



**Notice of a
Regular Meeting of the
CalOptima Board of Directors'
Provider Advisory Committee**

**Thursday, September 9, 2021
8:00 a.m.**

**CalOptima
505 City Parkway West, Suite 107-N
Orange, California 92868**

AGENDA

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

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

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

- 1) Listen to the live audio at +1 (415) 655-0052 - Access Code: 955-530-902 or**
- 2) Participate via Webinar at: <https://attendee.gotowebinar.com/register/2387378810848849679> 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 August 12, 2021 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee](#)

IV. PUBLIC COMMENT

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

V. MANAGEMENT REPORTS

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

VI. INFORMATION ITEMS

- A. [California Advancing and Innovating Medi-Cal \(CalAIM\) Update](#)
- B. [Did Telehealth After the COVID Pandemic Equate to Increased Efficiency and Patient Satisfaction?](#)
- C. OneCare Connect Transition
- D. [Federal and State Legislative Update](#)
- E. [Community Relations Update](#)
- F. Provider Advisory Committee Member Updates

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

Webinar Instructions

1. **Please register for the Provider Advisory Committee Meeting on September 9, 2021 at 8:00 a.m. (PDT) at: <https://attendee.gotowebinar.com/register/2387378810848849679>. 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 (415) 655-0052**

Access Code: **955-530-902**

Audio PIN: Shown after joining the webinar.

MINUTES

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

August 12, 2021

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on August 12, 2021, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing requirements of the Brown Act.

CALL TO ORDER

PAC Chair Dr. Lazo-Pearson, called the meeting to order at 8:00 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Junie Lazo-Pearson, Ph.D., Chair; John Nishimoto, O.D., Vice Chair; Amin Alpers, M.D.; Anjan Batra, M.D.; Tina Bloomer, MHNP (8:10 a.m.); Gio Corzo; Andrew Inglis, M.D.; Loc Tran, PharmD.; Alexander Rossel; Jacob Sweidan, M.D.; Christy Ward

Members Absent: Jennifer Birdsall, Ph.D.; Donald Bruhns; Jena Jensen

Others Present: Ladan Khamseh, Chief Operating Officer; Gary Crockett, Chief Counsel; Emily Fonda, M.D., Chief Medical Officer; Michelle Laughlin, Executive Director, Network Operations; Mike Herman, Interim Executive Director, Program Implementation; Debra Kegel, Director Strategic Development; Donald Sharps, M.D., Medical Director; Natalie Zavala, Interim Director, Behavioral Health Services; Kelly Rex-Kimmet, Director, Quality Analytics; Paul Jiang, Manager, Quality Analytics; Marsha Choo, Manager, Quality Analytics; Jackie Mark, Manager, Government Affairs; Cheryl Simmons, Staff to the Advisory Committees; Jorge Dominguez, Lead Customer Service Representative, Customer Service

Dr. Lazo-Pearson welcomed Gio Corzo as the Allied Health Representative and welcomed back Jacob Sweidan, M.D. as the Health Network Representative. She noted that Dr. Sweidan had previously served on the PAC as a Physician Representative until 2020.

MINUTES

Approve the Minutes of the June 10, 2021 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee

Action: On motion of Member Christy Ward, seconded and carried, the Committee approved the minutes of the June 10, 2021 regular meeting. (Motion carried 10-0-0; Members Jennifer Birdsall; Tina Bloomer; Donald Bruhns; Jena Jensen absent)

PUBLIC COMMENTS

There were no public comments.

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Report

Ladan Khamseh, Chief Operating Officer, introduced Mike Herman as the Interim Executive Director, Program Implementation. Mr. Herman, previously the Director, IS-Application Development noted that he will return to the PAC in September with a CalAIM update. Ms. Khamseh shared that, in an effort to improve provider communications, CalOptima transitioned over 8,600 (90% of CalOptima Community Network (CCN) providers) from fax-based provider alerts, updates and newsletters to electronic mail. This functionality gives providers instant access to links, websites and other documents which could not be achieved with blast-faxes. She also noted that the next steps will include gathering email addresses from the health networks' exclusive providers who do not currently participate with CCN. Ms. Khamseh also provided an update on the Centers for Medicare & Medicaid Services (CMS) audit of CalOptima's OneCare and OneCare Connect programs that has just been completed. Ms. Khamseh thanked the health networks for all of their assistance with this audit.

Chief Medical Officer Report

Emily Fonda, M.D., Chief Medical Officer, provided a comprehensive COVID-19 update and also updated the PAC on the vaccine status in Orange County and the distribution of the vaccine gift cards for CalOptima members. Dr. Fonda also updated the PAC on the Delta variant of COVID that has been spreading, primarily among unvaccinated individuals. PAC Member Dr. Sweidan asked staff to look into whether CalOptima could consider assisting the health networks with the cost of back-to-school COVID testing for school-aged CalOptima members.

INFORMATION ITEMS

Intergovernmental Transfer Funds (IGT) 10 Update

Debra Kegel, Director, Strategic Development provided an update on IGT 10. She reviewed the process of securing additional federal revenue from CMS to increase CalOptima's Medi-Cal managed care capitation rates. She noted that the funds must be used for Medi-Cal covered services included in CalOptima's Department of Health Care Services (DHCS) contract for Medi-Cal members. Ms. Kegel also explained how the IGT 10 funds would be paid out in two

installments, with the first installment already having been received in May 2021 and the second expected sometime in the Fall of 2021 for a total of \$45.1 million. She also noted that some of the IGT funds will be used for the Orange County COVID-19 Nursing Home Prevention Program and for the COVID-19 Vaccination Member Incentive Program for 2021.

Healthcare Effectiveness Data and Information Set (HEDIS) MY 2020 Results

Kelly Rex-Kimmet, Director, Quality Analytics and Paul Jiang, Manager, Quality Analytics, provided the Annual Health Effectiveness Data and Information Set (HEDIS) 2020 results. Ms. Rex-Kimmet along with Mr. Jiang both reviewed the DHCS regulatory reporting requirements with the committee members and noted that CalOptima had been successful in achieving all the DHCS minimum performance levels.

Member Experience Results

Marsha Choo, Manager, Quality Analytics reviewed the member experience results with the committee. She noted that CalOptima fields annual member experience surveys for the Medical adult and pediatric populations using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey during the period of February – May 2021. She noted that there was an approximately 20% decrease in the response rate for this year with an average of 17.56% Adults and 18.88% Children and noted that this could be due to the on-going pandemic.

Behavioral Health Update

Donald Sharps, M.D., Medical Director, Behavioral Health Services and Natalie Zavala, Interim Director, Behavioral Health Services provided a verbal updates on CalOptima's Behavioral Health programs. Dr. Sharps also discussed the Behavioral Health Integration Incentive Program (BHIIIP) and an update on the Applied Behavioral Analysis (ABA) Pay for Value (P4V) program to support the ABA programs at CalOptima.

Federal and State Legislative Update

Jackie Mark, MPP, Manager, Government Affairs presented on several legislative items of interest to the committee and referred the committee to the Legislative Matrix handout that they had received in their meeting materials.

PAC Member Updates

Chair Dr. Lazo-Pearson requested assistance from the PAC with the recruitment of a Physician Representative to fulfill the remainder of a term which runs through June 30, 2022. Dr. Lazo-Pearson also notified the members that during the first week of September they would be receiving an email providing information on how to access the yearly compliance courses that all committee members must take. She also noted that the compliance courses would be due in early November and that the modules would be rolled out on a new platform. She asked the members to reach out to Cheryl Simmons should they have difficulty accessing their courses.

ADJOURNMENT

Chair Dr. Lazo-Pearson reminded the PAC that the next meeting would be on September 9, 2021 at 8 a.m. Hearing no further business, Dr. Lazo-Pearson adjourned the meeting at 9:38 a.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: September 9, 2021

MEMORANDUM

DATE: August 25, 2021

TO: CalOptima Board of Directors

FROM: Richard Sanchez, Chief Executive Officer

SUBJECT: CEO Report — September 2, 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. OneCare and OneCare Connect Audit Concludes

On July 19, the Centers for Medicare & Medicaid Services (CMS) began a full-scope program audit of CalOptima OneCare and OneCare Connect. Staff worked with compliance consultant BluePeak to manage the audit and coach health networks to respond effectively during the audit sessions. The audit concluded August 6 with an exit conference and receipt of a preliminary report. Regulators thanked the CalOptima team and leaders for their responsiveness and professionalism. CMS will provide a draft final report in approximately 60 days and allow 10 days for CalOptima response. Subsequent to that, CMS will issue a final report. In the meantime and at the time of this writing, CalOptima is wrapping up submission of further documentation about certain cases in response to CMS requests.

b. Medical Audit of CalOptima Medi-Cal Planned for December

The Department of Health Care Services (DHCS) has informally notified CalOptima that it intends to virtually conduct a medical audit of CalOptima's Medi-Cal program later this year. Based on a preliminary schedule, staff anticipates that the audit will begin on or around December 6 and conclude on or around December 17.

c. CalOptima Readies California Advancing and Innovating Medi-Cal (CalAIM) Submission, Stakeholder Meeting

On September 1, CalOptima will submit the second of three Model of Care (MOC) submissions to implement the CalAIM benefits of Enhanced Care Management (ECM) and In Lieu of Services (ILOS). The material will include draft ECM/ILOS policies and procedures, including the ECM contract template. The draft policies are subject to change based on further guidance that may be provided by the state and community input. Earlier versions of draft policies that were circulating have been significantly revised, and a September 22 meeting with key stakeholders will be used to gather feedback on the design of the ECM/ILOS delivery system. A third MOC submission is due October 1, including the ILOS contract template.

