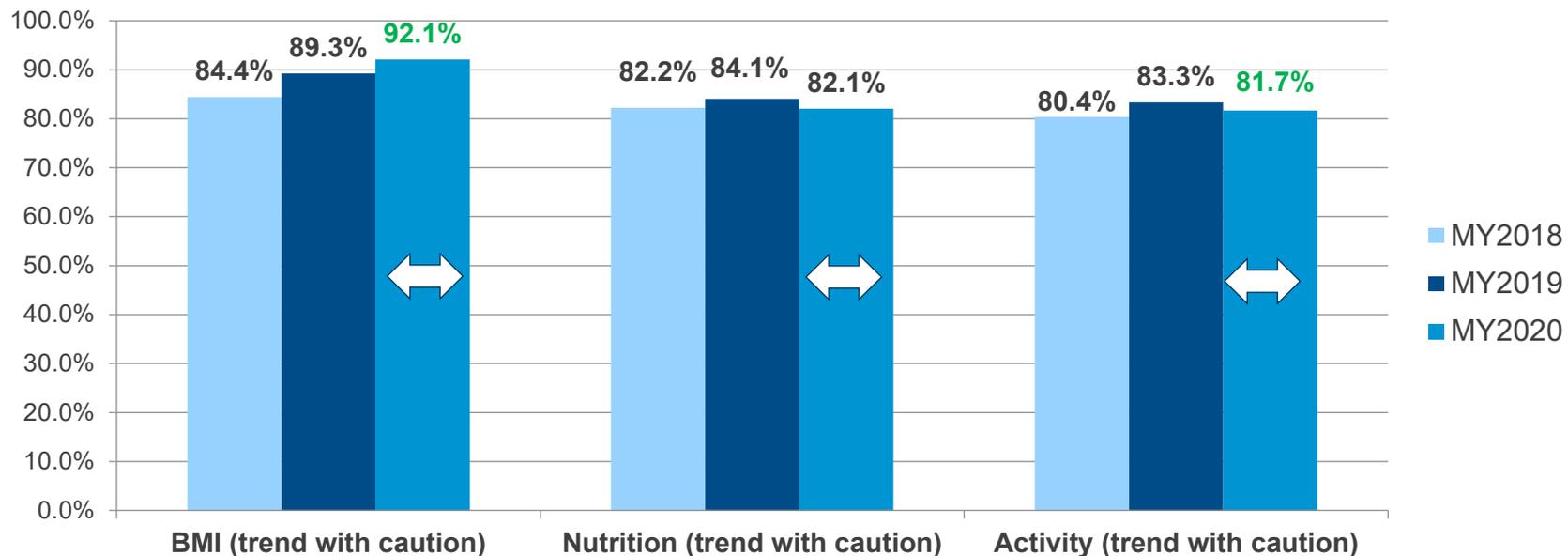
# HEDIS MY2020 Results: Medi-Cal Immunizations



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Childhood Immunization Status (CIS) - combo10 ++	32.60%	42.82%	52.07%	48.42%	HPR, MPL, P4V
Immunizations for Adolescents (IMA) - Combo 2++	33.58%	40.85%	50.85%	50.85%	HPR, MPL, P4V

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# HEDIS MY2020 Results: Medi-Cal Weight Assessment and Counseling

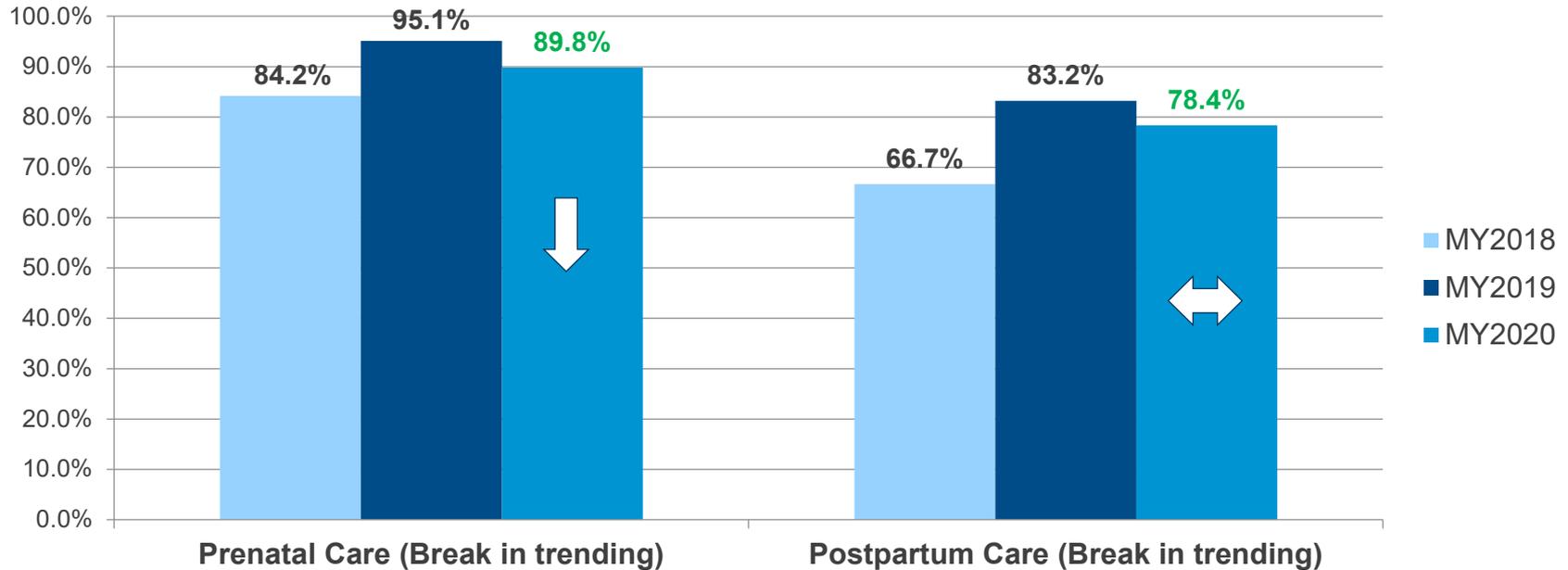


HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements* *
BMI Percentile (WCC)	75.67%	84.91%	90.77%	90.77%	HPR, MPL, P4V
Counseling for Nutrition (WCC)	65.45%	76.89%	85.16%	85.16%	MPL, P4V
Counseling for Physical Activity (WCC)	60.73%	72.61%	81.02%	81.02%	MPL, P4V

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# Prevention: Women's Reproductive Health

# HEDIS MY2020 Results: Medi-Cal Prenatal and Postpartum Care

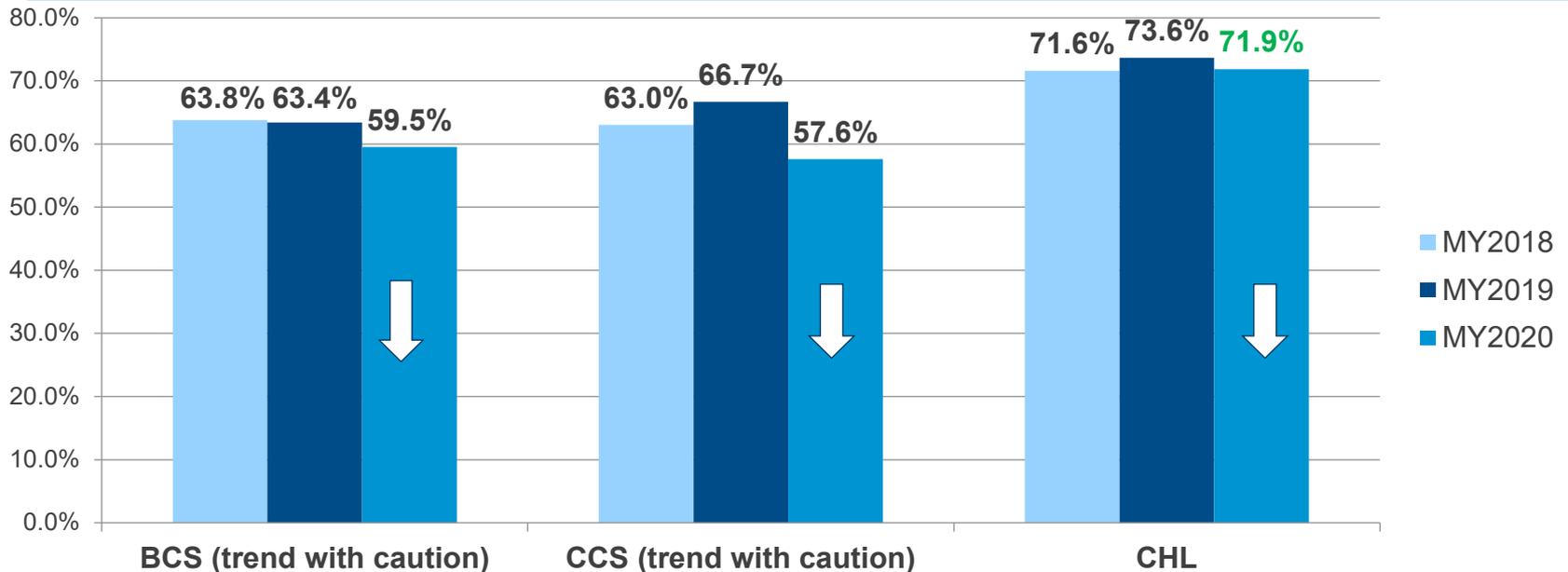


HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Prenatal Care	86.86%	91.73%	95.86%	89.05%	HPR, MPL, P4V
Postpartum Care	73.72%	79.32%	84.18%	76.40%	HPR, MPL, P4V

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# Prevention: Cancer Screening

# HEDIS MY2020 Results: Medi-Cal Women's Health Cancer Screenings



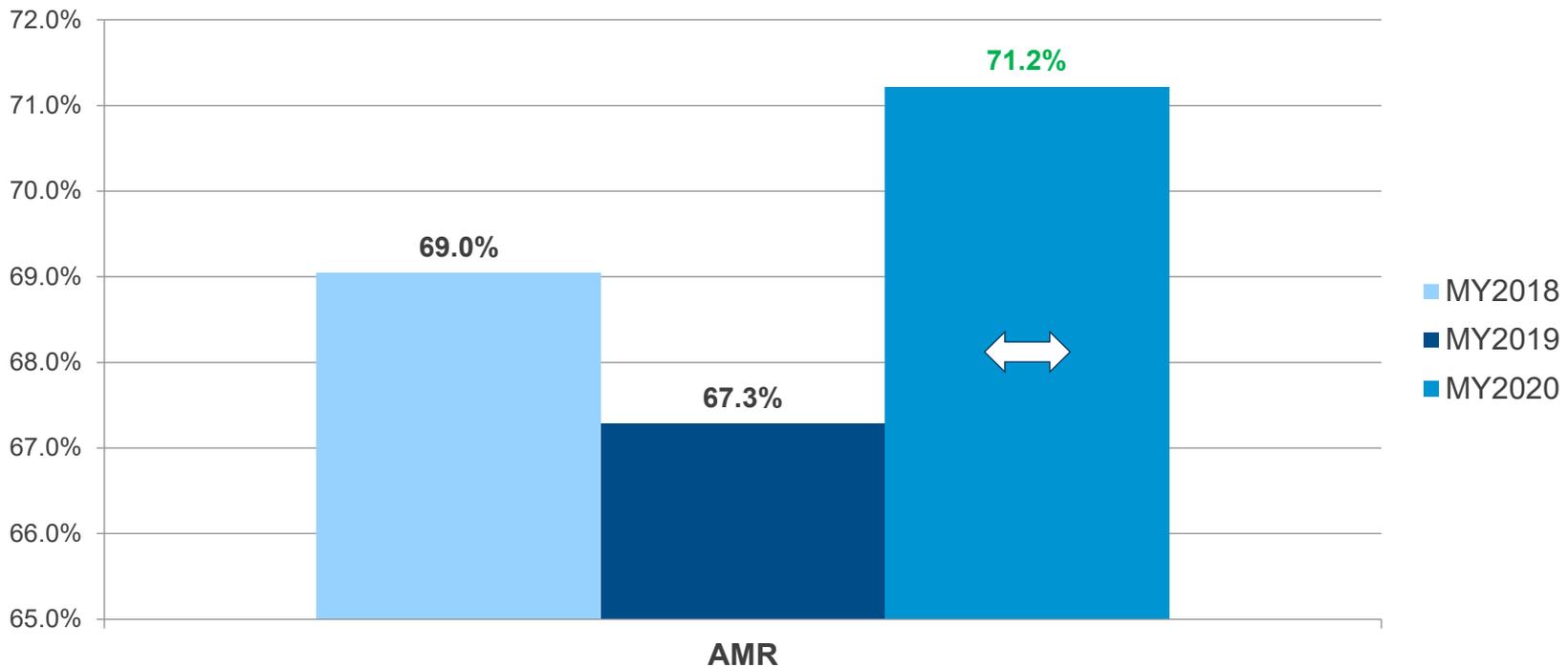
HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Breast Cancer Screening (BCS)	55.08%	61.84%	69.22%	58.82%	HPR, MPL, P4V
Cervical Cancer Screening (CCS)	57.42%	65.69%	72.68%	61.31%	HPR, MPL, P4V
Chlamydia Screening in Women (CHL)	53.52%	63.53%	71.42%	71.42%	MPL, P4V

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# Treatment: Respiratory Conditions

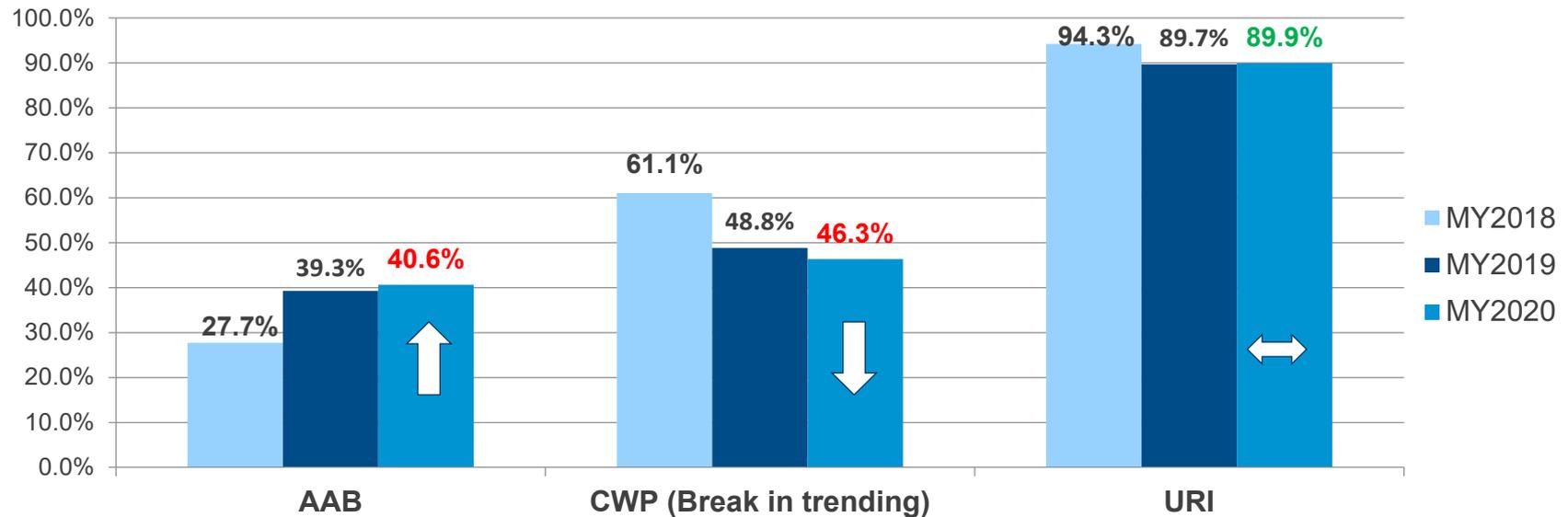
# HEDIS MY2020 Results: Medi-Cal Asthma Treatment



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements* *
Asthma Medication Ratio >50% (AMR) 5 to 64 years	59.93%	65.78%	73.38%	68.13%	HPR, MPL, P4V

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# HEDIS MY2020 Results: Medi-Cal Respiratory Conditions



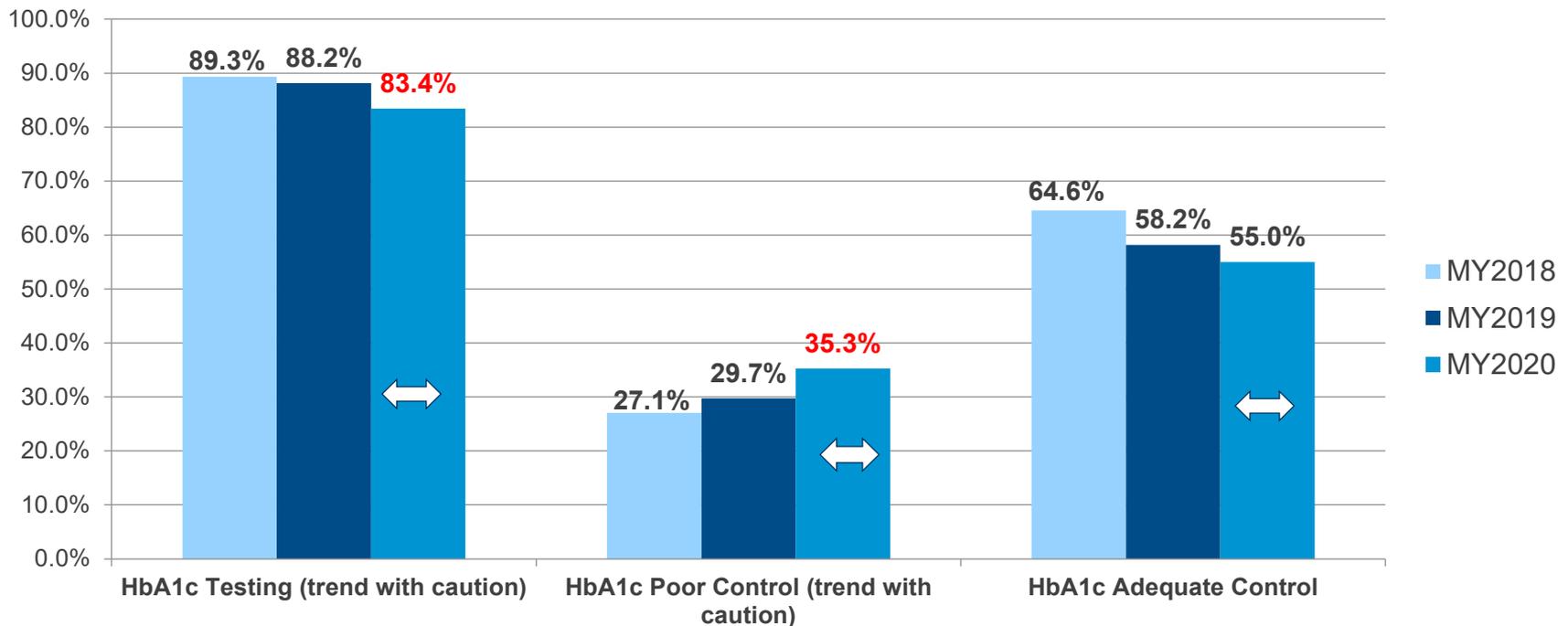
HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	47.16%	55.95%	65.32%	45.14%	HPR
Appropriate Testing for Children with Pharyngitis (CWP)	73.35%	81.34%	86.81%	71.01%	HPR
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	86.18%	89.96%	95.53%	89.95%	HPR

