NOTICE OF A
REGULAR MEETING OF THE
WHOLE-CHILD MODEL
FAMILY ADVISORY COMMITTEE

TUESDAY, MAY 13, 2025
9:30 A.M.

CalOptima Health
505 City Parkway West, Room 109-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. To speak on an item during the public comment portion of the agenda, please register using the Webinar link below. Once the meeting begins the Question-and-Answer section of the Webinar will be open for those who wish to make a public comment and registered individuals will be unmuted when their name is called. You must be registered to make a public comment.

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

The Regular Whole-Child Model Family Advisory Committee's meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org.

Register to Participate via Zoom at:
https://us06web.zoom.us/webinar/register/WN_mM2qU1KwRiaiqTM1_cCJOQ and Join the Meeting.

Webinar ID: 856 0171 9241

Passcode: 253128 -- Webinar instructions are provided below.

1. **CALL TO ORDER**
   Pledge of Allegiance

2. **ESTABLISH QUORUM**

3. **APPROVE MINUTES**
   Approve Minutes of the March 18, 2025 Regular Meeting of the Whole-Child Model Family Advisory Committee

4. **PUBLIC COMMENT**
   At this time, members of the public may address the Whole-Child Model Family 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.

5. **REPORT ITEMS**
   A. Approve Whole-Child Model Family Advisory Committee Meeting Schedule through December 2026.

6. **INFORMATIONAL ITEMS**
   A. California Children's Services (CCS) Update
   B. Behavioral Health Update
   C. Voice of the Member/Access to Care
   D. Committee Member Updates

7. **MANAGEMENT REPORTS**
   A. Chief Operating Officer
   B. Chief Medical Officer
   C. Chief Administrative Officer
   D. Chief Executive Officer

8. **COMMITTEE MEMBER COMMENTS**

9. **ADJOURNMENT**

TO JOIN THE MEETING

Please register for the Regular Meeting of the Whole-Child Model Family Advisory Committee on May 13, 2025 at 9:30 a.m. (PDT)

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join.

https://us06web.zoom.us/webinar/register/WN_mM2qU1KwRiaiqTM1_cCJOQ

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+16694449171,,85601719241#,,,,*253128# US
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+1 720 707 2699 US (Denver)
+1 253 205 0468 US
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 719 359 4580 US
+1 507 473 4847 US
+1 564 217 2000 US
+1 646 558 8656 US (New York)
+1 646 931 3860 US
+1 689 278 1000 US
+1 301 715 8592 US (Washington DC)
+1 305 224 1968 US
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)
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MINUTES

REGULAR MEETING OF THE
CALOPTIMA HEALTH
WHOLE CHILD MODEL
FAMILY ADVISORY COMMITTEE

March 18, 2025

A Regular Meeting of the Whole-Child Model Family Advisory Committee (WCM FAC) was held on March 18, 2025 at CalOptima Health, 505 City Parkway West, Orange, California via in-person and teleconference (Zoom).

CALL TO ORDER

Chair Lori Sato called the meeting to order at 9:35 a.m. and led the Pledge of Allegiance.

ROLL CALL

Members Present: Lori Sato, Chair (remote); Kristen Rogers; Jody Bullard (remote at 9:40 am); Cally Johnson (remote); Monica Maier (remote); Jessica Putterman

Members Absent: Erika Jewell, Vice-Chair; Jennifer Heavener; Sofia Martinez; Janis Price

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Veronica Carpenter, Chief Administrative Officer; Michelle Evans, Sr. Director, Medical Management; Eric Holland, Sr. Program Manager, Utilization Management; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant;

MINUTES

Approve the Minutes of the November 19, 2024 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

Action: ***On motion of Member Johnson, seconded and carried, the WCM FAC Committee approved the minutes of the November 19, 2024, meeting. (Motion carried 5-0-0; Erika Jewell, Vice-Chair; Jody Bullard; Jennifer Heavener; Sofia Martinez; Janis Price absent)***

PUBLIC COMMENTS

There were no public comments.

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INFORMATION ITEMS

California Children's Services Update

Doris Billings, Program Manager and Chief Therapist of the California Children Services (CCS) program in Orange County submitted a presentation to share with the committee and announced her retirement noting that Michelle Laba of CCS would be assume her duties of providing a report the committee going forward.

Newborn Gateway Updates

Michelle Evans, MSN, RN, ACM-RN, Sr. Director, Medical Management provided an update on the Newborn Gateway Program which became effective November 2024. Ms. Evans provided background on the program which became effective July 1, 2024 Qualified providers (QP) participating in Presumptive Eligibility are required to report births of newborns with eligibility to Medi-Cal and Medi-Cal Access Infant Program (MCAIP) born in their facilities within 72 hours after birth or 24 hours after discharge, whichever is sooner. She also noted that from the date of implementation, newborns enrolled through the Newborn Gateway were placed into the Medi-Cal Fee-for-Service (FFS) delivery system until the family chose or was defaulted into a Medi-Cal managed care plan. Newborns with eligibility are those whose mothers were active Medi-Cal or Medi-Cal Access Program (MCAP) members at the time of birth. She noted that a change in procedure was implemented on November 26, 2024 whereby newborns placed in coverage through the Newborn Gateway will be enrolled directly into their mother's Health Care Plan (HCP) at the time of birth. She noted that Infants will continue to receive their own unique Client Index Number (CIN), and all services administered to the infant should be billed to the infant's unique CIN and that it only applied to infants born to mothers who are active on an HCP at the time of birth.

Ms. Evans noted that births reported through the Newborn Gateway Portal will be given a "B1" HCP enrollment status code linking the infant to the mothers HCP and capitation payment for the birth month and the month following birth, when the mother has an active HCP enrollment. Ms. Evans also noted that there were links at the end of materials provided should the committee wish to review this information further.

Whole-Child Model Transportation Utilization

Eric Holland, Sr. Program Manager, Utilization Management provided a report on transportation usage by children enrolled in the Whole-Child Model (WCM) program. He noted that from April 2024 through February 2025, the WCM had an average enrollment of 9,533 members and that utilization of the transportation feature was at an average of 6.3 trips per member. He also provided an overview of Medi-Cal children for all health networks which averaged an enrollment of 298,898 Medi-Cal enrolled children with an average of 5.1 trips per member per month.

Chair Lori Sato asked if CalOptima Health was preparing for the changes in telehealth and the impact it would have for transportation utilization in the future? Mr. Holland noted that the capacity

for Non-Medical Transportation was around 200% so there would not be much of an issue covering an influx of extra trips. Michael Hunn, Chief Executive Officer noted that telehealth visits would

change in April 2025 and that it would impact a lot of providers, not just the Whole-Child Model population, but all populations, community clinics, and physician offices and that CalOptima Health would closely monitor this change. Mr. Hunn noted that currently CalOptima Health has averaged approximately 80K members per month utilizing transportation services and that if a big change is noted that they would bring it back to the committee for an update.

Committee Member Updates

Chair Lori Sato announced that recruitment for the committee will begin in April 1, 2025. She also noted that there was two Authorized Family Member seats available on the committee and that staff would notify those members whose seats were up for reappointment prior to April 1, 2025 so they can reapply for their seat.

Chair Sato also noted that this meeting would be former Chair and inaugural committee member Kristen Roger's last meeting as her son was aging out of CCS. Ms. Sato thanked Kristen for her many years on the committee and her leadership for the majority of the committee's existence. She thanked Ms. Rogers for her leadership at the State level as a member of the Department of Health Care Services CCS Advisory Group.

Michael Hunn, Chief Executive Officer, took a moment at this time to thank the members of the committee for their engagement in the committee and noted it was not easy for them to take time out from their children and families and wanted to let them know that CalOptima Health did not take their participation for granted and was extremely grateful for their input and feedback that influences how CalOptima Health establishes systems and structures.

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer also thanked the committee members for their dedication and support of CalOptima Health members and families and help to ensure that CalOptima Health was servicing them the right and best way.

Ms. Kim thanked Kristen Rogers for her many years of service on the committee and asked her to continue to provide frank honest feedback, good or bad so that the committee could continue to advocate for children so that they can have the opportunity to become healthy adults.

Ms. Kim also updated the committee on the last round of soliciting organizations that were interested in becoming Enhanced Care Management (ECM) providers. She noted that CalOptima Health was fortunate to be in Orange County as there were finding organizations who were interested and noted that there were parts of California where other health plans had been having a difficult time finding organizations who were interested in being ECM providers. She noted that 91

organizations and 101 applications had been submitted with 12 organizations selected who mostly serve children and adolescents and also older adults.

Chief Medical Officer Report

Richard Pitts, D.O., Ph.D., Chief Medical Officer presented on the resurgence of measles and noted that in 2019 220,000 people died, mostly young children and he noted that in 2025 the number would be closer to 250,000. He noted that there were nine confirmed measles cases in Orange County since March 2025. He stressed the importance of measles vaccines for children and adults.

Chief Administrative Officer Report

Veronica Carpenter, Chief Administrative Officer provided an update on items at the Federal level noting that on Friday March 14, 2025 the Senate narrowly averted a government shutdown at midnight, passing a 54 to 46 nearly party line vote for a stop gap measure that funds the government through September 30, 2025.

Ms. Carpenter reported that on the Federal side, Dr Oz was scheduled to have his nomination confirmed on April 3, 2025 as the head of Medicaid and Medicare. She also addressed some items on the State side and noted that on March 17, 2025 the Assembly Budget Subcommittee on Health held a hearing to hear updates from the DHCS on the status of several health-related budget issues. She noted that the biggest budget takeaway from DHCS came during the general budget overview on Medi-Cal, provided by the DHCS director Michelle Bass. In that update, the Newsom administration was asking for an additional $2.8 billion immediately for Medi-Cal. This amount was in addition to the $3.44 billion loan that was authorized last week by the Department of Finance. This brings the total to $6.24 billion, which is above what was projected in the signed budget by Governor Newsom last summer, this is only expected to sustain Medi-Cal funding through the end of the fiscal year. The May revise will be critical in terms of the outlook for the fiscal year 2025-2026 and the Director Bass stated that several factors contributed to the unexpected increase, including prescription drug costs, more overall enrollment, higher enrollment among undocumented, higher enrollment among seniors.

