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

THURSDAY, MAY 14, 2020
8:00 A.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 109-N
ORANGE, CALIFORNIA 92868

AGENDA

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

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

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

1) **Listen to the live audio at +1 (415) 655-0052 - Access Code: 374-916-353 or**

2) **Participate via Webinar at: https://attendee.gotowebinar.com/register/4083189668566700047 rather than attending in person. Webinar instructions are provided below.**

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

A. Approve Minutes of the March 12, 2020 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC)
B. Approve Minutes of the April 9, 2020 Special Joint Meeting of the Member Advisory Committee and the Provider Advisory Committee

IV. PUBLIC COMMENT

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

V. REPORTS

A. Consider Approval of FY 2020-21 Provider Advisory Committee Meeting Schedule
B. Consider Recommendation of Provider Advisory Committee Slate of Candidates
C. Consider Recommendation of Allied Health Services Candidates

VI. MANAGEMENT REPORTS

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

VII. INFORMATION ITEMS

A. Coronavirus (COVID-19) Update
B. Virtual Care Strategy and Roadmap
C. Federal and State Legislative Update
D. Provider Advisory Committee Member Updates

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

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MINUTES

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

March 12, 2020

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on Thursday, March 12, 2020, at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

John Nishimoto, O.D., PAC Chair, called the meeting to order at 8:05 a.m. Member Dr. Sweidan led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present:	John Nishimoto, O.D., Chair; Teri Miranti, Vice Chair; Anjan Batra, M.D.; Tina Bloomer, MHNP; Andrew Inglis, M.D.; Jena Jensen (8:07 a.m.); Craig Myers; Pat Patton, MSN; Jacob Sweidan, M.D.; Loc Tran, PharmD.
Members Absent:	Donald Bruhns; John Kelly, M.D.; Junie Lazo-Pearson
Others Present:	Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Emily Fonda, M.D., Deputy Chief Medical Officer; Gary Crockett, Chief Counsel; Candice Gomez, Executive Director, Program Implementation; Betsy Ha, Executive Director, Quality and Population Health Management; Tracy Hitzeman, Executive Director, Clinical Operations; Cheryl Simmons, Staff to the Advisory Committees; Samantha Fontenot, Program Assistant.

MINUTES

Approve the Minutes of the February 13, 2020 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee.

Action: ***On motion of Member Sweidan, seconded and carried, the Committee approved the minutes of the February 13, 2020 regular meeting. (Motion carried 9-0-0; Members Batra, Bruhns, Kelly and Lazo Pearson absent.)***

PUBLIC COMMENTS

There were no public comments.

Chair Nishimoto welcomed Andrew Inglis, M.D. as the new Orange County Health Care Agency Representative on the PAC.

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REPORTS

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer (CEO), discussed the All Plan CEO meeting at the Department of Health Care Services (DHCS) and noted that they covered essential items including the Coronavirus (COVID-19). Mr. Schrader also noted that a main topic of concern at the All Plan meeting was the increase in lead levels in children.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer, provided an update on Qualified Medicare Beneficiary (QMB) Program outreach to qualified CalOptima Members and noted that 99% of the application forms had been returned by eligible members.

Chief Medical Officer Update

David Ramirez, M.D., Chief Medical Officer, announced that Miles Masatsugu, M.D., Medical Director would be leading the internal CalOptima clinical team in response to the COVID-19. He also noted that CalOptima's Pharmacy department began allowing early refills of maintenance medications on February 28, 2020.

Chief Financial Officer Update

Nancy Huang, Chief Financial Officer presented a quarterly financial update to the PAC and also explained the on-going budget process which will be submitted for approval at the June 4, 2020 Board meeting. Ms. Huang also shared that next year's DHCS rates will be shared via calendar year and not on a fiscal year basis as is currently done and that for this budget cycle the timeframe of July 1, 2020 through December 31, 2020, CalOptima must use a forecast method to establish a budget which elicited much discussion among the members.

INFORMATION ITEMS

Coronavirus (COVID-19) Update

Miles Masatsugu, M.D., Medical Director presented on the COVID-19 pandemic. He updated the members on CalOptima's COVID-19 response to date and noted CalOptima continues to monitor and follow county and state public health guidance. CalOptima continues recommending preventive measures for members and staff by washing hands frequently, using disinfectant wipes, encouraging employees to stay home when sick. He also noted that CalOptima is preparing by reviewing emergency and infections disease policies and protocols for both CalOptima and the PACE Center. He noted that in addition to the pharmacy rules change, that CalOptima would continue to pay for emergency department and inpatient care and ensure that testing, vaccination and treatments are covered as they become available. He also noted that a Communications plan has been executed to reach all members and stakeholders by use of the CalOptima website member portal and social media. Regular updates will be sent weekly to providers and health networks.

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Chair Nishimoto rearranged the agenda to hear item VI.D Whole-Child Model Update and VI.E. Member Advisory Committee Update before continuing with the agenda.

Whole-Child Model Update

Tracy Hitzeman, Executive Director, Clinical Operations, provided an update on Whole-Child Model. She noted that CalOptima continues to work with the families to address continuity of care prior to June 30, 2020.

Member Advisory Committee Update

Christine Tolbert, Chair of the Member Advisory Committee (MAC) provided an update on MAC activities. MAC Chair Tolbert asked that the PAC keep the MAC apprised and involved in delivery system discussions. She also reiterated how important joint meetings were that involved agenda items that were of mutual interest to both committees.

Intergovernmental Transfer (IGT) 9 Update

Debra Kegel, Director, Strategic Development presented on the Intergovernmental Transfer (IGT) 9 funds. Ms. Kegel estimated that CalOptima will receive approximately $45 million which will be available to be used for Medi-Cal services. She noted that four focus areas had been identified for use of these funds, including member access and engagement, quality performance programs, data exchange and support, and other identified priority areas.

PAC Member Updates

Chair Nishimoto announced that the Board had approved the recommended changes to the PAC structure. The vacant Long-Term Services and Support seat has been made into an Allied Health Services seat and the Traditional/Safety Net seat has been renamed to Safety Net Representative. Recruitment began on March 1, 2020 and concludes on March 31, 2020 for these seats. Applications are available on the CalOptima website or interested individuals may contact Cheryl Simmons, Staff to the Advisory Committees. Chair Nishimoto also noted that nominations for the Chair and Vice Chair positions were also being accepted. Staff continues to recruit for the two Allied Health Services seat along with the current seats available which are: Community Health Centers, Hospital, Physician and Safety Net Representatives.

ADJOURNMENT

Hearing no further business, Chair Nishimoto adjourned the meeting at 10:00 a.m.

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

Approved: May 14, 2020

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MINUTES

SPECIAL JOINT MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE AND PROVIDER ADVISORY COMMITTEE

April 9, 2020

A Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), and Provider Advisory Committee (PAC) was held on Thursday, April 9, 2020, via live Webinar originating at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Nishimoto called the meeting to order at 9:10 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair; Pamela Pimentel, Vice Chair; Diana Cruz-Toro; Sandy Finestone; Connie Gonzalez; Hai Hoang; Sally Molnar; Patty Mouton; Jamie Munoz; Sr. Mary Therese Sweeney.

Members Absent: Mallory Vega

Provider Advisory Committee

Members Present: John Nishimoto, O.D., Chair; Teri Miranti, Vice Chair; Anja Batra, M.D.; Tina Bloomer, MHNP; Donald Bruhns; Andrew Inglis M.D.; Jena Jensen; John Kelly, M.D.; Junie Lazo-Pearson Ph.D.; Pat Patton, MSN, RN; Jacob Sweidan M.D.; Loc Tran, Pharm.D.

Members Absent: Craig Myers

Others Present: Michael Schrader, Chief Executive Officer; Richard Sanchez, Interim Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D. Chief Medical Officer; Gary Crockett, Chief Counsel; Silver Ho, Executive Director, Compliance; Belinda Abeyta, Executive Director, Operations; Candice Gomez, Executive Director, Program Implementation; Tracy Hitzeman, Executive Director Clinical Operations; Michelle Laughlin, Executive Director, Network Operations; Betsy Ha, Executive Director, Quality & Population Health Management; TC Roady, Director, Regulatory Affairs and Compliance; Albert Cardenas, Director, Customer Service; Cheryl Simmons, Staff to the Advisory Committees, Customer Service; Kathi Porcho, Administrative Assistant, Provider Relations; Samantha Fontenot, Program Assistant, Customer Service

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PUBLIC COMMENT

Chair Tolbert announced there were no requests for public comment.

At this time, Chair Tolbert welcomed Hai Hoang to the MAC. Mr. Hoang was appointed by the CalOptima Board of Director's on April 2, 2020 as the Persons with Disabilities representative. Mr. Hoang is the Chief Operating Officer of the Illumination Institute.

CEO MANAGEMENT REPORTS

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer (CEO), welcomed members of the Committees and introduced the new Interim Chief Executive Officer, Richard Sanchez. Mr. Sanchez provided a CEO update and mentioned that the Federal and State Legislative update would be returning to the committees. He also reviewed upcoming legislative items with the Committees.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer (COO), welcomed Hai Hoang to the MAC. Ms. Khamseh provided an update on the Qualified Medicare Beneficiaries (QMB) outreach to CalOptima members and she noted the application period for 2020 had ended in the March. She also noted that CalOptima members who qualified for Medicare Part A would receive benefits starting in July 2020. Ms. Khamseh also mentioned that CalOptima has updated their Customer Service phone messages and the Member Portal with COVID-19 information.

Chief Medical Officer Update

David Ramirez, M.D., Chief Medical Officer, welcomed Interim Chief Executive Officer Richard Sanchez and gave a brief update on the Health Homes Program, and as of April 1, 2020 there are over 265 CalOptima members enrolled in this program. He noted that phase two of the Health Homes Program will become effective July 1, 2020. Dr. Ramirez mentioned the Department of Health Care Services (DHCS) pharmacy carve out remains scheduled for January 1, 2021. Dr. Ramirez also mentioned that the DHCS Behavioral Health Incentive Program implementation has been deferred to July 1, 2020.

INFORMATION ITEMS

Coronavirus (COVID-19) Update

David Ramirez, M.D., Chief Medical Officer, provided an up-to-date presentation on the Coronavirus (COVID-19) to both committees. The presentation highlighted CalOptima's response to COVID-19. Dr. Ramirez discussed telehealth, testing and treatment, surge capacity, and CalOptima's COVID-19 communication methods with members, the public, and with CalOptima staff.

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Optometry Scope of Practice Presentation

Dr. Nishimoto provided an informative presentation on the expansion of the scope of practice for Optometry. Dr. Nishimoto discussed AB- 443 legislative bill which became effective January 2018 and expands the number of procedures optometrists may offer to patients. He noted that this bill authorizes an optometrist certified to use therapeutic pharmaceutical agents to diagnose and treat specified conditions and perform certain procedures.

Provider Advisory Committee Update

PAC Chair Dr. Nishimoto also provided a requested PAC initiative update to the MAC members since both committees are interested in doing more collaborative work.

