



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

THURSDAY, DECEMBER 11, 2025

12:00 P.M.

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

AGENDA

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

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

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

Register to Participate via Zoom at:
https://us02web.zoom.us/webinar/register/WN_gcnoXVh7QPgc7QFqBQTHQ **and join the meeting.**

Webinar ID: 813 8602 0446

Passcode: 057260 – Webinar instructions are provided below.

1. **CALL TO ORDER**

Pledge of Allegiance

2. **ESTABLISH QUORUM**

3. **MINUTES**

A. [Approve Minutes from the October 9, 2025 Regular Joint Meeting of the Member and Provider Advisory Committees](#)

4. **PUBLIC COMMENT**

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

5. **REPORT ITEMS**

A. Approve Recommendation for New Appointments to the Member Advisory Committee

6. **INFORMATIONAL ITEMS**

A. [Home and Community-Based Services Waivers](#)

B. [Detect & Connect OC](#)

C. [OneCare Update](#)

D. Committee Member Updates

7. **MANAGEMENT REPORTS**

A. Chief Operating Officer Report

B. Chief Medical Officer Report

C. [Chief Administrative Officer Report](#)

D. [Chief Executive Officer Report](#)

8. **COMMITTEE MEMBER COMMENTS**

9. **ADJOURNMENT**

Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on Thursday, December 11, 2025, at 12:00 p.m. (PST)

To register in advance for this webinar:

https://us02web.zoom.us/webinar/register/WN_gcnoXVh7QPgc7QFqBQTHQ

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

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

<https://us02web.zoom.us/j/81386020446?pwd=aIzudcZyBAryukpYmfufq1kjaFqI7g.1>

Passcode: **057260**

Phone one-tap:

+16694449171,,81386020446#,,,,*057260# US

+16699009128,,81386020446#,,,,*057260# US (San Jose)

Join via audio:

+1 669 444 9171 US

+1 669 900 9128 US (San Jose)

+1 346 248 7799 US (Houston)

+1 719 359 4580 US

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+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)

+1 360 209 5623 US

+1 386 347 5053 US

Webinar ID: 813 8602 0446

Passcode: 057260

MINUTES

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

October 9, 2025

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, October 9, 2025, at the CalOptima Health offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

MAC Chair Christine Tolbert called the meeting to order at 12:10 p.m. and led the group in the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair; Meredith Chillemi, Vice-Chair; Linda Adair; Tawny Crane; Sandy Finestone; Keiko Gamez; Kim Goll; Peter Hersh; Paul Kaiser; Dr. Junie Lazo-Pearson; Sara Lee; Lee Lombardo; Nicole Mastin; Shirley Valencia

Members Absent: Hai Hoang

Provider Advisory Committee

Members Present: Alpesh Amin, M.D (12:53 PM); Lorry Belhumeur, Ph.D.; Andrew Inglis, M.D.; Morgan Mandigo, M.D.; Tom Megerian, M.D.; Patty Mouton; Alex Rossel; Jacob Sweidan, M.D.; Christy Ward

Members Absent: John Nishimoto, O.D., Chair; Gio Corzo, Vice Chair; Tiffany Chou, NP; Jena Jensen; Mary Pham, Pharm.D.;

Others Present

Staff Present: Nancy Huang, Chief Financial Officer; Michael S. Rose, DrPH, LCSW, Chief Health Equity Officer; Zeinab Dabbah, M.D., Deputy Chief Medical Officer; Carmen Katsarov, Executive Director, Behavioral Health; Linda Lee, Executive Director, Quality Improvement; Donovan Higbee Director, Government Affairs; Cheryl Meronk, Director, Medicare Programs; Nancy Martinez, Manager, OneCare Customer Service; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant, Pamela Reichardt, Executive Assistant

MINUTES

Approve the Minutes of the August 14, 2025 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

MAC Action: *On motion of MAC Member Sandy Finestone, seconded and carried, the Committee approved the minutes of the August 14, 2025 Regular Joint Meeting (Motion carried 14-0-0; Member Hai Hoang absent)*

PAC Action: *On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the August 14, 2025 Regular Joint Meeting (Motion carried 8-0-0; Members John Nishimoto, O.D., Chair; Gio Corzo, Vice Chair, Alpesh Amin, M.D, Tiffany Chou, NP, Jena Jensen and Mary Pham, Pharm.D. absent)*

PUBLIC COMMENTS

There were no public comments.

At this time, MAC Chair Christine Tolbert rearranged the agenda to hear Item A under CEO and Management Reports

Deputy Chief Medical Officer Report

Zeinab Dabbah, MD, JD, MPH, FACP, Deputy Chief Medical Officer, provided an update on the Advisory Committee on Immunization Practices (ACIP) and noted that ACIP now recommends COVID-19 vaccination for everyone aged 6 months and older, using a shared clinical decision-making approach. While those over 65 are prioritized, clinicians should assess risk for younger individuals. The vaccine remains covered under Vaccines For Children (VFC), Children's Health Insurance Program (CHIP), Medicaid, Medicare, private insurance, and Affordable Care Act (ACA) plans. ACIP also recommends universal Hepatitis B testing during pregnancy to reduce mother-to-child transmission. This testing is covered by all major insurance programs. For children under 23 months, the ACIP advises using separate Measles, Mumps, and Rubella (MMR) and varicella vaccines instead of the combined MMRV vaccine, due to an increased risk of febrile seizures. Both vaccines remain available and covered under the VFC program.

Dr. Dabbah also provided an update on California Assembly Bill (AB) 144, signed on September 17, 2025, which expanded vaccine access and mandated insurance coverage for all California Department of Public Health (CDPH) recommended vaccines without cost-sharing. The law allows the CDPH to issue independent vaccine guidance, even if it differs from federal recommendations, ensuring continued access to vaccines such as COVID-19, influenza, and RSV. It also provides liability protection for providers following CDPH guidance. Additionally, the VFC program continues to cover key vaccines, including COVID-19, Hepatitis B, MMR, and varicella, with updated guidance allowing separate ordering of MMR and varicella.

INFORMATION ITEMS

Member Population Health Needs Assessment Update

Michael Silva-Rose, DrPH, LCSW, Chief Health Equity Officer, provided an update on the Member and Population Health Needs Assessment and thanked the committees for their support with provider surveys, which saw 301 responses, which was more than double the previous round. Member surveys are currently being translated, with a large email campaign and postcard distribution planned for later this month. Postcards will include unique identifiers to ensure that one response is received per person. Focus groups are expected to begin next month, facilitated by CAP OC. Additional locations and participants are still being sought.

Dr. Rose also spoke briefly on the Health Equity Asset Mapping process, which identifies and documents a community's existing strengths and resources, noting that it was still in its early stages and that the Equity and Community Health team was collaborating closely with Strategic Initiatives and that updates will be shared with the committees as progress continues on this initiative.

Community Reinvestment Update

Dr. Rose also provided an update on Community Reinvestment, which was originally introduced in April 2025. She noted that managed care plans with positive net income are required by the Department of Health Care Services (DHCS) to reinvest in their communities. Reinvestment activities must align with five broad categories: neighborhoods and built environment, healthcare, workforce development, well-being for priority populations, and improved health outcomes. These activities must also align with Orange County's Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), which identified six priority areas: mental health, substance use, diabetes/obesity, housing/homelessness, care navigation, and economic disparities. A third alignment layer includes Orange County Behavioral Health's transformation efforts, with findings from their needs assessment expected soon.

She noted that CalOptima Health has formed a joint internal-external workgroup, including public health and behavioral health leaders, to develop a community reinvestment plan that is due in Q3 2026. The plan must align with DHCS guidelines, Orange County's CHA/CHIP priorities, and the findings of Behavioral Health Transformation. Funding obligations will be confirmed in Q2 2026, with spending to begin once approved. Prior investments made in 2024 may count toward the first-year requirement.

Dr. Rose noted that the proposed strategy includes three funding streams, with two shared so far: Access to Health and Well-Being supporting insurance retention, outreach, and access to public benefits and Behavioral Health addressing quality measure deficiencies. Regular updates and stakeholder input will continue as the plan develops, as the plan must align with multiple layers: DHCS reinvestment categories, Orange County's CHA/CHIP priorities, and Behavioral Health Transformation findings. Non-permissible uses include administrative costs, member incentives, and duplicative spending. The team will continue to engage stakeholders and return to this group

regularly for feedback and co-design. Dr. Rose asked the members to use the QR code noted in their materials to provide feedback.

OneCare Update

Cheryl Meronk, Director of Medicare Programs, presented an update on OneCare and noted that in 2026, CMS will end the Value-Based Insurance Design (VBID) model, which previously allowed Medicare Advantage plans to offer flexible benefits addressing members' social needs, such as food, housing, and transportation. As a result, the plan lineup is changing: the 2025 plans, OneCare Complete and OneCare Flex Plus, will be consolidated into a single OneCare Complete plan in 2026. She noted that despite the loss of VBID flexibility, most supplemental benefits will be enhanced. The popular Flex Card benefit will continue, offering \$167 per quarter (with no rollover), which is usable for over-the-counter items. However, food and produce will no longer be a standard benefit. Members may still qualify for this through the Special Supplemental Benefits for the Chronically Ill (SSBCI), based on claims data and health conditions.

She also noted that drug coverage will also change and that while \$0 copays for generics remain, brand-name medications will now have copays based on members' Extra Help status which is also known as the Low-Income Subsidy (LIS) that provides prescription drug costs assistance to members with limited income and resources. These copays will range from \$4.25 to \$12.65 and a new mail-order pharmacy service will be launched in 2026. Additional benefits include continued transportation for non-medical needs, such as unlimited gym trips within 10 miles. Vision benefits will offer \$500 every two years for eyewear, and hearing benefits will include a \$500 One Care allowance plus up to \$2,010 in total when combined with medical coverage.