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer provided an overview of his CEO report which he provides to the Board of Directors. He noted that CalOptima Health was watching the budget process both at the Federal level and the State level, very closely. He also noted that CalOptima Health had done a very good job at managing its overall financial performance and that there has been a balanced budget for the last three years. Mr. Hunn noted that items such as Fast Facts, which includes the reserves that account for about 115 days of cash on hand. He discussed the board designated reserves of about $1.1 to $2 billion, and that there currently was unallocated funds of a little over $400 million. He noted that staff would continue to monitor the State and Federal budgets.

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Mr. Hunn also discussed how staff was continuing to meet with Legislators to advocate on behalf of CalOptima Health and their members.

COMMITTEE MEMBER COMMENTS

Member Kristen Rogers thanked the committee for all their work on behalf of children with special needs and that she valued her time in helping make the lives of children with special needs easier by her advocation on their behalf.

ADJOURNMENT

Hearing no further business, Chair Lori Sato adjourned the meeting at 11:00 a.m.

_____
Cheryl Simmons
Staff to the Advisory Committees

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Whole-Child Model
Family Advisory Committee

2025-2026 Meeting Schedule

August 2025

Tuesday, August 26, 2025 at 9:30 AM
Conference Room 109-N Via Zoom

October 2025

Tuesday, October 21, 2025 at 9:30 AM
Conference Room 109-N and Via Zoom

February 2026

February 24, 2026 at 9:30 AM
Conference Room 109-N and Via Zoom

May 2026

Tuesday, May 19, 2026 at 9:30 AM
Conference Room 109-N and Via Zoom

August 2026

Tuesday, August 18, 2026 at 9:30 AM
Conference Room 109-N and Via Zoom

October 2026

Tuesday, October 20, 2026 at 9:30 AM
Conference Room 109-N and Via Zoom

Regular Meeting Location and Time

CalOptima Health
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N or Via Zoom
9:30 AM – 11:30 AM
www.caloptima.org

All meetings are open to the public. Interested parties are encouraged to attend.

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Behavioral Health Integration Updates

Carmen Nicole Katsarov, LPCC, CCM

Executive Director, Behavioral Health Integration

Our Mission

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

Our Vision

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

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Student Behavioral Health Incentive Program (SBHIP) Implementation

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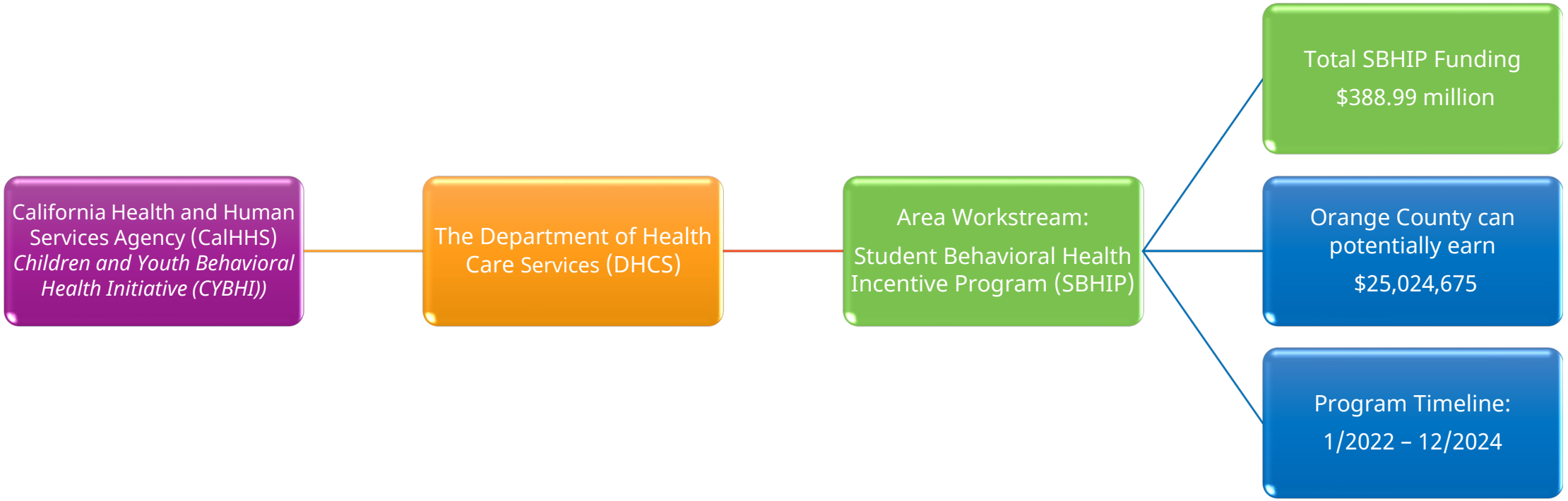
Student Behavioral Health Incentive Program (SBHIP)



List of CYBHI Strategic and Area Workstreams: https://cybhi.chhs.ca.gov/strategic-areas/

DHCS SBHIP Website: https://www.dhcs.ca.gov/services/Pages/studentbehavioralheathincentiveprogram.aspx

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CalOptima Health's SBHIP Partners

Orange County Department of Education (OCDE)
All 29 Orange County Public School Districts

Increase Behavioral Health Staffing

Contracting and Billing

Technology Infrastructure

Enhance Screening and Referral Process

CHOC

Build 10 new WellSpaces

School Transition Coordinator

Mental Health services for deaf & hard of hearing students

Autism Comprehensive Care Program

Mental Health Crisis Clinic for direct linkage from school to telehealth or in person

Western Youth Services (WYS)

Develop a Behavioral Health Curriculum for the 29 school districts

Train school districts on core clinical competencies, early intervention strategies, including screening tools

Provide post-training consultative support services

Hazel Health

Implement a Behavioral Health Telehealth platform for all 29 school districts' students to receive access to Behavioral Health counseling services

Orange County Health Care Agency (OCHCA)

Coordination of care for Specialty Mental Health

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CalOptima Health

SBHIP Implementation Status

Orange County Department of Education & 29 Public School Districts/LEAs

- Increased behavioral health personnel throughout the districts
- Implemented screening and referral processes for the new services implemented through SBHIP
- Improved current IT, billing, and documentation systems

Children's Hospital of Orange County (CHOC)

- All 10 SBHIP-funded WellSpaces installed
- The Autism Comprehensive Care Program launched their pilot in March 2025 with 3 patients
- Mental Health Crisis Clinic (MHCC) expanded services and received 194 referrals and patient satisfaction score of 92%
- Launched a School Reintegration Program and have received 891 referrals
- Deaf or Hard-of-Hearing Consultative Services

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CalOptima Health

SBHIP Implementation Status

Hazel Health

- 19 of the 29 public school districts implemented Hazel Health.
- 340 of the 586 public schools accounting for 260,121 students have access either at the school site or student's home.

Western Youth Services (WYS)

- WYS deployed an on-demand virtual Behavioral Health Curriculum training library, including conducting in-person trainings and post-training consultative support.

Orange County Health Care Agency (OC HCA)

- CalOptima Health executed a new Business Associate Agreement to build a county shared medical management system called CHORUS to make improvements to our existing data exchange.

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SBHIP DHCS Deliverables*

Deliverable	Due Date	Status
CalOptima Health and partners select targeted interventions	December 31, 2022	Completed
CalOptima Health submits the completed assessment package to DHCS.	December 31, 2022	DHCS Approved, incentive received
CalOptima Health submits targeted intervention project plans	December 31, 2022	DHCS Approved, incentive received
CalOptima Health submits Bi-Quarterly Report	June 30, 2023	DHCS Approved, incentive received
CalOptima Health submits Bi-Quarterly Report	December 31, 2023	DHCS Approved, incentive received
CalOptima Health submits Bi-Quarterly Report	June 30, 2024	DHCS Approved, incentive received
CalOptima Health submits Project Outcome Report	December 31, 2024	DHCS Approved, incentive received
SBHIP implementation concludes	December 31, 2024	Concluded

Orange County allocated funding of **$25,024,675 is tied to the deliverables and must receive DHCS approval before the incentive is issued.*

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Summary and Next Steps

- Summary of Progress:
  - Each SBHIP Partner has successfully fulfilled their student behavioral health program-related obligations.
  - The partners will continue to play a crucial role in the post-phase of SBHIP by reporting utilization updates and future mental health program implementation opportunities through the quarterly SBHIP Partner meetings.
- Post SBHIP Next Steps:
  - Ongoing Collaboration. SBHIP Partners will continue their collaborative efforts to support the school district's preparedness for the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Services billing and reimbursement. The collective approach will support the relationship required for effective care coordination for our Medi-Cal youth with the school districts.

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Adverse Childhood Experiences (ACEs) Updates

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Adverse Childhood Experiences (ACEs)

ACEs are stressful or traumatic events experienced in childhood that relate to abuse, neglect and/or household dysfunction.*

Research shows that individuals who experienced ACEs are at greater risk of nine of the 10 leading causes of death in the United States, including heart disease, stroke, cancer and diabetes.

When someone experiences many ACEs without necessary supports, it can cause prolonged activation of the stress response system or toxic stress. Toxic stress can have damaging effects on learning, behavior and health across the lifespan.