Committee Member Updates MAC and PAC

MAC Chair Tolbert notified both the MAC and PAC that recruitment has been extended through April 30, 2020. Chair Tolbert also told the MAC members that there would be a Special MAC meeting on May 14, 2020.

Committee Member Comments

The MAC and PAC members extended their individual well wishes to Michael Schrader and welcomed Richard Sanchez to CalOptima.

ADJOURNMENT

There being no further business before the Committees, Chair Nishimoto adjourned the meeting at 11:12 a.m.

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

Approved: May 14, 2020

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Provider Advisory Committee
FY 2020-2021 Meeting Schedule

July
No Meeting

August
Thursday, August 13, 2020

September
Thursday, September 10, 2020

October*
Thursday, October 8, 2020

November
Thursday, November 12, 2020

December
Thursday, December 10, 2020

January
No Meeting

February
Thursday, February 11, 2021

March
Thursday, March 11, 2021

April
Thursday, April 8, 2021

May
Thursday, May 13, 2021

June
Thursday, June 10, 2021

Regular Meeting Location and Time
CalOptima
www.caloptima.org
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
8:00 a.m. – 10:00 a.m.

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

*Joint Meeting

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CalOptima Board of Director's
Provider Advisory Committee
Candidate Biographies
2020 Recruitment

- The members of the 2020 nominations subcommittee were PAC Chair, Dr. John Nishimoto, Vice-Chair Teri Miranti and Dr. Junie Lazo-Pearson

- The four expiring seats are:

    - Community Health Centers
    - Hospital
    - Physician
    - Safety Net

- Ad Hoc members also reviewed applications for two vacant Allied Health Services seats that were also part of the recruitment effort to fill remaining terms:

    - Allied Health Services Representative with term expiring on June 30, 2021 which was vacated by Dr. Brian Lee in 2019
    - Allied Health Services Representative (formerly Long-Term Services and Supports) with term expiring on June 30, 2022

- The subcommittee reviewed a total of 22 applications: three for Allied Health Services; three for Community Health Centers; three for Hospitals; nine for the Physician seat and there were four Safety Net applications.

Candidate Biographies

Community Health Center Applicants

Yasamin Farhad, Ph.D., LMFT
Dr. Farhad is a licensed Marriage and Family Therapist. Currently, Dr. Farhad is the Chief Executive Officer of Congruent Lives, Inc., where she oversees the functions of a non-profit organization that provides over 1500 sessions to patients on a monthly basis. Dr. Farhad collaborates onsite with countywide agencies to ensure standard and continuum of care with agencies such as the Orange County Social Services agency, La Habra Family Resource Center; Pathways of Hope Homeless Shelter and Cal State Fullerton. Dr. Farhad holds a

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Doctor Philosophy (Ph.D) with an emphasis on Psychotherapy for Diverse Populations and Cultural Research from The Chicago School of Professional Psychology, and a Master of Science in Counseling from Cal State University – Fullerton.

Bertha Schnelle
Ms. Schnelle has been with Planned Parenthood of Orange and San Bernardino Counties/Melody Women's Health since 2006 and has been their Chief Operating Officer since 2013. Ms. Schnelle oversees nine health centers with over 300 employees that service over 100,000 unique Orange County residents. She holds a Master of Business Administration in Health Care Executive and graduated in the top 8% of her class from the University of California, Irvine, Paul Merage School of Business. She also holds a Master of Public Health with an emphasis in Health Care Management from the University of California, Los Angeles, School of Public Health.

Christy Ward
Ms. Ward is the Chief Executive Officer of Share Our Selves, a federally qualified health center (FQHC), with six FQHC sites that serves CalOptima patients throughout Orange County. Ms. Ward serves as a board member for The Coalition of Orange County Community Health Centers and the California Primary Care Association. Ms. Ward holds a Masters in Communication and Organizational Leadership from Gonzaga University.

Hospitals Applicants

Jena Jensen
Ms. Jensen has served on the PAC since 2013 as the Safety Net Representative. She is the Chief Government Relations Officer at CHOC Children's Hospital of Orange California. CHOC Children's has been a participant in CalOptima since the agency's inception in 1993. Ms. Jensen's 28 year tenure with CHOC Children's began in 1992, when she joined the hospital as Director of Marketing and Public Relations. She currently serves as CHOC Children's central resource for legislative advocacy as well as development and maintenance of relationships with federal, state and local elected officials, government, and community and opinion leaders. Ms. Jensen served as the PAC Chair from 2014–2016.

David Kowalski
Mr. Kowalski is the Chief Executive Officer of Triad/So. California Specialty Care which is owned by Kindred. He is responsible for all Kindred Hospitals in Santa Ana, San Gabriel and La Mirada. Mr. Kowalski participates and provides leadership to numerous hospital committees. He holds a Master of Science, with a concentration in health care services administration and physical education from Ohio University in Athens, Ohio.

Pat Patton
Mr. Patton has been the Chief Nursing Officer for the University of California Irvine Medical Center since 2016. He is responsible for oversight of all nursing operations including acute care, inpatient and outpatient as well as ambulatory services. He is an active and valued participant on a variety of hospital committee. Mr. Patton is a member of UCI Health's Medi-Cal Strategies Committee, which is aimed at advancing population health management for UCI's Medi-Cal patients, the majority of which are CalOptima members. Mr. Patton holds a Master of Science in Nursing (MSN) specializing in nursing administration. He also holds memberships in the American Organization of Nurse Executives (AONE), American Nurses Association (ANA), Association of California Nurse Leaders. Mr. Patton is the current Hospital representative on the PAC whose term expires on June 30, 2020.

Physician Applicants

Alpesh Amin, MD, MBA, MACP, SFHM, FACC, FRCP (Lond)
Dr. Amin is the Chair of the Department of Medicine for the University of California Irvine (UCI) and is the Founder and Executive Director, Hospitalist Program at UCI. He is a member of the American College of Physicians where he holds the title of Governor, Southern California Region II and President American College of Physicians All California. Dr. Amin received his Medical Degree from Northwestern University and completed his residency and Chief Residency in Internal Medicine at UCI.

Amrit Bhangoo, M.D.
Dr. Bhangoo is a pediatric endocrinologist at Children's Hospital of Orange County (CHOC) and currently serves as Section Chair of pediatric endocrinology. Dr. Bhangoo holds board certifications in Educational Commission of Foreign Medical Graduates, American Board of Pediatrics General Pediatrics and American Board of Pediatrics, Pediatric Endocrinology. He received his MBBS, Doctor of Medicine (MD), in Guru Govind Singh Medical College, Faridkot, Punjab India.

Tiffany Damikolas, M.D.
Dr. Damikolas is the site medical director of two clinics within AltaMed and a large FQHC which she participates in all audits ensuring that AltaMed is compliant with all requirements. Dr. Damikolas represents AltaMed in the Coalition of Orange County Community Health Centers. She is Board certified in Pediatrics and received her medical degree from Boston University School of Medicine and completed her residency through UCI and CHOC pediatric residency program.

Vinh Lam, M.D.
Dr. Lam is currently with Pediatric Surgical Associates in Orange where he is a pediatric surgeon who sees a majority of CalOptima's youngest members. Dr. Lam holds a B.S. in Biological Science, graduating Magna Cum Laude from the University of Southern California. He received his medical degree from Harvard Medical School.

Derek Lanier, M.D.
Dr. Lanier is the National Chief Medical Officer at Prospect Medical Systems, Inc. He is responsible for leveraging resources and relationships with internal and external stakeholders to deliver health care to Orange County's diverse population of members. Dr. Lanier was previously the Regional Medical Director, Greater Los Angeles, Regal Medical Group/Heritage Provider Network. He received his Doctor of Medicine at the University of Michigan School of Medicine and completed his residency at Henry Ford Health System, Department of Family Medicine Residency Program in Detroit, Michigan. Dr. Lanier is Board Certified by the American Board of Family Medicine and is licensed to practice in California, Michigan and Illinois.

Catherine Marks, M.D.
Dr. Marks is family practice physician at the Saint Marya Family Medicine Clinic. She is board certified by the American Board of Family Medicine and the American Academy of Family Medicine. She is a volunteer with the Orange County Congregation Community Organization (OCCCO), Boys and Girls Club and Children's Cause Orange County and Orange County Human Relations. Dr. Marks received her Medical Degree from Cairo University in Egypt and completed her residency in Family Medicine at the University of Saskatchewan, Canada, followed by a Specialty in family medicine from the Canadian Board of Family Medicine.

Alexander Sweidan, M.D.
Dr. Sweidan is the Medical Director for Strong Families Medical Group, an Assistant Clinical Professor of Medicine at UCI and he also holds the position of Associate Medical Director at Noble Mid OC IPA. Dr. Sweidan is an internal medicine and neurological/critical care physician who actively treats CalOptima members both in outpatient and hospital settings. Dr. Sweidan is a member of CalOptima's Utilization Management Committee. Dr. Sweidan received his Medical Degree from Poznan University of Medical Sciences, Poznan, Poland and completed his internal medicine residency at St. Mary's Medical Center, a UCLA affiliate in Long Beach and completed his Neurological Critical Care Fellow at UCI. He also holds a Healthcare Executive MBA from UCI.

James Tran, M.D.
Dr. Tran has been a physician in the Orange County community since 2010. He is a medical and neurosurgical provider for patients in OneCare, OneCare Connect and CalOptima Direct. Dr. Tran has been a medical care provider for the homeless, patients with special needs, children in Orange County and surrounding areas. Dr. Tran is a community member of the UC Irvine Medical Center Bioethics Committee and serves as a professor of Surgery at Western

University of Health Sciences in Pomona. Dr. Tran is Board Certified by the American Association of Neurological Surgery and National Board of Medical Examiners. He obtained is Medical Degree from the Stritch School of Medicine, Loyola University Chicago and he also holds a Judicial Degree from J. Reuben Clark School of Law, Brigham Young University.

Kenneth Wen, M.D.
Dr. Wen is a Non-invasive Cardiologist for Pacific Cardiovascular Associates Medical Group in Orange where he treats many CalOptima members. Dr. Wen is a member of the Monarch Healthcare Physician Action Committee and a voluntary staff cardiologist at Fountain Valley Regional Hospital, Orange Coast Memorial Hospital, Hoag Hospital, Anaheim Regional Medical Center and Orange County Global Medical Center. He received Medical Degree from Northwestern University Feinberg School of Medicine and completed his internal medicine residency at Beth Israel Medical Center in NY, NY. He also completed a Clinical Fellow in Cardiology at the Maimonides Medical Center in Brooklyn, NY.