Ms. Meronk also noted that in 2026, healthy food and produce benefits will remain available only to members who qualify for the Special Supplemental Benefits for the Chronically Ill (SSBCI) program. Members who are not pre-qualified can still become eligible by submitting a provider-completed form indicating their chronic condition. Additional 2026 benefits include up to 90 hours of in-home support and companionship, continued access to Silver & Fit gym memberships and fitness resources, one annual physical examination, and expanded comprehensive dental services beyond Medi-Cal dental benefits. OneCare Complete will also cover \$0 copays for generic drugs, buy down Part D premiums, and introduce brand-name drug copays (\$4.90 or \$12.65). Prior authorization will no longer be required for podiatry and certain dental diagnostic/preventive services, though it will still apply to prosthodontics and some general dental services. For clarity on dental coordination between Medi-Cal and supplemental plans. Nancy Martinez, Manager of OneCare Customer Service, provided a further explanation of dental benefits and how customer service helps members coordinate these services.

Committee Member Updates

MAC Chair Christine Tolbert reminded both committees that their compliance courses were due on October 31, 2025.

Chair Tolbert also updated the MAC on the Board's approval of the three new seats on MAC and the renaming of three existing seats that had been proposed at the August 14, 2025, MAC and PAC meeting. Recruitment has begun for the following positions: Medi-Cal Beneficiary or Authorized Family Member, Dental Provider, and Local Education Agency Representative. She also noted that MAC had a recent resignation of a Medi-Cal Beneficiary or Authorized Family Member Representative, and this seat will also be part of the recruitment to fulfill an existing term.

She also notified Medi-Cal Beneficiaries, OneCare members, or their Authorized Family Members that the Board had approved a stipend increase from \$50 to \$100, effective as of this meeting.

On behalf of the PAC, MAC Chair Christine Tolbert welcomed Jonathan (Tom) Megerian, M.D., who was appointed by the Board as the Physician Representative. She also asked the PAC to please help recruit for an Allied Health Representative seat.

Chair Tolbert reminded the committees that if they had agenda items they would like to be heard, please let staff know so that they could be added to a future agenda.

CEO AND MANAGEMENT REPORTS

Legislative Update

Donovan Higbee, Director, Government Affairs, provided a State and Federal legislative update for the committees. He noted that at the October 2, 2025, Board of Directors' meeting, the Board approved an updated public policy priorities document, which expands the former legislative platform to include both legislative and regulatory advocacy for the upcoming 2026 fiscal year. He discussed how many priorities from last year remain and that new items have been added, particularly around access to care in response to Federal legislation (HR 1) and the state budget. The platform now authorizes advocacy on Covered California, particularly regarding the expiration of the Enhanced Advanced Premium Tax Credits (EAPTCs), which could lead to increased premiums if not renewed. The legislative matrix in your packet includes analyses of HR 1 and the state budget. Although the legislature has adjourned, the governor will continue to review bills through October 12.

Mr. Higbee also provided an update on the Federal government shutdown, noting that core programs like Medicaid and Medicare remained unaffected, although some discretionary health programs may see indirect impacts. Medicare telehealth flexibilities enacted during the COVID-19 pandemic expired on September 30, 2025 only affect fee-for-service Medicare, not OneCare members.

Mr. Higbee also discussed the Covered California implementation. He noted that CalOptima Health is progressing through the Department of Managed Health Care (DMHC) licensing process and preparing to apply directly to Covered California. Operational planning is underway, based on Deloitte's roadmap, and workgroups are being established. Lastly, CalOptima Health celebrated its 30th anniversary with recognitions from state and local officials.

Chief Financial Officer Update

Nancy Huang, Chief Financial Officer presented a brief overview of CalOptima Health's financials. She provided a brief finance update covering member demographics, enrollment trends, and CalOptima Health's financial position as of August 31, 2025. She also provided a demographics report noting that CalOptima Health's membership skews slightly female (53%) with an average age of 36, and the largest age group is 15–19, indicating a need for pediatric, behavioral health, and digital engagement strategies. She noted that language access remained critical, with top threshold languages including English, Spanish, Vietnamese, Korean, Farsi, Arabic, Mandarin Chinese, and newly added Russian. Geographically, 45% of members reside in the Santa Ana, Anaheim, and Garden Grove areas, guiding resource planning and outreach.

Ms. Huang noted that CalOptima Health's membership trends over the past decade have been shaped by policy changes, economic conditions, and public health events and that membership grew significantly after the Affordable Care Act, rising from around 470,000 in 2013 to nearly 1 million by mid-2023, driven by Medi-Cal expansion and the COVID-19 public health emergency. She also noted that since redeterminations resumed in mid-2023, enrollment has declined, with recent monthly net losses of 9,000 to 10,000 members, and that future enrollment will be impacted by the 2026 reinstatement of Medi-Cal asset tests for Seniors and Persons with Disabilities and Long-Term Care members. She also discussed a freeze on new undocumented adult enrollments, and anticipated 2027 changes such as work requirements and monthly premiums. Ms. Huang noted that financially, CalOptima Health remains stable with strong reserves and ongoing coordination with state partners to ensure future Medi-Cal funding.

ADJOURNMENT

There being no further business before the Committees, MAC Chair Christine Tolbert adjourned the meeting at 2:05 p.m. and reminded the members that the next meeting is scheduled for December 11, 2025.

s/s Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved by the Provider Advisory Committee on December 11, 2025

The Member Advisory Committee did not achieve a quorum at the December 11, 2025, joint meeting and was therefore unable to vote on the approval of the October 9, 2025, minutes. These meeting minutes will be resubmitted at the February 11, 2026 Member and Provider Advisory Committees Joint Meeting for approval by the Member Advisory Committee.



CalOptima Health

Home and Community Based Services Waivers

**Member and Provider Advisory
Committees Joint Meeting**

December 11, 2025

Our Mission

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

Our Vision

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

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Agenda

- California Community Transitions (CCT)
- Assisted Living Waiver (ALW)
- Home and Community-Based Alternatives (HCBA)



California Community Transitions (CCT)

California Community Transitions (CCT)

- DHCS works with designated Lead Organizations (LO) who:
 - Identify eligible Medi-Cal beneficiaries who have been hospitalized and at Long-Term-Care Nursing Facility (LTC-NF) for 60+ consecutive days under Medi-Cal
 - Skilled stays under Medicare do not count towards the 60-day required period
 - Employ Transition Coordinators (TC) who work directly with willing and eligible individuals, support networks, and providers to facilitate and monitor their transition from facilities to community settings
 - No age limitations

California Community Transitions (CCT)

- CCT assists with physically and financially transitioning members from Long Term Care Nursing Facilities (LTC-NF) back to the community.
- Community placement includes independent living in the home, in own apartment, or Assisted Living Facility (ALF) / Board and Care (B&C).

California Community Transitions (CCT) and Community Supports

- Community Support: Community Transition Services/Nursing Facility Transition to a Home
- Eligibility:
 - A member can be eligible for both the CCT program and the Nursing Facility Transition/Diversion Community Support.
 - A member cannot receive both at the same time.



Assisted Living Waiver (ALW)

Assisted Living Waiver (ALW)

- ALW is limited to individuals eligible for Medi-Cal, without a Medi-Cal share of cost, who require a nursing facility level of care and wish to live in a residential care setting or in publicly funded senior and/or disabled housing
- ALW participants must have sufficient funds to pay for their room and board, with some funds remaining to meet personal and incidental needs.

DHCS ALW website:

<https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>

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Assisted Living Waiver (ALW)

- Eligibility criteria:
 - Age 21 or older;
 - Have full-scope Medi-Cal eligibility with zero share of cost;
 - Have care needs equal to those of Medi-Cal-funded residents living and receiving care in nursing facilities;
 - Willing to live in an assisted living setting as an alternative to a nursing facility;
 - Able to reside safely in an assisted living facility or public subsidized housing;

DHCS ALW website:

<https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>

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Assisted Living Waiver (ALW)

- Eligibility criteria:
 - Willing to live in an assisted living setting located in one of the following counties providing ALW services: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, and Sonoma counties.

Assisted Living Waiver (ALW)

- Current enrollment and waitlist information for the Assisted Living Waiver can be found on the enrollment dashboard, which is updated monthly.
- New applicants to the ALW should be aware the number of available slots is limited and there is a waitlist.
- Open waiver slots are release to Care Coordination Agencies (CCA) on a regular basis.
- Contact the CCA of choice for information and referral.

DHCS ALW website:

<https://www.dhcs.ca.gov/services/ltc/Pages/AssistedLivingWaiver.aspx>

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Home and Community- Based Alternatives (HCBA)

Home and Community-Based Alternatives (HCBA)

- Provides care management services to persons at risk of nursing home or institutional placement.
- The care management services are provided by a multidisciplinary team comprised of a nurse and social worker.
- Care management and Waiver services are provided in the member's community-based residence.

Home and Community-Based Alternatives (HCBA)

- Apply and secure a placement on the waiting list with the assigned Waiver Agency (WA) in area of residence.
- Waiting list applicants who meet Reserve Capacity criteria will be prioritized.
 - Reserve Capacity criteria includes members transitioning from similar Home and Community Based Services (HCBS) Waivers because their needs can no longer be met, members under 21 years of age, or members who have been residing in a health care facility for at least 60 days at the time the HCBA Waiver application is submitted.

Home and Community-Based Alternatives (HCBA)

- Orange County WA:
 - Access TLC: <https://accesstlc.com/hcba-application/>
 - Libertana Home Health: <https://libertana.com/services/hcba-waiver/>

DHCS HCBA waiver website: [https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-\(HCB\)-Alternatives-Waiver.aspx](https://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx)

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Stay Connected With Us
www.caloptima.org



Detect & Connect OC

CalOptima Health
MAC/PAC Meeting
December 11, 2025

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Introduction

- Detect & Connect OC is a cross-sector collaborative that was formed in 2019
- First 5 Orange County convenes the collaborative, and pays for facilitators for the Steering Group and two active Work Groups
- Currently 20 active partner organizations

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Shared Vision

To ensure all children in Orange County receive timely, recommended well visits and developmental screenings in accordance with national, evidence-based guidelines, and are connected to a coordinated system of resources and interventions as early as possible.

