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

WEDNESDAY, NOVEMBER 10, 2021
3:00 P.M.

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

AGENDA

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

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

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

1) **Listen to the live audio at +1 (562) 247-8422 - Access Code: 569-441-554 or**

2) **Participate via Webinar at: https://attendee.gotowebinar.com/register/1349365068744340750 rather than attending in person. Webinar instructions are provided below.**

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES
A. Approve Minutes of the October 14, 2021 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

IV. PUBLIC COMMENT

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

V. REPORTS

A. Consider Recommendation of Member Advisory Committee Children Representative

VI. MANAGEMENT REPORTS

A. Chief Executive Officer Report
B. Chief Operating Officer Report
C. Chief Medical Officer Report

VII. INFORMATION ITEMS

A. Committee Member Updates
B. Utilization Management Update
C. Grievance and Appeals Update
D. CalAIM Update
E. Share Our Selves
F. Federal and State Legislative Update
G. Cultural and Linguistics Update

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

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WEBINAR INFORMATION

1. **Please register for the Member Advisory Committee Meeting on November 10, 2021 at 3:00 PM (PST) at:** https://attendee.gotowebinar.com/register/1349365068744340750. **After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.**

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

   Before joining, be sure to check system requirements to avoid any connection issues.

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

   TO USE YOUR COMPUTER'S AUDIO:
   When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

   --OR--

   TO USE YOUR TELEPHONE:
   If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.
   United States: **+1 (562) 247-8422** Access Code: **569-441-554**

   Audio PIN: Shown after joining the webinar.

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MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE

October 14, 2021

A regular meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on October 14, 2021 , CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and of Assembly Bill (AB) 361 (Chaptered September 16, 2021), which allows for temporary relaxation of certain Brown Act requirements related to teleconferenced meetings.

CALL TO ORDER

Chair Christine Tolbert called the meeting to order at 3:05 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Christine Tolbert, Chair; Linda Adair; Maura Byron; Meredith Chillemi; Sandra Finestone (3:09 p.m.); Connie Gonzalez; Hai Hoang; Sally Molnar; Patty Mouton; Kate Polezhaev; Sister Mary Therese Sweeney; Steve Thronson;

Members Absent: Jacqueline Gonzalez; Melisa Nicholson;

Others Present: Yunkyung Kim, Chief Operating Officer; Emily Fonda, M.D. Chief Medical Officer; Rachel Selleck, Executive Director, Public Affairs; Albert Cardenas, Director, Customer Service; Kristen Gericke, PharmD, Director, Clinical Pharmacy; Sloane Petrillo, Director, Case Management; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service; Brenda Alvarez-Nieves, Program Assistant, Customer Service

MINUTES

Approve the Minutes of the September 9, 2021 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: ***On motion of Member Sally Molnar, seconded and carried, the MAC approved the minutes as submitted. (12-0-0, Members J. Gonzalez and Nicholson, absent)***

PUBLIC COMMENT

There were no public comments

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REPORTS

Consider Recommendation of Member Advisory Committee Vice Chair

Chair Christine Tolbert reminded the committee that with the resignation of Pamela Pimentel as the Children Representative, the Vice Chair seat had become vacant. Notification of the open Vice-Chair seat was sent to MAC members requesting that they notify the Staff to the Advisory Committees of their interest in applying for this open seat. The MAC received two letters of interest from both Maura Byron and Hai Hoang. There were no further nominations from the floor. Chair Christine Tolbert asked that a roll-call vote be taken in alphabetical order with the first member to receive eight votes to be recommended to the Board as the MAC Vice-Chair. After a motion and a second, the MAC began the roll-call vote with Maura Byron who received a quorum in the first round of roll-call voting.

Action: ***On motion of Member Patty Mouton, seconded and carried, the Committee approved the recommendation of Maura Byron as the MAC Vice Chair. (Motion carried 12-0-0; Members J. Gonzalez and Melissa Nicholson absent)***

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer, introduced herself to the committee and provided an update on items of interest from the CEO Report to the Board for October. Ms. Kim highlighted CalOptima's NCQA's top rated Medi-Cal plans in the State of California for the seventh year in a row achieving four out of five stars for services. Ms. Kim informed the committee that CalOptima is awaiting the final draft of the Centers for Medicare and Medicaid Services (CMS) audit and will be informing the providers of any follow up that may be needed. Ms. Kim also advised the committee that the Department of Health Care Services (DHCS) will be auditing CalOptima's Medi-Cal line of business in early 2022. She also highlighted that September was the National Program of All-Exclusive Care for the Elderly (PACE) Awareness Month.

Chief Medical Officer Report

Emily Fonda, M.D., Chief Medical Officer, provided a COVID-19 update to the PAC on the vaccine status in Orange County. She noted that 412,769 CalOptima members had been vaccinated and that 381,215 of those vaccinated were eligible for gift care incentives. Approximately 203,233 gift cards have been processed for CalOptima members and another 1,649 gift cards have been distributed to CalOptima members experiencing homelessness.

INFORMATION ITEMS

MAC Member Updates

Chair Christine Tolbert reminded the members that the yearly compliance courses that all committee members must take would be due November 5, 2021 and that failure to complete these compliance courses could lead to suspension from the committee until the courses were completed.

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She asked the members to reach out to Cheryl Simmons should they have difficulty accessing these mandatory courses. Chair Tolbert also reminded the members that the next meeting would be held on Wednesday, November 10, 2021 due to the Veteran's Day holiday. Chair Tolbert also notified the committee that Patty Mouton, Long-Term Services and Supports Representative had resigned her seat from the MAC effective November 1, 2021.

Federal and State Legislative Update

Rachel Selleck, Executive Director, Public Affairs provided a verbal update on several legislative items of interest to the committee and referred the committee to the handout that they had received in their meeting materials.

Homeless Health Update

Sloane Petrillo, Director of Case Management provided a brief verbal report on the Homeless Response Teams, Clinical Field Teams, Health Homes Program and California Advancing and Innovating Med-Cal (CalAIM) implementation. Ms. Petrillo highlighted and described the efforts of the homeless response teams and the clinical field teams. She noted that the team's field presence was paused due to the COVID-19 pandemic but noted that using virtual technology, the teams were able to continue to help five to eight members per day.

Medi-Cal Rx Update

Kristen Gericke, Pharm.D, Director, Clinical Pharmacy, provided an update on the Medi-Cal Rx transition. She noted that this program had several delays, but noted that the Medi-Cal Rx program would now be moving forward with an effective date of January 1, 2022 and that the DHCS would be sending out 60-day notices on November 1, 2021 to CalOptima members who would be affected by this transition.

Health Care Task Force Update

Christine Tolbert, State Council on Developmental Disabilities and MAC Chair provided an update on the Health Care Task Force. Ms. Tolbert noted that the Health Care Task Force is a group of executive level administrators made of the various stakeholders in Orange County that serve those with intellectual and developmental disabilities (IDD). She noted that the task force addresses trending systemic health-related issues affecting those with IDD and their families and proposes effective policy and practice changes to improve services and foster communication amongst involved agencies. Ms. Tolbert also noted that the purpose of the task force was to address systems issues quickly, collaboratively and informally and noted that it had been meeting for over 20 years was unique to the Orange County Office of the State Council on Developmental Disabilities. Ms. Tolbert also reviewed some of the more recent topics discussed at the meeting such as: providing key stakeholder input to DHCS regarding Notice of Action (NOA) Forms and the Your Rights Form which were updated in August 2021. She noted that some members had difficulties obtaining specific Milliman Care Guidelines which is a subscription based program that is used for issuing the NOA.

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ADJOURNMENT

Chair Christine Tolbert reminded the MAC that the next meeting would be on Wednesday, November 10, 2021 at 3:00 p.m. due to the Veteran's Day holiday. Hearing no further business, adjourned the meeting at 4:20 p.m.

/s/ Cheryl Simmons
Cheryl Simmons
Staff to the Advisory Committees

Approved: November 10, 2021

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MEMORANDUM

DATE:	October 28, 2021
TO:	CalOptima Board of Directors
FROM:	Richard Sanchez, Chief Executive Officer
SUBJECT:	CEO Report — November 4, 2021, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

a. **CalOptima OneCare (HMO SNP) Plan Earns Four-Star Rating**

The Centers for Medicare & Medicaid Services (CMS) released the 2022 Star Ratings in early October, awarding OneCare 4 stars overall — 3.5 stars for Part C and 4.5 stars for Part D (pharmacy). A rating of 4 stars is considered "above average" performance by CMS. The 2022 rating is an increase from the 3.5 stars overall OneCare received for 2021. While CalOptima is pleased with the increased rating, staff continues to pursue ways to improve quality care for members. Star ratings are available on www.medicare.gov, and consumers may use them to compare plans.

b. California Advancing and Innovating Medi-Cal (CalAIM) Preparations Continue

In October, preparations intensified for CalAIM's launch on January 1, 2022. Enhanced Care Management (ECM) and Community Supports will be the first benefits to roll out in what is a five-year effort to strengthen and streamline the Medi-Cal program statewide. Stakeholder engagement continued this month, as smaller workgroups that first met at the prior meeting on September 22 are furthering their discussions by meeting weekly about enhancements to the referral processes, coordination, data sharing and more. The broader group will come together again for a check-in and additional collaboration in November. Site visits are being planned for November to engage providers of Community Supports, with the goal of identifying the best use of potential incentive funding to address service capacity and gaps. Readiness assessments of ECM and Community Supports providers are in progress. Clinical policies and contracts will be presented for your Board's consideration in December.

c. CalOptima Works on Incentive Plan Deliverables, Receives Honor for COVID-19 Communications

As of October 27, CalOptima has 418,948 vaccinated members, which is 63% of members age 16 and older and 62% of members age 12 and older. To drive those rates even higher, staff is focused on implementation of CalOptima's efforts related to the state vaccine incentive program. A range of activities are underway, including outreach to populations of focus, provider engagement and a broad advertising campaign. The state is emphasizing accountability for results by requiring submission of outcomes data at three intervals along the way to the program's end in February 2022. In the meantime, CalOptima's communications efforts were honored this month in the Orange County Chapter of the Public Relations Society of America's

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PROTOS Awards. Our comprehensive COVID-19 prevention and vaccination campaigns that included advertising, social media, communications outreach and more received an Award of Excellence in the category of COVID-19 Response Crisis Communications/Issues Management Programs.

d. CalFresh Educational Presentation Draws Large Community Audience

To address social determinants of health and raise awareness about supportive programs available for CalOptima members, CalOptima collaborated with the County of Orange Social Services Agency (SSA) to host two virtual information sessions on the CalFresh program on October 27 and 28. More than 300 attended, representing a variety of member advocate, community and provider organizations. In a separate initiative, details are being finalized so SSA can share data that will assist CalOptima in determining the number of members likely eligible but not enrolled in CalFresh. CalOptima will use the data for targeted outreach.