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# Treatment: Diabetes

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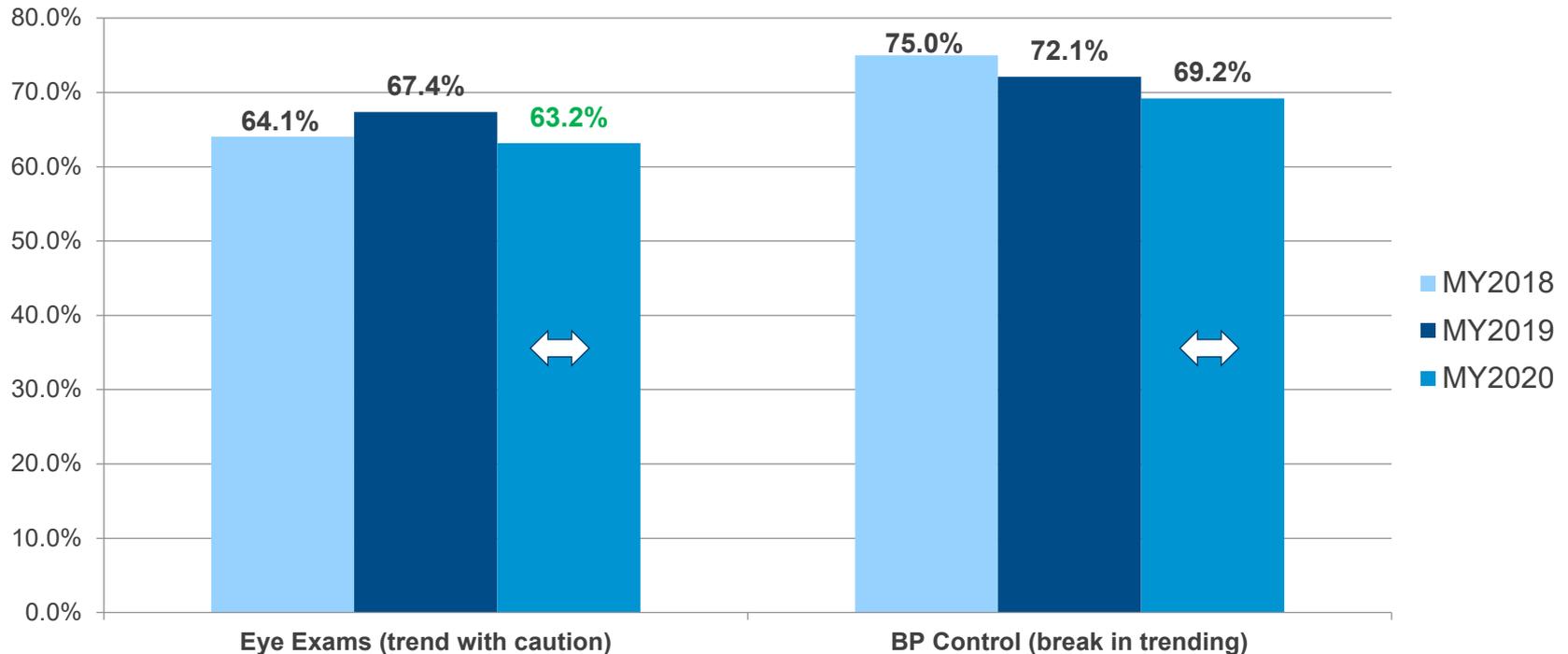
# HEDIS MY2020 Results: Medi-Cal Comprehensive Diabetes Care — HbA1C



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
HbA1C Testing	86.86%	90.27%	92.70%	88.79%	
HbA1C Poor Control (>9.0%) (Lower is better)	42.58%	33.80%	27.98%	37.47%	MPL, P4V
HbA1C Adequate Control (<8.0%) ++	47.69%	54.26%	60.77%	58.37%	HPR

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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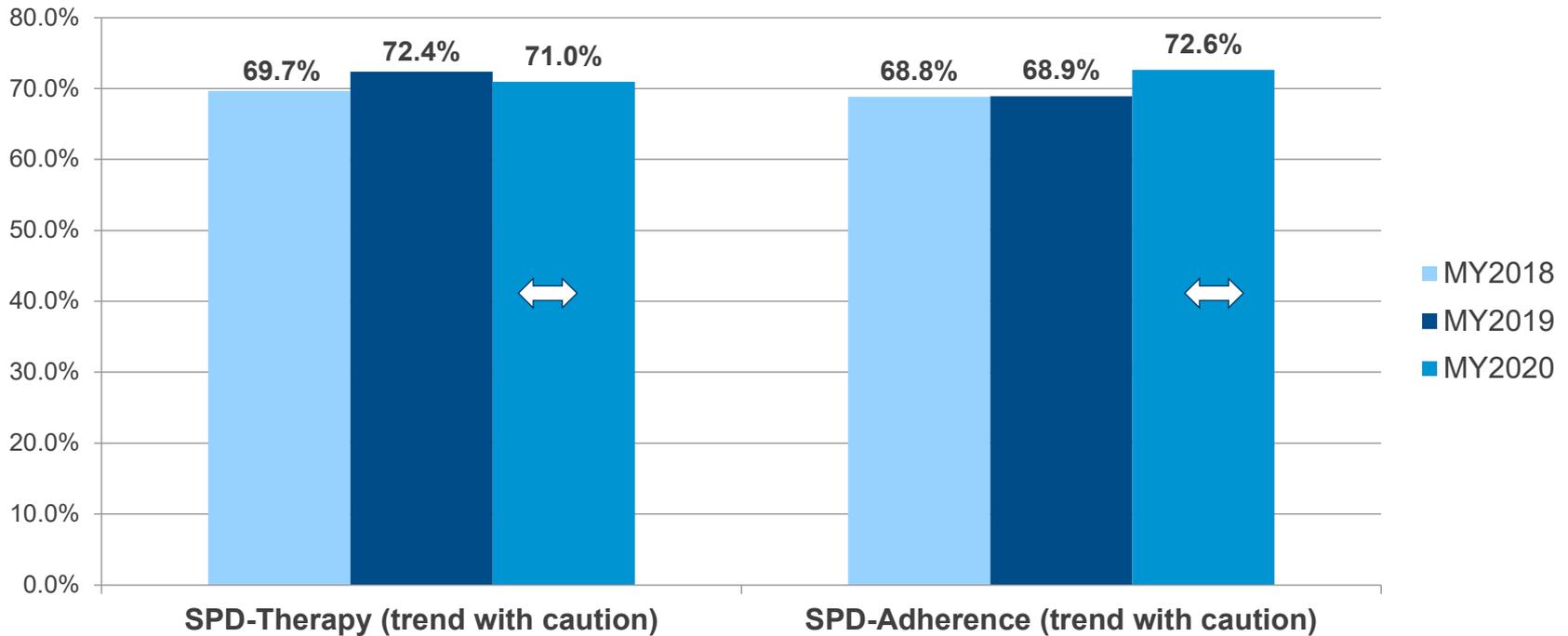
# HEDIS MY2020 Results: Medi-Cal Comprehensive Diabetes Care



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Eye Exams	54.55%	61.56%	69.59%	58.64%	HPR
BP Control (<140/90) ++	58.64%	68.37%	76.40%	73.73%	HPR

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# HEDIS MY2020 Results: Medi-Cal Diabetes Conditions

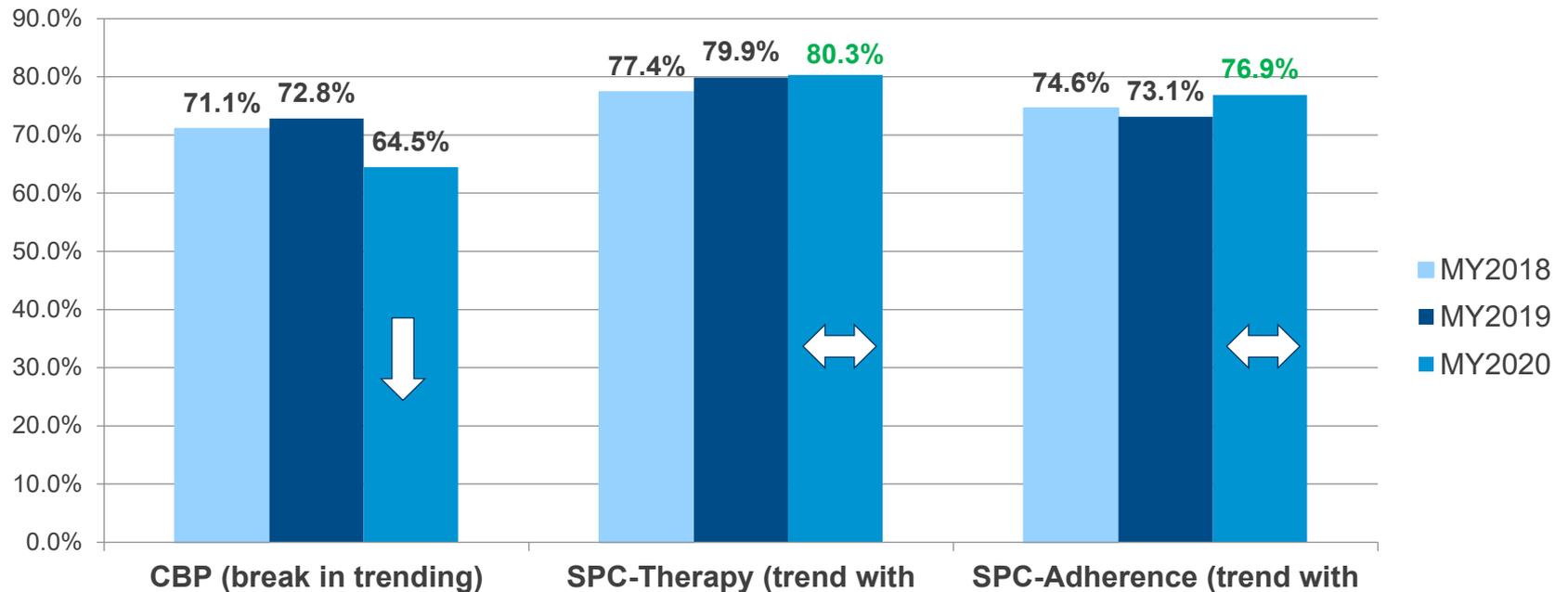


HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Statin Therapy for Patients with Diabetes (SPD) — therapy	63.45%	67.59%	71.82%	71.82%	HPR
Statin Therapy for Patients with Diabetes (SPD) — adherence	60.81%	67.43%	75.72%	69.58%	HPR

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# Treatment: Cardiovascular Conditions

# HEDIS MY2020 Results: Medi-Cal Cardiovascular Conditions

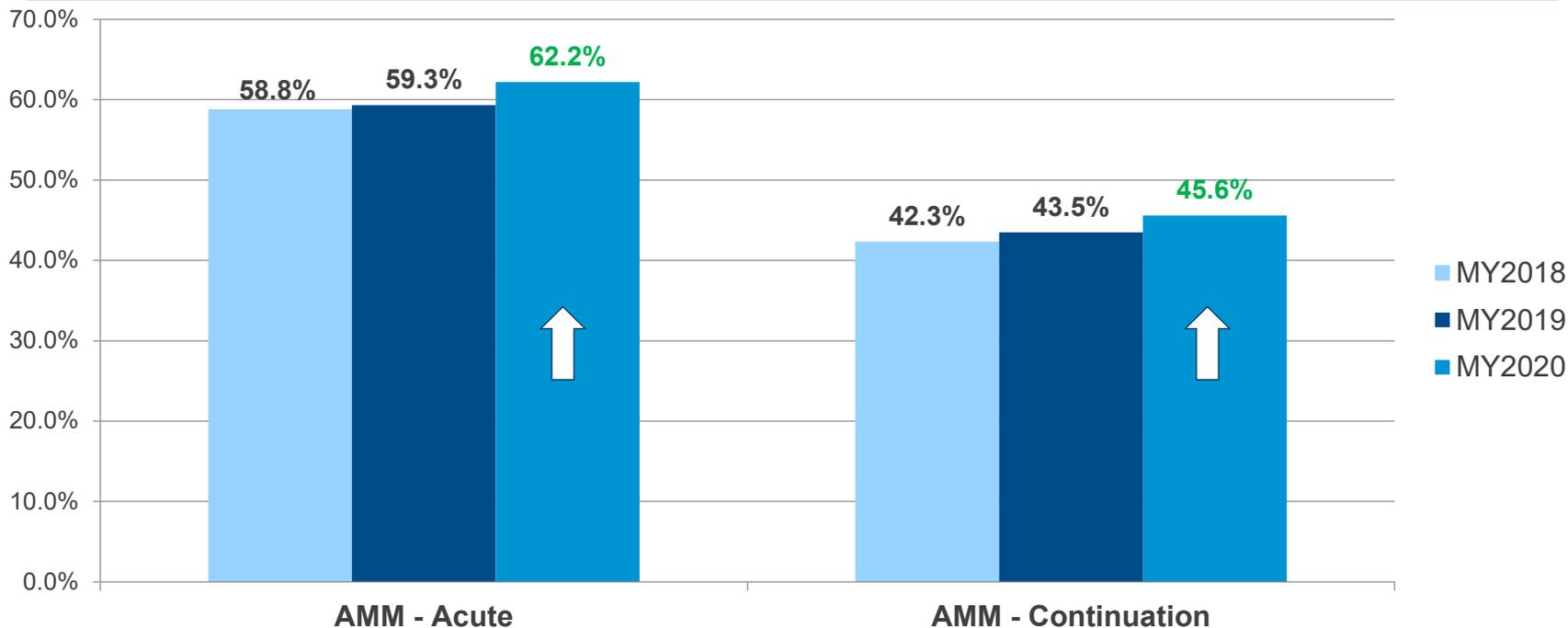


HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Controlling High-Blood Pressure (CBP) ++	58.15%	65.69%	72.75%	72.75%	HPR, MPL, P4V
Statin Therapy for Patients with Cardiovascular Disease (SPC) — Therapy	77.56%	82.02%	85.71%	79.94%	HPR
Statin Therapy for Patients with Cardiovascular Disease (SPC) — Adherence	64.59%	70.81%	78.12%	75.59%	HPR

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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# Treatment: Behavioral Health

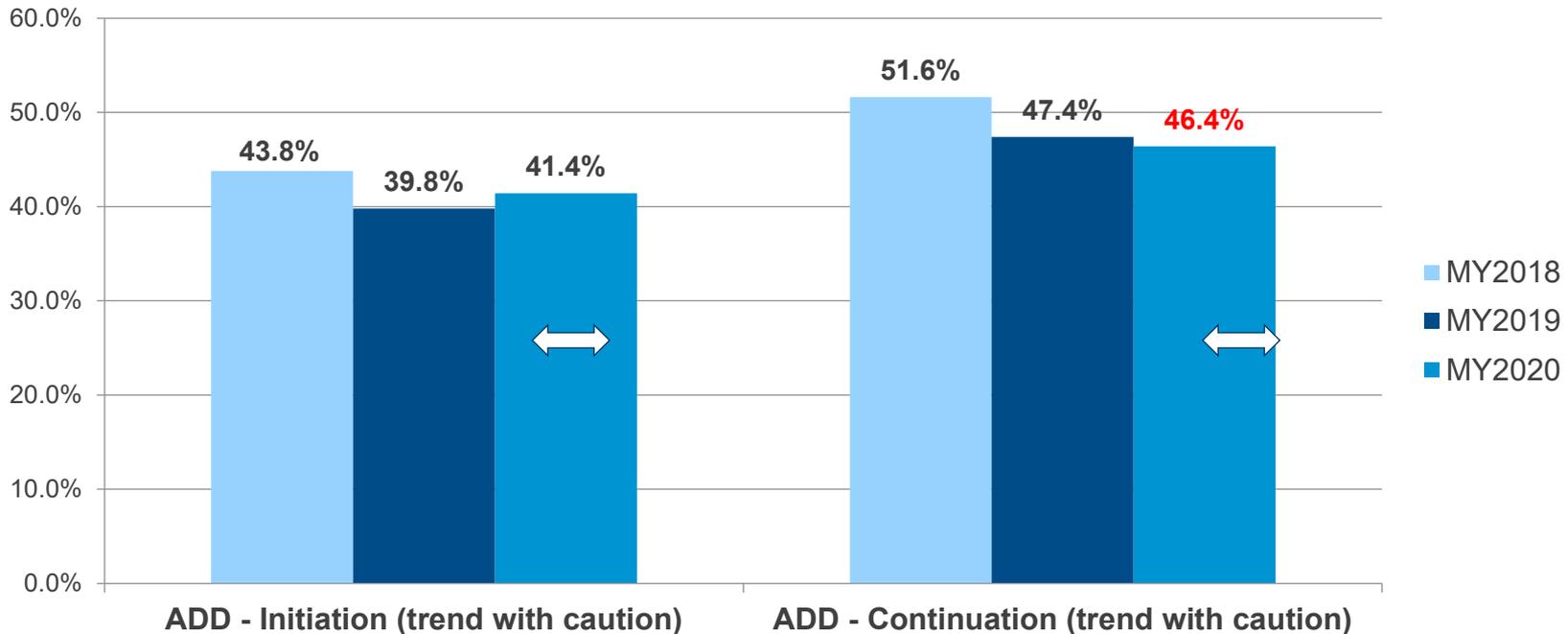
# HEDIS MY2020 Results: Medi-Cal Behavioral Health — Antidepressant Medication Management



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Antidepressant Medications Management (AMM) - Acute Phase Treatment	51.47%	56.85%	64.29%	61.61%	MPL, P4V
Antidepressant Medications Management (AMM) - Continuation Phase Treatment	35.76%	41.17%	49.37%	38.18%	HPR, MPL, P4V