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ACEs Aware Initiative

- ACEs Aware is a first-in-the-nation statewide effort to screen children and adults for ACEs in primary care and to treat the impacts of toxic stress with trauma-informed care.
- ACEs Aware also offers Medi-Cal providers training, clinical protocols and payment for screening children and adults for ACEs.
- Medi-Cal providers can receive a $29 payment for conducting ACEs screenings for children and adults with Medi-Cal coverage.
- Additional information about ACEs Aware can be found at:
  - https://www.caloptima.org/en/ForProviders/Resources/ACEs

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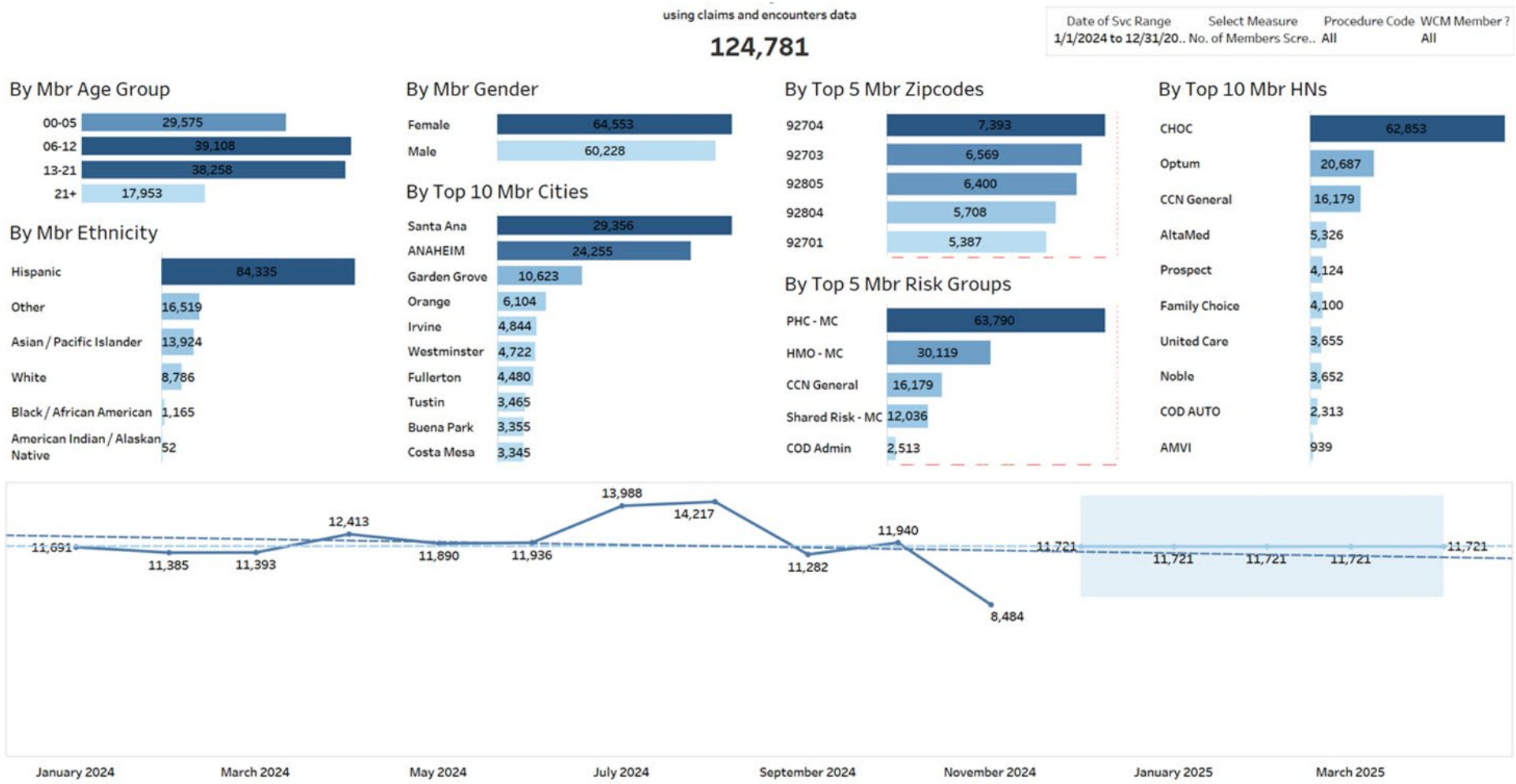
CalOptima Health Members Screened for ACEs: Year to Date 2024



Data Represents January 2024 through December 31, 2024

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Appendix: The 10 ACEs of Trauma

10 childhood experiences with the potential to change the course of your life and impact you far into adulthood:	
Physical Abuse Causing physical harm to a child by hitting, kicking, punching, scratching, beating, burning, throwing, or stabbing. It can result in injuries like bruises, cuts, and fractured or broken bones.	**Sexual Abuse** Engaging in sexual behavior with a child, sexual exploitation of a child, or exposing oneself indecently to a child. This includes using a child in prostitution or pornography.
Verbal Abuse Using the voice and words to scream, yell, curse at, assault, or manipulate a child.	**Physical Neglect** Failing to provide a child's basic needs, such as food, water, and shelter. This also includes failing to give a child proper medical care, providing clean clothes, or giving proper supervision.
Emotional Neglect Behaving in a way that causes a child emotional harm and interferes with their mental health. This neglect can include ridiculing, blaming, threatening, isolating, or rejecting the child.	**Mental illness** A household member with a mental illness that impacts their ability to provide proper care for the child or has a profound impact on the child. This experience could be depression, a household member attempting suicide, or other mental illnesses.
Substance Addiction A household member who is addicted to alcohol or another substance. The addiction can cause a caregiver to prioritize substance use over caring for the child.	**Imprisonment** A household member who is incarcerated. It can cause a child to feel abandoned when the person leaves them. The person may also have modeled inappropriate behaviors before being imprisoned.
Witnessing Abuse Seeing violence, specifically against a mother, is particularly traumatizing because children tend to form a stronger attachment to a mother figure. It is difficult to watch a loved one's abuse, and they may feel helpless because they cannot intervene.	**Losing a Parent to Separation, Divorce, or Death**

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Voice of the Member/Access to Care: Addressing Vaccine Hesitancy

May 13, 2025

Linda Lee, Executive Director, Quality Improvement

Our Mission

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

Our Vision

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

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Background

- CalOptima Health's quality data has indicated a decline in vaccination rates and increase in vaccine hesitancy
- The National Association of County and City Health Officials (NACCHO) surveyed local health departments (LHD) in 2022 and found that 80% of LHDs reported challenges with patient/parent vaccine hesitancy and 30% reported vaccine hesitancy among health care provider. This is an increase from 56% and 20%, respectively, in 2017. [1]
- CalOptima Health recently met with the of the American Academy of Pediatrics Orange County Chapter and Rady Children's Health to discuss vaccine promotion.

https://www.naccho.org/blog/articles/new-data-shows-an-increase-in-vaccine-hesitancy-heres-how-lhds-are-addressing-it

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Case Study

- The Dallas County Health and Human Services conducted a community assessment to identify vaccine concerns and barriers affecting declining childhood vaccination rates
- The assessment indicated that vaccine barriers were a bigger driver than vaccine hesitancy
- Addressing barriers such as complex vaccine records, transportation needs, and lack of availability of vaccine appointments were contributors to improving vaccine compliance.

https://www.naccho.org/blog/articles/from-hesitation-to-vaccination-reducing-vaccine-hesitancy-by-removing-access-barriers-in-dallas-tx

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Member Feedback

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We Want to Hear from You!

- Please drop into the chat questions that you have that may make you hesitant to get vaccines for your children or your self.

Are vaccines safe?

Why do vaccines start so early?

Is there a link between vaccines and autism?

My child is sick right now. Is it okay for them to still get shots?

What are side effects of vaccines?

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What barriers have you encountered to getting vaccines?

- Lack of transportation
- Lack of appointments
- Inconvenient appointment times
- Vaccine not available
- Confusion about vaccine schedule

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Provider Tools

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Sample Provider Tools

Effective Conversation Starters

Engaging with patients based on their specific concerns encourages a more constructive and cooperative conversation, rather than a confrontational exchange.

Concern	Sample Provider Response
"I'm worried about side effects."	"Most side effects are mild and temporary, like a sore arm or fatigue. Serious reactions are extremely rare."
"I want to delay the vaccination schedule."	"I understand wanting to do what feels safest. Delaying leaves your child unprotected longer. The recommended schedule is designed to protect your child as early as possible when their immune system needs it most."
"I don't trust the government or pharmaceutical companies."	"I understand that. I can share what *I* know as your healthcare provider and walk through the facts together. As your child's provider, I only recommend what I truly believe is the safest and most effective."
"I'm worried my child is getting too many vaccines at once."	"I understand—it can seem like a lot. Children's immune systems are incredibly strong and can handle a lot. The vaccine schedule is carefully designed to protect them at the ages when they're most at risk for serious illness."

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Action Plan

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Next Steps

- We will use member and provider feedback to develop educational materials, tools, and implement process improvements

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2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
SB 476 Valladares	**Residential Therapeutic Programs:** States the intent of the Legislature to enact legislation relating to short-term residential therapeutic programs. ***Potential CalOptima Health Impact*:** Unknown at this time.	**02/20/2025** Introduced	CalOptima Health: Watch
SB 483 Stern	**Mental Health Diversion:** Would require that a court be satisfied that a recommended mental health treatment program is consistent with the underlying purpose of mental health diversion and meets the specialized treatment needs of the defendant. ***Potential CalOptima Health Impact*:** Increased oversight of behavioral health treatment for members.	**03/25/2025** Passed Senate Public Safety Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
SB 626 Smallwood-Cuevas	**Maternal Mental Health Screenings and Treatment:** Would require a licensed health care practitioner who provides perinatal care for a patient to screen, diagnose and treat the patient for a maternal mental health condition. ***Potential CalOptima Health Impact:*** Increased access to behavioral health services for eligible members.	**02/21/2025** Introduced	CalOptima Health: Watch
SB 812 Allen	**Qualified Youth Drop-In Center Health Care Coverage:** Would require a health plan to provide coverage for mental health and substance use disorders at a qualified youth drop-in center that receives funding from the Children and Youth Behavioral Health Initiative (CYBHI) or is approved by a Local Education Agency (LEA) to be reimbursed by the health plan. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for CalOptima Health Medi-Cal youth members.	**02/21/2025** Introduced	CalOptima Health: Watch CAHP: Concerns
AB 37 Elhawary	**Behavioral Health Workforce:** Would require the California Workforce Development Board to study how to expand the workforce of mental health service providers providing services to homeless persons. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for members experiencing homelessness.	**12/02/2024** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 348 Krell	**Full-Service Partnership:** Would establish presumptive eligibility for Full-Service Partnership programs. ***Potential CalOptima Health Impact*:** Increased continuity of care for members with serious mental illness.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly floor	CalOptima Health: Watch
AB 384 Connolly	**Inpatient Prior Admission Authorization:** Would prohibit a health plan from requiring prior authorization for admission to medically necessary 24-hour care in inpatient settings, including general acute care hospitals and psychiatric hospitals, for mental health and substance use disorders (SUDs) as well as for any medically necessary services provided to a beneficiary while admitted for that care. ***Potential CalOptima Health Impact*:** Modified utilization management (UM) procedures for covered Medi-Cal benefits.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
AB 423 Davies	**Discharge and Continuing Care Planning:** Would mandate regulations for discharge and continuing care planning from a facility providing alcoholism or drug abuse recovery and treatment services, including the creation of a plan to help patients return to their home community and scheduled follow-up with a mental health or SUD professional no more than seven days after discharge. ***Potential CalOptima Health Impact*:** Increased continuity of care for members who have received SUD treatment.	**02/05/2025** Introduced	CalOptima Health: Watch
AB 618 Krell	**Behavioral Health Data Sharing:** Would require each Medi-Cal managed care plan (MCP), county specialty mental health plan (MHP) and Drug Medi-Cal program to electronically share data for its members to support coordination of behavioral health services. Would also require the California Department of Health Care Services (DHCS) to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be published by January 1, 2027. ***Potential CalOptima Health Impact*:** Increased coordination between Medi-Cal delivery systems regarding behavioral health services.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch LHPC: Sponsor

