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

THURSDAY, APRIL 10, 2025

12:00 P.M.

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

AGENDA

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

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

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

Register to Participate via Zoom at: https://us06web.zoom.us/webinar/register/WN_1Xgh9-Y-TEiexzVZgpgj5w and Join the Meeting.

Webinar ID: 835 3106 9732

Passcode: **794659 – Webinar instructions are provided below.**

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

2. **ESTABLISH QUORUM**

3. **MINUTES**
   A. Approve Minutes from the February 13, 2025 Regular Joint Meeting of the Member and Provider Advisory Committees

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

5. **INFORMATIONAL ITEMS**
   A. Health Equity and Community Reinvestment
   B. Voice of the Member
   C. New CalOptima Health Website Update
   D. Committee Member Updates

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

7. **COMMITTEE MEMBER COMMENTS**

8. **ADJOURNMENT**

Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on Thursday, April 10, 2025 at 12:00 p.m. (PST)

To **Register** in advance for this webinar:

https://us06web.zoom.us/webinar/register/WN_1Xgh9-Y-TEiexzVZgpgj5w
Join from a PC, Mac, iPad, iPhone or Android device

On day of meeting, please click this URL to join:
https://us06web.zoom.us/s/83531069732?pwd=SiWdOxPE5fkq35Nlb5uKiRPtzrvL9z.1

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+1 301 715 8592 US (Washington DC)
+1 305 224 1968 US
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)
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+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US
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MINUTES

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

February 13, 2025

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, February 13, 2025 at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

MAC Chair Christine Tolbert called the meeting to order at 12:07 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair; Meredith Chillemi, Vice-Chair; Linda Adair; Keiko Gamez; Kim Goll; Peter Hersh; Hai Hoang; Paul Kaiser; Dr. Junie Lazo-Pearson; Sara Lee; Lee Lombardo; Nicole Mastin; Margie Moore; Shirley Valencia; Alyssa Vandenberg

Members Absent: Josefina Diaz; Sandy Finestone

Provider Advisory Committee

Members Present: John Nishimoto, O.D., Chair; Lorry Belhumeur, Ph.D.; Tiffany Chou, NP; Andrew Inglis, M.D.; Timothy Korber, M.D.; Morgan Mandigo, M.D.; Patty Mouton; Jacob Sweidan, M.D.; Christy Ward

Members Absent: Gio Corzo, Vice Chair; Alpesh Amin, M.D; Ji Ei Choi, L.Ac; Jena Jensen; Mary Pham, Pharm.D.; Alex Rossel

Others Present

Staff Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Veronica Carpenter, Chief Administrative Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Troy Szabo, Outside Legal Counsel; Michael Gomez, Executive Director, Network Operations; Donna Laverdiere; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant

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MINUTES

Approve the Minutes of the October 10, 2024 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees (PAC Only)

PAC Action: ***On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the October 10, 2024 Regular Joint Meeting (Motion carried 9-0-0; (Members Gio Corzo, Vice Chair; Alpesh Amin, M.D; Ji Ei Choi, L.Ac; Jena Jensen; Mary Pham, Pharm.D.; Alex Rossel absent)***

Approve the Minutes of the December 12, 2024 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees (MAC Only)

MAC Action: ***On motion of MAC Member Sara Lee, seconded and carried, the Committee approved the minutes of the December 12, 2024 Regular Joint Meeting (Motion carried 14-0-1; Members Josefina Diaz; Sandy Finestone absent; Member Peter Hersh abstained)***

PUBLIC COMMENTS

There were no public comments.

INFORMATION ITEMS

Home Visiting Services for Orange County

Val Brauks, Executive Director, Children and Families Coalition of Orange County (CFCOC), presented on Every Family Home Visiting Collaborative which is led by Vital Access Care Foundation (VACF). VACF improves the health and well-being of underserved communities, particularly focusing on Asian American, Native Hawaiian, and Pacific Islander (AANHPI) populations. She noted that through education, advocacy, and comprehensive healthcare services, VACF strives to reduce health disparities and provide culturally competent care that meets the unique needs of these communities. VACF is a lead organization of the API Task Force, a collaborative of 20 direct service community-based organizations focused on social services and healthcare for Orange County's AA and NHPI communities. VACF will be working with the YMCA of Orange County who will be serving as the administrative, fiscal lead and will provide direct service via a home visitor and is supported by the CFCOC. This collaboration includes partnerships that will expand home visiting services for racial and ethnic populations, as well as children with disabilities in addition to the CalWORKs population and other infant and toddler home visiting programs. Ms. Brauks also reviewed the Children and Youth Behavioral Health Initiative

(CYBHI) that was adopted in 2021 which seeks to reimagine the systems, regardless of payer, that support behavioral health for al California's children, youth, and their families.

Covered California Update

Veronica Carpenter, Chief Administrative Officer, presented an update on the Covered California Initiative noting that the five Orange County Board of Supervisors unanimously approved the change to CalOptima Health's Ordinance. She thanked the MAC and PAC for their feedback and engagement and support and looks forward to continuing to work with the committees on this effort noting that CalOptima Health's guiding principles would remain the same. Ms. Carpenter noted that the CalOptima Health website had been updated to include a page dedicated to Covered California and added that the CalOptima Health Board has allocated $5 million cumulatively for startup contracts. She noted that CalOptima Health has fully started planning and implementation so that it is ready to go live in January 2027. She also discussed how the contracts include an actuarial support for financial protections and rate development with Milliman for $1.5 million along with Health Management Associates for approximately $250,000. Another $3 million would be used for a Request for Proposal (RFP) for operational support services. She also noted that CalOptima Health had kicked off all of the major work streams internally to meet this very aggressive timeline which includes the Department of Managed Health Care licensing process and that they would be providing in-depth analysis of what the Covered California network would like and that she planned to bring this item back to the committees before it goes to the Board in June. Ms. Carpenter answered several questions from the committee about the Milliman rate development and noted that they had assisted the Inland Empire Health Plan with their rate development and that Milliman is an actuarial firm that is familiar with CalOptima Health.

Prospective Health Network Policy and Procedure

Michael Gomez, Executive Director, Network Operations, presented on the Prospective Health Network Policy and Procedure. Mr. Gomez discussed how CalOptima Health had received several inquiries from entities asking if it was open to add a new health network and after a review of CalOptima Health policies it was determined that there was a need to create a new policy. To assist with this effort CalOptima Health reached out for input from its health networks, Federally Qualified Health Centers (FQHCs), and the MAC and PAC, and has created a tracking log of various responses and comments. This tracking log was reviewed with CalOptima Health directors for input on the suggestions that were received. Mr. Gomez also reviewed the process for approval and noted that it is the intent of Network Operations to present and ask for policy approval at the March 6, 2025 Board meeting. He also reviewed next steps with the committees once the policy was approved. Several committee members expressed their appreciation for being kept apprised of this new policy and how it has been an inclusive process not only with the networks and FQHCs but with the MAC and PAC as well.

Committee Member Updates

MAC Chair Christine Tolbert notified the members that recruitment for seats expiring June 30, 2025 will now begin on March 1, 2025 and that One OneCare Member or Authorized Family Member

Representative and one Medi-Cal Beneficiaries or Authorized Family Member Representative were available. For the Community seats the Foster Children Seat would be open for recruitment as well as the Member Advocate Representative. Chair Tolbert also reminded the members in attendance that to fill out their stipend forms and return to Cheryl Simmons at the conclusion of the meeting.

PAC Chair Dr. Nishimoto also noted that the PAC would also hold their recruitment beginning on March 1, 2025. He noted that the following seats were available: Allied Health Representative, Long-Term Services and Supports Representative, Non-Physician Medical Practitioner Representative, and two Physician Representatives.

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Update

Yunkyung Kim, Chief Operating Officer, highlighted a few items of interest to the committees noting that the 2025 Report to the Community had been released and it is available on the CalOptima Health website and that hard copies were in the mail. She noted that it highlights what a great year CalOptima Health had in 2024 and that if there was a theme to the 2025 Report to the Community it was about partnerships that were established through the entire Orange County community. Ms. Kim also provided an update on enrollment numbers and noted that December numbers increased by 8,000 new members but noted that it is a constantly fluctuating number with end of year showing an increase and then again mid-year and that CalOptima Health was keeping a close eye on how membership trends in 2025. Ms. Kim also provided an update on how the Board approved for CalOptima Health management to continue negotiating with Providence Health in an effort to bring them on as a health network.