While there is much to do to ensure the successful launch of CalAIM, CalOptima has a head start in several initiatives, which stretch across five years.

- *Dual Eligible Special Needs Plan (D-SNP)*: CalOptima launched OneCare, a D-SNP, in January 2006. Unlike other public plans, CalOptima made a strategic decision to maintain it even though DHCS launched Cal MediConnect (Medicare-Medicaid Plan) as a

demonstration pilot, which led to CalOptima OneCare Connect in July 2015. With CalAIM's directive to end Cal MediConnect and transition to D-SNPs by 2023, CalOptima is better positioned than other public plans that either shuttered their D-SNPs or have never had a Medicare line of business.

- *Carved-In Benefits*: CalAIM proposes to carve in certain benefits that CalOptima already has responsibility for, including transplants (by 2022) and long-term care (by 2023). Unlike non-County Organized Health System (COHS) plans, CalOptima has handled transplant services since inception in 1995. And all COHS have had responsibility for long-term care since 1998. In contrast, most other public plans have not managed these services.
- *National Committee for Quality Assurance (NCQA)*: CalAIM requires all plans to be NCQA accredited by 2026. CalOptima first achieved accreditation in August 2012 and recently completed a renewal survey, earning 100% of the allowable points and extending accreditation until 2024. Many public plans have never sought NCQA accreditation.
- *ILOS*: Because of participation in the Health Homes Program and Whole Person Care pilot, CalOptima has familiarity with services proposed under ILOS, including recuperative care and home modifications. CalOptima has long funded recuperative care through Intergovernmental Transfer (IGT) dollars and supported home modifications through the Multipurpose Senior Services Program.

Given CalOptima's experience in areas that are precursors to various CalAIM requirements, staff at other health plans have contacted CalOptima seeking background guidance.

d. CalOptima Builds Vaccine Rates, Prepares for State Incentive Program

CalOptima's diligence in promoting vaccination among members has resulted in a leadership position among large health plans across the state. Below is a vaccine rate update and discussion of future incentive efforts:

- *Vaccination Rates*: As of August 24, CalOptima has 383,741 vaccinated members, which is 59% of members age 16 and older and 57% of members age 12 and older. Based on recent statewide data as of July 25, CalOptima is the best performing large plan, currently ranked sixth statewide among all Medi-Cal plans. Plans with higher vaccination rates are smaller, with approximately 250,000 members or less. Fellow health plan staff members have taken note of the agency's leadership and reached out seeking information on CalOptima's robust vaccination promotion efforts.
- *State Vaccine Incentive Program*: On August 13, DHCS released an All Plan Letter with details about a new incentive program Medi-Cal plans must implement to boost vaccination rates. Thanks to your Board for approving CalOptima's incentive program in January. It has proven to be a differentiating factor in the agency's overall vaccination uptake, and some tenants of the state's new program seem to mimic CalOptima efforts, including the \$50 member incentive. That said, there is still ample room for increasing vaccine rates, and CalOptima is committed to diligently developing the required response to the program by the September 1 deadline. CalOptima held an internal workgroup meeting to discuss ideas and will meet with the Orange County Health Care Agency to develop collaborative strategies.

e. Back-to-School Events Attract Families for Routine Shots, COVID-19 Vaccinations

In July and August, CalOptima partnered with a school district, supermarket chain and community health centers to host a series of back-to-school vaccination events designed to encourage parents to get their children regular immunizations and COVID-19 vaccines (for those

age 12+). On August 12, ABC 7 aired a [segment](#) that included interviews with Chief Medical Officer Emily Fonda, M.D., and Executive Director, Quality & Population Health Management Marie Jeannis, promoting back-to-school health care readiness. The August 18 and 19 events at Westminster Family Resource Center also attracted media, including photographer/videographer visits from the Orange County Register, Reuters, Spectrum News and Univision. Today in L.A. (KNBC) ran two brief announcements to raise awareness. CalOptima's next back-to-school event for COVID-19 vaccines is at the 505 building on Saturday, August 28, 9 a.m.–1 p.m. A texting campaign and other promotional efforts will encourage attendance. In addition to offering vaccines, a resource fair will include 2-1-1 Orange County distributing free backpacks and school supplies that were secured through Dreams for Schools and CalOptima employee donations. Social Services Agency; Women, Infants, and Children; OC Head Start; and OC Links will also have booths. A final back-to-school event will be at Boys & Girls Club of Garden Grove on September 11.

f. CalOptima Logs Positive Adverse Childhood Experience (ACE) Screening Rates

In July, DHCS released a [report](#) summarizing progress with ACE screenings among Medi-Cal plans in the first nine months of 2020. CalOptima was the top plan for screenings of members age 0 to 20, at 11.4% of the eligible population. CalOptima also screened adults 21 to 64 at a rate higher than the statewide average. For the youth population in particular, CalOptima has done notable promotion and education to encourage providers to conduct these screenings that help identify and address issues that contribute to poor health.

g. Collaboration With Kaiser on Quality Issues Off to a Good Start

Following your Board's directive, CalOptima staff met with Kaiser leaders to address quality initiatives. Kaiser is considering participation in CalOptima's Quality Improvement Committee and collaboration with CalOptima's Population Health Management team on current initiatives in five areas. The five potential areas of collaboration are diabetes poor control, lead screening in children, prenatal and postpartum care, well child visits, and member experience. The goal is to share best practices and ultimately improve the quality of care for members.

h. CalOptima Participates in Orange County Homelessness and Mental Health Services Informational Hearing

On August 20, the Select Committee on Orange County Homelessness and Mental Health Services, chaired by Assemblywoman Sharon Quirk-Silva, hosted a public hearing to discuss countywide services for those experiencing homelessness. On behalf of CalOptima, I participated in the panel discussion, providing updates on CalOptima's Homeless Health Initiative; collaboration with the Orange County Health Care Agency Behavioral Health Services; outcomes from CalOptima's Clinical Field Teams; and CalAIM implementation.

i. CalOptima Meets With Group Working for Better Care for Homeless Individuals

CalOptima staff met with members of the North OC Public Safety Task Force, which facilitates Project HOPE (Homeless Outreach and Proactive Engagement). Project HOPE is a collaboration of local cities in the North Service Planning Area. Fullerton, Buena Park and Stanton are aiming to better address police interactions with individuals experiencing homelessness. Their model includes the presence of a case manager and other city-funded staff who can provide services

within the participating cities, focusing on care coordination as an alternative to traditional law enforcement activities. On August 18, CalOptima's Community Relations department and Homeless Response Team (HRT) made a presentation about CalOptima Medi-Cal and Homeless Health Initiative, so that Project HOPE staff can make referrals to the Clinical Field Teams for urgent care needs or access HRT services.

j. CalOptima Offering Support for Individuals Affected by Mary's Kitchen Closure

CalOptima's HRT arranged for Central City Community Health Center to provide health care services at an event involving the pending closure of Mary's Kitchen, a longtime resource in Orange with daily food service for homeless individuals. The August 25 event may serve approximately 100 individuals and will include participation from Orange County Health Care Agency, Orange County Social Services Agency, Buena Park Navigation Center/Mercy House, Placentia Navigation Center/People Assisting the Homeless, Be Well OC and other groups.

k. Investment Advisory Committee (IAC) Seeks New Member

CalOptima is seeking candidates to fill one open position on the IAC. The committee provides advice and recommendations regarding the investment of CalOptima's funds. Applicants should be legal residents of, or employed in, Orange County and have substantial education and management experience in fields such as investment banking, investment management, and financial management and planning. To be considered, please send a cover letter, resume and a letter of recommendation by September 24. Contact IAC staff Pamela Reichardt at 657-900-1011 for details or view committee information [here](#).