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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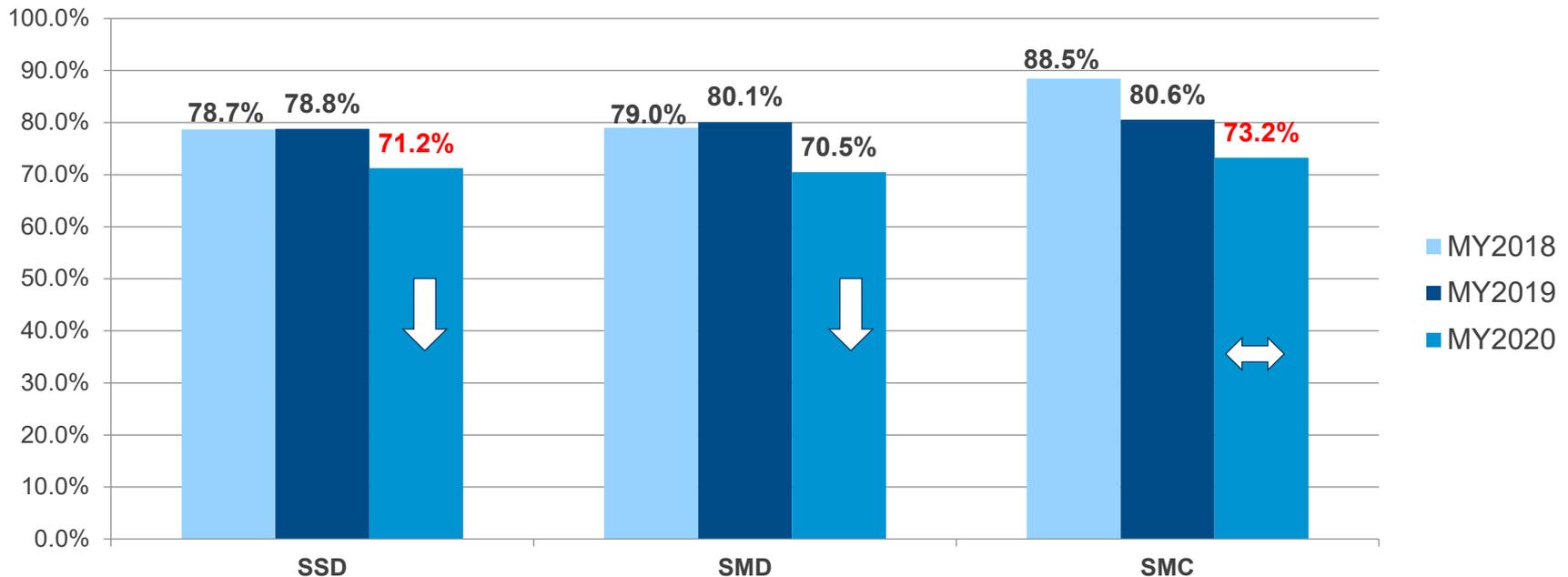
# HEDIS MY2020 Results: Medi-Cal Behavioral Health — Attention Deficit Disorder



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Follow-up Care for Children Prescribed ADHD Medication (ADD) — Initiation Phase	38.18%	46.53%	55.33%	42.95%	
Follow-up Care for Children Prescribed ADHD Medication (ADD) — Continuation Phase	48.65%	58.76%	67.98%	54.73%	HPR

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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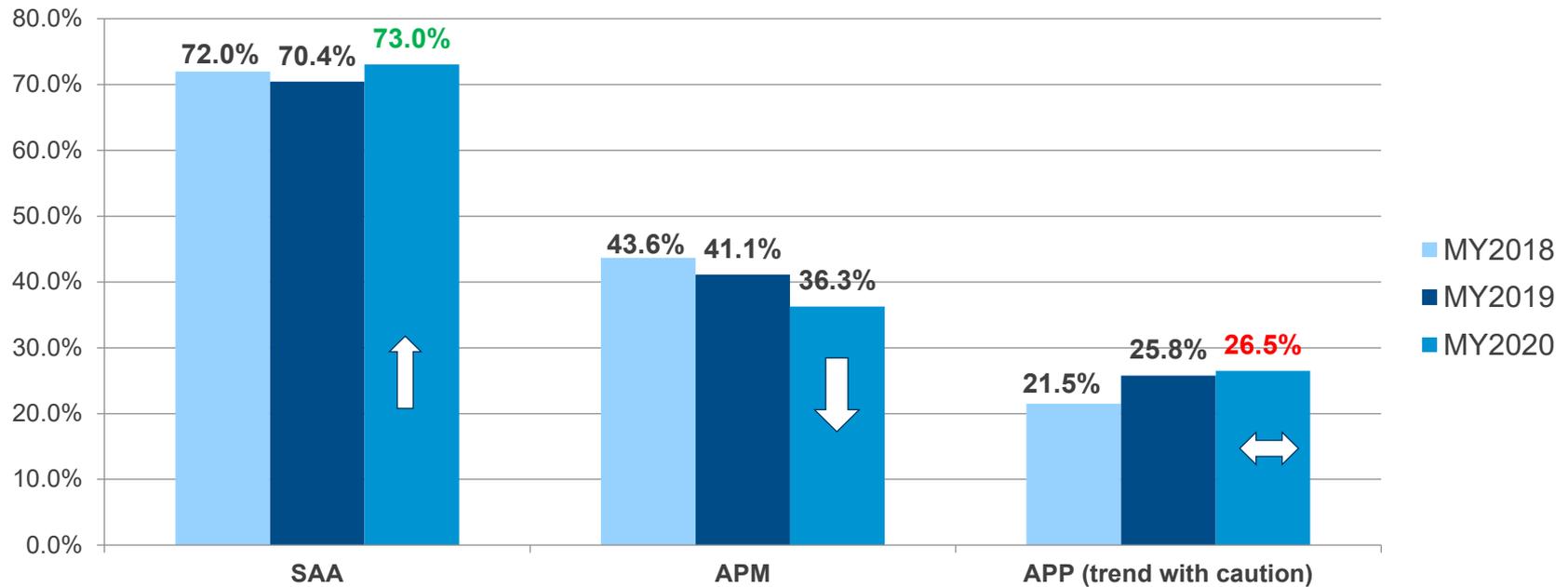
# HEDIS MY2020 Results: Medi-Cal Behavioral Health — Schizophrenia or Bipolar Disorder



HEDIS Measure	QC 33rd Percentile	QC 66h Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic medications (SSD)	79.58%	83.97%	87.91%	82.09%	HPR, MPL, P4V
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	68.24%	74.06%	81.25%	81.25%	
Cardiovascular Monitoring for People with Cardiovascular and Schizophrenia (SMC)	73.56%	80.90%	88.89%	80.90%	

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
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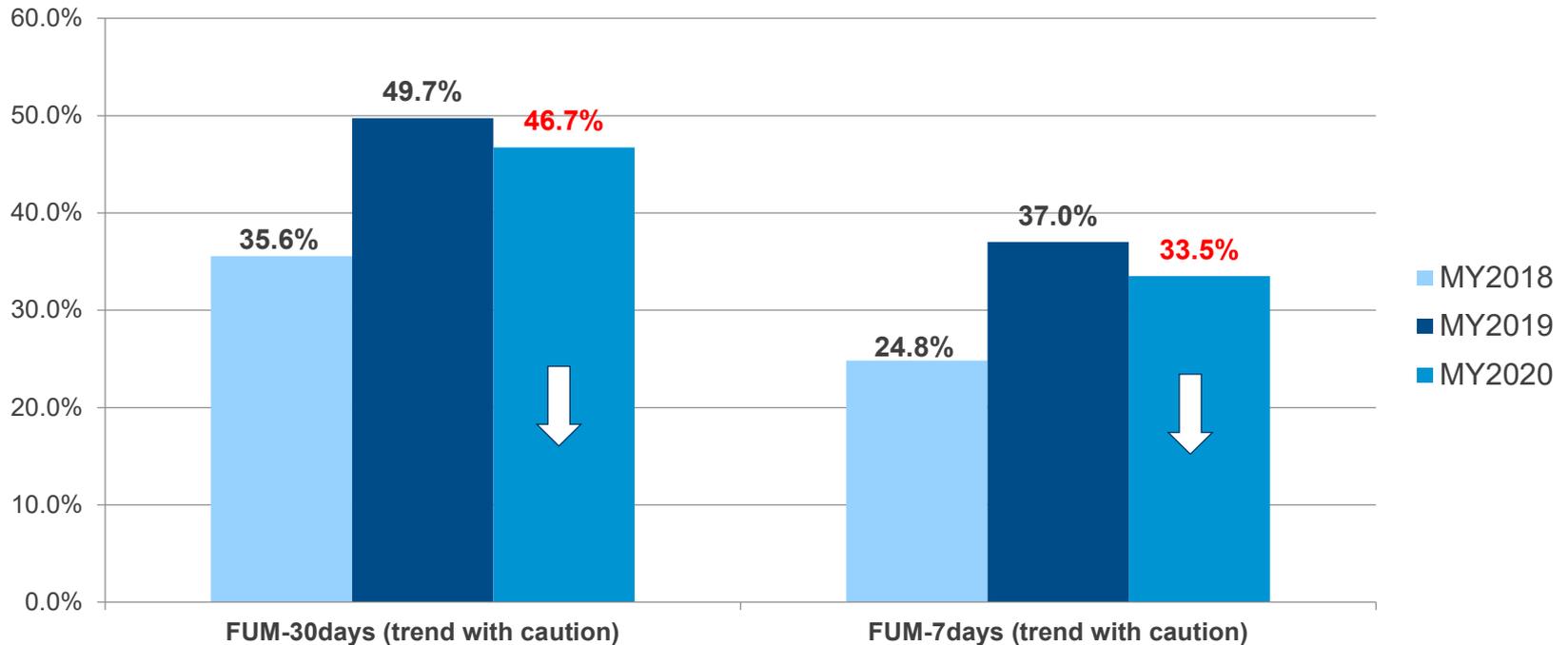
# HEDIS MY2020 Results: Medi-Cal Behavioral Health — Antipsychotic Medications



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	58.45%	65.35%	72.36%	72.36%	HPR
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	31.12%	40.00%	56.34%	44.30%	HPR, MPL, P4V
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	57.69%	68.46%	79.37%	53.93%	HPR

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
 ↑ ↓ statistically higher or lower ↔ statistically no difference \*\*HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

# HEDIS MY2020 Results: Medi-Cal Behavioral Health — Follow up after ED Visits



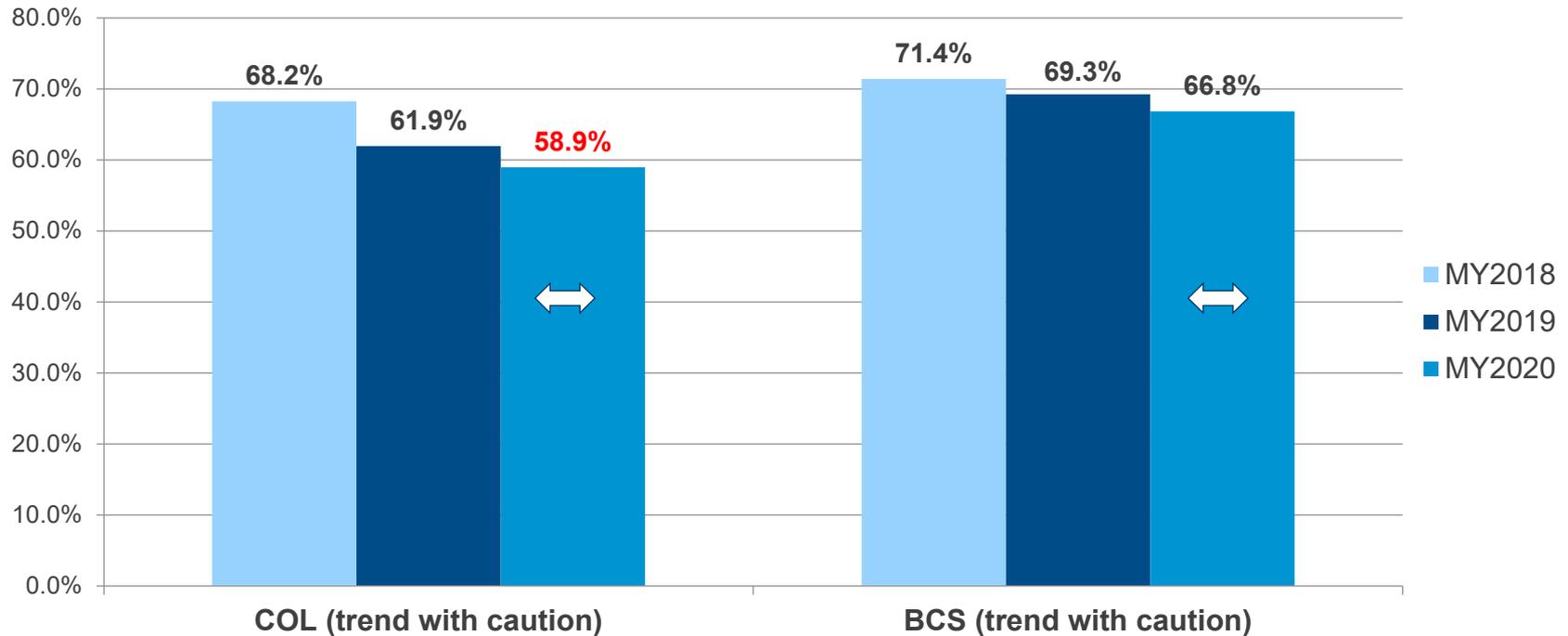
HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Follow-up After ED visit for Mental Illness (FUM 30-day)	49.86%	61.60%	75.56%	55.19%	
Follow-up After ED visit for Mental Illness (FUM 7-day)	33.81%	45.21%	64.93%	39.09%	HPR

\*Red = less than 33rd percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings  
 ↑ ↓ statistically higher or lower ↔ statistically no difference \*\*HPR=Health plan ratings, MPL=DHCS Minimum Performance Level, P4V=Pay for Value

# OneCare (OC) Results

Benchmarks — NCQA National Medicare HEDIS MY 2018 Percentile and CMS Medicare 2021 Part C & D Star Ratings Technical Notes 10/01/2020 Update

# HEDIS MY2020 Results: OC Prevention and Screening

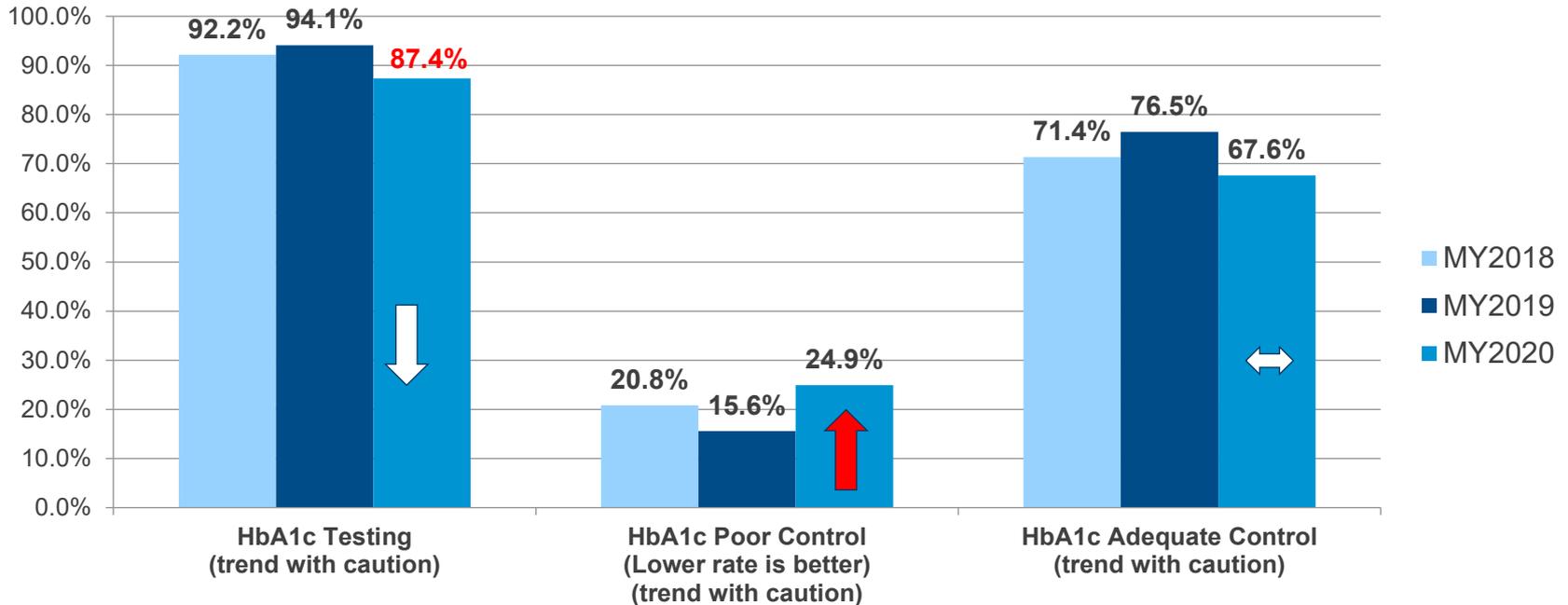


HEDIS Measure	Projected 3-Star**	Projected 4-Star**	Projected 5-Star**	Goal	Reporting Requirements**
Colorectal Cancer Screening (COL)	62%	73%	80%	73%	Star
Breast Cancer Screening (BCS)	66%	76%	83%	76%	Star

\*Red = less than 3-Star or 50th percentile, Green= met the goal \*\*Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

# HEDIS MY2020 Results: OC Comprehensive Diabetes Care — HbA1c

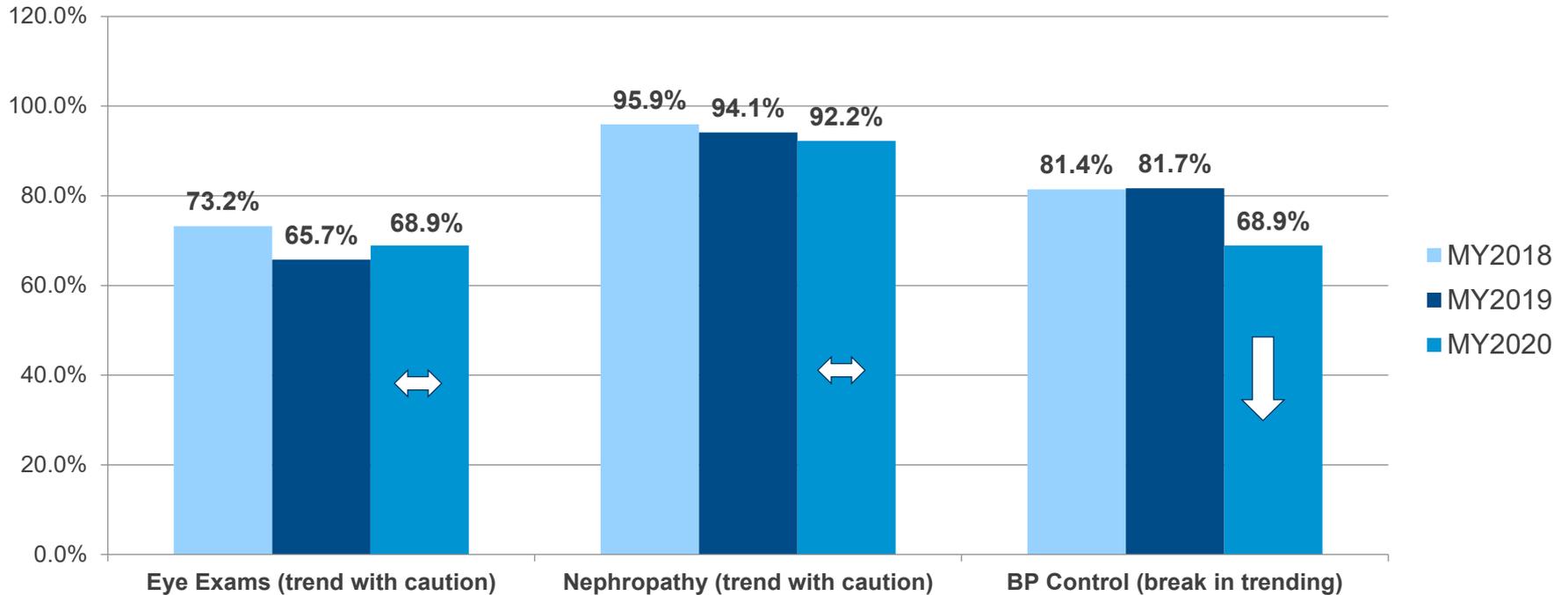


HEDIS Measure	3-Star/ 33rd percentile	4-Star/ 66th percentile	5-Star/ 90th percentile	Goal	Reporting Requirements**
Comprehensive Diabetes Care (CDC) - HbA1c Testing	93.75%	95.82%	97.32%	94.89%	CMS
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%) #	39%	28%	15%	15%	Star
Comprehensive Diabetes Care (CDC) - HbA1c Adequate Control (<8.0%)	63.26%	71.97%	77.78%	77.78%	CMS

