



**NOTICE OF A
REGULAR JOINT MEETING OF THE
CALOPTIMA HEALTH BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE AND
PROVIDER ADVISORY COMMITTEE**

THURSDAY, JUNE 8, 2023

12:00 P.M.

**CALOPTIMA HEALTH
505 CITY PARKWAY WEST, SUITE 109
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda. To speak on an item, complete a Public Comment Request Form(s) identifying the item(s) and submit to the Clerk. To speak on a matter not appearing on the agenda, but within the subject matter jurisdiction of the Board of Directors' Member Advisory and Provider Advisory Committees, you may do so during Public Comments. Public Comment Request Forms must be submitted prior to the beginning of the Approval of the Minutes portion of the agenda and/or the beginning of Public Comments. When addressing the Committee, it is requested that you state your name for the record. Address the Committee as a whole through the Chair. Comments to individual Committee Members or staff are not permitted. Speakers are limited to three (3) minutes per item.

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Clerk of the Board's Office at (714) 246-8806, at least 72 hours prior to the meeting.

The Board of Directors' Regular Member Advisory and Provider Advisory Committees joint meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org.

Register to Participate via Zoom at:
https://us06web.zoom.us/webinar/register/WN_Rs_6YDpLSWStkEpxkk0Qmw **and Join the Meeting.**

Webinar ID: 885 0114 6355

Passcode: 498949 – Webinar instructions are provided below.

1. **CALL TO ORDER**

Pledge of Allegiance

2. **ESTABLISH QUORUM**

3. **MINUTES**

A. [Approve Minutes from the April 13, 2023 Special Joint Meeting of the Member and Provider Advisory Committees](#)

4. **PUBLIC COMMENT**

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

5. **REPORTS**

- A. Consider Recommendation of Member Advisory Committee Slate of Candidates
- B. Consider Recommendation of the Provider Advisory Committee Slate of Candidates

6. **CEO AND MANAGEMENT REPORTS**

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

7. **INFORMATIONAL ITEMS**

- A. [Equity in Orange County Initiative](#)
- B. Committee Member Updates

8. **COMMITTEE MEMBER COMMENTS**

9. **ADJOURNMENT**

Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on June 8, 2023 at 12:00 p.m. (PDT)

To **Register** in advance for this webinar:

https://us06web.zoom.us/webinar/register/WN_Rs_6YDpLSWStkEpxkk0Qmw

Join from a PC, Mac, iPad, iPhone or Android device

On day of meeting, please click this URL to join:

<https://us06web.zoom.us/j/88501146355?pwd=OXdpNk54dVhhc2FPdIRuYS9DMzJoZz09>

Passcode: **49894**

Or One tap mobile:

+16694449171,,84638695475#,,, *348449# US

+12532050468,,84638695475#,,, *348449# US

Or join by phone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 444 9171 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248

7799 or +1 719 359 4580 or +1 720 707 2699 or +1 386 347 5053 or +1 507 473

4847 or +1 564 217 2000 or +1 646 558 8656 or +1 646 931 3860 or +1 689 278

1000 or +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325 or +1 312 626

6799 or +1 360 209 5623

Webinar ID: 885 0114 6355

Passcode: 49894

MINUTES

SPECIAL JOINT MEETING OF THE CALOPTIMA HEALTH BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE, AND PROVIDER ADVISORY COMMITTEE

April 13, 2023

A Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, April 13, 2023 at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

PAC Chair Maura Byron called the meeting to order at 12:12 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Maura Byron, Chair; Christine Tolbert, Vice Chair; Linda Adair; Meredith Chillemi; Josefina Diaz; Jacqueline Gonzalez; Hai Hoang; Sara Lee; Lee Lombardo; Iliana Soto-Welty; Alyssa Vandenberg

Members Absent: Sandy Finestone; Connie Gonzalez

Provider Advisory Committee

Members Present: Jena Jensen, Chair; Alpesh Amin, M.D.; Gio Corzo; Andrew Inglis, M.D.; Patty Mouton; John Nishimoto, O.D.; Mary Pham, Pharm.D.; Christy Ward

Members Absent: Tina Bloomer, WHNP; Ji Ei Choi, L.Ac; Timothy Korber, M.D.; Junie Lazo-Pearson, Ph.D., Vice Chair; Alex Rossel; Jacob Sweidan, M.D.

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D.; Chief Medical Officer; Zeinab Dabbah, M.D., J.D., Deputy Chief Medical Officer; Veronica Carpenter, Chief of Staff; Ladan Khamseh, Executive Director, Operations; Linda Lee, Executive Director, Quality; Javier Sanchez, Executive Director, Medicare; Ryan Dunlevy, Outside Legal Counsel Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees

MINUTES

Approve the Minutes of the February 9, 2022 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

MAC Action: *On motion of MAC Member Meredith Chillemi, seconded and carried, the Committee approved the minutes of the February 9, 2023 regular joint meeting with requested edit by Vice-Chair Christine Tolbert. (Motion carried 11-0-0; Members Finestone and C. Gonzalez absent)*

PAC Action: *On motion of PAC Member Dr. Amin, seconded and carried, the Committee approved the minutes of the February 9, 2022 regular meeting. (Motion carried 8-0-0; Members Tina Bloomer, WHNP; Ji Ei Choi L.Ac; Timothy Korber, M.D.; June Lazo-Pearson, Ph.D., Vice Chair; Alex Rossel; Jacob Sweidan M.D. absent)*

REPORTS

Consider Approval of Schedule Change for June 8, 2023 Member Advisory and Provider Advisory Committees Joint Meeting

MAC Action: *On motion of MAC Vice Chair, Christine Tolbert, seconded and carried, the Committee approved the schedule change for the June 8 2023 regular joint meeting (Motion carried 11-0-0; Members Finestone and C. Gonzalez absent)*

PAC Action: *On motion of PAC Member Dr. Amin, seconded and carried, the Committee approved the schedule change for the June 8 2023 regular joint meeting. (Motion carried 8-0-0; Members Tina Bloomer, WHNP; Ji Ei Choi L.Ac; Timothy Korber, M.D.; June Lazo-Pearson, Ph.D., Vice Chair; Alex Rossel; Jacob Sweidan M.D. absent)*

Consider Approval of Member Advisory and Provider Advisory Committees FY 2023-2024 Meeting Schedule

MAC Action: *On motion of MAC Member Sara Lee, seconded and carried, the Committee approved the FY 2023-2024 MAC and PAC joint meeting schedule. (Motion carried 11-0-0; Members Finestone and C. Gonzalez absent)*

PAC Action: ***On motion of PAC Member Dr. Amin, seconded and carried, the Committee approved the FY 2023-2024 MAC and PAC joint meeting schedule. (Motion carried 8-0-0; Members Tina Bloomer, WHNP; Ji Ei Choi L.Ac; Timothy Korber, M.D.; June Lazo-Pearson, Ph.D., Vice Chair; Alex Rossel; Jacob Sweidan M.D. absent)***

PUBLIC COMMENT

There were no requests for public comment.

At this time, PAC Chair Jensen rearranged the agenda to hear Information Item 7. B. Pay for Value (P4V) Update before returning to Item 6. CEO and Management Reports.