e. Great American Smokeout Event Centers on Anti-Vaping Messages, Activities

On November 18, CalOptima will partner with local community-based organizations, county agencies and school districts to host CalOptima's annual Escape the Vape, A Great American Smokeout event at Ponderosa Park Family Resource Center in Anaheim. Students age 5–18 throughout Orange County are invited to participate in group activities centered around anti-vaping and anti-smoking, which include scavenger hunt activities to collect cigarette butts on the grounds of the park. The event will also include parent presentations to increase awareness of vaping and current vaping devices. This year, Anaheim Mayor Harry Sidhu will join the opening ceremonies, and media coverage will be provided by PBS and American Cancer Society.

f. New Medi-Cal Benefits for Community Health Workers, Doula Care Delayed

The Enacted State Budget for Fiscal Year 2021–22 added two new Medi-Cal covered benefits: community health worker services and doula care. However, the Department of Health Care Services (DHCS) recently announced a delay in implementation of these new benefits from January 1, 2022, to July 1, 2022. The delay will allow additional time for DHCS to work with stakeholders and health plans, review their input and incorporate it into the State Plan Amendment, and ensure successful system updates. Once that is complete, DHCS will seek federal approval from CMS and provide time for health plans to prepare to offer these services.

g. PACE Garners Continued Recognition by Elected Officials

This month, CalOptima received an Assembly Resolution from Assemblywoman Cottie Petrie-Norris recognizing the PACE program's contributions to Orange County seniors over the past eight years. She also recently toured CalOptima PACE during National PACE Month in September. Staff will display the resolution at the center. And on October 8, U.S. Rep. Mike Levin's lead district representative Terry VanHorne toured CalOptima PACE. Ms. VanHorne was particularly interested in PACE eligibility, transportation and the use of Alternative Care Settings to expand access.

h. State Housing Tour Mentions CalOptima Support

Assemblywoman Sharon Quirk-Silva hosted an invite-only Fall 2021 State Housing Tour. The program began with a panel discussion on housing and homeless services in Southern California. The guests, which included many elected officials, were then invited to tour the Fullerton

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Navigation and Recuperative Care Center, Be Well OC and Buena Esperanza, a Jamboree Housing HomeKey Site. CalOptima was commended during the Fullerton Navigation Center and Be Well OC tours for the agency's ongoing support and collaboration.

i. California Association of Health Plans (CAHP) Conference Addresses Priority Areas

On October 11–13, CalOptima leaders attended the 2021 CAHP Annual Conference. CalOptima's state trade association, CAHP represents all public and commercial health plans in California. I was asked to moderate a CalAIM panel discussing implementation of the ECM and Community Supports benefits. Other conference sessions focused on major health plan priorities, including:

- Improving telehealth access and utilization through various modalities, such as new video technology and e-consults between primary care providers and specialists.
- Increasing access to school-based behavioral health (BH) services through a $400 million Medi-Cal managed care plan (MCP) incentive program to expand BH infrastructure, workforces and partnerships with school districts.
- Coordinating housing and health care services for individuals experiencing homelessness, including a new $650 million Medi-Cal MCP incentive program to enhance homeless health initiatives.
- Addressing health equity and social determinants of health, particularly in response to health disparities during the COVID-19 pandemic.

j. Media Coverage Highlights CalOptima Expertise, Leadership

This month, CalOptima received coverage on three high-profile online sites:

- On October 13, Insider.com ran a story about Halloween safety that included helpful tips from CalOptima Medical Director Thanh-Tam Nguyen, M.D., a pediatrician serving members in the Whole Child Model program.
- On October 15, StateofReform.com covered CalOptima's text campaign to boost vaccination rates, highlighting the innovation and impact of the effort. Director of Population Health Management Pshyra Jones, MPH, was interviewed.
- On October 22, Becker's Payer Issues released a podcast interview with me about CalOptima's pandemic response and work on key initiatives. The interview was recorded in August but released this month.

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COVID-19 Update

Provider Advisory Committee and Member Advisory Committee
November 10, 2021

Emily Fonda MD MMM CHCQM
Chief Medical Officer

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CMO Update: Recent Accomplishments

PACE Recognition

- CalOptima received an Assembly Resolution from Assemblywoman Cottie Petrie-Norris recognizing the PACE program's contributions to Orange County seniors over the past eight years. The Assemblywoman and her staff toured the center during National PACE Month in September.

CMS Audit

- On October 21, 2021, CMS issued the draft audit report for CalOptima's OneCare and OneCare Connect programs. The total audit score is 0.59, which when compared with CMS' prior published audit scores from 2018 and 2019, would put CalOptima roughly among the top 25% of performers across 52 plans.

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Latest Data as of 11/05/21

Membership and COVID-19 Case

- CalOptima has **865,653** members (682,447 age 12 and older)
- **5.7%** members tested positive for COVID-19 (0.37% expired)

COVID-19 Vaccination

- **430,950** members are vaccinated
- **417,857** members are eligible for incentives
- **65%** members 16 years and older received at least one dose of vaccine
- **63%** members 12 years and older received at least one dose of vaccine

Vaccine Incentives

- More than **371,178** gift cards processed for general members
- **1,669** gift cards distributed to members experiencing homelessness

Covid Case Source: CalOptima Claims & Encounters | Vaccine Source: CalOptima Claims & Encounters, CAIR2, CAIRs, CMS, DHCS, HN Submissions

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Latest Data as of 11/05/21 (cont.)

Whole-Child Model

- Vaccination rate: **~60%**

Age 65 and Older

Overall vaccination rate: **~77%**

- LTC members vaccination rate: **~85%**
- PACE participants vaccination rate: **~96%**

By Cities

- Vaccination rates highest in Irvine, Garden Grove and Westminster: **~70-74%**

By Ethnicity

- Highest: Asian population **81%** vaccinated (statewide Medi-Cal* 73.7%)
- Lowest: Black population 47% vaccinated (statewide Medi-Cal* 40.7%)

Covid Case Source: CalOptima Claims & Encounters | Vaccine Source: CalOptima Claims & Encounters, CAIR2, CAIRs, CMS, DHCS, HN Submissions | *DHCS data as of 10/19

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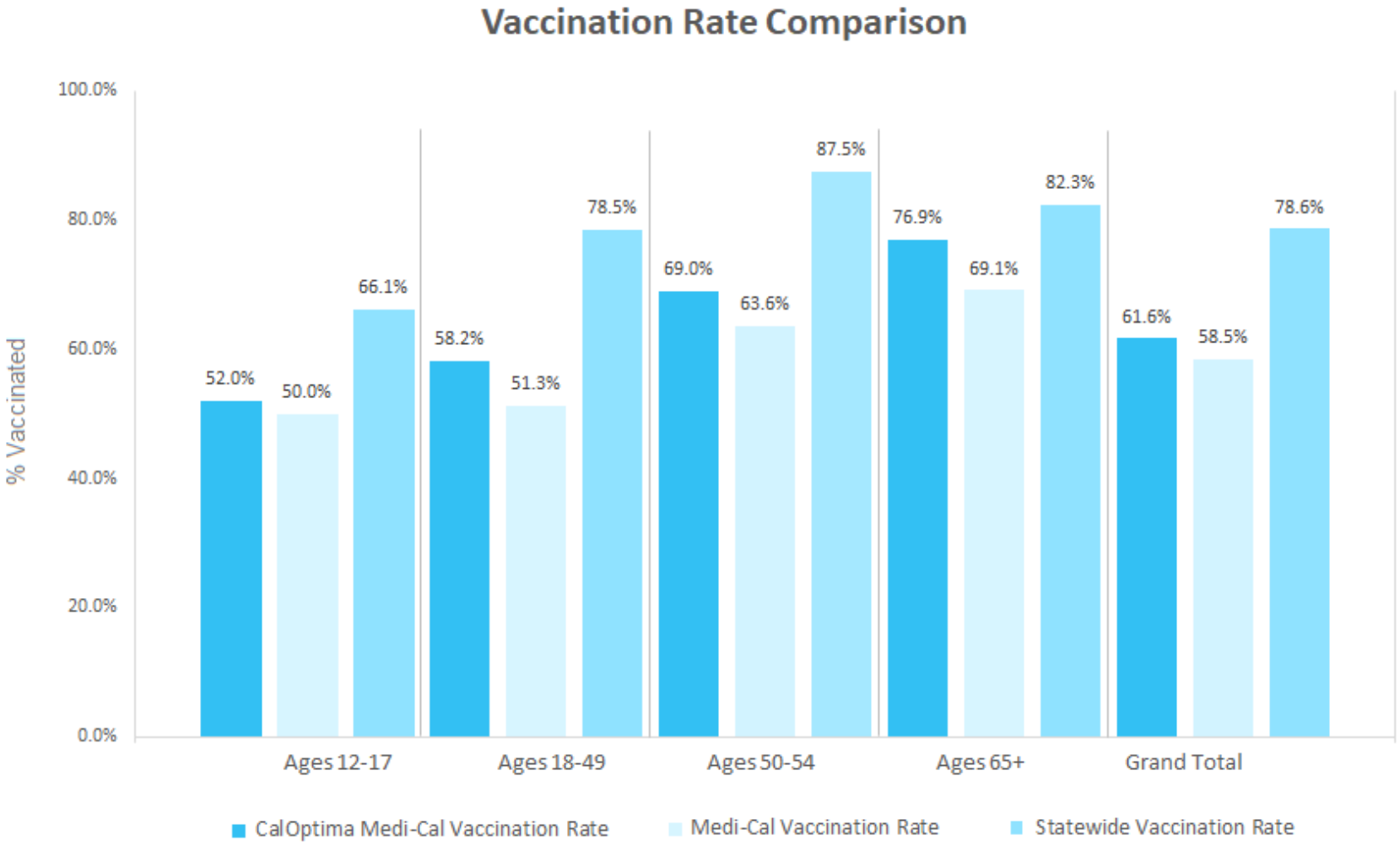
Vaccination Rate Comparison*



*DHCS data as of 10/19/21; CalOptima data as of 11/03/21

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Booster Shots

- FDA authorization of a booster dose:
  - Pfizer (9/22/21)
  - Moderna and Johnson & Johnson (10/20/21)
- Who should be getting a booster shot?
  - 65 years and older with chronic conditions
  - 18 years and older who live in long-term care settings, have underlying medical conditions, or work/live in high-risk settings
- Who should not receive a booster?
  - People with an immediate allergic reaction to a vaccine ingredient or after getting the first dose
- More details are available on CDC and FDA websites