Chief Medical Officer Update

Richard Pitts, D.O., Ph.D, Chief Medical Officer, presented information on Silicosis, an incurable lung disease that can lead to disability and death. He noted that Silica dust can also cause lung cancer, chronic obstructive pulmonary disease, kidney disease and autoimmune disease and that individuals with a history of working in cutting and finishing countertops are at risk for silicosis. Dr. Pitts also discussed how providers should educate and ask their patients about their work and suspect silicosis in countertop fabrication workers and that providers should report identified cases to the California Department of Public Health.

Chief Administrative Officer Report

Veronica Carpenter provided an update to the committees on how CalOptima partnered with five Asian American Pacific Islander organizations, including Korean Community Services, Orange County, Asian Pacific Islander Community Alliance, the Cambodian Family, Southland Integrated Services and the Vietnamese American Cancer Foundation to highlight the $3 million grant that CalOptima Health awarded these organizations as part of the cancer prevention program which received some media attention from Vietnamese TV and then also ran in the Times OC. She noted

that CalOptima Health was also partnering with KTLA on a program called Unscripted, which is being filmed in February to focus on CalOptima Health's senior programs, PACE and OneCare. The Unscripted programs should start to air sometime in early March. On the Medi-Cal expansion front, Ms. Carpenter noted that CalOptima Health had received 12 community partners who were funded for community enrollers to assist with Medi-Cal renewals and that they would help with Cal Fresh enrollment as well. CalOptima Health will host an event on Saturday March 1, in partnership with the City of Laguna Niguel and allow CalOptima Health to put a footprint into a new community down in South County.

She also noted that the Board had approved the 2025 2027 strategic plan and thanked the committees for their feedback and helping draft the strategic plan. She noted that on the Government Affairs side that Robert F Kennedy, Jr ., had been confirmed as the Health and Human Services Secretary on a 52 to 48 vote.

Ms. Carpenter asked the members of the committees to please share any member stories on how important Medicaid funding is for CalOptima Health members, and the need to ensure its sustainability to keep the current members that it serves healthy. Members of the committee asked several questions and noted that there was a lot of fear in the county especially for FQHC's with Immigration Control Enforcement (ICE) out in the communities.

Committee members thanked Ms. Carpenter for the in-depth legislative report as this is something that was done in the past and they were glad to see it return as a regular report item.

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer, assured the committees that CalOptima Health would not disclose any personal information, protected health information of any member for any reason. No data would be shared. He noted that the FQHCs had been impacted with a significant drop in visits some as high as 25% of the community clinics and that the FQHCs could not survive with a 25% reduction in revenues to keep their operations and doors open and that over 400,000 plus CalOptima Health members find their medical home in the community clinics and that the community clinics account for 1.2 million visits a year. He also noted that CalOptima Health was looking at strategic approaches to assisting the clinics. Mr. Hunn also discussed the Governor's budget and noted that continuous eligibility for children 0-5 will end in January 2026, which would then require families to go through another application process with the Social Services Agency to maintain their coverage. He noted that there were about 75,000 individual children that fall into the 0-5 category.

Mr. Hunn also discussed how the collaboration and communication that exists between the members of the MAC and PAC and CalOptima Health is critical as the committees are the eyes and ears of the CalOptima Health members and he asked the members to keep staff apprised of anything they hear out in the community.

ADJOURNMENT

There being no further business before the Committees, MAC Chair Christine Tolbert adjourned the meeting at 2:06 p.m.

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

Approved: April 10, 2025 by the Member Advisory Committee and the Provider Advisory Committee

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Community Reinvestment (CR) Program

Member and Provider Advisory Committees Joint Meeting

April 10, 2025

Michaell Silva Rose, DrPH, LCSW, Chief Health Equity Officer

Our Mission

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

Our Vision

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

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Community Reinvestment

- All Plan Letter [APL] 25-004
  - February 7, 2025
  - The Department of Health Care Services (DHCS) now requires qualifying Managed Care Plans (MCPs) to "demonstrate a commitment to the local communities in which they operate by contributing a minimum percentage of annual net income to those communities".
  - APL applies to:
    - MCP with positive net income
    - Qualifying subcontractors (defined on pg 2)

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Types of Community Reinvestments

Base Community Reinvestment Requirement

MCPs **and** Qualifying Subcontractors with positive net income must contribute:

- 5% of annual income if **net revenue is less than or equal to 7.5%**
- 7.5% of annual income if **net revenue is greater than 7.5%**

**Annual net revenue for initial cycle must come from their Medi-Cal contract revenues for 2024.*

Quality Achievement Requirement

MCPs with positive net income must contribute:

- **An additional 7.5%** of their annual net income for counties with an Enforcement Tier 2 or 3 assignment
  - *Tier 2: assigned to any county where MCP has 2 or more measures below MPL in any 1 MCAS domain*
  - *Tier 3: assigned to any county where MCP has 3 or more measures below MPL in 2 or more MCAS domains*

**Funding will be 100% allocated to improving quality measures below target for counties within Enforcement Tier 2 or 3*

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CalOptima Health

DHCS Guiding Principles

- Community reinvestment program advances DHCS' commitment to improving the health and well-being of members

Engage with the Community	Align Community-Identified Priorities with Investments in Health Outcomes and Equity	Ensure Funding Targets Non-Medicaid Activities
• Member and Provider Advisory committees • Orange County Health Care Agency (HCA) • Orange County Behavioral Health	• Reducing existing health disparities • Promoting improved health outcomes • Focus on upstream causes of poor health	• Community Reinvestment funds are **non-duplicative** Medi-Cal-covered services

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CalOptima Health

DHCS Permissible Categories

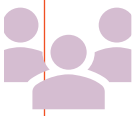
- Community reinvestment spending must fall into at least one of the following five categories:

Neighborhoods and Built Environment

Promotes health, well-being and safety

Health Care Workforce

Building the next generation of health care workers



Well-Being for Priority Populations

Addresses community-specific needs through tailored supports and services*

Local Communities

Bolsters the lives of individuals and contribute to advancement and well-being of the community

Improved Health

Initiatives targeted toward upstream root causes of poor health

*Populations covered under MCP contract such as those identified through the CHA/CHIP process or an ECM population of focus

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CalOptima Health

CHIP 2024-2026 Priority Areas

- Community Reinvestment activities must be directly informed by the needs identified in the Orange County Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP)

Mental Health	Substance Use	Diabetes and Obesity
Housing and Homelessness	Care Navigation	Economic Disparities

https://www.ochealthinfo.com/sites/healthcare/files/2025-02/OC_CHIP_Report_24-26_v10_ADA_v01.pdf

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CalOptima Health

Behavioral Health Transformation (BHT) Planning Process Priorities

- Community Reinvestment activities must align with the needs identified in the BHT community planning process.
- BHT became effective January 1st
- OC Behavioral Health has recently begun the Community Planning Process

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CalOptima Health

Non-Permissible Investment

- Community Reinvestment obligations may **not** be met through expenditures that include the following:

Procedural/ Administrative Activities	Member incentives or Member grants	Benefits Covered under Medi-Cal Contract*
• MCP implementation of CR efforts • Local Health Jurisdiction CHA/CHIP Processes • Outreach/onboarding efforts to support Community Advisory Committee activities	• Member incentive gift cards • Member incentives for completing preventive services	• Medi-Cal covered health care services or state-funded services (including those that are carved out of the primary or secondary operations contract)

* Including quality improvement activities counted toward medical loss ration (MLR)

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CalOptima Health

CalOptima Health CR Framework

Assess

- OC CHA/CHIP
- OC BHT Community Plan
- CalOptima Health Member and Population Needs Assessment (MPHNA)
- Community Asset Mapping

Engage

Key Stakeholders:

- MAC/PAC
- CalOptima Health governance committees
- County engagement
  - CHIP workgroups
- CalOptima Health Board
- Other MCP in county

Recommend

- Make recommendations and create plan based on:
  - CHA/CHIP
  - MPHNA
  - Asset mapping
  - Stakeholder input

Approval

- County attests to plan alignment with CHIP; agreement with investment strategy and proposed investment activities
- Signed letters from MAC
- CalOptima Health Board approval
- Submit plan to DHCS Q3 2026

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CalOptima Health

Feedback Session

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CalOptima Health

Feedback Survey

1. Given the DHCS's Community Reinvestment requirements, how should CalOptima Health invest to meet the community needs?
2. Where are the biggest gaps in care or community infrastructure?
3. What efforts could be scaled or sustained?
4. What other funding streams could we align with for this community reinvestment work?