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COVID-19 Update

Provider Advisory Committee and Member Advisory Committee
September 9, 2021

Emily Fonda MD MMM CHCQM
Chief Medical Officer

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CalOptima Membership, COVID-19 Cases and Vaccination Data

- As of Sep 7, 2021, CalOptima has 854,081 members (671,370 age 12 and older)
 - 5.1% members tested positive for COVID-19 (0.34% expired)
 - 389,649 members are vaccinated
 - 360,254 members are eligible for incentives
 - 60% members 16 years and older received at least one dose of vaccine
 - 58% members 12 years and older received at least one dose vaccine
- More than 196,894 gift cards processed for general members as of 9/7
- 1,588 gift cards distributed to members experiencing homelessness as of 9/7

CalOptima COVID-19 Vaccination Data (Sep 2021)

- Highest vaccination rate: 65%~70% for Garden Grove, Irvine and Westminster
- WCM vaccination rate: ~54%
- 65 and older vaccination rate: ~75% (statewide Medi-Cal* 67.8%)
 - LTC members vaccination rate: ~96%
 - PACE participants vaccination rate: ~99%
- Asian population: 78% vaccinated (statewide Medi-Cal* 71.5%)
- Black population: 41% vaccinated (statewide Medi-Cal* 34.6%)

By Ethnicity

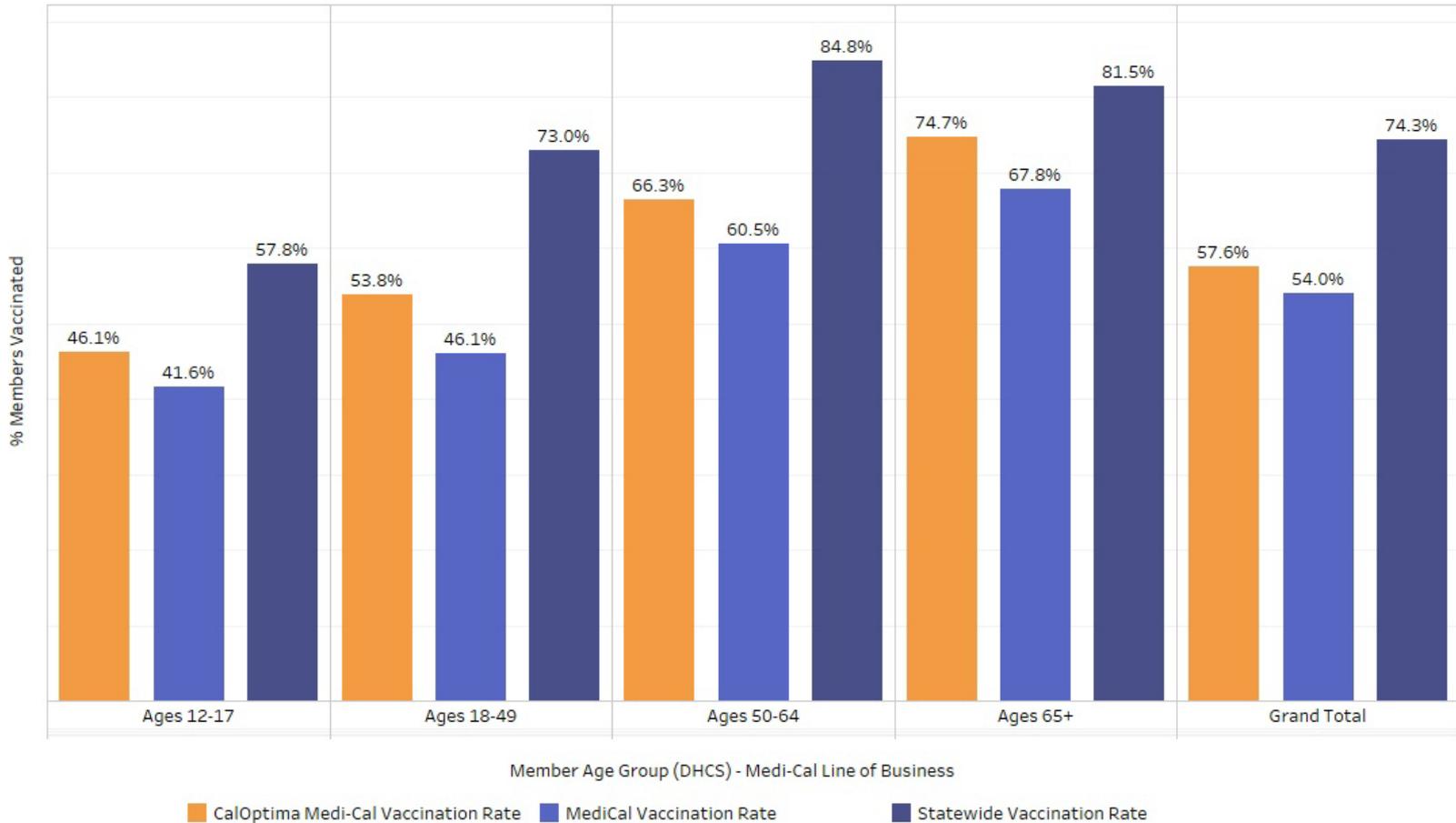
Grand Total	671,187	389,649	58%
Alaskan Nat / Amer Indian	1,268	547	43%
Asian	155,589	120,729	78%
Black	12,700	5,210	41%
Hispanic	266,487	135,367	51%
Others	107,235	61,700	58%
White	127,908	66,096	52%

By Age Group

Grand Total	671,187	389,649	58%
Age 12-15	76,540	33,213	43%
Age 16-49	369,892	198,447	54%
Age 50-64	123,741	82,203	66%
Age 65-74	53,502	39,934	75%
Age 75+	47,512	35,852	75%

*Statewide Medi-Cal data as of August 22

Medi-Cal Vaccination Rate Comparison*



*DHCS data as of 8/22/21

*CalOptima data as of 9/7/21

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COVID-19 Outreach Efforts

- Population Health Management participation in Back-To-School Immunization Clinics to address all vaccination gaps (including COVID-19 vaccination)
 - Anaheim Union High School District (7/12, 7/13, 7/19, 8/3)
 - Northgate Market (7/31)
 - Westminster Family Resource Center (8/18, 8/19)
 - CalOptima COVID Vaccine Clinic (8/28)
 - Boys and Girls Club of Garden Grove (9/11)
- Ongoing Communication efforts
 - Social media, community announcements and website

Our Mission

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



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California Advancing and Innovating Medi-Cal (CalAIM) Update

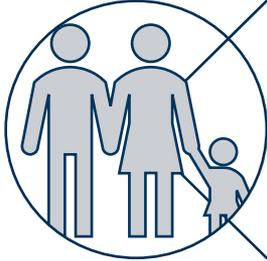
September 9, 2021

Mike Herman

Interim Executive Director, Program Implementation

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Population of Focus



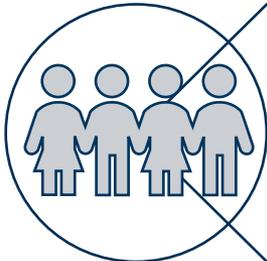
January 1, 2022

- Individuals and families experiencing homelessness
- Adult High Utilizers
- Adults with Serious Mental Illness or Substance Use Disorder



January 1, 2023

- Adults eligible for Long Term Care
- Adult nursing facility residents
- Adults transitioning from incarceration



July 1, 2023

- All children who are high utilizers, SED, CCS, WCM, child welfare, transitioning from incarceration

CalAIM Model of Care Policies

- Enhanced Care Management – Service Delivery
 - Processes for provisions of ECM Services under the CalAIM Program
- Enhanced Care Management – Eligibility and Outreach
 - ECM eligibility requirements, outreach activity and processes for CalOptima members
- Enhanced Care Management – Administration
 - CalOptima’s responsibilities for the overall administration of the ECM benefits
- In Lieu of Services (ILOS)
 - Eligibility criteria for the provisions of ILOS to CalOptima members under the CalAIM program

January 2022 In-Lieu of Services and Current CalOptima Services

Recuperative Care



- Interim housing
- bed and healthy meals
- Monitoring physical and mental health
- vitals
- assessments
- wound care
- medication
- Short-term assistance
- Coordination of transportation
- Medical stability

Housing Support



- Housing Navigation
- assessment
- search and support plan
- address barriers
- Housing Deposit
- first and last
- utilities, etc.
- Housing Sustaining Services
- intervention
- training
- relationships