\*Red = less than 3-Star or 33rd percentile, Green= met goal \*\*Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

# HEDIS MY2020 Results: OC Comprehensive Diabetes Care



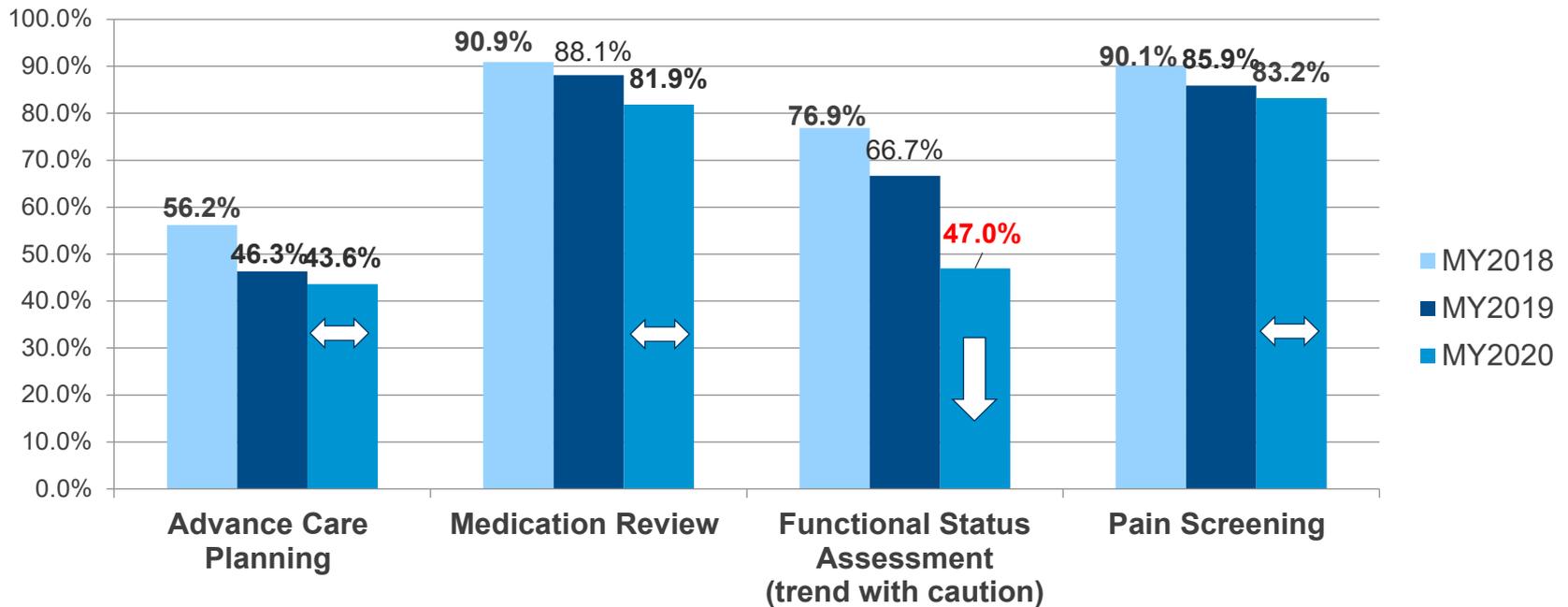
HEDIS Measure	3-Star/ 33rd percentile	4-Star/ 66th percentile	5-Star/ 90th percentile	Goal	Reporting Requirements**
Comprehensive Diabetes Care (CDC) - Eye Exams	69%	73%	78%	78%	Star
Comprehensive Diabetes Care (CDC) - Nephropathy Monitoring	80%	95%	97%	97%	Star
Comprehensive Diabetes Care (CDC) - BP Control (<140/90)	66.67%	74.12%	81.50%	81.50%	CMS

\*Red = less than 3-Star or 50th percentile, Green= met the goal \*\*Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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# HEDIS MY2020 Results: OC Care for Older Adults



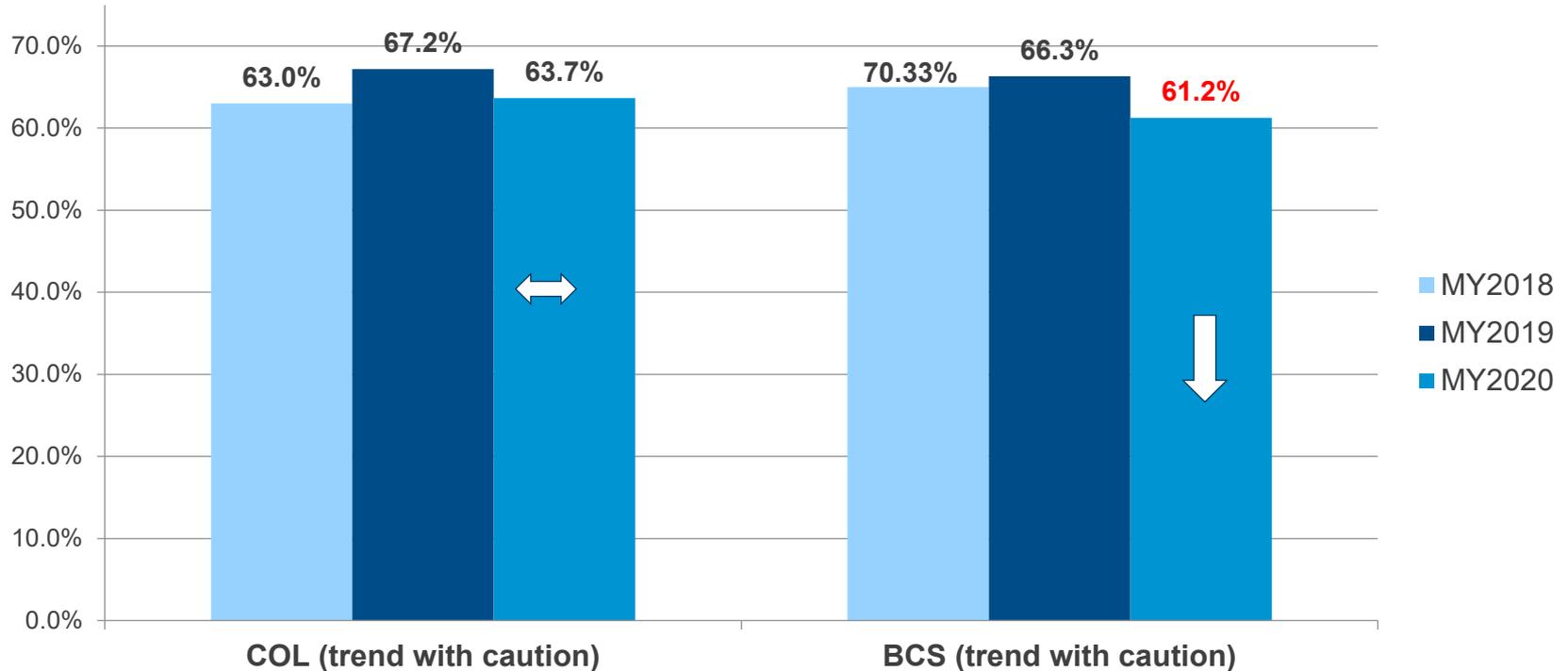
HEDIS Measure	Projected 3-Star**	Projected 4-Star**	Projected 5-Star**	Goal	Reporting Requirements**
<b>Care for Older Adults (COA)</b>					
1. Advance Care Planning	No benchmarks				CMS
2. Medication Review	77%	87%	95%	95%	Star
3. Functional Status Assessment	71%	85%	93%	85%	Star
4. Pain Screening	81%	86%	94%	94%	Star

\*Red = less than 3-Star or 50th percentile, Green= met the goal \*\*Star cut points are previous year  
 ↑ ↓ statistically higher or lower ↔ statistically no difference

# OneCare Connect (OCC) Results

Benchmarks — NCQA National Medicare HEDIS MY  
2018 Percentile and CMS Medicare 2021 Part C & D  
Star Ratings Technical Notes 10/01/2020 Update

# HEDIS MY2020 Results: OCC Prevention and Screening



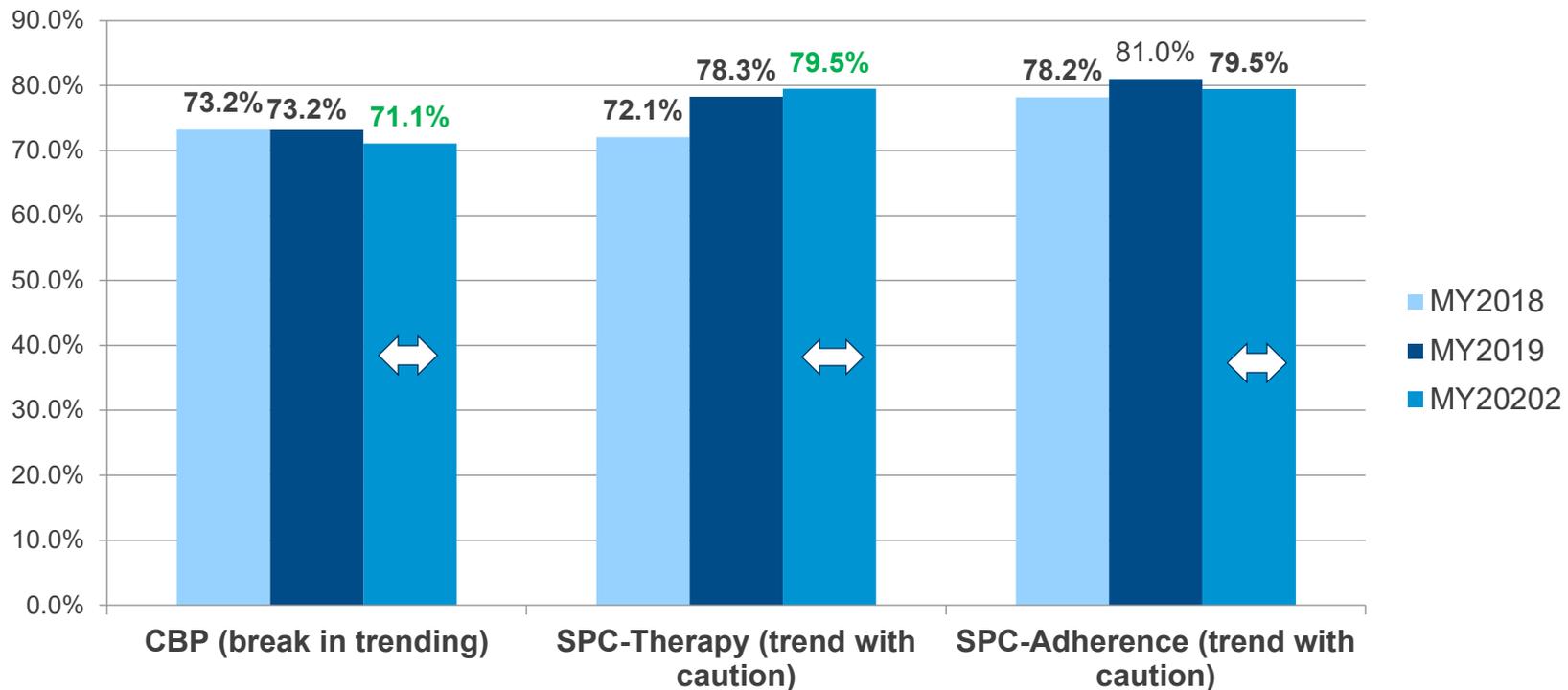
HEDIS Measure	Projected 3-Star**	Projected 4-Star**	Projected 5-Star**	Goal	Reporting Requirements**
Colorectal Cancer Screening (COL)	62%	73%	80%	73%	Star, P4V
Breast Cancer Screening (BCS)	66%	76%	83%	76%	Star, P4V

\*Red = less than 3-Star or 50th percentile, Green= met the goal \*\*Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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# HEDIS MY2020 Results: OCC Cardiovascular

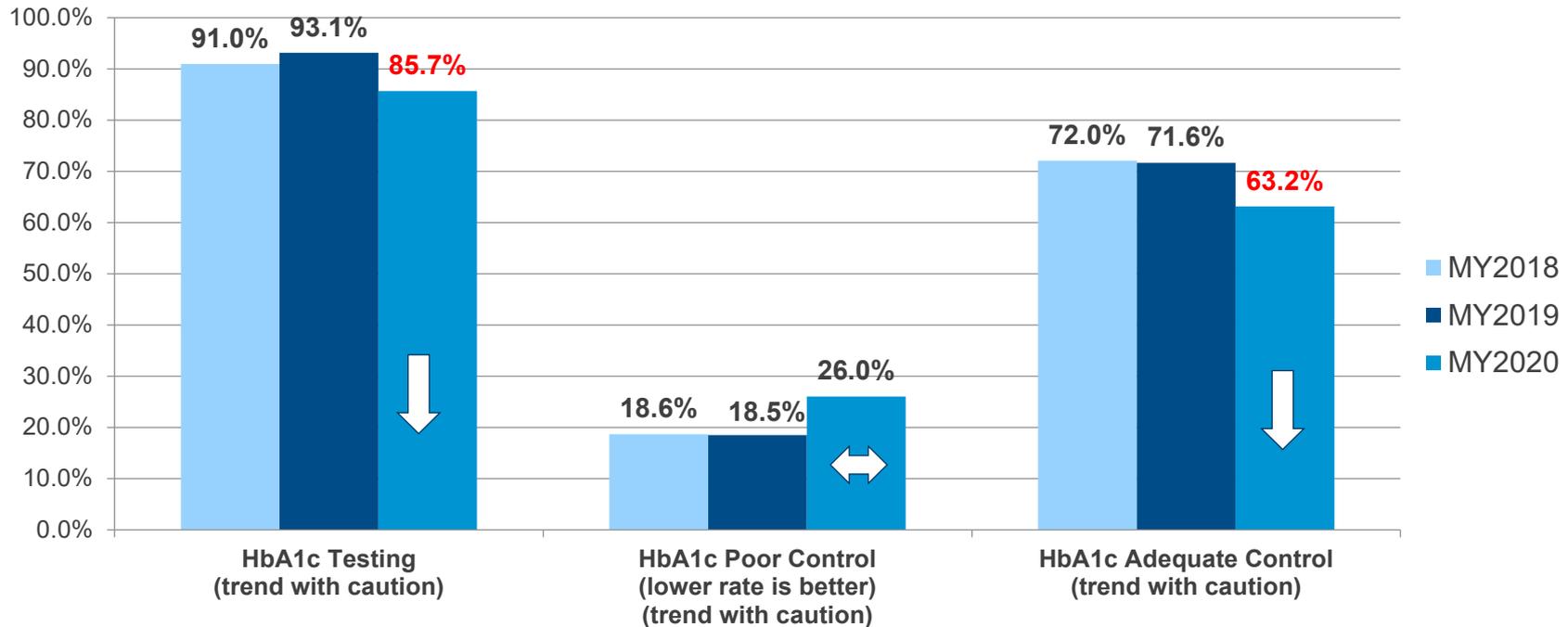


HEDIS Measure	3-Star/ 33rd percentile	4-Star/ 66th percentile	5-Star/ 90th percentile	Goal	Reporting Requirements**
Controlling High-Blood Pressure (CBP)	66.67%	73.97%	81.27%	71%	Withhold
Statin Therapy for Patients with Cardiovascular Disease (SPC) — Therapy	79%	83%	87%	79%	Star
Statin Therapy for Patients with Cardiovascular Disease (SPC) — Adherence	77.43%	83.33%	88.11%	80.82%	CMS

\*Red = less than 3-Star or 50th percentile, Green= met the goal \*\*Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

# HEDIS MY2020 Results: OCC Comprehensive Diabetes Care — HbA1C



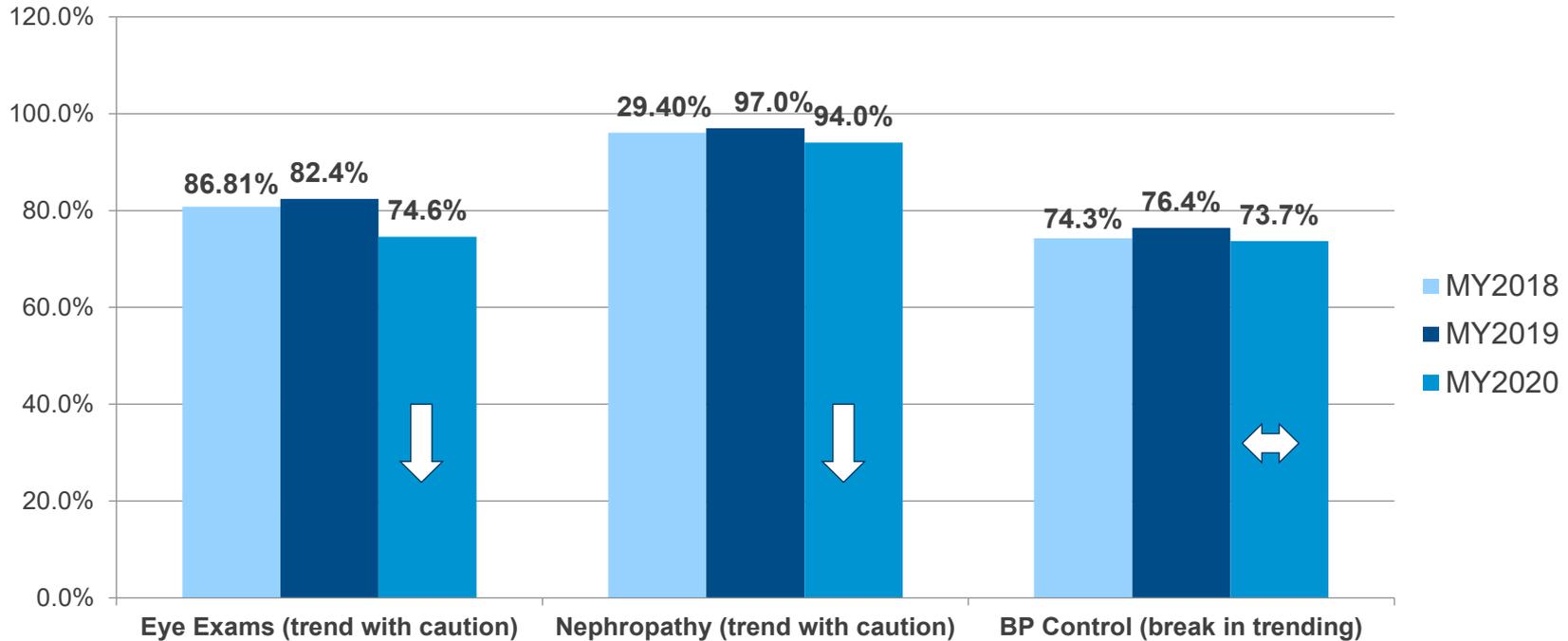
HEDIS Measure	3-Star/ 33rd percentile	4-Star/ 66th percentile	5-Star/ 90th percentile	Goal	Reporting Requirements**
Comprehensive Diabetes Care (CDC) - HbA1c Testing	93.75%	95.82%	97.32%	94.89%	CMS
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%) **	39%	28%	15%	15%	Star, P4V
Comprehensive Diabetes Care (CDC) - HbA1c Adequate Control (<8.0%)	63.26%	71.97%	77.78%	71.97%	CMS