Safety Net Applicants

Darya Amirshahrokhi
Mr. Amirshahrokhi is the CEO and a Board Certified PO of Pioneer Orthotics and Prosthetics, Inc. in Lake Forest, CA. Mr. Amirshahrokhi is a California Children's Services paneled orthotist and prosthetist and is a member of the American Board for Certification in Orthotics and Prosthetics (A.B.C.) and a member of the American Academy of Orthotists and Prosthetics. Mr. Amirshahrokhi holds a Bachelor of Science in a dual program consisting of Prosthetics and Orthotics and Electronic Engineering as well as an MBA from Tehran University, Tehran Iran. He is fluent in both Farsi and English.

Pat Patton
Mr. Patton has been the Chief Nursing Officer for the University of California Irvine Medical Center since 2016. He is responsible for oversight of all nursing operations including acute care, inpatient and outpatient as well as ambulatory services. He is an active and valued participant on a variety of hospital committee. Mr. Patton is a member of UCI Health's Medi-Cal Strategies Committee, which is aimed at advancing population health management for UCI's Medi-Cal patients, the majority of which are CalOptima members. Mr. Patton holds a Master of Science in Nursing (MSN) specializing in nursing administration. He also holds memberships in the American Organization of Nurse Executives (AONE), American Nurses Association (ANA), Association of California Nurse Leaders. Mr. Patton is the current Hospital representative on the PAC whose term expires on June 30, 2020.

Leonardo Perez

Mr. Perez is the President and CEO of Quantum Consulting and Professional Services. Quantum provides in depth analysis of clinical and administrative system processes issues affecting HEDIS and HCC collection. He is also a Clinical Physician Assistant with AltaMed Health Services in Orange County. Mr. Perez is currently in his fourth year medical student at the IUHS School of Medicine and is completing his clinical rotations. He holds a Bachelor of Science in Physician Assist Practice from the University of Southern California (USC) Keck School of Medicine.

Alexander Rossel
Mr. Rossel is the Chief Executive Officer of Families Together of Orange County, a FQHC in Orange County. Mr. Rossel is the current board president for the Coalition of Orange County Community Health Centers where he has developed relationships with other health agencies, health networks and other pivotal healthcare partners. He is a member of the Salvation Army Orange County Advisory committee and a member of the California Primary Care Association. He attended the Universidad Inca Garcilazo de La Vega in Lima, Peru, majoring in Accounting.

Allied Health Services Applicants (Special Recruitment)

Darya Amirshahrokhi
Mr. Amirshahrokhi is the CEO and a Board Certified PO of Pioneer Orthotics and Prosthetics, Inc. in Lake Forest, CA. He is a California Children's Services paneled orthotist and prosthetist and is a member of the American Board for Certification in Orthotics and Prosthetics (A.B.C.) and a member of the American Academy of Orthotists and Prosthetics. Mr. Amirshahrokhi holds a Bachelor of Science in a dual program consisting of Prosthetics and Orthotics and Electronic Engineering as well as an MBA from Tehran University, Tehran Iran. He is fluent in Farsi and English.

Jennifer Birdsall, Ph.D.
Dr. Birdsall is the Clinical Director, California for CHE Health Services. Since 2014, she has oversight of 150+ clinical psychologists in 350+ skilled nursing facilities in California. She also conducts clinical psychologic services for patients in long-term care settings. Dr. Birdsall holds a Doctor of Philosophy, Clinical Psychology from the University of Louisville, Louisville Kentucky an APA-Accredited Doctoral Program in Clinical Psychology where she received a Graduate Fellowship Award and the Dean's Citation Graduation Award.

Peter Korchin
Mr. Korchin is currently the Director of Pediatric Orthotics for Inhous Orthopedics Inc., a Human Designs company where he provides in-clinic orthotic assessment and care for multiple California Children's Services Medical Therapy Units (MTU). With 35 years of experience with properly fitting children with disabling conditions such as Cerebral Palsy, Spina Bifida, Muscular Dystrophy or traumatic brain injuries in the Orange County area. Mr. Korchin is currently the

Chief Orthotist for Spina Bifida Clinic at Millers Children's Hospital in Long Beach where he also provides training to resident physicians in rehabilitation medicine and Orthopedics at the Spina Bifida Center. Mr. Korchin holds a BS degree in Biology/Chemistry from the State University of New York at Albany, a Certificate of Orthotics from Northwestern University and concluded his Residence in Orthotics at Rancho Los Amigos Medical Center. He is member of the American Board for Certification in Orthotics and Prosthetics.

MEMORANDUM

DATE:	April 28, 2020
TO:	CalOptima Board of Directors
FROM:	Richard Sanchez, Interim CEO
SUBJECT:	CEO Report — May 7, 2020, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

Coronavirus Disease-19 (COVID-19) Crisis Drives CalOptima Action Across Many Fronts
CalOptima's primary focus remains a comprehensive yet flexible COVID-19 response that considers the needs of members, providers, stakeholders and employees. As of April 28, Orange County had 2,151 COVID-19 cases, and 229 have been reported as CalOptima members. Below are a range of updates.

- *Governor's Executive Order and All-Plan Letter:* On April 22, Gov. Gavin Newsom issued an Executive Order that provides flexibility in state regulations so the Department of Health Care Services (DHCS) can take appropriate actions to mitigate the pandemic's effects on Medi-Cal managed care plans, including CalOptima. In response, DHCS issued an All-Plan Letter on April 24 with temporary changes in three areas:
  1. Site Reviews and Delegate Monitoring: DHCS is permitting managed care plans to temporarily suspend the contractual requirement for in-person site reviews, and medical audits of delegates and network providers. DHCS suggests the use of virtual alternatives until future guidance permits on-site verification.
  2. Audits: Annual DHCS medical audits are suspended due to COVID-19; however, all managed care plans must comply with currently imposed Corrective Action Plan requirements and milestones.
  3. Health Risk Assessments (HRAs): DHCS is extending the timeframes allowed for completing HRA surveys for newly enrolled Seniors and Persons with Disabilities to ensure that staff time and resources are directed to urgent needs. For the duration of the public health emergency, CalOptima must conduct HRAs within 135 days of enrollment for high-risk members and 195 days for lower-risk members. HRAs can be completed by phone or video conference.
- *Skilled Nursing Facilities (SNFs):* CalOptima is protecting vulnerable SNF residents by addressing COVID-19 outbreaks and launching a new infection prevention program. As of this writing, a small percentage of CalOptima's 67 contracted SNFs have members who are positive for COVID-19. CalOptima is coordinating response with the Orange County Health Care Agency (OCHCA), which has visited certain impacted facilities along with the California Department of Public Health (CDPH) to review infection control best practices and provide testing. With Board approval on April 2, CalOptima is now expanding the Post-Acute Infection Prevention Quality Initiative (PIPQI) to more SNFs. PIPQI uses Chlorhexidine soap instead of regular soap for bathing nursing home residents in conjunction with the use of Iodophor nasal swabs. While PIPQI is focused on lowering the incidence of

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Multi-Drug Resistant Organisms, such as MRSA, coronaviruses are also highly sensitive to Chlorhexidine. Further, CalOptima has implemented a new collaborative effort with OCHCA and UC Irvine, the Nursing Home COVID-19 Prevention Team protocol, which disseminates infection prevention strategies to contracted SNFs. Developed by UCI Infectious Disease Professor Susan Huang, M.D., the protocol includes refresher training for safe personal protective equipment (PPE) use along with recommendations for widespread testing for the presence of virus and antibodies in both patients and staff. Because prevention is especially important prior to the availability of a vaccine, the training sessions and oversight will be ongoing during the next year. This project will operate alongside PIPQI and any OCHCA rapid response efforts being conducted at individual facilities. Finally, and separately, the Centers for Medicare & Medicaid Services (CMS) announced on April 20 new regulatory requirements for SNFs to inform residents and their families of COVID-19 cases and to report data at the federal level directly to the Centers for Disease Control and Prevention.

- *Testing:* COVID-19 testing is separated into molecular tests for diagnosis as well as serologic tests for the presence of antibodies. To increase diagnostic test availability locally, Orange County announced the OC COVID-19 Testing Network with six sites launched at present. CalOptima is updating our guidance about how to access testing to include the new OC COVID-19 Testing Network and will be sharing information with members and providers. However, for continuity of care, members should try to access tests through their providers or health network first before using this new testing network. CalOptima continues to meet with the County to discuss how serologic testing fits into the overall testing strategy. Given the critical importance of both tests in reopening our community, CalOptima will continue to actively collaborate on a comprehensive testing strategy for Orange County, with the County as lead.
- *Providers and Health Networks:* CalOptima distributes frequent communications to contracted providers and health networks via website updates and fax blasts. Staff reorganized the website to highlight links to those agencies at the center of the COVID-19 response, including CMS, CDPH, DHCS and OCHCA. Also, because telehealth is essential at this time, we collected telehealth resources into one area on the website for ease of use.
- *Community Updates:* CalOptima is sharing COVID-19 information and resources with hundreds of community-based organizations via a weekly electronic newsletter, which can also be accessed online here.
- *All-Member Call Campaign:* Our Population Health Team developed a COVID-19 message for all CalOptima members and will complete an interactive voice response call campaign in early May. The message covers preventive measures, symptoms and high-risk groups, then closes with the recommendation that members seeking health advice should call their doctor or health network first, or our 24-hour Nurse Advice Line if those other contacts are not available.
- *Senior Outreach:* A recent DHCS All-Plan Letter issued requirements for health plans to work to prevent isolation in older and at-risk populations and to support them with health and community resources. OneCare Connect and OneCare Customer Service staff began an outreach call campaign in mid-April. Thus far, more than 450 members have been contacted, and several common issues emerged. The members were generally thankful for the inquiry about their well-being during COVID-19. Members also confirmed that they have not encountered access issues with obtaining health services via telehealth. Some members were

assisted with customer service-type needs during their conversation, such as accessing vision care or locating a pharmacy with home delivery.