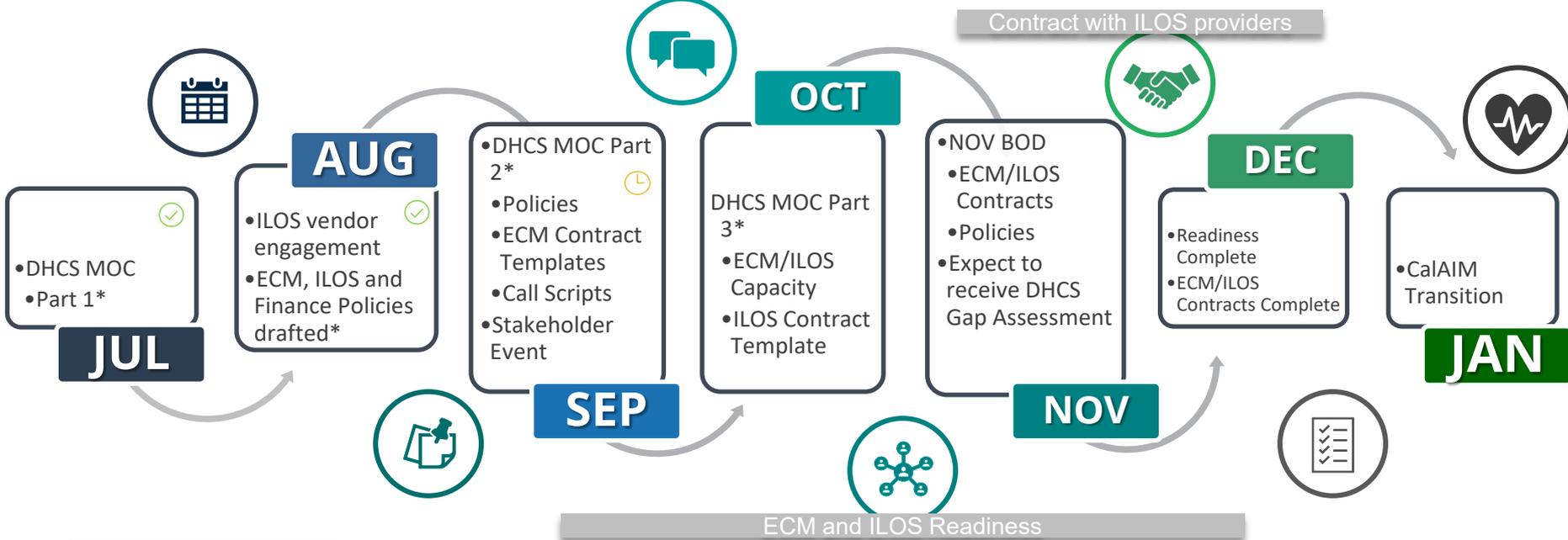
Current Services



- Be Well Sobering Centers (IGT)
- Recuperative care
- Transplants services
- Dual Eligible Special Needs Plan
- MSSP – home assistance
- Long Term Care and Support Services

Plan to contract with the current providers for four In-Lieu of Services.
Consult for future ILOS to be offered

CalOptima CalAIM Timeline for January 1, 2022



BOD: Board of Directors
 ECM: Enhanced Care Management
 ILOS: In Lieu of Services
 MOC: Model of Care
 *DHCS Submission

Did Telehealth after the Covid Pandemic Equate to Increased Efficiency and Patient Satisfaction?

Anjan Batra, MD, MBA

Director of Electrophysiology, CHOC

Professor of Pediatrics, UC Irvine

BMJ Open Telehealth and patient satisfaction: a systematic review and narrative analysis

2017

Clemens Scott Kruse, Nicole Krowski, Blanca Rodriguez, Lan Tran, Jackeline Vela, Matthew Brooks

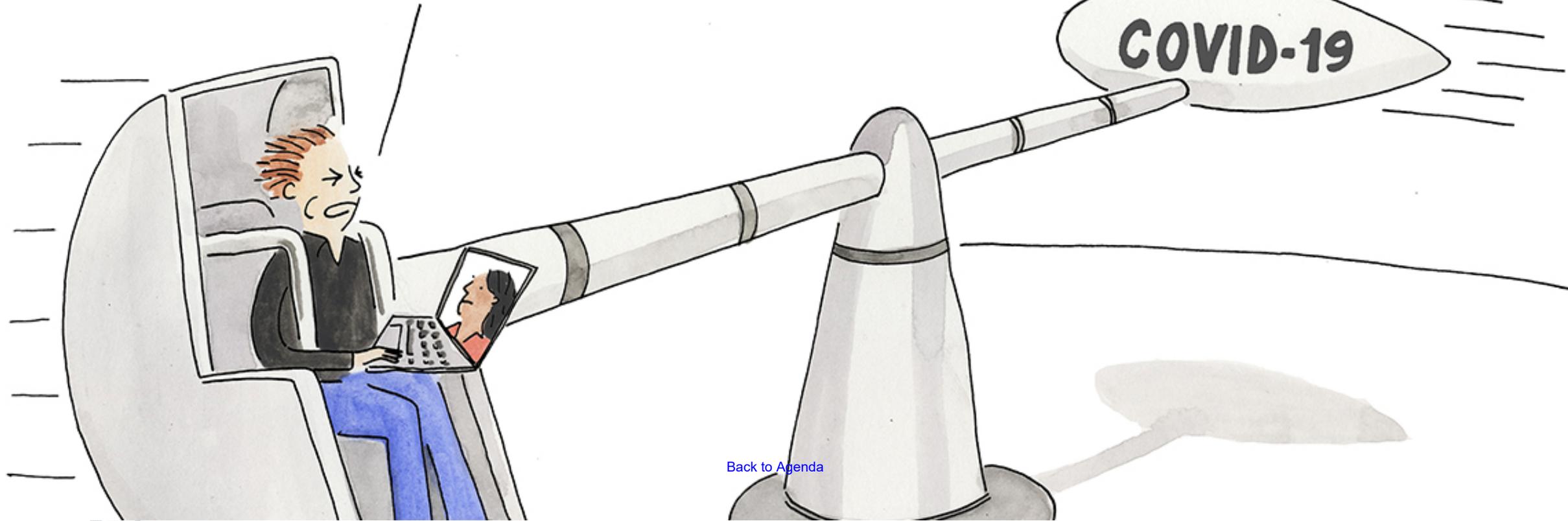
Reasons to embrace it

- Ease of use
- Improves outcomes and communication
- Increases access to care
- Empowers patients

Barriers

- Policy, legislation and reimbursement

CAN WE PLEASE STOP
CALLING THIS PACE OF
CHANGE THE NEW NORMAL?



**COVID-19
Healthcare
Coalition**



TELEHEALTH (2019-2020)

Impact Study: Patient Satisfaction Survey

- **VISIT QUALITY**
- 79% indicated that they were satisfied
- 83% reported good overall visit quality
- 76% said transportation barrier removed

<https://c19hcc.org/telehealth>

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The COVID-19 Healthcare Coalition includes more than 1,000 private organizations, including healthcare systems, universities, technology companies, medical suppliers, professional associations, and research organizations. All members are committed to quickly responding to the pandemic, preserving the healthcare delivery system, and protecting people across the country.

J.D. Power Study

Great patient experience:

➡-The overall customer satisfaction score for telehealth services is 860 (on a 1,000-point scale), which is among the highest of all healthcare, insurance and financial services industry studies conducted by J.D. Power.

➡- Tech audio issues (26%) are the most common problem.

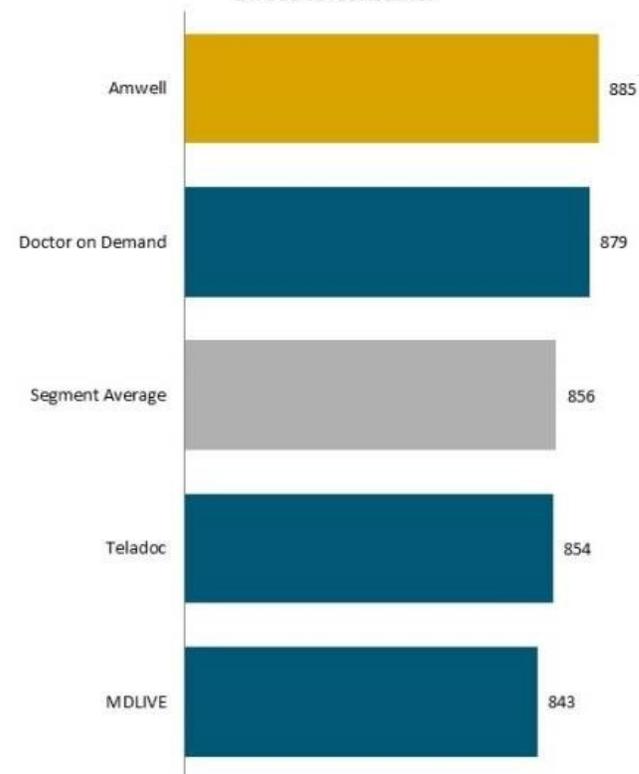
➡- **At-risk patients have lower levels of satisfaction:**