\*Red = less than 3-Star or 50th percentile, Green= met the goal \*\*Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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# HEDIS MY2020 Results: OCC Comprehensive Diabetes Care



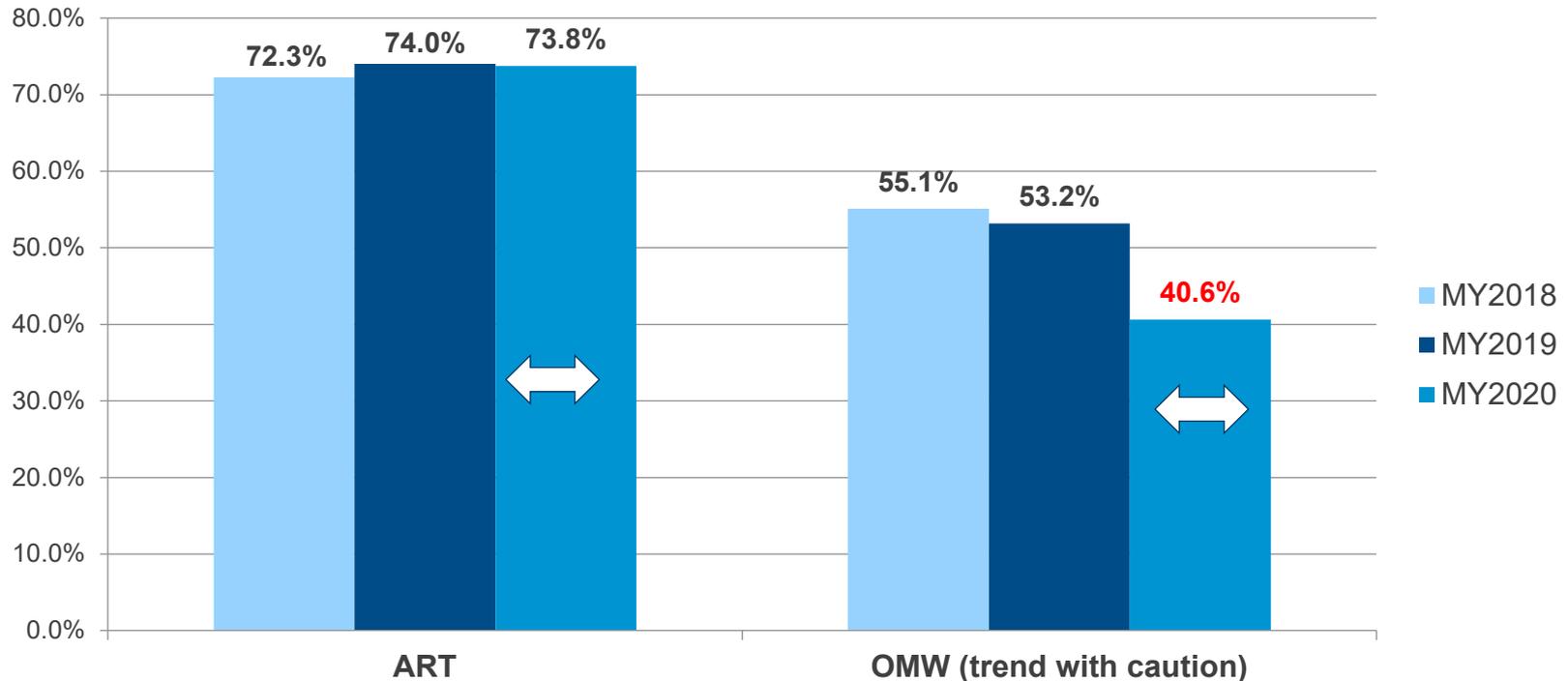
HEDIS Measure	3-Star/ 33rd percentile	4-Star/ 66th percentile	5-Star/ 90th percentile	Goal	Reporting Requirements**
Comprehensive Diabetes Care (CDC) - Eye Exams	69%	73%	78%	78%	Star, P4V
Comprehensive Diabetes Care (CDC) - Nephropathy Monitoring	80%	95%	97%	97%	Star
Comprehensive Diabetes Care (CDC) - BP Control (<140/90)	66.67%	74.12%	81.50%	76.56%	CMS

\*Red = less than 3-Star or 50<sup>th</sup> percentile, Green= met the goal \*\*Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

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# HEDIS MY2020 Results: OCC Musculoskeletal Conditions

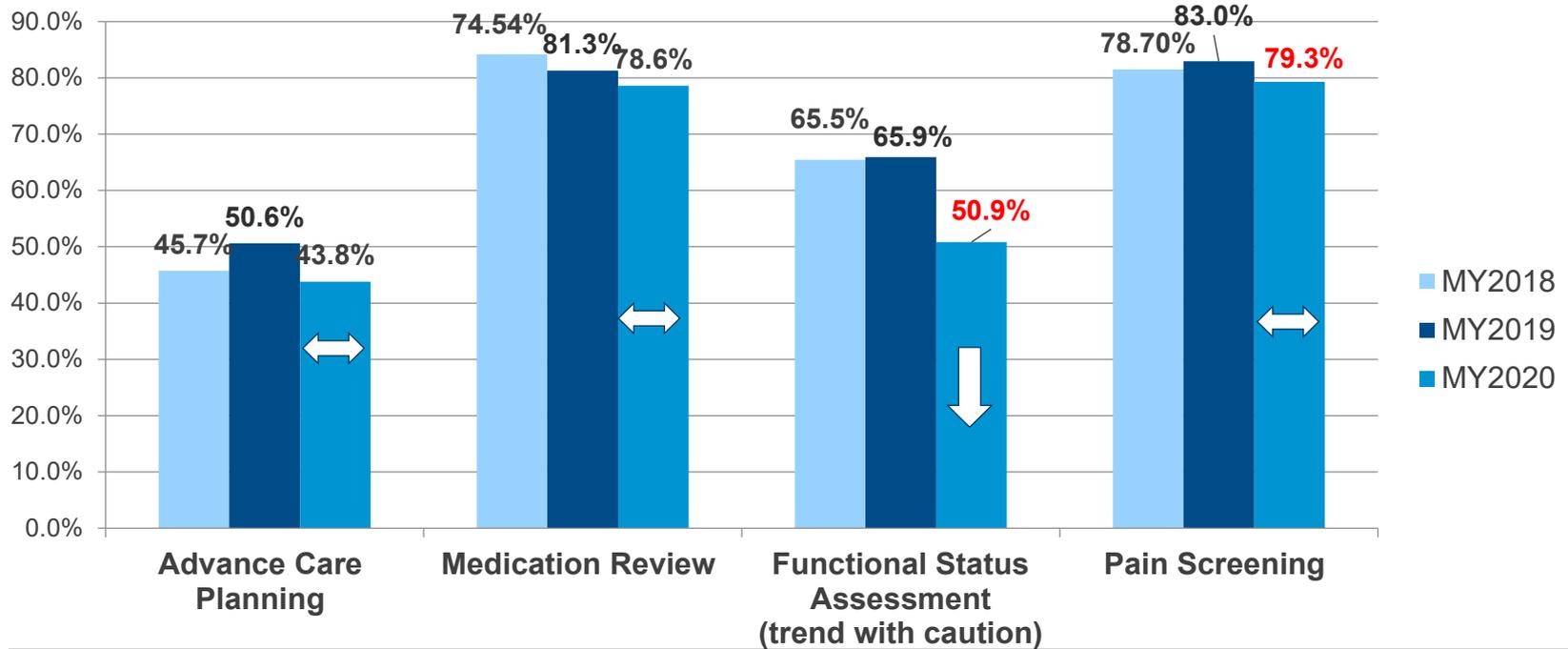


HEDIS Measure	3-Star	4-Star	5-Star	Goal	Reporting Requirements**
DMARD Therapy in Rheumatoid Arthritis (ART)	74%	79%	84%	79%	Star
Osteoporosis Management in Women Who Had a Fracture (OMW)	41%	50%	67%	67%	Star

\*Red = less than 3-Star or 50th percentile, Green= met the goal \*\*Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

# HEDIS MY2020 Results: OCC Care for Older Adults

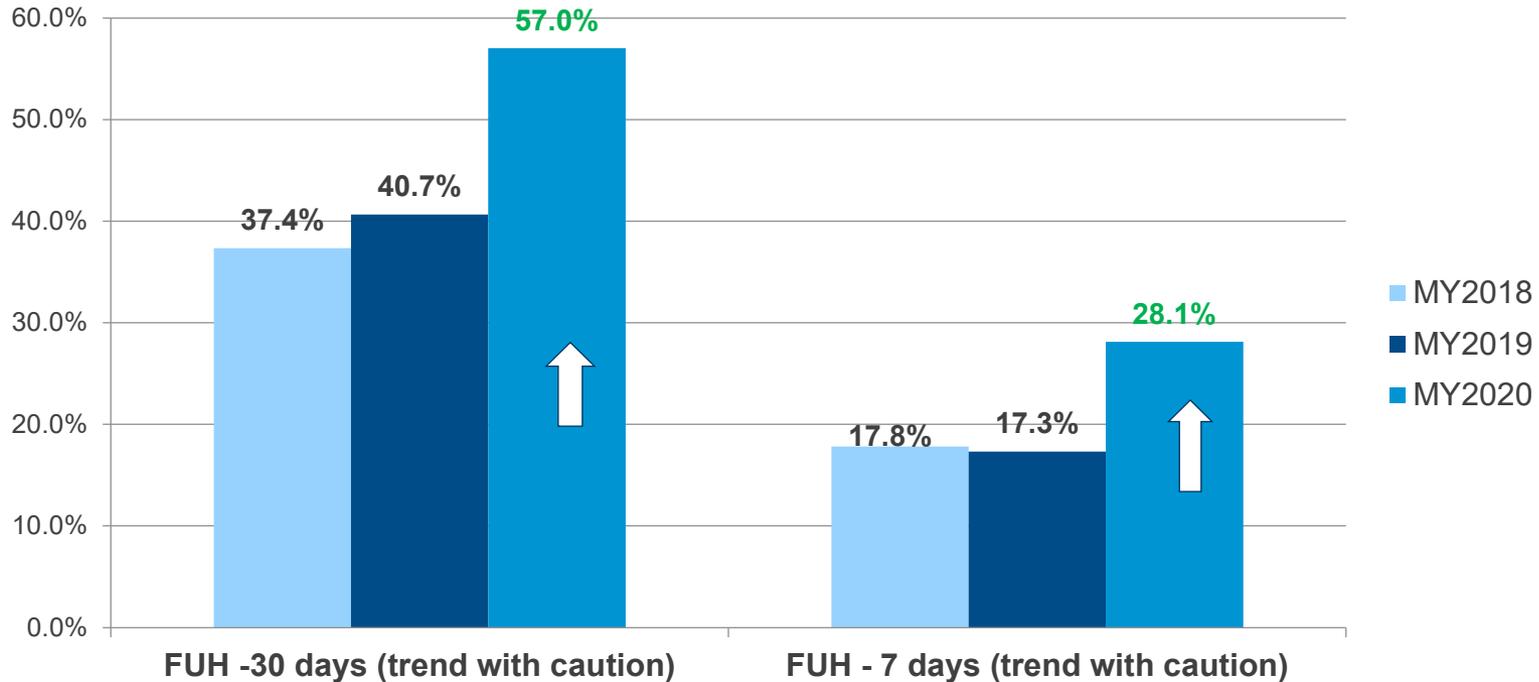


HEDIS Measure	Projected 3-Star**	Projected 4-Star**	Projected 5-Star**	Goal	Reporting Requirements**
Care for Older Adults — Advance Care Planning	No Benchmarks				CMS
Care for Older Adults — Medication Review	77%	87%	95%	87%	Star
Care for Older Adults — Functional Status Assessment	71%	85%	93%	71%	Star
Care for Older Adults — Pain Screening	81%	86%	94%	86%	Star

\*Red = less than 3-Star or 50th percentile, Green = met the goal \*\*Star cut points are previous year

↑ ↓ statistically higher or lower ↔ statistically no difference

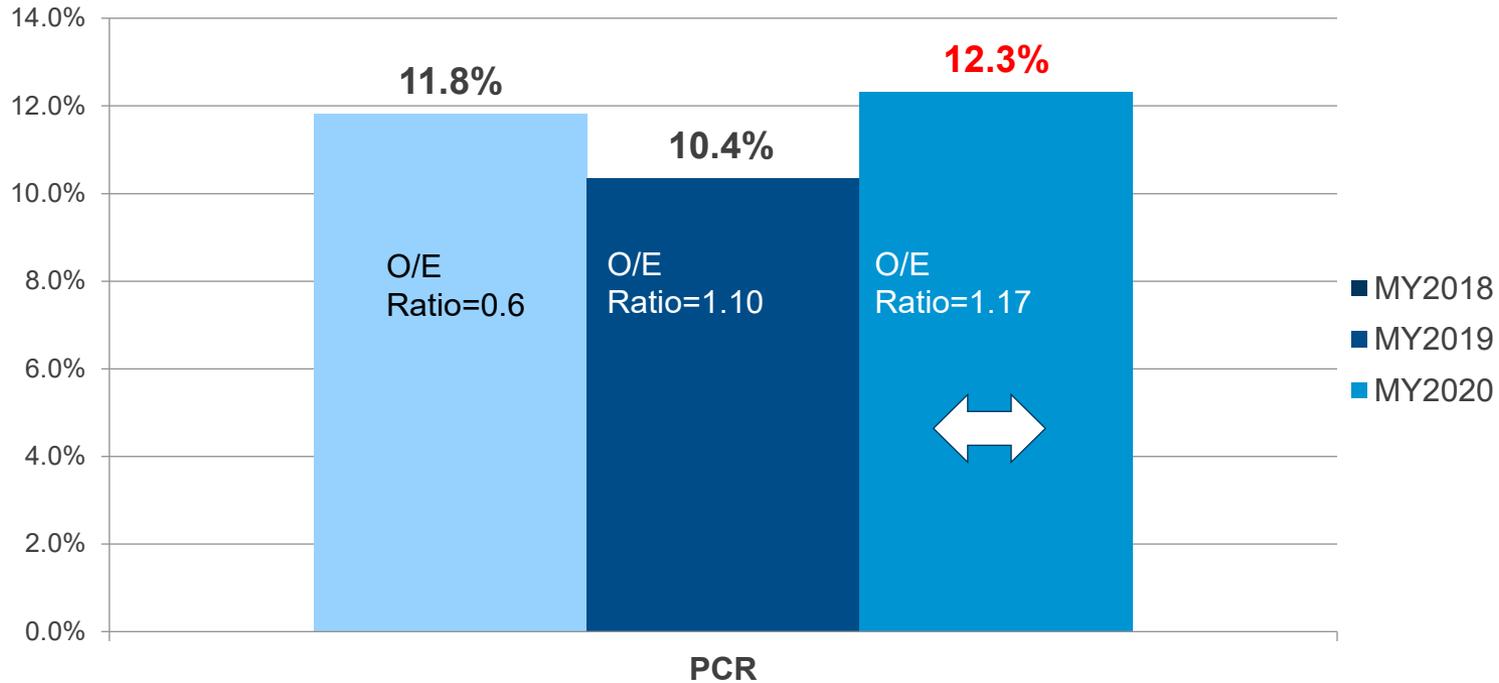
# HEDIS MY2020 Results: OCC Behavioral Health



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Follow-Up After Hospitalization for Mental Illness (FUH) - 30 days	40.16%	53.85%	71.43%	56%	Withhold
Follow-Up After Hospitalization for Mental Illness (FUH) - 7 days ++	20.98%	30.77%	45.62%	18.20%	CMS

\*Red = less than 3-Star or 50th percentile, Green= met the goal \*\*Star cut points are previous year  
 ↑ ↓ statistically higher or lower ↔ statistically no difference

# HEDIS 2020 Results: OCC — Plan All-Cause readmissions — 65+



HEDIS Measure	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Plan All-Cause readmissions - 65+ (PCR) O/E Ratio	0.7573	0.6715	0.5242	1.0	P4V, Withhold

\*Red = less than 3-Star or 50th percentile, Green= met the goal \*\*Star cut points are previous year  
 ↑ ↓ statistically higher or lower ↔ statistically no difference

# Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



A Public Agency

# CalOptima

Better. Together.

# Member Experience Survey Results

Provider Advisory Committee

August 12, 2021

Marsha Choo, Manager, Quality Analytics

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# Member Experience Survey Overview

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- CalOptima fields annual member experience surveys for the Medi-Cal adult and pediatric populations
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- CAHPS Methodology
  - Fielding period: February–May 2021
  - Sample size: 1350/adult; 1650/child
  - Methodology change: No phone follow up; call centers were closed due to the COVID-19 national health emergency
  - Response rate: 17.45%/adult; 18.88%/child
    - Approximately 20% decrease in response rate for both surveys
  - Due to COVID-19 public health emergency (PHE), trends in scores should be viewed with caution

# CAHPS Survey Measures

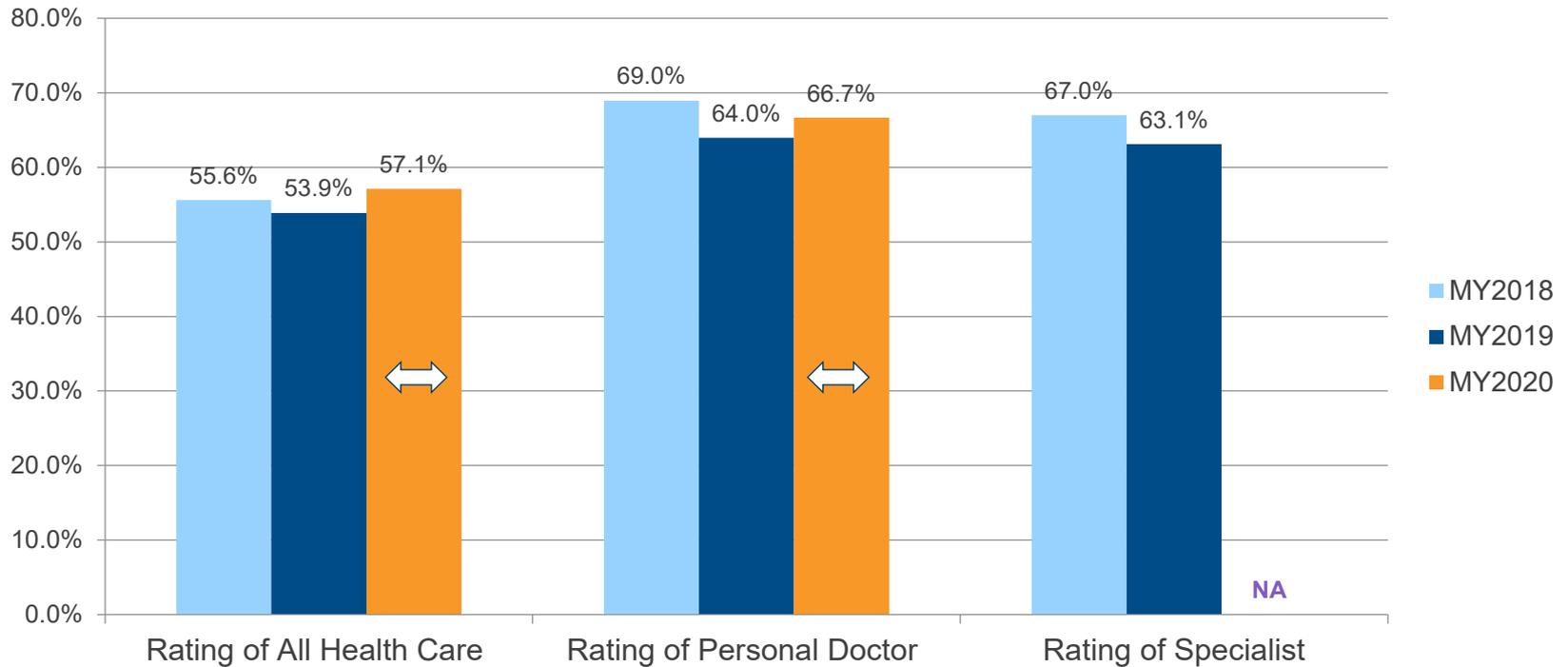
Measures	Survey Questions
Rating of Health Care	<ul style="list-style-type: none"> <li>How would you rate your (child's) health care?</li> </ul>
Rating of Personal Doctor	<ul style="list-style-type: none"> <li>How would you rate your (child's) personal doctor?</li> </ul>
Rating of Specialist	<ul style="list-style-type: none"> <li>How would you rate your (child's) specialist seen most often?</li> </ul>
Getting Needed Care	<ul style="list-style-type: none"> <li>Usually or always easy to get appointments with specialist as soon as you needed</li> <li>Usually or always easy to get the care, tests or treatment you thought you needed</li> </ul>
Getting Care Quickly	<ul style="list-style-type: none"> <li>Usually or always got urgent care as soon as you needed</li> <li>Usually or always got appointment for checkup or routine care as soon as you needed</li> </ul>
Coordination of Care	<ul style="list-style-type: none"> <li>(Child's) personal doctor seemed informed about care received from other doctors or providers</li> </ul>
Customer Service	<ul style="list-style-type: none"> <li>Usually or always gave needed information or help</li> <li>Usually or always treated you with courtesy and respect</li> </ul>

