



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

**THURSDAY, AUGUST 14, 2025**

**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](http://www.caloptima.org).

**Register to Participate via Zoom at: [https://us06web.zoom.us/webinar/register/WN\\_1PA1dSfUT7-D7fHY76TbCQ](https://us06web.zoom.us/webinar/register/WN_1PA1dSfUT7-D7fHY76TbCQ) and Join the Meeting.**

**Webinar ID: 860 0992 5998**

**Passcode: 057260 – Webinar instructions are provided below.**

1. **CALL TO ORDER**

*Pledge of Allegiance*

2. **ESTABLISH QUORUM**

3. **MINUTES**

A. Approve Minutes from the June 12, 2025 Regular 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. **REPORT ITEMS**

A. Consider a Recommendation to Restructure Existing Seats and Add Additional Seats to the Member Advisory Committee

B. Consider a Change to the Stipend Amount and Stipend Format for the Medi-Cal Beneficiaries and OneCare Members or Authorized Family Members on Member Advisory Committee

C. Consider a Recommendation for a Physician Representative Appointment to the Provider Advisory Committee

6. **INFORMATIONAL ITEMS**

A. Grievance and Appeals Update

B. Member Population Health Needs Assessment

C. Cultural and Linguistics Update

D. Committee Member Updates

7. **MANAGEMENT REPORTS**

A. Chief Operating Officer Update

B. Chief Medical Officer Update

C. Chief Administrative Officer Update

D. Chief Executive Officer Update

8. **COMMITTEE MEMBER COMMENTS**

9. **ADJOURNMENT**

## Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on Thursday, August 14, 2025 at 12:00 p.m. (PDT)

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

[https://us06web.zoom.us/webinar/register/WN\\_1PA1dSfUT7-D7fHY76TbCQ](https://us06web.zoom.us/webinar/register/WN_1PA1dSfUT7-D7fHY76TbCQ)

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

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

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+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 558 8656 US (New York)

+1 646 931 3860 US

+1 689 278 1000 US

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

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**Webinar ID: 860 0992 5998**

**Passcode: 057260**

# MINUTES

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

June 12, 2025

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, June 12, 2025 at the CalOptima offices located at 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

MAC Chair Christine Tolbert called the meeting to order at 12:07 p.m. and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

#### **Member Advisory Committee**

Members Present: Christine Tolbert, Chair; Meredith Chillemi, Vice-Chair; Linda Adair; Sandy Finestone; Keiko Gamez; Peter Hersh; Hai Hoang; Paul Kaiser; Sara Lee; Lee Lombardo (Remote); Nicole Mastin; Margie Moore

Members Absent: Kim Goll; Dr. Junie Lazo-Pearson; Shirley Valencia

#### **Provider Advisory Committee**

Members Present: Gio Corzo, Vice Chair; Lorry Belhumeur, Ph.D. (12:10 p.m.); Tiffany Chou, NP; Andrew Inglis, M.D.; Jena Jensen (Remote); Morgan Mandigo, M.D.; Patty Mouton; Mary Pham, Pharm.D.; Jacob Sweidan, M.D.; Christy Ward

Members Absent: Alpesh Amin, M.D.; Ji Ei Choi, L.Ac; Timothy Korber, M.D.; John Nishimoto, O.D., Chair; Alex Rossel

### **Others Present**

Staff Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Veronica Carpenter, Chief Administrative Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Zeinab Dabbah, M.D., Deputy Chief Medical Officer; Michael Rose, DrPH, LCSW, Chief Health Equity Officer; Troy Szabo, Outside Legal Counsel; Carmen Katsarov, Executive Director, Behavioral Health; Linda Lee, Executive Director, Quality Improvement; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant

## **MINUTES**

### **Approve the Minutes of the April 10, 2025 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees**

**MAC Action:**     *On motion of , seconded and carried, the Committee approved the minutes of the April 10, 2025 Regular Joint Meeting (Motion carried 12-0-0; Members Kim Goll; Dr. Junie Lazo-Pearson; Shirley Valencia absent )*

**PAC Action:**     *On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the April 10, 2025 Regular Joint Meeting (Motion carried 10-0-0; (Members Alpesh Amin, M.D; Ji Ei Choi, L.Ac; Timothy Korber, M.D.; John Nishimoto, O.D., Chair; Alex Rossel absent)*

## **PUBLIC COMMENTS**

There were no public comments.

## **REPORT Items**

### **Consider Approval of Member Advisory and Provider Advisory Committee Joint Meeting Schedule for August 2025 through December 2026**

**MAC Action:**     *On motion of MAC Vice Chair Meredith Chillemi, seconded and carried, the Committee approved the Joint Meeting Schedule August 2025 – December 2026 (Motion carried 12-0-0; Members Kim Goll; Dr. Junie Lazo-Pearson; Shirley Valencia absent)*

**PAC Action:**     *On motion of PAC Member Christy Ward, seconded and carried, the Committee approved the minutes of the Joint Meeting Schedule August 2025 – December 2026 (Motion carried 10-0-0; (Members Alpesh Amin, M.D; Ji Ei Choi, L.Ac; Timothy Korber, M.D.; John Nishimoto, O.D., Chair; Alex Rossel absent)*

### **Consider Approval of Recommendation of the Member Advisory Committee's Slate of Candidates**

MAC Chair Christine Tolbert reviewed the recommendations. It was the ad hoc's recommendation to appoint Tawny Craine as the Foster Children's Representative and to reappoint the following members: Margie Moore as the Medi-Cal Beneficiaries or Authorized Family Member Representative, Sara Lee as the Member Advocate Representative and Keiko Gamez as the OneCare Member or Authorized Family Member Representative.

**MAC Action:** *On motion of MAC Member Paul Kaiser, seconded and carried, the Committee approved the Recommendation of the MAC Slate of Candidates (Motion carried 12-0-0; Members Kim Goll; Dr. Junie Lazo-Pearson; Shirley Valencia absent)*

**Consider Approval of Recommendation of the Provider Advisory Committee's Slate of Candidates**

PAC Vice Chair Gio Corzo reviewed the MAC's Nomination Ad Hoc's recommendation for the 2025-2028 recruitment. The ad hoc committee recommended the following appointments: New appointment of Nury Melara as an Allied Health Representative and reappointments of the following members: Patty Mouton as the Long-Term Services and Supports Representative, John Nishimoto, O.D., as the Non-Physician Medical Practitioner Representative; Mary Pham, Pharm.D, CHC as the Pharmacy Representative and Morgan Mandigo, M.D., Physician Representative

**PAC Action:** *On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the Recommendation of the PAC Slate of Candidates (Motion carried 10-0-0; (Members Alpesh Amin, M.D; Ji Ei Choi, L.Ac; Timothy Korber, M.D.; John Nishimoto, O.D., Chair; Alex Rossel absent)*

*At this time, MAC Chair Christine Tolbert rearranged the agenda to hear the CEO Report before returning to the regular agenda*

**Chief Executive Officer Update**

Michael Hunn, Chief Executive Officer, expressed his gratitude to the members of the advisory committees for their volunteer efforts and crucial feedback, which helps leadership stay informed. He emphasized the importance of incorporating committee input into the planning and decision-making process. He noted that CalOptima Health currently serves about 901,000 members in Orange County, with a significant portion being undocumented individuals. He noted that changes in eligibility and potential co-pays could lead to a decline in enrollment by up to 200,000 individuals, raising concerns about where these individuals will go for their healthcare and discussed the need for a plan to address the healthcare needs of undocumented individuals and children who will lose continuous eligibility. He stressed the importance of community support services and expressed uncertainty about future funding and plans.

Mr. Hunn discussed how CalOptima Health's budget is heavily reliant on state and federal funds, and a significant drop in enrollment could reduce revenues by \$1 to \$1.5 billion. He noted that despite low administrative overhead, the health plan must remain efficient and prepared for potential financial challenges. He also noted the importance of maintaining reserves to ensure the plan's stability and discussed the financial challenges facing the health plan. Mr. Hunn emphasized that existing reserves would be quickly depleted given the \$350 million monthly spend and the

importance of scenario planning for potential membership declines and the need to identify community resources and philanthropic support for those who may lose their health insurance. Mr. Hunn highlighted the abundance of healthcare resources in the county but also acknowledged the financial strain on those resources if membership and reimbursements were to decline. He noted that a major concern is the potential impact on hospital emergency rooms, which are required by federal law to treat all patients regardless of their ability to pay. Mr. Hunn stressed the need for collaboration with various stakeholders, including advisory committees, medical groups, and community clinics, to address these challenges. He also discussed the importance of staying informed about state and federal budget decisions and the potential penalties for covering undocumented individuals.

Mr. Hunn also acknowledged the fear and anxiety among the community, particularly among undocumented individuals, which has led to a decline in clinic visits and encouraged the use of telehealth and flexible clinic hours to help people feel safe accessing care. Mr. Hunn also highlighted the mental health impact of these issues and the importance of supporting both staff and community members. He urged everyone to take care of themselves and stay engaged in the ongoing discussions and planning efforts.

## **INFORMATION ITEMS**

### **Behavioral Health Update**

Carmen Katsarov, Executive Director, Behavioral Health Integration, and Linda Lee, Executive Director, Quality Improvement, provided updates on behavioral health services for Applied Behavior Analysis (ABA) providers. Ms. Katsarov noted that the Department of Health Care Services (DHCS) has implemented a new method for ABA providers to apply for Medi-Cal enrollment, effective May 5, 2025 and noted that applications submitted by June 30, 2025, would receive an effective enrollment date of July 1, 2025.

Ms. Lee discussed how existing ABA providers already contracted with CalOptima Health must now also enroll with Medi-Cal and that ABA providers were encouraged to meet the June 30 deadline to avoid delays, as applications received after this date will be processed on a first-come, first-served basis, which could take six months to a year. She noted that providers who miss the deadline will have a 90-day grace period to apply and submit verification of enrollment, during which they will receive provisional credentialing for 120 days. Failure to enroll within this period would result in contract termination.

Ms. Katsarov also provided an update on efforts to support ABA providers with the new Medi-Cal enrollment requirements and attended a vendor service meeting to address initial questions and concerns, particularly about difficulties with the state's website. She also noted that CalOptima Health had accelerated its quarterly ABA provider webinar to June and sent out notifications to ensure providers were aware of the new requirements and the importance of meeting the June 30, 2025 deadline. She emphasized the need for timely enrollment to avoid delays and ensure continued

service provision. Additionally, she noted that PAC member Dr. Lorry Leigh Belhumeur of Western Youth Services, would also be hosting sessions on compassion fatigue for provider groups, and various resources would be made available to support those working in behavioral health.

### **Voice of the Member/Access to Care**

Linda Lee, Executive Director, Quality Improvement, presented on the "Voice of the Member" program, which collects and analyzes member feedback to improve access to care. This program identifies issues members face, such as difficulties with authorizations and finding specialists. She noted that feedback is used to enhance outreach, support programs, and streamline processes like removing prior authorizations for certain screenings and quality improvement teams implementing these changes which will be monitored on a bi-weekly basis.

### **Committee Member Updates**

MAC Chair Christine Tolbert notified the members that Josefina Diaz, OneCare Member or Authorized Family Member and Alyssa Vandenberg had resigned from the MAC and thanked them for their many years of service on the committee.

MAC Chair Christine Tolbert asked Cheryl Simmons, Program Manager and Staff to the Advisory Committees to provide a brief overview of the new DHCS All-Plan Letter (APL) 25-009. APL 25-009 summarized the Community Advisory Committee's (also known as the MAC at CalOptima Health) requirements and provides CalOptima Health with information and guidance regarding their responsibility to implement, maintain, and maximize member, family, and community engagement through the MAC.

Based upon the information received from Ms. Simmons on APL 25-009, MAC Chair Christine Tolbert formed an ad hoc committee to review the seats on the MAC to review the current seat composition on the MAC to ensure compliance with APL 25-009.

PAC Vice-Chair Gio Corzo also noted that Ji Ei, Choi, Non-Physician Medical Practitioner Representative and Dr. Timothy Korber, Physician Representative had resigned from their seats effective June 30, 2025. Vice-Chair Corzo thanked them for their years of service on the PAC.

Vice Chair Gio Corzo also formed an ad hoc committee to review the seats on PAC and ensure they were also a representation of the provider community.

## **CEO AND MANAGEMENT REPORTS**

### **Chief Operating Officer Report**

Yunkyung Kim, Chief Operating Officer, noted that there had been no significant changes in membership or eligibility for Medi-Cal at this time and noted the importance of Social Services completing the redetermination on time and for members not to forego care due to fears about



potential changes. Ms. Kim also clarified that CalOptima Health does not share immigration data with providers, ensuring patient privacy.

### **Chief Medical Officer Update**

Richard Pitts, D.O., Ph.D., Chief Medical Officer, reminded the committees that if they have cold symptoms to please take a COVID test as there had been a COVID resurgence in Orange and Los Angeles counties.

### **Chief Administrative Officer Report**

Veronica Carpenter, Chief Administrative Officer, provided an update on Covered California and the fiscal year 2025-2026 budget. She discussed how the board approved the initial investment needed for Covered California and the filing with the Department of Managed Health Care (DMHC). She discussed the filing process and noted feedback was expected from DMHC before final submission in February 2026 and noted that the budget included \$14.5 million for Covered California, with \$4 million already approved for consultant fees.

Ms. Carpenter also discussed legislative updates, including opposition to the proposed cuts and changes to the medical loss ratio. She noted that the California legislature was expected to pass the budget by June 15, 2025 with potential amendments to be added later in the year. She also noted that the key proposals included modifying asset limits, adjusting premiums for undocumented members, and establishing a re-enrollment grace period. On the Federal side, the Senate finance committee was expected to release language in the near future and any changes would need to go back to the House for approval. Ms. Carpenter emphasized the ongoing advocacy efforts and the importance of engaging with local representatives.

### **ADJOURNMENT**

There being no further business before the Committees, MAC Chair Christine Tolbert adjourned the meeting at 2:06 p.m.