National, evidence-based guidelines include but are not limited to: Bright Futures, AAP, and government regulations or recommendations

Partner Organizations (as of Dec 2025)

- American Academy of Pediatrics – Orange County
- CalOptima Health
- CHOC
- County of Orange Social Services Agency (SSA)
- Families Together Orange County
- Family Solutions Collaborative
- First 5 Orange County
- Help Me Grow, Orange County
- Kaiser Permanente
- Orange County Head Start
- Orange County Healthcare Agency (HCA)
- Pretend City
- Regional Center of Orange County (Comfort Connection)
- Serve the People
- Share Ourselves
- State Council on Developmental Disabilities, Orange County
- Thompson Autism & Neurodevelopmental Center (CHOC)
- UCI School of Medicine
- Unlimited Possibilities

Guiding Principles

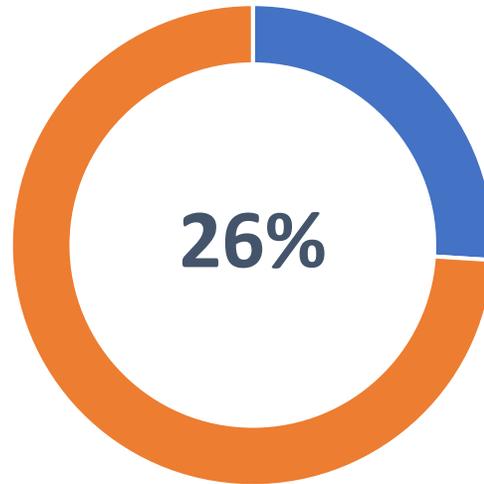
- Target population: Young children in Orange County with Medi-Cal insurance
- Key metrics: HEDIS measures related to well-visits and developmental screening
 - ***W30-6: 6 or more well visits in first 15 months***
 - ***W30-2: 2 or more well visits in 15-30 months***
 - ***DEV: Developmental screening in first 3 years of life***



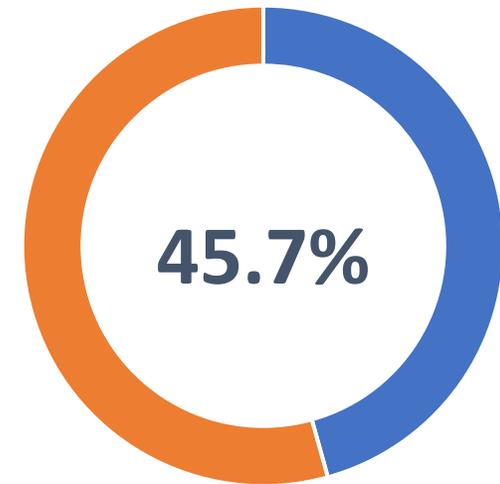
Improvement Over Time

DEV: *Developmental screening in first 3 years of life*

2019



2023/24



How: 3 Primary System Strategies

Navigation

Coordination

Improvement

- 1) Helping families navigate within the system that exists
- 2) Enhancing coordination within the system (agencies, organizations, providers that work with families)
- 3) Identifying and making system improvements (long-term)
 - Collectively, as well as influencing partners involved

Current Priorities

- **Steering Group**
 - Exploring how we can support redetermination and eligibility changes
- **System of Care Work Group**
 - Access to autism diagnosis and upskilling the workforce to diagnose
- **Shared Messaging Work Group**
 - Improving parent/caregiver navigation to existing behavioral health resources



Well Visits & Developmental Screening

ATTENTION MEDI-CAL MEMBERS

DO YOU NEED HELP WITH A RIDE FOR YOUR CHILD'S DOCTOR VISIT?

If you have Medi-Cal insurance,
there is no cost for this help.

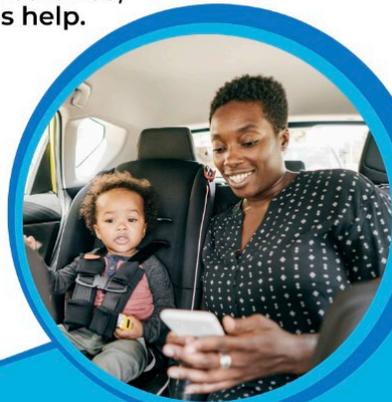
Call your insurance
provider to tell them
when and where to
pick you up.



1-833-648-7528



1-844-299-6230



ATTENTION MEDI-CAL MEMBERS

DO YOU NEED AN INTERPRETER FOR YOUR CHILD'S DOCTOR VISIT?

If you have Medi-Cal insurance, there is no
cost for this help.

Call your insurance provider
to schedule the interpreter
at least 2 days in advance.



1-888-587-8088



1-855-839-7613



ATTENTION PARENTS / CAREGIVERS

IS YOUR CHILD ON TRACK WITH THEIR MILESTONES?

Did you know your baby
should have a formal
developmental
screening at 9, 18 and
24 or 30 months?

Your child's doctor is
your teammate.

Ask them about
developmental
screenings any time
you have a concern.



Navigating to Speech Therapy

Are There any Concerns about a Child's **Speech-Language** Development?

SECURING RELIABLE HELP: TWO ESSENTIAL RESOURCES

There are two key resources to help caregivers navigate and secure access to speech-language services and support.

CHILD HAS KNOWN SPEECH-LANGUAGE NEED + UNDER 34 MONTHS OLD

CHILD MAY HAVE SPEECH-LANGUAGE NEEDS + UNDER 9 YEARS OLD

The Regional Center of Orange County offers an Early Start Program that focuses on children from birth - 34 months. Contact Regional Center to determine if this program is suitable for the child.

Care coordination with Regional Center includes:

- Connections to speech evaluations within 45 days
- Referrals for Early Intervention services after evaluation
- Dedicated staff to coordinate the process

Help Me Grow connects families to resources for services including, but not limited to, resources for speech-language services for children prenatal through eight years old.

Care coordination includes:

- Tailored recommendations, referrals, and contact information for services and resources that are available and appropriate
- Live conversations with care coordinators who have expertise in early childhood development
- Follow-up care coordination with caregivers to ensure connection to services
- Providers receive closed-loop referrals, with consent from caregivers, that will inform them of referrals and outcomes

RC OC Comfort Connection Family Resource Center
REGIONAL CENTER OF ORANGE COUNTY

- Call 714-796-5354 (Regional Center Intake)
- Email ccfrc@rcocdd.com
- Drop by 1525 N. Tustin Ave., Santa Ana Monday - Friday, 9:00 am - 5:00 pm

Help Me Grow ORANGE COUNTY

- Call 1-866-476-9025 Monday - Friday, 8:30 am - 5:00 pm
- Or visit www.helpmegrowoc.org to use the online portal to refer families 24/7, seven days a week. Care coordinators will reach out to caregivers via phone calls, emails, and text messages.

GET SUPPORT TODAY

Help **Prepare Caregivers** for What to Expect

TIPS



BE PREPARED

Call Insurance to find out which speech providers accept your coverage.



EXPLORE MULTIPLE PROVIDERS

By calling various providers, caregivers can get on waitlists for evaluations and speech therapy, increasing the chances of securing timely services.



FLEXIBLE SCHEDULING

Caregivers can schedule appointments regardless of insurance approval status, ensuring their child receives timely care. If the appointment occurs before approval, out-of-pocket expenses may apply, but this can expedite access to necessary services.



UTILIZE REGIONAL CENTER SUPPORT

Regional Centers can often assist with funding for services. If a child qualifies for Regional Center speech services but not under insurance criteria, the denial letter from the insurance can be presented to the Regional Center, which can continue funding the needed speech therapy.

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Speech & Language Videos

- Informed by Detect & Connect, First 5 OC developed activities and videos to build speech and language skills



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New Campaign: Behavioral Health

Your child's health and development includes their behavior, and you can help them shine.



Your child's emotional well-being is just as important as their physical health. Small steps make a big difference.

For easy-to-use resources, scan the QR code or visit <https://first5oc.org/early-childhood-mental-health-resources/>.



- Connects families to 6 different existing resources in the community
- Flyers and social media materials: Available in English, Korean, Spanish, and Vietnamese



Early Childhood Mental Health Resources

Children's health and development includes their behavior, and you can help them shine. Your child's emotional wellbeing is just as important as their physical health. Small steps make a big difference.

Resources in English:

Thank You!

Detect & Connect OC

Lisa Burke

Lisa.Burke@cfcoc.ocgov.com

www.first5oc.org

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2026 OneCare Updates

2025 December MAC/PAC
December 11, 2025

Lena Perelman, Director of Medicare Program Development

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CalOptima Health, A Public Agency

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.

FQHC Dental Access: Current Contracting and Next Steps

FQHC's in OneCare network with dental services

Celebrating Life Community Health Center
Saint Youstina
St. Jude Neighborhood Health Centers
Vista Community Clinic dba VCC: The Gary Center
Nhan Hoa Comprehensive Health Care Clinic, Inc.
Families Together of Orange County
Serve the People Community Health Center
Southland Integrated Services, Inc.
AltaMed Health Services Corporation
Central City Community Health Center, Inc.
Hurtt Family Health Clinic, Inc.
Korean Community Services Inc. dba KCS Health Center
Livingstone Community Health Clinic

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What we're seeing

- Many FQHCs in our network offer dental services.
- However, most are not currently contracted with Liberty Dental

What we're doing

- Early 2026, we will proactively work with Liberty to outreach the remaining sites and encourage contracting