J.D. Power 2020 U.S. Telehealth Satisfaction StudySM

Overall Customer Satisfaction Index Ranking

(Based on a 1,000-point scale)

Direct-to-Consumer



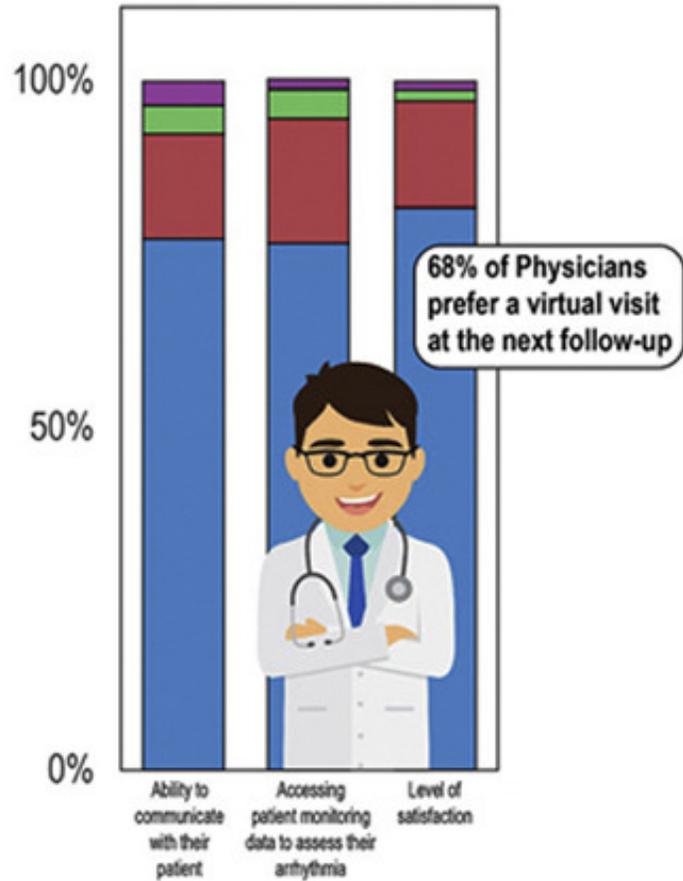
Source: J.D. Power 2020 U.S. Telehealth Satisfaction StudySM

Charts and graphs extracted from this press release for use by the media must be accompanied by a statement identifying J.D. Power as the publisher and the study from which it originated as the source. Rankings are based on numerical scores, and not necessarily on statistical significance. No advertising or other promotional use can be made of the information in this release or J.D. Power survey results without the express prior written consent of J.D. Power.

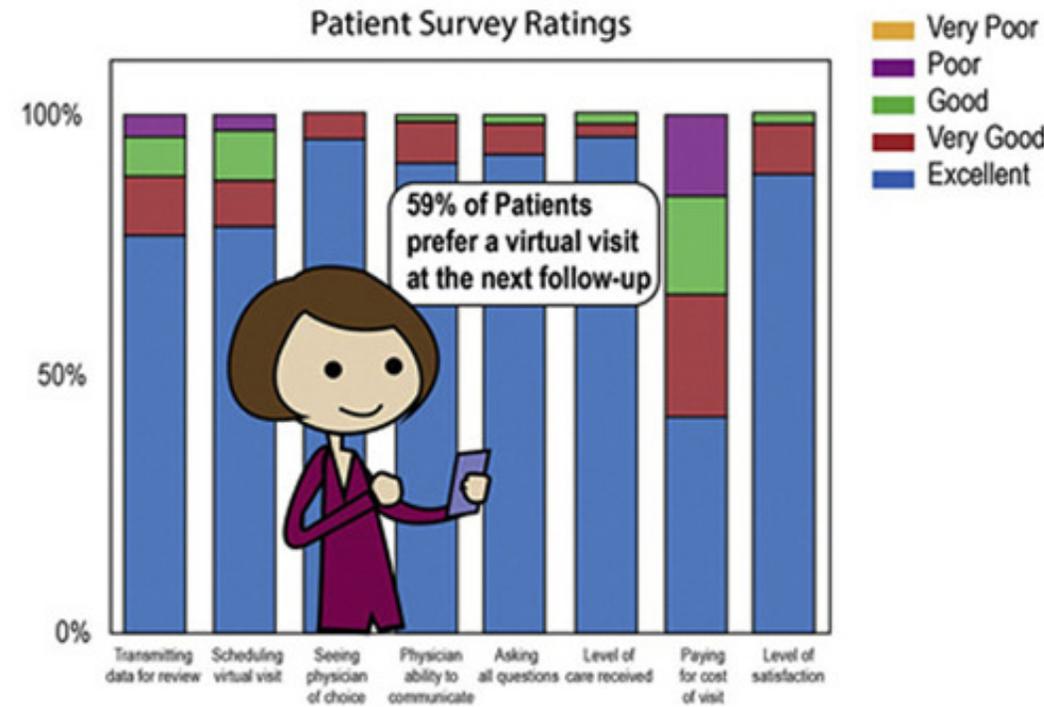
Virtual Visits in Cardiac Electrophysiology



Physician Survey Ratings



Patient Survey Ratings



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So why the increased patient satisfaction with telehealth????

- Convenience
- Ability to include caregivers
- Increased engagement
- Communication
- Meet patients where they are



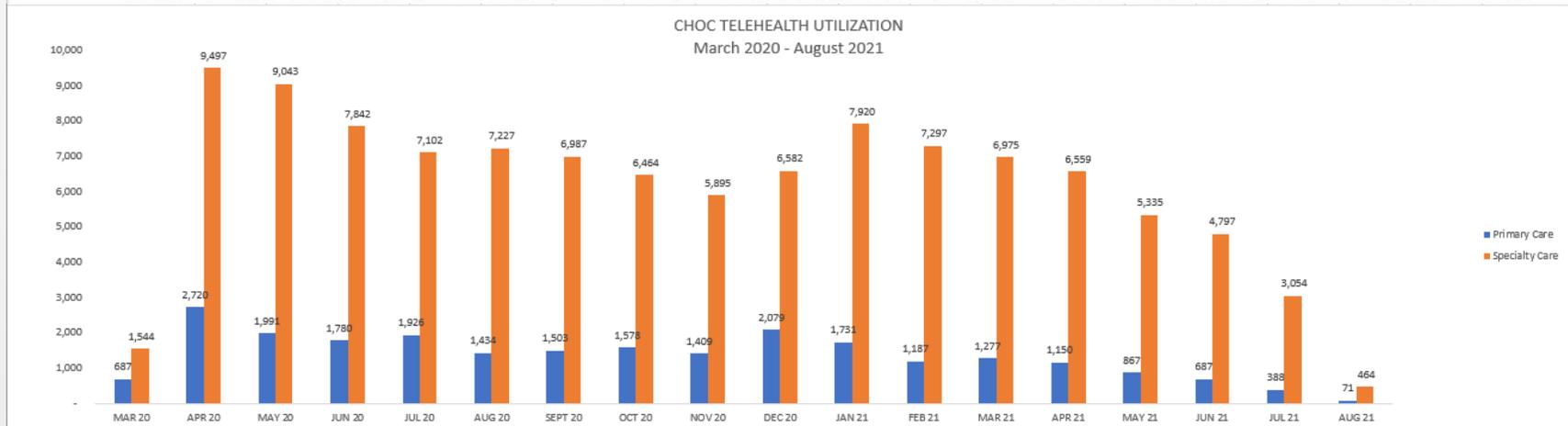
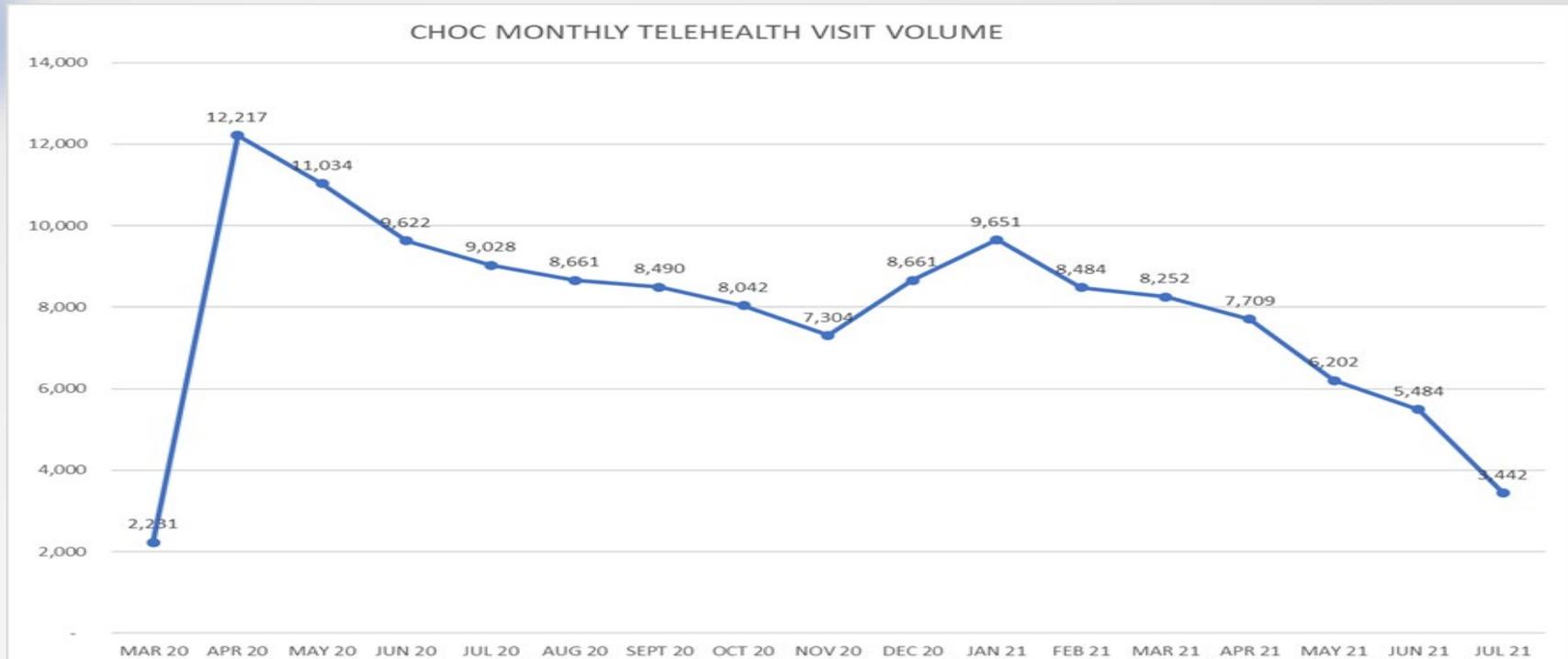
An illustration on a dark blue background showing a hand holding a smartphone with a heart icon, connected by dotted lines to a cloud and a doctor's profile. In the foreground, a hand wears a smartwatch with a pulse line, and a computer monitor displays a house icon. The overall theme is digital health and remote care.