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 877 Dixon	**Nonmedical SUD Treatment:** Would require DHCS and the California Department of Managed Health Care (DMHC) to send a letter to the chief financial officer of every health plan (including a Medi-Cal MCP) that provides SUD coverage in residential facilities. The letter must inform the plan that SUD treatment in licensed and certified residential facilities is almost exclusively nonmedical, with rare exceptions, including for billing purposes. These provisions would be repealed on January 1, 2027. ***Potential CalOptima Health Impact*:** Enhanced transparency and clarity around nonmedical treatment provided for SUDs.	**02/20/2025** Introduced	CalOptima Health: Watch
AB 951 Ta	**Autism Diagnosis:** Would prohibit a health plan from requiring an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a diagnosis to maintain coverage for behavioral health treatment for their condition. ***Potential CalOptima Health Impact*:** Increased access to care for specific behavioral health treatments.	**04/09/2025** Passed Assembly Appropriations Committee; referred to Assembly floor **03/25/2025** Passed Assembly Health Committee	CalOptima Health: Watch
AB 1090 Davies	**Behavioral Health and Wellness Screenings:** States the intent of the Legislature to enact legislation relating to behavioral health and wellness screenings. ***Potential CalOptima Health Impact*:** Unknown at this time.	**02/21/2025** Introduced	CalOptima Health: Watch
Budget			
SB 65 Weiner	**Budget Act of 2025:** Would make appropriations for the government of the State of California for the 2025–26 fiscal year (FY) in alignment with the governor's proposed budget released on January 10, 2025. ***Potential CalOptima Health Impact*:** Adjusted but broadly sustained funding for programs impacting members.	**01/10/2025** Introduced	CalOptima Health: Watch
AB 100 Gabriel	**Budget Acts of 2023 and 2024:** Increases Medi-Cal's current FY 2024-25 General Fund appropriation by $2.8 billion and federal funds appropriation by $8.25 billion. ***Potential CalOptima Health Impact:*** Continued funding for current Medi-Cal rates and initiatives through June 30, 2025.	**04/14/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
California Advancing and Innovating Medi-Cal (CalAIM)			
SB 324 Menjivar	**Enhanced Care Management (ECM) and Community Supports Contracting:** Would require a Medi-Cal MCP to give preference to contracting with community providers when covering the ECM benefit and/or Community Supports. In addition, would require DHCS to develop standardized templates to be used by MCPs. Would also require DHCS to develop guidance to allow community providers to subcontract with other community providers. ***Potential CalOptima Health Impact*:** Increased collaboration with community providers and standardized contracts.	**04/02/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Watch
AB 543 Gonzalez	**Street Medicine:** Would integrate street medicine services for homeless individuals under Medi-Cal, mandating presumptive eligibility for full Medi-Cal benefits for homeless persons and authorizing any enrolled provider to determine eligibility. Would also require plans to allow homeless beneficiaries to access services from any provider outside traditional sites. Additionally, would require systems for beneficiaries to inform plans of their homeless status and mandate data sharing between Medi-Cal and the California Statewide Automated Welfare System (CalSAWS). ***Potential CalOptima Health Impact*:** Decreased service coordination and oversight related to street medicine providers.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Watch
Covered Benefits			
SB 40 Wiener	**Insulin Coverage:** Would prohibit a health plan, effective January 1, 2026 (or a policy offered in the individual or small group market, effective January 1, 2027), from imposing a copayment or other cost sharing of more than $35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or any other cost sharing on an insulin prescription drug. Additionally, would not require a health plan to cover all types of insulin without step therapy, if at least one insulin in each drug type is covered without step therapy on and after January 1, 2026. ***Potential CalOptima Health Impact:*** Decreased out-of-pocket costs for future members enrolled in Covered California line of business; new UM procedures.	**04/02/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 62 Menjivar **AB 224** Bonta	**Essential Health Benefits (EHBs):** States the intent of the Legislature to review California's EHB benchmark plan and establish a new benchmark plan for the 2027 plan year. Would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year. ***Potential CalOptima Health Impact:*** New covered benefits for future members enrolled in Covered California line of business.	**01/09/2025** Introduced	CalOptima Health: Watch CAHP: Watch
SB 535 Richardson **AB 575** Arambula	**Obesity Prevention Treatment and Parity Act:** Would require an individual or group health care plan that provides coverage for outpatient prescription drug benefits to cover at least one specified anti-obesity medication and intensive behavioral therapy for the treatment of obesity without prior authorization. ***Potential CalOptima Health Impact:*** Expanded covered benefits for future members enrolled in Covered California line of business.	**02/12/2025** Introduced	CalOptima Health: Watch CAHP: Oppose
AB 242 Boerner	**Genetic Disease Screening:** Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027. ***Potential CalOptima Health Impact:*** Expanded covered benefits for members.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 298 Bonta	**Cost-Sharing Under Age 21:** Effective January 1, 2026, would prohibit a health plan from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services provided to an individual under 21 years of age, with certain exceptions for high deductible health plans that are combined with a health savings account. ***Potential CalOptima Health Impact:*** Increased costs for CalOptima Health; decreased costs for future members enrolled in Covered California line of business under 21 years of age.	**01/23/2025** Introduced	CalOptima Health: Watch
AB 350 Bonta	**Fluoride Treatments:** Would require a health plan to provide coverage for fluoride varnish in the primary care setting for children under 21 years of age by January 1, 2026. ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 432 Bauer-Kahan	**Menopause:** Would require a health plan to provide coverage for evaluation and treatment options for perimenopause and menopause. Would also require a health plan to annually provide clinical care recommendations for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause. ***Potential CalOptima Health Impact:*** New covered benefits for members; increased communications to providers.	**04/22/2025** Passed Assembly Business and Professions Committee; referred to Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose
AB 636 Ortega	**Diapers:** Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an appropriation by the Legislature: • Children greater than three years of age diagnosed with a condition that contributes to incontinence • Other individuals under 21 years of age to address a condition pursuant to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
Medi-Cal Eligibility and Enrollment			
AB 315 Bonta	**Home and Community-Based Alternatives (HCBA) Waiver:** Would remove the cap on the number of HCBA Waiver slots and instead require DHCS to enroll all eligible individuals who apply for HCBA Waiver services. By March 1, 2026, would require DHCS to seek any necessary waiver amendments to ensure there is sufficient capacity to enroll all individuals currently on a waiting list. Would also require DHCS by March 1, 2026, to submit a rate study to the Legislature addressing the sustainability, quality and transparency of rates for the HCBA Waiver. ***Potential CalOptima Health Impact*:** Expanded member access to HCBA Waiver services.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 974 Patterson	**Managed Care Enrollment Exemption:** States the intent of the Legislature to enact legislation that would exempt from mandatory enrollment in a Medi-Cal MCP any dual-eligible and non-dual-eligible beneficiaries who receive services from a regional center and who use the Medi-Cal fee-for-service delivery system as a secondary form of health care coverage. ***Potential CalOptima Health Impact:*** Decreased number of members.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1012 Essayli	**Unsatisfactory Immigration Status:** Would make an individual who does not have satisfactory immigrant status ineligible for Medi-Cal benefits. In addition, would transfer funds previously appropriated for such eligibility to a newly created Serving our Seniors Fund to restore and maintain payments for Medicare Part B premiums for eligible individuals. ***Potential CalOptima Health Impact:*** Decreased number of members.	**02/21/2025** Introduced	CalOptima Health: Watch
AB 1161 Harabedian	**State of Emergency Continuous Eligibility:** Would require DHCS and the California Department of Social Services, to provide continuous eligibility for its applicable programs (including Medi-Cal and CalFresh) to a beneficiary who has been displaced or otherwise affected by a state of emergency or a health emergency for at least 90 days after declaration or at least the entire duration of the emergency, whichever is longer. ***Potential CalOptima Health Impact*:** Extended Medi-Cal eligibility for certain members.	**04/08/2025** Passed Assembly Human Services Committee; referred to Assembly Health Committee	CalOptima Health: Watch
Medi-Cal Operations and Administration			
SB 278 Cabaldon	**Health Data HIV Test Results:** Would permit additional disclosures to DHCS staff and Medi-Cal MCPs to improve care coordination and quality programs for HIV-positive beneficiaries. Would also update existing laws to enhance quality improvement efforts in HIV care under Medi-Cal. Would additionally require the development of a mechanism through which Medi-Cal beneficiaries can opt out of such disclosures. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive members.	**04/08/2025** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **03/26/2025** Passed Senate Health Committee	CalOptima Health: Watch
SB 497 Wiener	**Legally Protected Health Care Activity:** Would prohibit a health care provider, health plan, or contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or mental health care in response to a criminal or civil action. Would also prohibit these entities from cooperating with or providing medical information to an individual, agency, or department from another state or to a federal law enforcement agency or in response to a foreign subpoena. ***Potential CalOptima Health Impact:*** Increased protection of medical information related to gender-affirming care; increased staff training regarding disclosure processes.	**04/08/2025** Passed Senate Judiciary Committee; referred to Senate Public Safety Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 530 Richardson	**Medi-Cal Time and Distance Standards:** Would extend current Medi-Cal time and distance standards indefinitely. In addition, would require a Medi-Cal MCP to ensure that each subcontractor network complies with certain appointment time standards and incorporate into reporting to DHCS. Additionally, the use of telehealth providers to meet time or distance standards would not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers. ***Potential CalOptima Health Impact:*** Increased oversight of contracted providers; increased reporting to DHCS.	**04/09/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
SB 660 Menjivar	**California Health and Human Services Data Exchange Framework (DxF):** Would require the Center for Data Insights and Innovation within California Health and Human Services Agency (CalHHS) to absorb all functions related to the DxF initiative, including the data sharing agreement and policies and procedures, by January 1, 2026. Additionally, would expand DxF to include social services information. ***Potential CalOptima Health Impact:*** Increased care coordination with social service providers.	**02/20/2025** Introduced	CalOptima Health: Watch
AB 40 Bonta	**Abortion as Emergency Service:** Would expand the definition of emergency services to include surgery and reproductive health services, including abortion, necessary to relieve or eliminate the emergency medical condition, within the capability of the facility. ***Potential CalOptima Health Impact:*** Expanded coverage of abortion services for members.	**04/21/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 45 Bauer-Kahan	**Reproductive Data Privacy:** Would prohibit the collection, use, disclosure, sale, sharing, or retention of the information of a person who is physically located at, or within a precise geolocation of, a family planning center, except any collection or use necessary to perform services or provide goods that have been requested. Would also authorize an aggrieved person to institute and prosecute a civil action against any person or organization in violation of these provisions. ***Potential CalOptima Health Impact:*** Increased safeguards regarding reproductive health information.	**04/22/2025** Passed Assembly Privacy and Consumer Protection Committee; referred to Assembly Judiciary Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 257 Flora	**Specialty Telehealth Network Demonstration:** Would require the establishment of a demonstration project for a telehealth and other virtual services specialty care network designed to serve patients of safety-net providers. ***Potential CalOptima Health Impact:*** Expanded member access to telehealth specialists.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
AB 302 Bauer-Kahan	**Confidentiality of Medical Information Act:** Would prohibit a health care provider, health plan or contractor from disclosing medical information in response to another state's court order based on a law in that state which interferes with California law. Would also prohibit such entities from disclosing medical information based solely on patient authorization. ***Potential CalOptima Health Impact:*** Increased protection of medical information; increased staff training regarding disclosure processes.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Judiciary Committee	CalOptima Health: Watch
AB 316 Krell	**Artificial Intelligence Defenses:** Prohibits a defendant that developed or used artificial intelligence from asserting a defense that artificial intelligence autonomously caused the alleged harm to the plaintiff. ***Potential CalOptima Health Impact:*** Increased liability related to UM procedures.	**03/25/2025** Passed Assembly Judiciary Committee; referred to Assembly Privacy and Consumer Protection Committee	CalOptima Health: Watch
AB 403 Ortega	**Medi-Cal Community Health Service Workers:** Would require DHCS to annually review the Community Health Worker (CHW) benefit and present an analysis to the Legislature beginning July 1, 2027. The analyses would include an assessment of Medi-Cal MCP outreach and education efforts, CHW utilization and services, demographic disaggregation of the CHWs and beneficiaries receiving services, and fee-for-service reimbursement data. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 577 Wilson	**Prescription Drug Antisteering:** Would prohibit a health plan or pharmacy benefit manager (PBM) from engaging in specified steering practices, including requiring an enrollee to use a retail pharmacy for dispensing prescription oral medications and imposing any requirements, conditions, or exclusions that discriminate against a physician in connection with dispensing prescription oral medications. ***Potential CalOptima Health Impact:*** Increased oversight of contracted PBM and referral processes.	**02/12/2025** Introduced	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 688 Gonzalez	**Telehealth for All Act of 2025:** Beginning in 2028 and every two years thereafter, would require DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 894 Carrillo	**Immigration and Patient Privacy:** Would state the intent of the Legislature to enact legislation protecting the privacy of undocumented Californians. ***Potential CalOptima Health Impact:*** Increased protection of medical information; increased staff training regarding disclosure processes.	**02/20/2025** Introduced	CalOptima Health: Watch
AB 980 Arambula	**Health Plan Duty of Care:** As it pertains to the required "duty of ordinary care" by a health plan, would define "medically necessary health care service" to mean legally prescribed medical care that is reasonable and comports with the medical community standard. ***Potential CalOptima Health Impact:*** Modified UM procedures.	**02/21/2025** Introduced	CalOptima Health: Watch
Older Adult Services			
SB 242 Blakespear	**Medicare Supplemental Coverage Open Enrollment Periods:** Would make Medicare supplemental benefit plans available to qualified applicants with end stage renal disease under the age of 64 years. Would also create an annual open enrollment period for Medicare supplemental benefit plans and prohibit such plans from denying an application or adjusting premium pricing due to a preexisting condition. ***Potential CalOptima Health Impact:*** Expanded Medicare coverage options for dual-eligible members.	**01/30/2025** Introduced	CalOptima Health: Watch CAHP: Oppose
SB 412 Limón	**Home Care Aides:** Would require a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia prior to providing care and annually thereafter. ***Potential CalOptima Health Impact:*** New training requirements for PACE staff.	**04/21/2025** Passed Senate Human Services Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 346 Nguyen	**In-Home Supportive Services (IHSS) Certification:** Expands the definition of a "licensed health care professional" who is allowed to certify IHSS eligibility to include any person who is a health care practitioner under the Business and Provisions Code. Would also clarify that, as a condition of receiving paramedical services, an applicant or recipient is required to obtain a certification from a licensed health care professional, as specified. ***Potential CalOptima Health Impact:*** New training requirements for PACE staff; streamlined enrollment of PACE participants into IHSS.	**01/29/2025** Introduced	CalOptima Health: Watch
AB 960 Garcia	**Dementia Patient Visitation:** Would require a health facility to allow a patient with demonstrated dementia needs to have a family or friend caregiver with them as needed. ***Potential CalOptima Health Impact:*** New visitation policies for PACE center.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
Providers			
SB 32 Weber Pierson	**Timely Access to Care:** Would require DHCS, DMHC and the California Department of Insurance to consult stakeholders for the development and adoption of geographic accessibility standards of perinatal units to ensure timely access for enrollees by July 1, 2027. ***Potential CalOptima Health Impact:*** Additional timely access standards; increased contracting with perinatal units.	1**2/02/2024** Introduced	CalOptima Health: Watch LHPC: Oppose
SB 250 Ochoa Bogh	**Medi-Cal Provider Directory — Skilled Nursing Facilities:** Would require a provider directory issued by a Medi-Cal MCP to include skilled nursing facilities as a searchable provider type. ***Potential CalOptima Health Impact:*** Modifications to CalOptima Health's online provider directory.	**03/26/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
SB 306 Becker	**Prior Authorization Exemption:** Would restrict health plans or their delegated entities from requiring prior authorization or prior notification for a covered health care service if 90% or more requests for that service were approved in the previous year. Would also require a health plan to post lists of covered health care services that are exempted from or subject to prior authorization on its website by March 15 of each year. ***Potential CalOptima Health Impact:*** Implementation of new UM procedures to assess prior authorization approval rates; decreased number of prior authorizations; decreased care coordination for members.	**02/10/2025** Introduced	CalOptima Health: Watch CAHP: Oppose Unless Amended