# Medi-Cal Adult CAHPS Measures

These scores represent use of scores of 9 and 10 only or “Usually” and “Always” are consistent with health plan rating methodology

- Benchmarks used are the National Quality Compass MY2019
- Measures used for Health Plan Rating and Pay for Value Program

# Medi-Cal Adult Member Survey Results

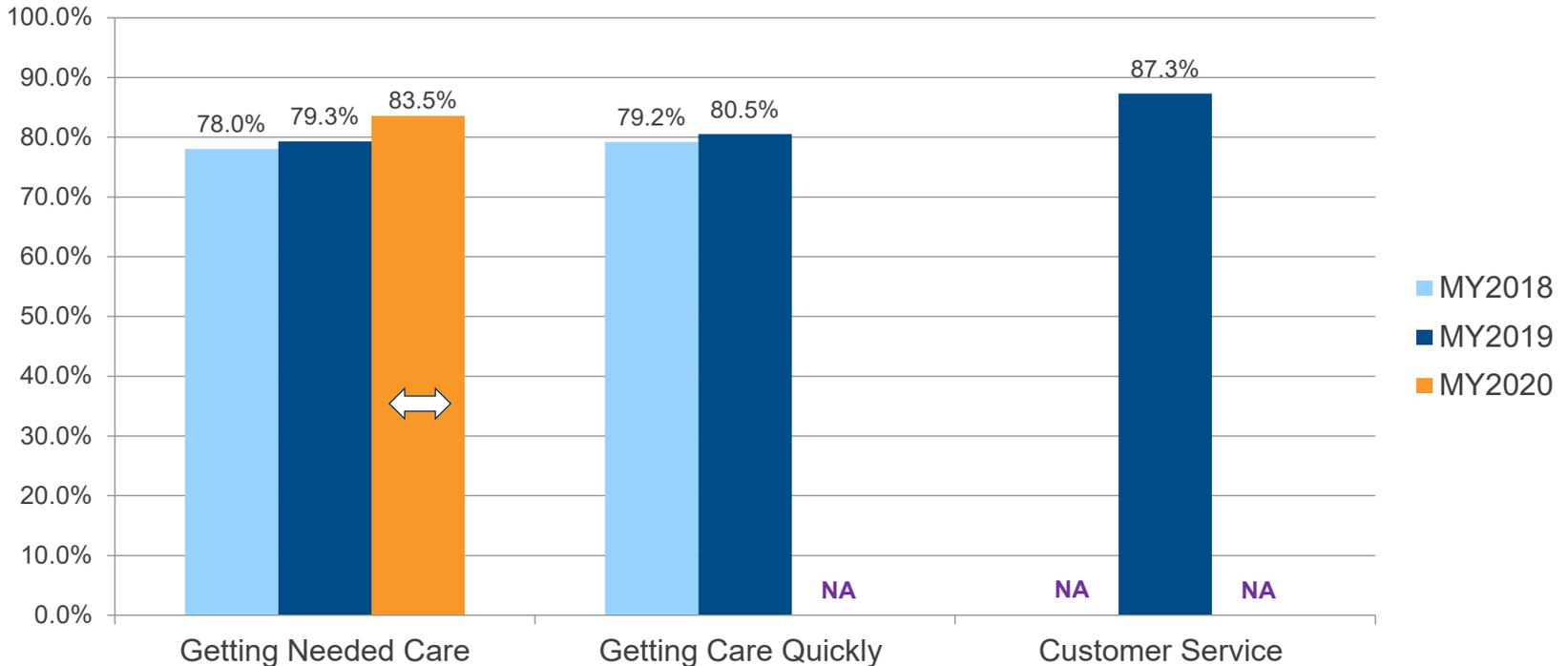


CAHPS Measures Benchmarks: MY 2019 National Quality Compass (QC)	QC 10th Percentile	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile
Rating of All Health Care	51.32	55.34	59.55	64.49
Rating of Personal Doctor	62.75	67.68	71.74	75.68
Rating of Specialist	62.75	67.42	72.48	75.55

↑ ↓ statistically higher or lower ↔ statistically no difference  
 Red = less than 10th percentile; NA = denominator < 100;

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# Medi-Cal Adult Member Survey Results (cont.)



CAHPS Measures Benchmarks: MY 2019 National Quality Compass (QC)	QC 10th Percentile	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile
Getting Needed Care	77.01	81.58	85.48	88.35
Getting Care Quickly	75.36	81.00	84.91	87.07
Customer Service	86.06	88.57	90.69	92.37

Note: Coordination of Care measure was not included in the graph due to having a denominator <100 from MY2018-MY2020; NA = denominator <100;

↑ ↓ statistically higher or lower ↔ statistically no difference; Red = less than 10th percentile

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# Medi-Cal Adult Survey Overview

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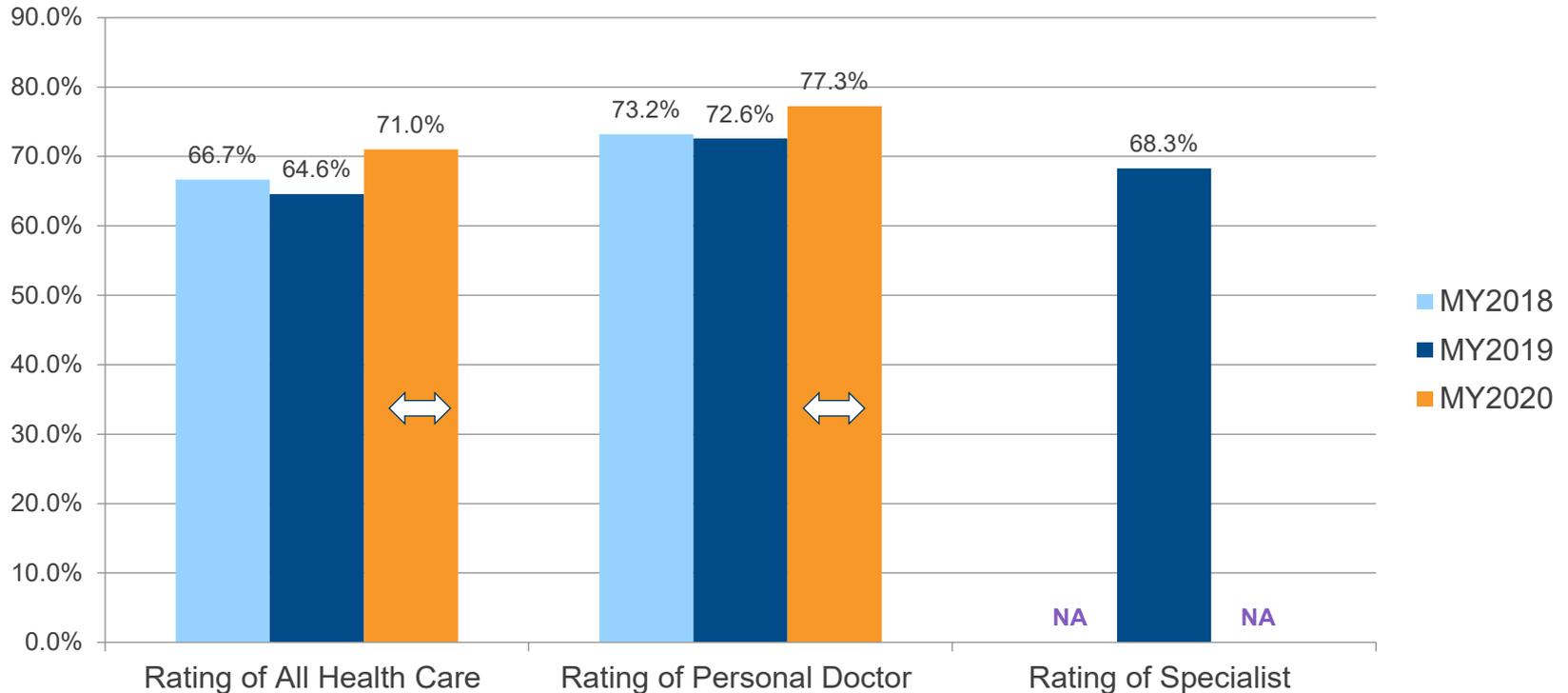
- Adult Survey selected for National Committee Quality for Assurance (NCQA) Health Plan Rating
- Results (percentage) improved from last year but not statistically significant
  - Rating of Health Care and Getting Needed Care achieved better performance than last year (higher percentile achievement)
  - No percentile change for other measures
- There are 4 measures that have a denominator too small (<100) to report a valid rate to NCQA
  - CalOptima plans to oversample in the next survey cycle

# Medi-Cal Child CAHPS Measures

These scores represent use of scores of 9 and 10 only or “Usually” and “Always” are consistent with health plan rating methodology

- Benchmarks used are the National Quality Compass MY2019
- Measures used for Health Plan Rating and Pay for Value Program

# Medi-Cal Child Member Survey Results (Parents Satisfaction with Child's Care)

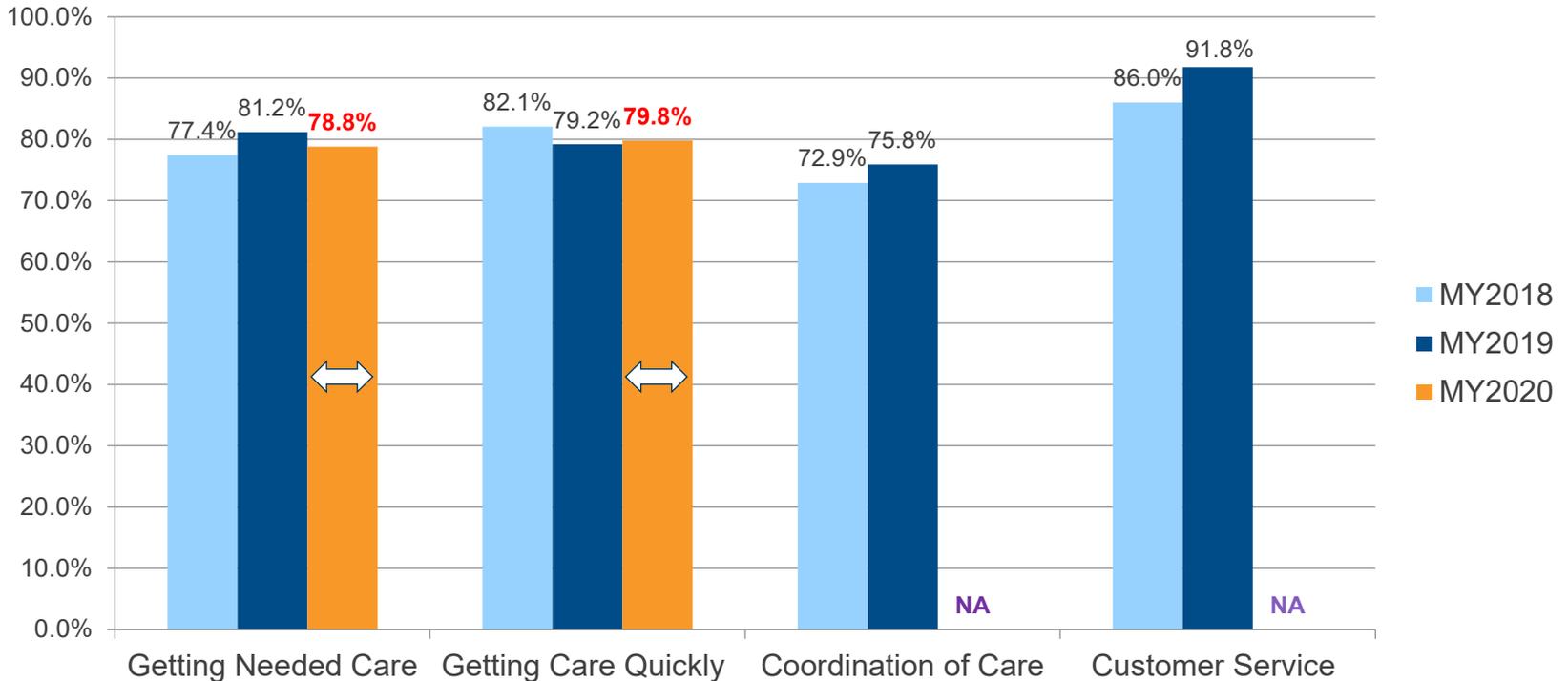


CAHPS Measures Benchmarks: MY 2019 National Quality Compass (QC)	QC 10th Percentile	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile
Rating of All Health Care	66.07	70.27	73.99	77.65
Rating of Personal Doctor	73.14	77.19	80.67	83.33
Rating of Specialist	67.98	73.58	74.38	76.80

↑ ↓ statistically higher or lower ↔ statistically no difference  
 Red = less than 10th percentile; NA = denominator < 100;

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# Medi-Cal Child Member Survey Results (cont.)



CAHPS Measures Benchmarks: MY 2019 National Quality Compass (QC)	QC 10th Percentile	QC 33rd Percentile	QC 66th Percentile	QC 90th Percentile
Getting Needed Care	80.72	84.47	88.33	91.14
Getting Care Quickly	84.96	89.59	92.89	95.03
Coordination of Care	79.66	85.34	88.24	90.65
Customer Service	85.14	87.25	90.34	92.90

↑ ↓ statistically higher or lower ↔ statistically no difference  
 Red = less than 10th percentile; NA = denominator <100;

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# Child Survey Overview

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- Results (percentage) improved from last year but not statistically significant
  - Rating of Health Care and Rating of Personal Doctor achieved better performance than last year (higher percentile achievement)
  - Getting Needed Care achieved a lower percentile; our score is below the 10th percentile
  - No percentile change for other measures
- There are 3 measures that have a denominator less than 100
  - CalOptima plans to oversample in the next survey cycle

# Member Experience Survey Results Summary

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- Response rates were lower likely due to the COVID-19 PHE
  - Trends in scores should be viewed with caution
- Results (percentage) improved from last year but not statistically significant
- Higher percentiles were achieved this year, but all measures remain at or below the 33rd percentile (with 2 measures below the 10th percentile)
- Multiple measures have a denominator less than 100
  - CalOptima plans to oversample in the next survey cycle

# CalOptima Action

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- Survey results were presented to the Member Experience Subcommittee on August 9, 2021
- Current strategies
  - Monitor providers' ability to provide care timely
  - Actively recruit hard to access specialties
  - Expand telehealth options for members
  - Enhancements to the Member Portal
  - Member outreach and education via telephone and texting
  - Performance Improvement Plans issued to health networks with lower CAHPS scores
- Deeper dive into low performing areas and implement strategies to improve member experiences

# Questions

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# Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



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# Legislative Update

Provider Advisory Committee  
August 12, 2021

Jackie Mark, MPA, Manager, Government Affairs

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# State Legislative Update

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- Enacted State Budget for Fiscal Year (FY) 2021–22
  - Total spending plan: \$262.6 billion
  - Medi-Cal budget: \$123.7 billion



**\$123.7B**

### Medi-Cal Budget

The spending plan also increases funding for Medi-Cal and assumes total Medi-Cal enrollment will reach 14.5 million by 2022.