How you can help

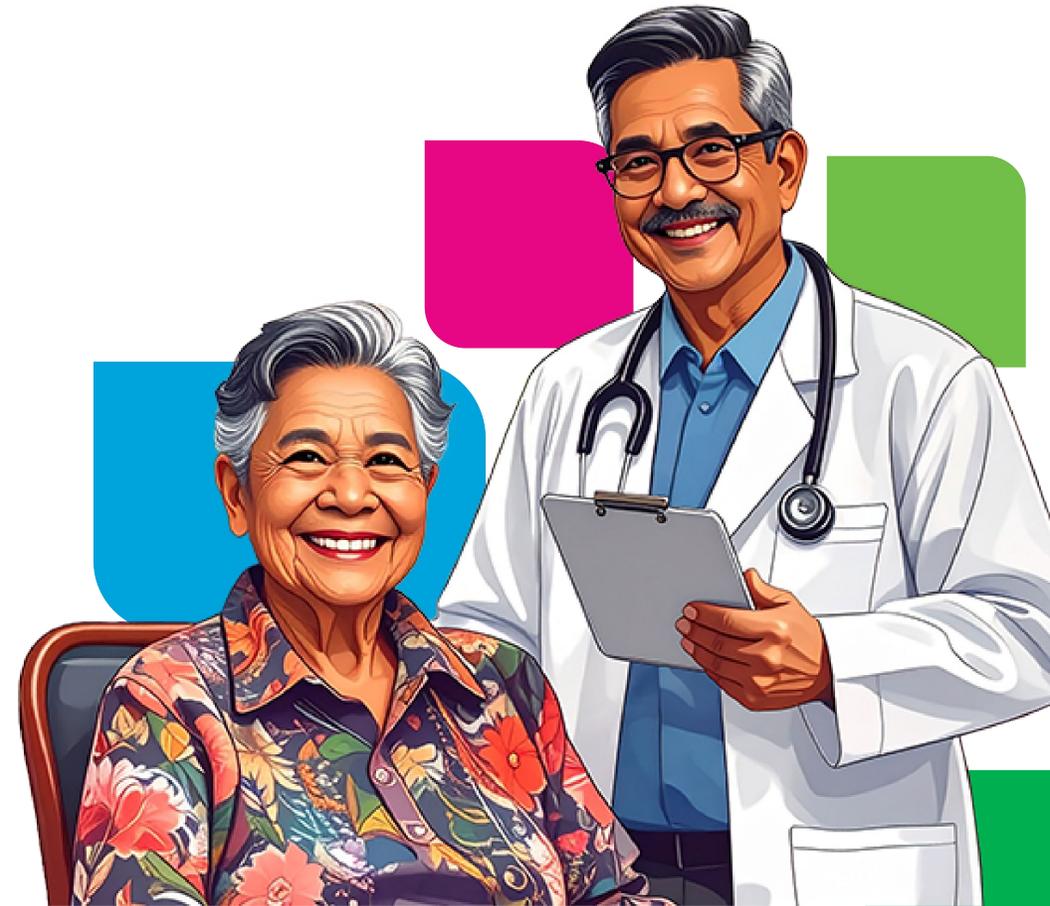
- If your FQHC is interested in contracting, email me directly:
Lena.Perelman@caloptima.org

2026

OneCare Complete Benefit Highlights

Comprehensive Medical

Premium	\$0
Primary Care Doctor	\$0
Specialist	\$0
Hospital	\$0
Annual Physical Exam	\$0
Emergency Care	\$0
Urgent Care	\$0
Worldwide Coverage Urgent Care and ER	Reimbursed up to \$100,000



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2026

OneCare Complete Benefit Highlights

Benefit Extras

Dental	Liberty Dental + Medi-Cal Dental
Vision	\$500 every 2 years
Hearing	\$500 + \$1,510 through Medi-Cal
Transportation	Unlimited
Fitness	Covered
Flex Card	\$167 per quarter (OTC + Healthy Food)*
Companion Care	90 hours per year
Healthy Reward	Up to \$190 per year



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SSBCI – Special Supplemental Benefits for the Chronically Ill *

Existing Members

- are *auto-qualified* and will be *deemed eligible* if they meet criteria
- if the member does not meet criteria, Flex Card allowance can be used for OTC only

New Members may complete the SSBCI questionnaire at the time of enrollment

If Member is unable to provide sufficient information, they can request their provider complete the SSBCI form (Healthy Food and Produce Eligibility Form)

SSBCI qualifying conditions include many common chronic conditions like:

- Diabetes
- Chronic Heart Failure
- Asthma
- Depression
- Arthritis
- Dementia

Prescription Drug Benefit

Generic medications

\$0

83% of the medications our members use are **filled for \$0**

Brand medications

Covered at LIS levels

LIS Levels: Where Our Members Fall

Level 1 - \$12.65

.02%

Level 2 - \$4.90

80%

Level 3 - \$0

19%

- When out-of-pocket costs exceeds \$2,100, members will pay \$0 copay
- Members may receive up to 100-day supply for one-month copay

Mail-order pharmacy

Automatic refills and no-cost delivery

1-877-570-7787 or visit www.sortpak.com

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OneCare

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CalOptima Health

Government Affairs Update

**Joint Meeting of the Member and
Provider Advisory Committees**

December 11, 2025

Veronica Carpenter

Chief Administrative Officer

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Our Mission

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

Our Vision

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

FY 2025–26 Public Policy Priorities

- On October 2, the CalOptima Health Board of Directors approved its Fiscal Year (FY) 2025–26 Public Policy Priorities (**enclosed**)
- Expands scope of advocacy efforts beyond legislation to include regulation and other means
- Maintains most previous priorities, while also adding new priorities related to the following:
 - Protecting access to care in light of recent federal legislation (H.R. 1) and state budget cuts
 - Engaging in Affordable Care Act (ACA) Marketplace and Covered California policies

Federal Update

- On November 12, the federal government shutdown ended with the signing of H.R. 5371:
 - Three Fiscal Year 2026 appropriations bills (Agriculture, Legislative Branch and Military Construction-Veterans Affairs) through **September 30, 2026**
 - Continuing Resolution (CR) for all other federal agencies through **January 30, 2026**
 - Health care extenders reauthorized through **January 30, 2026**, include Medicare telehealth flexibilities, community health centers, hospital-at-home program and Medicaid disproportionate share hospital payments
 - Did **NOT** include an extension of the Enhanced Advance Premium Tax Credits (eAPTCs) that are set to expire on December 31, 2025

Federal Update (cont.)

- Proposed rule would rescind the current “public charge” rule issued by Biden Administration that narrowly defines which benefits are a public charge
 - Future guidance would decline to exempt specific programs, allowing immigration officers broad leeway to consider receipt of any public benefit, such as Medicaid
- Ongoing advocacy efforts include the following:
 - Clean extension of the eAPTCs for at least one year
 - Additional regulatory flexibilities from the U.S. Centers for Medicare & Medicaid Services (CMS) regarding new Medicaid work requirements and other H.R. 1 provisions

State Update

- State Legislature adjourned on September 13 for the remainder of the year
- Governor Gavin Newsom finished signing or vetoing all bills by October 13
- Few bills impacting Medi-Cal were signed into law, particularly because of the lack of state funding
 - Signed bills are noted in the **enclosed** Legislative Matrix
- A special session to address the state impacts of federal legislation (H.R. 1) was ultimately not held
 - Instead, several provisions will be addressed in the next Fiscal Year 2026–27 state budget



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Q&A



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Fiscal Year 2025–26 Public Policy Priorities

Access to Care

- Remove barriers to Medi-Cal enrollment, services and access to care for individuals experiencing homelessness.
- Support policies that allow Section 1115 demonstration waivers to be catalysts for innovations in Medi-Cal, resulting in comprehensive whole-person care.
- Mitigate potential impacts of H.R. 1 (2025) that may restrict the ability of eligible Medi-Cal beneficiaries to newly enroll, maintain enrollment and access high-quality care in the most appropriate setting.
- Support proposals that remove administrative barriers to accessing health and social services benefits.
- Support sustaining coverage expansions and subsidies enacted by the Affordable Care Act.
- Reauthorize and extend the enhanced levels of Advance Premium Tax Credits (APTCs) for purchasing health insurance through Covered California.
- Support the preservation of Covered California enrollment policies that minimize administrative burdens for current and potential beneficiaries

Behavioral Health

- Support improved parity between physical and mental health care, including rates and coverage for preventive services without diagnoses.
- Support increased, sustainable funding streams for behavioral health services.
- Remove barriers to accessing behavioral health services, including mobile crisis and telehealth-only.
- Incentivize all applicable providers to treat behavioral health conditions within their scope of service.
- Promote systematic improvement and increase capacity for complex discharge management of members with behavioral health diagnoses.
- Enhance integration between specialty and non-specialty Medi-Cal mental health services.
- Support policies to prevent and address substance use disorders, including medication surveillance.

California Advancing and Innovating Medi-Cal (CalAIM)

- Allow health plan discretion to determine member and provider eligibility for Enhanced Care Management (ECM) and Community Supports (CS).
- Simplify pathway for Medi-Cal plans to develop and offer additional CS options to members.
- Incorporate CS into covered benefits to ensure long-term funding and sustainability.
- Invest in infrastructure, training and other supports to prepare providers for CalAIM initiatives.
- Support continuous Medi-Cal coverage for justice-involved individuals.
- Streamline health plan assessment and reporting requirements for CalAIM measures and outcomes.
- Support the construction and permitting of supportive housing and recuperative care facilities.

Data Sharing

- Increase funding, guidance, timeline certainty and implementation flexibility for health care entities to launch data-sharing and infrastructure initiatives, including the Data Exchange Framework, interoperability and the expansion of and connection to regional health information exchanges (HIEs).
- Standardize and ease requirements for data sharing and consent management of health records across payors, providers and public agencies to improve care coordination.
- Improve collection and sharing of social determinants of health (SDOH) and demographic data across public agencies, health plans, utility providers and community-based organizations.

Older Adults

- Promote overall integration of the Medi-Cal and Medicare programs.
- Support enrollment of full and partial dual-eligible beneficiaries into exclusively aligned enrollment Dual Eligible Special Needs Plans (EAE D-SNPs).

- Align Medi-Cal and Medicare policies that limit the frequency of plan switching to improve continuity of care.
- Support the creation and sustainability of Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) consistent with EAE D-SNP enrollment policies.
- Expand access to home- and community-based services, including the Program of All-Inclusive Care for the Elderly (PACE), for older adults, including those experiencing or at risk of homelessness.
- Preserve current flexibilities to virtually assess prospective and current PACE participants.
- Increase PACE funding to address telehealth barriers, such as member access to devices, internet and training.

Operations and Administration

- Preserve the county-organized health system (COHS) and delegated managed care delivery models.
- Oppose requiring COHS to obtain a Knox-Keene Act license.
- Oppose the elimination or carving out of Medi-Cal managed care benefits, such as the Whole-Child Model (WCM).
- Promote efforts to advance health equity and reduce health disparities through current and future Medi-Cal and Medicare initiatives.
- Support 12-month continuous eligibility for all Medi-Cal beneficiaries.
- Reform Medi-Cal Rx policies to improve prior authorization and appeals processes.
- Incentivize health networks to implement same-day prior authorizations.
- Oppose policies that restrict health plan use of prior authorizations.
- Expand the ability for health plans to communicate with members to support care coordination.
- Implement clear, consistent and reasonable timelines for the implementation and evaluation of new covered benefits, programs, initiatives and audits.