INFORMATION ITEMS

Pay for Value (P4V) Update

Linda Lee, Executive Director, Quality Improvement provided a presentation on the Pay for Value (P4V) program for both the Medi-Cal and OneCare programs. Ms. Lee discussed how CalOptima Health had aligned their Medi-Cal measures with those from the Department of Health Care Services Medi-Cal accountability set and noted that this is the measurement that the DHCS holds all Medi-Cal plans in California accountable to for the minimum performance thresholds and continuous improvement. She noted that the CalOptima Health has adapted their P4V program so that it compares to the National Committee for Quality Assurance (NCQA) health plan quality rating on a scale of 1-5. Ms. Lee also reviewed the criteria for the health networks who scores below 3 or 2.5 or below will not earn quality incentives. Both MAC and PAC had a robust discussion regarding the P4V program and Ms. Lee agreed to return to future meetings with P4V program updates.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer (CEO), welcomed the committees to their first in-person meeting since the beginning of the Pandemic in 2020. He noted that CalOptima Health had approximately 976,000 members and that CalOptima Health was still going at about 6,000 members a month indicating that many members were still falling below the federal poverty level. Mr. Hunn noted that talks continued with key stakeholders to help get the word out to members about what to expect during this redetermination effort. Mr. Hunn also discussed the just launched Street Medicine program in Garden Grove and the assistance it would provide to unhoused members of the community. Mr. Hunn also provided a redetermination update to the committees.

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer, notified the committees that in review of the Brown Act requirements that there were not options for the committees in terms of removing those requirements and expressed her gratitude to the members who were able to attend the meeting in person. Ms. Kim noted that CalOptima Health planned to ask the Board at their May meeting to approve approximately \$107 million to support temporarily the providers for a 14-month period, starting July 2023 through the end of August of 2024. Ms. Kim also discussed how the three networks owned by Optum, Arta, Monarch and Talbert were in the process of integrating their provider systems and the benefits to CalOptima Health members once this integration was completed.

Chief Medical Officer Report

Richard Pitts, D.O., Ph.D provided updates on skilled nursing, cancer and transplants. Dr. Pitts reviewed how there was a shortage of skilled nursing beds and the plans to assist with opening up beds for members. Dr. Pitts also provided updates on the cancer initiatives and the various organizations that are working with CalOptima Health on transplant initiatives.

Committee Member Updates

MAC Chair Maura Byron and PAC Chair Jena Jensen reminded the committees that the annual recruitment for both committees was ending on April 15, 2023. Once all the applications have been received, the ad hoc committees will make their recommendations at the June 8, 2023 MAC and PAC meeting. Chair Maura Byron welcomed Josefina Diaz who was appointed by the Board at their April 6, 2023 meeting and will fill one of the OneCare Member seats.

ADJOURNMENT

There being no further business before the Committees, PAC Chair Jena Jensen adjourned the meeting at 2:00 p.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: June 8, 2023 by MAC and PAC



MEMORANDUM

DATE: May 26, 2023

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — June 1, 2023, Board of Directors Meeting

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

a. Board of Supervisors Appoints New CalOptima Health Director

On May 23, the Orange County Board of Supervisors unanimously appointed Norma García Guillén to the CalOptima Health Board of Directors to complete an unexpired term ending on August 3, 2024, for the vacant seat to be held by “an accounting or public finance professional, or an attorney who is an active member of the State Bar.” Ms. García Guillén is an experienced litigation attorney and founding Partner at Garcia Rainey Blank & Bowerbank LLP in Costa Mesa. She is expected to participate in her first Board meeting on June 1.

b. Update on Street Medicine Program

I am proud to report that our street medicine program has made significant strides in providing health care and social services to the unhoused population of Garden Grove over the past two months. Over the course of this time, Healthcare in Action has successfully outreached to 119 individuals and now has 50 active participants in the program. This is a conversion rate of over 40% and speaks to their consistent and compassionate methods of care. These numbers demonstrate the true importance of rapport-building and meeting our members in their own environment.

c. Press Conference Announces Social Worker Stipend Program With Cal State Fullerton

On May 16, CalOptima Health held a successful media event at California State University Fullerton (CSUF) with Supervisors and CalOptima Health Board Members Doug Chaffee and Vicente Sarmiento to announce our \$5 million Board-approved funding for students in CSUF’s Master of Social Work program. Over the five-year funding period, 115 students will receive \$20,000 each year of the two-year program. As a result of the event and [press release](#) distribution to the media, CalOptima Health received coverage from the following news outlets:

- [Orange County Register](#)
- [KFI Radio](#)
- [NewsWise.com](#)
- [The Epoch Times](#)
- [Excelsior](#)
- [Univision Channel 34](#)
- [Telemundo Channel 52](#)
- [Estrella Media Channel 62](#)

d. CalOptima Health Government Affairs Updates

Gavin Newsom Releases May Revise

On Friday, May 12, Gov. Gavin Newsom released his Fiscal Year (FY) 2023–24 Revised Budget Proposal, known as the May Revise. Despite a \$31.5 billion deficit, the May Revise continues to reflect full funding of recent Medi-Cal investments and priorities. Notably, the May Revise proposes to re-enact the Managed Care Organization (MCO) tax, retroactively effective April 1, 2023, through December 31, 2026, generating total revenue of \$19.4 billion dedicated to the following purposes:

- \$8.3 billion General Fund offset to support a balanced budget over the 3.75-year lifetime of the MCO tax.
- \$11.1 billion in provider investments over 8–10 years, including Medi-Cal rate increases for primary care, maternity care and non-specialty mental health services to at least 87.5% of Medicare rates, effective January 1, 2024.

In addition, the May Revise includes these new investments that may impact CalOptima Health:

- \$480 million for the state’s BH-CONNECT Demonstration to support a new behavioral health workforce development initiative.
- \$150 million for a new Distressed Hospital Loan Program to provide interest-free loans to not-for-profit and public hospitals in significant financial distress, in order to prevent their closure or facilitate their reopening. This money was made immediately available as a result of an “early action” budget bill (AB 112) signed into law on May 15.

Next, Gov. Newsom and the State Legislature will negotiate a final budget that must be passed by June 15 and signed by July 1.

State Legislator Submits Street Medicine Budget Request

State Assemblywoman Laurie Davies has submitted an official request to the Assembly Budget Committee to allocate \$3 million in the upcoming FY 2023–24 state budget toward the expansion of CalOptima Health’s Street Medicine Program. However, due to the growing state deficit, it remains unclear how many budget requests will be accepted and included in the final budget, which is expected to be enacted on July 1. CalOptima Health also submitted a federal earmark request for the same initiative to several Congressional offices in March, but we have not yet received formal decisions on whether any offices will sponsor that request in the FY 2024 federal budget.

Board of Supervisors Approves Medi-Cal Renewal Resolution

On May 23, the Orange County Board of Supervisors also unanimously approved a resolution introduced by Orange County Supervisors Vincent Sarmiento and Doug Chaffee “proclaiming the resumption of [the] Medi-Cal redetermination process as a serious risk to the continued health care coverage of CalOptima Health members and recognizing the collaboration of the Social Services Agency, CalOptima Health, and many community partners in helping our most vulnerable residents retain their health care.” I attended the meeting and provided public comments in support of the resolution. This follows the adoption of a similar resolution by the CalOptima Health Board on May 4. CalOptima Health’s Government Affairs staff will leverage this most recent action to further engage local governments and legislative offices to raise awareness about Medi-Cal renewal.