# State Legislative Update (cont.)

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- Key Initiatives

- Behavioral health for youth
- CalAIM
- Medi-Cal eligibility expansion

- Next Steps

- September 10: Legislature must pass bills
- October 10: Gov. Newsom must sign/veto legislation

# Federal Legislative Update

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- Federal Legislation
  - H.R. 2166: Ensuring Parity in Medicare and PACE for Audio-Only Telehealth Act of 2021
  - S. 764/H.R. 1914: Crisis Assistance Helping Out On The Streets (CAHOOTS) Act
- FY 2022 Appropriations
  - House passed the seven-bill FY 2022 appropriations “minibus” package on July 29
  - Senate appropriators plan to launch committee work on their own spending bills sometime this month
  - Federal budget must be enacted by September 30

# Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

# 2021–22 Legislative Tracking Matrix

## COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>SB 510</b> Pan	<p><b>Disease Testing and Vaccination Coverage:</b> Would require a health plan to cover COVID-19 testing and vaccinations provided by an in-network or out-of-network provider, without cost sharing or prior authorization requirements, during a public health emergency. This bill would also apply these requirements to any future diseases causing a public health emergency.</p> <p><b>Potential CalOptima Impact:</b> Reimbursement for all in-network and out-of-network provider claims for testing and vaccinations related to a disease causing a public health emergency.</p>	<b>06/01/2021</b> Passed Senate floor; referred to Assembly	CalOptima: Watch CAHP: Oppose Unless Amended
<b>SB 242</b> Newman	<p><b>Provider Reimbursement for Medically Necessary Expenses:</b> Would allow physicians and dental providers to be reimbursed for medically necessary business expenses, in compliance with a public health order, to treat and reduce the spread of COVID-19 or other infectious diseases in the workplace during a public health emergency. Reimbursable expenses would include personal protective equipment, infection control supplies, testing supplies and processing, and related information technology expenses.</p> <p><b>Potential CalOptima Impact:</b> Additional payments to contracted providers for medically necessary business expenses.</p>	<b>06/01/2021</b> Passed Senate floor; referred to Assembly	CalOptima: Watch CAHP: Oppose LHPC: Oppose

## BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>S. 764</b> Wyden	<p><b>Crisis Assistance Helping Out On The Streets (CAHOOTS) Act:</b> Similar to H.R. 1914, would allow State Medicaid programs to provide 24/7 community-based mobile crisis intervention services — under a State Plan Amendment or waiver — for those experiencing a mental health or substance use disorder crisis. Would provide states a 95% Federal Medical Assistance Percentage (FMAP) to cover such services for three years as well as a total of \$25 million in planning grants.</p> <p><b>Potential CalOptima Impact:</b> Subject to further action by the California Department of Health Care Services (DHCS), increased behavioral health and substance use disorder services to CalOptima's Medi-Cal members.</p>	<b>03/16/2021</b> Introduced; referred to Senate Finance Committee	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>H.R. 1914</b> <b>DeFazio</b>	<p><b>Crisis Assistance Helping Out On The Streets (CAHOOTS)</b>  <b>Act:</b> Similar to S. 764, would allow State Medicaid programs to provide 24/7 community-based mobile crisis intervention services — under a State Plan Amendment or waiver — for those experiencing a mental health or substance use disorder crisis. Would provide states a 95% FMAP to cover such services for three years as well as a total of \$25 million in planning grants.</p> <p><i><b>Potential CalOptima Impact:</b> Subject to further DHCS action, increased access to behavioral health and substance use disorder services for CalOptima’s Medi-Cal members.</i></p>	<p><b>03/16/2021</b>            Introduced; referred to House Energy and Commerce Committee</p>	CalOptima: Watch
<b>AB 563</b> <b>Berman</b>	<p><b>Office of School-Based Health Programs:</b> Would establish the Office of School-Based Health Programs within the California Department of Education (CDE), no later than July 1, 2022, to administer current health programs, including the Local Education Agency (LEA) Medi-Cal Billing Option Program, and Early and Periodic Screening, Diagnostic, and Treatment (ESPDT) services. Would also require the CDE to coordinate with DHCS and LEAs to increase access to and expand the scope of school-based Medi-Cal programs.</p> <p><i><b>Potential CalOptima Impact:</b> Increased number of LEAs that enter into agreements or contracts with CalOptima.</i></p>	<p><b>05/27/2021</b>            Passed Assembly floor; referred to Senate</p>	CalOptima: Watch
<b>AB 586</b> <b>O’Donnell</b>	<p><b>School Health Demonstration Project:</b> Would establish the School Health Demonstration Project, as a two-year program, to expand comprehensive physical and mental health access to students. The CDE would provide support, technical assistance and \$500,000 in annual grants to LEAs to participate in additional Medi-Cal funding opportunities and build partnerships with Medi-Cal managed care plans (MCPs), county mental health plans (MHPs) and private health plans.</p> <p><i><b>Potential CalOptima Impact:</b> Increased number of LEAs that enter into agreements or contracts with CalOptima.</i></p>	<p><b>06/01/2021</b>            Passed Assembly floor; referred to Senate</p>	CalOptima: Watch
<b>SB 221</b> <b>Wiener</b>	<p><b>Timely Access to Behavioral Health Follow-Up Care:</b> Would codify current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary’s request. Would expand current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment — in alignment with the current time frame for the initial appointment.</p> <p><i><b>Potential CalOptima Impact:</b> Increased monitoring of behavioral health appointments; arrangement and payment of out-of-network coverage when timely access is not ensured; additional contracting with behavioral health providers.</i></p>	<p><b>06/01/2021</b>            Passed Senate floor; referred to Assembly</p>	CalOptima: Watch CAHP: Oppose

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>SB 293 Limon</b>	<p><b>Standardized Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) Forms:</b> Would require DHCS to develop standardized forms for specialty mental health services provided under EPSDT after January 1, 2022. Consistent with the California Advancing and Innovating Medi-Cal (CalAIM) proposal, the forms would address medical necessity criteria, screening tools and transition of care tools, which would impact coordination and referrals with Medi-Cal MCPs.</p> <p><i><b>Potential CalOptima Impact:</b> Implementation and use of new forms and processes by Behavioral Health Integration staff.</i></p>	<p><b>06/01/2021</b> Passed Senate floor; referred to Assembly</p>	CalOptima: Watch
<b>SB 562 Portantino</b>	<p><b>Autism Spectrum Disorder (ASD) Treatment:</b> Would revise and expand the definitions of those providing care and support to individuals with ASD and redefine the minimum qualifications of autism service professionals. Additionally, ASD treatment such as the Developmental, Individual-differences and Relationship-based model (DIR), or “DIRFloortime,” not currently covered by Medi-Cal, would be authorized to be provided at any time or location, in an unscheduled and unstructured setting, by a qualified autism provider. The authorization of ASD treatment services will not be denied or limited if a parent or caregiver is unable to participate.</p> <p><i><b>Potential CalOptima Impact:</b> New Medi-Cal covered benefit; expansion of provider types for ASD treatment services.</i></p>	<p><b>06/22/2021</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p><b>06/01/2021</b> Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
<b>SB 773 Roth</b>	<p><b>Medi-Cal Incentive Payments for School-Based Behavioral Health:</b> Would require DHCS to make incentive payments to Medi-Cal MCPs for the 2022–24 rating period if plans increase access to preventive and behavioral health services for K–12 students through targeted interventions by school-based behavioral health providers. Of note, Gov. Newsom included \$400 million of one-time funding in the proposed state budget for this initiative.</p> <p><i><b>Potential CalOptima Impact:</b> Administration of incentive payments to behavioral health providers; increased coordination and partnerships with LEAs in Orange County; increased tracking and reporting of provider and member metrics.</i></p>	<p><b>06/01/2021</b> Passed Senate floor; referred to Assembly</p>	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>RN 21 14789 Trailer Bill</b>	<p><b>Children and Youth Behavioral Health Initiative:</b> Would allow DHCS to award competitive grants to counties, Medi-Cal MCPs, LEAs colleges, community-based organizations (CBOs) and behavioral health providers to build partnerships and infrastructure supporting school-based behavioral health services for students ages 25 years or younger.</p> <p>Would require DHCS to provide incentive payments to Medi-Cal MCPs that increase access to preventive, early intervention and behavioral health services by school-based providers for K–12 students. Would also require Medi-Cal MCPs to reimburse providers who deliver outpatient mental health or substance use disorder services at a school, regardless of network status.</p> <p>No sooner than July 1, 2022, would add dyadic behavioral health visits as a covered Medi-Cal benefit. These services would be provided to the whole family during a medical visit to facilitate early identification and preventive services regarding behavioral health problems and social determinants of health (SDOH).</p> <p>Would require DHCS to establish a virtual platform to provide direct behavioral health screenings and short-term services to youth ages 25 years or younger.</p> <p><b>Potential CalOptima Impact:</b> Administration of incentive payments to behavioral health providers; increased coordination and partnerships with LEAs in Orange County; increased tracking and reporting of provider and member metrics; new Medi-Cal covered benefit.</p>	<p><b>06/18/2021</b> Published on the Department of Finance website</p>	CalOptima: Watch

## BUDGET\*\*

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>AB 128 Ting</b>	<p><b>Budget Act of 2021:</b> Makes appropriations for the government of the State of California for Fiscal Year (FY) 2021–22. Total spending is \$261.4 billion, of which \$195.5 billion is from the General Fund. Key initiatives related to health care with an impact to CalOptima include:</p> <ul style="list-style-type: none"> <li>■ Behavioral health services for youth</li> <li>■ CalAIM proposal</li> <li>■ COVID-19 response</li> <li>■ Homelessness</li> <li>■ Medi-Cal eligibility expansion to adults ages 50 and older, regardless of immigration status</li> <li>■ Medi-Cal Rx</li> <li>■ New Medi-Cal covered benefits</li> <li>■ Telehealth</li> </ul>	<p><b>06/28/2021</b> Signed into law</p>	CalOptima: Watch
<b>AB 133 Committee on Budget</b>	<p><b>Health:</b> Would consolidate and enact certain health care trailer bill language to implement the FY 2021–22 state budget. Key initiatives with an impact to CalOptima include:</p> <ul style="list-style-type: none"> <li>■ CalAIM proposal</li> <li>■ Medi-Cal eligibility expansion to adults ages 50 years and older, regardless of immigration status</li> <li>■ Medi-Cal eligibility extension for postpartum individuals</li> <li>■ New Medi-Cal covered benefits</li> <li>■ Proposition 56 supplemental payments</li> <li>■ Telehealth</li> </ul>	<p><b>06/27/2021</b> Referred to Senate Budget and Fiscal Review Committee</p>	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>SB 129 Skinner</b>	<p><b>Budget Act of 2021:</b> Would amend AB 128 to modify appropriations for the government of the State of California for FY 2021–22. Total spending would be adjusted to \$262.6 billion, of which \$196.4 billion would be from the General Fund. Key initiatives related to health care with an impact to CalOptima include:</p> <ul style="list-style-type: none"> <li>■ Behavioral health services for youth</li> <li>■ CalAIM proposal</li> <li>■ COVID-19 response</li> <li>■ Homelessness</li> <li>■ Medi-Cal eligibility expansion to adults ages 50 and older, regardless of immigration status</li> <li>■ Medi-Cal Rx</li> <li>■ New Medi-Cal covered benefits</li> <li>■ Telehealth</li> </ul>	<p><b>06/28/2021</b> Passed Assembly and Senate floors; presented to the Governor</p>	CalOptima: Watch

\*\*The potential CalOptima impacts of budget legislation will be included in a forthcoming detailed analysis.

## CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)\*\*

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>AB 1132 Wood</b>	<p><b>CalAIM Proposal:</b> Would require Medi-Cal MCPs to operate a D-SNP in Coordinated Care Initiative (CCI) counties by January 1, 2023, and in non-CCI counties by January 1, 2025. Would standardize benefits provided by Medi-Cal MCPs statewide, including the carve-out of the Multipurpose Senior Services Program (MSSP) and the carve-in of organ transplants by January 1, 2022, and the carve-in of institutional long-term care services by January 1, 2023.</p> <p>Would require DHCS to implement alternate criteria for medical necessity regarding behavioral health services, as well as mandatory screening and transition of care tools for Medi-Cal behavioral health benefits no sooner than January 1, 2022. Additionally, as of January 1, 2027, the bill would require a county/counties to administer behavioral health benefits under a single Medi-Cal behavioral health delivery system contract.</p> <p>No later than January 1, 2023, would require Medi-Cal MCPs to coordinate with county jails, juvenile facilities and county MHPs to provide continued behavioral health services to former inmates who received the same services while incarcerated.</p>	<p><b>06/01/2021</b> Passed Assembly floor; referred to Senate</p>	CalOptima: Watch
<b>SB 256 Pan</b>	<p><b>CalAIM Proposal:</b> Would authorize DHCS to implement the CalAIM proposal, including the following provisions:</p> <ul style="list-style-type: none"> <li>■ Enhanced Care Management</li> <li>■ In Lieu of Services</li> <li>■ Incentive payments to Medi-Cal MCPs</li> <li>■ Mandatory managed care enrollment populations</li> <li>■ Population Health Management (PHM) Program</li> <li>■ Regional capitation rates</li> </ul>	<p><b>06/01/2021</b> Passed Senate floor; referred to Assembly</p>	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>RN 21 08858 Trailer Bill</b>	<p><b>CalAIM Proposal:</b> Would codify various provisions of the CalAIM Proposal as revised by DHCS on January 8, 2021, as well as authorize additional CalAIM initiatives included in the Governor's May Revise, released on May 14, 2021. Additional initiatives would include:</p> <ul style="list-style-type: none"> <li>■ Providing Access and Transforming Health (PATH) Supports</li> <li>■ Targeted Pre-Release Medi-Cal Benefits for Qualified Inmates</li> <li>■ Behavioral Health Quality Improvement Program</li> <li>■ Centralized PHM service</li> <li>■ Augmented incentive payments to Medi-Cal MCPs</li> </ul>	<p><b>05/19/2021</b> Republished on the Department of Finance website</p>	CalOptima: Watch

\*\*The potential CalOptima impacts of CalAIM legislation are included in the CalAIM Legislative Analysis that follows the Legislative Tracking Matrix.

## COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>H.R. 56 Biggs</b>	<p><b>Patient Access to Medical Foods Act:</b> Would expand the federal definition of medical foods to include food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, Children's Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit.</p> <p><i><b>Potential CalOptima Impact:</b> New covered benefit for CalOptima's lines of business.</i></p>	<p><b>01/04/2021</b> Introduced; referred to House Committees on Energy and Commerce, Ways and Means and Armed Services</p>	CalOptima: Watch
<b>H.R. 1118 Dingell</b>	<p><b>Medicare Hearing Aid Coverage Act of 2021:</b> Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations.</p> <p><i><b>Potential CalOptima Impact:</b> New covered benefit for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).</i></p>	<p><b>02/18/2021</b> Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee</p>	CalOptima: Watch
<b>AB 114 Maienschein</b>	<p><b>Rapid Whole Genome Sequencing:</b> Would add rapid Whole Genome Sequencing as a covered Medi-Cal benefit for any beneficiary who is at least one year of age and is receiving inpatient services in an intensive care unit. The benefit would include individual sequencing, trio sequencing for one or more parent and their baby, and ultra-rapid sequencing.</p> <p><i><b>Potential CalOptima Impact:</b> New Medi-Cal covered benefit.</i></p>	<p><b>06/16/2021</b> Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p><b>5/27/2021</b> Passed Assembly floor</p>	CalOptima: Watch
<b>AB 342 Gipson</b>	<p><b>Colorectal Cancer Screenings and Colonoscopies:</b> Effective January 1, 2022, would require health plans to provide no-cost coverage for a colorectal cancer screening recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, when such a test produces a positive result, health plans would be required to provide no-cost coverage for a colonoscopy. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider.</p> <p><i><b>Potential CalOptima Impact:</b> New Medi-Cal covered benefit.</i></p>	<p><b>06/30/2021</b> Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p><b>5/27/2021</b> Passed Assembly floor</p>	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>SB 245 Gonzalez</b>	<p><b>Abortion Services:</b> Would prohibit a health plan from imposing Medi-Cal cost-sharing on all abortion services, including any pre-abortion or follow-up care, no sooner than January 1, 2022. Likewise, a health plan may not require a prior authorization or impose an annual or lifetime limit on such coverage.</p> <p><b>Potential CalOptima Impact:</b> Modified utilization management (UM) procedures for a covered Medi-Cal benefit.</p>	<p><b>06/22/2021</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p><b>06/01/2021</b> Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
<b>SB 306 Pan</b>	<p><b>Sexually Transmitted Disease (STD) Home Test Kits:</b> Would require health plans to provide coverage and reimbursement for at-home STD test kits and any associated laboratory fees. Would also authorize Medi-Cal reimbursement for STD-related services at the same rate as comprehensive family planning services, even when the patient is not at risk of becoming pregnant or in need of contraception</p> <p><b>Potential CalOptima Impact:</b> New Medi-Cal covered benefit.</p>	<p><b>06/22/2021</b> Passed Assembly Health Committee; referred to Assembly Business and Professions Committee</p> <p><b>06/02/2021</b> Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
<b>SB 523 Leyva</b>	<p><b>Contraceptive Equity Act of 2021:</b> Effective January 1, 2022, would require health plans to provide coverage of all Food and Drug Administration-approved over-the-counter contraceptive drugs, devices, and products, including vasectomies, without a prescription and regardless of gender. Would also require coverage of related examinations, procedures, and consultations.</p> <p><b>Potential CalOptima Impact:</b> New Medi-Cal covered benefit.</p>	<p><b>06/22/2021</b> Passed Assembly Labor and Employment Committee; referred to Assembly Health Committee</p> <p><b>06/01/2021</b> Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
<b>RN 21 13505 Trailer Bill</b>	<p><b>Eliminate Suspension of Optional Adult Medi-Cal Benefits:</b> Would permanently extend certain optional adult Medi-Cal benefits, which are currently set to expire on December 31, 2021. Extended optional benefits include podiatric services, audiology services, speech therapy, optician and optical services, and incontinence creams and washes.</p> <p><b>Potential CalOptima Impact:</b> Continuation of current optional adult Medi-Cal benefits.</p>	<p><b>05/25/2021</b> Published on the Department of Finance website</p>	CalOptima: Watch

## MEDI-CAL ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>AB 4 Arambula</b>	<p><b>Medi-Cal Eligibility for All Undocumented Adults:</b> Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status.</p> <p><b>Potential CalOptima Impact:</b> Projected increase of approximately 75,000–80,000 CalOptima Medi-Cal members.</p>	<p><b>06/16/2021</b> Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p><b>06/01/2021</b> Passed Assembly floor</p>	CalOptima: Watch CAHP: Support LHPC: Support

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>AB 470 Carrillo</b>	<p><b>Elimination of Asset Consideration:</b> Would prohibit the consideration of any assets or property in determining Medi-Cal eligibility under any aid category, subject to federal approval.</p> <p><i>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</i></p>	<p><b>06/30/2021</b> Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p><b>05/27/2021</b> Passed Assembly floor</p>	CalOptima: Watch LHPC: Support
<b>SB 56 Durazo</b>	<p><b>Medi-Cal Eligibility for Undocumented Older Adults 60+:</b> Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 60 years or older, regardless of their immigration status.</p> <p><i>Potential CalOptima Impact: Projected increase of approximately 5,000–6,000 CalOptima Medi-Cal members.</i></p>	<p><b>06/22/2021</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p><b>06/02/2021</b> Passed Senate floor</p>	CalOptima: Watch CAHP: Support LHPC: Support
<b>RN 21 13777 Trailer Bill</b>	<p><b>Medi-Cal Eligibility Extension for Postpartum Individuals:</b> Would permanently extend and expand Medi-Cal postpartum eligibility, which is currently set to expire on December 31, 2021, to all pregnant individuals and targeted low-income children. Would allow all Medi-Cal beneficiaries who receive pregnancy-related services and their newborns to remain eligible for Medi-Cal postpartum care for up to 12 months after the last day of pregnancy.</p> <p><i>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</i></p>	<p><b>05/19/2021</b> Published on the Department of Finance website</p>	CalOptima: Watch
<b>RN 21 14089 Trailer Bill</b>	<p><b>Medi-Cal Eligibility for Undocumented Older Adults 60+:</b> No sooner than May 1, 2022, would extend eligibility for full-scope Medi-Cal benefits to eligible individuals ages 60 years or older, regardless of their immigration status.</p> <p><i>Potential CalOptima Impact: Projected increase of approximately 5,000–6,000 CalOptima Medi-Cal members.</i></p>	<p><b>05/24/2021</b> Published on the Department of Finance website</p>	CalOptima: Watch

## MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>H.R. 1738 Dingell</b>	<p><b>Stabilize Medicaid and CHIP Coverage Act of 2021:</b> Similar to S. 646, would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.</p> <p><i>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</i></p>	<p><b>03/10/2021</b> Introduced; referred to House Energy and Commerce Committee</p>	CalOptima: Watch ACAP: Support
<b>S. 646 Brown</b>	<p><b>Stabilize Medicaid and CHIP Coverage Act of 2021:</b> Similar to H.R. 1738, would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary.</p> <p><i>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</i></p>	<p><b>03/09/2021</b> Introduced; referred to Senate Finance Committee</p>	CalOptima: Watch ACAP: Support