How remote-patient monitoring will change healthcare

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Telehealth at CHOC

➔ Data courtesy of CHOC Telehealth team



COVID-19 UTILIZATION	MAR 20	APR 20	MAY 20	JUN 20	JUL 20	AUG 20	SEPT 20	OCT 20	NOV 20	DEC 20	JAN 21	FEB 21	MAR 21	APR 21	MAY 21	JUN 21	JUL 21	AUG 21	Total	
Primary Care	687	2,720	1,991	1,780	1,926	1,434	1,503	1,578	1,409	2,079	1,731	1,187	1,277	1,150	867	687	388	71	24,465	
Specialty Care	1,544	9,497	9,043	7,842	7,102	7,227	6,987	6,464	5,895	6,582	7,920	7,297	6,975	6,559	5,335	4,797	3,054	464	110,584	
TOTAL	2,231	12,217	11,034	9,622	9,028	8,661	8,490	8,042	7,304	8,661	9,651	8,484	8,252	7,709	6,202	5,484	3,442	535	135,049	
CUMULATIVE	2,231	14,448	25,482	35,104	44,132	52,793	61,283	69,325	76,629	85,290	94,941	103,425	111,677	119,386	125,588	131,072	134,514	135,049	134,514	
																			One Year Mark:	108,579

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CHOC AMBULATORY CARE CENSUS REPORT

Telehealth vs Total visits

	Telehealth (%) (2021)
Total Ambulatory Care Visits	21.8
Total Visits at Orange Campus	22.1
Total Primary Care Clinic Visits	14.6
Total Specialty Clinic Visits	24.6
Cardiology	23.8

CHOC Patient Satisfaction

		Fiscal Year 2021 Patient Experience Results CCO Specialty Clinics In-Person vs. Telehealth						
Data execution date: 6/4/2021								
Increase Enterprise-Wide Patient Experience Positive Score	Q1 FY2021	Q2 FY2021	Q3 FY2021	Q4 FY2021	FY 2021 YTD±	FY 2021 Percentile Rank YTD	FY 2021 Target	FY 2020 Result
Cardiology Overall Rating	91.2% N= 544	92.1% N= 391	92.9% N= 437	90.6% N= 277	91.8%	70	89.2%	91.4%
Cardiology In-Person Overall Rating	90.9% N= 440	91.2% N= 329	92.4% N= 354	91.3% N= 229	91.4%	67	89.2%	91.7%
Cardiology, Telehealth Overall Rating	92.3% N= 104	96.8% N= 62	95.2% N= 83	87.5% N= 48	93.3%	80	89.2%	93.5%



Conclusion

Telehealth equates to increased efficiency and improved patient satisfaction.

Telehealth is here to stay, and we need to continue to improve the platforms to make it more convenient.

Reimbursement should remain at par with in-person visits.



Thank You

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 242 Newman	<p>Provider Reimbursement for Medically Necessary Expenses: Would allow physicians and dental providers to be reimbursed for medically necessary business expenses, in compliance with a public health order, to treat and reduce the spread of COVID-19 or other infectious diseases in the workplace during a public health emergency. Reimbursable expenses would include personal protective equipment, infection control supplies, testing supplies and processing, and related information technology expenses.</p> <p><i>Potential CalOptima Impact: Additional payments to contracted providers for medically necessary business expenses.</i></p>	<p>07/13/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose LHPC: Oppose
SB 510 Pan	<p>Disease Testing and Vaccination Coverage: Would require 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. This bill would also apply 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.</p> <p><i>Potential CalOptima Impact: Reimbursement for all in-network and out-of-network provider claims for testing and vaccinations related to a disease causing a public health emergency.</i></p>	<p>07/13/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose Unless Amended

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1914 DeFazio S. 764 Wyden	<p>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.</p> <p><i>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.</i></p>	<p>03/16/2021 Introduced; referred to committees</p>	CalOptima: Support

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 221 Wiener	<p>Timely Access to Behavioral Health Follow-Up Care: Would codify current timely access standards requiring health plans to ensure that contracted providers and health networks schedule initial appointments within specified time frames of a beneficiary's request. Would expand current standards to also require follow-up appointments with a non-physician mental health or substance use disorder provider to be scheduled within 10 business days of a previous appointment related to an ongoing course of treatment — in alignment with the current time frame for the initial appointment.</p> <p><i>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.</i></p>	<p>07/06/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
SB 293 Limon	<p>Standardized Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) Forms: Would require DHCS to develop standardized forms for specialty mental health services provided under EPSDT after January 1, 2022. Consistent with the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the forms would address medical necessity criteria, screening tools and transition of care tools, which would impact coordination and referrals with Medi-Cal managed care plans (MCPs).</p> <p><i>Potential CalOptima Impact: Implementation and use of new forms and processes by Behavioral Health Integration staff.</i></p>	<p>07/06/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch
SB 562 Portantino	<p>Autism Spectrum Disorder (ASD) Treatment: Would revise and expand the definitions of those providing care and support to individuals with ASD and redefine the minimum qualifications of autism service professionals. Additionally, ASD treatment such as the Developmental, Individual-differences and Relationship-based model (DIR), or "DIRFloortime," not currently covered by Medi-Cal, would be authorized to be provided at any time or location, in an unscheduled and unstructured setting, by a qualified autism provider. The authorization of ASD treatment services will not be denied or limited if a parent or caregiver is unable to participate.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit; expansion of provider types for ASD treatment services.</i></p>	<p>06/22/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose

2021–22 Legislative Tracking Matrix (continued)

BUDGET^{1,2}

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: Makes appropriations for the government of the State of California for Fiscal Year (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: <ul style="list-style-type: none"> ■ Behavioral health services for youth ■ 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: Consolidates and enacts certain trailer bill language to implement health-related policies funded by the FY 2021–22 state budget. Key initiatives include: <ul style="list-style-type: none"> ■ 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