Provider Support

- Increase Medi-Cal reimbursement rates, especially for behavioral health services and major organ transplants.
- Remove barriers to provider contracting, including expanding allowable provider types.
- Invest in the development of a diverse health care workforce, including training, education and certification programs, and remove barriers to program enrollment, completion and subsequent hiring.
- Invest in public health infrastructure to better prepare for future pandemics and other health crises.
- Permanently extend Medicare telehealth flexibilities enacted during the COVID-19 pandemic, including use of video and audio-only modalities, virtual establishment of new patients, and payment parity with in-person visits.

Quality Improvement

- Improve alignment between state and federal regulators and the National Committee for Quality Assurance (NCQA), including quality metrics, data collection, network adequacy and value-based programs.
- Incorporate dual-eligible status into risk adjustment, Star Ratings and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores.
- Allow more flexible distance standards for specialty care providers.
- Improve CAHPS survey to account for delegated delivery model and new forms of health care services, including CS and telehealth utilization.

Safety Net Funding and Financing

- Support preserving current Medicaid, Medicare and Marketplace funding levels and oppose reductions in federal funding.
- Support the protection of California's current Federal Medical Assistance Percentage (FMAP) for all populations.
- Support maintaining current levels of provider taxes and state-directed payments.
- Support ongoing funding to community clinics through the federal Community Health Center Fund
- Oppose changes to current Medical Loss Ratio (MLR) methodology.

- Ensure Managed Care Organization (MCO) tax revenue prioritizes funding for the Medi-Cal program.
- Ensure future rate changes are beneficial to CalOptima Health and its contracted providers.
- Incorporate audio-only telehealth encounters into the calculation of Medicare risk adjustment payments.
- Reform the use of risk corridors by increasing transparency, accounting for administrative complexity and reducing the number of overlapping corridors.
- Preserve the use of intergovernmental transfer (IGT) funds to offer non-covered Medi-Cal and Medicare benefits.

2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
<u>SB 483</u> Stern	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Increased oversight of behavioral health treatment for members.</p>	<p>07/16/2025 Passed Assembly Public Safety Committee; referred to Assembly Appropriations Committee</p> <p>06/04/2025 Passed Senate floor</p>	CalOptima Health: Watch
<u>SB 626</u> Smallwood-Cuevas	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to behavioral health services for eligible members.</p>	<p>07/15/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/02/2025 Passed Senate floor</p>	CalOptima Health: Watch CAHP: Oppose
<u>SB 812</u> Allen	<p>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, defined as a center providing behavioral or primary health and wellness services to youth 12 to 25 years of age with the capacity to provide services before and after school hours and that has been designated by or embedded with a local educational agency or institution of higher education.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to behavioral health services for CalOptima Health Medi-Cal youth members.</p>	<p>07/16/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>05/28/2025 Passed Senate floor</p>	CalOptima Health: Watch CAHP: Concerns
<u>AB 37</u> Elhawary	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to behavioral health services for members experiencing homelessness.</p>	<p>03/13/2025 Referred to Assembly Labor and Employment Committee</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 348</u> Krell	<p>Full-Service Partnership: Establishes presumptive eligibility for Full-Service Partnership programs contingent upon meeting criteria and receiving recommendation for enrollment by a licensed behavioral health clinician.</p> <p>Potential CalOptima Health Impact: Increased continuity of care for members with serious mental illness.</p>	10/13/2025 Signed into law	CalOptima Health: Watch
<u>AB 384</u> Connolly	<p>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.</p> <p>Potential CalOptima Health Impact: Modified utilization management (UM) procedures for covered Medi-Cal benefits.</p>	04/22/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
<u>AB 423</u> Davies	<p>Disclosures for Alcoholism, Drug Abuse Recovery or Treatment Programs and Facilities: Would mandate a business-operated recovery residence to register its location with the California Department of Health Care Services (DHCS).</p> <p>Potential CalOptima Health Impact: Increased oversight for members who have received SUD treatment.</p>	02/18/2025 Referred to Assembly Health Committee	CalOptima Health: Watch
<u>AB 618</u> Krell	<p>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 DHCS to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be published by January 1, 2027.</p> <p>Potential CalOptima Health Impact: Increased coordination between Medi-Cal delivery systems regarding behavioral health services.</p>	<p>07/07/2025 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>06/03/2025 Passed Assembly floor</p>	<p>05/07/2025 CalOptima Health: SUPPORT</p> <p>LHPC: Sponsor</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 877</u> Dixon	<p>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 or unlicensed facilities is almost exclusively nonmedical, with rare exceptions, including for billing purposes. These provisions would be repealed on January 1, 2027.</p> <p>Potential CalOptima Health Impact: Enhanced transparency and clarity around nonmedical treatment provided for SUDs.</p>	03/03/2025 Referred to Assembly Health Committee	CalOptima Health: Watch
<u>AB 951</u> Ta	<p>Autism Diagnosis: Prohibits a health plan from requiring an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a diagnosis to maintain coverage for behavioral health treatment for their condition.</p> <p>Potential CalOptima Health Impact: Increased access to care for specific behavioral health treatments.</p>	07/30/2025 Signed into law	CalOptima Health: Watch