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Addressing Vaccine Hesitancy

- Carenet has scheduled 4,476 appointments after 132,605 outreach phone calls
- Specifics about vaccine reluctance (per Carenet):
  - Fear due to pre-existing health concerns
  - No trust in government agencies (e.g., FDA)
  - Misinformation about deaths following vaccinations
  - Concerns about long-term vaccine effects
  - Freedom of choice/political views
- CalOptima continues to utilize trusted messenger videos, texting and social media campaigns to counter inaccurate information and vaccine hesitancy

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Continuing Outreach Efforts

- Flu vaccination
  - Annual flu awareness and prevention postcard
  - Mobile texting campaign
- COVID-19 vaccination
  - Mobile texting campaign focused on COVID-19 boosters targeted to any fully vaccinated members
  - As part of Vaccination Incentive Program, current activities to improve rates among the unvaccinated include: targeted messages to the lowest performing ethnicities and digital/radio/TV ads
- Infomercials to be aired on PBS to emphasize flu and COVID-19 vaccine importance

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Utilization Management Update

Member Advisory Committee
November 10, 2021

Mike Shook RN
Director Utilization Management

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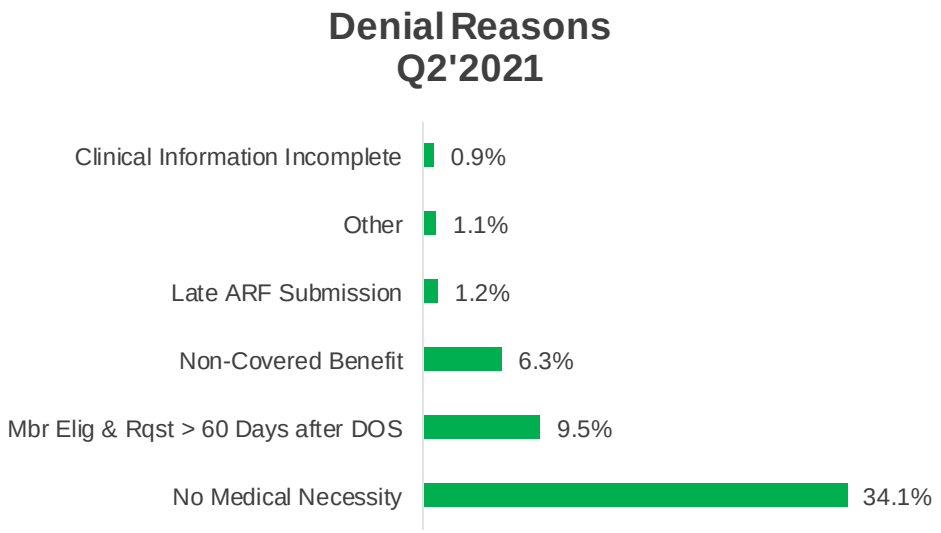
Prior Authorization Denials Q2’21

- All authorization requests require review in order to determine if the services are medically necessary
- Determinations are made based on clinical information provided and nationally recognized, evidence-based, medical necessity criteria



Q2’21 Denial Rate: 2.39%

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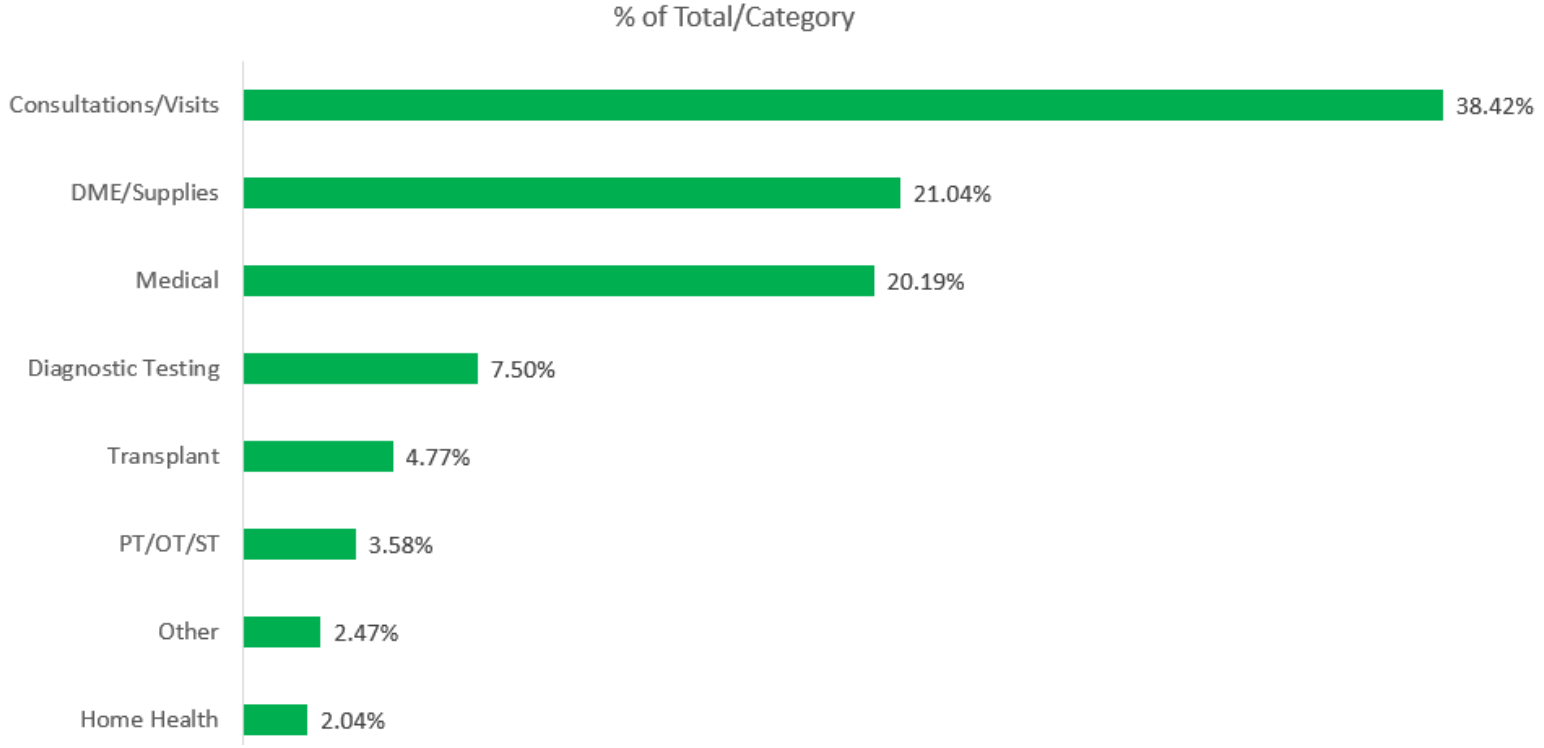
Service Categories

- To provide additional detail, we are providing the category of service requested compared with the reason for the denial of service



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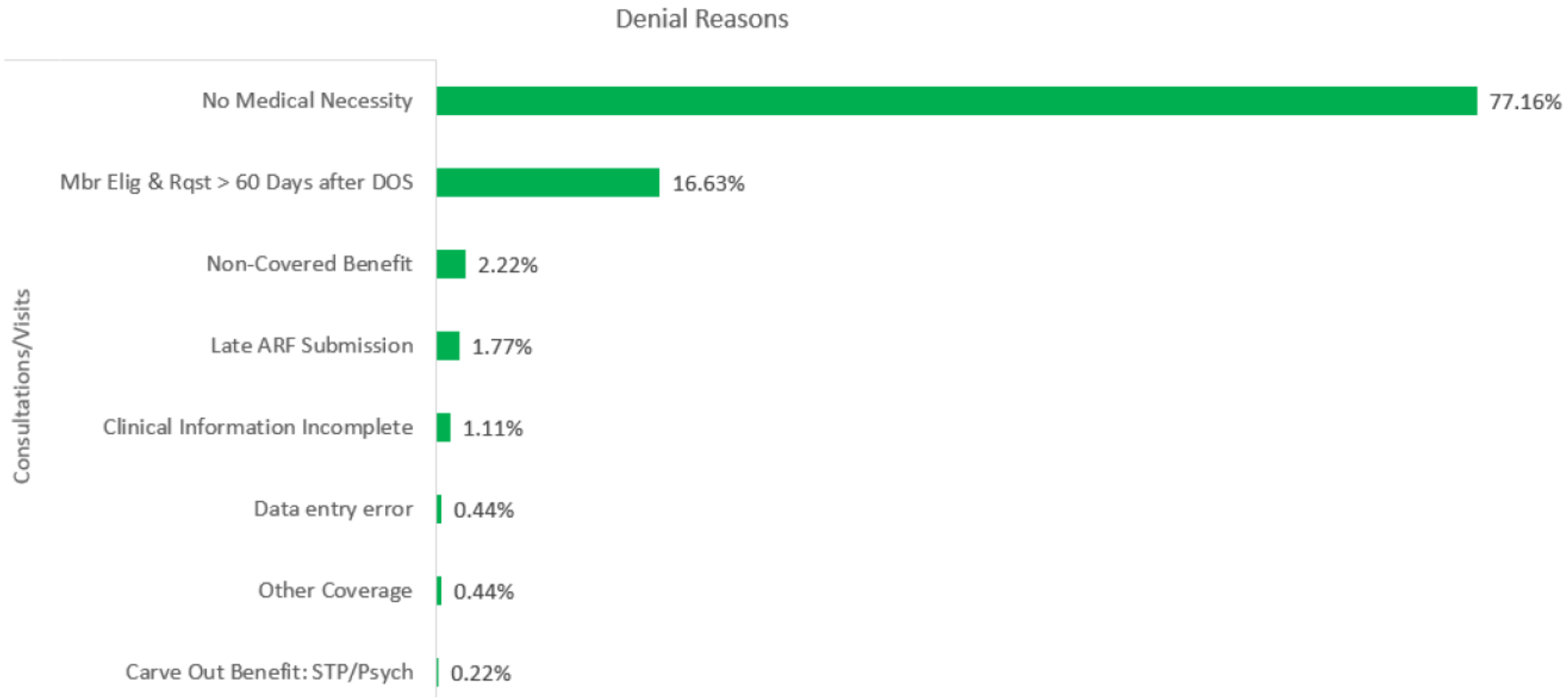
Denial Reasons Consultations/Visits