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 504 Laird	**HIV Reporting:** Would authorize a health care provider for a patient with an HIV infection that has already been reported to a local health officer to communicate with a local health officer or the California Department of Public Health (CDPH) to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive CalOptima Health.	**04/22/2025** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **03/26/2026** Passed Senate Health Committee	CalOptima Health: Watch
AB 29 Arambula	**Adverse Childhood Experiences (ACEs) Screening Providers:** Would require DHCS to include community-based organizations, local health jurisdictions and doulas as qualified providers for ACEs trauma screenings and require clinical or other appropriate referrals as a condition of Medi-Cal payment for conducting such screenings. ***Potential CalOptima Health Impact:*** Increased access to care for pediatric members with ACEs.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 50 Bonta	**Over-the-Counter Contraceptives:** Would allow pharmacists to provide over-the-counter hormonal contraceptives without following certain procedures and protocols, such as requiring patients to complete a self-screening tool. As such, these requirements would become limited to prescription-only hormonal contraceptives. ***Potential CalOptima Health Impact:*** Increased member access to hormonal contraceptives.	**04/01/2025** Passed Assembly Business and Professions Committee; referred to Assembly Health Committee	CalOptima Health: Watch
AB 55 Bonta	**Alternative Birth Centers Licensing:** Would remove the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of CDPH licensing and Medi-Cal reimbursement. ***Potential CalOptima Health Impact:*** Decreased member access to comprehensive perinatal services; reduced operating requirements for alternative birth centers.	**04/08/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 220 Jackson	**Medi-Cal Subacute Care Authorization:** Would mandate health facilities providing pediatric or adult subacute care to include a specific DHCS form with treatment authorization requests, preventing Medi-Cal MCPs from creating their own criteria for determining medical necessity outside of those specified in the form. Would allow DHCS to impose sanctions on non-compliant Medi-Cal MCPs. ***Potential CalOptima Health Impact:*** Modified UM procedures and forms.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 280 Aguiar-Curry	**Provider Directory Accuracy:** Would require health plans to maintain accurate provider directories, starting with minimum 60% accuracy by July 1, 2026, and increasing to 95% by July 1, 2029, or otherwise receive administrative penalties. If a patient relies on inaccurate directory information, would require the provider to be reimbursed at the out-of-network rate without the patient incurring charges beyond in-network cost-sharing amounts. Would also allow DMHC to create a standardized format to collect directory information as well as establish methodologies to ensure accuracy, such as use of a central utility, by January 1, 2026. ***Potential CalOptima Health Impact:*** Increased oversight of CalOptima Health provider directory; increased coordination with contracted providers; increased penalty payments to DHCS.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 375 Nguyen	**Qualified Autism Service Paraprofessional:** Would expand the definition of "health care provider" to also include a qualified autism service paraprofessional. ***Potential CalOptima Health Impact:*** Increased access to autism services for eligible members; additional provider contracting and credentialing.	**04/08/2025** Passed Assembly Business and Professions Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 416 Krell	**Involuntary Commitment:** Would authorize a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and would exempt the emergency physician from criminal and civil liability. ***Potential CalOptima Health Impact:*** New legal standards for certain CalOptima Health providers.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Judiciary Committee	CalOptima Health: Watch
AB 510 Addis	**Utilization Review Appeals and Grievances:** Would require that an appeal or grievance regarding a decision to delay, deny or modify health services be reviewed by a physician or peer health care professional matching the specialty of the service within two business days. In urgent cases, responses must match the urgency of the patient's condition. If these deadlines are not met, the authorization request would be automatically approved. ***Potential CalOptima Health Impact***: Expedited and modified UM, grievance and appeals procedures for covered Medi-Cal benefits; increased hiring of specialists to review grievances and appeals.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 512 Harabedian	**Prior Authorization Timelines:** Would shorten the timeline for prior authorization requests to no more than 48 hours for standard requests or 24 hours for urgent requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination. ***Potential CalOptima Health Impact***: Expedited and modified UM procedures for covered Medi-Cal benefits.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended
AB 517 Krell	**Wheelchair Prior Authorization:** Would prohibit a Medi-Cal MCP from requiring prior authorization for the repair of a Complex Rehabilitation Technology (CRT)-powered wheelchair, if the cost of repair does not exceed $1,250. Would also no longer require a prescription or documentation of medical necessity, if the wheelchair has already been approved for use by the patient. Additionally, would require supplier documentation of the repair. ***Potential CalOptima Health Impact:*** Modified UM procedures for a covered Medi-Cal benefit.	**04/08/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 539 Schiavo	**One-Year Prior Authorization Approval:** Would require a prior authorization for a health care service to remain valid for a period of at least one year from the date of approval. ***Potential CalOptima Health Impact:*** Modified UM procedures for covered Medi-Cal benefits; decreased number of prior authorizations; increased costs.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended
AB 787 Papan	**Provider Directory Disclosures:** Would require a health plan to include at the top of its provider directory a statement advising an enrollee to contact the plan for assistance in finding an in-network provider. Would also require the plan to respond within one business day if contacted for such assistance and to provide a list of in-network providers confirmed to be accepting new patients within two business days. ***Potential CalOptima Health Impact:*** Expanded customer service support and staff training; technical changes to CalOptima Health's provider directory.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1041 Bennett	**Provider Credentialing:** Would require a health plan to credential a provider within 90 days from the receipt of a completed application, or otherwise conditionally approve the credential. A plan would be required to notify the provider whether the application is complete within 10 days of receipt. In addition, would require DMHC to establish minimum standards or policies and processes to streamline and reduce redundancy and delay in provider credentialing. Additionally, would require health plans to use a standardized credentialing form on and after July 1, 2027, or six months after the form is completed, whichever is later, with updates to the forms every three years thereafter. ***Potential CalOptima Health Impact:*** Expedited and modified credentialing procedures for interested providers.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
Rates & Financing			
SB 339 Cabaldon	**Medi-Cal Laboratory Rates:** Would require Medi-Cal reimbursement rates for clinical laboratory or laboratory services to *equal* the lowest of the following metrics: 1. the amount billed; 2. the charge to the general public; 3. 100% of the lowest maximum allowance established by Medicare; or 4. a reimbursement rate based on an average of the lowest amount that other payers and state Medicaid programs are paying. For any such services related to the diagnosis and treatment of sexually transmitted infections on or after July 1, 2027, the Medi-Cal reimbursement rates shall not consider the rates described in clause (4) listed above. ***Potential CalOptima Health Impact*:** Increased payments to contracted clinical laboratories.	**02/12/2025** Introduced	CalOptima Health: Watch
Social Determinants of Health			
SB 16 Blakespear	**Homelessness:** States the intent of the Legislature to enact legislation to address homelessness. ***Potential CalOptima Health Impact:*** Unknown at this time.	**12/02/2024** Introduced	CalOptima Health: Watch