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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 101</u> Wiener <u>AB 102</u> Gabriel	<p>Budget Act of 2025: Makes appropriations for the government of the State of California for FY 2025–26. Total spending is \$321 billion, of which \$228.4 billion is from the General Fund.</p> <p><i>Potential CalOptima Health Impact:</i> An overview of the FY 2025–26 Enacted State Budget is enclosed.</p>	<p>06/30/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>
<u>AB 100</u> Gabriel	<p>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 in order to solve a deficiency in the Medi-Cal budget.</p> <p><i>Potential CalOptima Health Impact:</i> Continued funding for current Medi-Cal rates and initiatives through June 30, 2025.</p>	<p>04/14/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>
<u>AB 116</u> Committee on Budget	<p>Health Omnibus Trailer Bill: Consolidates and enacts certain budget trailer bill language containing policy changes needed to implement health-related budget expenditures. Provisions related to the Medi-Cal program include but are not limited to the following:</p> <ul style="list-style-type: none"> • Enrollment freeze for undocumented individuals 19 years or older, effective no sooner than January 1, 2026, with exceptions for pregnant individuals • Implementation of \$30 monthly premiums for undocumented individuals ages 19-59, effective no sooner than July 1, 2027 • Reinstatement of the asset limit at \$130,000 for individuals, adding \$65,000 for each additional household member, capping at 10 members, effective January 1, 2026 • Enacts PACE provider sanctions, effective immediately <p><i>Potential CalOptima Health Impact:</i> An overview of the FY 2025–26 Enacted State Budget is enclosed.</p>	<p>06/30/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
California Advancing and Innovating Medi-Cal (CalAIM)			
<u>SB 324</u> Menjivar	<p>Enhanced Care Management (ECM) and Community Supports Contracting: Would require a Medi-Cal MCP to give preference to contracting with community providers that demonstrate capability of providing access and meeting quality requirements when covering the ECM benefit and/or Community Supports. In addition, would require DHCS to develop standardized templates to be used by MCPs. Would also require DHCS to develop guidance to allow community providers to subcontract with other community providers.</p> <p><i>Potential CalOptima Health Impact:</i> Increased collaboration with community providers and standardized contracts.</p>	<p>07/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>05/27/2025 Passed Senate floor</p>	CalOptima Health: Watch CAHP: Watch LHPC: Oppose
<u>AB 543</u> Gonzalez	<p>Street Medicine: Authorizes a Medi-Cal MCP to elect to offer Medi-Cal covered services through a street medicine provider. MCPs that elect to do so would be required to allow a Medi-Cal beneficiary who is experiencing homelessness to receive those services directly from a contracted street medicine provider, regardless of the beneficiary’s network assignment. Additionally, requires the MCP to allow a contracted street medicine provider enrolled in Medi-Cal to directly refer the beneficiary for covered services within the appropriate network and share that information with the relevant county for inclusion in CalSAWS.</p> <p><i>Potential CalOptima Health Impact:</i> Continued access to street medicine services for members experiencing homelessness.</p>	<p>10/06/2025 Signed into law</p>	CalOptima Health: Watch CAHP: Watch
Covered Benefits			
<u>SB 40</u> Wiener	<p>Insulin Coverage: Prohibits 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, requires a health plan to cover all types of insulin without step therapy on and after January 1, 2026.</p> <p><i>Potential CalOptima Health Impact:</i> Decreased out-of-pocket costs for future members enrolled in Covered California line of business; new UM procedures.</p>	<p>10/13/2025 Signed into law</p>	CalOptima Health: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 62</u> Menjivar <u>AB 224</u> Bonta	<p>Essential Health Benefits (EHBs): Expresses the intent of the Legislature to review California’s EHB benchmark plan and establish a new benchmark plan for the 2027 plan year. Additionally, upon approval from the United States Department of Health and Human Services and by January 1, 2027, requires the new benchmark plan include certain additional benefits, including coverage for fertility services, hearing aids and exams, and durable medical equipment.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefits for future members enrolled in Covered California line of business.</p>	<p>10/13/2025 SB 62 signed into law</p> <p>10/13/2025 AB 224 signed into law</p>	<p>CalOptima Health: Watch CAHP: Concerns</p>
<u>SB 535</u> Richardson <u>AB 575</u> Arambula	<p>Obesity Care Access 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 bariatric surgery for the treatment of obesity.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded covered benefits for future members enrolled in Covered California line of business.</p>	<p>07/15/2025 SB 535 passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>05/28/2025 SB 535 passed Senate floor</p> <p>02/24/2025 AB 575 referred to Assembly Health Committee</p>	<p>CalOptima Health: Watch CAHP: Oppose</p>
<u>AB 242</u> Boerner	<p>Genetic Disease Screening: Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded covered benefits for members.</p>	<p>04/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	<p>CalOptima Health: Watch</p>
<u>AB 298</u> Bonta	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Increased costs for CalOptima Health; decreased costs for future members enrolled in Covered California line of business under 21 years of age.</p>	<p>02/10/2025 Referred to Assembly Health Committee</p>	<p>CalOptima Health: Watch</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 350</u> Bonta	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefit for pediatric members.</p>	<p>08/29/2025 Passed Senate Appropriations Committee; referred to Senate floor</p> <p>07/02/2025 Passed Senate Health Committee</p> <p>06/02/2025 Passed Assembly floor</p>	CalOptima Health: Watch CAHP: Oppose
<u>AB 432</u> Bauer-Kahan	<p>Menopause: Would have required a health plan that covers outpatient prescription drugs to provide coverage for evaluation and treatment options for symptoms of perimenopause and menopause. Would also have required a health plan to annually provide clinical care recommendations for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefits for members; increased communications to providers.</p>	<p>10/13/2025 Vetoed</p>	CalOptima Health: Watch CAHP: Oppose
<u>AB 636</u> Ortega	<p>Diapers: Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an appropriation by the Legislature:</p> <ul style="list-style-type: none"> • 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 <p><i>Potential CalOptima Health Impact:</i> New covered benefit for pediatric members.</p>	<p>04/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Medi-Cal Eligibility and Enrollment			
<u>AB 315</u> Bonta	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded member access to HCBA Waiver services.</p>	<p>03/25/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch
<u>AB 974</u> Patterson	<p>Managed Care Enrollment Exemption: Would exempt any dual-eligible and non-dual-eligible beneficiaries who receive services from a regional center and who use the Medi-Cal fee-for-service delivery system as a secondary form of health care coverage from mandatory enrollment in a Medi-Cal MCP.</p> <p><i>Potential CalOptima Health Impact:</i> Decreased number of members.</p>	<p>04/22/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	CalOptima Health: Watch
<u>AB 1012</u> Essayli	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Decreased number of members.</p>	<p>02/21/2025 Introduced</p>	CalOptima Health: Watch
<u>AB 1161</u> Harabedian	<p>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 all beneficiaries within a geographic region who have been affected by a state of emergency or a health emergency.</p> <p><i>Potential CalOptima Health Impact:</i> Extended Medi-Cal eligibility for certain members.</p>	<p>04/29/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>04/08/2025 Passed Assembly Human Services Committee</p>	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Medi-Cal Operations and Administration			
<u>SB 278</u> Cabaldon	<p>Health Data HIV Test Results: Authorizes disclosures of HIV test results that identify or include identifying characteristics of a Medi-Cal beneficiary without written authorization of the member or their representative to the MCP for quality improvement efforts such as value-based payment and incentive programs.</p> <p><i>Potential CalOptima Health Impact:</i> Increased quality oversight of HIV program development.</p>	10/13/2025 Signed into law	CalOptima Health: Watch
<u>SB 497</u> Wiener	<p>Legally Protected Health Care Activity: Prohibits 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. Also prohibits these entities from cooperating with or providing medical information to an individual, agency, or department from another state or to a federal law enforcement agency or in response to a foreign subpoena.</p> <p><i>Potential CalOptima Health Impact:</i> Increased protection of medical information related to gender-affirming care; increased staff training regarding disclosure processes.</p>	10/13/2025 Signed into law	CalOptima Health: Watch
<u>SB 530</u> Richardson	<p>Medi-Cal Time and Distance Standards: Extends current Medi-Cal time and distance standards until January 1, 2029. In addition, requires a Medi-Cal MCP to ensure that each subcontractor network complies with certain appointment time standards and incorporate into reporting to DHCS, unless already required to do so. Additionally, the use of telehealth providers to meet time or distance standards does not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers.</p> <p><i>Potential CalOptima Health Impact:</i> Increased oversight of contracted providers; increased reporting to DHCS.</p>	10/06/2025 Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 660</u> Menjivar	<p>California Health and Human Services Data Exchange Framework (DxF): Requires 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, expands DxF to include social services information.</p> <p><i>Potential CalOptima Health Impact:</i> Increased care coordination with social service providers.</p>	10/03/2025 Signed into law	CalOptima Health: Watch
<u>AB 45</u> Bauer-Kahan	<p>Reproductive Data Privacy: Prohibits 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. Also authorizes an aggrieved person to institute and prosecute a civil action against any person or organization in violation of these provisions.</p> <p><i>Potential CalOptima Health Impact:</i> Increased safeguards regarding reproductive health information.</p>	09/26/2025 Signed into law	CalOptima Health: Watch
<u>AB 257</u> Flora	<p>Specialty Telehealth Network Demonstration: Would require the establishment of a demonstration project or grant program for a telehealth and other virtual services specialty care network designed to serve patients of safety-net providers.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded member access to telehealth specialists.</p>	03/25/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
<u>AB 316</u> Krell	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Increased liability related to UM procedures.</p>	10/13/2025 Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 403</u> Ortega	<p>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.</p> <p>Potential CalOptima Health Impact: New reporting requirements to DHCS.</p>	<p>03/25/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	<p>CalOptima Health: Watch</p>
<u>AB 577</u> Wilson	<p>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. Additionally, would require a health care provider, physician's office, clinic or infusion center to obtain consent from an enrollee and disclose a good faith estimate of the applicable cost-sharing amount before supplying or administering an injected or infused medication.</p> <p>Potential CalOptima Health Impact: Increased oversight of contracted PBM and referral processes.</p>	<p>04/29/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	<p>CalOptima Health: Watch</p>
<u>AB 688</u> Gonzalez	<p>Telehealth for All Act of 2025: Beginning in 2028 and every two years thereafter, requires DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report.</p> <p>Potential CalOptima Health Impact: New reporting requirements to DHCS.</p>	<p>10/07/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>
<u>AB 980</u> Arambula	<p>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.</p> <p>Potential CalOptima Health Impact: Modified UM procedures.</p>	<p>04/22/2025 Re-referred to Assembly Health Committee</p>	<p>CalOptima Health: Watch</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Older Adult Services			
<u>SB 242</u> Blakespear	<p>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. Additionally, would authorize premium rates offered to applicants during the open enrollment period to vary based on the applicant's age at the time of issue, but would prohibit premiums from varying based on age after the contract is issued.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded Medicare coverage options for dual-eligible members.</p>	<p>04/30/2025 Passed Senate Health Committee; referred to Senate Appropriations Committee</p>	<p>CalOptima Health: Watch CAHP: Oppose</p>
<u>SB 412</u> Limón	<p>Home Care Aides: Requires a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia prior to providing care and annually thereafter.</p> <p><i>Potential CalOptima Health Impact:</i> New training requirements for PACE staff.</p>	<p>10/06/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>
Providers			
<u>SB 32</u> Weber Pierson	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Additional timely access standards; increased contracting with perinatal units.</p>	<p>07/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p> <p>06/02/2025 Passed Senate floor</p>	<p>CalOptima Health: Watch LHPC: Oppose</p>
<u>SB 250</u> Ochoa Bogh	<p>Medi-Cal Provider Directory — Skilled Nursing Facilities: Requires an annually updated provider directory issued by a Medi-Cal MCP to include skilled nursing facilities as a searchable provider type.</p> <p><i>Potential CalOptima Health Impact:</i> Modifications to CalOptima Health's online provider directory.</p>	<p>10/03/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>SB 306</u> Becker	<p>Prior Authorization Exemption: No later than January 1, 2028, requires health plans — except Medi-Cal MCPs — to eliminate prior authorization for the most frequently approved health care services, except in cases of fraudulent provider activity or clinically inappropriate care.</p> <p><i>Potential CalOptima Health Impact:</i> In future Covered California line of business, implementation of new UM procedures to assess prior authorization approval rates; decreased number of prior authorizations; decreased care coordination for members.</p>	10/06/2025 Signed into law	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
<u>SB 504</u> Laird	<p>HIV Reporting: Authorizes a health care provider for a patient with an HIV infection that has already been reported to a local health officer to communicate with a local health officer or the California Department of Public Health (CDPH) to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH.</p> <p><i>Potential CalOptima Health Impact:</i> Increased coordination of care for HIV-positive members.</p>	10/13/2025 Signed into law	CalOptima Health: Watch
<u>AB 29</u> Arambula	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to care for pediatric members with ACEs.</p>	04/01/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
<u>AB 50</u> Bonta	<p>Over-the-Counter Contraceptives: Allows 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 are limited to prescription-only hormonal contraceptives.</p> <p><i>Potential CalOptima Health Impact:</i> Increased member access to hormonal contraceptives.</p>	09/26/2025 Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<p><u>AB 55</u> Bonta</p>	<p>Alternative Birth Centers Licensing: Removes the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of CDPH licensing and Medi-Cal reimbursement.</p> <p><i>Potential CalOptima Health Impact:</i> Decreased member access to comprehensive perinatal services; reduced operating requirements for alternative birth centers.</p>	<p>10/11/2025 Signed into law</p>	<p>CalOptima Health: Watch LHPC: Support</p>
<p><u>AB 220</u> Jackson</p>	<p>Medi-Cal Subacute Care Authorization: Would require a provider seeking prior authorization for pediatric subacute or adult subacute care services under the Medi-Cal program to submit a specified form. Additionally, would prohibit a Medi-Cal MCP from developing or using its own criteria for medical necessity and from requiring a subsequent treatment authorization request upon a patient’s return from a bed hold for acute hospitalization.</p> <p><i>Potential CalOptima Health Impact:</i> Modified UM procedures and forms.</p>	<p>09/04/2025 Passed Senate floor; referred to Assembly for concurrence in amendments</p> <p>05/29/2025 Passed Assembly floor</p>	<p>CalOptima Health: Watch</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<p><u>AB 280</u> Aguiar-Curry</p>	<p>Provider Directory Accuracy: Would require health plans — except Medi-Cal MCPs — 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 update standardized formats to collect directory information as well as establish methodologies to ensure accuracy, such as use of a central utility, by January 1, 2026. Additionally, would require a health plan to provide information about in-network providers to enrollees upon request, including whether the provider is accepting new patients at the time, and would limit the cost-sharing amounts an enrollee is required to pay for services from those providers under specified circumstances. Would also require that, within 30 days of receiving a request from a health plan, a provider must confirm that its information is current and accurate or update the required information.</p> <p><i>Potential CalOptima Health Impact:</i> In future Covered California line of business, increased oversight of provider directory; increased coordination with contracted providers; increased penalty payments to DMHC.</p>	<p>07/09/2025 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>06/02/2025 Passed Assembly floor</p>	<p>CalOptima Health: Watch CAHP: Oppose LHPC: Oppose</p>
<p><u>AB 375</u> Nguyen</p>	<p>Qualified Autism Service Paraprofessional: Would expand the definition of “health care provider” to also include a qualified autism service paraprofessional.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to autism services for eligible members; additional provider contracting and credentialing.</p>	<p>04/08/2025 Passed Assembly Business and Professions Committee; referred to Assembly Appropriations Committee</p>	<p>CalOptima Health: Watch</p>
<p><u>AB 416</u> Krell</p>	<p>Involuntary Commitment: Authorizes a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and exempts the emergency physician from criminal and civil liability.</p> <p><i>Potential CalOptima Health Impact:</i> New legal standards for certain CalOptima Health providers.</p>	<p>10/13/2025 Signed into law</p>	<p>CalOptima Health: Watch</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 510</u> Addis	<p>Utilization Review Peer-to-Peer Review: Would allow a provider to request review of a decision to delay, deny or modify health services by another physician or peer health care professional matching the specialty of the service within two business days. In urgent cases, responses must match the urgency of the patient’s condition. If these deadlines are not met, the authorization request would be automatically approved.</p> <p><i>Potential CalOptima Health Impact:</i> Expedited and modified UM, grievance and appeals procedures for covered Medi-Cal benefits; increased hiring of specialists to review grievances and appeals.</p>	<p>04/22/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	<p>CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended</p>
<u>AB 512</u> Harabedian	<p>Prior Authorization Timelines: Would have shortened the timeline for prior or concurrent authorization requests to no more than 24 hours via electronic submission or 48 hours via non-electronic submission for <i>urgent</i> requests and three business days via electronic submission or five business days via non-electronic submission for <i>standard</i> requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination.</p> <p><i>Potential CalOptima Health Impact:</i> Expedited and modified UM procedures for covered Medi-Cal benefits.</p>	<p>10/06/2025 Vetoed</p>	<p>CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended</p>
<u>AB 517</u> Krell	<p>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.</p> <p><i>Potential CalOptima Health Impact:</i> Modified UM procedures for a covered Medi-Cal benefit.</p>	<p>04/08/2025 Passed Assembly Health Committee; referred to Assembly Appropriations Committee</p>	<p>CalOptima Health: Watch</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
<u>AB 539</u> Schiavo	<p>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, or throughout the course of prescribed treatment if less than one year, from the date of approval.</p> <p><i>Potential CalOptima Health Impact:</i> Modified UM procedures for covered Medi-Cal benefits; decreased number of prior authorizations; increased costs.</p>	<p>05/12/2025 Passed Assembly floor; referred to Senate</p>	<p>CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended</p>
<u>AB 787</u> Papan	<p>Provider Directory Disclosures: Would require a health plan to include in 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 for urgent requests and five business days for nonurgent requests. Medi-Cal MCPs would not be required to distribute a printed provider directory.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded customer service support and staff training; technical changes to CalOptima Health’s provider directory.</p>	<p>06/18/2025 Passed Senate Health Committee; referred to Senate Appropriations Committee</p> <p>05/05/2025 Passed Assembly floor</p>	<p>CalOptima Health: Watch</p>
<u>AB 1041</u> Bennett	<p>Provider Credentialing: Requires a health plan — except a Medi-Cal MCP — to credential a provider within 90 days from the receipt of a completed application, or otherwise conditionally approve the credential. A plan is required to notify the provider whether the application is complete within 10 days of receipt. Additionally, requires a health plan to subscribe to and use the Council for Affordable Quality Healthcare credentialing form on and after January 1, 2028.</p> <p><i>Potential CalOptima Health Impact:</i> Expedited and modified credentialing procedures for interested providers in future Covered California line of business.</p>	<p>10/11/2025 Signed into law</p>	<p>CalOptima Health: Watch CAHP: Oppose LHPC: Oppose Unless Amended</p>