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Cheryl Simmons  
Staff to the Advisory Committees

# MAC Position Description

## ***Behavioral/Mental Health Representative***

### **Position Description**

- Current experience collaborating with, and ability to reach out, seek input and advocate for CalOptima Health members with behavioral/mental health needs such as:
  - **Enhanced Care Management Behavioral Providers**
  - Licensed Clinical Social Worker (LCSW)
  - Marriage and Family Therapist (MFT)
  - Mental Health Facility or Hospital Psychiatric Facility
  - **Non-Specialty Mental Health Services**
  - Psychologists
  - Psychiatrist
  - Registered Psychiatric Nurse (Psych RN)
  - Multi-Specialty Clinics/Group Practice
  - Community Mental Health Center
- Board Certified Behavior Analyst-D (BCBA-D)
- Community Based Organization; Peers, Community Health Workers, Wellness Coaches, etc.
- Knowledge of CalOptima Health managed care systems and programs
- Understanding **and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***Children Representative***

### **Position Description**

- Current experience collaborating with, and ability to reach out, seek input and advocate for CalOptima Health Medi-Cal children in pursuit of their health and wellness
- Knowledge of CalOptima Health managed care systems and programs
- Minimum three years of experience directly representing CalOptima Health members
- Understanding **and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***Dental Provider Representative - New Seat***

### **Position Descriptions**

- Current experience as a Medi-Cal dental provider to collaborate with, and ability to reach out, seek input and advocate for CalOptima Health members in pursuit of their health and wellness
- Knowledge of CalOptima Health managed care systems and programs
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***Developmental Disabilities Representative (Former Persons with Special Needs)***

### **Position Description**

- Current experience working at either the **Regional Center or State Council on Developmental Disabilities**, with the ability to reach out, seek input and advocate for CalOptima Health persons with **Intellectual And Developmental Disabilities (IDD)** in pursuit of their health and wellness
- Knowledge of CalOptima Health managed care systems and programs
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***Family/Caregiver Support Representative (Former Family Support)***

### **Position Description**

- Current experience in a **community-based organization** collaborating with, and ability to reach out and seek input and advocate for CalOptima Health families in pursuit of their health and wellness
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***Foster Children Representative***

### **Position Description**

- Current experience as a **foster care provider, former foster youth and/or parents of current/former foster youths, with the ability to** collaborate with, and ability to reach out, seek input and advocate for CalOptima Health foster children in pursuit of their health and wellness
- Knowledge of CalOptima Health managed care systems and programs
- Understanding **and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***Local Education Agency – New Seat***

### **Position Description**

- **Current experience working in a school district to collaborate with, and ability to reach out, seek input and advocate for CalOptima Health members in a school setting in pursuit of student's health and wellness**
- **Knowledge of CalOptima Health managed care systems and programs**
- **Understanding and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- **Availability and willingness to attend regular, special, and ad hoc MAC meetings**
- **All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks**

## ***Medi-Cal Beneficiaries or Authorized Family Member Representative – (Four seats instead of two) (Former Adult Beneficiaries Seat eliminated and added here)***

### **Position Description**

- Must be a current CalOptima Health Medi-Cal member **or authorized family member with** current experience collaborating with, and ability to reach out, seek input and advocate for CalOptima Health Medi-Cal beneficiaries
- **Understanding and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Knowledge of CalOptima Health managed care systems and programs
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks
- Eligible for a \$50 stipend

## ***Member Advocate Representative***

### **Position Description**

- Current experience collaborating with, and ability to reach out, seek input and advocate for CalOptima Health members in pursuit of their health and wellness
- Knowledge of CalOptima Health managed care systems and programs
- Understanding **and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***OneCare Member or Authorized Family Member Representative (Four seats)***

### **Position Description**

- Must be a current CalOptima Health OneCare member or authorized family member
- Understanding **and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Knowledge of CalOptima Health managed care systems and programs
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks
- Eligible for a \$50 stipend

## ***Persons with Disabilities Representative***

### **Position Description**

- Current experience collaborating with, and ability to reach out, seek input and advocate for CalOptima Health persons with disabilities in pursuit of their health and wellness **including but not limited to:**
  - **CalAIM**
  - **Home and Community Based Services (HCBS)**
  - **Long-Term Services and Supports (LTSS)**
- Candidate should represent an organization that does advocacy work on behalf of persons with disabilities with either direct medical or non-medical services for Medi-Cal members of all ages
- Knowledge of CalOptima Health managed care systems and programs
- Understanding **and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***Recipients of CalWORKs Representative***

### **Position Description**

- Current experience collaborating with, and ability to reach out, seek input and advocate for CalOptima Health CalWORKs members in pursuit of their health and wellness, **including social determinants like housing instability and language access**
- Knowledge of CalOptima Health managed care systems and programs
- Understanding **and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Availability and willingness to attend regular, special, and ad hoc MAC meetings and actively contribute
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***Seniors Representative***

### **Position Description**

- Current experience collaborating with, and ability to reach out, seek input, and advocate for CalOptima Health seniors including, but not limited to:
  - Community Based Adult Services (CBAS) Centers
  - Community-Based Organization (CBO)
  - Senior centers
  - **Long-Term Services and Supports**
  - **In-Home Supportive Services**
  - **Home and Community Based Services (HCBS)**
- Knowledge of CalOptima Health managed care systems and programs
- Understanding **and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Availability and willingness to attend regular, special, and ad hoc MAC meetings and actively contribute
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## ***Social Services Representative***

### **Position Description**

- Represents CalOptima Health members and is appointed by the Orange County Social Services Agency **as the safety net provider for CalOptima Health members**
- No term limits
- Understanding **and familiarity with the diverse cultural and/or social environments of Orange County including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members**
- Availability and willingness to attend regular, special, and ad hoc MAC meetings
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## **MAC Chair**

### **Position Description**

- Availability and willingness to attend regular and special MAC meetings
- Facilitate all MAC meetings using standard meeting rules of order
- Demonstrate leadership and openness, enabling meeting attendees to achieve preset meeting goals
- Liaison between MAC and the Board of Directors
- Provides MAC Report to CalOptima Health Board of Directors' meetings
- Two-year term
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks

## **MAC Vice-Chair**

### **Position Description**

- Availability and willingness to attend regular and special MAC meetings
- Facilitate in absence of the MAC Chair all MAC meetings using standard meeting rules of order
- Demonstrate leadership and openness, enabling meeting attendees to achieve preset meeting goals
- Liaison in absence of the MAC Chair between MAC and the Board of Directors
- Provide MAC Report to CalOptima Health Board of Directors' at meetings when MAC Chair is unavailable
- Two-year term
- All appointments to the committee will be appointed by the CalOptima Health Board and are subject to OIG/GSA verification and possible background checks





### **Report Item 5B**

Consider a change to the stipend amount and stipend format for the Medi-Cal Beneficiaries and OneCare Members or Authorized Family Members on Member Advisory Committee.

CalOptima Health recently examined the stipend amounts provided by other health plans in the State to ensure that our compensation for Medi-Cal and OneCare members on the Member Advisory Committee is competitive.

As noted in the table below, CalOptima Health currently pays members \$50 by check based on receiving a signed stipend form. Some of the health plans, such as Plan A and Plan B, pay members with gift cards.

CalOptima Health would like feedback from the Medi-Cal Beneficiaries and OneCare members or Authorized Family Members on the committee as to the amount and their preference of a check or a gift card.

Health Plans	Amount	Check	Gift Card
CalOptima	\$50	Yes	No
Plan A	\$100	No	Yes to Target or Walmart
Plan B	\$100	No	Gift Card
Plan C	\$100	Yes	No
Plan D	\$100	Yes	No
Plan E	\$100	Yes	No





**CalOptima  
Health**

# **Grievance and Appeals Resolution Services (GARS) Member Trend Report Second Quarter 2025**

**Member Advisory Committee, Provider Advisory  
Committee**

**August 14, 2025**

## **Our Mission**

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

## **Our Vision**

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

[Back to Agenda](#)

# Agenda

- Definitions
- Executive Summary
- Grievance Volume and Trends
- Grievance Actions Taken
- Appeals Volume and Trends
- Appeals Actions Taken

# Definitions

- Grievance: An expression of dissatisfaction with any aspect of a CalOptima Health program, provider or representative.
- Appeal: A request by the member or on the member's behalf for the review of any decision to deny, modify, or discontinue a covered service.

# Executive Summary

- CalOptima Health received a total of **5,056** grievances and **501** appeals for the combined Medi-Cal and OneCare lines of business. The turnaround time for both complaint types remained compliant averaging a closure rate of 23 days.

## Grievances

- Medi-Cal experienced an increase in grievances from 3,675 in the first quarter 2025 to 4,506 in the second quarter. Representing **an increase of 23%** from the prior quarter. Grievance types making up the overall second quarter volume include: dissatisfaction in Provider/Staff Attitude, transportation issues, and grievances related to provider services specifically delays in referral submissions by treating providers.
- OneCare experienced an increase in grievances from 371 in the first quarter of 2025 to 550 in the second quarter. Representing an **increase of 48%** from the prior quarter. Grievance types making up this volume include dissatisfaction in Provider/Staff Attitude, telephone accessibility with providers offices, referral submission delays and transportation grievances regarding driver punctuality and scheduling of services.

# Executive Summary (Continued)

## Appeals

- Medi-Cal experienced an increase in appeals from 265 in the first quarter of 2025 to 406 in the second quarter. Representing an **increase of 53%**, with an overturn rate of 28%. The overall appeal volume was for redirection or modifications to community specialists; Cal Aim personal care/homemaker services and Housing Tenancy.
- OneCare experienced an increase in appeals from 59 in the first quarter of 2025 to 95 in the second quarter. Representing an **increase of 39%**, with an overturn rate decrease from 47% to 33%. Contributing to the appeals volume were inpatient hospital care with non-contracted Providers, redirected authorizations from our tertiary providers to the community providers who can treat the condition, and DME requests.

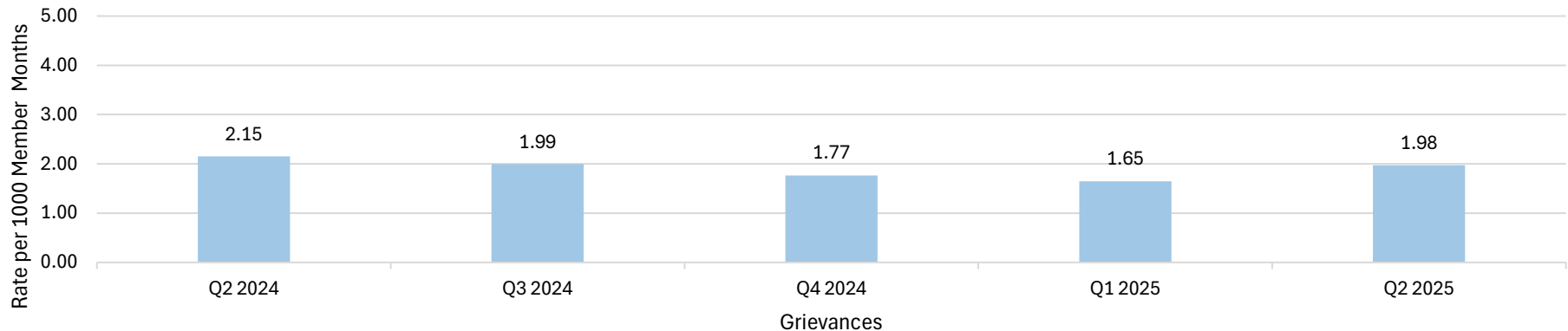


# Grievances

# Total Grievance Volume and Compliance

Timeframe	Total Grievances
Q2-2025	5,352
Q1-2025	4,510
Q4-2024	4,829
Q3-2024	5,456
Q2-2024	5,962

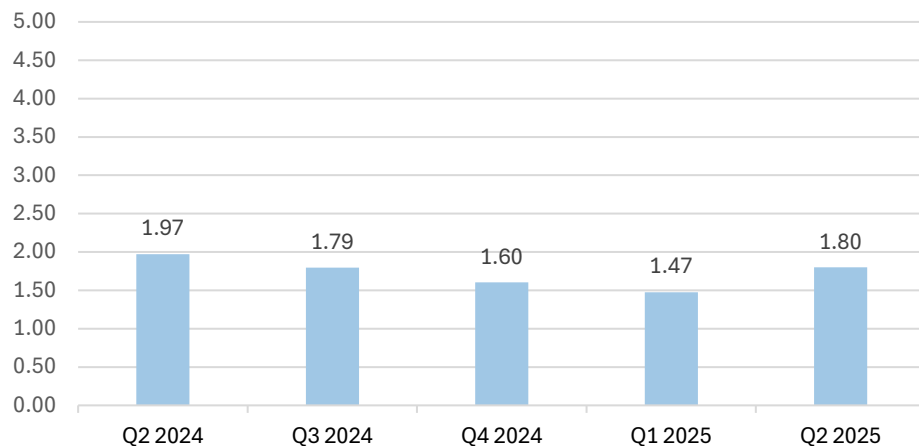
Grievances rate per 1,000  
Member Months



Complaint Type	Required TAT	CalOptima Average TAT	Compliance Percentage
Grievances	30 Days	23 Days <a href="#">Back to Agenda</a>	99.9%