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

CAHP: California Association of Health Plans
LHPC: Local Health Plans of California

Last Updated: April 22, 2025

2025 Federal Legislative Dates

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

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

2025 State Legislative Dates

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

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

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About CalOptima Health

CalOptima Health is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities. As Orange County's community health plan, our mission is to serve member health with excellence and dignity, respecting the value and needs of each person. We provide coverage through three major programs: Medi-Cal, OneCare (HMO D-SNP) and the Program of All-Inclusive Care for the Elderly (PACE).

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MEMORANDUM

DATE:	April 25, 2025
TO:	CalOptima Health Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — May 1, 2025, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. Covered California Monthly Update

CalOptima Health continues our organization-wide effort to prepare for launching a new Covered California line of business, effective January 1, 2027. Since the prior Board meeting on April 4, the following activities have been undertaken:

- Leadership began contract negotiations with health networks and hospitals in accordance with the rate ranges approved by the Board in closed session on April 3, 2025.
- Following a formal procurement process, staff recommend contracting with Deloitte Consulting LLP for operational implementation support services. The Board will consider this action on May 1, 2025.
- Vendor contracts for clinical and administrative services are being reviewed to add Covered California requirements and to align with the 2027 launch date. The Board will consider four contract amendments on May 1, 2025.
- Several new and revised policies and procedures documents are being drafted to comply with Knox-Keene Act and Covered California requirements. The Board will consider the new policies on June 5, 2025, ahead of a planned initial filing with the California Department of Managed Health Care.
- A staffing plan and Fiscal Year (FY) 2025–26 implementation budget are being prepared for the Board's consideration on June 5, 2025

B. CalOptima Health Launches Redesigned Website

After a year of thoughtful strategic planning and cross-departmental collaboration, CalOptima Health officially unveiled our redesigned website — a milestone achievement that was completed effectively and efficiently. While projects of this size and complexity often require 18 to 24 months to bring to life, our teams worked diligently to deliver a comprehensive, modernized platform in 12 months without compromising quality or functionality. This launch marks more than just a visual update — it represents a transformation in how we serve our members, providers and community. The redesigned site is a key investment in our digital infrastructure, enabling easier access to critical resources, fostering stronger engagement and enhancing the overall user experience. A few highlights:

- A re-engineered "Find a Doctor" search tool so members can easily find the care they need

- A new Community Impact section showcasing our work across Orange County
- Improved access to Board and advisory committee materials and archived meetings
- Streamlined and updated content written to engage the users
- Improved accessibility for users with disabilities

C. Medicaid Advocacy Letter Distributed After Congress Passes Compromise Budget Resolution

In early April, the U.S. Senate and U.S. House of Representatives passed a compromise FY 2025 budget resolution to unlock the budget reconciliation process. Incorporating elements from both of the differing Senate and House versions that previously passed their respective chambers in February, the compromise resolution notably retained the original House resolution instructions to the House Energy & Commerce Committee — which has jurisdiction over Medicaid — to reduce spending by $880 billion over the next 10 years. Now that the same resolution has passed both chambers, Senate and House committees are working to craft specific programmatic budget language for a reconciliation package with a goal of providing recommendations to Congressional leadership by May 9.

In the meantime, CalOptima Health continues to engage in significant advocacy efforts. This past week, CalOptima Health coordinated and distributed the joint letter on Page 8 with our local safety net partners to Orange County's Senate and House delegation to advocate for the protection of Medicaid funding during ongoing reconciliation negotiations. The other signatories included:

- County of Orange Health Care Agency
- County of Orange Social Services Agency
- First 5 Orange County (Children & Families Commission of Orange County)
- Hospital Association of Southern California
- Orange County Medical Association
- The Coalition of Orange County Community Health Centers

D. Federal Administration Increases Health Care Activities

In late March, Secretary Robert F. Kennedy Jr. announced a major restructuring of the U.S. Department of Health & Human Services, including the reduction of 300 employees at the Centers for Medicare & Medicaid Services (CMS), which notably resulted in the elimination of the CMS Office of Equal Opportunity & Civil Rights, the closure of the CMS regional office in San Francisco, and the scaling back of the Medicare-Medicaid Coordination Office overseeing duals integration.

The following week, Mehmet Oz, M.D., was confirmed as CMS Administrator by the U.S. Senate. Shortly thereafter, CMS began to release several pending regulations and new guidance, including the Contract Year 2026 Medicare Advantage (MA) and Part D Final Rule and the corresponding Rate Announcement. Notably, CMS did *not* include Medicare coverage of anti-obesity medications (GLP-1s) as initially proposed by the Biden Administration, but did increase rates to MA plans by an average of 5.06% from 2025 to 2026. In addition, CMS announced that it will not approve new or renewed funding requests from states related to Designated State Health Programs (DSHP) and Designated State Investment Programs (DSIP), which are often used to address health-related social needs. This does not affect California's currently approved DSHP/DSIP funding, such as CalAIM's Providing Access and Transforming Health (PATH) initiative and the Behavioral Health Workforce Initiative. California does not utilize DSHP/DSIP authorities for most of its other Medicaid 1115 waiver initiatives.

E. Medi-Cal Deficiency Funding Bill Signed

On April 14, Gov. Gavin Newsom signed into law Assembly Bill 100 — an early action budget bill that appropriates $2.8 billion to the California Department of Health Care Services (DHCS) to address the Medi-Cal budget deficiency through June 30, 2025 (i.e., the end of current FY 2024–25). These funds are in addition to the $3.44 billion loan to DHCS that the California Department of Finance previously approved on March 4 to cover Medi-Cal costs through the end of March. Solutions to address underlying Medi-Cal cost growth — particularly due to higher-than-anticipated enrollment and pharmaceutical expenditures — are expected to be included in the governor's FY 2025–26 Revised Budget Proposal (May Revise), which must be released no later than May 14. Details are not yet known.

F. OneCare Providers Attend Stars-Focused Education Events

On April 10, CalOptima Health hosted the first in a series of monthly education events for OneCare providers. The events are focused on increasing awareness of high-priority CMS Star measures and improving outcomes by identifying strategies that enhance the quality of care and optimize clinical practice. These events are part of our overall Stars Executive Initiative, which is a strategic, organization-wide effort to elevate OneCare's Star rating.

G. CalOptima Health Provides Update on Modivcare Transportation Vendor

Since April 2024, Modivcare, CalOptima Health's transportation vendor, has completed nearly 1 million rides for our Medi-Cal and OneCare members to medical appointments and treatment facilities across Orange County. The vendor provides approximately 2,600 rides a day, or about 79,000 per month. Please see Page 10 for a report with data on performance and services by trip volume, on-time percentage, transportation modality, treatment type and grievances.