CalOptima Health Expands Medi-Cal Renewal Partnerships

CalOptima Health’s Government Affairs team is working at all levels of government to expand awareness of Medi-Cal renewals, based on the Board’s passage of the related resolution. To support these partnerships, we have provided modified flyers and posters that allow cities throughout Orange County to co-brand with CalOptima Health and the County of Orange Social Services Agency

(SSA). Several legislative offices have already committed to distributing co-branded materials to their constituents as well as posting on social media, and we are now engaging with key cities to encourage creating Medi-Cal Renewal Month of Action proclamations and hosting community events. This effort started with a presentation at a Stanton City Council meeting, described below.

Stanton City Council Meeting Features CalOptima Health Information

On May 10, I presented before the Stanton City Council to share information about CalOptima Health, including our mission, street medicine program and CalAIM initiatives. Central to my remarks was an update on Medi-Cal renewal and the urgency for local governments to partner with CalOptima Health to raise awareness. I asked the City Council to help our efforts by:

- Joining our renewal campaign
- Adopting a renewal proclamation
- Co-hosting a renewal/enrollment event with CalOptima Health and SSA in city limits
- Using our renewal toolkit materials

e. Breast Cancer Screening Pilot Debuts at City of Hope

As part of the Comprehensive Community Cancer Screening and Support Program, CalOptima Health launched a breast cancer screening pilot on May 1 to facilitate access for an initial cohort of 50 CalOptima Health Community Network members ages 50–74 to get their mammograms at City of Hope in Irvine. Health Education staff are calling members to conduct outreach and education and address barriers (such as transportation) to ensure members are connected to screening. Other efforts related to the project include collaborating with the Orange County Cancer Coalition to prioritize future strategies, engaging the Coalition of Orange County Community Health Centers to assess current screening capacity, and building relationships with other community-based organizations and health care providers to identify opportunities for partnership.

f. Health Literacy for Equity Training Offered for CalOptima Health Staff

CalOptima Health has launched a Health Literacy for Equity training program to improve organizational health literacy. The program is open to all employees and will help participants improve their ability to deliver information in an equitable way in service to our members. CalOptima Health is pleased to partner in this effort with the SSA, the Institute for Healthcare Advancement and St. Jude Neighborhood Health Center, with support from the Orange County Health Care Agency's Equity in OC grant.

g. Orange County Business Journal (OCBJ) Honors Outstanding CFOs

CalOptima Health's Chief Financial Officer Nancy Huang was honored as a nominee for this year's OCBJ CFO of the Year Awards. The awards recognize financial professionals for outstanding performance as corporate stewards for the preceding fiscal year.

h. Communications Department Wins Four Awards

On May 12, CalOptima Health's Communications team won four Finest Awards from the Health Care Communicators of Southern California for work on major projects in the past year:

- Gold: Special Publications – 2023 CalOptima Health Report to the Community
- Silver: Logo Creative/Brand Identity – CalOptima Health rebranded logo and name
- Bronze: Public Relations Campaign – CalFresh campaign
- Bronze: Ad Campaign – OneCare campaign

i. CalOptima Health Gains Media Coverage

- On May 8, CalOptima Health distributed a [press release](#) about the \$25.5 million Board-approved Student Behavioral Health Incentive Program (SBHIP) funding to boost access to behavioral health care for K–12 children. The news was covered by [New Santa Ana](#) and other outlets.
- On May 9, CalOptima Health Medical Director and pediatrician Thanh-Tam Nguyen, M.D., provided tips on how to find a qualified and trustworthy pediatrician in a [U.S. News](#) online article.
- On May 22, Kelly Bruno-Nelson, Executive Director, Medi-Cal/CalAIM, was quoted in [The Washington Post](#) in a story titled “Seniors Are Flooding Homeless Shelters That Can’t Care for Them.”
- On May 25, Carmen Katsarov, LPCC, CCM, Executive Director, Behavioral Health Integration, was featured in an [ABC News](#) segment on CalOptima Health’s \$25.5 million SBHIP funding for all 29 Orange County school districts.



CalOptima Health

Fast Facts
 June 2023

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.

Membership Data* (as of April 30, 2023)

Total CalOptima Health Membership 984,986	Program	Members
	Medi-Cal	967,146
	OneCare (HMO D-SNP)	17,406
	Program of All-InclusiveCare for the Elderly (PACE)	434
*Based on unaudited financial report and includes prior period adjustment		

Operating Budget (for 10 months ended April 30, 2023)

	YTD Actual	YTD Budget	Difference
Revenues	\$3,472,811,712	\$3,329,332,586	\$143,479,126
Medical Expenses	\$3,214,447,060	\$3,121,837,529	(\$92,609,531)
Administrative Expenses	\$151,833,358	\$180,917,657	\$29,084,299
Operating Margin	\$106,531,294	\$26,577,400	\$79,953,894
Medical Loss Ratio (MLR)	92.6%	93.8%	(1.2%)
Administrative Loss Ratio (ALR)	4.4%	5.4%	1.1%

Reserve Summary (as of April 30, 2023)

	Amount (in millions)
Board Designated Reserves	\$579.9*
Capital Assets (Net of depreciation)	\$67.1
Resources Committed by the Board	\$466.5
Resources Unallocated/Unassigned	\$463.7*
Total Net Assets	\$1,577.3

*Total of Board designated reserves and unallocated resources can support approximately 103 days of CalOptima Health's current operations.

Total Annual Budgeted Revenue

\$4 Billion

NOTE: CalOptima Health receives its funding from State and Federal revenues only. CalOptima Health does not receive any of its funding from the County of Orange.

[Back to Agenda](#)

CalOptima Health Fast Facts

June 2023

Personnel Summary (as of May 6, 2023, pay period)

	Filled	Open	Vacancy %
Staff	1,287.1	107.8	7.73%
Supervisor	84	1	1.18%
Manager	107	9	7.76%
Director	58.5	11	15.83%
Executive Director	20	2	9.09%
Total FTE Count	1,556.6	130.8	7.75%

FTE Count based on position control reconciliation and includes both medical and administrative positions.

Provider Network Data (as of April 30, 2023)

	Number of Providers
Primary Care Providers	1,285
Specialists	8,286
Pharmacies	563
Acute and Rehab Hospitals	45
Community Health Centers	34
Long-Term Care Facilities	101

Treatment Authorizations (as of March 31, 2023)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	11.36 hours
Prior Authorization – Urgent	72 hours	13.09 hours
Prior Authorization – Routine	5 days	1.48 days

Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.