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Rates & Financing			
<p><u>SB 339</u> Cabaldon</p>	<p>Medi-Cal Laboratory Rates: Would require Medi-Cal reimbursement rates for clinical laboratory or laboratory services to <i>equal</i> the lowest of the following metrics:</p> <ol style="list-style-type: none"> 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. <p>For any such services related to the diagnosis and treatment of sexually transmitted infections on or after July 1, 2027, the Medi-Cal reimbursement rates shall not consider the rates described in clause (4) listed above.</p> <p><i>Potential CalOptima Health Impact:</i> Increased payments to contracted clinical laboratories.</p>	<p>04/29/2025 Passed Senate Judiciary Committee; referred to Senate Appropriations Committee</p> <p>04/23/2025 Passed Senate Health Committee</p>	<p>CalOptima Health: Watch</p>

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: November 21, 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>

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).



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

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

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

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



Fiscal Year 2025–26 Enacted State Budget

On May 14, Governor Gavin Newsom released a Fiscal Year (FY) 2025–26 Revised State Budget Proposal, known as the May Revision. On June 13, the State Senate and State Assembly both passed a counterproposal — Senate Bill (SB) 101 — as a placeholder budget to meet the June 15 constitutional deadline while negotiations with the governor on a final budget remained ongoing.

On June 24, Gov. Newsom and legislative leaders announced a final budget agreement. After both houses of the Legislature passed the agreed-upon revisions as Assembly Bill (AB) 102 on June 27, Gov. Newsom signed both SB 101 and AB 102 into law. Additionally, the Legislature passed and the governor signed the consolidated Health Trailer Bill (AB 116) containing policy changes needed to implement health-related budget expenditures. Together, these bills represent the FY 2025-26 Enacted State Budget.

MEDI-CAL HIGHLIGHTS
Unsatisfactory Immigration Status (UIS)-Member Impacts
Freeze on <i>new</i> enrollment of UIS individuals ages 19+ (except those who are pregnant or one-year postpartum), effective January 1, 2026 , including a three-month grace/cure period for re-enrollment following payment of outstanding premium balances; <i>currently enrolled</i> individuals are not affected
Implementation of \$30/month premiums for UIS individuals ages 19–59, effectively July 1, 2027
Elimination of dental coverage for UIS individuals ages 19+, effective July 1, 2026
Elimination of Prospective Payment System rates to Federally Qualified Health Centers for state-only-funded services provided to UIS individuals, effective July 1, 2026
All-Member Impacts
Reinstatement of asset limit at \$130,000 for individuals (plus \$65,000 for each additional household member) in non-Modified Adjusted Gross Income eligibility categories, effective January 1, 2026
Elimination of pharmacy coverage for GLP-1 agonists for weight loss; coverage for diabetes and on a case-by-case basis will continue, effective January 1, 2026
Elimination of pharmacy coverage of some over-the-counter drugs, including COVID-19 antigen tests, vitamins and certain antihistamines, such as dry eye products, effective January 1, 2026
Implementation of prior authorization for hospice services, effective July 1, 2026
Limitation on capitation payments to Program of All-Inclusive Care for the Elderly (PACE) organizations at the midpoint of the actuarial rate ranges, effective January 1, 2027
Elimination of the Workforce and Quality Incentive Program (WQIP) for skilled nursing facilities, effective December 31, 2025 , with all close-out activities to be completed by January 1, 2027

State agencies, including the California Department of Health Care Services, will begin implementing the policies included in the enacted budget. Staff will continue to monitor these policies and provide updates regarding issues that have a significant CalOptima Health impact. In addition, the Legislature will continue to advance policy bills through the legislative process. Bills with funding allocated in the enacted budget are more likely to be passed and signed into law. The Legislature has until September 12 to pass legislation, and Gov. Newsom has until October 12 to either sign or veto that passed legislation.



MEMORANDUM

DATE: November 26, 2025

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — December 4, 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. Member and Population Health Needs Assessment Member Survey Continues

CalOptima Health’s Member and Population Health Needs Assessment (MPHNA) is making significant progress. The provider survey concluded in August with 301 responses, exceeding previous assessments. Preliminary highlights will be shared at upcoming provider forums, and detailed data will be included in the final MPHNA report. The member survey began on October 16, with outreach conducted via online platforms, postcards and in-person events. So far, we have received nearly 600 responses. We have engaged internal and external stakeholders and community partners at more than 20 events to encourage member participation, as well as used community events and our Street Medicine and PACE programs to augment responses. We will continue our efforts to promote the member survey until it closes in mid-December. In addition, focus groups have been conducted for eight target populations, and three additional groups are scheduled to be completed by mid-December.

B. 2,700 Attend CalOptima Health’s Open House and Thanksgiving Food Distribution

CalOptima Health hosted our second annual Open House Thanksgiving Food Distribution Event for members on Saturday, November 22, at our 505 building. CalOptima Health members received a choice of a turkey, ham or Northgate Market gift voucher (for vegetarian options), along with traditional side items. Non-members received free food boxes, provided by Second Harvest Food Bank. Members connected with various CalOptima Health departments, including Customer Service, Behavioral Health Integration, Cultural and Linguistics, PACE, OneCare, Long-Term Services and Supports, Case Management and CalAIM to learn more about our Medi-Cal programs and the supportive services we offer. On-site community partners included the County of Orange Social Services Agency (SSA) to assist with Medi-Cal and CalFresh enrollment, 211OC to connect members with community resources, and Mercy Health to provide vaccinations. This annual event reflects CalOptima Health’s continued commitment to supporting the health and well-being of our members and their families.