H. Youth Mental Health and Wellness Celebrates Groundbreaking in San Juan Capistrano

Orange County will soon have its first allcove, a youth-designed mental health and wellness center in San Juan Capistrano, thanks to a CalOptima Health grant of $2.7 million to Wellness & Prevention Center (WPC). When WPC opens allcove this summer, it will offer a safe and inclusive space for young people ages 12 to 25 to access affordable mental health and wellness services to support their emotional, physical and social well-being. As one of just five sites in the state, the future center will deliver a broad range of services, including mental health, physical health, substance use disorder services, peer support, family support, housing services, supported education and employment services. Please see CalOptima Health's press release.

CalOptima Health

Fast Facts
May 2025

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

Membership Data* (as of March 31, 2025)

Total CalOptima Health Membership

906,271

Program	Members
Medi-Cal	888,487
OneCare (HMO D-SNP)	17,283
Program of All-Inclusive Care for the Elderly (PACE)	501

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

Key Financial Indicators (for nine months ended March 31, 2025)

	Dashboard	YTD Actual	Actual vs. Budget ($)	Actual vs. Budget (%)
Operating Income/(Loss)	●	**$114.0M**	**$317.5M**	**156.1%**
Non-Operating Income/(Loss)	●	**$135.0M**	**$86.6M**	**178.9%**
Bottom Line (Change in Net Assets)	●	**$249.1M**	**$404.1M**	**260.7%**
Medical Loss Ratio (MLR) *(Percent of every dollar spent on member care)*	●	**92.2%**		**-7.2%**
Administrative Loss Ratio (ALR) *(Percent of every dollar spent on overhead costs)*	●	**4.8%**		**2.1%**

Notes:
- For additional financial details, refer to the financial packages included in the Board of Directors meeting materials.
- Adjusted MLR (without the estimated provider rate increases funded by reserves) is 88.1%.

Reserve Summary (as of March 31, 2025)

	Amount (in millions)
Board Designated Reserves*	**$1,104.5**
Statutory Designated Reserves	**$130.3**
Capital Assets (Net of depreciation)	**$100.3**
Resources Committed by the Board	**$442.4**
Board Approved Provider Rate Increase**	**$368.3**
Resources Unallocated/Unassigned*	**$548.3**
Total Net Assets	**$2,694.2**

* Total of Board-designated reserves and unallocated resources can support approximately 154 days of CalOptima Health's current operations.

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

Total Annual Budgeted Revenue **$4 Billion**

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

CalOptima Health Fast Facts

May 2025

Personnel Summary (as of April 5, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,331.75	45.65	53.92%	46.08%	3.31%
Supervisor	82	4	50%	50%	4.65%
Manager	117	9	11.11%	88.89%	4.30%
Director	70	6	33.33%	66.67%	7.89%
Executive	21	0	--%	--%	--%
Total FTE Count	1,621.8	65.7	47.89%	52.11%	3.89%

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

Provider Network Data (as of April 21, 2025)

	Number of Providers
Primary Care Providers	1,319
Specialists	7,099
Pharmacies	604
Acute and Rehab Hospitals	43
Community Health Centers	65
Long-Term Care Facilities	206

Treatment Authorizations (as of February 28, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	33.95 hours
Prior Authorization – Urgent	72 hours	13.98 hours
Prior Authorization – Routine	5 days	1.58 days

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

Member Demographics (as of March 31, 2025)

Member Age	
0 to 5	8%
6 to 18	22%
19 to 44	35%
45 to 64	21%
65 +	14%

Language Preference	
English	54%
Spanish	31%
Vietnamese	9%
Other	2%
Korean	2%
Farsi	1%
Chinese	<1%
Arabic	<1%

Medi-Cal Aid Category	
Expansion	38%
Temporary Assistance for Needy Families	37%
Seniors	11%
Optional Targeted Low-Income Children	8%
People With Disabilities	5%
Long-Term Care	<1%
Other	<1%

CalOptima Health

Provider Network Trend

May 2025

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

CHCN and Health Networks

Total Providers [1]

Provider Type	2024 – Q1	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	YOY Net Δ
PCP [2]	1,295	1,296	1,308	1,313	1,312	17
Specialist (Physicians)	6,606	6,878	7,056	7,017	7,070	464
Hospitals [3]	40	41	41	41	41	1
Community Health Centers [4]	64	64	65	65	65	1
Long Term Care	200	200	206	206	207	7
Behavioral Health [5]	2,126	2,220	2,256	2,273	2,529	403
ECM	32	32	32	32	31	-1
Community Support	95	99	102	103	102	7

Medi-Cal

Provider Type	2024 – Q1	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	YOY Net Δ
PCP [2]	1,107	1,099	1,084	1,087	1,087	-20
Specialist (Physicians)	5,920	6,211	6,435	6,420	6,464	544
Hospitals [3]	36	37	37	37	37	1
Community Health Centers [4]	63	63	63	63	63	0
Long Term Care	196	196	202	202	203	7
Behavioral Health [5]	2,045	2,123	2,176	2,177	2,436	391
ECM	32	32	32	32	31	-1
Community Support	95	99	102	103	102	7

OneCare

Provider Type	2024 – Q1	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	YOY Net Δ
PCP [2]	1,095	1,091	1,098	1,099	1,096	1
Specialist (Physicians)	4,994	5,208	5,407	5,437	5,488	494
Hospitals [3]	35	36	36	36	36	1
Community Health Centers [4]	58	57	58	58	58	0
Long Term Care	200	200	206	206	203	3
Behavioral Health [5]	548	599	613	649	668	120

PACE

Provider Type	2024 – Q1	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	YOY Net Δ
PCP [2]	5	5	5	3	3	-2
Specialist (Physicians)	3,104	3,253	3,405	3,457	3,549	445
Hospitals [3]	28	29	29	29	29	1
Community Health Centers [4]	0	0	0	0	0	0
Long Term Care	67	65	65	66	67	0
Behavioral Health [5]	94	97	96	103	106	12

Provider Network Trend

May 2025

CHCN Only

Total Providers [1]

Provider Type	2024 – Q1	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	YOY Net Δ
PCP [2]	675	673	680	678	677	2
Specialist (Physicians)	5,939	6,216	6,418	6,335	6,384	445
Hospitals [3]	36	37	37	37	37	1
Community Health Centers [4]	56	56	56	56	56	0
Long Term Care	196	196	202	202	203	7
Behavioral Health [5]	2,110	2,198	2,234	2,247	2,500	390
ECM	32	32	32	32	31	-1
Community Support	95	99	102	103	102	7

Medi-Cal

Provider Type	2024 – Q1	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	YOY Net Δ
PCP [2]	654	652	657	656	653	-1
Specialist (Physicians)	5,496	5,804	6,041	5,988	6,026	530
Hospitals [3]	33	34	34	34	34	1
Community Health Centers [4]	56	56	56	56	56	0
Long Term Care	196	196	202	202	203	7
Behavioral Health [5]	2,032	2,104	2,157	2,155	2,411	379
ECM	32	32	32	32	31	-1
Community Support	95	99	102	103	102	7

OneCare

Provider Type	2024 – Q1	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	YOY Net Δ
PCP [2]	564	564	572	569	571	7
Specialist (Physicians)	4,262	4,470	4,691	4,706	4,746	484
Hospitals [3]	30	31	31	31	31	1
Community Health Centers [4]	46	46	46	46	46	0
Long Term Care	196	196	202	202	203	7
Behavioral Health [5]	532	584	598	634	652	120

PACE

Provider Type	2024 – Q1	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	YOY Net Δ
PCP [2]	5	5	5	3	3	-2
Specialist (Physicians)	3,104	3,253	3,405	3,457	3,549	445
Hospitals [3]	28	29	29	29	29	1
Community Health Centers [4]	0	0	0	0	0	0
Long Term Care	67	65	65	66	67	0
Behavioral Health [5]	94	97	96	103	106	12

Footnotes:

[1] *Unique count of Provider by NPI (does not include count of each practice location per provider)*

[2] *Includes Primary Care Physicians, FQHCs and Long Term Care facilities acting as Primary Care Providers*

[3] *Includes Acute, Rehab and Long Term Acute Care Hospitals*

[4] *Community Health Centers includes FQHCs, FQHC look-alike and Community Clinics*

[5] *Includes Practitioners and Behavioral Health Groups*

Back to Agenda

April 17, 2025

Dear Members of Orange County's Delegation to the United States Congress:

As the representatives of Orange County's safety net health care system that provides coverage and services to more than 915,000 Medicaid beneficiaries, we are writing to emphasize the critical importance of the Medicaid program to the health of one-third of Orange County residents — including 41% of children — and our local economy. California's Medicaid program, known as Medi-Cal, is crucial to low-income populations, including seniors, individuals with disabilities, children and working families. They depend on the support of the federal government to keep this program stable and ensure that they receive necessary health care. We urge you to support the program and maintain its stability.

Cuts to Medicaid that are currently being contemplated in Congress would negatively impact millions of vulnerable Californians who will lose access to critical health care services, including primary care providers and specialists, and will be unable to fill prescriptions that are necessary to treat chronic illnesses. More people will turn to emergency rooms as a last resort, resulting in overwhelmed hospitals and uncompensated care that increases health care costs for everyone. Ultimately, patients will be faced with lower quality care and negative health outcomes that keep them from working and living productive lives.

The impact of an underfunded Medicaid program goes beyond poorer access to care. The Medi-Cal program spends $188 billion per year paying hospitals, clinics and doctors to treat Medicaid beneficiaries, generating well-paying jobs that economically benefit local communities. Unfortunately, low reimbursement rates for Medicaid providers have shifted costs onto other insurance markets, leading to increased premiums for Californians who purchase coverage through their employer or the individual market. Reduced federal support will make things worse by further increasing premiums and reducing local jobs as hospitals, provider practices and community health centers are put under additional strain.

Specific threats to provider taxes are equally concerning, as any restrictions on those financing mechanisms will harm efforts to address low provider rates and impair access to care. Just this past November, Californians overwhelmingly approved Proposition 35 on a bipartisan basis — including 65% of Orange County voters — to permanently enshrine the Managed Care Organization provider tax into state law with strict funding allocations to a wide range of Medi-Cal providers.