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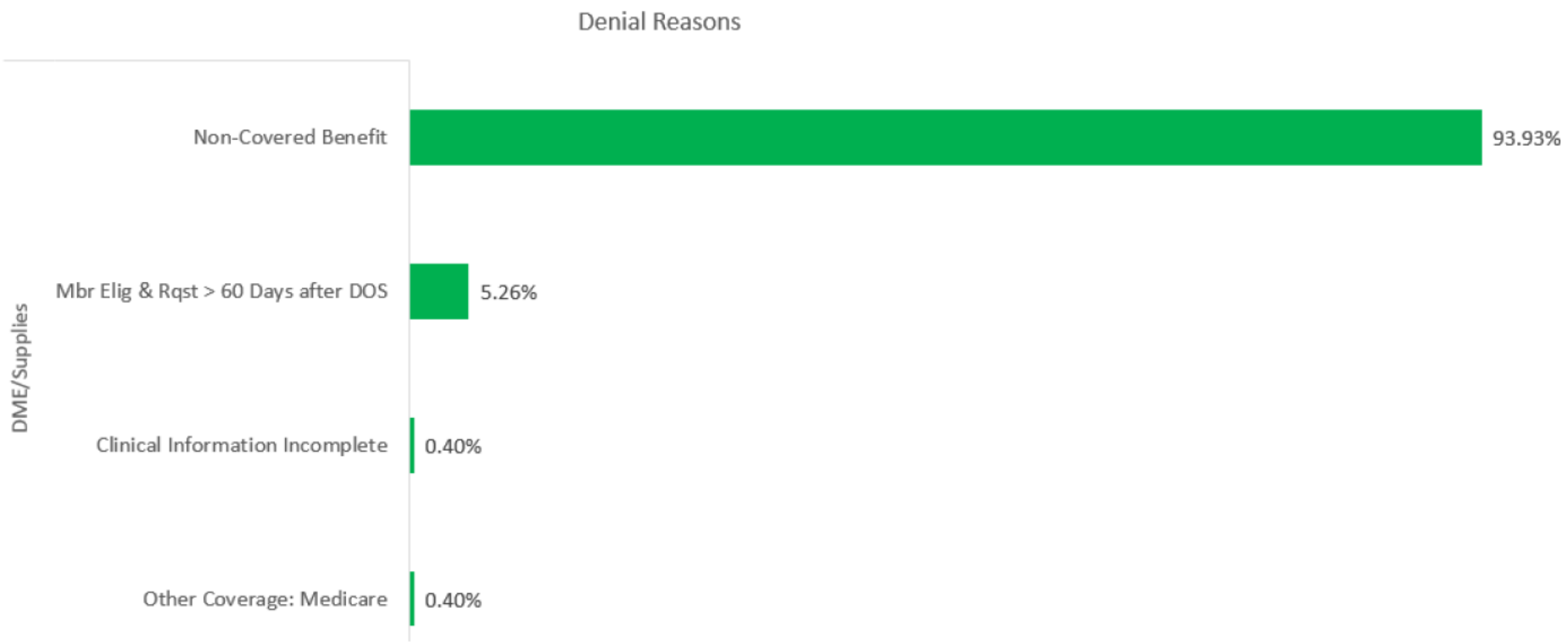
Denial Reasons DME/Supplies



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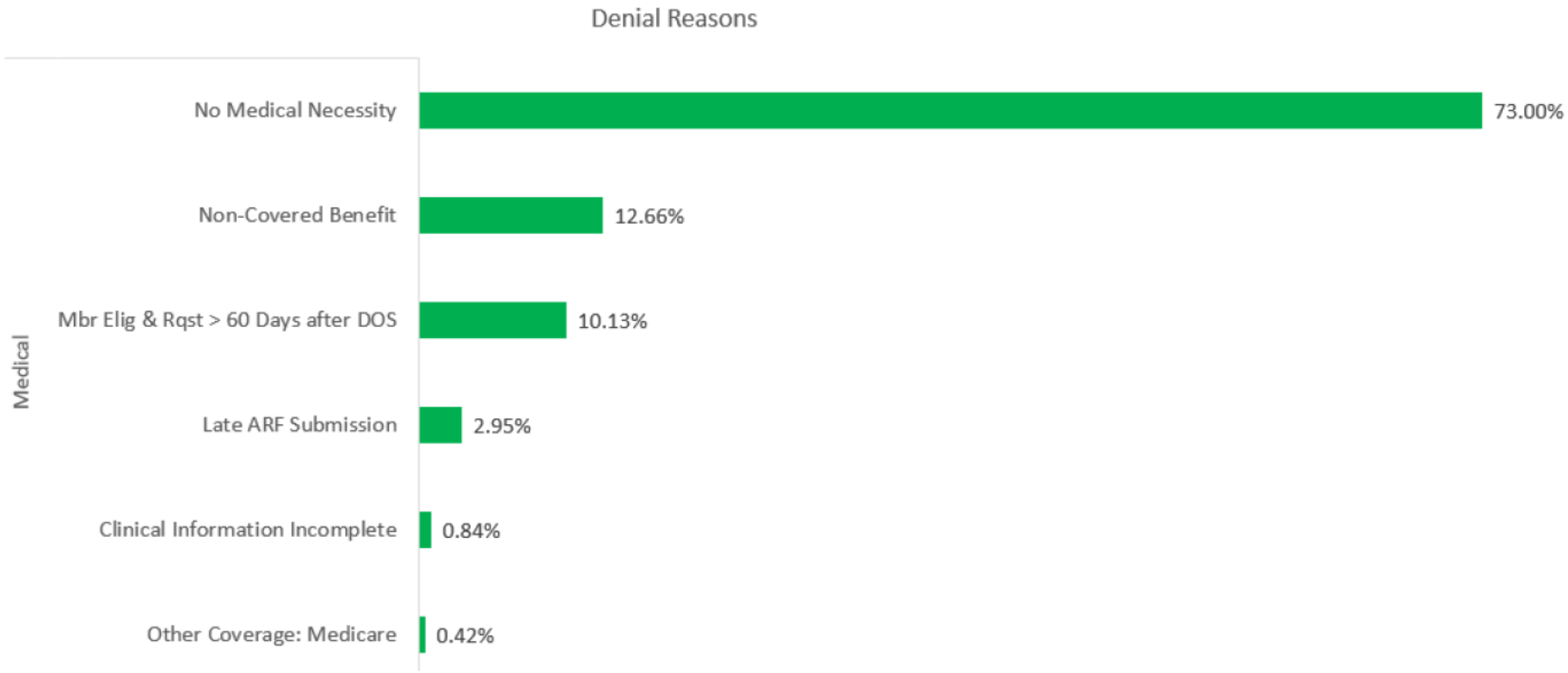
Denial Reasons Medical



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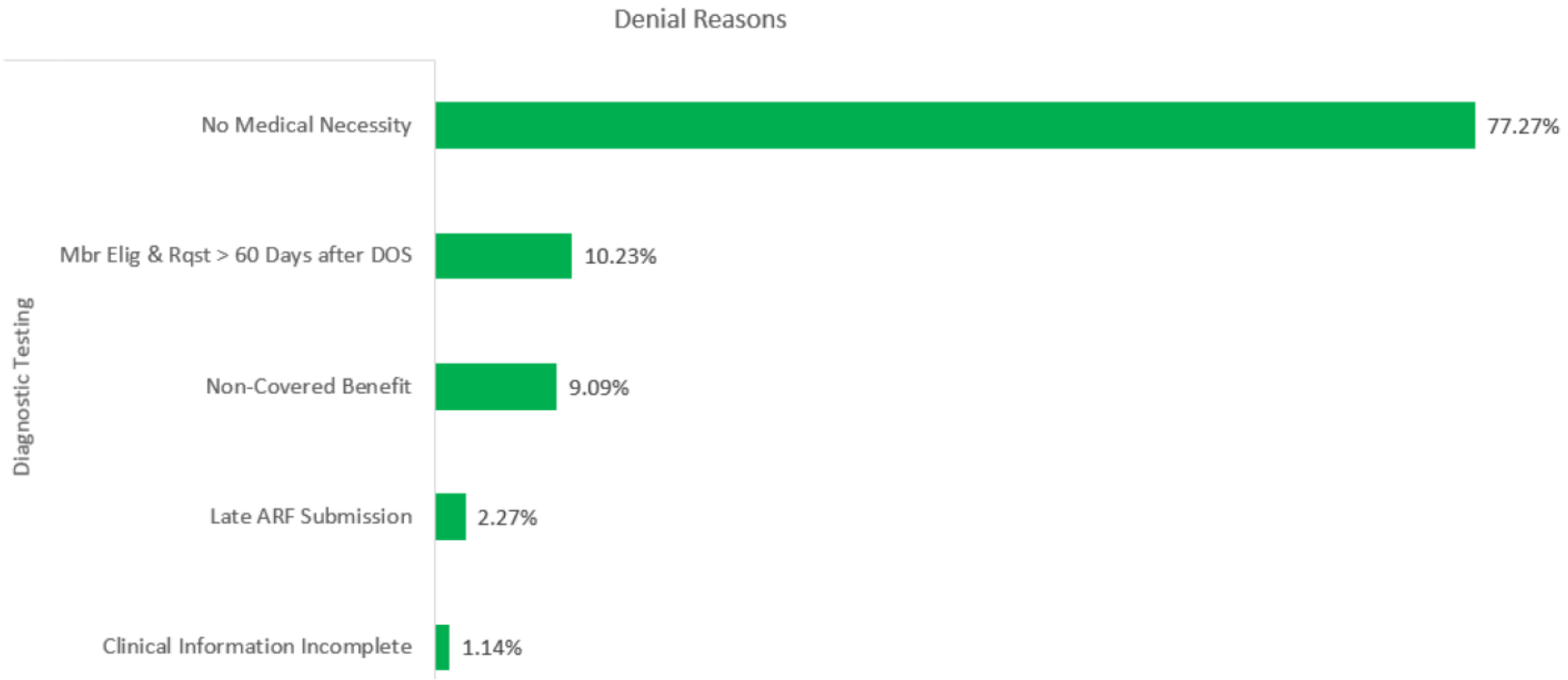
Denial Reasons Diagnostic Testing