Member Demographics (as of April 30, 2023)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	59%	Temporary Assistance for Needy Families	39%
6 to 18	25%	Spanish	27%	Expansion	38%
19 to 44	35%	Vietnamese	9%	Optional Targeted Low-Income Children	8%
45 to 64	20%	Other	2%	Seniors	9%
65 +	12%	Korean	1%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		

CalOptima Health Hospital Payment Summary

Calendar Year (CY) 2020, CY 2021, and CY 2022 (Data Pull as of April 2023)

Notes:

- Includes Claims, Capitation, Supplemental Payments and "Paid" amounts from Encounter Submissions
- Report created based on payment dates
- 2022 Total is incomplete due to lag in claims and encounter submission



Group	Hospitals	2020 Total	2021 Total	2022 Total	Total
CHOC	Children's Hospital of Orange County	185,041,944	225,301,110	221,192,133	631,535,187
	CHOC Health Alliance (Phy Capitation)	140,676,364	166,524,323	154,356,491	461,557,178
	CHOC Children's at Mission Hospital	6,030,243	7,149,221	8,638,008	21,817,473
CHOC Total		331,748,551	398,974,654	384,186,632	1,114,909,838
UC SYSTEM	UCI Medical Center	156,248,150	216,053,487	206,961,774	579,263,411
	UCI University Physicians & Surgeons	75,538,481	85,503,384	3,821,819	164,863,684
UC SYSTEM Total		231,786,631	301,556,871	210,783,593	744,127,095
TENET	Fountain Valley Regional Hospital & Medical Center	196,589,007	214,067,722	206,696,014	617,352,744
	Los Alamitos Medical Center	7,689,702	10,550,560	11,865,027	30,105,289
	Placentia Linda Hospital	12,481,422	18,040,416	8,914,567	39,436,405
TENET Total		216,760,131	242,658,699	227,475,607	686,894,437
PROVIDENCE	Providence Mission Hospital	38,147,746	48,216,009	50,574,204	136,937,959
	Providence St Joseph Hospital	71,532,949	84,774,015	83,199,559	239,506,523
	Providence St Jude Medical Center	32,876,936	41,217,441	41,165,429	115,259,806
PROVIDENCE Total		142,557,631	174,207,464	174,939,192	491,704,288
KPC	Anaheim Global Medical Center	27,506,398	44,512,934	44,117,964	116,137,296
	Chapman Global Medical Center	13,530,065	18,998,450	19,429,657	51,958,172
	Orange County Global Medical Center	41,258,376	51,759,547	53,755,000	146,772,923
	South Coast Global Medical Center	24,562,198	34,607,504	33,959,885	93,129,587
KPC Total		106,857,037	149,878,436	151,262,505	407,997,979
PRIME	Garden Grove Hospital Medical Center	22,037,924	22,330,016	21,537,445	65,905,385
	West Anaheim Medical Center	34,776,174	43,082,409	42,243,917	120,102,500
	Huntington Beach Hospital	11,583,408	13,594,201	12,675,854	37,853,463
	La Palma Intercommunity Hospital	4,607,342	6,054,008	6,435,434	17,096,785
PRIME Total		73,004,848	85,060,635	82,892,651	240,958,133
Other Major Hospitals	Kaiser Foundation Hospital	24,311,374	69,577,486	70,334,964	164,223,824
	Hoag Memorial Hospital Presbyterian	47,819,918	64,449,226	63,577,989	175,847,132
	College Hospital Costa Mesa	33,659,825	40,776,006	41,782,215	116,218,046
	Cedars Sinai Medical Center	34,437,871	50,472,101	50,014,978	134,924,951
	Anaheim Regional Medical Center	43,795,732	56,702,206	52,343,211	152,841,149
	Foothill Regional Medical Center	31,114,315	37,179,215	34,101,859	102,395,389
	Orange Coast Memorial Medical Center	23,596,901	32,099,460	32,444,329	88,140,689
Other Major Hospitals Total		238,735,935	351,255,700	344,599,545	934,591,181
Grand Total		1,341,450,765	1,703,592,460	1,576,139,725	4,621,182,951



CEO Update

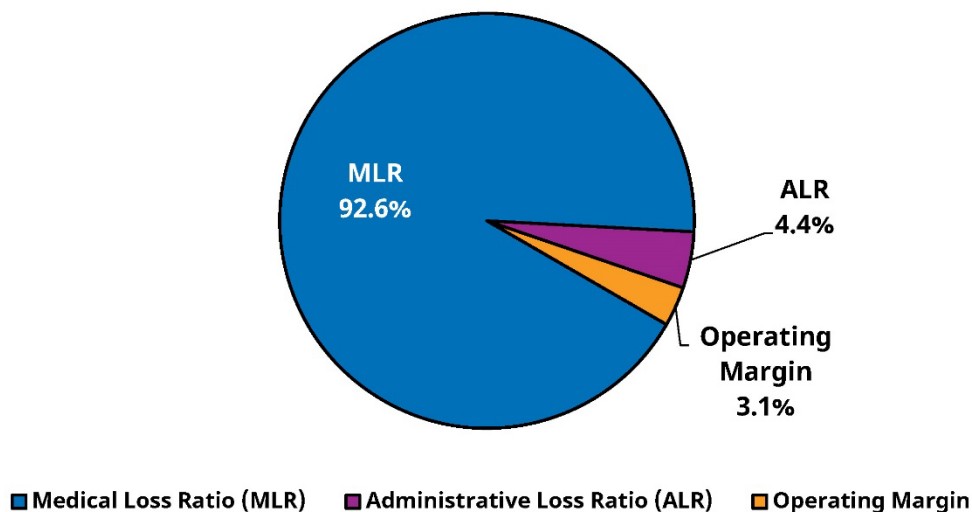
Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

FY 2022-23 Annualized Financials

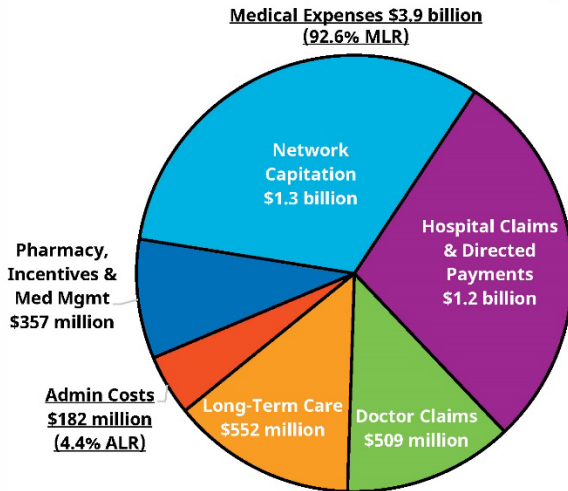


Note: The estimated 3.1% Operating Margin will go to CalOptima Health's total net assets, which will be available for Board allocation to support new initiatives in the Orange County community



How was the \$4.0 Billion Allocated

FY 2022-23 Expenses by Category



Top Capitated Networks	FY 2022-23 Annualized Amount (millions)
Monarch Health Plan (HMO)	\$323.5
CHOC Alliance (PHC)	\$191.6
Kaiser Permanente (HMO)	\$141.3
Prospect Health Plan (HMO)	\$133.1
All Other Capitated Medical Groups	\$494.9
TOTAL NETWORK CAPITATION	\$1,284.5

Top Fee-for-Service Hospitals ¹	FY 2022-23 Annualized Amount (millions)
UCI Medical Center	\$204.5
St. Joseph Hospital	\$94.8
CHOC	\$92.2
Fountain Valley Hospital	\$88.3
All Other FFS Hospitals	\$674.8
TOTAL HOSPITAL CLAIMS & DIRECTED PAYMENTS	\$1,154.6

¹ By provider TIN, including IBNR and excluding Hospital Directed Payments
 Note: All figures are annualized based on April 2023 YTD financials