Scan QR Code or click HERE to provide additional feedback

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Voice of the Member Program

Linda Lee
Executive Director, Quality Improvement

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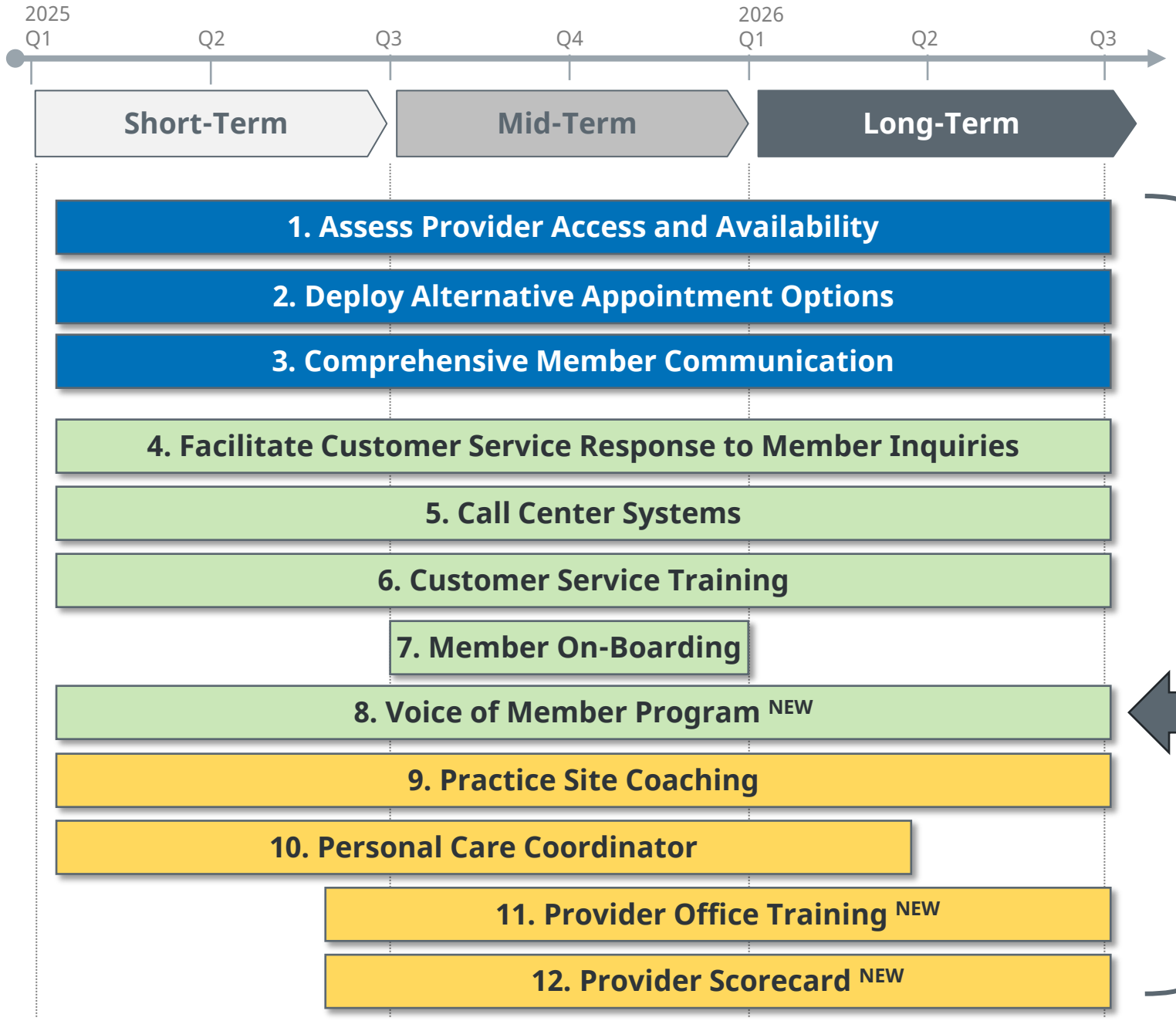
Strategic Priorities



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Voice of the Member Program

- What is it?
  - The collection of regular feedback from members about their satisfaction with the quality of their care, access to care, provider quality, customer service, benefits, etc.
- Why is it important?
  - High performing plans **actively** seek out member feedback, analyze trends to identify areas for improvement, and use the information to improve the quality of care and services provided. This feedback loop gives members a voice in how we operate and results in improved performance.

Member Experience star performance has trended downwards since 2022.

	CY2022	CY2023	CY2024	CY2025
C17: Getting Needed Care	4	1	1	1
C18: Getting Appointments and Care Quickly	4	2	1	1
C19: Customer Service	NA	1	1	1
C20: Rating of Health Care Quality	3	1	3	1
C21: Rating of Health Plan	3	2	2	2
C22: Care Coordination	2	1	1	1
D05: Rating of Drug Plan	4	4	4	2
D06: Getting Needed Prescription Drugs	4	2	2	1

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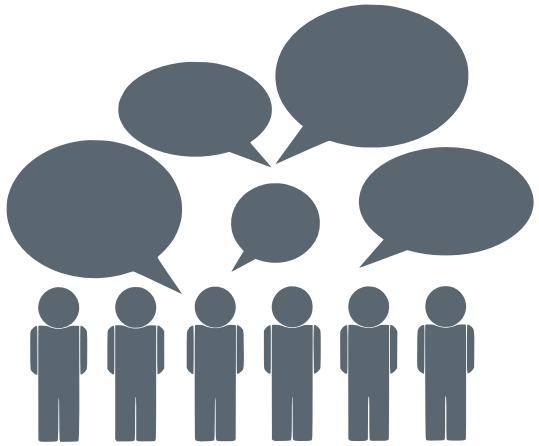
Sample Inputs

i had a good experience with someone on the phone named Robert. shout out to him! he was so helpful and sweet in assisting me with my situation. i would give more stars but i do not trust this place entirely. i only want to give five stars to Robert. thank you Robert for helping me out

Spoke to representative Luis and he was so kind and helpful. Luis made the process so smooth and easy . Thank you Luis .



- Just in Time
- Listening Posts
- Grievances
- Appeals
- CTMs
- Inbound Calls (CS)
- Disenrollment Survey
- Google Reviews
- CAHPS Survey
- BHI Survey
- Post IB Call Survey

it's amazing how a health care provider can keep operating in the manner cal optima does, you want to talk about the run around for 2 hours and still NOTHING accomplished.

CalOptima Health
500 City Pkwy W, Orange, CA
3.0 ★★★☆☆ 142 reviews

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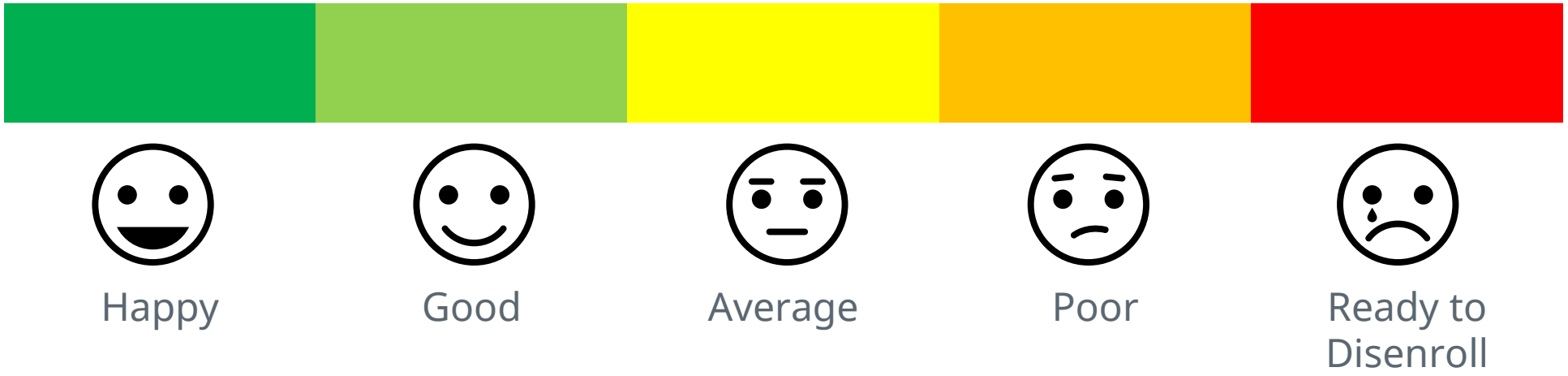
How Do We Keep Members at ‘Happy’ or ‘Good?’