C. Covered California Monthly Update

CalOptima Health continues to prepare for the launch of a Covered California line of business, effective January 1, 2027. Following the Board’s approval on June 5, staff submitted an initial filing on June 16 to the California Department of Managed Health Care (DMHC) to expand the scope of

CalOptima Health’s current Knox-Keene Act license, which is required to offer a commercial insurance product. Since then, we have engaged with DMHC on to respond to comments and provide additional information. On October 31, staff submitted our second filing, including provider network rosters. Staff continue to collaborate with our provider network and execute amendments with several existing vendors to include Covered California in their scopes of service. In addition, operational workstreams are actively working to achieve operational readiness during the next year. Our teams are also currently reviewing and developing strategies to respond to the 2027 Qualified Health Plan application in April 2026 (pending Board approval) and have engaged with Covered California’s Plan Management Advisory Group to maintain alignment. Finally, staff are monitoring regulatory and policy impacts on the Marketplace landscape in California as a result of H.R. 1 to better understand risks to CalOptima Health’s members as well as projected enrollment in 2027.

D. Federal Government Shutdown Ends

On November 12, U.S. President Donald Trump signed into law H.R. 5371: Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026, which reopened the federal government after a 43-day shutdown. H.R. 5371 previously passed the U.S. Senate and the U.S. House of Representatives after a bipartisan group of senators reached an agreement on an amended Continuing Resolution (CR) in exchange for a later vote in mid-December on extending the enhanced Advance Premium Tax Credits (eAPTCs) that are set to expire on December 31, 2025. The amended CR funds most of the federal government at existing levels through January 30, 2026, but also includes a “minibus” of three Fiscal Year 2026 appropriations bills (Agriculture, Legislative Branch and Military Construction-Veterans Affairs) with new full-year funding through September 30, 2026. In addition, H.R. 5371 reauthorizes several federal health care programs and allowances that had expired, such as Medicare telehealth flexibilities, community health centers, hospital-at-home program, Medicaid disproportionate share hospital payments and more. Government Affairs staff is monitoring any further developments regarding eAPTC negotiations and is advocating for at least a one-year extension to best position CalOptima Health’s Covered California launch on January 1, 2027.

E. CalOptima Health Leaders Attend Washington, D.C., Advocacy Meetings

In November, Government Affairs leaders traveled to Washington, D.C., for a marathon of meetings with key Congressional staff as the federal government remained closed. In addition to meeting with all members of Orange County’s federal delegation, CalOptima Health met with offices holding key positions in party leadership and on health-related committees and caucuses. In each meeting, staff provided updates on the Board’s recent approval of the \$19.8 million Medi-Cal Eligibility Outreach Strategy as well as \$8 million in supplemental food support for our members enrolled in CalFresh. Staff also advocated for an extension of the expiring eAPTCs and requested additional flexibilities from the U.S. Centers for Medicare & Medicaid Services (CMS) regarding the implementation of H.R. 1 provisions, particularly new Medicaid work requirements.

F. OneCare Annual Enrollment Kicks Off With New Marketing and Advertising Campaign

The 2026 OneCare open enrollment season kicked off in October with a robust marketing and advertising campaign. This season, we’ve rolled out new and innovative strategies, including:

- New direct mail approach
 - Use of a simple, more official-looking letter
 - Direct response slip and business response envelope
 - Simplified mailing list segmentation to target the segments that had the best response rates

- New age-in campaign
 - Educational letters to assist Medi-Cal members who are aging into Medicare through their enrollment journey
 - Added supplemental flyers with more information and resources
 - Segmented reply cards to better track the success of the mailings
- Caregiver campaign
 - Direct outreach to the caregivers of prospective OneCare members (i.e., Medi-Medis), who are often the primary decision makers for prospective members.
 - Campaign headline of “Medicare + Medi-Cal That Puts Your Loved One First”, with copy points that reinforce how OneCare helps caregivers by providing Medi-Medis with easier access to their health care.

Staff has seen some early successes with these new strategies, with OneCare hitting an enrollment record of 18,450 members, as well as more than doubling the response rate to the new direct mailers. In addition, we are also developing a D-SNP educational video aimed at providing a detailed explanation of how Medi-Cal and Medicare work, and positioning OneCare as the solution to help simplify health care access for Medi-Medis in Orange County. It will be used by the OneCare sales team as an educational tool and will be leveraged across multiple communication channels, including social media and our website.

G. New Public Charge Rule Proposed

On November 19, the U.S. Department of Homeland Security (DHS) published a proposed rule rescinding the 2022 Public Charge Ground of Inadmissibility regulations issued by the Biden Administration that had narrowly defined “public charge.” The proposed rule has a 30-day comment period through December 19, 2025. Notably, it does not appear that DHS will pursue a new definition of public charge via the formal rulemaking process but instead will issue future guidance (without public comment) that declines to name or exempt specific programs that can be used as evidence for a public charge determination. This is expected to result in broad leeway for immigration officers to consider receipt of any public benefit — such as Medicaid (Medi-Cal) — in their determinations, potentially creating a significant chilling effect on the uptake of benefits by individuals pursuing a green card and their family members, including U.S. citizens, as well as immigrants who mistakenly believe the public charge rule applies to them. Further developments about this change will be shared as they are made available.

H. DHCS Announces PACE Application Pause and Related Changes

On November 17, the California Department of Health Care Services (DHCS) sent a policy letter to all PACE organizations announcing a pause in the PACE application process, effective from November 20, 2025, to November 19, 2027, to manage resources and growth within the program. During this period, DHCS will not accept applications for new PACE organizations or service area expansions, although it will continue to process applications already in review. On November 19, CalOptima Health submitted a Letter of Interest to add a new center within our currently approved area.

I. Update on Orange County Global Medical Center’s Latest Issues

Stroke Center Designation: In early November, Orange County Global Medical Center lost its county designation as a stroke center, nearly four months after OC’s Emergency Medical Services agency placed the facility on suspension following reports of poor medical care. Under county guidelines, 911 dispatchers and paramedics must route stroke patients to a stroke neurology-receiving center, bypassing other hospitals without the designation. This comes amid CalOptima Health maintaining heightened,

hands-on oversight of the hospital's quality and safety performance, with weekly meetings and a particular focus on high-risk services and infrastructure.

ICU Flooding: On November 11, CalOptima Health became aware through media reports that Orange County Global experienced flooding in its ICU following mid-October storms. The ICU was closed for remediation, and patients were safely relocated to other monitored inpatient beds. On November 13, staff initiated direct communication with hospital leadership to receive ongoing updates on ICU restoration and documentation of corrective actions. Staff is monitoring continuity of care for members requiring ICU-level services, verifying network adequacy for critical-care capacity, and conducting weekly internal reviews to track remediation progress and any potential impact on member access or safety. CalOptima Health will maintain active oversight and promptly inform the Board of any significant developments. The ICU is expected to return to full operation in early December.

J. CalOptima Health Receives Robust Media Coverage

- On November 10, CalOptima Health distributed a [press release](#) on the \$8 million approved by the Board to fight food insecurity. Related news coverage includes:
 - [LAist](#)
 - [The Fullerton Observer](#)
 - [OC Independent](#)
 - [MyNewsLA.com](#)
 - [NewSantaAna.com](#)
 - Huntington Beach News
 - Spectrum News
 - KNX radio
 - The [Orange County Register](#) ran a related article about H.R. 1's impact on CalFresh and Medi-Cal.
- On November 13, the [Capistrano Dispatch](#) ran an article on the opening of allcove San Juan Capistrano, a wellness center for youth. CalOptima Health Executive Director of Behavioral Health Integration Carmen Katsarov was interviewed for the story. "It's an example of when the whole community comes together, from a managed care plan to a community organization to UC Irvine, we can deliver better results for youth," she said. "We needed to co-create something outside the traditional system to provide mental health care and prevention in a different way."



Fast Facts December 2025

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

Membership Data* (as of October 31, 2025)

Total CalOptima Health Membership 877,802 Prior month: 885,314	Program	Members
	Medi-Cal	859,055
	OneCare (HMO D-SNP)	18,211
	Program of All-InclusiveCare for the Elderly (PACE)	536

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

Key Financial Indicators (for the month ended October 31, 2025)

	Dashboard	YTD Actual	Actual vs. Budget (\$)	Actual vs. Budget (%)
Operating Income/(Loss)	●	\$64.4M	\$50.8M	372.6%
Non-Operating Income/(Loss)	●	\$39.9M	\$7.1M	21.7%
Covered California Start-up Expenses	●	(\$1.6M)	\$1.7M	52.3%
Bottom Line (Change in Net Assets)	●	\$102.7M	\$59.7M	138.4%
<i>Medical Loss Ratio (MLR)</i> <i>(Percent of every dollar spent on member care)</i>	●	91.8%	---	(1.1%)
<i>Administrative Loss Ratio (ALR)</i> <i>(Percent of every dollar spent on overhead costs)</i>	●	4.7%	---	1.7%

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 90.7%.

Reserve Summary (as of October 31, 2025)

	Amount (in millions)
Board Designated Reserves*	\$1,609.9
Statutory Designated Reserves	\$134.6
Capital Assets (Net of depreciation)	\$111.0
Unspent Balance of Allocated Resources	\$381.4
Unspent Balance of Board Approved Provider Rate Increase**	\$245.6
Unallocated Resources*	\$420.9
Total Net Assets	\$2,903.3

* Total of Board-designated reserves and unallocated resources can support approximately 183 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

\$4.7 Billion

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

CalOptima Health Fast Facts

October 2025

Personnel Summary (as of November 15, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,350	82.25	39.80%	60.20%	5.74%
Supervisor	83	4	25%	75%	4.6%
Manager	114	14	14.29%	85.71%	10.94%
Director	79	8.50	17.65%	82.35%	9.71%
Executive	21	1	---	100%	4.55%
Total FTE Count	1,647	109.8	19.35%	80.65%	6.25%

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

Provider Network Data (as of November 20, 2025)

	Number of Providers
Primary Care Providers	1,289
Specialists	7,791
Pharmacies	497
Acute and Rehab Hospitals	42
Community Health Centers	70
Long-Term Care Facilities	234

Treatment Authorizations (as of September 30, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	35.96 hours
Prior Authorization – Urgent	72 hours	5.71 hours
Prior Authorization – Routine	5 days	0.69 days

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

Member Demographics (as of October 31, 2025)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	56%	Expansion	38%
6 to 18	22%	Spanish	29%	Temporary Assistance for Needy Families	37%
19 to 44	34%	Vietnamese	9%	Seniors	12%
45 to 64	20%	Other	2%	Optional Targeted Low-Income Children	7%
65 +	16%	Korean	2%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		
		Russian	<1%		