# Grievance Volume by Line of Business (LOB)

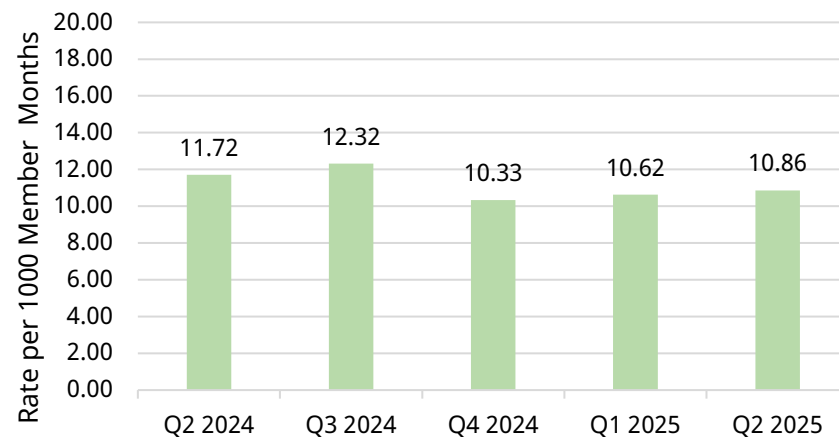
Medi-Cal



Total Grievances

Q2 2025	4,778
Q1 2025	3,958
Q4 2024	4,298
Q3 2024	4,817
Q2 2024	5,355

OneCare

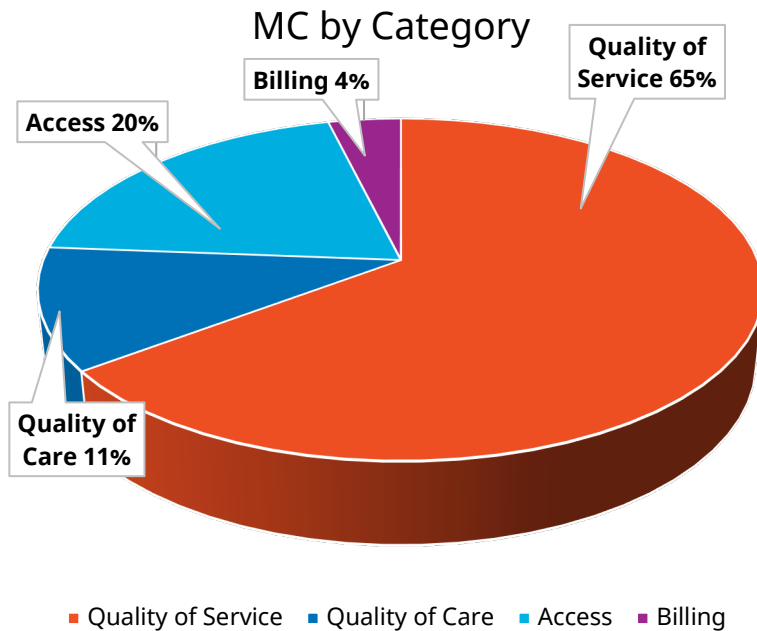


Total Grievances

Q2 2025	574
Q1 2025	552
Q4 2024	531
Q3 2024	639
Q2 2024	607



# 2024-2025 Grievance Type by Category



	MC Grievances				
	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Quality of Service	2,668	2,702	2,485	2,337	2,917
Quality of Care	505	586	480	364	518
Access	789	882	875	821	899
Billing	208	217	178	153	172
<b>TOTAL</b>	<b>4,170</b>	<b>4,387</b>	<b>4,018</b>	<b>3,675</b>	<b>4,506</b>

## Q2 2025 Trends within each Category:

Quality of Care – Inappropriate care/treatment concerns; Authorization

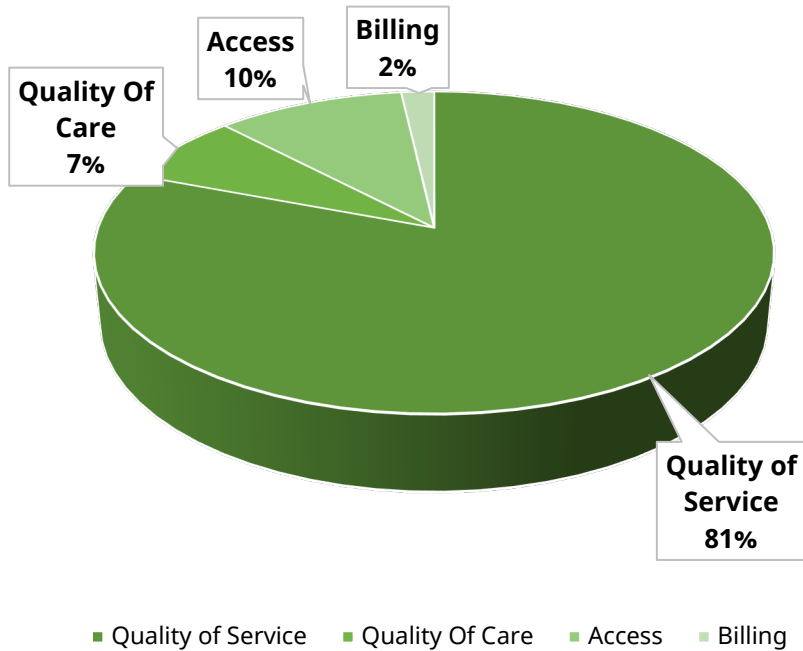
Billing – Provider Direct Member Billing, Balance Billing

Access – Provider Availability, Scheduling

Quality of Service – Provider/Staff Attitude, Plan Customer Service

[Back to Agenda](#)

# 2025 Grievance Type by Category



	OneCare Grievances				
	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Quality of Service	326	371	334	302	444
Quality of Care	34	51	22	25	39
Access	47	49	49	33	57
Billing	16	15	14	11	10
<b>TOTAL</b>	<b>423</b>	<b>486</b>	<b>419</b>	<b>371</b>	<b>550</b>

## Q2 Trends within each Category:

Quality of Service –Provider Staff Attitude, Plan Customer Service

Quality of Care – Inappropriate Care, Provider Staff Attitude

Access – Telephone Issues, Referral, Provider Availability

Billing – Provider Direct Member Billing, Balance Billing

[Back to Agenda](#)

# Actions Taken in Response to Trends

- **Q2 trends identified**

- Medi-Cal and OneCare grievances regarding transportation providers.
- Medi-Cal and OneCare Grievances against the staff at Primary Care Physicians and Specialists visits.

- **Actions Taken**

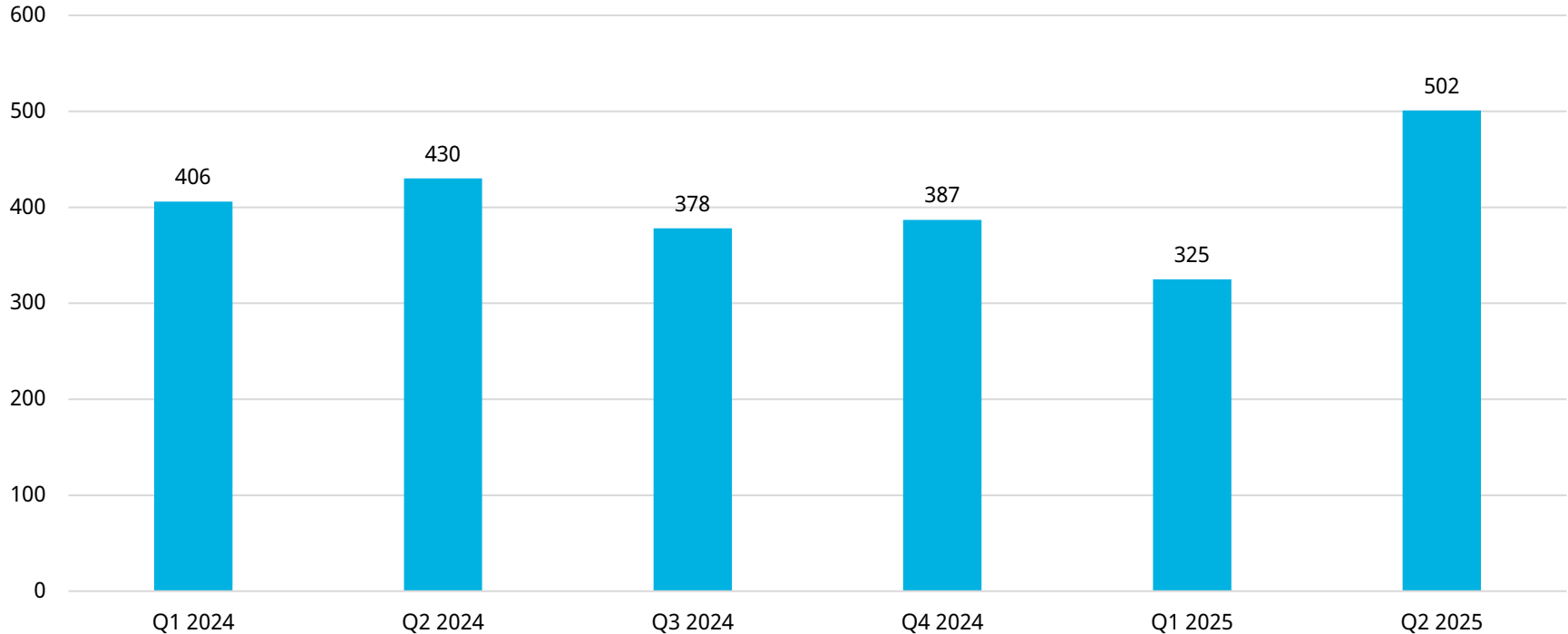
- Vendor providing weekly report to show successful rides, critical care focus and escalated process for recovery rides. Focus on dialysis trips for on time performance and monitoring.
- GARS continues to track provider specific grievances monthly and has set up a process with Provider Relations to monitor quarterly and take actions, as necessary.



# Appeals

# Appeals Volume and Compliance

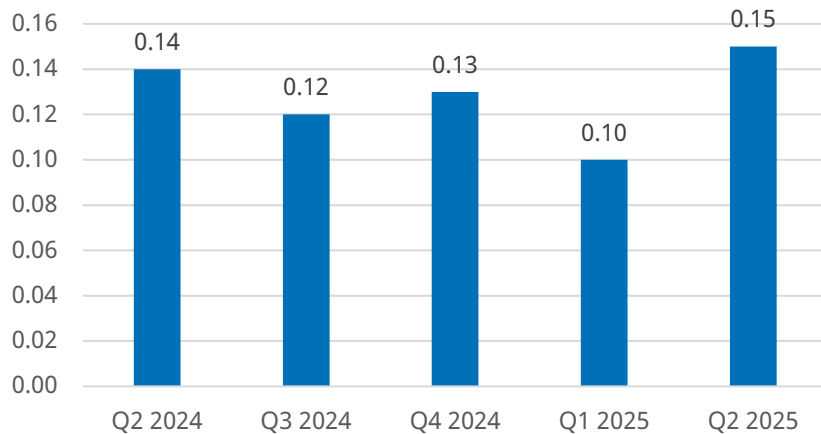
Appeals



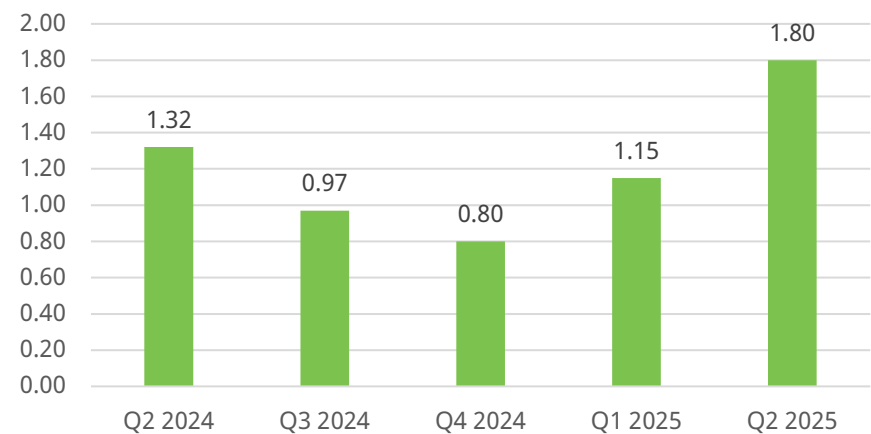
Complaint Type	Required Turn Around Time (TAT)	CalOptima TAT	Compliance Percentage
Appeals	30 Days	21 Days	98%

# Appeals Volume by Line of Business (LOB)

Medi-Cal



OneCare



Total Appeals

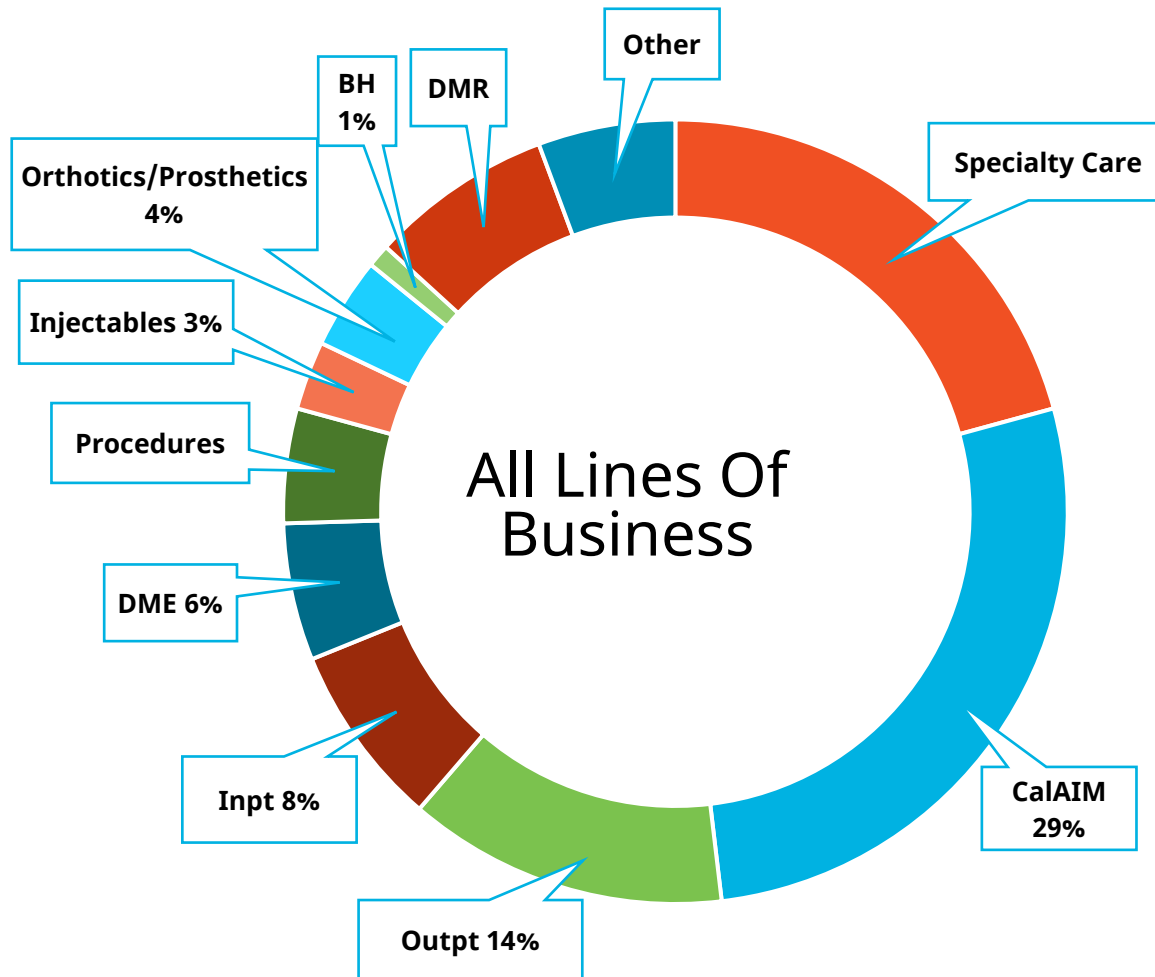
Q2 2025	406
Q1 2025	265
Q4 2024	346
Q3 2024	328
Q2 2024	362