- Monitor their satisfaction across the continuum of care
- Intervene as needed and provide service recovery
- Glean trends impacting multiple members and implement mitigation plans cross-functionally



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Next Step: Information Gathering

- Collaborating with departments to obtain copies of current inputs, e.g.:
  - Disenrollment survey calls
  - Appeals
  - CTMs
  - Grievances
- Proposing a mapping to CAHPS categories

Category	Topic or Response	Feedback Mechanism
Getting Needed Care	Difficulty accessing care	Disenrollment Survey (Proposed)
Getting Needed Care	Difficulty obtaining referrals to specialists	Disenrollment Survey (Proposed)
Getting Needed Care	Difficult obtaining DME	Disenrollment Survey (Proposed)
Getting Needed Care	Inadequate coverage for specific services or treatments needed	Disenrollment Survey (Proposed)
Getting Needed Care	Lack of flexibility in choosing healthcare providers or specialists	Disenrollment Survey (Proposed)
Getting Needed Care	Dissatisfaction with PCP	Disenrollment Survey (Proposed)
Getting Needed Care	Difficulty getting appointments with PCP	Disenrollment Survey (Proposed)
Getting Needed Care	Difficult getting appointments with specialist	Disenrollment Survey (Proposed)
Getting Needed Care	Distance to PCP is too far	Disenrollment Survey (Proposed)
Getting Needed Care	Distance to specialist is too far	Disenrollment Survey (Proposed)
Customer Service	Did not get the information or help needed	Disenrollment Survey (Proposed)
Customer Service	Was not treated with dignity and respect	Disenrollment Survey (Proposed)
Customer Service	Materials were too difficult to understand	Disenrollment Survey (Proposed)
Customer Service	Problems getting cost or coverage information	Disenrollment Survey (Proposed)
Customer Service	Problems getting help from plan	Disenrollment Survey (Proposed)
Customer Service	Problems getting help from health network	Disenrollment Survey (Proposed)
Benefits	Other plan offered better benefits	Disenrollment Survey (Proposed)
Benefits	Dissatisfaction with dental benefits	Disenrollment Survey (Proposed)
Benefits	Dissatisfaction with OTC benefits	Disenrollment Survey (Proposed)
Benefits	Dissatisfaction with coverage limitations or benefits	Disenrollment Survey (Proposed)
Network	Preferred provider is OON	Disenrollment Survey (Proposed)
Network	Preferred hospital is OON	Disenrollment Survey (Proposed)
Network	Preferred health network is OON	Disenrollment Survey (Proposed)
Claims Billing Cost	Premiums, copayments, deductibles are too high	Disenrollment Survey (Proposed)
Other Disenrollment	Relocated	Disenrollment Survey (Proposed)
Other Disenrollment	Moved to employer-sponsored insurance	Disenrollment Survey (Proposed)
Rating of Drug Plan	How easy was it to use your prescription drug plan to get the medicines your doctor prescribed?	Listening Post
Getting Needed Prescription Drugs	Was your prescription covered by OneCare as expected?	Listening Post
Getting Needed Prescription Drugs	Have you recently had any issues or delays filling your medicine?	Listening Post
Rating of Drug Plan	On a scale of 0 to 10, where 0 is the lowest and 10 is the highest, what number would you rate your prescription drug plan?	Listening Post
Rating of Personal Doctor	On a scale from 0 to 10, where 0 is the lowest and 10 is the highest, what number would you rate the care you got? [PCP]	Listening Post
Rating of Specialist Seen Most Often	On a scale from 0 to 10, where 0 is the lowest and 10 is the highest, what number would you rate the care you got? [SPECIALIST]	Listening Post
Doctors Who Communicate Well	How often did your provider explain things in a way that was easy to understand?	Listening Post
Doctors Who Communicate Well	How often did your provider listen to you carefully?	Listening Post
Getting Appointments and Care Quickly	How often did you get a specialist appointment when you needed it?	Listening Post

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Listening Posts: Campaign Feedback

	Script 1: Medication fill w/ last month	Script 2: Missed medication fill	Script 3: Post office visit
Target Population (OneCare Members)	First time ever filling one of the medication adherence medications (diabetes, statins, RAS antagonists)	Member missed a fill for a medication adherence measure	Member had a recent PCP or specialist visit
Number of Recipients	718	244	916
Number of Responses	53 (7.38% of total recipients)	11 (4.51% of total recipients)	62 (6.8% of total recipients)
Number of Members Requiring Follow Up	10 (1.39% of total recipients)	0 (0% of total recipients)	14 (1.53% of total recipients)
Voice of the Member	*"I use to get 60 pills now onecare just cover 30 days"* *"Shorter waiting line"* *"I've changed the cvs pharmacy location from the previous. The old location is too crowded"*	Text reminders would help them remember to refill their prescriptions. *"Yes, I am having significant health problems now; not.dementia or Alzheimer's, so reminders would really help."* *"text me a reminder"*	*"For me everything is perfect as it is"* *"To this day I am very happy with the services and care of the doctors"* *"I have had very good attention"* *"I'm thrilled with my health insurance"* *Everything is fine and im happy the way things are. Thank you CalOptima OneCareConnect"*

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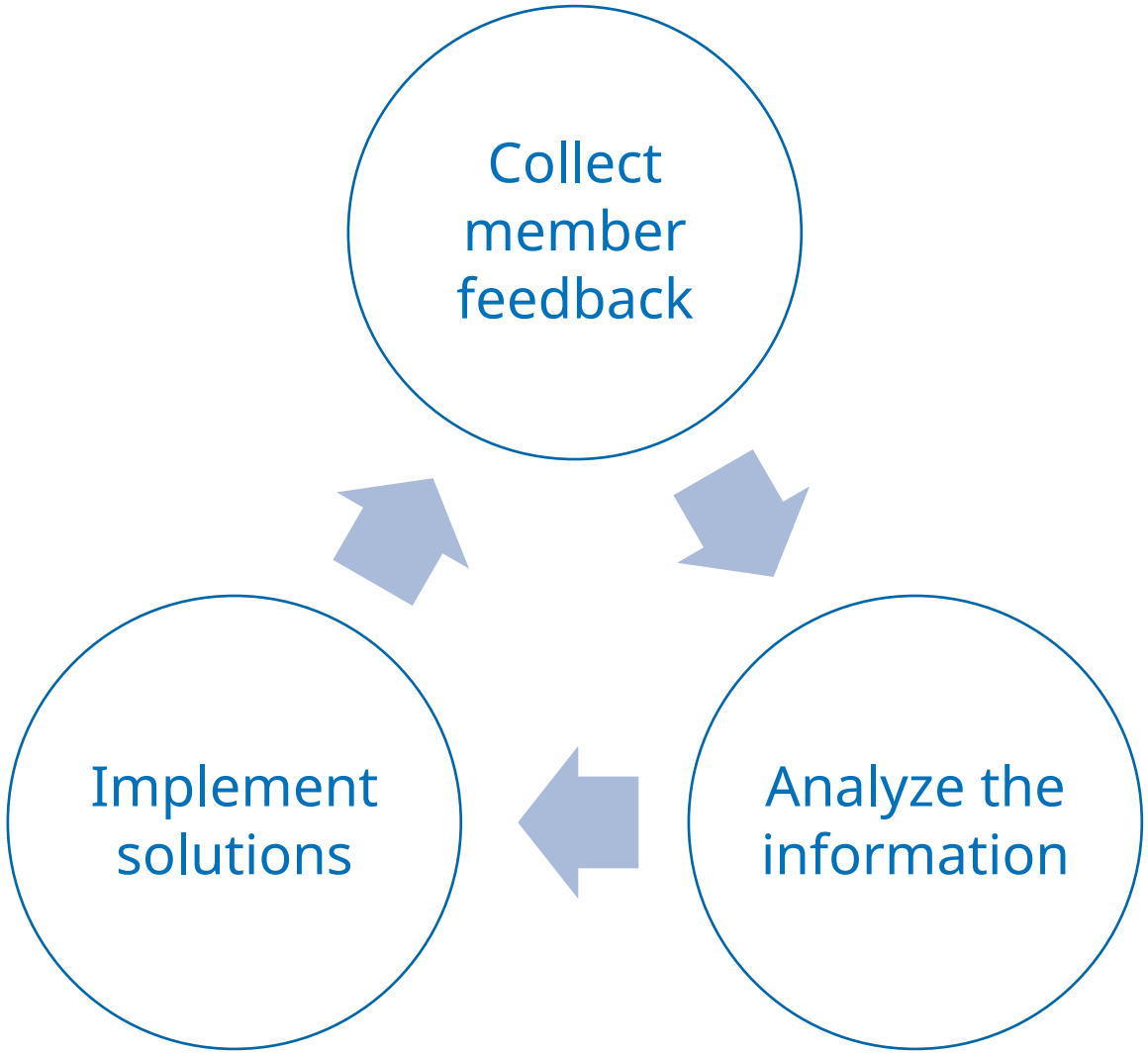
Moving Towards a VoM Feedback Loop Approach

Formalize our VoM efforts to ensure we create a continuous process:

- Constant state of collecting member feedback
- Ongoing analysis of the information to identify trends in satisfaction and dissatisfaction
- Action-oriented approach to implementing solutions that will resolve the underlying issues

We want to hear from you!