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Denial Reasons Transplant

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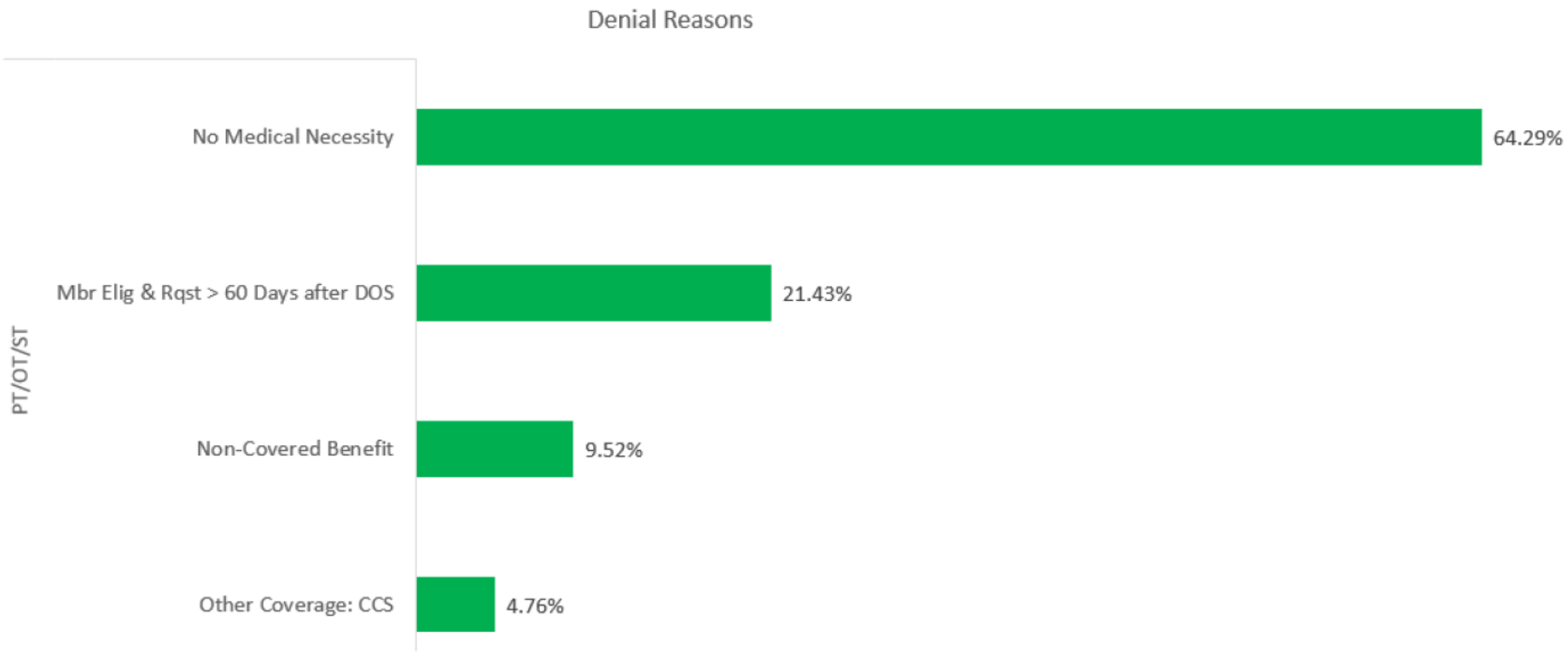
Denial Reasons PT/OT/ST



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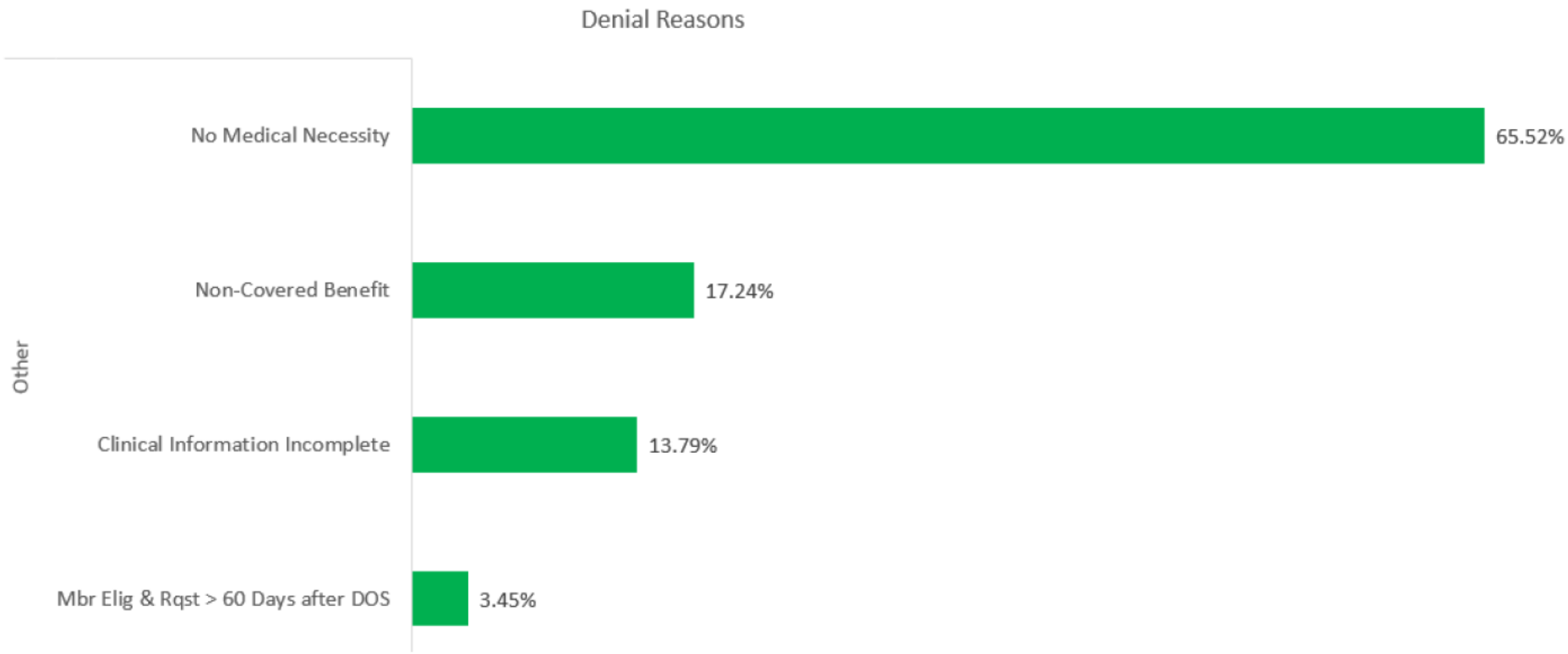
Denial Reasons Other



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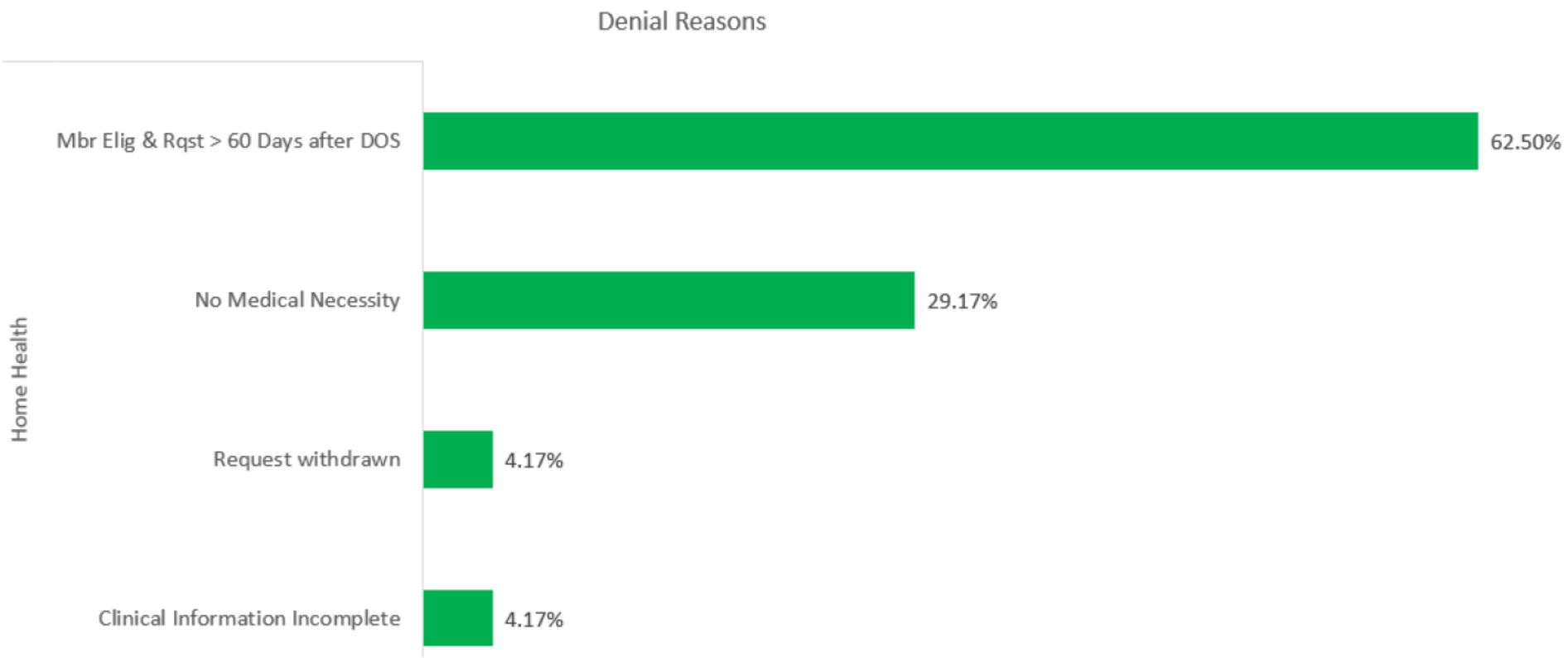
Denial Reasons Home Health



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

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Grievance and Appeal Process Overview

Member Advisory Committee Meeting
Wednesday, November 10

Tyronda Moses
Director, Grievance and Appeals

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Definitions

- **Grievance:** Any expression of dissatisfaction **not** related to an adverse organization determination.

- **Appeal:** A request for review of an adverse benefit determination.

Receipt of Grievance or Appeal

- Method of receipt (call center, online submission, mail)
- Upon receipt of a grievance or appeal, the following is validated:
  - Eligibility
  - CalOptima responsibility
  - Notice of Denial of Medical Coverage or Payment (for appeal)
- Case is entered into our system of record
- Case is assigned to a Resolution Specialist
- An acknowledgment letter is mailed (5 calendar days)

Investigation

The Resolution Specialists:

- Reviews the case and determines priority level based on
  - Requested service
  - Medical urgency
  - Access needs
- Contacts the member if clarification or additional information is needed
- Assists the member with any immediate needs
- Works with internal departments, health networks, providers and delegated entities to resolve issues
- Escalates concerns as appropriate to various departments
- Engages the provider as necessary

Clinical Review

- Nurse Specialist
  - Reviews the appeal
  - Gathers additional information
  - Completes a case summary
  - Applies appropriate criteria
  - Submits to the Medical Director for review and final decision

- Medical Director
  - Reviews to ensure that s/he did not make the initial decision.
  - Works with the assigned nurse to obtain any additional information needed.
  - Determines if an outside reviewer is needed for the specialty type or service.
  - Issues a final decision.