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

² Because the CalAIM initiative was included in 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. <p><i>Potential CalOptima Impact: New covered benefit for CalOptima’s lines of business.</i></p>	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. <p><i>Potential CalOptima Impact: New covered benefit for CalOptima OneCare, OneCare Connect and Program of All-Inclusive Care for the Elderly (PACE).</i></p>	02/18/2021 Introduced; referred to committees	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 114 Maienschein	<p>Rapid Whole Genome Sequencing: Would add rapid Whole Genome Sequencing as a covered Medi-Cal benefit for any beneficiary who is at least one year of age and is receiving inpatient services in an intensive care unit. The benefit would include individual sequencing, trio sequencing for one or more parent and their baby, and ultra-rapid sequencing.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	<p>06/16/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>5/27/2021 Passed Assembly floor</p>	CalOptima: Watch
AB 342 Gipson	<p>Colorectal Cancer Screenings and Colonoscopies: Effective January 1, 2022, would require health plans to provide no-cost coverage for a colorectal cancer screening recommended by the U.S. Preventive Services Task Force and Medicare. Additionally, when such a test produces a positive result, health plans would be required to provide no-cost coverage for a colonoscopy. Health plans would not be required to comply with these provisions when the service was delivered by an out-of-network provider.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	<p>06/30/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>5/27/2021 Passed Assembly floor</p>	CalOptima: Watch
SB 48 Limón	<p>Annual Cognitive Health Assessment: Would add 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 would not be covered for beneficiaries who already receive similar assessments as part of an annual wellness visit covered by Medicare.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	<p>07/06/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/03/2021 Passed Senate floor</p>	CalOptima: Watch
SB 245 Gonzalez	<p>Abortion Services: Would prohibit a health plan from imposing Medi-Cal cost-sharing on all abortion services, including any pre-abortion or follow-up care, no sooner than January 1, 2022. Likewise, a health plan may not require a prior authorization or impose an annual or lifetime limit on such coverage.</p> <p><i>Potential CalOptima Impact: Modified utilization management (UM) procedures for a covered Medi-Cal benefit.</i></p>	<p>06/22/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose
SB 306 Pan	<p>Sexually Transmitted Disease (STD) Home Test Kits: Would require health plans to provide coverage and reimbursement for at-home STD test kits and any associated laboratory fees. Would also authorize Medi-Cal reimbursement for STD-related services at the same rate as comprehensive family planning services, even when the patient is not at risk of becoming pregnant or in need of contraception</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	<p>07/06/2021 Passed Assembly Business and Professions Committee; referred to Assembly Appropriations Committee</p> <p>06/22/2021 Passed Assembly Health Committee</p> <p>06/02/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 523 Leyva	<p>Contraceptive Equity Act of 2021: Effective January 1, 2022, would require health plans to provide coverage of all Food and Drug Administration-approved over-the-counter contraceptive drugs, devices, and products, including vasectomies, without a prescription or prior authorization and regardless of gender. Would also require coverage of related examinations, procedures, and consultations.</p> <p><i>Potential CalOptima Impact: New Medi-Cal covered benefit.</i></p>	<p>07/06/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/22/2021 Passed Assembly Labor and Employment Committee</p> <p>06/01/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Oppose

MEDI-CAL ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	<p>Medi-Cal Eligibility for All Undocumented Adults: Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status.</p> <p><i>Potential CalOptima Impact: Projected increase of approximately 75,000–80,000 CalOptima Medi-Cal members.</i></p>	<p>06/16/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>06/01/2021 Passed Assembly floor</p>	CalOptima: Watch CAHP: Support LHPC: Support
AB 470 Carrillo	<p>Elimination of Asset Consideration: Would prohibit the consideration of any assets or property in determining Medi-Cal eligibility under any aid category, subject to federal approval.</p> <p><i>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</i></p>	<p>06/30/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>05/27/2021 Passed Assembly floor</p>	CalOptima: Watch LHPC: Support
SB 56 Durazo	<p>Medi-Cal Eligibility for Undocumented Older Adults 60+: Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 60 years or older, regardless of their immigration status.</p> <p><i>Potential CalOptima Impact: Projected increase of approximately 5,000–6,000 CalOptima Medi-Cal members.</i></p>	<p>06/22/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/02/2021 Passed Senate floor</p>	CalOptima: Watch CAHP: Support LHPC: Support

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. <i>Potential CalOptima Impact: Increased number of CalOptima's Medi-Cal members.</i>	03/10/2021 Introduced; referred to committees	CalOptima: Watch ACAP: Support
AB 1082 Waldron	California Health Benefits Review Program (CHBRP) Extension: Would extend current authorization for the University of California to administer CHBRP, which provides independent analyses of proposed states legislation regarding new health benefits, from July 1, 2022, until July 1, 2027. To fully fund CHBRP, the bill would also increase the total annual fee charged to health plans and insurers from \$2 million to \$2.2 million, beginning July 1, 2022. <i>Potential CalOptima Impact: Increased annual fee assessed to CalOptima; continued availability of CHBRP analyses.</i>	06/16/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee 05/27/2021 Passed Assembly floor	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. <i>CalOptima Impact: Continued federal capitation payments to CalOptima OneCare, OneCare Connect and PACE.</i>	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 home- and community-based services (HCBS) enacted by the American Rescue Plan Act of 2021. Would also provide states with \$100 million in planning grants to develop HCBS infrastructure and workforces. Additionally, would make permanent spousal impoverishment protections for those receiving HCBS. <i>Potential CalOptima Impact: Continuation of current federal funding rate for HCBS; expansion of HCBS opportunities.</i>	06/24/2021 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. <i>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).</i>	04/15/2021 Introduced; referred to committee	CalOptima: Watch NPA: Support

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 523 Nazarian	<p>Permanent PACE Flexibilities: Would permanently extend most flexibilities granted to PACE organizations during the COVID-19 public health emergency. This includes flexibilities relating to telehealth services, verbal agreements followed with in-person signatures, Adult Day Health Center home-based services and discharge planning.</p> <p><i>Potential CalOptima Impact: Continuation of most flexibilities adopted by CalOptima PACE during the COVID-19 pandemic.</i></p>	<p>06/23/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>05/27/2021 Passed Assembly floor</p>	CalOptima: Support CalPACE: Support/ Sponsor
AB 540 Petrie-Norris	<p>Modification of PACE Enrollment Process: Would seek to increase enrollment into PACE organizations by:</p> <ul style="list-style-type: none"> ■ Listing PACE as a Medi-Cal/Medicare plan choice in areas where a PACE center is available and there is more than one Medi-Cal MCP ■ Delaying mandatory or passive enrollment into Medi-Cal MCPs by up to 60 days for new Medi-Cal beneficiaries who express interest in being assessed for PACE ■ Requiring DHCS to establish an auto-referral program for those who may be eligible for PACE upon Medi-Cal enrollment based on age, residence and prior use of services <p><i>Potential CalOptima Impact: Increased awareness of PACE.</i></p>	<p>06/30/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>06/02/2021 Passed Assembly floor</p>	CalOptima: Watch CalPACE: Support/ Sponsor

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 365 Caballero	<p>Medi-Cal Provider Electronic Consultation (E-Consult) Service: Would allow provider-to-provider e-consult services to be reimbursable to all requesting and consulting Medi-Cal providers, including Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) providers. The e-consult may include assessing health records, providing feedback and/or recommending a further course of action.</p> <p><i>Potential CalOptima Impact: Expanded reimbursable service for all Medi-Cal providers and FQHC providers.</i></p>	<p>07/06/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>05/28/2021 Passed Senate floor</p>	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