- *Awareness Campaign:* From May 4 to June 28, digital billboards along the 5, 22, 57 and 91 freeways will show timely COVID-19 messages as part of CalOptima's overall awareness campaign. Our Population Health Management and Communications teams developed the material to ensure our campaign reflects the current health care environment.
- *Community Health Centers:* On April 17, CalOptima staff and I participated in a virtual meeting of the quarterly Safety Net Summit, which brings together members of the Coalition of Orange County Community Health Centers. Like other parts of the health care delivery system, community health centers are facing great operational and financial difficulties in the COVID-19 crisis and would like to explore partnering with CalOptima for additional support. Coalition CEO Isabel Becerra and I had a discussion regarding options, and I agreed to continue the conversation as the situation evolves.
- *Hospital Payments:* Significant revenue losses and cash flow problems at hospitals across the state spurred two letters: one from the California Hospital Association to Gov. Newsom and another from a group of hospital organizations to DHCS. Both communications requested funding and regulatory adjustments to ensure hospital system solvency in the future. CalOptima's hospital partners shared copies of the letters as they include certain requests of managed care plans, including to resolve unpaid claims, make advance payments and remove administrative barriers to payments. While DHCS is looking into programs to provide broad support to hospitals, CalOptima is working on accelerating hospital claims payment. Our goal is to pay 97% of claims within 30 days. Similarly, we have contacted health networks that have contracted relationships with hospitals to request that they also expedite payment.
- *Intergovernmental Transfer (IGT) Community Grants:* This past year, your Board authorized community grants using IGT 5, 6 and 7 funds. Twelve grants were approved for 11 grantees, with one organization receiving grants in two different funding categories. Due to California's Stay at Home Order and regulatory guidance, most of the IGT grantees have had to curtail grant activities on new initiatives in order to focus on the immediate crisis. Staff has contacted grantees to discuss requests they may have to mitigate the impact of COVID-19, such as workplan modifications, budget adjustments, grant extensions or modified reporting requirements. Staff will return to your Board for approval of any necessary grant contract modifications.
- *Opening Up Health Care:* Orange County providers have limited nonessential surgeries and medical procedures during the COVID-19 crisis. However, on April 20, CMS issued new recommendations for health care services in communities beginning to reopen. CMS recommends a gradual transition into restarting or increasing in-person care that is coordinated with local and state public health officials, and considers PPE supplies, workforce availability and facility readiness. CMS aims to give health care facilities some flexibility in providing essential non-COVID-19 care to patients without COVID-19 symptoms. CalOptima shared the new guidelines with our provider partners and will incorporate the recommendations into our overall response efforts.
- *Employees:* CalOptima is exempted from the governor's Stay at Home Order based on our role in health care. However, to respond to social distancing mandates, CalOptima has transitioned most staff to temporary telework status. As of April 24, 87% of CalOptima's 1,379 employees are working from home. To provide support for leaders now managing

teleworkers, CalOptima hosted a series of three webinars presented by an experienced speaker/consultant who shared practical strategies for boosting productivity and engagement in team members working remotely.

Timeline Shifts for Behavioral Health Integration (BHI) Incentive Programs

As you know, DHCS created six BHI incentive programs using Proposition 56 funds and tasked Medi-Cal managed care plans with administering the application process and applying DHCS-developed selection criteria. Of the 30 applications CalOptima received, 17 applications met the DHCS requirement and were forwarded to the state for consideration. On March 30, DHCS announced that program implementation will be moved to July 1, 2020, with determination letters being issued no later than June 1, 2020. The program will be adjusted to a new 2.5-year period, from July 1, 2020, to December 31, 2022. Additionally, funding requests for the first year (July 1, 2020, to December 31, 2020) will be adjusted to reflect the shortened program period.

CalOptima's 2020 Medi-Cal Audit Scope Adjusted Again

DHCS' on-site audit of CalOptima Medi-Cal and elements of OneCare Connect took place from January 27, 2020, to February 7, 2020. The regulator reviewed an array of documents and data and conducted interviews with CalOptima staff and a DHCS-selected delegate, Monarch HealthCare. On February 12, the state notified CalOptima that, in response to a request from DHCS leadership, it planned to add to the Medi-Cal audit scope by reviewing authorization practices related to post-stabilization care. In addition to auditing CalOptima's practices, DHCS asked to examine the practices of two CalOptima delegates, Prospect Medical Group and Family Choice Medical Group. CalOptima prepared and submitted the requested data and documentation throughout March. However, on April 24, DHCS notified CalOptima that it decided not to include the post-stabilization authorization review in the audit scope due to COVID-19. CalOptima is awaiting an audit exit conference in the coming weeks.

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Coronavirus Disease 2019 (COVID-19) Update

Provider Advisory Committee (PAC)

May 14, 2020

David Ramirez, MD

Chief Medical Officer

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Introduction

- Unprecedented global pandemic radically changing daily life and health care system

- Significant short- and long-term impact on Orange County's health care system
  - Incremental "opening up"
  - Decreased but continued spread of the virus in the community
  - Vulnerable populations continue to be at increased risk
  - Community-based providers are experiencing decreased revenue
  - Increased unemployment may drive significant growth in CalOptima membership

COVID-19 Status as of May 12

	United States	California	Orange County	CalOptima
Cases	1.34M	67,939	3,602	399
Deaths	80,820	2,770	77	14

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CalOptima COVID-19 Response

- Goals
  - Educate members and ensure they have access to needed care while reducing the risk of COVID-19 spread
  - Educate and support providers and the local health care system as they respond to COVID-19
  - Support and protect CalOptima staff
  - Coordinate with county, state and federal public health efforts

Health Care System Changes

- Expanded testing of mildly symptomatic and asymptomatic individuals
- Aggressive contact tracing of any new cases
- Continued attention to those at high risk
  - Nursing home residents and staff
  - Healthcare workers
  - Age >65 and/or significant comorbid conditions
- Return to a new normal?
  - Resuming select elective surgeries and non-essential medical, surgical and dental procedures
  - Catching up with preventive care
  - Continued social distancing and infection prevention efforts
  - Continued use of telehealth

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Telehealth

- Use continues to increase
- CalOptima virtual care strategy using IGT-9 funds
  - Contract with mPulse Mobile for mobile health interactive text messaging services to effectively communicate with at-risk populations
  - Support HIPPA compliant virtual care platform(s) to for CalOptima provider visits
  - Select and contract with a vendor focused on using virtual visits to expand after-hours and behavioral health coverage
  - Develop an integrated CalOptima member app
  - CCN: select and contract with a vendor for eConsults with the ultimate goal of replacing referral authorization requests for specialists

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COVID-19 Testing

- CalOptima reimburses at the Medi-Cal/Medicare rate, with no prior authorization required
- Members: Cannot be charged a co-pay; can self-assess using online tool; or contact provider or public health lab
- Increased testing capacity and availability in Orange County
  - OC COVID-19 Testing Network
  - Health Network testing centers
- Testing being expanded to include mildly symptomatic and asymptomatic individuals
- Patient self-collected testing has advantages of limiting close contact and PPE use

Pharmacy

- Promoting home delivery options for members
  - Available through most pharmacies
- Authorizing early refills if requested
- Allowing 90-day medication fills
- Added disinfectants and gloves to the formulary
- Added dextromethorphan (generic for Robitussin DM) and acetaminophen (generic for Tylenol) to formulary
- Added hyrdroxychloroquine (generic for Plaquenil) prior authorization based on California Department of Public Health guidance that hydroxychloroquine only be used in hospitalized patients with COVID-19

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Provider Communications

- CalOptima website updated with COVID-19 provider information
  - Links to CMS, CDPH, DHCS and HCA
  - Regulatory highlights
  - Telehealth information
  - Provider alerts
- Provider alerts (fax blasts)
  - Sent with significant regulatory updates

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CalOptima's Mission

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

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PROVIDER ALERT

Orange County COVID-19 Testing Recommendations, Testing Supplies, PPE Resources and Testing Locations as of April 28, 2020

COVID-19 Testing Recommendations

Testing for SARS CoV-2 is becoming more widely available in Orange County. Dr. Nichole Quick, the Orange County Health Care Agency's Health Officer, released updated recommendations for COVID-19 testing in Orange County on April 27, 2020. The full recommendations can be found here: https://myemail.constantcontact.com/CD-HEALTH-ALERT--Recommendations-for-Testing-for-2019-Novel-Coronavirus-as-Opportunities-for-Testing-Increase-in-OC.html?soid=1128423022889&aid=e3fkVoRdskM. Based on the increase in available personal protective equipment (PPE), testing supplies and lab capacity:

- **Recommendations for testing of symptomatic persons:**
  - **All individuals should be considered for testing when they develop symptoms of COVID-19.**
  - The Centers for Disease Control and Prevention (CDC) consider the following to be symptoms of COVID-19 found at https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html:
    - Cough
    - Shortness of breath
    - Or at least two of these symptoms:
      - Fever
      - Chills
      - Repeated shaking with chills
      - Muscle pain
      - Headache
      - Sore throat
      - New loss of taste or smell
  - Mildly symptomatic persons should be referred to community testing sites, such as drive-through events, if possible, to prevent exposure in a clinical setting and to preserve PPE.
  - Providers can contact the Orange County **Communicable Disease Control Division at 714-834-8180 for questions or concerns.**
- **Recommendations for testing of asymptomatic persons:**
  - Testing of asymptomatic persons is most useful when used to control outbreaks in distinct groups, such as residents or staff of congregate living settings like skilled nursing or assisted living facilities or correctional facilities.
  - The California Department of Public Health (CDPH) also recommends testing of hospitalized asymptomatic patients prior to entry into skilled nursing facilities to prevent outbreaks in these settings.
- **Serologic Testing**
  - The clinical value of serologic antibody testing has not been clearly demonstrated. Serologic testing should not be used routinely to assess patients for acute infection or long-term immunity.

Updated 4/29/20

PROVIDER ALERT

Personal Protective Equipment (PPE) and Testing Supplies

Many Orange County health care professionals are faced with several challenges when trying to obtain testing supplies and personal protective equipment (PPE). CalOptima would like to remind providers having difficulty accessing needed PPE and identifying alternate ways to provide member care of the following:

- Continue ordering testing kits through commercial labs and PPE via your usual vendors.
- If providers are having trouble filling orders for testing kits or PPE, contact the Orange County Health Care Agency (OC HCA) Agency Operations Center (AOC) by visiting: http://www.healthdisasteroc.org/ems/health_emergency_management/hca_agency_operations_center

COVID-19 Testing Locations

Providers having a member diagnosed as needing COVID-19 testing but are unable to do the test themselves, should:

- Refer members to their assigned health network's testing site.
  - ◊ Members or providers may contact the member's assigned health network for testing site information.
  - ◊ The member's assigned health network can be found on their CalOptima ID card or by calling CalOptima's Customer Service department.
  - ◊ Testing sites may require clinical evaluation and/or provider referral prior to testing.
- If the member's assigned health network does not have a testing site, the provider may refer the member to the OC COVID-19 Testing Network website located at: www.https://occovid19.ochealthinfo.com/covid-19-testing-and-screening

Orange County COVID-19 Testing Network

- The OC COVID-10 Testing Network was set up by the county to supplement testing already being provided by Orange County providers and hospitals.
- Members must first contact their primary care provider (PCP) and health network and only access services through the OC COVID-19 Testing Network if the PCP/health network is unable to provide testing.
- There is no out-of-pocket cost and is open to all Orange County residents regardless of insurance status.
- Because of continued challenges of obtaining testing supplies and PPE, testing may be restricted at times to high priority groups.
- Members **MUST** make an appointment for testing with one of the clinics in the network to assure eligibility and availability of testing.
- Information regarding the Orange County COVID-19 Testing Network can be found by visiting https://occovid19.ochealthinfo.com/covid-19-testing-and-screening.

To access this update and additional provider communications regarding COVID-19, visit: https://www.caloptima.org/en/Features/COVID-19/ProviderCommunication.aspx.

Virtual Care Strategy: Road Map to Increase Access to Care

Provider Advisory Committee/Special Member Advisory Committee

May 14, 2020

Betsy Chang Ha, RN, MS, LSSMBB
Executive Director, Quality & Population Health Management

Sajid Ahmed, CEO WISE Healthcare, CalOptima Virtual Care Expert

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On Strategy

"For some organizations, near-term survival is the only agenda item.