- We will bring VoM trends and proposed mitigation plans to future MAC & PAC sessions
- We welcome your feedback re: solution implementation



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US Measles Outbreak 2025

Joint Meeting of the Member Advisory and Provider Advisory Committees

Richard Pitts, D.O., PhD.

April 10, 2025

Our Mission

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

Our Vision

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

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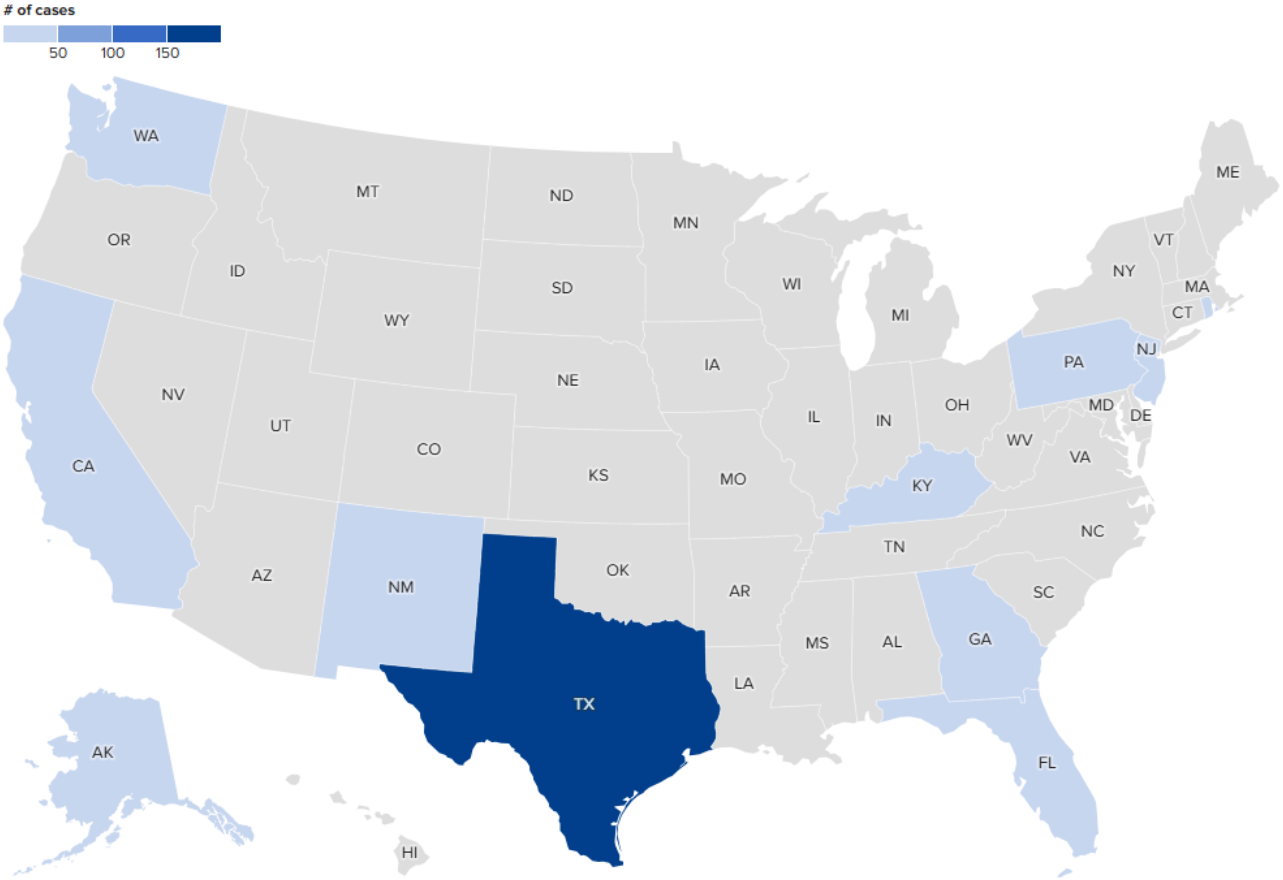
States with measles in 2025

So far this year, the U.S. has reported **222** cases. Click or hover over a state for more details.



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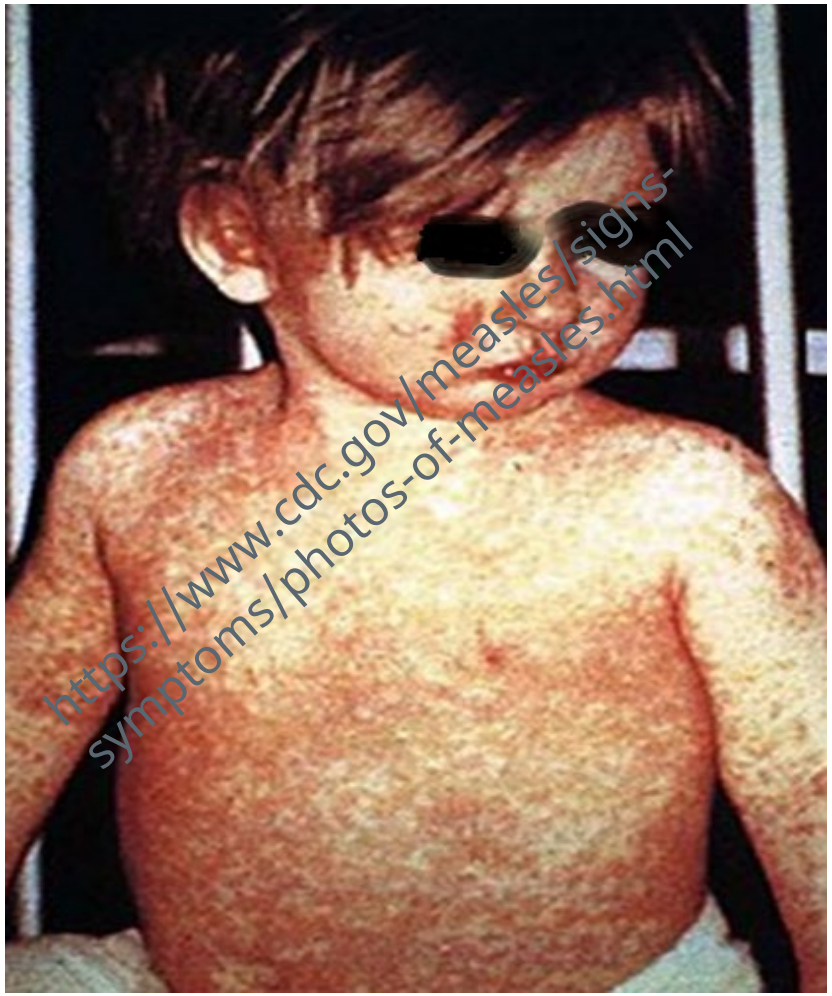

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https://www.cdc.gov/measles/signs-symptoms/photos-of-measles.html

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Complications of measles

- Ear infections.
- Scarring of the cornea.
- Pneumonia.
- Encephalitis (inflammation of the brain) which occurs in about one in every 1,000 people with measles.