FY 2022-23 Expense by Category

FY 2022-23 (Annualized as of 4/30/2023)	Amount (millions)
Medical Expenses	\$3,857.3
Network Capitation	\$1,284.5
Hospital Claims & Directed Payments	\$1,154.6
Doctor Claims	\$509.0
Long-Term Care	\$551.7
Pharmacy, Incentives & Med Mgmt	\$357.5
Administrative Expenses	\$182.2
Salaries, Wages & Benefits	\$123.9
Non-Salary Expenses: Operating & Others	\$58.3
TOTAL	\$4,039.5
MLR	92.6%
ALR	4.4%
Operating Margin	\$127.8 or 3.1%



Designing Systems for People Not Institutions: Orange County, CA Initiative

Hieu Nguyen
June 8, 2023

Today We Will Discuss

EiOC's Approaches to Centering People and Communities through Shamiesha's Story

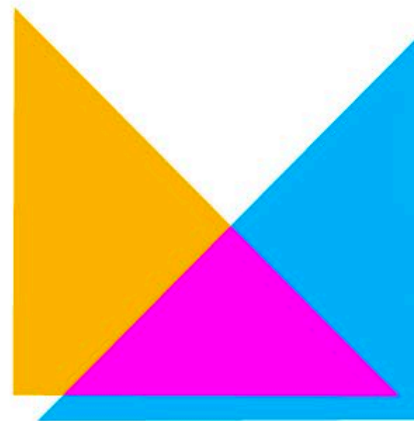
Nuts & Bolts of What It Takes to Make Community-Driven System Change

Lessons Learned on Critical Approaches to Co-Design with Community



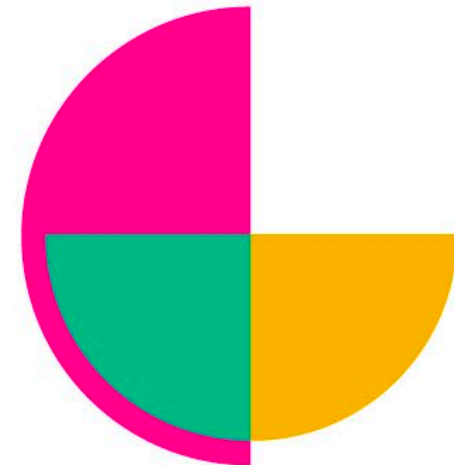
Vision

Quality health for all



Mission

In partnership with the community, deliver sustainable and responsible services that promote population health and equity



Goals

Promote quality, equity, and value. Ensure the HCA's sustainability. Offer relevant services to the community

Defining Population Health & Health Equity

- **Population Health** is defined as the **health outcomes of a group of individuals**. This group can be defined as either communities in a geographic service area or the patients seen in an organization.

- **Health Equity** is the idea that everyone should have a **fair opportunity to attain their full health potential** and that no one should be disadvantaged from achieving this potential.



- **Office of Population Health & Equity**

- Established December 2020
- Office of 1.0 FTE, limited to no budget
- Previously no organized population health & health equity efforts
- No precedent across the County

- **CDC Funding Opportunity to Create EiOC**

- COVID-19 Disparities Grant: \$23M for 2 years
- COVID-specific responses were already well funded
- Focusing use of funds on causes of COVID-related inequities and building a foundation for equity work

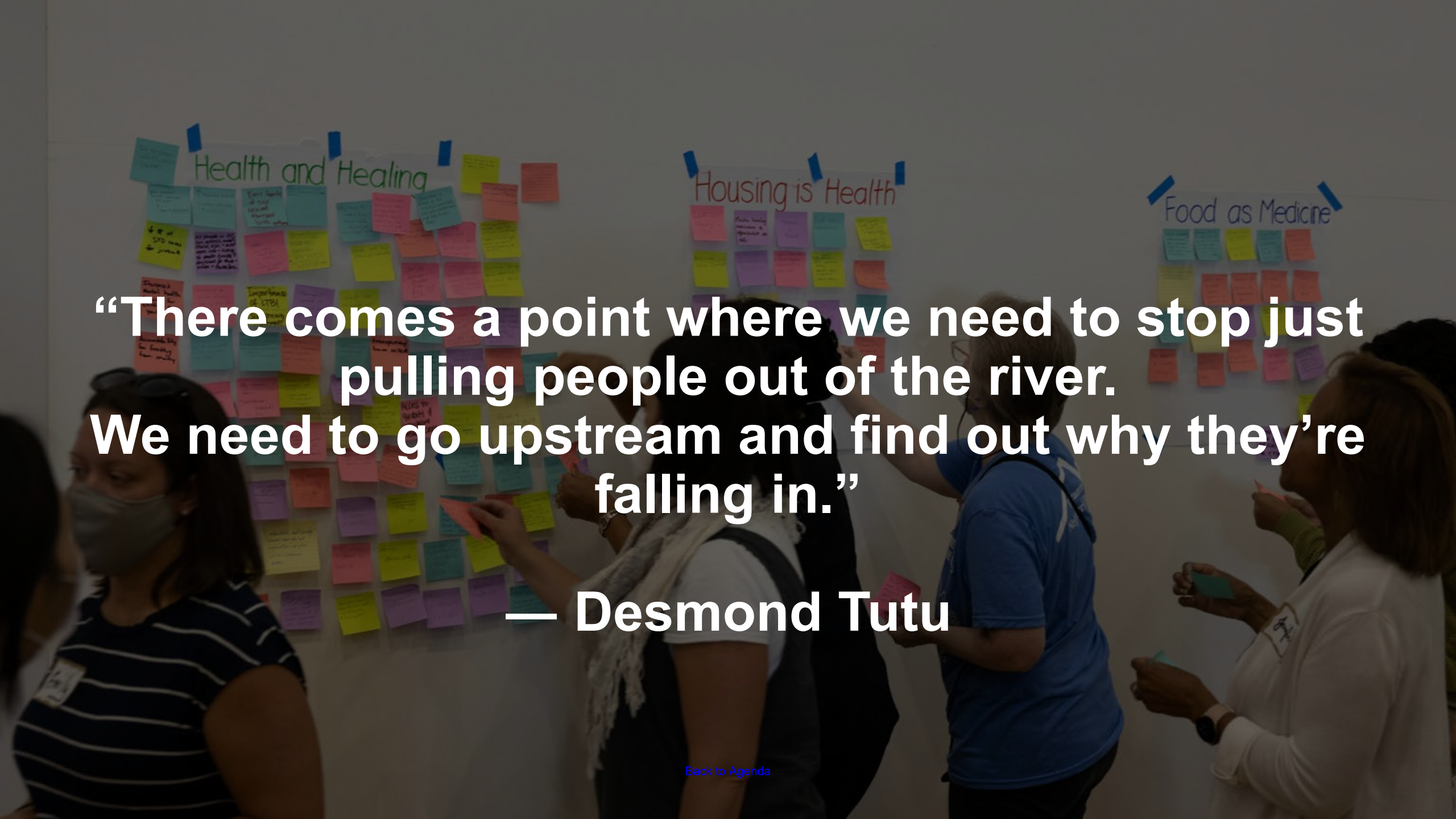


EiOC's Approaches to Centering People and Communities

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Shamiesha's Story



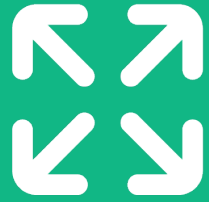
A group of people are gathered around a wall covered in colorful sticky notes. The wall is divided into three sections, each with a title written in a different color: 'Health and Healing' in green, 'Housing is Health' in red, and 'Food as Medicine' in blue. The sticky notes are in various colors (yellow, pink, blue, green) and contain handwritten text. Several people are visible in the foreground, some looking at the notes and others talking. One person in the foreground is wearing a face mask and a striped shirt. Another person is wearing a blue t-shirt. The overall scene suggests a collaborative workshop or meeting focused on community health and social issues.