Timelines

Complaint Type	Timeline to Submit	Timeline to Process
Grievance	Anytime	30 Calendar Days
Pre-Service Appeal	60 days from the date on the Notice of Denial	30 Calendar Days
Post Service Appeal	60 days from the date on the Notice of Denial	60 Calendar Days
Expedited Appeal	60 days from the Notice of Denial	72 hours from receipt of request

Questions?

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CalOptima's Mission

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

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SHARE OUR SELVES (SOS)

CalOptima
Member Advisory Committee

Christy Ward, CEO
November 10, 2021

Share Our Selves

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MISSION:

We are servants who provide care and assistance to those in need and act as advocates for systemic change

PHILOSOPHY

We believe in personalized care as a means to deliver quality services, improve population health and stability, and reduce costs. Valuing the concept of the right person, the right treatment, at the right time means we see care as predictive, preventive, personalized, and participatory.

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What is SOS?

SOS is a Federally Qualified Health Center (FQHC) that provides comprehensive health and wrap around services to care for the most vulnerable individuals throughout Orange County.

Our services include medical, dental, behavioral health and mental health services, case management including homeless services and navigation, rent and utility assistance, 340B pharmacy, and we also operate a food pantry that is open 5 full days each week (Monday – Friday).

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What is SOS?

We have a variety of different community outreach events each year, some of which raise donations to support the organization. These events include: Wild & Crazy Taco Night; Adopt A Family; Celebrity Chef Gala; Family Service Night; Thanksgiving Food Distribution and the Families First Program that provides money to high school graduates that are first in their families to attend college.

SHARE OUR SELVES
FAMILY
Service
NIGHT

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LOCATIONS

SOS Community Health Center
1550 Superior Ave.
Costa Mesa, CA 92627
Services: Medical, Dental, BH, Pharmacy, Social Services

SOS-El Sol Wellness Center
1014 N. Broadway
Santa Ana, CA 92701
Services: Medical and BH

SOS Children & Family Health Center
307 Placentia Avenue, Suite 107
Newport Beach, CA 92663
Services: Medical and BH

SOS Community Health Center – Mission Viejo
27725 Santa Margarita Pkwy, Suite 101
Mission Viejo, CA 92691
Services: Medical and BH

SOS Dr. Robert & Dorothy Beauchamp Children & Family Dental Center
307 Placentia Avenue, Suite 202
Newport Beach, CA 92663
Services: Dental

SOS Community Health Center at Bridges at Kraemer Place Homeless Shelter
1000 N Kraemer Pl
Anaheim, CA. 92806
Services: Medical and BH

SOS Health Mobile Unit
Onsite health services at local homeless shelters **(Participating HCAP locations)**
Services: Medical and BH

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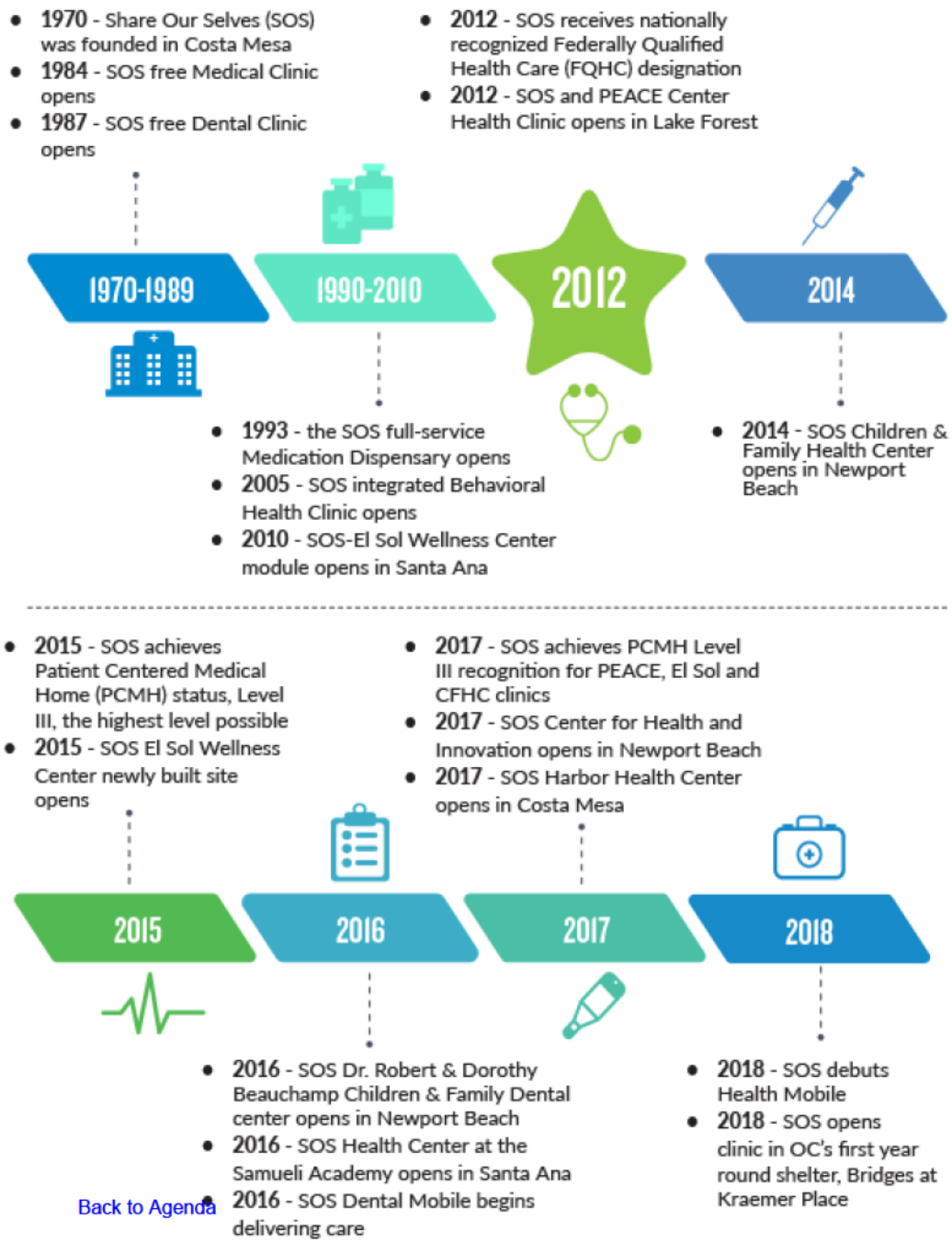
History



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SOS Today

- Annually serves nearly 14,000 individuals throughout Orange County with greater than 42,000 visits
- 10% of our patients are homeless
- 74% of our patients are on Medicaid or other state public assistance
- Distributed 60,000 bags of food in our food pantry in 2020

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Work during COVID-19 Pandemic

- Services
  - Medical
  - Dental
  - BH / MH Services
  - Support Services
  - Food Pantry
- Telehealth
- COVID-19 Testing
- Vaccinations
  - Onsite
  - Events

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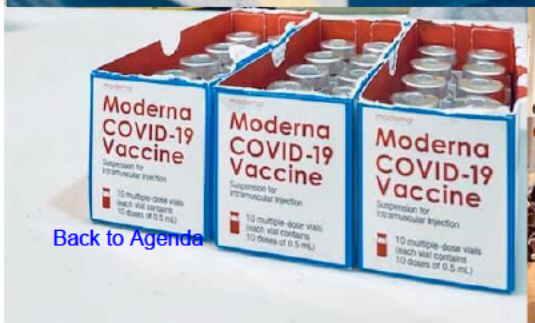

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Moving into the Future

Share
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Thank you

Contact Info:

Christy Ward

cward@shareourselves.org

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4735 Axne **S. 2493 Bennet**	**Provider Relief Fund Deadline Extension Act:** Would delay the deadline by which providers must spend any funds received from the Provider Relief Fund — created in response to the COVID-19 pandemic — until the end of 2021 or the end of the COVID-19 public health emergency, whichever occurs later. Funds that are unspent by any deadline must be repaid to the U.S. Department of Health and Human Services (HHS). ***Potential CalOptima Impact:*** *Increased financial stability for CalOptima's contracted providers.*	**07/28/2021** Introduced; referred to committees	CalOptima: Watch
SB 510 Pan	**Disease Testing and Vaccination Coverage:** Requires a health plan to cover COVID-19 diagnostic and screening testing as well as vaccinations provided by an in-network or out-of-network provider, without cost sharing or prior authorization requirements, during a public health emergency. Out-of-network claims must be reimbursed at the prevailing market rate, as determined by future guidance. This bill applies these requirements retroactively from the beginning of the COVID-19 public health emergency as well as to any future diseases causing a public health emergency. ***Potential CalOptima Impact:*** *Reimbursement for all in-network and out-of-network provider claims for COVID-19 testing and vaccinations, retroactive to March 4, 2020.*	**10/08/2021** Signed into law	CalOptima: Watch CAHP: Oppose Unless Amended LHPC: Oppose

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1914 DeFazio **S. 764 Wyden**	**Crisis Assistance Helping Out On The Streets (CAHOOTS) Act:** Would allow State Medicaid programs to provide 24/7 community-based mobile crisis intervention services — under a State Plan Amendment or waiver — for those experiencing a mental health or substance use disorder crisis. Would provide states a 95% Federal Medical Assistance Percentage (FMAP) to cover such services for three years as well as a total of $25 million in planning grants. ***Potential CalOptima Impact:*** *Subject to further action by the California Department of Health Care Services (DHCS), increased behavioral health and substance use disorder services to CalOptima's Medi-Cal members.*	**03/16/2021** Introduced; referred to committees	**08/05/2021** CalOptima: Support

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Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 221 Wiener	**Timely Access to Behavioral Health Follow-Up Care:** Codifies current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary's request. Beginning July 1, 2022, expands current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment — in alignment with the current time frame for the initial appointment. ***Potential CalOptima Impact:*** *Increased monitoring of behavioral health appointments; arrangement and payment of out-of-network coverage when timely access is not ensured; additional contracting with behavioral health providers.*	**10/08/2021** Signed into law	CalOptima: Watch