Others are peering through the fog of uncertainty, thinking about how to position themselves once the crisis has passed and things return to normal.

Crisis

危機

A time of danger

A time of opportunity

The question is, 'What will normal look like?' While no one can say how long the crisis will last, what we find on the other side will not look like the normal of recent years."

~ Ian Davis, 2009

During the Great Recession

Agenda

- Traditional Barriers to Telehealth
  - Impact of COVID-19 on Regulations
- Virtual Care Definition (Telehealth)
- Virtual Care Modalities
- Virtual Care Roadmap Approach
  - Logic Model: Virtual Care Adoption for CalOptima
- The Future
  - Lifting of Barriers
  - Will They Stay or Will They Go Now?
- CalOptima Virtual Care Strategy

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Traditional Barriers

- Payment and compensation (Provided due to COVID-19)
- Disruptive to current workflow (Yes, post COVID-19)
- Got enough on my plate (COVID-19 response is priority)
- Their convenience, not mine (COVID-19 response is priority)
- New technology, learning (Not really but in some cases)
- Laws, rules, and regulations (Relaxed due to COVID-19)
- Liability questions (Telehealth Insurance now standard)

Impact of COVID-19 on Regulations

- On March 11, 2020, the World Health Organization declared the COVID-19 outbreak a pandemic.
- On March 15, Health and Human Services issued a “limited waiver” of Health Insurance Portability and Accountability Act sanctions.
- On March 17, Centers for Medicare & Medicaid Services said it would expand Medicare coverage of telemedicine services.
  - CMS said Medicare will pay providers the same in-person rates for virtual visits with hospitals, doctors and other licensed clinicians […] regardless of the patients’ location.
- And on and on ...

Virtual Care Definition

- Beyond telehealth, Virtual Care is a broad definition encompassing any modality of remote technologically driven patient health care delivery, device use, monitoring and treatment.

- A recent paper offered the following definition of virtual care:
  - Any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies, with the aim of facilitating or maximizing the quality and effectiveness of patient care.

By Shaw J, Jamieson T, Agarwal P, et al. Virtual care policy recommendations for patient-centered primary care: findings of a consensus policy dialogue using a nominal group technique. J Telemed Telecare 2018;24(9):608-15.

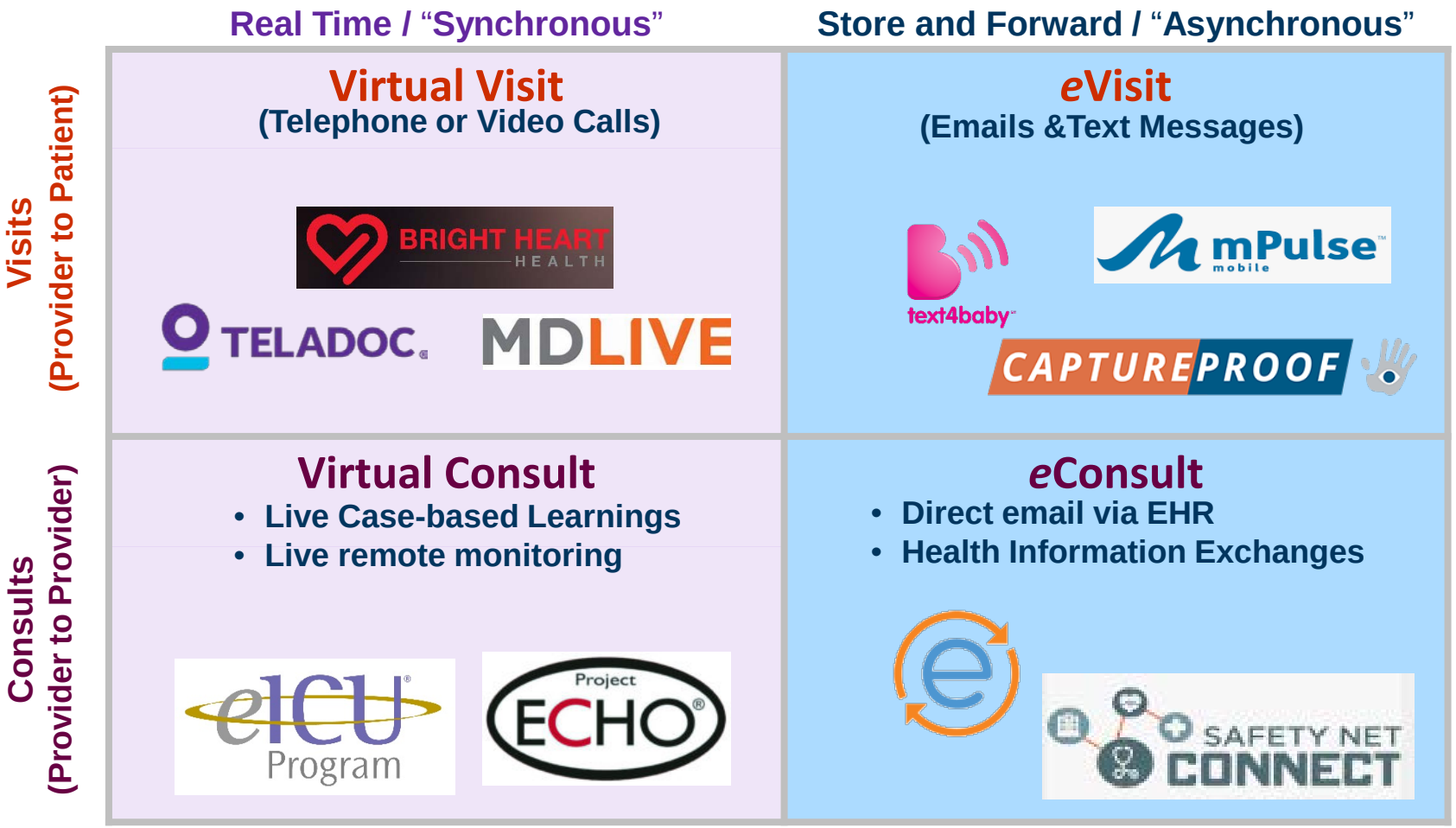
Virtual Care Modalities

	Real Time "Synchronous"	**Store and Forward** "Asynchronous"
Visits (Provider to Patient)	**Virtual Visit** Video/telephonic visit between provider and patient	***e*Visit** Online exchange (e.g., email or text) between provider and patient
Consults (Provider to Provider)	**Virtual Consult** Video/telephonic consult between provider to patient's provider	***e*Consult** Online consult between specialist to patient's local provider

Virtual Care **IS** care provided via phone, email, text, and video.
87% of all diagnostic decisions can be made via Virtual Care

Image courtesy of Sajid Ahmed at WISE Healthcare.

Examples of Virtual Care Modalities



Examples only. CalOptima does not endorse specific vendor.

Image courtesy of Sajid Ahmed at WISE Healthcare.

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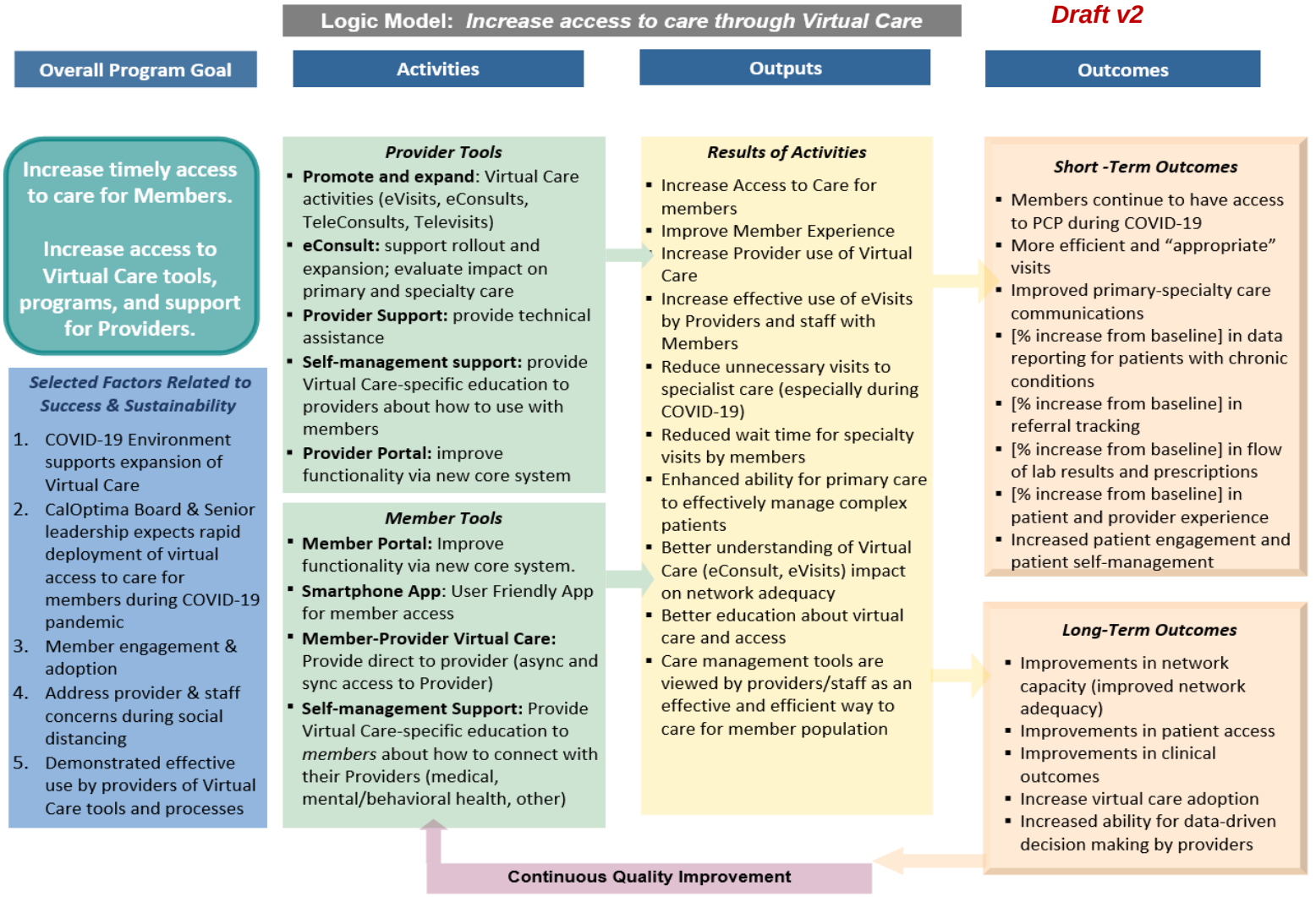
CalOptima A Public Agency Better. Together.

Logic Model: Increase Access to Care Through Virtual Care



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MCP Guidance for Use of Virtual Care by Members and Contracted Providers (cont.)