Total Appeals

Q2 2025	95
Q1 2025	59
Q4 2024	41
Q3 2024	50
Q2 2024	68

# Appeals Overall

## Service Types

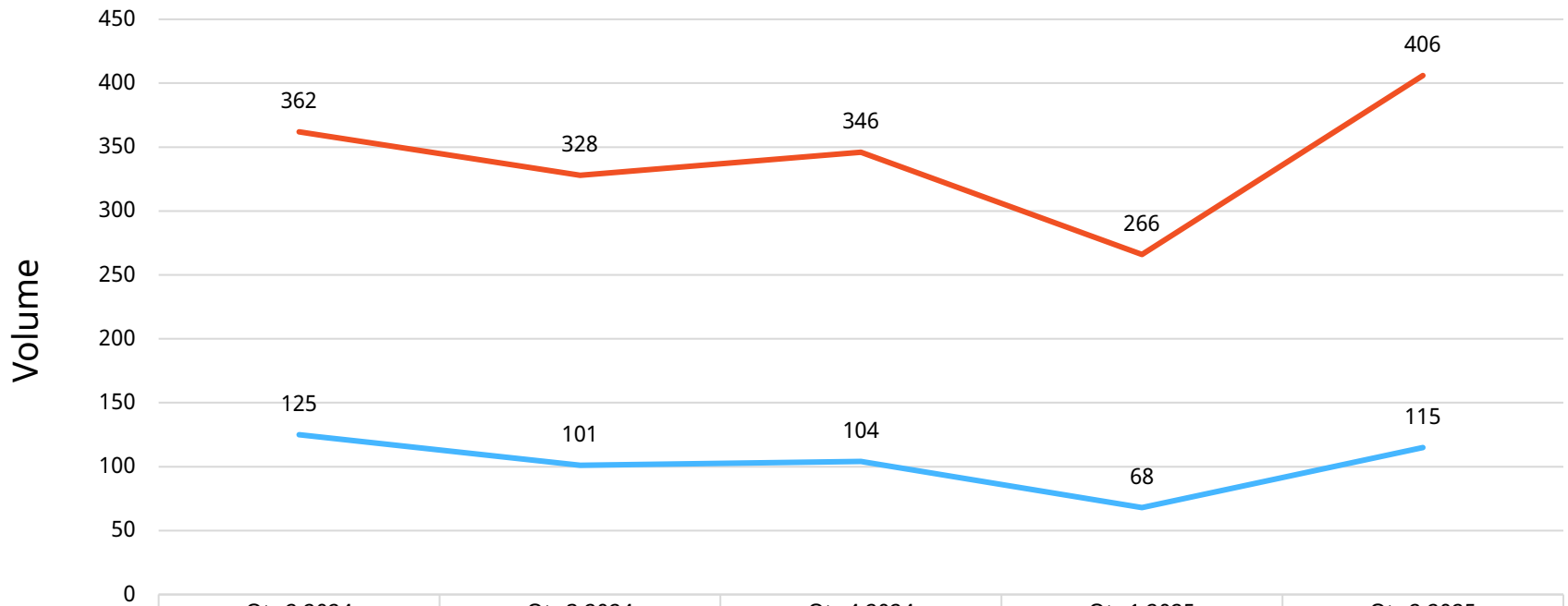


Services	Qty	%
CalAIM	149	30%
Specialty Care	110	22%
Outpatient	69	14%
Inpatient	40	8%
DME	28	6%
Procedures	27	5%
Orthotics / Prosthetics	19	4%
Injectables	17	3%
DMR	8	2%
BH	6	1%
Other	28	6%

# Medi-Cal Appeals

## Overturns by Quarter

Medi-Cal



	Qtr 2 2024	Qtr 3 2024	Qtr 4 2024	Qtr 1 2025	Qtr 2 2025
MC Count	362	328	346	266	406
MC OT	125	101	104	68	115
MC OT Rate	35%	31%	30%	26%	28%

MC Count MC OT MC OT Rate

**115 Medi-Cal member appeals were overturned in Q2 2025**

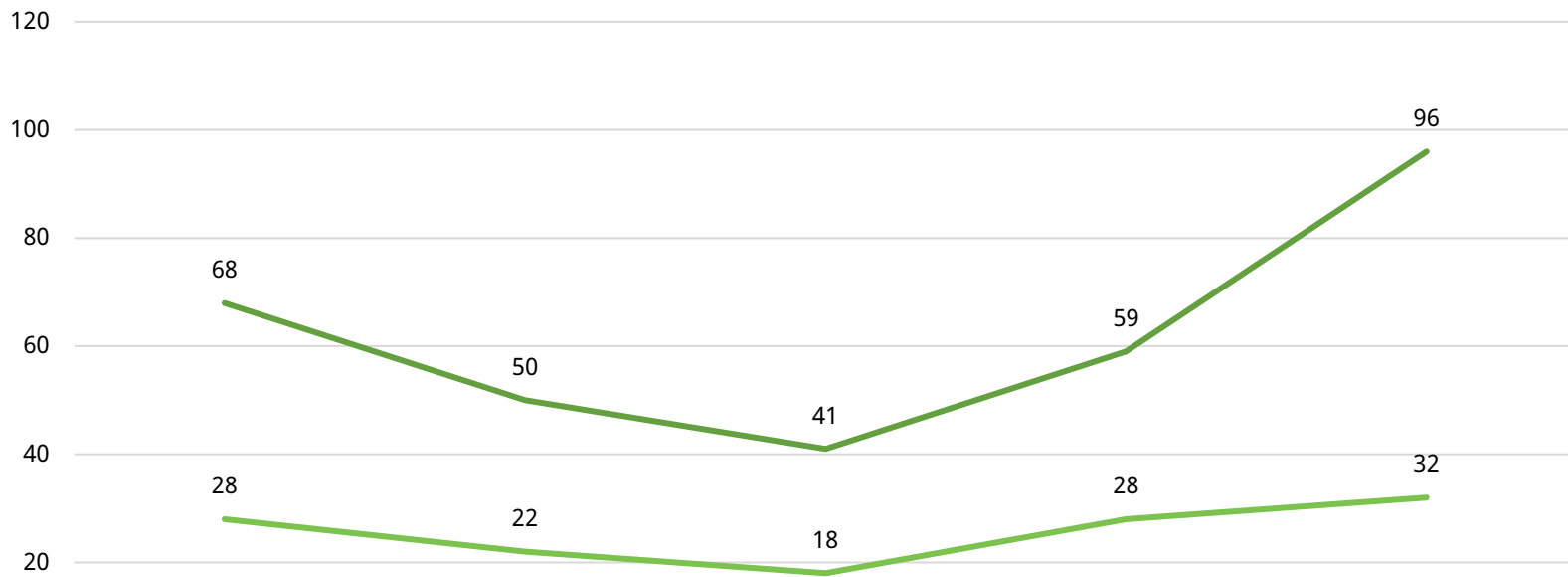
[Back to Agenda](#)



# OneCare Appeals

## Overtuns by Quarter

OneCare



	Qtr 2 2024	Qtr 3 2024	Qtr 4 2024	Qtr 1 2025	Qtr 2 2025
OC Count	68	50	41	59	96
OC OT	28	22	18	28	32
OC OT Rate	41%	44%	44%	47%	33%

OC Count OC OT OC OT Rate

# Actions Taken in Response to Trends

## ○ Q2 trends identified

- Requests for specialists/tertiary level of care being modified/redirection to in-network providers who cannot treat the condition or see the member timely based on their needs and/or access to care standards.
- Continuity of Care (COC)- During initial reviews, COC based on multidisciplinary care is not considered.

## ○ Actions Taken

- Upon appeal overturn, the health networks are provided the criteria utilized in the review, this serves as health network education.
- Internal tracking and trending of network overturns and information to be shared with the Delegation Oversight Medical Director to be presented at the quarterly meetings with Health Network partners, specifically UM and GARS departments.



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# **Member and Population Health Needs Assessment (MPHNA)**

**Member and Provider Advisory  
Committees**

**August 14, 2025**

**Michaell Silva Rose, DrPH, LCSW  
Chief Health Equity Officer**

[Back to Agenda](#)

## **Our Mission**

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

## **Our Vision**

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

# CalOptima Health Assessments

## Population Needs Assessment (PNA)

- Extensive review of multiple data sources to understand the needs of our members
- Ongoing annual **NCQA** Requirement
- Completed April 2025 - Population Assessment Report

## Community Health Assessment (CHA)

- Identify key community needs through the review of countywide data
- Managed Care Plan and local health jurisdiction collaboration required by **DHCS** (Alignment by 2028)

## Member & Population Health Needs Assessment (MPHNA)

- Comprehensive assessment of members' needs
- Mapping community assets
- To inform interventions, strategies and investments that improve member health
- **CalOptima Health Board** initiative launched in Q1 2025

# MPHNA Overview

- Comprehensive assessment to inform health equity interventions, community investments, and strategic program development for CalOptima Health members
- CalOptima Health is partnering with the National Opinion Research Center (NORC) at the University of Chicago on a three-method approach:
  1. Member and provider surveys
  2. Key informant interviews
  3. Community focus groups

# MPHNA Overview (cont.)

- Assess community assets and barriers to develop focused interventions
- Support NCQA Accreditation, Community Health Assessment (CHA), and Community Health Improvement Plan (CHIP) mandates
- Final MPHNA report is anticipated by Q2 2026

# Stakeholder Engagement

- Member and Provider Advisory Committees (MAC/PAC)
  - Provided feedback on member and provider survey instruments in May 2025
- Stakeholder feedback session conducted with OC Health Care Agency
  - 18 Community-Based Organizations participated in July 2025



[Back to Agenda](#)



# Member Surveys

- Assessment of member needs, barriers to care, gaps in services, member experience and health status
- Outreach material and survey will be translated into threshold languages
- Survey takes approximately 12-15 minutes to complete

# Member Surveys (cont.)

- Survey distribution
  - Random sampling of approximately 25,000 members (will be mailed an invitation with a URL link to the survey)
  - Convenience sampling (postcard with QR code to survey to be distributed at PACE and CalOptima Health Community events)
  - Members will receive a gift card for participating
- Anticipated launch in September (pending DHCS approval)

# Provider Survey

- Evaluate provider perspectives on member needs, including social needs and access barriers
- NORC emailed CalOptima Health providers with a survey link from: [MPHNA2025@norc.org](mailto:MPHNA2025@norc.org)
  - Survey takes approximately 8-10 minutes to complete
- Provider survey is open from July 21 through August 29, 2025
  - Presented at CalOptima Health's Provider Forum and Health Network Meetings
  - Announcements in CalOptima Health's weekly Health Network Communications and the monthly Provider Newsletter

# Who Should Respond to this Survey

## ○ **Providers in our Health Networks:**

- AltaMed Health Services - AHN
- AltaMed Health Services
- AMVI Care Health Network
- CHOC Health Alliance
- CalOptima Community Network
- Family Choice Health Services
- HPN-Regal Medical Group
- Noble Mid-Orange County
- Optum
- Prospect Medical Group
- United Care Medical Group

## ○ **Providers of all types:**

- Behavioral health professional
- Case manager
- Community health worker or promotor(a)
- Doula
- Midwife
- Nurse practitioner
- Peer advocate
- Physician
- Physician assistant
- Registered nurse
- Social worker



**The individual provider only has to complete the survey once.**

[Back to Agenda](#)

# Focus Groups and In-Depth Interviews

- Community Action Partnership of Orange County (CAP OC) is subcontracted to facilitate the focus groups and interviews
  - Anticipated to occur in Q4 2025
- Topics include *access to care and supports, member experience, health status and conditions, social determinants of health*
- Outreach will be via email or phone/text

# Focus Groups and In-Depth Interviews (cont.)

- Offered in threshold languages to CalOptima Health members or their caregivers
- Mix of in-person and virtual interviews to maximize accessibility
- Members will receive a gift card for participating

# Focus Groups and In-Depth Interviews (cont.)

Focus Groups (10)	In-Depth Interviews (8-10)
<ol style="list-style-type: none"><li>1. English-speaking adult members (North OC)</li><li>2. English-speaking adult members (South OC)</li><li>3. Black/African American adult members (English)</li><li>4. Spanish-speaking adult members (North OC)</li><li>5. Spanish-speaking adult members (South OC)</li><li>6. Vietnamese-speaking adult members</li><li>7. Parents of children in the Whole Child Model (WCM) (English)</li><li>8. Adults (aged 19-64) with disabilities (English)(physical, and/or intellectual, developmental disability)</li><li>9. Pregnant or up to 1-year postpartum women (English)</li><li>10. PACE enrollees or their caregivers</li></ol>	<ol style="list-style-type: none"><li>1. Members with behavioral health</li><li>2. Members who are unhoused</li><li>3. Parents of children in WCM/with disabilities</li><li>4. Adults with disabilities</li><li>5. Pregnant or 1-year postpartum women</li><li>6. PACE enrollees or their caregivers</li></ol>

# Focus Group Recruitment Strategies

- Leverage existing community relationships to assist with hosting focus groups and recruiting members to participate
- We need your assistance:

Host a focus group in a welcoming space

***or***

Recommend a community partner to host

Recruit members to participate in a focus group

***or***

Promote and encourage members to participate



# Secondary Data Analysis

- Utilization of CalOptima Health de-identified member data and public Orange County health indicator data

## County

- OC CHIP 2024-2026
- OC CHA 2023
- Comprehensive Economic Development Strategy Report (Orange County)
- Medi-Cal Managed Care External Quality Review Technical Report
- County Health Status Profiles
- First 5 OC Early Development Index
- OC Equity Profile 2025
- OC Community Indicators Report 2024-2025

## State

- UCLA's California Health Interview Survey
- California Healthy Kids Survey
- Healthy Places Index
- Department of Social Services enrollment data

## National

- American Community Survey 5-year combined files
- CDC Places
- Behavioral Risk Factor Surveillance System

# Building on Strengths - Developing a Health Equity Asset Map

- Digital mapping tool of Orange County's community assets to help identify and address health disparities
- Interactive dashboard for ongoing assessment and health asset mapping reporting
- Guide Health Equity and Population Health Management programs and interventions





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# Cultural and Linguistics Services

MEMBER ADVISORY COMMITTEE (MAC) AND PROVIDER ADVISORY COMMITTEE (PAC)

August 14, 2025

Carlos Soto  
Manager, Cultural & Linguistics

[Back to Agenda](#)

# Cultural and Linguistics Services

- CalOptima Health's Cultural and Linguistics program provides interpreter and translation services for members.
  - Interpretation is available in any language including American Sign Language (ASL)
  - Translation Services are available in CalOptima Health threshold languages.
- CalOptima Health's Cultural and Linguistics program translates all Annual Notice of Change (ANOC) materials for the OneCare Line of Business, in the required threshold languages in time to ensure that all member materials are in the member's hands by September 30th of each year.