“There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.”

— Desmond Tutu

Equity in OC's Strategies

Addressing COVID-19 Health Related Disparities



EXPAND

Expand existing and/or develop new mitigation and prevention resources.

DATA

Increase or improve data collection, reporting, and infrastructure.

CAPACITY & INFRASTRUCTURE

Build, leverage, and expand capacity and infrastructure of local health departments.

MOBILIZE

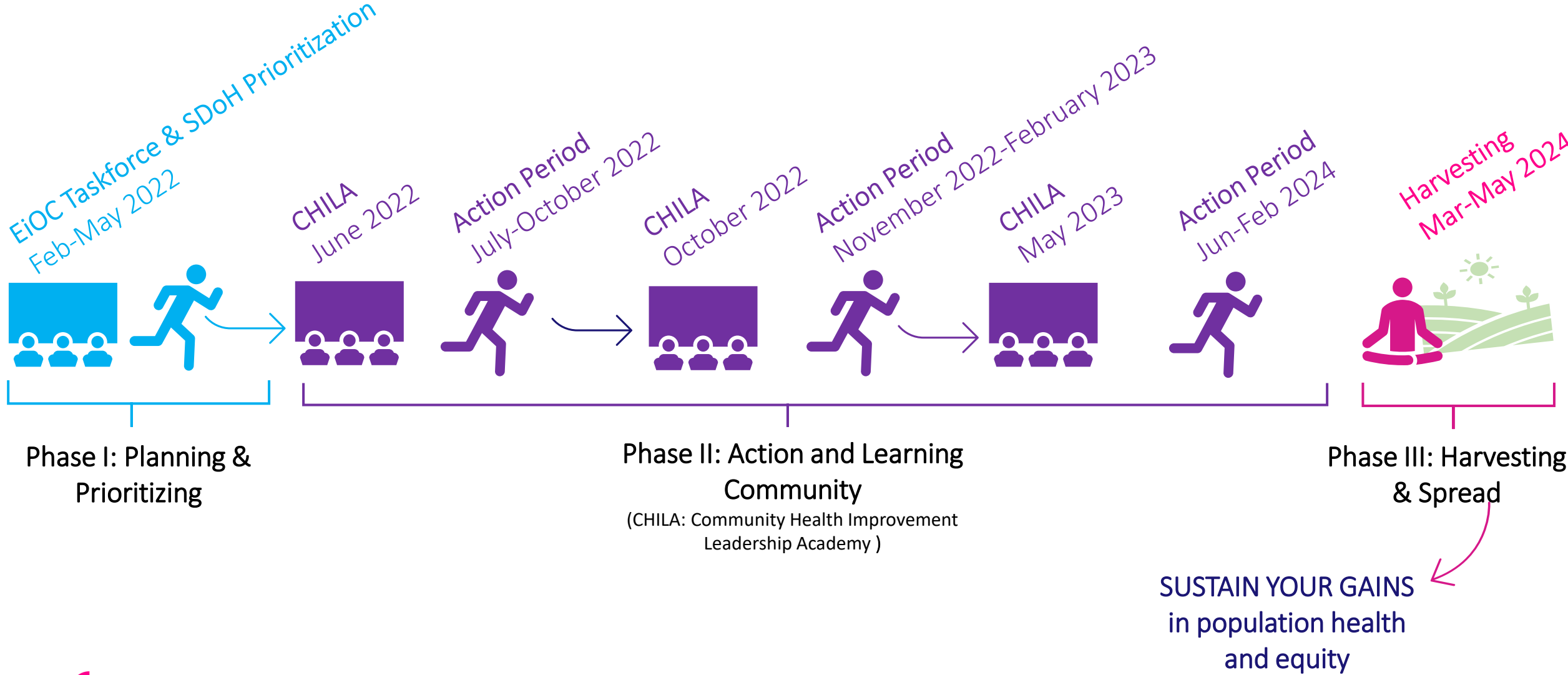
Mobilize partners and collaborators to advance health equity and address social determinants of health.

Equity In OC Video



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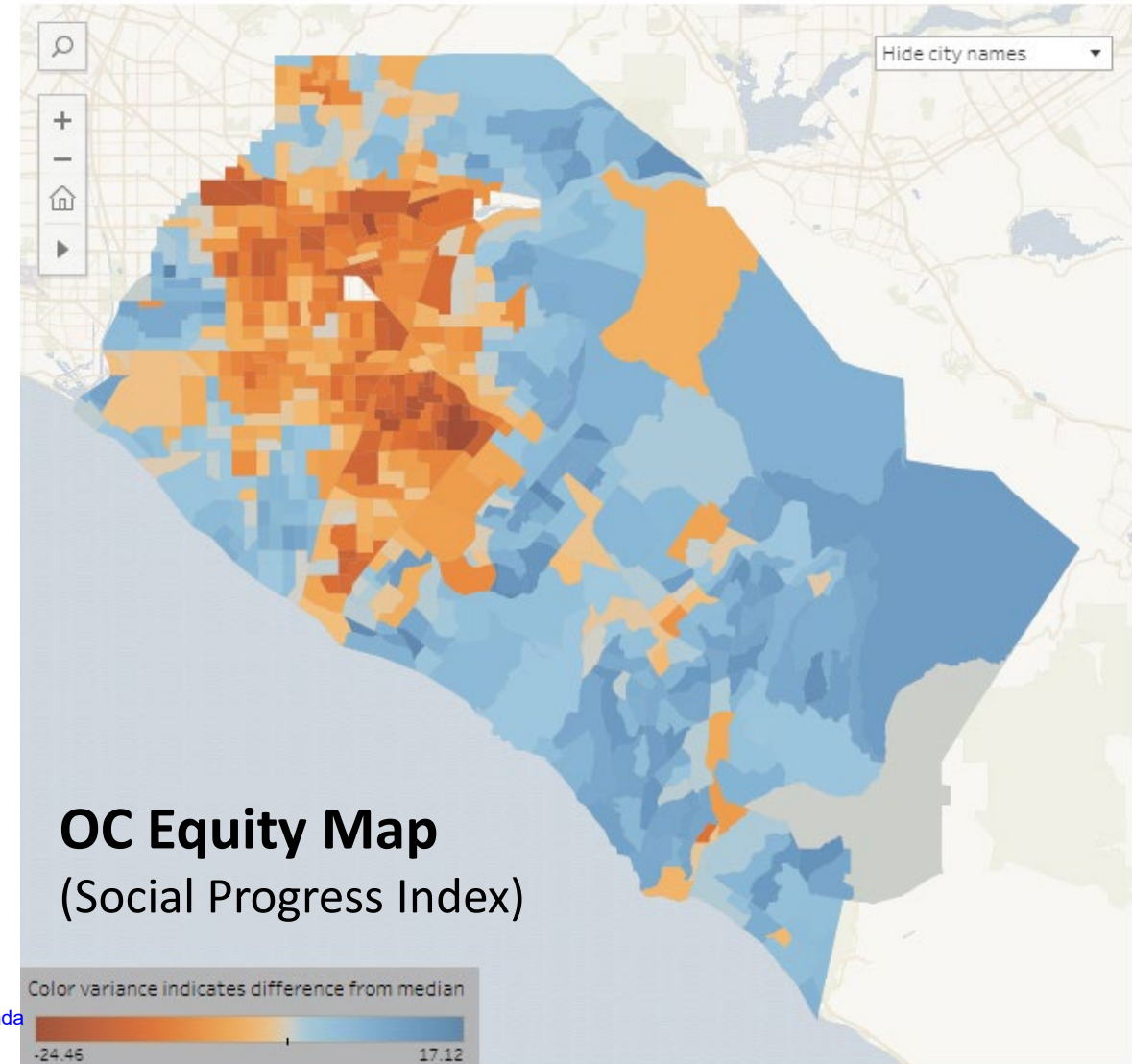
The EiOC Journey