Member

- Member will use the provider-given cell number to **text** the provider with their reason to request a virtual visit (chief complaint, medical concern, follow-up visit).
- Provider and member will communicate back and forth using text messages (member to provider eConsult).
  - If member concerns are resolved at this stage, no further action is necessary.
- If the provider deems a phone **call** necessary, text messages will be used to coordinate the call.
  - With all stages of communication, the provider can use any location (home) as a responding site.
- If after the phone conversation the provider deems that a **video call** would be necessary, text messages are used to coordinate a video call.

Disclaimer: MCPs do not recommend, endorse, nor sponsor specific messaging applications nor cellular providers.

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MCP Guidance for Use of Virtual Care by Members and Contracted Providers

Due to COVID-19, select federal and state virtual care restrictions have been lifted — the use of smartphones and other communication applications to facilitate dialogue between providers and members has been approved. This communication will be allowed and reimbursable per CMS and DHCS directives.

Protocol: Providers and members can text, call and video call to coordinate and manage care to and from any location (home).

Providers

Providers will select a SMS text enabled cell number that can be used by patients. If possible, this can be the provider's primary cell number or:

- An app can be used that allows the provider to receive multimedia messages (WhatsApp, iMessage, Line, GroupMe, Google Duo, Arya, etc.)
- Providers can obtain a new cell number to be used for this purpose through any cellular carrier

Providers can designate a staff member to monitor communication with this number (possibly through a group chat) and facilitate member provider coordination.

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Every Cloud Has a Silver Lining...

- It took the COVID-19 pandemic to
  - Waive or relax most health care regulations to ensure that patients get the best possible care at the lowest possible cost, when and where they need it.
- The federal rules and regulations providing limited waivers due to the COVID-19 pandemic are:
  - **HIPAA sanctions waiver** — waiving patient consent
  - **Telemedicine reimbursement** — provided for all virtual care
  - **Physician scope of practice** — lets "all doctors and medical professionals to practice across state lines to meet the needs of hospitals that may arise in adjoining areas"
  - **Elective surgery guidance** — limits elective surgical and dental procedures for adults
  - **Quality reporting requirements** — suspended or extended

Regulations: Will They Stay, or Will They Go?

- The outbreak shined a light on all the rules and regulations that the U.S. health care system operates under.
- Regulations and rules shown to be impediments to safe, effective, convenient, accessible and affordable care for members.
- CalOptima's long term Virtual Care strategy provides a roadmap to navigate the future in providing low-cost, high quality, timely access to care.

Key Takeaways

- COVID-19 morphed virtual care into a powerful resource that enables the disruption of health care delivery.
- In-person care and virtual care are to be treated the same as appropriate. With virtual care expected to be the primary modality to access care in the future.
  - The “new normal”
- Leadership support is needed from the Board, Chiefs, physician champions, and Health Networks to achieve success and meet the challenges and opportunities of the health care “new normal”

CalOptima Virtual Care Strategy (Road Map)

Betsy Chang Ha, RN, MS, LSSMBB

Executive Director, Quality & Population Health Management

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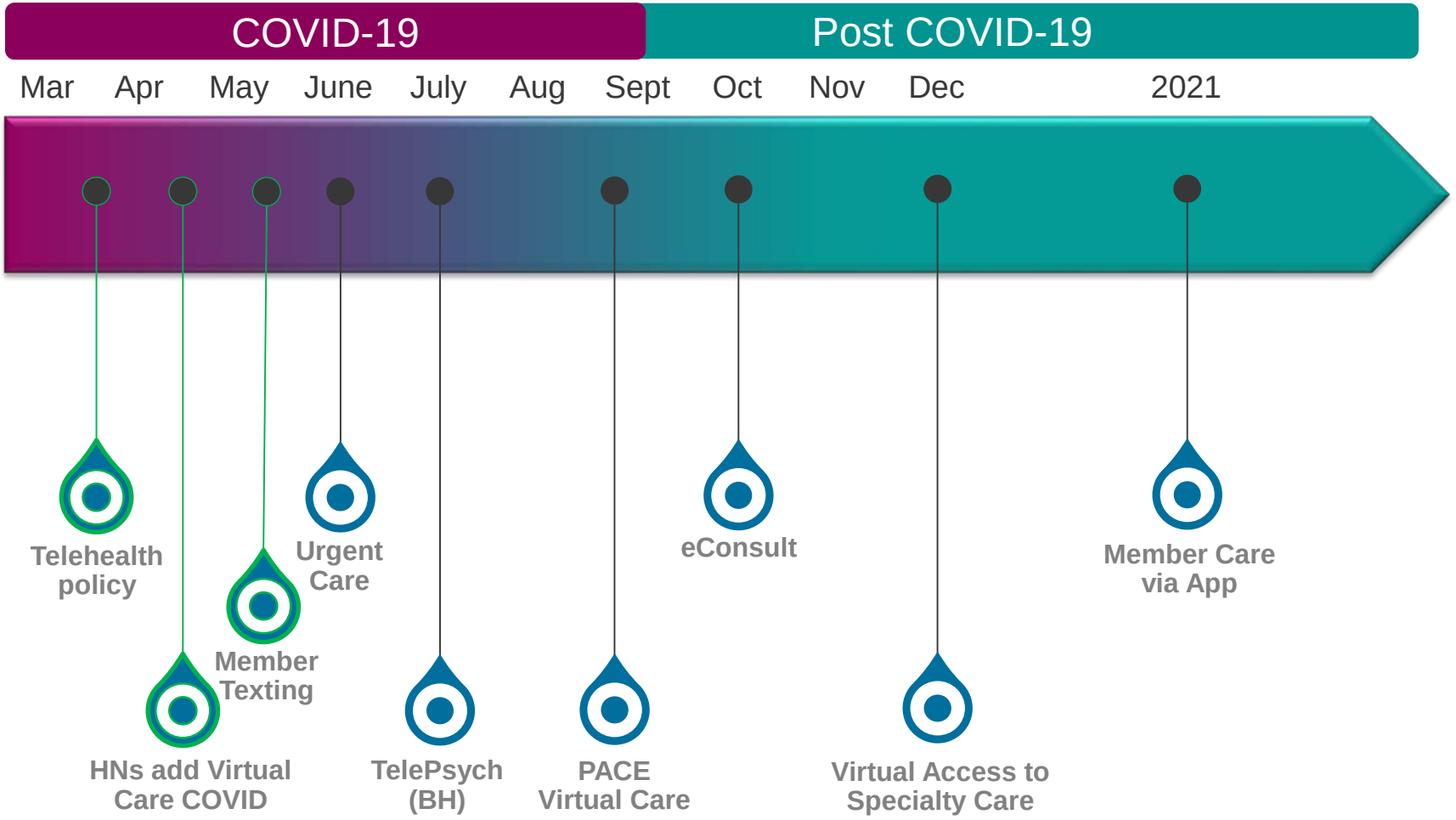
High Level Virtual Care Roadmap



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Virtual Care Guiding Principles

- Promote the availability and use of virtual modes of service delivery for CalOptima members using information and communications technologies to facilitate diagnosis, consultation, treatment, education, care management and member self-management;
- Leverage existing delivery model where possible;
- To be proactive in seeking out opportunities to innovate; and
- To provide technology-agnostic solutions.

Proposed Initial Virtual Care Strategy: All Members (HN/CCN/COD)

Member to Provider		
Goals	**Use Existing Network Providers**	**Contract Vendor(s) to support limited scope of services during COVID-19**
Tasks	• Leverage existing capabilities • Guidance • Technical support • Technology agnostic	• Member self-referral via Member Portal (web) • Urgent care • Prescription management • Access to Behavioral Health
Time	Q1 2020	Initiate Contract in Q2–Q3 2020
Action	**Update Telehealth Policy (completed)**	**RFP (IGT 9) for Member Texting vendor(s) (Completed)**

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Proposed Initial Virtual Care Strategy: CalOptima Community Network & CalOptima Direct

	Member to Provider	Provider to Provider
Goals	**Provide Virtual Care:** Member access to Provider Group(s), eVisits to primary care and specialist services	**Implement eConsult (CCN)** (Provider to Provider) per DHCS APL 19-009 to provide eConsult as a covered benefit
Tasks	• Support existing physical primary care providers and specialists • Behavioral Health Services (for all members) • Expand specialty providers with a virtual care focus	• Prior Authorization process modified to allow eConsult to replace authorization • Make available to PACE as well • Provider self-service and submit authorization via Provider Portal and eConsult
Time	Selection in Q3 2020	Contract in Q4 2020
Action	**Evaluate telehealth providers/groups**	**Develop plan to implement eConsult**

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Virtual Care Roadmap Q2–Q4

High Level Activities

1. May 7, 2020, Board approved
   - Virtual Care Strategy and Roadmap
   - Member engagement approaches expanding from Member portal to include member texting using mPulse Mobile
2. Virtual Care technical platform for PACE
   - Facilitate provider-member virtual visits
3. Investigate and implement provider support and technical assistance
4. Expand specialty providers with a virtual care focus
   - Behavioral health and other specialties – in progress

Virtual Care Roadmap Q2–Q4 (cont.)

High Level Activities (cont.)

7. Offer 24/7 virtual visits (after-hour access)
   - For all members
   - Acute non-emergency medical conditions
   - Behavioral health conditions
8. Investigate and implement CalOptima member engagement access via member portal app
   - APIs to virtual visits, eVisits, secure messaging
9. Plan and launch eConsult/eReferral program for CCN
10. RFP for member direct to provider access
    - Member to provider

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Medi-Cal

OneCare (HMO SNP)