# Cultural and Linguistics Services

- Translation services utilization data was analyzed, tracked and trends were identified and adjusted when necessary to ensure members received timely and adequate translation and interpreter services.
  - In accordance with the C&L Work Plan, C&L continues to process written translations, telephonic and Face-to-Face interpreter requests. Spanish and Vietnamese continue to have the highest volume of translations and interpreter requests, since those are the largest populations CalOptima Health serves.
  - CalOptima Health experienced an increase of Russian translations and interpreter requests, since the Russian speaking population in Orange County surpassed the numeric threshold of 3,000 eligible beneficiary population set by DHCS.
  - Russian was implemented as a CalOptima Health threshold language Monday, August 11, 2025.

# Cultural and Linguistics Services

- CalOptima Health Cultural and Linguistic Services provides language services for members and staff. The satisfaction assessment of language services provided for organizational functions and healthcare encounters, are evaluated via surveys.
- Cultural and Linguistic Services conducted a staff and member surveys of language services received by CalOptima Health staff and members.
  - The staff survey was an online in-house survey via The Week-Ahead and eNews, 73 positive responses were received from CalOptima Health staff.
  - The Member survey was mailed to 32,480 members and received a 6% positive response rate from CalOptima Health members.

# Cultural and Linguistics Services

- CalOptima Health Cultural and Linguistic Services conducted a Member's Sexual Orientation and Gender Identity (SOGI) surveys to members 18+ years of age, to collect the Member's SOGI information.
  - CalOptima Health mailed 61,109 SOGI surveys to members 18 years of age and older and received a 9% response.
  - The CalOptima Health's Core eligibility system stores the SOGI data and will continue to be updated, as necessary.
  - Member demographic information continues to be shared with practitioners.



# Our Mission

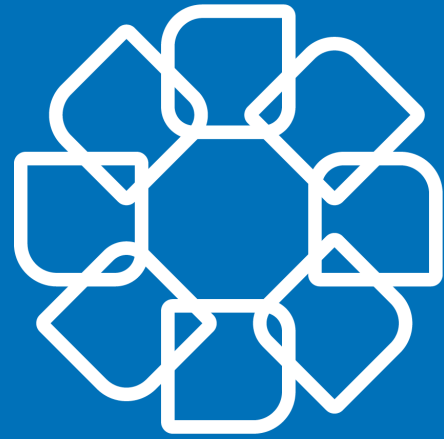
To serve member health with excellence and dignity,  
respecting the value and needs of each person.

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## Leading Causes of Death Across the Life Course in Orange, 2023

0 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+
Neonatal conditions (51)	*	Drug overdose (50)	Drug overdose (188)	Drug overdose (173)	Drug overdose (121)	Ischemic heart disease (293)	Ischemic heart disease (520)	Ischemic heart disease (742)	Alzheimer's disease (1,896)
Congenital anomalies (26)	*	Road injury (46)	Suicide (54)	Alcohol-related (60)	Alcohol-related (100)	Drug overdose (137)	Lung cancer (220)	Alzheimer's disease (629)	Ischemic heart disease (1,267)
*	*	Suicide (32)	Road injury (50)	Suicide (54)	Ischemic heart disease (90)	Alcohol-related (137)	Stroke (182)	Stroke (364)	Stroke (699)
*	*	Homicide (14)	Alcohol-related (28)	Road injury (36)	Road injury (51)	Stroke (112)	Alzheimer's disease (147)	COPD (283)	Congestive heart failure (694)
*	*	*	Homicide (19)	Stroke (24)	Stroke (50)	Lung cancer (85)	COPD (136)	Lung cancer (273)	Hypertensive heart disease (500)
0 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+



[Back to Agenda](#)

## 2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>Behavioral Health</b>			
<b><u>SB 483</u></b> Stern	<p><b>Mental Health Diversion:</b> Would require that a court be satisfied that a recommended mental health treatment program is consistent with the underlying purpose of mental health diversion and meets the specialized treatment needs of the defendant.</p> <p><b>Potential CalOptima Health Impact:</b> Increased oversight of behavioral health treatment for members.</p>	<b>06/04/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch
<b><u>SB 626</u></b> Smallwood- Cuevas	<p><b>Maternal Mental Health Screenings and Treatment:</b> Would require a licensed health care practitioner who provides perinatal care for a patient to screen, diagnose and treat the patient for a maternal mental health condition.</p> <p><b>Potential CalOptima Health Impact:</b> Increased access to behavioral health services for eligible members.</p>	<b>06/02/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Oppose
<b><u>SB 812</u></b> Allen	<p><b>Qualified Youth Drop-In Center Health Care Coverage:</b> Would require a health plan to provide coverage for mental health and substance use disorders at a qualified youth drop-in center, defined as a center providing behavioral or primary health and wellness services to youth 12 to 25 years of age with the capacity to provide services before and after school hours and that has been designated by or embedded with a local educational agency or institution of higher education.</p> <p><b>Potential CalOptima Health Impact:</b> Increased access to behavioral health services for CalOptima Health Medi-Cal youth members.</p>	<b>05/28/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Concerns
<b><u>AB 37</u></b> Elhawary	<p><b>Behavioral Health Workforce:</b> Would require the California Workforce Development Board to study how to expand the workforce of mental health service providers providing services to homeless persons.</p> <p><b>Potential CalOptima Health Impact:</b> Increased access to behavioral health services for members experiencing homelessness.</p>	<b>03/13/2025</b> Referred to Assembly Labor and Employment Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>AB 348</u></b> Krell	<p><b>Full-Service Partnership:</b> Would establish presumptive eligibility for Full-Service Partnership programs.</p> <p><b>Potential CalOptima Health Impact:</b> Increased continuity of care for members with serious mental illness.</p>	<b>05/12/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch
<b><u>AB 384</u></b> Connolly	<p><b>Inpatient Prior Admission Authorization:</b> Would prohibit a health plan from requiring prior authorization for admission to medically necessary 24-hour care in inpatient settings, including general acute care hospitals and psychiatric hospitals, for mental health and substance use disorders (SUDs) as well as for any medically necessary services provided to a beneficiary while admitted for that care.</p> <p><b>Potential CalOptima Health Impact:</b> Modified utilization management (UM) procedures for covered Medi-Cal benefits.</p>	<b>04/22/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
<b><u>AB 423</u></b> Davies	<p><b>Discharge and Continuing Care Planning:</b> Would mandate regulations for discharge and continuing care planning from a facility providing alcoholism or drug abuse recovery and treatment services, including the creation of a plan to help patients return to their home community and scheduled follow-up with a mental health or SUD professional no more than seven days after discharge.</p> <p><b>Potential CalOptima Health Impact:</b> Increased continuity of care for members who have received SUD treatment.</p>	<b>02/18/2025</b> Referred to Assembly Health Committee	CalOptima Health: Watch
<b><u>AB 618</u></b> Krell	<p><b>Behavioral Health Data Sharing:</b> Would require each Medi-Cal managed care plan (MCP), county specialty mental health plan (MHP) and Drug Medi-Cal program to electronically share data for its members to support coordination of behavioral health services. Would also require the California Department of Health Care Services (DHCS) to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be published by January 1, 2027.</p> <p><b>Potential CalOptima Health Impact:</b> Increased coordination between Medi-Cal delivery systems regarding behavioral health services.</p>	<b>06/03/2025</b> Passed Assembly floor; referred to Senate	<p><b><u>05/07/2025</u></b> CalOptima Health: SUPPORT</p> <p>LHPC: Sponsor</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>AB 877</u></b> Dixon	<p><b>Nonmedical SUD Treatment:</b> Would require DHCS and the California Department of Managed Health Care (DMHC) to send a letter to the chief financial officer of every health plan (including a Medi-Cal MCP) that provides SUD coverage in residential facilities. The letter must inform the plan that SUD treatment in licensed and certified residential facilities is almost exclusively nonmedical, with rare exceptions, including for billing purposes. These provisions would be repealed on January 1, 2027.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Enhanced transparency and clarity around nonmedical treatment provided for SUDs.</p>	<b>03/03/2025</b> Referred to Assembly Health Committee	CalOptima Health: Watch
<b><u>AB 951</u></b> Ta	<p><b>Autism Diagnosis:</b> Would prohibit a health plan from requiring an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a diagnosis to maintain coverage for behavioral health treatment for their condition.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased access to care for specific behavioral health treatments.</p>	<p><b>07/14/2025</b> Assembly concurred in amendments; ordered to the Governor</p> <p><b>07/10/2025</b> Passed Senate floor</p> <p><b>05/07/2025</b> Passed Assembly floor</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>Budget</b>			
<b><u>H.R. 1</u></b> Arrington (TX)	<p><b>One Big Beautiful Bill Act:</b> Makes substantial changes to Medicaid program funding and policies, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Work, community service and/or education requirement of 80 hours per month for able-bodied adults without dependents (with exceptions for pregnant women, foster youth, medically frail, caregivers and others), effective December 31, 2026, or no later than December 31, 2028</li> <li>• Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to every six months, effective December 31, 2026</li> <li>• Emergency Medicaid services provided to all undocumented beneficiaries subject to the traditional Federal Medical Assistance Percentage (FMAP) — 50% in California — regardless of the FMAP for which those would otherwise be eligible, effective October 1, 2026</li> <li>• Cost-sharing for MCE enrollees with incomes of 100–138% Federal Poverty Level (FPL), not to exceed \$35 per service and 5% of total income, and not to be applied to primary, prenatal, pediatric, or emergency care, effective October 1, 2028</li> <li>• Prohibition on any new or increased provider taxes, effective immediately</li> <li>• Significant restrictions on current Managed Care Organization (MCO) taxes, which could effectively repeal California’s MCO tax that was recently made permanent by Proposition 35 (2024), with a potential winddown period of up to three fiscal years (FYs)</li> </ul> <p><b>Potential CalOptima Health Impact:</b> Reduced funding to CalOptima Health and contracted providers; decreased number of members; increased administrative costs; implementation of co-pay systems; increased financial and administrative burdens for some existing members; decreased health care utilization by some existing members; reduced benefits for some existing members.</p>	<b>07/04/2025</b> Signed into law	<b><u>05/20/2025</u></b> CalOptima Health: OPPOSE
<b><u>SB 101</u></b> Wiener  <b><u>AB 102</u></b> Gabriel	<p><b>Budget Act of 2025:</b> Makes appropriations for the government of the State of California for FY 2025-26. Total spending is \$321 billion, of which \$228.4 billion is from the General Fund.</p> <p><b>Potential CalOptima Health Impact:</b> A full analysis of the FY 2025-26 Enacted State Budget is forthcoming.</p>	<b>06/30/2025</b> Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>AB 100</u></b> Gabriel	<p><b>Budget Acts of 2023 and 2024:</b> Increases Medi-Cal's current FY 2024-25 General Fund appropriation by \$2.8 billion and federal funds appropriation by \$8.25 billion in order to solve a deficiency in the Medi-Cal budget.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Continued funding for current Medi-Cal rates and initiatives through June 30, 2025.</p>	<b>04/14/2025</b> Signed into law	CalOptima Health: Watch
<b><u>AB 116</u></b> Committee on Budget	<p><b>Health Omnibus Trailer Bill:</b> Consolidates and enacts certain budget trailer bill language containing policy changes needed to implement health-related budget expenditures. Provisions related to the Medi-Cal program include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Enrollment freeze for undocumented individuals 19 years or older, effective no sooner than January 1, 2026, with exceptions for pregnant individuals</li> <li>• Implementation of \$30 monthly premiums for undocumented individuals ages 19-59, effective no sooner than July 1, 2027</li> <li>• Reinstatement of the asset limit at \$130,000 for individuals, adding \$65,000 for each additional household member, capping at 10 members, effective January 1, 2026</li> <li>• Enacts PACE provider sanctions, effective immediately</li> </ul> <p><b><i>Potential CalOptima Health Impact:</i></b> A full analysis of the FY 2025-26 Enacted State Budget is forthcoming.</p>	<b>06/30/2025</b> Signed into law	CalOptima Health: Watch
<b>California Advancing and Innovating Medi-Cal (CalAIM)</b>			
<b><u>SB 324</u></b> Menjivar	<p><b>Enhanced Care Management (ECM) and Community Supports Contracting:</b> Would require a Medi-Cal MCP to give preference to contracting with community providers when covering the ECM benefit and/or Community Supports. In addition, would require DHCS to develop standardized templates to be used by MCPs. Would also require DHCS to develop guidance to allow community providers to subcontract with other community providers.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased collaboration with community providers and standardized contracts.</p>	<b>05/27/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Watch LHPC: Oppose



Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>AB 543</u></b> Gonzalez	<p><b>Street Medicine:</b> Would authorize a Medi-Cal MCP to elect to offer Medi-Cal covered services through a street medicine provider. MCPs that elect to do so would be required to allow a Medi-Cal beneficiary who is experiencing homelessness to receive those services directly from a contracted street medicine provider, regardless of the beneficiary's network assignment. Additionally, would require the MCP to allow a contracted street medicine provider enrolled in Medi-Cal to directly refer the beneficiary for covered services within the appropriate network.</p> <p><b>Potential CalOptima Health Impact:</b> Continued access to street medicine services for members experiencing homelessness.</p>	<b>06/02/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Watch
<b>Covered Benefits</b>			
<b><u>SB 40</u></b> Wiener	<p><b>Insulin Coverage:</b> Would prohibit a health plan, effective January 1, 2026 (or a policy offered in the individual or small group market, effective January 1, 2027), from imposing a copayment or other cost sharing of more than \$35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or any other cost sharing on an insulin prescription drug. Additionally, would require a health plan to cover all types of insulin without step therapy on and after January 1, 2026.</p> <p><b>Potential CalOptima Health Impact:</b> Decreased out-of-pocket costs for future members enrolled in Covered California line of business; new UM procedures.</p>	<b>05/28/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Oppose
<b><u>SB 62</u></b> Menjivar  <b><u>AB 224</u></b> Bonta	<p><b>Essential Health Benefits (EHBs):</b> Would express the intent of the Legislature to review California's EHB benchmark plan and establish a new benchmark plan for the 2027 plan year. Additionally, upon approval from the United States Department of Health and Human Services and by January 1, 2027, would require the new benchmark plan include certain additional benefits, including coverage for fertility services, hearing aids and exams, and durable medical equipment.</p> <p><b>Potential CalOptima Health Impact:</b> New covered benefits for future members enrolled in Covered California line of business.</p>	<b>05/27/2025</b> SB 62 passed Senate floor; referred to Assembly  <b>05/29/2025</b> AB 224 passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Concerns
<b><u>SB 535</u></b> Richardson  <b><u>AB 575</u></b> Arambula	<p><b>Obesity Care Access Act:</b> Would require an individual or group health care plan that provides coverage for outpatient prescription drug benefits to cover at least one specified anti-obesity medication and bariatric surgery for the treatment of obesity.</p> <p><b>Potential CalOptima Health Impact:</b> Expanded covered benefits for future members enrolled in Covered California line of business.</p>	<b>05/28/2025</b> SB 535 passed Senate floor; referred to Assembly  <b>02/24/2025</b> AB 575 referred to Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>AB 242</u></b> Boerner	<p><b>Genetic Disease Screening:</b> Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Expanded covered benefits for members.</p>	<b>04/01/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<b><u>AB 298</u></b> Bonta	<p><b>Cost-Sharing Under Age 21:</b> Effective January 1, 2026, would prohibit a health plan from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services provided to an individual under 21 years of age, with certain exceptions for high deductible health plans that are combined with a health savings account.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased costs for CalOptima Health; decreased costs for future members enrolled in Covered California line of business under 21 years of age.</p>	<b>02/10/2025</b> Referred to Assembly Health Committee	CalOptima Health: Watch
<b><u>AB 350</u></b> Bonta	<p><b>Fluoride Treatments:</b> Would require a health plan to provide coverage for fluoride varnish in the primary care setting for children under 21 years of age by January 1, 2026.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> New covered benefit for pediatric members.</p>	<b>06/02/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose
<b><u>AB 432</u></b> Bauer-Kahan	<p><b>Menopause:</b> Would require a health plan to provide coverage for evaluation and treatment options for symptoms of perimenopause and menopause. Would also require a health plan to annually provide clinical care recommendations for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> New covered benefits for members; increased communications to providers.</p>	<b>06/03/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose
<b><u>AB 636</u></b> Ortega	<p><b>Diapers:</b> Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an appropriation by the Legislature:</p> <ul style="list-style-type: none"> <li>• Children greater than three years of age diagnosed with a condition that contributes to incontinence</li> <li>• Other individuals under 21 years of age to address a condition pursuant to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards</li> </ul> <p><b><i>Potential CalOptima Health Impact:</i></b> New covered benefit for pediatric members.</p>	<b>04/01/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>Medi-Cal Eligibility and Enrollment</b>			
<b><u>AB 315</u></b> Bonta	<p><b>Home and Community-Based Alternatives (HCBA) Waiver:</b> Would remove the cap on the number of HCBA Waiver slots and instead require DHCS to enroll all eligible individuals who apply for HCBA Waiver services. By March 1, 2026, would require DHCS to seek any necessary waiver amendments to ensure there is sufficient capacity to enroll all individuals currently on a waiting list. Would also require DHCS by March 1, 2026, to submit a rate study to the Legislature addressing the sustainability, quality and transparency of rates for the HCBA Waiver.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Expanded member access to HCBA Waiver services.</p>	<b>03/25/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<b><u>AB 974</u></b> Patterson	<p><b>Managed Care Enrollment Exemption:</b> Would exempt any dual-eligible and non-dual-eligible beneficiaries who receive services from a regional center and who use the Medi-Cal fee-for-service delivery system as a secondary form of health care coverage from mandatory enrollment in a Medi-Cal MCP.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Decreased number of members.</p>	<b>04/22/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<b><u>AB 1012</u></b> Essayli	<p><b>Unsatisfactory Immigration Status:</b> Would make an individual who does not have satisfactory immigrant status ineligible for Medi-Cal benefits. In addition, would transfer funds previously appropriated for such eligibility to a newly created Serving our Seniors Fund to restore and maintain payments for Medicare Part B premiums for eligible individuals.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Decreased number of members.</p>	<b>02/21/2025</b> Introduced	CalOptima Health: Watch
<b><u>AB 1161</u></b> Harabedian	<p><b>State of Emergency Continuous Eligibility:</b> Would require DHCS and the California Department of Social Services to provide continuous eligibility for its applicable programs (including Medi-Cal and CalFresh) to all beneficiaries within a geographic region who have been affected by a state of emergency or a health emergency.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Extended Medi-Cal eligibility for certain members.</p>	<p><b>04/29/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p><b>04/08/2025</b> Passed Assembly Human Services Committee</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>Medi-Cal Operations and Administration</b>			
<b><u>SB 278</u></b> Cabaldon	<p><b>Health Data HIV Test Results:</b> Would permit additional disclosures to DHCS staff and Medi-Cal MCPs to improve care coordination and quality programs for HIV-positive beneficiaries. Would also update existing laws to enhance quality improvement efforts in HIV care under Medi-Cal. Would additionally require the development of a mechanism through which Medi-Cal beneficiaries can opt out of such disclosures.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased coordination of care for HIV-positive members.</p>	<b>05/29/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch
<b><u>SB 497</u></b> Wiener	<p><b>Legally Protected Health Care Activity:</b> Would prohibit a health care provider, health plan, or contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or mental health care in response to a criminal or civil action. Would also prohibit these entities from cooperating with or providing medical information to an individual, agency, or department from another state or to a federal law enforcement agency or in response to a foreign subpoena.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased protection of medical information related to gender-affirming care; increased staff training regarding disclosure processes.</p>	<b>06/02/2025</b> Passed Senate; referred to Assembly floor	CalOptima Health: Watch
<b><u>SB 530</u></b> Richardson	<p><b>Medi-Cal Time and Distance Standards:</b> Would extend current Medi-Cal time and distance standards until January 1, 2029. In addition, would require a Medi-Cal MCP to ensure that each subcontractor network complies with certain appointment time standards and incorporate into reporting to DHCS, unless already required to do so. Additionally, the use of telehealth providers to meet time or distance standards would not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased oversight of contracted providers; increased reporting to DHCS.</p>	<b>05/29/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>SB 660</u></b> Menjivar	<p><b>California Health and Human Services Data Exchange Framework (DxF):</b> Would require the Center for Data Insights and Innovation within California Health and Human Services Agency (CalHHS) to absorb all functions related to the DxF initiative, including the data sharing agreement and policies and procedures, by January 1, 2026. Additionally, would expand DxF to include social services information.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased care coordination with social service providers.</p>	<b>06/02/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch
<b><u>AB 40</u></b> Bonta	<p><b>Abortion as Emergency Service:</b> Would expand the definition of emergency services to include surgery and reproductive health services, including abortion, necessary to relieve or eliminate the emergency medical condition, within the capability of the facility.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Expanded coverage of abortion services for members.</p>	<b>04/21/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch
<b><u>AB 45</u></b> Bauer-Kahan	<p><b>Reproductive Data Privacy:</b> Would prohibit the collection, use, disclosure, sale, sharing, or retention of the information of a person who is physically located at, or within a precise geolocation of, a family planning center, except any collection or use necessary to perform services or provide goods that have been requested. Would also authorize an aggrieved person to institute and prosecute a civil action against any person or organization in violation of these provisions.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased safeguards regarding reproductive health information.</p>	<b>06/03/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch
<b><u>AB 257</u></b> Flora	<p><b>Specialty Telehealth Network Demonstration:</b> Would require the establishment of a demonstration project for a telehealth and other virtual services specialty care network designed to serve patients of safety-net providers.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Expanded member access to telehealth specialists.</p>	<b>03/25/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
<b><u>AB 302</u></b> Bauer-Kahan	<p><b>Confidentiality of Medical Information Act:</b> Would prohibit a health care provider, health plan or contractor from complying with a court order that constitutes a foreign subpoena. Would also prohibit such entities from intentionally selling medical information or using medical information for marketing.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased protection of medical information; increased staff training regarding disclosure processes.</p>	<b>05/23/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>AB 316</u></b> Krell	<p><b>Artificial Intelligence Defenses:</b> Prohibits a defendant that developed or used artificial intelligence from asserting a defense that artificial intelligence autonomously caused the alleged harm to the plaintiff.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased liability related to UM procedures.</p>	<b>05/19/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch
<b><u>AB 403</u></b> Ortega	<p><b>Medi-Cal Community Health Service Workers:</b> Would require DHCS to annually review the Community Health Worker (CHW) benefit and present an analysis to the Legislature beginning July 1, 2027. The analyses would include an assessment of Medi-Cal MCP outreach and education efforts, CHW utilization and services, demographic disaggregation of the CHWs and beneficiaries receiving services, and fee-for-service reimbursement data.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> New reporting requirements to DHCS.</p>	<b>03/25/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<b><u>AB 577</u></b> Wilson	<p><b>Prescription Drug Antisteering:</b> Would prohibit a health plan or pharmacy benefit manager (PBM) from engaging in specified steering practices, including requiring an enrollee to use a retail pharmacy for dispensing prescription oral medications and imposing any requirements, conditions or exclusions that discriminate against a physician in connection with dispensing prescription oral medications. Additionally, would require a health care provider, physician's office, clinic or infusion center to obtain consent from an enrollee and disclose a good faith estimate of the applicable cost-sharing amount before supplying or administering an injected or infused medication.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased oversight of contracted PBM and referral processes.</p>	<b>04/29/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<b><u>AB 688</u></b> Gonzalez	<p><b>Telehealth for All Act of 2025:</b> Beginning in 2028 and every two years thereafter, would require DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> New reporting requirements to DHCS.</p>	<b>06/02/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch
<b><u>AB 980</u></b> Arambula	<p><b>Health Plan Duty of Care:</b> As it pertains to the required "duty of ordinary care" by a health plan, would define "medically necessary health care service" to mean legally prescribed medical care that is reasonable and comports with the medical community standard.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Modified UM procedures.</p>	<b>04/22/2025</b> Re-referred to Assembly Health Committee	CalOptima Health: Watch



Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b>Older Adult Services</b>			
<b><u>SB 242</u></b> Blakespear	<p><b>Medicare Supplemental Coverage Open Enrollment Periods:</b> Would make Medicare supplemental benefit plans available to qualified applicants with end stage renal disease under the age of 64 years. Would also create an annual open enrollment period for Medicare supplemental benefit plans and prohibit such plans from denying an application or adjusting premium pricing due to a preexisting condition. Additionally, would authorize premium rates offered to applicants during the open enrollment period to vary based on the applicant's age at the time of issue, but would prohibit premiums from varying based on age after the contract is issued.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Expanded Medicare coverage options for dual-eligible members.</p>	<b>04/30/2025</b> Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
<b><u>SB 412</u></b> Limón	<p><b>Home Care Aides:</b> Would require a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia prior to providing care and annually thereafter.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> New training requirements for PACE staff.</p>	<b>05/08/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch
<b>Providers</b>			
<b><u>SB 32</u></b> Weber Pierson	<p><b>Timely Access to Care:</b> Would require DHCS, DMHC and the California Department of Insurance to consult stakeholders for the development and adoption of geographic accessibility standards of perinatal units to ensure timely access for enrollees by July 1, 2027.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Additional timely access standards; increased contracting with perinatal units.</p>	<b>06/02/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch LHPC: Oppose
<b><u>SB 250</u></b> Ochoa Bogh	<p><b>Medi-Cal Provider Directory — Skilled Nursing Facilities:</b> Would require a provider directory issued by a Medi-Cal MCP to include skilled nursing facilities as a searchable provider type.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Modifications to CalOptima Health's online provider directory.</p>	<b>05/29/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>SB 306</u></b> Becker	<p><b>Prior Authorization Exemption:</b> No later than January 1, 2028, would eliminate prior authorization for medical services that are approved 90% of the time, except in cases of fraudulent provider activity or clinically inappropriate care</p> <p><b>Potential CalOptima Health Impact:</b> Implementation of new UM procedures to assess prior authorization approval rates; decreased number of prior authorizations; decreased care coordination for members.</p>	<b>05/28/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
<b><u>SB 504</u></b> Laird	<p><b>HIV Reporting:</b> Would authorize a health care provider for a patient with an HIV infection that has already been reported to a local health officer to communicate with a local health officer or the California Department of Public Health (CDPH) to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH.</p> <p><b>Potential CalOptima Health Impact:</b> Increased coordination of care for HIV-positive members.</p>	<b>05/08/2025</b> Passed Senate floor; referred to Assembly	CalOptima Health: Watch
<b><u>AB 29</u></b> Arambula	<p><b>Adverse Childhood Experiences (ACEs) Screening Providers:</b> Would require DHCS to include community-based organizations, local health jurisdictions and doulas as qualified providers for ACEs trauma screenings and require clinical or other appropriate referrals as a condition of Medi-Cal payment for conducting such screenings.</p> <p><b>Potential CalOptima Health Impact:</b> Increased access to care for pediatric members with ACEs.</p>	<b>04/01/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<b><u>AB 50</u></b> Bonta	<p><b>Over-the-Counter Contraceptives:</b> Would allow pharmacists to provide over-the-counter hormonal contraceptives without following certain procedures and protocols, such as requiring patients to complete a self-screening tool. As such, these requirements would become limited to prescription-only hormonal contraceptives.</p> <p><b>Potential CalOptima Health Impact:</b> Increased member access to hormonal contraceptives.</p>	<b>04/28/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch
<b><u>AB 55</u></b> Bonta	<p><b>Alternative Birth Centers Licensing:</b> Would remove the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of CDPH licensing and Medi-Cal reimbursement.</p> <p><b>Potential CalOptima Health Impact:</b> Decreased member access to comprehensive perinatal services; reduced operating requirements for alternative birth centers.</p>	<b>04/28/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch LHPC: Support



Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>AB 220</u></b> Jackson	<p><b>Medi-Cal Subacute Care Authorization:</b> Would require a provider seeking prior authorization for pediatric subacute or adult subacute care services under the Medi-Cal program to submit a specified form. Additionally, would prohibit a Medi-Cal MCP from developing or using its own criteria for medical necessity and from requiring a subsequent treatment authorization request upon a patient's return from a bed hold for acute hospitalization.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Modified UM procedures and forms.</p>	<b>05/29/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch
<b><u>AB 280</u></b> Aguilar-Curry	<p><b>Provider Directory Accuracy:</b> Would require health plans to maintain accurate provider directories, starting with minimum 60% accuracy by July 1, 2026, and increasing to 95% by July 1, 2029, or otherwise receive administrative penalties. If a patient relies on inaccurate directory information, would require the provider to be reimbursed at the out-of-network rate without the patient incurring charges beyond in-network cost-sharing amounts. Would also allow DMHC to create a standardized format to collect directory information as well as establish methodologies to ensure accuracy, such as use of a central utility, by January 1, 2026. Additionally, would require a health plan to provide information about in-network providers to enrollees upon request, including whether the provider is accepting new patients at the time, and would limit the cost-sharing amounts an enrollee is required to pay for services from those providers under specified circumstances.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased oversight of CalOptima Health provider directory; increased coordination with contracted providers; increased penalty payments to DHCS.</p>	<b>06/02/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose
<b><u>AB 375</u></b> Nguyen	<p><b>Qualified Autism Service Paraprofessional:</b> Would expand the definition of "health care provider" to also include a qualified autism service paraprofessional.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> Increased access to autism services for eligible members; additional provider contracting and credentialing.</p>	<b>04/08/2025</b> Passed Assembly Business and Professions Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<b><u>AB 416</u></b> Krell	<p><b>Involuntary Commitment:</b> Would authorize a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and would exempt the emergency physician from criminal and civil liability.</p> <p><b><i>Potential CalOptima Health Impact:</i></b> New legal standards for certain CalOptima Health providers.</p>	<b>05/15/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>AB 510</u></b> Addis	<p><b>Utilization Review Appeals and Grievances:</b> Would require that an appeal or grievance regarding a decision to delay, deny or modify health services be reviewed by a physician or peer health care professional matching the specialty of the service within two business days. In urgent cases, responses must match the urgency of the patient's condition. If these deadlines are not met, the authorization request would be automatically approved.</p> <p><i><b>Potential CalOptima Health Impact:</b></i> Expedited and modified UM, grievance and appeals procedures for covered Medi-Cal benefits; increased hiring of specialists to review grievances and appeals.</p>	<b>04/22/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
<b><u>AB 512</u></b> Harabedian	<p><b>Prior Authorization Timelines:</b> Would shorten the timeline for prior or concurrent authorization requests to no more than 24 hours via electronic submission or 48 hours via non-electronic submission for <i>urgent</i> requests and three business days via electronic submission or five business days via non-electronic submission for <i>standard</i> requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination.</p> <p><i><b>Potential CalOptima Health Impact:</b></i> Expedited and modified UM procedures for covered Medi-Cal benefits.</p>	<b>06/03/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
<b><u>AB 517</u></b> Krell	<p><b>Wheelchair Prior Authorization:</b> Would prohibit a Medi-Cal MCP from requiring prior authorization for the repair of a Complex Rehabilitation Technology (CRT)-powered wheelchair, if the cost of repair does not exceed \$1,250. Would also no longer require a prescription or documentation of medical necessity, if the wheelchair has already been approved for use by the patient. Additionally, would require supplier documentation of the repair.</p> <p><i><b>Potential CalOptima Health Impact:</b></i> Modified UM procedures for a covered Medi-Cal benefit.</p>	<b>04/08/2025</b> Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<b><u>AB 539</u></b> Schiavo	<p><b>One-Year Prior Authorization Approval:</b> Would require a prior authorization for a health care service to remain valid for a period of at least one year, or throughout the course of prescribed treatment if less than one year, from the date of approval.</p> <p><i><b>Potential CalOptima Health Impact:</b></i> Modified UM procedures for covered Medi-Cal benefits; decreased number of prior authorizations; increased costs.</p>	<b>05/12/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<b><u>AB 787</u></b> Papan	<p><b>Provider Directory Disclosures:</b> Would require a health plan to include at the top of its provider directory a statement advising an enrollee to contact the plan for assistance in finding an in-network provider. Would also require the plan to respond within one business day if contacted for such assistance and to provide a list of in-network providers confirmed to be accepting new patients within two business days.</p> <p><b>Potential CalOptima Health Impact:</b> Expanded customer service support and staff training; technical changes to CalOptima Health's provider directory.</p>	<b>05/05/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch
<b><u>AB 1041</u></b> Bennett	<p><b>Provider Credentialing:</b> Would require a health plan to credential a provider within 90 days from the receipt of a completed application, or otherwise conditionally approve the credential. A plan would be required to notify the provider whether the application is complete within 10 days of receipt. Additionally, would require a health plan to use the standardized credentialing form on and after January 1, 2028, or six months after the form is developed, whichever is later.</p> <p><b>Potential CalOptima Health Impact:</b> Expedited and modified credentialing procedures for interested providers.</p>	<b>06/03/2025</b> Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose Unless Amended
<b>Rates &amp; Financing</b>			
<b><u>SB 339</u></b> Cabaldon	<p><b>Medi-Cal Laboratory Rates:</b> Would require Medi-Cal reimbursement rates for clinical laboratory or laboratory services to <i>equal</i> the lowest of the following metrics:</p> <ol style="list-style-type: none"> <li>1. the amount billed;</li> <li>2. the charge to the general public;</li> <li>3. 100% of the lowest maximum allowance established by Medicare; or</li> <li>4. a reimbursement rate based on an average of the lowest amount that other payers and state Medicaid programs are paying.</li> </ol> <p>For any such services related to the diagnosis and treatment of sexually transmitted infections on or after July 1, 2027, the Medi-Cal reimbursement rates shall not consider the rates described in clause (4) listed above.</p> <p><b>Potential CalOptima Health Impact:</b> Increased payments to contracted clinical laboratories.</p>	<p><b>04/29/2025</b> Passed Senate Judiciary Committee; referred to Senate Appropriations Committee</p> <p><b>04/23/2025</b> Passed Senate Health Committee</p>	CalOptima Health: Watch

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

CAHP: California Association of Health Plans

LHPC: Local Health Plans of California

**Last Updated: July 22, 2025**

[Back to Agenda](#)

## 2025 Federal Legislative Dates

January 3	119th Congress, 1st Session convenes
July 25–September 1	Summer recess for House
August 2–September 1	Summer recess for Senate
December 19	1st session adjourns

Source: Floor Calendars, United States Congress: <https://www.congress.gov/calendars-and-schedules>

## 2025 State Legislative Dates

January 6	Legislature reconvenes
January 10	Proposed budget must be submitted by Governor
February 21	Last day for legislation to be introduced
April 10–20	Spring recess
May 2	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in that house
May 9	Last day for policy committees to hear and report to the Floor any non-fiscal bills introduced in that house
May 23	Last day for fiscal committees to hear and report to the Floor any bills introduced in that house
June 2–6	Floor session only
June 6	Last day for each house to pass bills introduced in that house
June 15	Budget bill must be passed by midnight
July 18	Last day for policy committees to hear and report bills in their second house to fiscal committees or the Floor
July 18–August 17	Summer recess
August 29	Last day for fiscal committees to report bills in their second house to the Floor
September 2–12	Floor session only
September 5	Last day to amend bills on the Floor
September 12	Last day for each house to pass bills; interim recess begins upon adjournment
October 12	Last day for Governor to sign or veto bills passed by the Legislature

Source: 2025 Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislativedeadlines>

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## About CalOptima Health

CalOptima Health 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 serve member health with excellence and dignity, respecting the value and needs of each person. We provide coverage through three major programs: Medi-Cal, OneCare (HMO D-SNP) and the Program of All-Inclusive Care for the Elderly (PACE).



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## MEMORANDUM

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DATE: July 31, 2025

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — August 7, 2025, Board of Directors Meeting

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

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### **A. Covered California Monthly Update**

CalOptima Health continues to prepare for the launch of a Covered California line of business, effective January 1, 2027. Following the Board's approval on June 5, staff submitted an initial filing on June 16 to expand the scope of CalOptima Health's current Knox-Keene Act license with the California Department of Managed Health Care (DMHC), which is required to offer a commercial insurance product. Since then, DMHC has provided comments and we are in the process of responding and updating our exhibits. Deloitte Consulting LLP also recently completed its operational gap analysis, prompting the initiation of several new workstreams to discuss and implement solutions in order to achieve operational readiness over the next year. Lastly, CalOptima Health continues to negotiate provider contracts and execute amendments with several existing vendors to include Covered California in their scopes of service.

### **B. Medicaid Data Sharing Confirmed**

On July 17, the [Associated Press](#) confirmed that U.S. Immigration and Customs Enforcement (ICE) officials will be given access to the personal data of the nation's 79 million Medicaid enrollees, including home addresses and ethnicities, to locate immigrants who may not be living legally in the United States, according to an agreement signed on July 14 between the U.S. Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Homeland Security (DHS), which oversees ICE. The full agreement has not yet been made public. In response to earlier reports, California Attorney General Rob Bonta previously announced that the California Department of Justice is leading a 20-state lawsuit against the federal government, alleging that such actions violate federal privacy laws. The lawsuit requests the federal district court to block the transfer of new data from CMS to DHS as well as the use of current data by DHS for immigration enforcement purposes. CalOptima Health continues to support members during these difficult times in the following ways:

- **Webpage With Resources**

To help our members who may be hesitant to seek care in person, CalOptima Health created an Access to Care [webpage](#) that shares a list of providers who offer telehealth, our nurse advice phone line, medicine home delivery options and virtual mental health services. We also included local immigration resources. The new webpage has been promoted broadly with

members and the community through a mailing, social media postings and electronic newsletter alerts to community-based organizations, stakeholders and providers.

- **Texting Outreach**

In early July, CalOptima Health launched a multilingual texting campaign to promote the new Access to Care webpage described above. The campaign reached nearly 300,000 members' cell phones (many representing multiple members in a household) and achieved an aggregate engagement rate of 19.72%, aligning with other successful member benefit campaigns.

### **C. CalOptima Health Contracted Hospital KPC Orange County Global Medical Center Update**

On July 12, the [OC Register](#) published an article that outlined operations and clinical issues at Orange County Global Medical Center (OCGMC), as cited by a February 2025 California Department of Public Health (CDPH) report and a lawsuit being brought by a former stroke patient. CalOptima Health contacted CEO Peter Baronoff to discuss our concerns. We have also discussed the matter with OC Health Care Agency Director Dr. Veronica Kelley related to Orange County Emergency Medical Services' use of OCGMC as a stroke receiving center. In short, the hospital is in compliance with its CDPH licensure and is meeting the Conditions of Participation for Medicare and its Accreditation by the Joint Commission. We will continue to monitor their compliance. OCGMC did fail to notify CalOptima Health of the CDPH Survey and its findings, as they are required to do per their contract. Our team will meet with OCGMC on a weekly basis to ensure ongoing compliance, consistent with the action plan filed with CDPH. We will monitor the hospital weekly for the next 90 days and longer if necessary. Please note that we have always had and will continue to have routine weekly clinical rounds on all inpatients (CalOptima Health Community Network and health network members) during which we address any clinical issues. On average, OCGMC has ~1,200 ED visits/month and ~300 acute admissions/month of CalOptima Health members (direct and health networks combined).

### **D. Grants Support Efforts to Expand Affordable Housing Options**

- **Eli Commons Groundbreaking**

On June 25, CEO Michael Hunn spoke at a groundbreaking for Eli Commons, a new permanent supportive housing development in Anaheim. The Eli Home for Abused Children is a faith-based organization that serves more than 1,000 abused children and their mothers, at-risk youth and families by providing them with shelter, counseling and other services. CalOptima Health provided a foundational \$5 million grant through the Department of Health Care Services' Housing and Homelessness Incentive Program.

- **La Veta Village Dedication**

On July 16, Chief Operating Officer Yunkyung Kim spoke at a dedication ceremony for the newly completed La Veta Village, a 20-bed affordable housing development featuring three refurbished historic homes in the City of Orange. Developed by HomeAid Orange County/Los Angeles, a nonprofit leader in housing development for those in crisis, the project leveraged building industry relationships to transform the property. CalOptima Health contributed \$1.4 million to the project that will serve vulnerable seniors and families facing homelessness.

### **E. CalOptima Health Implements Improvement Strategy for Annual Health Outcomes Survey**

CalOptima Health prepared for the annual Health Outcomes (HOS) Survey, conducted annually with Medicare members between July and November. The survey assesses the physical and mental health of a patient over a two-year period. The results are used to improve care delivery, support quality improvement efforts for better patient health outcomes and are used for Medicare Advantage Star Ratings. We've completed the following to support the HOS measure outcomes:



- Created several patient-facing materials (brochures, conversation starters and posters) related to the HOS measures. Our ask to PCPs is that they discuss these topics with their patients during their annual exam/Annual Wellness Visit (AWV) and other preventive visits as applicable.
- Provided a copy of the materials to health network partners and reviewed them during our July Quality Update meetings.
- Provided talking points to Provider Relations staff, who are meeting with the high-volume OneCare provider groups to review the materials.
- Presented the topic at the June Community Clinic Forum.
- Multiple teams at CalOptima Health have partnered to contact CalOptima Health Community Network members telephonically and via email. We are using HRA response data to provide targeted education and support.