Equity in OC Initiative

Nuts and Bolts

Creating a healthier, more resilient, and equitable Orange County.



What are EiOC's Guiding Pillars?

01 COMMUNITY INFORMED AND DATA DRIVEN

Partner and collaborate with cross-sector public and private stakeholders for action

03 EQUITABLE PARTICIPATION

Create and ensure mechanisms and conditions for participation across all stakeholders, including non-traditional and small groups

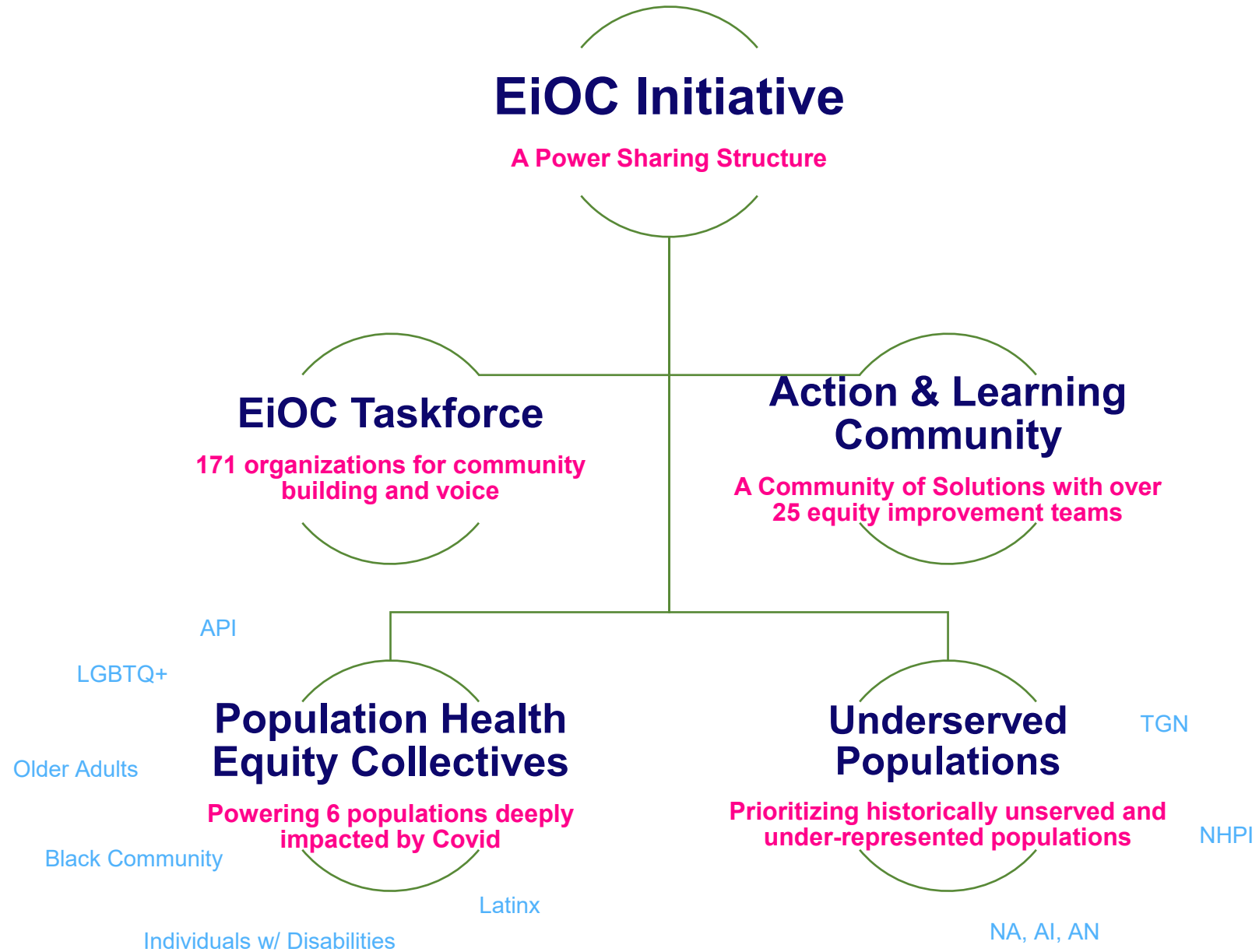
ADDRESS SDoH 02

Partner with community to identify solutions addressing determinants of health areas of focus

BUILD COLLECTIVE CAPACITY & POWER 04

Within HCA and across the county, particularly in key population segments impacted by health inequities

EiOC's Structure



EiOC's Theory of Change & Tactics

01 COMMUNITY INFORMED AND DATA DRIVEN

The How:

- Engaged Data Partner
- Formed Task Force
- Hosted Office Hours for TA and participant engagement
- Offered topical deep dives for learning and leveling the playing field

03 EQUITABLE PARTICIPATION

The How:

- Funded orgs. & community members' participation
- Applied equitable grant making principles
- Ensured language access
- Created “safer” and inclusive spaces

ADDRESS SDoH 02

The How:

- Task Force selected priorities
- Conducted SDoH deep dives
- Formed *Action and Learning Community*
- Offered SDoH implementation grants

BUILD COLLECTIVE CAPACITY & POWER 04

The How:

- Powered community voices and decision making
- Funded population collectives and power building opportunities
- Conducted CHILAs and individual coaching

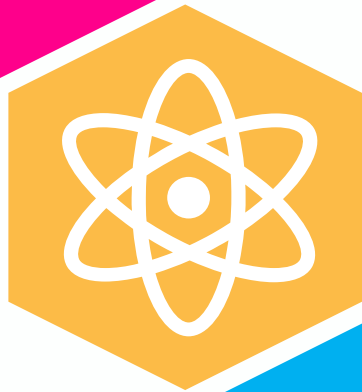
Breaking with Tradition: Equity-Driven Funding Approaches