OneCare Connect

PACE

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2019–20 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 748 Courtney	**CARES Act:** Authorizes $2.2 trillion in spending for health care and employment-related interventions. This includes: ■ $1.5 billion to support the purchase of personal protective equipment, lab testing, and other activities; ■ $127 billion to provide grants to hospitals, public entities, and nonprofits, and Medicare and Medicaid suppliers and providers to cover unreimbursed health care related expenses or lost revenues due to COVID-19; ■ $1.32 billion in supplemental funding for community health centers; ■ $955 million to support nutrition programs, home and community-based services, support for family caregivers, and expanded oversight for seniors and individuals with disabilities; ■ $945 million to support research on COVID-19; and ■ $425 million to increase mental health services.	**03/27/2020** Signed into law **03/27/2020** Passed the House **03/25/2020** Passed the Senate **01/24/2019** Introduced	CalOptima: Watch
H.R. 6201 Lowey	**Families First Coronavirus Response Act:** Would include billions of federal funding support related to COVID-19. Funds are to be utilized for an emergency increase in the Federal Medical Assistance Percentages (FMAP) for Medicaid of 6.2%, emergency paid sick leave and unemployment insurance, COVID-19 testing at no cost, food aid and other provisions. Of note, on March 6, 2020, President Trump signed into law an emergency supplemental funding package of $8.3 billion for treating and preventing the spread of COVID-19.	**03/18/2020** Signed into law **03/17/2020** Passed the Senate **03/14/2020** Passed the House **03/11/2020** Introduced	CalOptima: Watch
H.R. 6462 Cisneros, Gallegos	**Emergency Medicaid for Coronavirus Treatment Act:** Would expand Medicaid eligibility to any American diagnosed with COVID-19 or any other illness that rises to the level of a presidential national emergency declaration. Additionally, would require Medicaid coverage for all COVID-19 treatment and testing to continue even after the national emergency is over.	**04/07/2020** Introduced	CalOptima: Watch
AB 89 Ting	**Emergency Budget Response to COVID-19:** Similar to SB 89, would appropriate $500 million General Fund by amending the Budget Act of 2019. Funds are to be allocated to any use related to Governor Newsom's March 4, 2020 State of Emergency regarding COVID-19. Additionally, would authorize additional appropriations related to COVID-19 in increments of $50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed $1 billion.	**03/16/2020** Amended and referred to the Senate Committee on Budget and Fiscal Review **12/03/2018** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 117 Ting	**Emergency Budget Response to COVID-19 at Schools:** Similar to SB 117, appropriate $100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds would be distributed by the Superintendent of Public Instruction.	**03/16/2020** Amended and referred to the Senate Committee on Budget and Fiscal Review **12/03/2018** Introduced	CalOptima: Watch
SB 89 Committee on Budget and Fiscal Review	**Emergency Budget Response to COVID-19:** Similar to AB 89, appropriates $500 million General Fund by amending the Budget Act of 2019. Funds will be allocated to any use related to Governor Newsom's March 4, 2020 State of Emergency regarding COVID-19. Additionally, authorizes additional appropriations related to COVID-19 in increments of $50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed $1 billion.	**03/17/2020** Signed into law **03/16/2020** Enrolled with the Governor **01/10/2019** Introduced	CalOptima: Watch
SB 117 Committee on Budget and Fiscal Review	**Emergency Budget Response to COVID-19 at Schools:** Similar to AB 117, appropriates $100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds will be distributed by the Superintendent of Public Instruction.	**03/17/2020** Signed into law **03/16/2020** Enrolled with the Governor **01/10/2019** Introduced	CalOptima: Watch

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 910 Wood	**Mental Health Services Dispute Resolution:** Would provide the Department of Health Care Services (DHCS) more authority to resolve coverage disputes between the specialty mental health plan (MHP) and the Medi-Cal managed care plan (MCP) if the MHP and the MCP are unable to do so within 15 days. Would require the MHP and the MCP to continue to provide mental health services during the DHCS review period. DHCS would have no more than 30 days to resolve the dispute to determine which agency is responsible for that Medi-Cal beneficiary.	**01/30/2020** Passed Assembly floor; Referred to Senate floor **02/20/2020** Introduced	CalOptima: Watch
AB 2265 Quirk-Silva	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Similar to AB 2266, would authorize MHSA funds to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The authorization would apply across the state.	**02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2266 Quirk-Silva	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Similar to AB 2265, would authorize MHSA funds to be used for a pilot program to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The pilot program would take place in 10 counties, including the County of Orange, beginning January 1, 2022 and ending on December 31, 2026.	**02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 803 Beall	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Would create the Certified Support Specialist (CSS) certificate program. Would allow parents, peers, and family, 18 years of age or older and who have experienced a mental illness and/or a substance use disorder, to become a CSS. A CSS would be able to provide non-medical mental health and substance abuse support services. Additionally, would require the Department of Health Care Services to include CSS as a provider type, covered by Medi-Cal, no sooner than January 1, 2022. If federally approved, the peer-support program would be funded through Medi-Cal reimbursement.	**01/15/2020** Referred to Committee on Health **01/08/2020** Introduced	CalOptima: Watch

BLOOD LEAD SCREENINGS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2276 Reyes	**Blood Lead Screening Tests Age Guidelines:** Would require the Medi-Cal managed care plan (MCP) to conduct blood lead screening tests for a Medi-Cal beneficiary at 12 and 24 months of age. Additionally, if a child 2 to 6 years of age does not have medical records stating the completion of a blood lead screening test, the MCP would be required to provide that test. This bill would also require the Department of Health Care Services to notify the beneficiary's parent or guardian that the beneficiary is eligible for blood lead screening tests.	**02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2277 Salas	**Blood Lead Screening Tests Contracted Providers:** Would require the Medi-Cal managed care plan (MCP) to impose requirements of the contracted provider to conduct blood lead screenings tests and for the provider to identify patients eligible to receive such tests. Would require the MCP to remind the contracted provider to conduct blood lead screenings tests and identify eligible beneficiaries on a monthly basis.	**02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2278 Quirk	**Childhood Lead Poisoning Prevention Health Plan Identification:** Would require the name of the health plan financially liable for conducting blood lead screenings tests to be reported by the laboratory to the Department of Health Care Services once the screening test has been completed. The name of the health plan is to be reported for each Medi-Cal beneficiary who receives the blood lead screen tests.	**02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2279 Garcia	**Childhood Lead Poisoning Prevention Risk Factors:** Would require the following risk factors be included in the standard risk factors guide, which are to be considered during each beneficiary's periodic health assessment: ■ A child's residency or visit to a foreign country ■ A child's residency in a high-risk ZIP Code ■ A child's relative who has been exposed to lead poisoning ■ The likelihood of a child placing nonfood items in the mouth ■ A child's proximity to current or former lead-producing facilities ■ The likelihood of a child using food, medicine, or dishes from other countries	**02/24/2020** Referred to Committees on Health; Environmental Safety and Toxic Materials **02/14/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2422 Grayson	**Blood Lead Screening Tests Medi-Cal Identification Number:** Would require the Medi-Cal identification number to be added to the list of patient identification information collected during each blood test. Would require the laboratory conducting the blood lead screening tests to report all patient identification information to the Department of Health Care Services.	**02/27/2020** Referred to Committee on Health **02/19/2020** Introduced	CalOptima: Watch
SB 1008 Leyva	**Childhood Lead Poisoning Prevention Act Online Registry:** Would require the Department of Public Health to design, implement, and maintain an online lead information registry available to the general public. Would require the information registry to include items such as the location and status of properties being inspected for lead contaminants.	**03/05/2020** Referred to Committees on Health; Judiciary **02/14/2020** Introduced	CalOptima: Watch

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2042 Wood	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to SB 916, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	**03/12/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
AB 2055 Wood	**CalAIM Drug Medi-Cal and Behavioral Health:** Would require the Department of Health Care Services to establish the Behavioral Health Quality Improvement Program. The Behavioral Health Quality Improvement Program would be responsible for providing support to entities managing the Drug Medi-Cal program as they prepare for any changes directed by the CalAIM initiative. Additionally, would establish a voluntary intergovernmental transfer (IGT) program relating to substance use disorder treatment provided by counties under the Drug Medi-Cal program. The IGT program would fund the nonfederal share of supplemental payments and to replace claims based on certified public expenditures.	**03/12/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
AB 2170 Blanco Rubio	**CalAIM Medi-Cal Eligibility for Juveniles Who are Incarcerated:** Would require the county welfare department to conduct a redetermination of eligibility for juveniles who are incarcerated so that, if eligible, their Medi-Cal would be reinstated immediately upon release.	**02/20/2020** Referred to Committee on Health **02/11/2020** Introduced	CalOptima: Watch
SB 910 Pan	**CalAIM Population Health Management:** Would require Medi-Cal managed care plans (MCPs) to implement the population health management program for those deemed eligible, effective January 1, 2022. Would require the Department of Health Care Services to utilize an external quality review organization (EQRO) to evaluate the effectiveness of the enhanced care management and in-lieu-of services provided to beneficiaries by each MCP. Additionally, would require each MCP to consult with stakeholders, including, but not limited to, county behavioral health departments, public health departments, providers, community-based organizations, consumer advocates, and Medi-Cal beneficiaries, on developing and implementing the population health management program.	**02/03/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 916 Pan	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to AB 2042, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	**02/03/2020** Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4618 McBath	**Medicare Hearing Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of hearing aids for Medicare beneficiaries. Hearing aids would be provided every five years and would require a prescription from a doctor or qualified audiologist.	**10/17/2019** Passed the Committee on Energy and Commerce **10/08/2019** Introduced	CalOptima: Watch
H.R. 4650 Kelly	**Medicare Dental Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of dental health services for Medicare beneficiaries. Covered benefits would include preventive and screening services, basic and major treatments, and other care related to oral health.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
H.R. 4665 Schrier	**Medicare Vision Act of 2019:** No sooner than January 1, 2022, would require Medicare Part B to cover the cost of vision care for Medicare beneficiaries. Covered benefits would include routine eye exams and corrective lenses. Corrective lenses covered would be either one pair of conventional eyeglasses or contact lenses.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
AB 1904 Boerner Horvath	**Maternal Physical Therapy:** Would include pelvic floor physical therapy for women post-pregnancy as a Medi-Cal benefit.	**01/17/2020** Referred to Committee on Health **01/08/2020** Introduced	CalOptima: Watch
AB 1965 Aguiar-Curry	**Human Papillomavirus (HPV) Vaccine:** Would expand comprehensive clinical family planning services under the program to include the HPV vaccine for persons of reproductive age.	**01/30/2020** Referred to Committee on Health **01/21/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2258 Reyes	**Doula Care:** Would require full-spectrum doula care to be included as a covered benefit for pregnant and postpartum Medi-Cal beneficiaries. The program would be established as a 3-year pilot program in 14 counties, including the County of Orange, beginning July 1, 2021. Prior authorization or cost-sharing to receive doula care would not be required.	**02/20/2020** Referred to Committee on Health **02/13/2020** Introduced	CalOptima: Watch
AB 3118 Bonta	**Medically Supportive Food and Nutrition Services:** Would include medically supportive food and nutrition services as a Medi-Cal Benefit. Would also include transportation services for a beneficiary to access healthy food as a way to help prevent or manage chronic illnesses.	**03/09/2020** Referred to Committee on Health **02/21/2020** Introduced	CalOptima: Watch