The survey results are used to improve care delivery, support quality improvement efforts for better patient health outcomes and for Medicare Advantage Star Ratings.

#### **F. President Signs Federal Budget Reconciliation Bill**

On July 4, U.S. President Donald Trump signed into law a Fiscal Year 2025 budget reconciliation package, known as H.R. 1: One Big Beautiful Bill Act, following final passage by the U.S. Senate and U.S. House of Representatives earlier in the week. **Attached** is a one-page highlight of key Medicaid provisions that were included in the enacted legislation and that will likely be of significant impact to CalOptima Health.

Now that this legislation has become law, CalOptima Health will focus on further understanding the specific implementation requirements and working with federal and state officials to minimize disruption to our members and providers. While we didn't achieve the outcome we hoped for in Congress, our advocacy efforts were not in vain. The relationships we built and the concerns we raised will be crucial as federal agencies — particularly the U.S. Centers for Medicare and Medicaid Services (CMS) — now begin the regulatory process to effectuate these new policies over the coming months and years. CalOptima Health will continue to coordinate advocacy and implementation efforts with our Congressional delegation, trade associations, lobbyists, and local providers and stakeholders. We will also engage closely with our state counterparts as the California State Legislature and the California Department of Health Care Services (DHCS) respond to the forthcoming CMS regulations through amended state budgets and Medi-Cal policy guidance.

#### **G. Governor Signs Final State Budget Bills**

In late June, Governor Gavin Newsom and leadership of the California State Legislature reached a final FY 2025–26 state budget agreement following nearly two weeks of negotiations to reconcile the governor's May Revision proposal and the Legislature's counterproposal. Subsequently, the State Senate and State Assembly passed a "budget bill junior" and several "trailer bills" that incorporated the final agreement into the Legislature's previously passed counterproposal. Governor Newsom finished signing these budget bills into law on June 30 ahead of the start of FY 2025–26 on July 1. A detailed analysis regarding impacts to CalOptima Health will be shared in a future update.

#### **H. CalOptima Health Gains Media Coverage**

- On June 5, Chief Medical Officer Richard Pitts, D.O., Ph.D., was featured in a [KNX radio](#) segment on the new COVID-19 variant and summer surge. Since the segment first aired, it has been widely syndicated.

- On June 27, the [Capistrano Dispatch](#) ran a profile of a recent graduate and recipient of CalOptima Health's stipend program supporting Master of Social Work students at California State University, Fullerton. CalOptima Health is investing \$5 million over five years to expand the number of social workers serving Medi-Cal members in Orange County.
- On July 14, [Spectrum TV](#) aired a feature-length segment about our Street Medicine Program. Reporter Jo Kwan rode along with the Costa Mesa care team to see firsthand the life-changing interactions and compassionate care given to those living on the streets. The segment also featured an interview with Kelly Bruno-Nelson, DSW, Executive Director of Medi-Cal/CalAIM.
- On July 21, [NewSantaAna](#) ran an article on CalOptima Health's \$1.5 million grant to Orangewood Foundation and Orange County Probation to support temporary housing for justice-involved teens as they transition back to their families and daily responsibilities.
- On July 12, [KQED](#), one of the largest NPR affiliates in the country, interviewed CEO Michael Hunn for a digital piece titled "On Medi-Cal? When to Expect New Rules, Higher Costs and Enrollment Freezes" on the upcoming changes to Medi-Cal.
- On July 22, the Voice of OC published an [article](#) regarding CalOptima Health and our reserves.
- On July 22, [KNX Radio](#) ran a feature-length piece including an interview with Kelly Bruno-Nelson, DSW, Executive Director of Medi-Cal/CalAIM, talking about CalOptima Health's role in investing in affordable housing projects like the newly opened La Veta Village in Orange.





## Fast Facts August 2025

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

### Membership Data\* (as of June 30, 2025)

Total CalOptima Health Membership	Program	Members
	Medi-Cal	886,034
	OneCare (HMO D-SNP)	17,664
	Program of All-InclusiveCare for the Elderly(PACE)	515

**904,213**

\*Based on unaudited financial report and includes prior period adjustments.

### Key Financial Indicators (for 12 months ended June 30, 2025)

	Dashboard	YTD Actual	Actual vs. Budget (\$)	Actual vs. Budget (%)
Operating Income/(Loss)	●	\$251.8M	\$514.8M	195.7%
Non-Operating Income/(Loss)	●	\$103.7M	\$39.1M	60.7%
Bottom Line (Change in Net Assets)	●	\$355.5M	\$554.0M	279.1%
Medical Loss Ratio (MLR) (Percent of every dollar spent on member care)	●	89.8%	---	(9.3%)
Administrative Loss Ratio (ALR) (Percent of every dollar spent on overhead costs)	●	5.2%	---	1.8%

Notes:

- For additional financial details, refer to the financial packages included in the Board of Directors meeting materials.
- Adjusted MLR (without the estimated provider rate increases funded by reserves) is 85.6%.

### Reserve Summary (as of June 30, 2025)

	Amount (in millions)
Board Designated Reserves*	\$1,584.4
Statutory Designated Reserves	\$132.4
Capital Assets (Net of depreciation)	\$98.6
Unspent Balance of Allocated Resources	\$404.5
Unspent Balance of Board Approved Provider Rate Increase**	\$315.7
Unallocated Resources*	\$265.0
<b>Total Net Assets</b>	<b>\$2,800.6</b>

\* Total of Board-designated reserves and unallocated resources can support approximately 168 days of CalOptima Health's current operations.

\*\* 5/5/24 meeting: Board of Directors committed \$526.2 million for provider rate increases from 7/1/24–12/31/26.

**Total FY 2026 Annual  
Budgeted Revenue**

**\$4.7 Billion**

Note: CalOptima Health receives its funding from state and federal revenues only and does not receive any of its funding from the County of Orange.

# CalOptima Health Fast Facts

August 2025

## Personnel Summary (as of July 12, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,352.25	85	40%	60%	5.91%
Supervisor	83	4	0%	100%	4.60%
Manager	113	14	14.29%	85.71%	11.02%
Director	73	10.5	33.33%	66.67%	12.57%
Executive	22	0	---%	---%	---%
Total FTE Count	1,642.25	114.5	47.89%	52.11%	6.52%

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

## Provider Network Data (as of July 23, 2025)

	Number of Providers
Primary Care Providers	1,308
Specialists	7,535
Pharmacies	607
Acute and Rehab Hospitals	43
Community Health Centers	68
Long-Term Care Facilities	207

## Treatment Authorizations (as of May 31, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	37.27 hours
Prior Authorization – Urgent	72 hours	15.33 hours
Prior Authorization – Routine	5 days	1.89 days

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

## Member Demographics (as of June 30, 2025)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	54%	Expansion	38%
6 to 18	22%	Spanish	31%	Temporary Assistance for Needy Families	37%
19 to 44	35%	Vietnamese	9%	Seniors	12%
45 to 64	21%	Other	2%	Optional Targeted Low-Income Children	7%
65 +	14%	Korean	2%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		



# CalOptima Health

## Provider Network Trend

August 2025

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

### CHCN and Health Networks

#### Total Providers <sup>1</sup>

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP <sup>2</sup>	1,296	1,308	1,313	1,312	1,301	5
Specialist (Physicians)	6,878	7,056	7,017	7,070	7,479	601
Hospitals <sup>3</sup>	41	41	41	41	41	0
Community Health Centers <sup>4</sup>	64	65	65	65	68	4
Long Term Care	200	206	206	207	207	7
Behavioral Health <sup>5</sup>	2,220	2,256	2,273	2,529	2,579	359
ECM	32	32	32	31	32	0
Community Support	99	102	103	102	103	4

#### Medi-Cal

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP <sup>2</sup>	1,099	1,084	1,087	1,087	1,076	-23
Specialist (Physicians)	6,211	6,435	6,420	6,464	7,173	962
Hospitals <sup>3</sup>	37	37	37	37	37	0
Community Health Centers <sup>4</sup>	63	63	63	63	66	3
Long Term Care	196	202	202	203	203	7
Behavioral Health <sup>5</sup>	2,123	2,176	2,177	2,436	2,495	372
ECM	32	32	32	31	32	0
Community Support	99	102	103	102	103	4

#### OneCare

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP <sup>2</sup>	1,091	1,098	1,099	1,096	1,082	-9
Specialist (Physicians)	5,208	5,407	5,437	5,488	5,844	636
Hospitals <sup>3</sup>	36	36	36	36	36	0
Community Health Centers <sup>4</sup>	57	58	58	58	62	5
Long Term Care	200	206	206	203	207	7
Behavioral Health <sup>5</sup>	599	613	649	668	713	114

#### PACE

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP <sup>2</sup>	5	5	3	3	4	-1
Specialist (Physicians)	3,253	3,405	3,457	3,549	4,033	780
Hospitals <sup>3</sup>	29	29	29	29	29	0
Community Health Centers <sup>4</sup>	0	0	0	0	0	0
Long Term Care	65	65	66	67	69	4
Behavioral Health <sup>5</sup>	97	96	103	106	116	19



# Provider Network Trend

August 2025

## CHCN Only

### Total Providers <sup>1</sup>

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP <sup>2</sup>	673	680	678	677	671	-2
Specialist (Physicians)	6,216	6,418	6,335	6,384	6,841	266
Hospitals <sup>3</sup>	37	37	37	37	37	0
Community Health Centers <sup>4</sup>	56	56	56	56	58	2
Long Term Care	196	202	202	203	203	7
Behavioral Health <sup>5</sup>	2,198	2,234	2,247	2,500	2,541	343
ECM	32	32	32	31	32	0
Community Support	99	102	103	102	103	4

## Medi-Cal

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP <sup>2</sup>	652	657	656	653	650	-2
Specialist (Physicians)	5,804	6,041	5,988	6,026	6,791	987
Hospitals <sup>3</sup>	34	34	34	34	34	0
Community Health Centers <sup>4</sup>	56	56	56	56	58	2
Long Term Care	196	202	202	203	203	7
Behavioral Health <sup>5</sup>	2,104	2,157	2,155	2,411	2,471	367
ECM	32	32	32	31	32	0
Community Support	99	102	103	102	103	4

## OneCare

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP <sup>2</sup>	564	572	569	571	565	1
Specialist (Physicians)	4,470	4,691	4,706	4,746	5,136	666
Hospitals <sup>3</sup>	31	31	31	31	31	0
Community Health Centers <sup>4</sup>	46	46	46	46	48	2
Long Term Care	196	202	202	203	203	7
Behavioral Health <sup>5</sup>	584	598	634	652	699	115

## PACE

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP <sup>2</sup>	5	5	3	3	4	-2
Specialist (Physicians)	3,253	3,405	3,457	3,549	4,033	780
Hospitals <sup>3</sup>	29	29	29	29	29	0
Community Health Centers <sup>4</sup>	0	0	0	0	0	0
Long Term Care	65	65	66	67	69	4
Behavioral Health <sup>5</sup>	97	96	103	106	116	19

### Footnotes:

<sup>1</sup> Unique count of Provider by NPI (does not include count of each practice location per provider)

<sup>2</sup> Includes Primary Care Physicians, FQHCs and Long Term Care facilities acting as Primary Care Providers

<sup>3</sup> Includes Acute, Rehab and Long Term Acute Care Hospitals

<sup>4</sup> Community Health Centers includes FQHCs, FQHC look-alike and Community Clinics

<sup>5</sup> Includes Practitioners and Behavioral Health Groups



**H.R. 1: One Big Beautiful Bill Act**  
**Fiscal Year 2025 Federal Budget Reconciliation**  
*As signed into law on July 4, 2025*

Please note that H.R. 1 includes several distinct implementation dates over the coming years, but there are no major immediate impacts to Medicaid beneficiaries until 2026.

In addition, most Medicaid provisions of H.R. 1 still require federal rulemaking by the U.S. Centers for Medicare and Medicaid Services (CMS) and subsequent state implementation by the California State Legislature and/or the California Department of Health Care Services (DHCS).

MEDICAID HIGHLIGHTS	
<b>Eligibility</b>	
Work, community service and/or education requirement of <b>80 hours per month</b> for able-bodied adults ages 19–64 (with exceptions for short-term hardship, parents with dependents under age 14, pregnant women, medically frail, caregivers and others), effective <b>December 31, 2026</b> (or no later than <b>December 31, 2028</b> , at the discretion of the U.S. Secretary of Health and Human Services [HHS])	
Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to <b>every six months</b> , effective <b>December 31, 2026</b>	
<b>Financing</b>	
Prohibition on any new or increased provider taxes, effective <b>immediately</b>	
Existing provider taxes (except those related to nursing or intermediate care facilities) would be gradually reduced from the current maximum <b>6.0%</b> hold harmless threshold to a new <b>3.5%</b> hold harmless threshold by <b>0.5% annually</b> from <b>October 1, 2027, through October 1, 2031</b>	
Significant restrictions on current Managed Care Organization (MCO) taxes, which could effectively <b>repeal</b> California’s MCO tax that was recently made permanent by Proposition 35 (2024), with a potential winddown period of up to <b>three fiscal years</b> at the discretion of the HHS Secretary	
Cap on new state-directed payments (SDPs) at <b>100%</b> of the Medicare payment rate, effective <b>immediately</b> ; gradually reduces existing SDPs to that cap by <b>10% annually</b> , starting <b>January 1, 2028</b>	
Emergency Medicaid services provided to all undocumented beneficiaries would be subject to the traditional Federal Medical Assistance Percentage (FMAP) — <b>50%</b> in California — regardless of the FMAP for which those would otherwise be eligible, effective <b>October 1, 2026</b>	
<b>Access</b>	
Cost-sharing for MCE enrollees with incomes of <b>100–138%</b> Federal Poverty Level (FPL), not to exceed <b>\$35</b> per service and <b>5.0%</b> of total income, and not to be applied to primary, prenatal, pediatric, behavioral or emergency care, effective <b>October 1, 2028</b>	
Temporary <b>one-year</b> prohibition on all Medicaid funding to Planned Parenthood, effective <b>immediately</b>	