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In All of 2023
What was the total number of Measles cases in the US? **58**

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In All of 2024
What was the total number of Measles cases in the US? **132**

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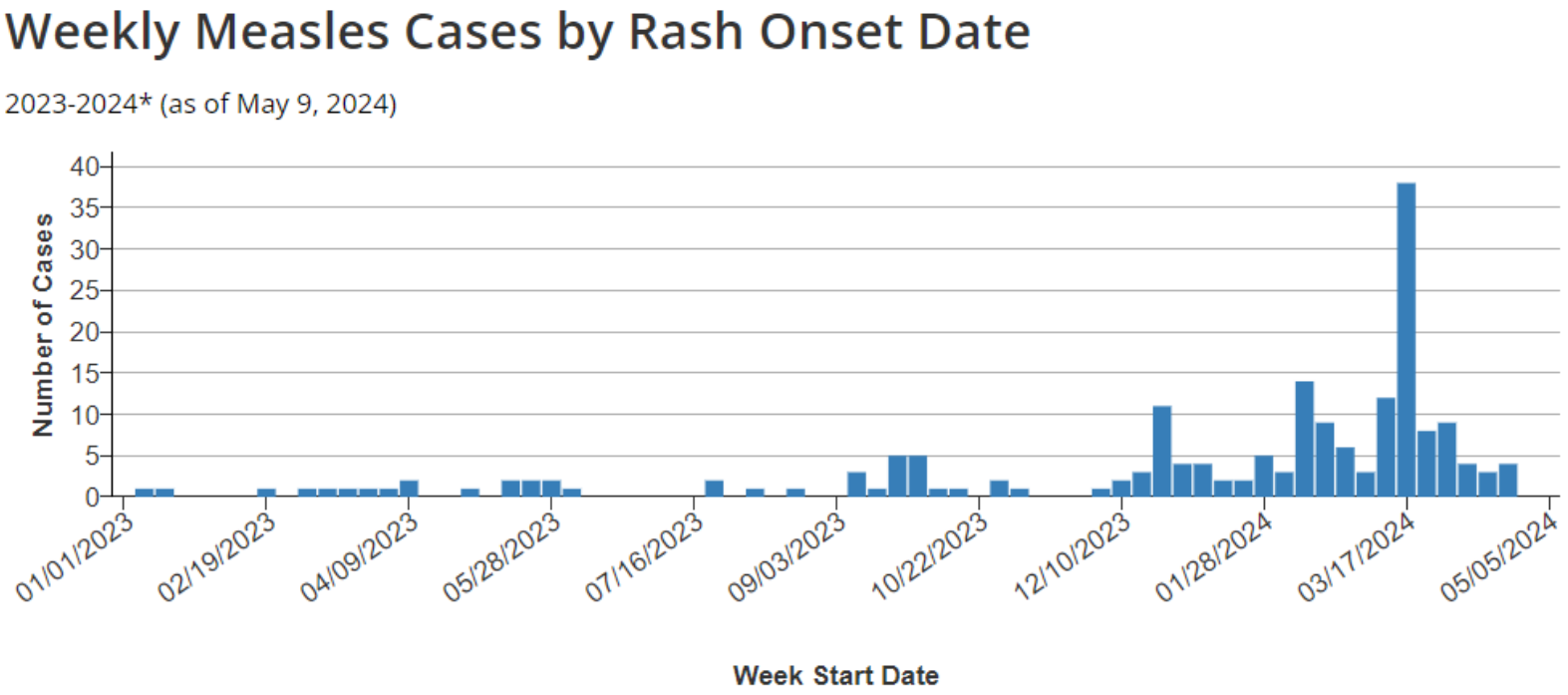
CDC as of May 9th 2024
Total in 2024 **285** Cases



https://www.cdc.gov/measles/cases-outbreaks.html#:~:text=Measles%20cases%20in%202024,Pennsylvania%2C%20Virginia%2C%20and%20Washington.

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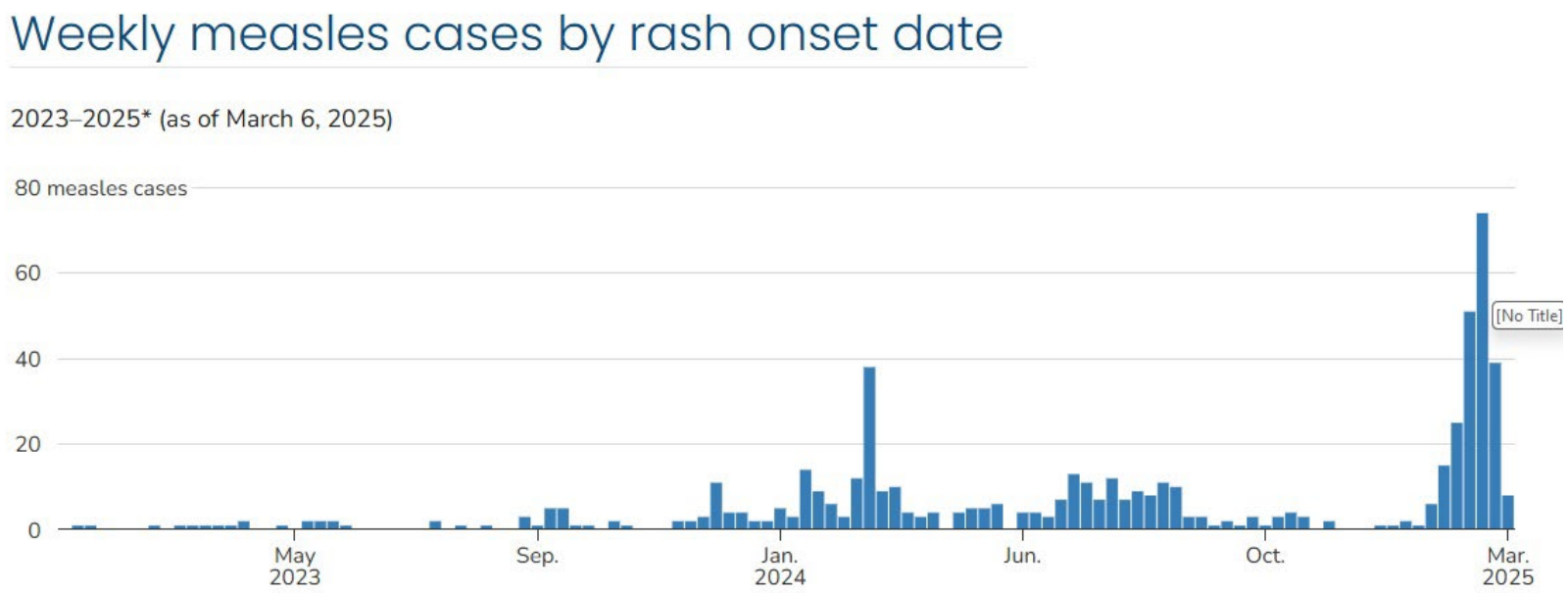
2025 Outbreak **224** Cases



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- Based on historical data:
- CDC has estimated that approximately 1 in 4 of cases of measles in the US result in hospitalization
- **1 in 1000** cases results in death
- Texas outbreak **2 deaths in 224 cases**
- Hospitalizations for measles precipitously declined with widespread measles vaccination

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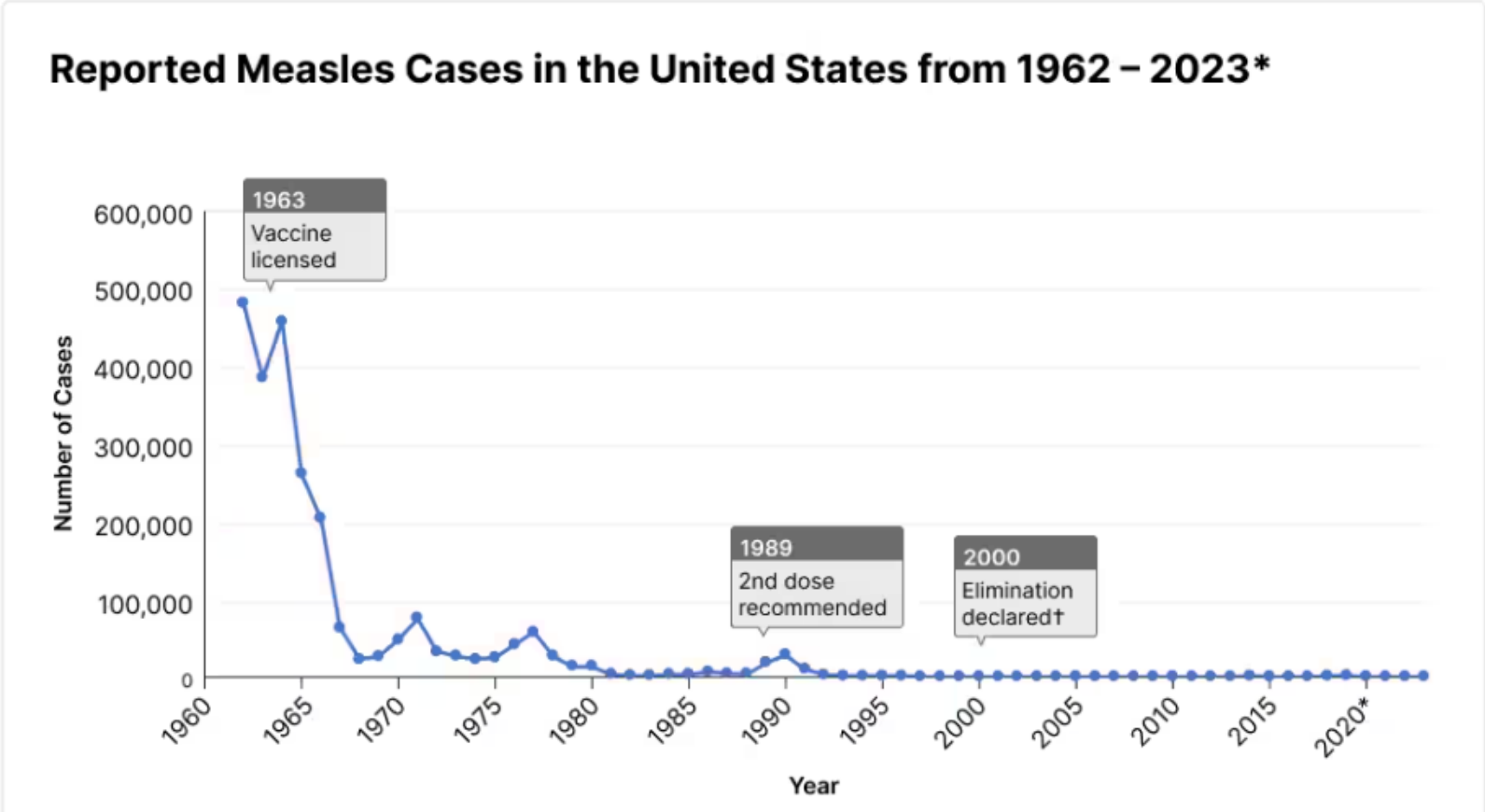
Does Measles vaccine work?