BUDGET

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 128 Ting **AB 161 Ting** **AB 164 Ting** **SB 129 Skinner**	**Budget Act of 2021**[1, 2]**:** Makes appropriations for the government of the State of California for FY 2021–22. Total spending is $262.6 billion, of which $196.4 billion is from the General Fund. Key initiatives related to health care include: ■ Behavioral health services for youth ■ California Advancing and Innovating Medi-Cal (CalAIM) ■ COVID-19 response ■ Homelessness ■ Medi-Cal eligibility expansion to adults ages 50 years and older, regardless of immigration status ■ Medi-Cal Rx ■ New and reinstated Medi-Cal covered benefits ■ Telehealth	**07/16/2021** Signed into law	CalOptima: Watch
AB 133 Committee on Budget	**Health Trailer Bill I**[1, 2]**:** Consolidates and enacts certain trailer bill language to implement health-related policies funded by the FY 2021–22 state budget. Key initiatives include: ■ Behavioral health services for youth ■ CalAIM ■ Elimination of asset consideration for Medi-Cal eligibility ■ Health information exchange framework ■ Medi-Cal eligibility expansion to adults ages 50 years and older, regardless of immigration status ■ Medi-Cal eligibility extension for postpartum individuals ■ New and reinstated Medi-Cal covered benefits ■ Proposition 56 supplemental payments ■ Telehealth	**07/27/2021** Signed into law	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 171 Committee on Budget and Fiscal Review	**Health Trailer Bill II[1, 2]:** Extends current network adequacy requirements for Medi-Cal managed care plans, including time and distance standards, from January 1, 2022, to January 1, 2023. Also requires DHCS to complete an analysis by January 1, 2024, to determine whether there is sufficient network adequacy to add housing support services as a covered Medi-Cal benefit. Finally, requires DHCS to expand Medi-Cal home- and community-based services (HCBS), authorized by CMS under the American Rescue Plan Act of 2021, to include the following new initiatives: ■ Housing and Homelessness Incentive Program ■ Community Based Residential Continuum Pilots ■ CalAIM funds for HCBS and homeless providers	**09/23/2021** Signed into law	CalOptima: Watch

[1] The potential CalOptima impacts of state budget legislation are included in the Analysis of the Enacted Budget that follows the Legislative Tracking Matrix.

[2] Because CalAIM was included in state budget legislation, separate CalAIM policy bills are no longer required.

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 56 Biggs	**Patient Access to Medical Foods Act:** Would expand the federal definition of medical foods to include food prescribed as a therapeutic option when traditional therapies have been exhausted or may cause adverse outcomes. Effective January 1, 2022, medical foods, as defined, would be covered by private health insurance providers and federal public health programs, including Medicare, TRICARE, Children's Health Insurance Program (CHIP) and Medicaid, as a mandatory benefit. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima's lines of business.*	**01/04/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 1118 Dingell	**Medicare Hearing Aid Coverage Act of 2021:** Effective January 1, 2022, would require Medicare Part B coverage of hearing aids and related examinations. ***Potential CalOptima Impact:*** *New covered benefit for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).*	**02/18/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 4187 Schrier	**Medicare Vision Act of 2021:** Effective January 1, 2024, would require Medicare Part B coverage of vision services, including eyeglasses, contact lenses, routine eye examinations and fittings. ***Potential CalOptima Impact:*** *New covered benefits for CalOptima OneCare and Program of All-Inclusive Care for the Elderly (PACE).*	**06/25/2021** Introduced; referred to committees	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4311 Doggett **S. 2618 Casey**	**Medicare Dental, Vision, and Hearing Benefit Act of 2021:** Effective no sooner than January 1, 2022, would require Medicare Part B coverage of the following benefits: ■ Dental: Routine dental cleanings and examinations, basic and major dental services, emergency dental care, and dentures ■ Vision: Routine eye examinations, eyeglasses, contact lenses and low vision devices ■ Hearing: Routine hearing examinations, hearing aids and related examinations The Senate version would also increase the Medicaid FMAP for hearing, vision and dental services to 90%. ***Potential CalOptima Impact:*** *New covered benefits for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE); higher federal funding rate for current Medi-Cal benefits.*	**07/01/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 4650 Kelly, R.	**Medicare Dental Coverage Act of 2021:** Effective January 1, 2025, would require Medicare Part B coverage of dental and oral health services, including routine dental cleanings and examinations, basic and major dental treatments, and dentures. ***Potential CalOptima Impact:*** *New covered benefits for CalOptima OneCare and Program of All-Inclusive Care for the Elderly (PACE).*	**07/22/2021** Introduced; referred to committees	CalOptima: Watch
SB 48 Limón	**Annual Cognitive Health Assessment:** Adds annual cognitive health assessments as a covered Medi-Cal benefit for beneficiaries ages 65 or older in order to identify signs of Alzheimer's disease and dementia. Assessments are not covered for beneficiaries who already receive similar assessments as part of an annual wellness visit covered by Medicare. ***Potential CalOptima Impact:*** *New CalOptima Medi-Cal benefit for annual cognitive health assessments for nearly 102,000 members ages 65 or older. As a new benefit, utilization and costs are unknown.*	**10/04/2021** Signed into law	CalOptima: Watch
SB 65 Skinner	**California Momnibus Act:** No later than April 1, 2022, requires DHCS to convene a workgroup to support implementation of the Medi-Cal doula benefit enacted by the FY 2021–22 state budget. The workgroup, consisting of doulas, providers, health plans, counties and advocates, will focus on ensuring beneficiary access and awareness, adequate doula workforce size and training, and timely payment for services. ***Potential CalOptima Impact:*** *Increased guidance and preparation for covering the doula benefit; increased utilization of doula services by CalOptima Medi-Cal members.*	**10/04/2021** Signed into law	CalOptima: Watch
SB 306 Pan	**Sexually Transmitted Disease (STD) Home Test Kits:** Requires health plans to provide coverage and reimbursement for at-home STD test kits and any associated laboratory fees. ***Potential CalOptima Impact:*** *New CalOptima Medi-Cal benefit for at-home STD test kits ordered by an in-network or out-of-network provider, without prior authorization. As a new benefit, utilization and costs are unknown.*	**10/04/2021** Signed into law	CalOptima: Watch CAHP: Oppose

MEDI-CAL OPERATIONS AND ADMINISTRATION

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1738 Dingell **S. 646 Brown**	**Stabilize Medicaid and CHIP Coverage Act of 2021:** Would provide 12 months of continuous eligibility and coverage for any Medicaid or CHIP beneficiary. ***Potential CalOptima Impact:*** *Increased number of CalOptima's Medi-Cal members.*	**03/10/2021** Introduced; referred to committees	CalOptima: Watch ACAP: Support
AB 361 Rivas	**Extension of Brown Act Flexibilities:** Effective immediately upon the Governor's signature, extends temporary Brown Act flexibilities — enacted by the Governor in response to the COVID-19 public health emergency — that allow remote participation in meetings of a local public agency. Previously set to expire on September 30, 2021, these flexibilities are now permitted during any state of emergency that threatens the health and safety of meeting attendees. ***Potential CalOptima Impact:*** *Continued ability for members of CalOptima's Board of Directors and advisory committees to participate in meetings by teleconference during the COVID-19 public health emergency.*	**09/16/2021** Signed into law	CalOptima: Watch LHPC: Support
AB 1082 Waldron	**California Health Benefits Review Program (CHBRP) Extension:** Extends current authorization for the University of California to administer CHBRP, which provides independent analyses of proposed state legislation regarding new health benefits, from July 1, 2022, until July 1, 2027. To fully fund CHBRP, the bill also increases the total annual fee charged to health plans and insurers from $2 million to $2.2 million, beginning July 1, 2022. ***Potential CalOptima Impact:*** *Increased annual fee assessed to CalOptima; continued availability of CHBRP analyses.*	**10/06/2021** Signed into law	CalOptima: Watch CAHP: Support In Concept

OLDER ADULT SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1868 Yarmuth	**Extension of Medicare Sequestration Moratorium:** Extends the moratorium on automatic, across-the-board 2% spending cuts to Medicare payments. The moratorium, which was set to expire on March 31, 2021, now ends on December 31, 2021. ***Potential CalOptima Impact:*** *Continued federal capitation payments to CalOptima OneCare, OneCare Connect and PACE.*	**04/14/2021** Signed into law	CalOptima: Watch
H.R. 4131 Dingell **S. 2210 Casey**	**Better Jobs Better Care Act:** Would make permanent the enhanced 10% FMAP for Medicaid HCBS enacted by the American Rescue Plan Act of 2021. Would also provide states with $100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS. ***Potential CalOptima Impact:*** *Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.*	**06/24/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4941 Blumenauer	**PACE Part D Choice Act of 2021:** Would allow a Medicare-only PACE participant to opt out of drug coverage provided by the PACE program and instead enroll in a standalone Medicare Part D prescription drug plan that results in equal or lesser out-of-pocket costs. PACE programs would be required to educate their participants about this option. ***Potential CalOptima Impact:*** *Increased enrollment into CalOptima PACE by Medicare-only beneficiaries due to decreased out-of-pocket costs.*	**08/06/2021** Introduced; referred to committees	CalOptima: Watch NPA: Support
S. 1162 Casey	**PACE Plus Act:** Would increase the number of PACE programs nationally by making it easier for states to adopt PACE as a model of care and providing grants to organizations to start PACE centers or expand existing PACE centers. Would incentivize states to expand the number of seniors and people with disabilities eligible to receive PACE services beyond those deemed to require a nursing home level of care. Would provide states a 90% FMAP to cover the expanded eligibility. ***Potential CalOptima Impact:*** *Subject to further DHCS authorization, expanded eligibility for CalOptima PACE; additional federal funding to expand the service area of a current PACE center or to establish a new PACE center(s).*	**04/15/2021** Introduced; referred to committee	CalOptima: Watch CalPACE: Support NPA: Support
AB 523 Nazarian	**Permanent PACE Flexibilities:** Would have permanently extended most flexibilities granted to PACE organizations during the COVID-19 public health emergency, including those relating to telehealth services, verbal agreements followed with in-person signatures, Adult Day Health Center home-based services and discharge planning. ***Potential CalOptima Impact:*** *Would have continued most flexibilities adopted by CalOptima PACE during the COVID-19 pandemic.*	**10/06/2021** Vetoed	**06/03/2021** CalOptima: Support CalPACE: Support/ Sponsor

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 365 Caballero	**Medi-Cal Provider Electronic Consultation (E-Consult) Service:** Would have allowed provider-to-provider e-consult services to be reimbursable to all requesting and consulting Medi-Cal providers, including Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) providers. The e-consult could have included assessing health records, providing feedback and/or recommending a further course of action. ***Potential CalOptima Impact:*** *Would have expanded a reimbursable service for all CalOptima Medi-Cal providers, including FQHCs.*	**10/06/2021** Vetoed	CalOptima: Watch LHPC: Support

SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 379 Barragan **S. 104 Smith**	**Improving Social Determinants of Health Act of 2021:** Would require the Centers for Disease Control and Prevention (CDC) to establish a social determinants of health (SDOH) program to coordinate activities to improve health outcomes and reduce health inequities. CDC would be required to consider SDOH in all relevant grant awards and other activities, as well as issue new grants of up to $50 million to health agencies, nonprofit organizations and/or institutions of higher education to address or study SDOH. ***Potential CalOptima Impact:*** *Increased availability of federal grants to address SDOH.*	**01/21/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 943 McBath **S. 851 Blumenthal**	**Social Determinants for Moms Act:** Would require HHS to convene a task force to coordinate federal efforts on social determinants of maternal health as well as award grants to address SDOH, eliminate disparities in maternal health and expand access to free childcare during pregnancy-related appointments. Would also extend postpartum eligibility for the Special Supplemental Nutrition Program for Women, Infants, and Children from six months postpartum to two years postpartum. ***Potential CalOptima Impact:*** *Additional federal guidance or requirements as well as increased availability of federal grants to address social factors affecting maternal health.*	**02/08/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 2503 Bustos	**Social Determinants Accelerator Act of 2021:** Would establish the Social Determinants Accelerator Interagency Council to award state and local health agencies up to 25 competitive grants totaling no more than $25 million, as well as provide technical assistance to improve coordination of medical and non-medical services to a targeted population of high-need Medicaid beneficiaries. ***Potential CalOptima Impact:*** *Increased availability of federal grants to address the SDOH of members with complex needs.*	**07/15/2021** Passed House Energy and Commerce Committee's Subcommittee on Health; referred to full Committee	CalOptima: Watch
H.R. 3894 Blunt Rochester	**Collecting and Analyzing Resources Integral and Necessary for Guidance (CARING) for Social Determinants Act of 2021:** Would require the Centers for Medicare & Medicaid Services (CMS) to update guidance at least once every three years to help states address SDOH in Medicaid and CHIP programs. ***Potential CalOptima Impact:*** *Increased opportunities for CalOptima to address SDOH.*	**07/21/2021** Passed House Energy and Commerce Committee; referred to House floor	CalOptima: Watch
H.R. 4026 Burgess	**Social Determinants of Health Data Analysis Act of 2021:** Would require the Comptroller General of the United States to submit a report to Congress outlining the actions taken by HHS to address SDOH. The report would include an analysis of interagency efforts, barriers and potential duplication of efforts as well as recommendations on how to foster private-public partnerships to address SDOH. ***Potential CalOptima Impact:*** *Increased opportunities for CalOptima to address SDOH.*	**07/21/2021** Passed House Energy and Commerce Committee; referred to House floor	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 369 Kamlager	**Presumptive Eligibility and Street Medicine for Homeless Individuals:** Would have expanded Medi-Cal presumptive eligibility (PE) and street medicine for individuals experiencing homelessness. Specifically, would have: ■ Applied PE, with full-scope benefits and without share of cost, to individuals experiencing homelessness. ■ Allowed any Medi-Cal provider to determine PE and issue a temporary Medi-Cal card. ■ Allowed Medi-Cal providers to deliver any Medi-Cal benefit, including primary, specialist and laboratory services, outside of a medical facility. ■ Prohibited plans from requiring referrals or prior authorizations for individuals experiencing homelessness. ■ Added a field on the Medi-Cal application to indicate homelessness. ■ Required DHCS to deduct capitation payments if a plan did not provide services to a person indicating homelessness within 60 days of Medi-Cal enrollment. ***Potential CalOptima Impact:*** *Could have increased the number of CalOptima Medi-Cal members; could have increased access to services for homeless members but negatively impacted care coordination; could have increased payments to providers; would have required modified utilization management procedures for homeless members; could have decreased DHCS capitation payments to CalOptima for homeless members.*	**10/08/2021** Vetoed	CalOptima: Watch LHPC: Oppose Unless Amended

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson, M.	**Protecting Access to Post-COVID-19 Telehealth Act of 2021:** Would allow HHS to waive or modify any telehealth service requirements in the Medicare program during a national disaster or public health emergency and for 90 days after one is terminated. Would also permit Medicare reimbursement for telehealth services provided by an FQHC or RHC, as well as allow patients to receive telehealth services in the home without restrictions. ***Potential CalOptima Impact:*** *Continuation and expansion of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima OneCare, OneCare Connect and PACE.*	**01/19/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 2166 Sewell	**Ensuring Parity in MA and PACE for Audio-Only Telehealth Act of 2021:** Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for Medicare Advantage (MA) and PACE plans during the COVID-19 public health emergency. ***Potential CalOptima Impact:*** *For CalOptima OneCare, OneCare Connect and PACE, members' risk scores and risk adjustment payments would accurately reflect diagnoses.*	**03/23/2021** Introduced; referred to committees	**08/05/2021** CalOptima: Support ACAP: Support NPA: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 2903 Thompson, M. **S. 1512 Schatz**	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021:** Would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Specifically, would: ■ Remove all geographic restrictions for telehealth services ■ Allow beneficiaries to receive telehealth in their own homes, in addition to other locations determined by HHS ■ Remove restrictions on the use of telehealth in emergency medical care ■ Allow FQHCs and RHCs to provide telehealth services ***Potential CalOptima Impact:*** *Continuation and expansion of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.*	**04/28/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 3447 Smith, J.	**Permanency for Audio-Only Telehealth Act:** Would permanently extend the following current flexibilities, which have been temporarily authorized by CMS during the COVID-19 public health emergency: ■ Medicare providers may be reimbursed for providing certain services via audio-only telehealth, including evaluation and management, behavioral health and substance use disorder services, or any other service specified by HHS. ■ Medicare beneficiaries may receive telehealth services at any location, including their homes. ***Potential CalOptima Impact:*** *Permanent continuation of certain telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.*	**05/20/2021** Introduced; referred to committees	CalOptima: Watch
H.R. 4058 Matsui **S. 2061 Cassidy**	**Telemental Health Care Access Act of 2021:** Would remove the requirement that Medicare beneficiaries be seen in-person within six months of being treated for behavioral health services via telehealth. ***Potential CalOptima Impact:*** *For CalOptima OneCare and OneCare Connect, decreased in-person behavioral health encounters and increased telehealth behavioral health encounters.*	**06/22/2021** Introduced; referred to committees	CalOptima: Watch
S. 150 Cortez Masto	**Ensuring Parity in MA for Audio-Only Telehealth Act of 2021:** Would require CMS to include audio-only telehealth diagnoses in the determination of risk adjustment payments for MA plans during the COVID-19 public health emergency ***Potential CalOptima Impact:*** *For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.*	**02/02/2021** Introduced; referred to committee	CalOptima: Watch ACAP: Support NPA: Support

YOUTH SERVICES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 66 Buchanan	**Comprehensive Access to Robust Insurance Now Guaranteed (CARING) for Kids Act:** Would permanently extend authorization and funding of CHIP and associated programs, including the Medicaid and CHIP express lane eligibility option, which enables states to expedite eligibility determinations by referencing enrollment in other public programs. ***Potential CalOptima Impact:*** *Continuation of current federal funding and eligibility requirements for CalOptima's Medi-Cal members eligible under CHIP.*	**01/04/2021** Introduced; referred to committee	CalOptima: Watch
H.R. 1390 Wild **S. 453 Casey**	**Children's Health Insurance Program Pandemic Enhancement and Relief (CHIPPER) Act:** Would retroactively extend CHIP's temporary 11.5% FMAP increase, enacted by the HEALTHY KIDS Act (2018), from September 30, 2020, until September 30, 2022, to meet increased health care needs during the COVID-19 public health emergency. ***Potential CalOptima Impact:*** *Increased federal funds for CalOptima's Medi-Cal members eligible under CHIP.*	**02/25/2021** Introduced; referred to committees	CalOptima: Watch
SB 682 Rubio	**Childhood Chronic Health Conditions:** Would have required the California Health and Human Services Agency to convene an advisory workgroup to develop and implement a plan that reduces racial disparities in children with chronic health conditions by 50% by 2030. Chronic conditions could have included asthma, diabetes, depression and vaping-related diseases. ***Potential CalOptima Impact:*** *DHCS could have required CalOptima to incorporate new interventions, quality measures and/or reporting requirements.*	**10/04/2021** Vetoed	CalOptima: Watch

Two-Year Bills

The following bills did not meet the deadline to be passed by both houses of the State Legislature. These are now considered two-year bills and are eligible for reconsideration in 2022:

- AB 4 (Arambula)
- AB 32 (Aguiar-Curry)
- AB 58 (Salas)
- AB 71 (Rivas, L.)
- AB 112 (Holden)
- AB 114 (Maienschein)
- AB 393 (Reyes)
- AB 454 (Rodriguez)
- AB 470 (Carrillo)
- AB 540 (Petrie-Norris)
- AB 685 (Maienschein)
- AB 797 (Wicks)
- AB 552 (Quirk-Silva)
- AB 563 (Berman)
- AB 586 (O'Donnell)
- AB 671 (Wood)
- AB 685 (Maienschein)
- AB 797 (Wicks)
- AB 822 (Rodriguez)
- AB 862 (Chen)
- AB 875 (Wood)
- AB 882 (Gray)
- AB 935 (Maienschein)
- AB 942 (Wood)
- AB 1050 (Gray)
- AB 1083 (Nazarian)
- AB 1107 (Boerner Horvath)
- AB 1117 (Wicks)
- AB 1131 (Wood)
- AB 1132 (Wood)
- AB 1160 (Rubio)
- AB 1162 (Villapadua)
- AB 1254 (Gipson)
- AB 1372 (Muratsuchi)
- AB 1400 (Kalra; Lee; Santiago)
- SB 17 (Pan)
- SB 56 (Pan)
- SB 245 (Gonzalez)
- SB 250 (Pan)
- SB 256 (Pan)
- SB 279 (Pan)
- SB 293 (Limon)
- SB 316 (Eggman)
- SB 371 (Caballero)
- SB 508 (Stern)
- SB 523 (Leyva)
- SB 562 (Portantino)
- SB 773 (Roth)

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

ACAP: Association for Community Affiliated Plans
CAHP: California Association of Health Plans
CalPACE: California PACE Association
LHPC: Local Health Plans of California
NPA: National PACE Association

Last Updated: October 11, 2021

2021 Federal Legislative Dates

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

2021 State Legislative Dates*

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

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

Sources: 2021 State Legislative Deadlines, California State Assembly: http://assembly.ca.gov/legislativedeadlines

About CalOptima

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