DENTAL

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2535 Mathis	**Denti-Cal Education Pilot Program:** Would establish a 5-year pilot program to provide education and training to Denti-Cal providers providing care to individuals who attend a regional center and are living with a developmental disability. Additionally, Denti-Cal providers who participate in the pilot program and complete the required continuing education units would be eligible for a supplemental provider payment. The supplemental provider payment amount has yet to be defined by the Department of Health Care Services.	**02/27/2020** Referred to Committee on Health **02/19/2020** Introduced	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office projects this expansion would cost approximately $900 million General Fund (GF) in 2019-2020 and $3.2 billion GF each year thereafter, including the costs if In-Home Supportive Services.	**07/02/2019** Hearing canceled at the request of the author **06/06/2019** Referred to Senate Committee on Health **05/28/2019** Passed Assembly floor **12/03/2018** Introduced	CalOptima: Watch CAHP: Support LHPC: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 526 Petrie-Norris	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** Similar to SB 1073, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	**08/30/2019** Senate Committee on Appropriations; Held under submission **06/27/2019** Passed Senate Committee on Health **05/23/2019** Passed Assembly floor **02/13/2019** Introduced	CalOptima: Watch
AB 683 Carrillo	**Adjusting the Assets Test for Medi-Cal Eligibility:** Would eliminate specific assets tests, such as life insurance policies, musical instruments, and living trusts, when determining eligibility for Medi-Cal enrollment.	**05/16/2019** Committee on Appropriations; Hearing postponed at the request of the Committee **04/02/2019** Passed Committee on Health **02/15/2019** Introduced	CalOptima: Watch
SB 29 Durazo	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately $134 million each year ($100 million General Fund, $21 federal funds) by expanding full-scope Medi-Cal to approximately 25,000 adults who are undocumented and 65 years of age and older. The financial costs for In-Home Supportive Services is estimated to cost $13 million General Fund.	**09/13/2019** Held in Assembly **05/29/2019** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
SB 1073 Gonzalez	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** Similar to AB 526, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	**02/18/2020** Introduced	CalOptima: Watch

HOMELESSNESS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1978 Correa/Lieu	**Fighting Homelessness Through Services and Housing Act:** Similar to S. 923, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of $750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of $100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to $25 million each year for up to five years. Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.	**03/28/2019** Introduced; Referred to the House Committee on Financial Services	CalOptima: Watch
S. 923 Feinstein	**Fighting Homelessness Through Services and Housing Act:** Similar to H.R. 1978, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of $750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of $100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to $25 million each year for up to five years. Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.	**03/28/2019** Introduced; Referred to Committee on Health, Education, Labor, and Pensions	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1907 Santiago, Gipson, Quirk-Silva	**California Environmental Quality Act (CEQA) Exemption for Emergency Shelters and Supportive Housing:** Would exempt the development of emergency shelters, supportive housing or affordable housing by a public agency from CEQA regulations, expiring on December 31, 2028.	**01/30/2020** Referred to Committees on Natural Resources; Housing and Community Development **01/08/2020** Introduced	CalOptima: Watch
AB 2295 Quirk-Silva	Fairview Developmental Center: Would require the State Legislature to enact legislation relating to the development of the Fairview Developmental Center (Center) located in Costa Mesa, CA. Of note, the Governor's Fiscal Year 2019-2020 budget included funds to utilize the Center temporarily to provide housing and services for those experiencing a severe mental illness. Additionally, AB 1199, signed into law in 2019, allows a public hearing to determine the use of the Center. This bill is still early in the legislative process. The pending legislation to define use of the Center is unknown at this time.	**02/14/2020** Introduced	CalOptima: Watch

MEDI-CAL MANAGED CARE PLANS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2625 Boerner Horvath	**Ground Emergency Medical Transportation (GEMT):** Would require managed care plans that offers coverage for GEMT services to include those services as in-network services.	**03/02/2020** Referred to Committee on Health **02/20/2020** Introduced	CalOptima: Watch
SB 936 Pan	**Medi-Cal Managed Care Plans Contract Procurement:** Would require the Department of Health Care Services Director to conduct a contract procurement at least once every five years with a contracted commercial Medi-Cal managed care plan providing care for Medi-Cal beneficiaries on a state-wide or limited geographic basis.	**02/20/2020** Referred to Committee on Health **02/06/2020** Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2100 Wood	**Pharmacy Carve-Out Benefit:** Would require the Department of Health Care Services to establish the Independent Prescription Drug Medical Review System (IPDMRS) for the outpatient pharmacy benefit, and to develop a framework for the system that models the requirements of the Knox-Keene Health Care Service Plan Act. Would require the IPDMRS to review disputed health care service of any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed or to a finding that the service is not medically necessary. Additionally, would establish prior authorization requirements, such as a 24-hour response, a 72-hour supply during emergency situations, and a minimum 180 days for continuity of care for medications regardless if listed on the Medi-Cal contract drug list.	**02/20/2020** Referred to Committee on Health **02/05/2020** Introduced	CalOptima: Watch
SB 852 Pan	**California Affordable Drug Manufacturing Act of 2020:** Would establish the Office of Drug Contracting and Manufacturing (Office) to reduce the cost of prescription drugs. No later than January 1, 2022, would require the Office to contract or partner with no less than one drug company or generic drug manufacturer, licensed by the United States Food and Drug Administration, to produce or distribute generic prescription drugs.	**01/13/2020** Introduced	CalOptima: Watch
SB 1084 Umberg	**Secure Dispensing of a Controlled Substance:** Would require a pharmacist who dispenses a controlled substance in a pill form to dispense the controlled substance in a lockable vial no sooner than June 30, 2021. Would require the manufacturer of the controlled substance to reimburse the pharmacy dispensing the medication the cost of using a lockable vial within 30 days of receiving a claim. Would also require the pharmacy to provide educational pamphlets to the patient regarding the use of a controlled substance.	**03/05/2020** Referred to Committees on Business, Professions and Economic Development; Judiciary **02/19/2020** Introduced	CalOptima: Watch

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2492 Choi	**Program of All-Inclusive Care for the Elderly (PACE) Enrollment:** Would require the Department of Health Care Services to establish a maximum number of eligible participants each PACE center can enroll.	**03/12/2020** Referred to Committees on Aging; Long-Term Care **02/19/2019** Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 890 Wood	**Nurse Practitioners:** Would permit a nurse practitioner to practice without direct, ongoing supervision of a physician when practicing in an office managed by one or more physicians. Would create the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs to certify nurse practitioners wanting to practice without direct, ongoing supervision of one or more physicians.	**01/27/2019** Passed Assembly floor **02/20/2019** Introduced	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 66 Atkins/ McGuire	**Federally Qualified Health Center (FQHC) Reimbursement**: Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that do not allow an FQHC to be reimbursed for a mental or dental and physical health visits on the same day. A patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit through the member's primary care provider and a mental health or dental visit as two separate visits, regardless if at the same location on the same day. As a result, the patient would no longer have to wait a 24-hour time period in order to receive medical and dental or mental health services, while ensuring that clinics are appropriately reimbursed for both services. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.	**09/13/2019** Carry-over bill; Moved to inactive filed at the request of the author **08/30/2019** Passed Assembly Committee on Appropriations **05/23/2019** Passed Senate floor **01/08/2019** Introduced	CalOptima: Watch CAHP: Support LHPC: Co-Sponsor, Support
AB 2871 Fong	**Drug Medi-Cal Reimbursement Rates:** Would require the Department of Health Care Services to establish reimbursement rates for services provided through the Drug Medi-Cal program to be equal to rates for similar services provided through the Medi-Cal Specialty Mental Health Services program.	**03/05/2020** Referred to Committee on Health **02/21/2020** Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4932 Thompson	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019:** Similar to S. 2741, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also: ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes.	**10/30/2019** Introduced; Referred to the Committees on Energy and Commerce; Ways and Means	CalOptima: Watch AHIP: Support
S. 2741 Schatz	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019:** Similar to H.R. 4932, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also: ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes.	**10/30/2019** Introduced; Referred to the Senate Committee on Finance	CalOptima: Watch AHIP: Support
AB 1676 Maienschein	**Telehealth Mental Health Services for Children, Pregnant Women, and Postpartum Persons:** Would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than January 1, 2021. Consultation and treatment services, provided by a psychiatrist, would be accessible during standard business hours, with the option for evening and weekend hours. Would also require adequate staffing to ensure calls are answered within 60 seconds. Payment structure has yet to be defined.	**05/16/2019** Committee on Appropriations; Held under submission **04/24/2019** Passed Committee on Health **02/22/2019** Introduced	CalOptima: Watch CAHP: Oppose
AB 2007 Salas	**Telehealth Services for New Patients:** Would no longer require the first visit at a federally qualified health clinic to be an in-person visit. Instead, would allow the new patient the option to utilize telehealth services and become an established patient as their first visit.	**02/14/2020** Referred to Committee on Health **01/28/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2164 Rivas	Telehealth Pilot Program: Would establish a five-year grant and pilot program, to establish the eConsult Services and Telehealth Assistance Program. The grant funding would be available to health centers and community clinics providing care in rural and underserved areas. The pilot program is projected to cost $7.5 million over five-years and would be use for: ■ Conducting infrastructure assessments, clinical objectives, and staffing plans; ■ Procuring technology and software and implementing eConsult services; and ■ Workforce training.	**02/14/2020** Referred to Committee on Health **01/28/2020** Introduced	CalOptima: Watch

TRAILER BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 2002918 Trailer Bill – Medi-Cal Expansion	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals 65 years of age or older regardless of their immigration status. The Governor's Fiscal Year 2020-2021 proposed budget anticipates the expansion of full-scope Medi-Cal will cost $80.5 million ($62.4 million General Fund) in 2021 and $350 million ($320 million General Fund) each year after, including the cost of In-Home Supportive Services.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch
RN 2003830 Trailer Bill: Drug Price Negotiations	**Med-Cal Drug Pricing Negotiations:** Would authorize the Department of Health Care Services negotiate "best prices" with drug manufacturers, both within and outside of the United States, and to establish and administer a drug rebate program in order to collect rebate payments from drug manufacturers for drugs furnished to California residents who are ineligible for full-scope Medi-Cal. Would authorize a Medi-Cal beneficiary to receive more than six medications without prior approvals. Additionally, this Trailer Bill would modify the current co-pay amount for a drug prescription refill.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch
RN 2006526 Trailer Bill – Medication-Assisted Treatment	**Medication-Assisted Treatment (MAT):** Would expand narcotic treatment program services to include MAT under Drug Medi-Cal.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch

*Information in this document is subject to change as bills are still going through the early stages of the legislative process.

CAHP: California Association of Health Plans
CalPACE: California PACE Association
LHPC: Local Health Plans of California
NPA: National PACE Association

Last Updated: April 20, 2020

2020 Federal Legislative Dates

April 4–19	Spring recess
August 10–September 7	Summer recess
October 12–November 6	Fall recess

2020 State Legislative Dates

January 6	Legislature reconvenes
January 31	Last day for bills introduced in 2019 to pass their house of origin
February 21	Last day for legislation to be introduced
April 2–12	Spring recess
April 24	Last day for policy committees to hear and report bills to fiscal committees
May 1	Last day for policy committees to hear and report non-fiscal bills to the floor
May 15	Last day for fiscal committees to report fiscal bills to the floor
May 26–29	Floor session only
May 29	Last day to pass bills out of their house of origin
June 15	Budget bill must be passed by midnight
July 2–August 3	Summer recess
August 14	Last day for fiscal committees to report bills to the floor
August 17–31	Floor session only
August 31	Last day for bills to be passed. Final recess begins upon adjournment
September 30	Last day for Governor to sign or veto bills passed by the Legislature
November 3	General Election
December 7	Convening of the 2021–22 session

Sources: 2020 State Legislative Deadlines, California State Assembly: http://assembly.ca.gov/legislativedeadlines

About CalOptima

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