https://www.cdc.gov/measles/cases-outbreaks.html#:~:text=Measles%20cases%20in%202024,Pennsylvania%2C%20Virginia%2C%20and%20Washington.

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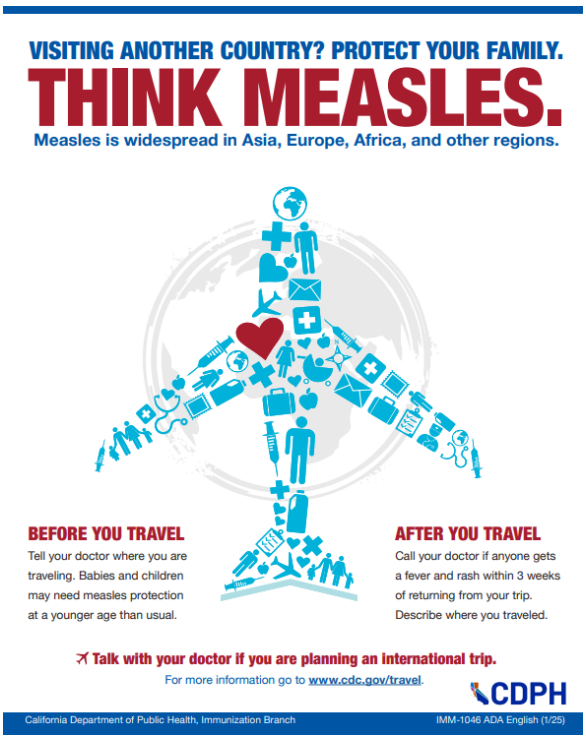
Health Officer Monthly Newsletter for Orange County Clinicians
March 2025

March 17, 2025
Regina Chinsio-Kwong, DO
County Health Officer

Measles, Tuberculosis (TB), Nutrition

Measles



On March 7, 2025, the Centers for Disease Control & Prevention (CDC) issued a Health Alert notifying the medical community of expanding measles outbreak in the US and to provide guidance for the upcoming travel season. With the rising number of identified cases across the US (301 as of March 14, 2025) from outbreaks occurring in different states as well as imported cases from other countries, and busy travel seasons around the corner (Spring and Summer Breaks) potentially increasing exposures during travel, messaging from clinicians remains a critical step in informing the public to take positive preventive measures to protect themselves and their community.

Of note, all 5 identified measles cases in California in 2025 have been associated with recent travel to Vietnam, a country that has been experiencing a surge in measles cases last year (45,000 suspected cases and 7,500 confirmed cases, 16 deaths in 2024). Recently, there were 2 reported deaths in children related to the outbreak in Nam Tra My District, Quang Nam Province.

Multiple countries across the globe have been experiencing measles outbreaks, hence ensuring one is protected before travel is important. Top 10 countries with measles outbreaks according to the CDC include Pakistan, Thailand, India, Yemen, Ethiopia, Afghanistan, Indonesia, Russia, Kyrgyzstan, and Vietnam.

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Key points to keep in mind when educating patients and the community:

- The measles vaccine (MMR or MMRV) is highly effective.
    - A single dose is 93% effective, and a two-dose regimen is approximately 97% effective in preventing disease.
    - Before the introduction of the measles vaccine, close to 500,000 measles cases were reported annually to the CDC and resulted in 48,000 hospitalizations, 1,000 cases of encephalitis, and 400 to 500 deaths annually in the US.
    - Upon the licensing and distribution of the measles vaccine in 1963, reported measles cases across the US significantly declined from close to 500,000 annually to 37 people reported in the US in 2004.
    - Prior to this year, the last reported measles death in the US occurred in 2015.
    - Measles Severity and Complications in the US (http://www.cdc.gov/measles/about/complications.html)
        - 1 out of 5 cases required hospitalization
        - 1 out of 1,000 people with measles develops swelling of the brain which can lead to long term consequences
        - 1-2 per 1000 measles cases result in death
          **Complications are more common in children < 5 and adults > 20 years old*
        - A rare but fatal disease Subacute Sclerosing Panencephalitis (SSPE) can develop **7-10 years** after a measles infection. Since measles was eliminated in 2000, SSPE is rarely reported in the US. Among people who contracted measles during the resurgence in the US in 1989 to 1991, 4 to 11 out of every 100,000 were estimated to be at risk for developing SSPE (CDC). The risk of developing SSPE may be higher for a person who gets measles before they are two years of age.
        - Studies demonstrate that severe complications such as pneumonia, encephalitis and death can be prevented with adequate immunity gained from vaccination.
        - Studies show that most people who receive 2 doses of a measles vaccine achieve vaccine-induced long-term immunity, which is lifelong for most.

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- Safety of Measles containing vaccines MMR and MMRV
  - Studies have shown that MMR and MMRV vaccines are well tolerated

  - Adverse reactions/symptoms following MMR/MMRV include the following (incidence listed in %)
    - Fever of 103°F (39.4°C) or higher 5%–15%
    - Rash 5%
    - Febrile seizures 1 in every 3,000 to 4,000 doses
    - Anaphylactic reactions 8 to 14.4 cases per million doses
    - Arthralgias and other joint symptoms 25% (adult women)

- Vaccine recommendations
  - Children are advised to get two doses of the MMR vaccine- one at the age of 12-15 months and the second at 4-6 years of age to get closer to a 97% efficacy rate.

  - The MMR vaccine can be given to infants 6-11 months of age before traveling internationally as an addition to the two recommended doses for protection.

  - Adults who have been vaccinated with 2 doses of vaccine have a >95% chance of being protected for life.

    - People born before 1957 are considered to have presumptive immunity. However, health care workers born before 1957 who don't have proof of immunity should consider getting the vaccine.
    - Those born after 1957 should get at least one MMR shot unless they have had laboratory-confirmed measles infection or have laboratory evidence (serum measles IgG) of immunity.

- Where can individuals get vaccines?
  - MMR and MMRV vaccines are widely available across the county.

  - Insured individuals should consult their health plan to understand where they can receive covered vaccines.

  - MyTurn.ca.gov provides information about vaccines as well as where to locate a local pharmacy or clinic that provides vaccines.

  - Additional locations for centers (locally and nationally) that are part of the Vaccines for Children and Vaccines for Adults programs are available at the HRSA website.