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>AB 1082</b> <b>Waldron</b>	<p><b>California Health Benefits Review Program (CHBRP) Extension:</b> Would extend current authorization for the University of California to administer CHBRP, which provides independent analyses of proposed states legislation regarding new health benefits, from July 1, 2022, until July 1, 2027. To fully fund CHBRP, the bill would also increase the total annual fee charged to health plans and insurers from \$2 million to \$2.2 million, beginning July 1, 2022.</p> <p><i><b>Potential CalOptima Impact:</b> Increased annual fee assessed to CalOptima; continued availability of CHBRP analyses.</i></p>	<p><b>06/16/2021</b> Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p><b>05/27/2021</b> Passed Assembly floor</p>	CalOptima: Watch CAHP: Support In Concept
<b>SB 250</b> <b>Pan</b>	<p><b>Prior Authorization “Deemed Approved” Status:</b> Beginning January 1, 2023, would require a health plan to review a provider’s prior authorization requests to determine eligibility for “deemed approved” status, which would exempt the provider from prior authorization requirements for any plan benefit for two years. A provider would qualify if their number of denied prior authorizations requests (which were not successfully appealed) are both within a certain range of the average numbers for the same specialty in the same region.</p> <p><i><b>Potential CalOptima Impact:</b> Implementation of new UM procedures to assess provider appeals rates and exempt certain providers from UM requirements.</i></p>	<p><b>06/01/2021</b> Passed Senate floor; referred to Assembly</p>	CalOptima: Watch CAHP: Oppose
<b>SB 371</b> <b>Caballero</b>	<p><b>Health Information Technology and Interconnected Exchanges:</b> Would require DHCS to apply for federal funding to create a unified data exchange between the state government, health records systems, other data exchange networks and health care providers, including for the Medi-Cal program. Funds would also be used to provide grants and technical support to small provider practices, community health centers, safety net hospitals, social service entities and CBOs to expand the use of health information technology and connect to exchanges.</p> <p><i><b>Potential CalOptima Impact:</b> Connection of CalOptima’s electronic health record system to a health information network (HIN); coordination with contracted providers to connect to the same HIN.</i></p>	<p><b>05/28/2021</b> Passed Senate floor; referred to Assembly</p>	CalOptima: Watch
<b>RN 21 13435</b> <b>Trailer Bill</b>	<p><b>Eliminate Suspension of Proposition 56 Supplemental Payments:</b> Would permanently extend the value-based payment (VBP) programs authorized under Proposition 56, which are currently set to expire on July 1, 2021. For VBP programs aimed at improving behavioral health integration, incentive payments would instead be earned by Medi-Cal MCPs rather than by providers.</p> <p><i><b>Potential CalOptima Impact:</b> Continuation of VBP programs administered through CalOptima; increase in incentive payments that may be retained by CalOptima.</i></p>	<p><b>05/14/2021</b> Published on the Department of Finance website</p>	CalOptima: Watch

## OLDER ADULT SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>H.R. 1868</b> <b>Yarmuth</b>	<p><b>Extension of Medicare Sequestration Moratorium:</b> Extends the moratorium on automatic, across-the-board 2% spending cuts to Medicare payments. The moratorium, which was set to expire on March 31, 2021, now ends on December 31, 2021.</p> <p><b>CalOptima Impact:</b> Continued federal capitation payments to CalOptima OneCare, OneCare Connect and PACE.</p>	<b>04/14/2021</b> Signed into law	CalOptima: Watch
<b>H.R. 4131</b> <b>Dingell</b>	<p><b>Better Jobs Better Care Act:</b> Similar to S. 2210, would make permanent the enhanced 10% FMAP for Medicaid home- and community-based services (HCBS) enacted by the American Rescue Plan Act of 2021. Would also provide states with \$100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS.</p> <p><b>Potential CalOptima Impact:</b> Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.</p>	<b>06/24/2021</b> Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch NPA: Support
<b>S. 1162</b> <b>Casey</b>	<p><b>PACE Plus Act:</b> Would increase the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers.</p> <p>Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility.</p> <p><b>Potential CalOptima Impact:</b> Subject to further DHCS authorization, expanded eligibility for CalOptima PACE; additional federal funding to expand the service area of a current PACE center or to establish a new PACE center(s).</p>	<b>04/15/2021</b> Introduced; referred to Senate Finance Committee	CalOptima: Watch NPA: Support
<b>S. 2210</b> <b>Casey</b>	<p><b>Better Jobs Better Care Act:</b> Similar to H.R. 4131, would make permanent the enhanced 10% FMAP for Medicaid HCBS enacted by the American Rescue Plan Act of 2021. Would also provide states with \$100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS.</p> <p><b>Potential CalOptima Impact:</b> Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.</p>	<b>06/24/2021</b> Introduced; referred to Senate Finance Committee	CalOptima: Watch NPA: Support
<b>AB 523</b> <b>Nazarian</b>	<p><b>Permanent PACE Flexibilities:</b> Would permanently extend most flexibilities granted to PACE organizations during the COVID-19 public health emergency. This includes flexibilities relating to telehealth services, verbal agreements followed with in-person signatures, Adult Day Health Center home-based services and discharge planning.</p> <p><b>Potential CalOptima Impact:</b> Continuation of most flexibilities adopted by CalOptima PACE during the COVID-19 pandemic.</p>	<p><b>06/23/2021</b> Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p><b>05/27/2021</b> Passed Assembly floor</p>	CalOptima: Support CalPACE: Support/ Sponsor

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>AB 540</b> <b>Petrie-Norris</b>	<p><b>Modification of PACE Enrollment Process:</b> Would seek to increase enrollment into PACE organizations by:</p> <ul style="list-style-type: none"> <li>■ Listing PACE as a Medi-Cal/Medicare plan choice in areas where a PACE center is available and there is more than one Medi-Cal MCP</li> <li>■ Delaying mandatory or passive enrollment into Medi-Cal MCPs by up to 60 days for new Medi-Cal beneficiaries who express interest in being assessed for PACE</li> <li>■ Requiring DHCS to establish an auto-referral program for those who may be eligible for PACE upon Medi-Cal enrollment based on age, residence and prior use of services</li> </ul> <p><i>Potential CalOptima Impact: Increased awareness of PACE.</i></p>	<b>06/02/2021</b> Passed Assembly floor; referred to Senate	CalOptima: Watch CalPACE: Support/ Sponsor

## PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>RN 21 12969</b> <b>Trailer Bill</b>	<p><b>Medication Therapy Management (MTM) Reimbursement for Qualified Specialty Drugs:</b> Would add MTM as a covered Medi-Cal fee-for service (FFS) pharmacist service for beneficiaries who are prescribed certain specialty drugs. MTM services would be designed to address noncompliance in drug therapy and would be subject to different DHCS reimbursement rates in comparison with other pharmacist services.</p> <p><i>Potential CalOptima Impact: Increased care coordination for new Medi-Cal FFS benefit.</i></p>	<b>05/20/2021</b> Published on the Department of Finance website	CalOptima: Watch

## PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>SB 365</b> <b>Caballero</b>	<p><b>Medi-Cal Provider Electronic Consultation (E-Consult) Service:</b> Would allow provider-to-provider e-consult services to be reimbursable to all requesting and consulting Medi-Cal providers, including Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) providers. The e-consult may include assessing health records, providing feedback and/or recommending a further course of action.</p> <p><i>Potential CalOptima Impact: Expanded reimbursable service for all Medi-Cal providers and FQHC providers.</i></p>	<b>05/28/2021</b> Passed Senate floor; referred to Assembly	CalOptima: Watch LHPC: Support

## REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>SB 316 Eggman</b>	<p><b>FQHC Reimbursement for Same-Day Visits:</b> Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. This bill would distinguish a medical visit (through the member's primary care provider) and a mental health or dental visit as two separate visits, regardless of whether the visits were at the same location on the same day. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.</p> <p><b>Potential CalOptima Impact:</b> <i>Timelier access to services at CalOptima's contracted FQHCs.</i></p>	<p><b>06/22/2021</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p><b>06/01/2021</b> Passed Senate floor</p>	CalOptima: Support CAHP: Support LHPC: Support

## SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>H.R. 379 Barragan</b>	<p><b>Improving Social Determinants of Health Act of 2021:</b> Similar to S. 104, would require the Centers for Disease Control and Prevention (CDC) to establish an SDOH program to coordinate SDOH activities to improve health outcomes and reduce health inequities. CDC would be required to consider SDOH in all relevant grant awards and other activities, as well as issue new grants of up to \$50 million to health agencies, nonprofit organizations and/or institutions of higher education to address or study SDOH.</p> <p><b>Potential CalOptima Impact:</b> <i>Increased availability of federal grants to address SDOH.</i></p>	<p><b>01/21/2021</b> Introduced; referred to House Energy and Commerce Committee</p>	CalOptima: Watch
<b>S. 104 Smith</b>	<p><b>Improving Social Determinants of Health Act of 2021:</b> Similar to H.R. 379, would require the CDC to establish an SDOH program to coordinate SDOH activities to improve health outcomes and reduce health inequities. CDC would be required to consider SDOH in all relevant grant awards and other activities, as well as issue new grants of up to \$50 million to health agencies, nonprofit organizations and/or institutions of higher education to address or study SDOH.</p> <p><b>Potential CalOptima Impact:</b> <i>Increased availability of federal grants to address SDOH.</i></p>	<p><b>01/28/2021</b> Introduced; referred to Senate Health, Education, Labor, and Pensions Committee</p>	CalOptima: Watch

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>AB 369</b> Kamlager	<p><b>Presumptive Eligibility and Street Medicine for Homeless Individuals:</b> Would apply presumptive Medi-Cal eligibility — with full-scope benefits and without share of cost — to individuals experiencing homelessness. Would allow any Medi-Cal provider to determine presumptive eligibility and issue a temporary Medi-Cal card to such individuals. Would also allow Medi-Cal providers to receive reimbursement for any covered Medi-Cal benefit delivered to a homeless individual outside of a medical facility, including primary, specialist and laboratory services, without a referral or prior authorization. Finally, would add a field on the Medi-Cal application form to indicate homelessness.</p> <p><i><b>Potential CalOptima Impact:</b> Increased number of CalOptima’s Medi-Cal members; increased access to services for homeless members, but may negatively impact care coordination; increased payments to providers; implementation of modified UM procedures for homeless members.</i></p>	<p><b>05/27/2021</b> Passed Assembly floor; referred to Senate</p>	CalOptima: Watch
<b>SB 17</b> Pan	<p><b>Office of Racial Equity:</b> Would establish the independent Office of Racial Equity and position of Chief Equity Officer to develop a Racial Equity Framework containing guidelines and strategies for advancing racial equity across the state government by January 1, 2023. Each state agency, including DHCS, would be required to implement a Racial Equity Plan by July 1, 2023, in alignment with the goals of the framework, and the office and each agency would prepare annual reports outlining progress toward achieving those goals.</p> <p><i><b>Potential CalOptima Impact:</b> Increased reporting requirements to DHCS.</i></p>	<p><b>06/30/2021</b> Passed Assembly Accountability and Administrative Review Committee; referred to Assembly Appropriations Committee</p> <p><b>6/02/2021</b> Passed Senate floor</p>	CalOptima: Watch

## TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>H.R. 366</b> Thompson (CA)	<p><b>Protecting Access to Post-COVID-19 Telehealth Act of 2021:</b> Would permit the U.S. Secretary of Health and Human Services to waive or modify any telehealth service requirements in the Medicare program during a national disaster or public health emergency and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC, as well as allow patients to receive telehealth services in the home without restrictions.</p> <p><i><b>Potential CalOptima Impact:</b> Continuation and expansion of certain Medicare telehealth flexibilities allowed during the COVID-19 pandemic.</i></p>	<p><b>01/19/2021</b> Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee</p>	CalOptima: Watch
<b>H.R. 2166</b> Sewell	<p><b>Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021:</b> Similar to S. 150, would require the Centers for Medicare &amp; Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage (MA) and PACE plans during the COVID-19 public health emergency.</p> <p><i><b>Potential CalOptima Impact:</b> For CalOptima OneCare, OneCare Connect and PACE, members’ risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	<p><b>03/23/2021</b> Introduced; referred to House Energy and Commerce Committee and House Ways and Means Committee</p>	CalOptima: Watch ACAP: Support NPA: Support

## 2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>S. 150</b> <b>Cortez Masto</b>	<p><b>Ensuring Parity in MA for Audio-Only Telehealth Act of 2021:</b> Similar to H.R. 2166, would require the Centers for Medicare &amp; Medicaid Services to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 public health emergency.</p> <p><i><b>Potential CalOptima Impact:</b> For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	<p><b>02/02/2021</b>                      Introduced; referred to Senate Finance Committee</p>	CalOptima: Watch ACAP: Support NPA: Support
<b>AB 32</b> <b>Aguiar-Curry</b>	<p><b>Telehealth Payment Parity and Flexibilities:</b> Would expand current law to require Medi-Cal MCPs, including County Organized Health Systems, to reimburse their contracted providers for telehealth services at the same rate as equivalent in-person health services. This requirement would also apply to any delegated entities of a Medi-Cal MCP, such as contracted health networks. Likewise, clinics must be reimbursed by Medi-Cal for telehealth services at the same rate as in-person services. Would also allow providers to determine eligibility and enroll patients into Medi-Cal programs through audio-visual or audio-only telehealth services. Additionally, would require DHCS to indefinitely continue all telehealth flexibilities implemented during the COVID-19 pandemic.</p> <p><i><b>Potential CalOptima Impact:</b> Extension of all Medi-Cal telehealth flexibilities allowed during the COVID-19 pandemic.</i></p>	<p><b>06/01/2021</b>                      Passed Assembly floor; referred to Senate</p>	CalOptima: Watch
<b>RN 21 08267</b> <b>Trailer Bill</b>	<p><b>Medi-Cal Telehealth Proposal:</b> Would require DHCS to specify Medi-Cal-covered benefits that may be delivered through telehealth services. DHCS and Medi-Cal MCPs would be required to reimburse audio-visual telehealth services at the same rate as in-person services, while audio-only, remote patient monitoring and other modalities may be reimbursed at different rates. Audio-only telehealth would be reimbursed by DHCS at 65% of the in-person service rate. However, a provider may not establish a new Medi-Cal patient relationship using audio-only telehealth.</p> <p>Would allow FQHCs and RHCs to establish a patient within its service area through audio-visual telehealth. Audio-only telehealth delivered at an FQHC or RHC would be reimbursed by DHCS at a separate rate from its per-visit PPS rate.</p> <p>Additionally, would allow Medi-Cal MCPs to include telehealth services when determining compliance with network adequacy standards without the use of alternative access standard requests.</p> <p><i><b>Potential CalOptima Impact:</b> Extension of certain Medi-Cal telehealth flexibilities allowed during the COVID-19 pandemic; restricted scope of telehealth services; modified reimbursement rates for audio-only telehealth services.</i></p>	<p><b>05/18/2021</b>                      Republished on the Department of Finance website</p>	CalOptima: Watch

## YOUTH SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
<b>H.R. 66</b> <b>Buchanan</b>	<p><b>CARING for Kids Act:</b> Would permanently extend authorization and funding of CHIP and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs.</p> <p><i>Potential CalOptima Impact: Continuation of current federal funding and eligibility requirements for CalOptima’s Medi-Cal members eligible under CHIP.</i></p>	<b>01/04/2021</b> Introduced; referred to House Energy and Commerce Committee	CalOptima: Watch
<b>S. 453</b> <b>Casey</b>	<p><b>Children’s Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act:</b> Would retroactively extend CHIP’s temporary 11.5% FMAP increase, enacted by the HEALTHY KIDS Act (2018), from September 30, 2020, until September 30, 2022, to meet increased health care needs during the COVID-19 public health emergency.</p> <p><i>Potential CalOptima Impact: Increased federal funds for CalOptima’s Medi-Cal members eligible under CHIP.</i></p>	<b>02/25/2021</b> Introduced; referred to Senate Finance Committee	CalOptima: Watch
<b>SB 428</b> <b>Hurtado</b>	<p><b>Adverse Childhood Experiences (ACEs) Screenings Coverage:</b> Would require a health plan to provide coverage for ACEs screenings.</p> <p><i>Potential CalOptima Impact: Continuation or expansion of a current Medi-Cal covered benefit.</i></p>	<b>06/01/2021</b> Passed Senate floor; referred to Assembly	CalOptima: Watch
<b>SB 682</b> <b>Rubio</b>	<p><b>Childhood Chronic Health Conditions:</b> Would require the California Health and Human Services Agency, the Governor’s office and other departments to develop and implement a plan that reduces racial disparities in children with chronic health conditions by 50% by 2030. Chronic conditions may include asthma, diabetes, depression and vaping-related diseases.</p> <p><i>Potential CalOptima Impact: Increased reporting requirements to DHCS.</i></p>	<b>06/02/2021</b> Passed Senate floor; referred to Assembly	CalOptima: Watch

### Two-Year Bills

The following bills did not meet the deadline to be passed out of their originating house. These are now considered two-year bills and are eligible for reconsideration in 2022:

- AB 58 (Salas)
- AB 71 (Rivas, Luz)
- AB 112 (Holden)
- AB 393 (Reyes)
- AB 454 (Rodriguez)
- AB 552 (Quirk-Silva)
- AB 671 (Wood)
- AB 685 (Maienschein)
- AB 797 (Wicks)
- AB 822 (Rodriguez)
- AB 862 (Chen)
- AB 875 (Wood)
- AB 882 (Gray)
- AB 935 (Maienschein)
- AB 942 (Wood)
- AB 1050 (Gray)
- AB 1083 (Nazarian)
- AB 1107 (Boerner Horvath)
- AB 1117 (Wicks)
- AB 1131 (Wood)
- AB 1160 (Rubio)
- AB 1162 (Villapadua)
- AB 1254 (Gipson)
- AB 1372 (Muratsuchi)
- AB 1400 (Kalra, Lee, Santiago)
- SB 279 (Pan)
- SB 508 (Stern)

\*Information in this document is subject to change as bills proceed through the legislative process.

ACAP: Association for Community Affiliated Plans

CAHP: California Association of Health Plans

CalPACE: California PACE Association

LHPC: Local Health Plans of California

NPA: National PACE Association

Last Updated: July 2, 2021

### 2021 Federal Legislative Dates

<b>January 3</b>	117th Congress, First Session convenes
<b>March 29–April 9</b>	Spring recess
<b>August 2–27</b>	Summer recess for House
<b>August 9–September 10</b>	Summer recess for Senate
<b>December 10</b>	First Session adjourns

### 2021 State Legislative Dates\*

*\*Due to COVID-19, 2021 State Legislative dates have been modified*

<b>January 11</b>	Legislature reconvenes
<b>February 19</b>	Last day for legislation to be introduced
<b>March 25–April 4</b>	Spring recess
<b>April 30</b>	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in their house
<b>May 7</b>	Last day for policy committees to hear and report to the floor any non-fiscal bills introduced in their house
<b>May 21</b>	Last day for fiscal committees to hear and report to the floor any bills introduced in their house
<b>June 1–4</b>	Floor session only
<b>June 4</b>	Last day for each house to pass bills introduced in that house
<b>June 15</b>	Budget bill must be passed by midnight
<b>July 14</b>	Last day for policy committees to hear and report bills to fiscal committees or the floor
<b>July 16–August 15</b>	Summer recess
<b>August 27</b>	Last day for fiscal committees to report bills to the floor
<b>August 30–September 10</b>	Floor session only
<b>September 3</b>	Last day to amend bills on the floor
<b>September 10</b>	Last day for bills to be passed; final recess begins upon adjournment
<b>October 10</b>	Last day for Governor to sign or veto bills passed by the Legislature

Sources: 2021 State Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislatedeadlines>

## About CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities. As Orange County’s community health plan, our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner. We provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan), OneCare (Medicare Advantage Special Needs Plan) and the Program of All-Inclusive Care for the Elderly (PACE).