Medicaid is vital to the health, well-being and economy of Orange County — the nation's sixth most populous county. We urge you to support the Medicaid program and oppose any proposals that would destabilize it.

Sincerely,

CalOptima Health

County of Orange Health Care Agency

County of Orange Social Services Agency

First 5 Orange County (Children & Families Commission of Orange County)

Hospital Association of Southern California

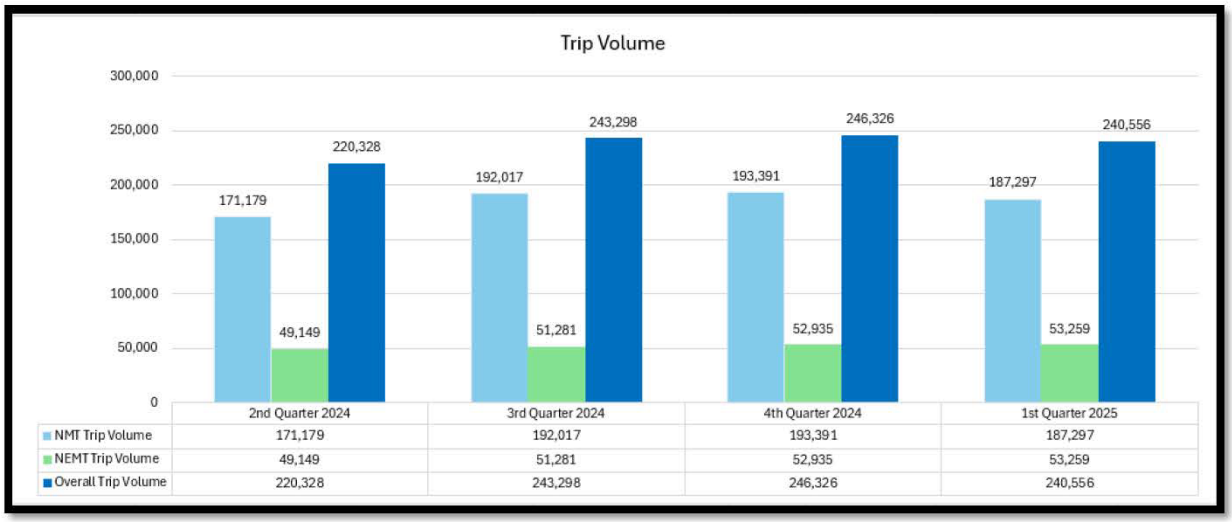
Orange County Medical Association

The Coalition of Orange County Community Health Centers

CalOptima Health

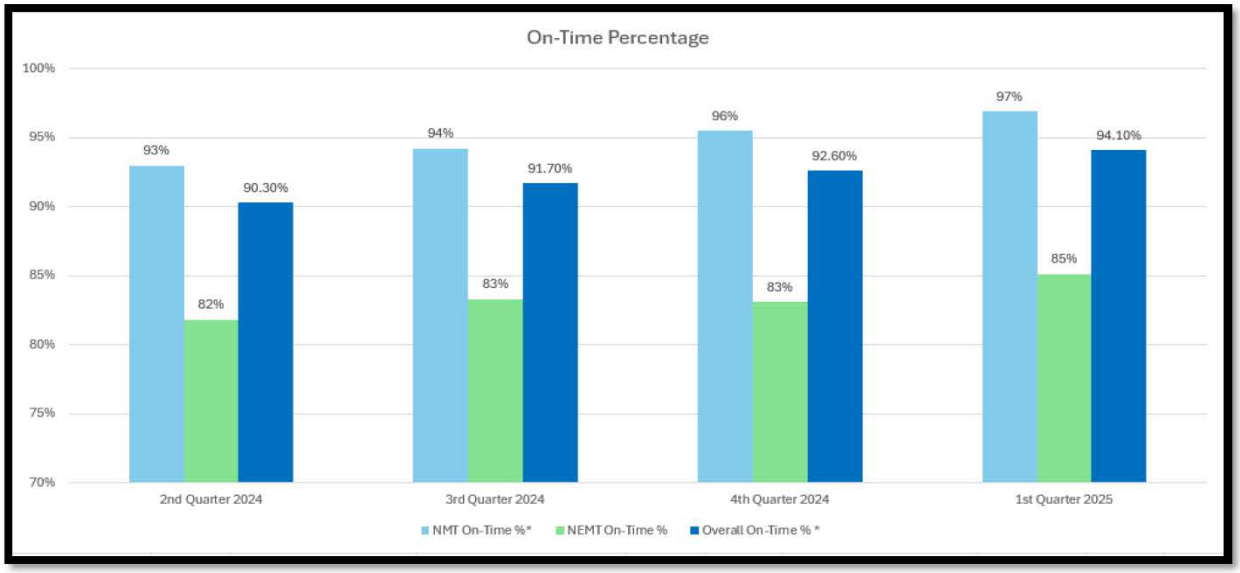
Transportation Update
May 2025

ModivCare has been CalOptima Health's transportation provider since April 2024 and has provided nearly 1 million trips since then. The vendor provides approximately 2,600 rides a day, or about 79,000 per month. On average, approximately 9,700 unique Medi-Cal and OneCare members use the service monthly for rides to medical appointments and treatment facilities across Orange County. See below for data on performance and services by trip volume, on-time percentage, transportation modality, treatment type and grievances.



	2nd Quarter 2024	3rd Quarter 2024	4th Quarter 2024	1st Quarter 2025
NMT Trip Volume	171,179	192,017	193,391	187,297
NEMT Trip Volume	49,149	51,281	52,935	53,259
Overall Trip Volume	220,328	243,298	246,326	240,556

NMT=Non-Medical Transportation *NEMT= Non-Emergency Medical Transportation*

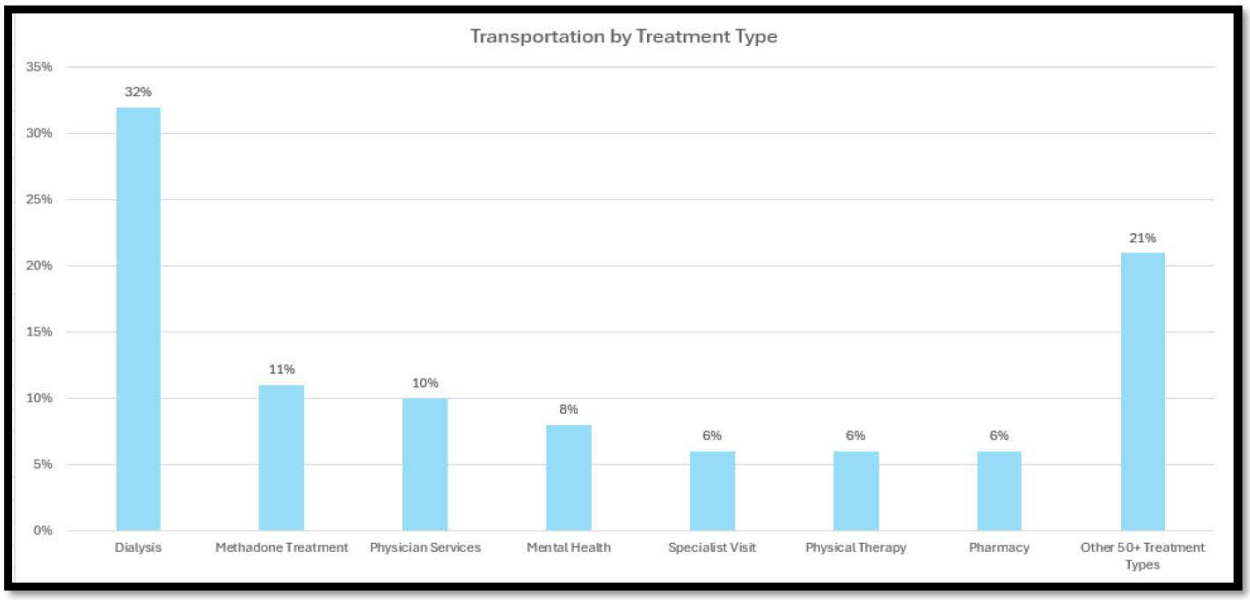


**Arrive within 15 minutes of the scheduled appointment; benchmark >90%*

Transportation Modality: At 56% of all trips, Uber/Lyft far outpace other transportation modalities. ModivCare NMT providers represent 21%, wheelchair vans 16%, litter vans 4% and ambulances 3%.

Transportation by Treatment Type: Dialysis is the top treatment type, serving 1,300 unique members monthly and representing 32% of all trips. In Q3 2024, CalOptima Health and ModivCare focused on improving performance for dialysis trips. These efforts improved the on-time performance rate of 88% in Q2 2024 to 92% in Q1 2025.

Transportation Update
May 2025



Other Activities to Improve Dialysis Trip Performance

- Established 100% standing order assignment (appointments 3x/week). ModivCare contacts providers to ensure sufficient capacity for standing orders. Providers are required to maintain >95% on-time performance.
- Implemented multiloading capabilities (two members sharing a ride with prior consent) for members traveling to the same location. This includes tracking and trending provider timeliness, availability, no-show metrics and incidents of noncompliance.
- ModivCare provided CalOptima Health staff with access to its online scheduling tool (TripCare). This tool allows staff to submit trips on members' behalf.
- CalOptima Health and ModivCare meet biweekly to review service level results, trends and outliers to ensure service oversight. This resulted in a 48% reduction in grievances through Q1 2025.

Quarter	Transportation Grievances	% of Grievances*
Q2 2024	1,330	0.6
Q3 2024	1,050	0.4
Q4 2024	902	0.3
Q1 2025	723	0.3
Total	**4,005**	**0.4**

**Percentage of grievances for total rides; benchmark <2%*

Process Improvements Based on Member Feedback, Complaints/Call Trending

Based on some members' concerns regarding ModivCare's automated scheduling phone system, the vendor modified its phone tree by adding an option to bypass the automated system and speak to a live agent. This modification enabled easier scheduling and the ability to reach an agent faster while maintaining the option through the automated system, member website and member app.

Reporting/Utilization

ModivCare provides a robust reporting package with insights into the utilization, including treatment type, modality, call center service levels and transportation provider on-time performance results.