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

SOCIAL DETERMINANTS OF HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 379 Barragan S. 104 Smith	<p>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.</p> <p><i>Potential CalOptima Impact: Increased availability of federal grants to address SDOH.</i></p>	01/21/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 943 McBath S. 851 Blumenthal	<p>Social Determinants for Moms Act: Would require the U.S. Department of Health and Human Services (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.</p> <p><i>Potential CalOptima Impact: Additional federal guidance or requirements as well as increased availability of federal grants to address social factors affecting maternal health.</i></p>	02/08/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 2503 Bustos	<p>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.</p> <p><i>Potential CalOptima Impact: Increased availability of federal grants to address the SDOH of members with complex needs.</i></p>	07/15/2021 Passed House Energy and Commerce Committee's Subcommittee on Health; referred to full Committee	CalOptima: Watch
H.R. 3894 Blunt Rochester	<p>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.</p> <p><i>Potential CalOptima Impact: Increased opportunities for CalOptima to address SDOH.</i></p>	07/21/2021 Passed House Energy and Commerce Committee; referred to House floor	CalOptima: Watch
H.R. 4026 Burgess	<p>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.</p> <p><i>Potential CalOptima Impact: Increased opportunities for CalOptima to address SDOH.</i></p>	07/21/2021 Passed House Energy and Commerce Committee; referred to House floor	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 369 Kamlager	<p>Presumptive Eligibility and Street Medicine for Homeless Individuals: Would apply presumptive Medi-Cal eligibility — with full-scope benefits and without share of cost — to individuals experiencing homelessness. Would allow any Medi-Cal provider to determine presumptive eligibility and issue a temporary Medi-Cal card. Would add a field on the Medi-Cal application to indicate homelessness.</p> <p>Would also allow Medi-Cal providers to deliver any covered Medi-Cal benefit to a homeless individual outside of a medical facility, including primary, specialist and laboratory services, without a referral or prior authorization.</p> <p>Finally, would require DHCS to deduct capitation payments if a plan does not provide services to a person indicating homelessness within the first 60 days of Medi-Cal enrollment</p> <p>Potential CalOptima Impact: Increased number of CalOptima’s Medi-Cal members; increased access to services for homeless members but may negatively impact care coordination; increased payments to providers; implementation of modified UM procedures for homeless members.</p>	<p>07/14/2021 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>05/27/2021 Passed Assembly floor</p>	CalOptima: Watch
SB 17 Pan	<p>Office of Racial Equity: Would establish the independent Office of Racial Equity and position of Chief Equity Officer to develop a Racial Equity Framework containing guidelines and strategies for advancing racial equity across the state government by January 1, 2023. Each state agency, including DHCS, would be required to implement a Racial Equity Plan by July 1, 2023, in alignment with the goals of the framework, and the office and each agency would prepare annual reports outlining progress toward achieving those goals.</p> <p>Potential CalOptima Impact: Increased reporting requirements to DHCS.</p>	<p>06/30/2021 Passed Assembly Accountability and Administrative Review Committee; referred to Assembly Appropriations Committee</p> <p>6/02/2021 Passed Senate floor</p>	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 366 Thompson (CA)	<p>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.</p> <p>Potential CalOptima Impact: Continuation and expansion of certain telehealth flexibilities allowed during the COVID-19 pandemic for CalOptima OneCare, OneCare Connect and PACE.</p>	<p>01/19/2021 Introduced; referred to committees</p>	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 2166 Sewell	<p>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.</p> <p><i>Potential CalOptima Impact: For CalOptima OneCare, OneCare Connect and PACE, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	03/23/2021 Introduced; referred to committees	CalOptima: Support ACAP: Support NPA: Support
H.R. 2903 Thompson (CA) S. 1512 Schatz	<p>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:</p> <ul style="list-style-type: none"> ■ 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 <p><i>Potential CalOptima Impact: Continuation and expansion of telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.</i></p>	04/28/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 3447 Smith (MO)	<p>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:</p> <ul style="list-style-type: none"> ■ 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. <p><i>Potential CalOptima Impact: Permanent continuation of certain telehealth flexibilities for CalOptima OneCare, OneCare Connect and PACE.</i></p>	05/20/2021 Introduced; referred to committees	CalOptima: Watch
H.R. 4058 Matsui S. 2061 Cassidy	<p>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.</p> <p><i>Potential CalOptima Impact: For CalOptima OneCare and OneCare Connect, decreased in-person behavioral health encounters and increased telehealth behavioral health encounters.</i></p>	06/22/2021 Introduced; referred to committees	CalOptima: Watch
S. 150 Cortez Masto	<p>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</p> <p><i>Potential CalOptima Impact: For CalOptima OneCare and OneCare Connect, members' risk scores and risk adjustment payments would accurately reflect diagnoses.</i></p>	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. <i>Potential CalOptima Impact: Continuation of current federal funding and eligibility requirements for CalOptima’s Medi-Cal members eligible under CHIP.</i>	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. <i>Potential CalOptima Impact: Increased federal funds for CalOptima’s Medi-Cal members eligible under CHIP.</i>	02/25/2021 Introduced; referred to committees	CalOptima: Watch
SB 428 Hurtado	Adverse Childhood Experiences (ACEs) Screenings Coverage: Would require a health plan to provide coverage for ACEs screenings. <i>Potential CalOptima Impact: Continuation or expansion of a current Medi-Cal covered benefit.</i>	07/06/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 06/01/2021 Passed Senate floor	CalOptima: Watch
SB 682 Rubio	Childhood Chronic Health Conditions: Would require 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 may include asthma, diabetes, depression and vaping-related diseases. <i>Potential CalOptima Impact: New interventions, quality measures and/or reporting requirements required by DHCS.</i>	07/13/2021 Passed Assembly Health Committee; referred to Assembly Appropriations Committee 06/02/2021 Passed Senate floor	CalOptima: Watch

Two-Year Bills

The following bills did not meet the deadline to be passed by a policy committee in the second house. These are now considered two-year bills and are eligible for reconsideration in 2022:

- AB 32 (Aguilar-Curry)
- AB 58 (Salas)
- AB 71 (Rivas, Luz)
- AB 112 (Holden)
- AB 393 (Reyes)
- AB 454 (Rodriguez)
- 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 250 (Pan)
- SB 256 (Pan)
- SB 279 (Pan)
- SB 371 (Caballero)
- SB 508 (Stern)
- SB 773 (Roth)

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

2021–22 Legislative Tracking Matrix (continued)

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: August 6, 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).



A Public Agency

CalOptima

Better. Together.

Serving Our Community During COVID-19

Tiffany Kaaiakamanu

Manager, Community Relations Department

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Community Relations Department

- Vision

- Community Relations strives to strengthen partnerships by enhancing communications, understanding and mutual support between CalOptima and community organizations to serve members' health care needs

- Mission

- To increase understanding of CalOptima's values and mission by educating, collaborating and strengthening relationships in the community

Community Relations Team



Debra Kegel
Director, Strategic
Development



Tiffany Kaaikamanu
Manager, Community
Relations



Lisa Nguyen
Community Relations
Specialist, Sr.



Shelly Manjarrez
Community Relations
Specialist, Sr.



Jennifer Funez
Community Relations
Specialist

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Community Support

- Participate in community events including conferences, workshops and resource/health fairs
 - FY 18–19: 126 events attended
 - FY 19–20: 112 events attended
 - FY 20–21: 48 events attended
- Provide financial support through sponsorships and registration fees
 - FY 18–19: \$97,230
 - FY 19–20: \$70,765
 - FY 20–21: \$47,680
- Provide CalOptima-branded promotional items
 - FY 20–21: 23 community partners supported, totaling \$20,341

Community Support (cont.)

- Since March 2020, Community Relations is following local, state and federal guidelines related to the COVID-19 pandemic
 - Pivoted to virtual events and presentations
 - 227 community, coalition and collaborative meetings attended
 - 62 CalOptima Medi-Cal community presentations provided
 - 24 Speakers Bureau presentations provided
- Develop new and strengthen existing relationships
 - 28 one-on-one meetings with new community partners attended
 - To learn about CalOptima and Medi-Cal as well as discuss opportunities for collaboration
 - 58 meetings to strengthen existing relationships attended

Community Support (cont.)

- Host virtual events and collaborative meetings
 - Share information about community health initiatives and strengthen community partnerships
 - Since March 2020, Community Relations led:
 - 8 Cafecito meetings
 - 4 resource fair sessions — “Resources for Individuals Experiencing Homelessness”
 - 2 Community Alliances Forums — “Mental Health and Self-Care During Uncertain Times” and “COVID-19 Update, Vaccines and Addressing Barriers to Health Equity”
 - Next Community Alliances Forum on September 14 — “Community Efforts to Strengthen Health Equity in Orange County”

Community Support (cont.)

- Endorsements
 - Letters of support and use of CalOptima's name or logo
- Publications
 - Weekly community announcements
 - Quarterly CalOptima newsletter — “Community Connections”

New Initiatives in Response to the COVID-19 Pandemic

- Provide weekly COVID-19 updates via e-newsletter to community stakeholders
- Engage in targeted outreach to community partners serving existing and potential members
 - 60+ community partners, 30+ collaboratives and 21 shelters reached
 - 32 partners for educational materials, 6 websites/social media platforms, 23 collaboratives and 5 newsletters/listservs
- Support community COVID-19 vaccine events
 - Collaborating with OC Health Care Agency and community partners
 - Providing CalOptima educational materials and branded-items
 - Financial support by way of sponsorships and/or registration fees

New Initiatives in Response to the COVID-19 pandemic (cont.)

- CalOptima COVID-19 Vaccine Clinics
 - 7 clinics between May–August 2021
 - 3 included an Americans with Disabilities Act lane to provide accommodations for people with disabilities or on the autism spectrum
 - Included resource fair to address social determinants of health
 - Vaccinated 5,318 individuals

Questions?

Tiffany Kaaiakamanu
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Our Mission

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