**Community Member
Participation Honoraria**
\$220K, 78 community members



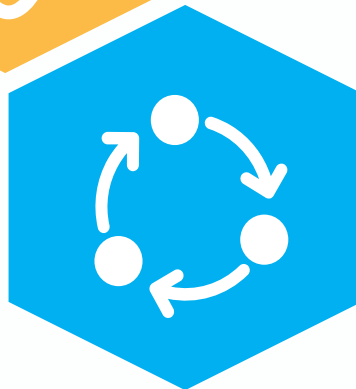
**Community Organizational
Participation Grants**
\$2M, 100 under-resourced organizations



**Population Collective
Grants**
\$2.4M, 6 highly impacted populations



**Grants for Underserved
Communities**
\$1.08M, 3 underserved populations



**Implementation
Grants**
\$6M, 12 equity collaborative projects

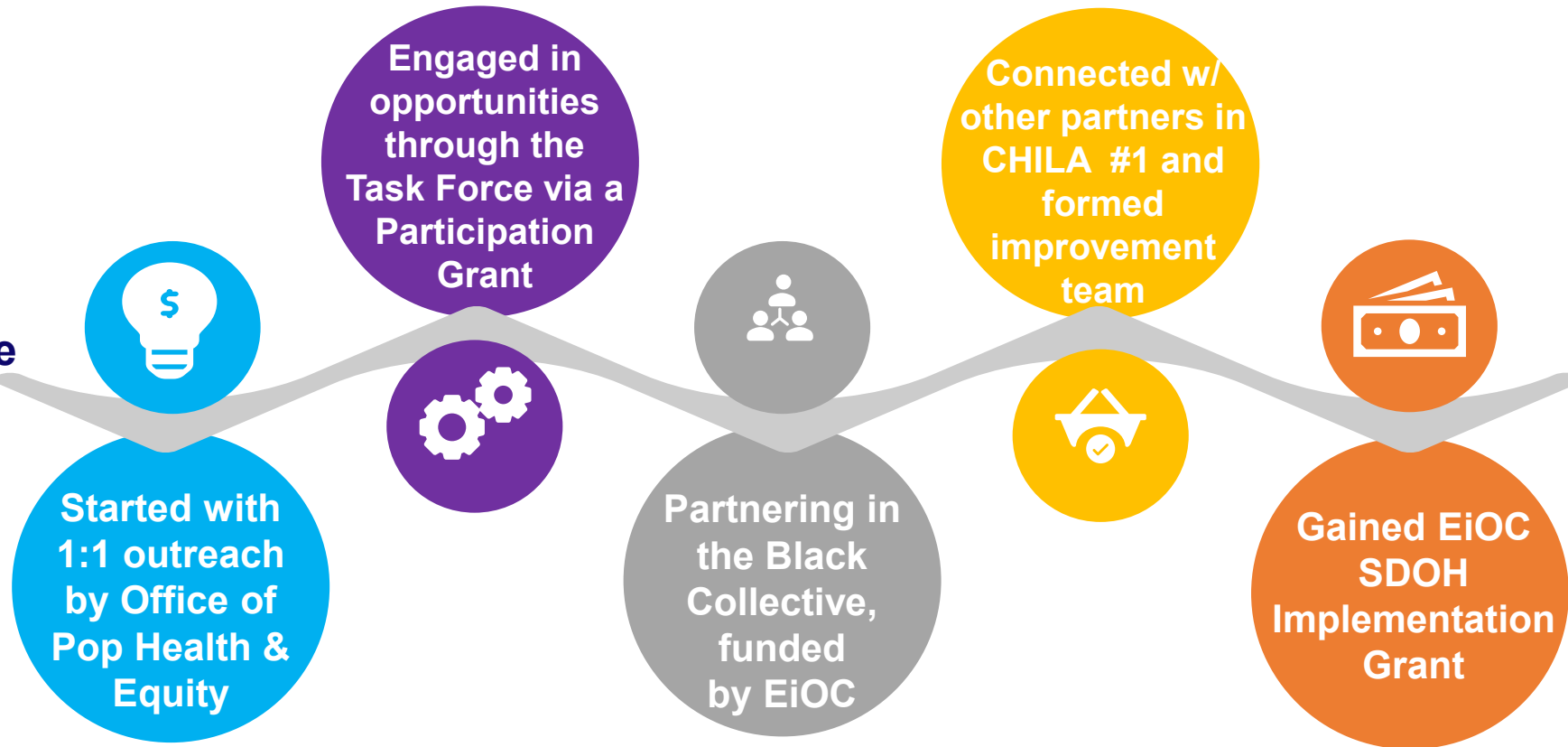


**Power Building
Fund**
\$500K, 10 grassroots/BIPOC led orgs.

HerStory Inc.

How Shamiesha used (and is using) EiOC to drive system change for BIPOC mothers – *with* institutions, not *by* institutions

■ Shamiesha's personal journey and call to action about BIPOC birthing experience in Orange County



■ Getting connected to other tables and institutions to ensure system change is underway to reach BIPOC mothers

Lessons Learned

Elevating Voices and Power and Failing Forward Together

Working in Solidarity For and With Each Other

Power Sharing/Power Building is a Must

Equity is Not Extra Work, It's the Way We Work

We need to help break down silos of effort to enable the community, HCA and other institutions to work in solidarity for and with each other.

- The 'Community of Solutions' we have built with IHI's partnership has brought together organizations serving the same or similar populations and needs. We want this community to be permanent and evolve around community-driven needs over time; we recognize we will always need this.
- The lack of community collaboration was often due to the lack of knowledge of each other and/or the opportunity to build trusting relationships with each other. Real-time, we realized we needed to directly support 'match making' and linkage and then provide coaching to form functional, cross-sector teams.
- Not all organizations are interested in system change; some want to simply stay in their lane and grow what they do. We don't know yet what this means to moving upstream.

Power sharing/power building is a must, so we need to create the conditions that give the community the power to develop their own solutions.

- We have improved engagement/involvement through language access (e.g. live interpretation and content translation), structured voting on priorities (e.g. modified Delphi to select SDoH priorities), and participation grant making; we need to make this our standard.
- It's about asking the community what they need and not telling them what we are going to give them or do for them.
- The community initially was not fully trusting that we were giving them decision making power. HCA is still learning what this means and how to do build and sustain trust. Using a neutral partner for grant making helped this a lot.
- Our Equity Map is allowing us to understand existing inequities that are driving poor health outcomes and to address those in the design of system changes; it's helping us not just do more the same.

All efforts need to be about making equity the way we work, not extra work. It starts with gaining a new lens on how we view our roles and the work we do.

- Creating equitable access means working with new and/or lesser know organizations who can serve historically hard to reach communities.
- Equity needs to inform core administrative work like contracting and grant making – and become an informing principle for these activities.
- Despite conceptual buy-in to do it, it is hard to get people/orgs to move outside their traditional roles and focus upstream. We need to collaborate to find ways to make these shifts.
- Building equity into our work means focusing more services and supports upstream, which often is tied to policy and politics – which both need collective voice and capacity building in the community.
- When it comes to equity, often it is not that people are unwilling but rather because they don't know HOW to make equity a part of their work. Our Action & Learning Community is discovering ways to design equity into our work.



Consulting Partners



Thank You!

សូមអរគុណ

Gracias!
Cảm ơn

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Learn more:

EquityinOC.com