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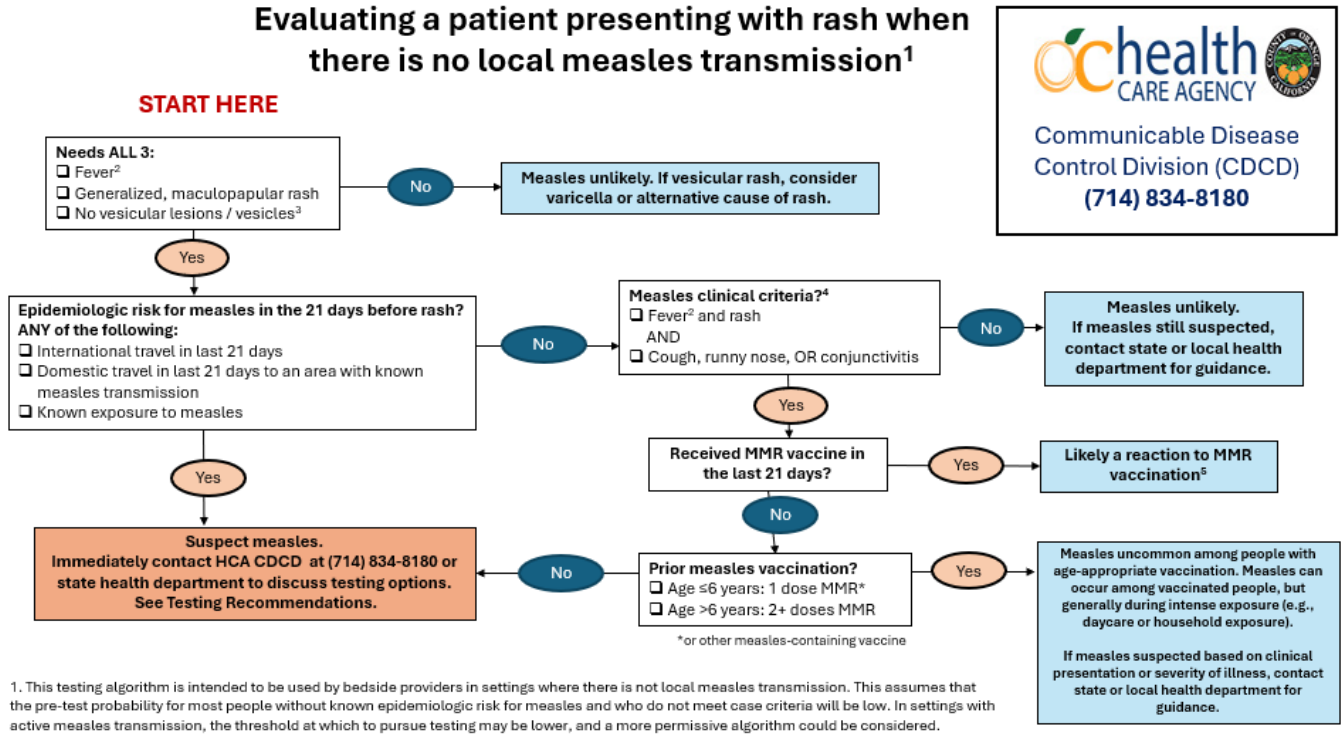
- **Measles Clinical Flowchart** (meant for settings where there is not an active outbreak)
  Measles should be considered for individuals with history of a fever, as well as any of the 3 C's can be present (Cough, Coryza, or conjunctivitis) followed by a rash that starts on the head or face and spreads downward.
  During active outbreak, testing can be pursued without meeting all 3 criteria of history of fever, rash and 3 C's.



Flowsheet adapted from CDC Clinical Provider Flowsheet for evaluating patient presenting with rash or fever

What to do if you suspect measles in a patient (refer to CDC HAN March 7, 2025 for details**)**

- **Isolate the patient/protect health care providers**
  - Follow precautions to minimize exposure to staff/patients (CDPH, CDC)
- **Don't wait for results- Immediately notify the OC Health Care Agency (HCA) Communicable Disease Control Division (CDCD) at (714) 834-8180**
  - Contact us immediately if measles is suspected! The team can assist with next steps, including facilitation of testing and management with post-exposure prophylaxis for those who are eligible.
- **Test-** Lab confirmation (usually by measles PCR testing) should be pursued for all patients with suspected measles. OCHCA's Public Health Laboratory can perform expedited PCR testing for any suspect case, with results back in 24 hours for high-risk patients.
  - Lab Collection resources
    - CDPH Collecting Respiratory Specimens poster
    - CDC Testing and Lab Confirmation for Measles, Mumps, Rubella, Varicella

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- **Manage**

    - Post-exposure prophylaxis (PEP): In coordination with the HCA, provide appropriate measles PEP to close contacts without evidence of immunity, as soon as possible after exposure, either with MMR vaccine (within 72 hours) or immunoglobulin (within 6 days). The choice of PEP is based on elapsed time from exposure or medical contraindications to vaccination.

    - **Supportive care**: There is no specific antiviral therapy for measles. Medical care is supportive to help relieve symptoms and address complications such as pneumonia and secondary bacterial infections. Use of vitamin A for patients with measles has recently been in the news. Please see the following link for information: Call-to-Action-Vitamin-A-for-the-Management-of-Measles-in-the-US-FINAL.pdf

Resources for having the conversation about vaccines with patients:

- How to have crucial conversations with vaccine-hesitant patients | American Medical Association
- Strategies for Improving Vaccine Communication and Uptake | Pediatrics | American Academy of Pediatrics
- Communicating More Effectively About Vaccines - Public Health Communications Collaborative
- California Department of Public Health (CDPH) Office of Communications Measles Toolkit
- HCA Measles page (updated Vaccine Flyer will be posted on this website)

Previously recorded webinars by local experts:

- California Immunization Coalition- Emerging Conversation Series
- California Immunization Coalition Emerging Conversations: Preparing Patients for International Travel- with featured speakers: Jeff Goad, Pharm.D., MPH, APh and Kate Williamson, MD, FAAP August 2024
- California Immunization Coalition Everything Old is New Again: The Return of Vaccine-Preventable Diseases with featured speakers: Jasjit Singh, MD, FIDSA, FPIDS and Jeffrey Silvers, MD February 2024

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2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
SB 476 Valladares	**Residential Therapeutic Programs:** States the intent of the Legislature to enact legislation relating to short-term residential therapeutic programs. ***Potential CalOptima Health Impact*:** Unknown at this time.	**02/20/2025** Introduced	CalOptima Health: Watch
SB 482 Stern	**Mental Health Diversion:** Would require that a court be satisfied that a recommended mental health treatment program is consistent with the underlying purpose of mental health diversion and meets the specialized treatment needs of the defendant. ***Potential CalOptima Health Impact*:** Increased oversight of behavioral health treatment for members.	**02/20/2025** Introduced	CalOptima Health: Watch
SB 626 Smallwood-Cuevas	**Maternal Mental Health Screenings and Treatment:** Would require a licensed health care practitioner who provides perinatal care for a patient to screen, diagnose and treat the patient for a maternal mental health condition. ***Potential CalOptima Health Impact:*** Increased access to behavioral health services for eligible members.	**02/21/2025** Introduced	CalOptima Health: Watch
SB 812 Allen	**Qualified Youth Drop-In Center Health Care Coverage:** Would require a health plan to provide coverage for mental health and substance use disorders at a qualified youth drop-in center that receives funding from the Children and Youth Behavioral Health Initiative (CYBHI) or is approved by a Local Education Agency (LEA) to be reimbursed by the health plan. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for CalOptima Health Medi-Cal youth members.	**02/21/2025** Introduced	CalOptima Health: Watch
AB 37 Elhawary	**Behavioral Health Workforce:** Would require the California Workforce Development Board to study how to expand the workforce of mental health service providers providing services to homeless persons. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for members experiencing homelessness.	**12/02/2024** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 348 Krell	**Full-Service Partnership:** Would establish presumptive eligibility for Full-Service Partnership programs. ***Potential CalOptima Health Impact*:** Increased continuity of care for members with serious mental illness.	**01/29/2025** Introduced	CalOptima Health: Watch
AB 384 Connolly	**Inpatient Prior Admission Authorization:** Would prohibit a health plan from requiring prior authorization for admission to medically necessary 24-hour care in inpatient settings, including general acute care hospitals and psychiatric hospitals, for mental health and substance use disorders (SUDs) as well as for any medically necessary services provided to a beneficiary while admitted for that care. ***Potential CalOptima Health Impact*:** Modified utilization management (UM) procedures for covered Medi-Cal benefits.	**02/04/2025** Introduced	CalOptima Health: Watch
AB 423 Davies	**Discharge and Continuing Care Planning:** Would mandate regulations for discharge and continuing care planning from a facility providing alcoholism or drug abuse recovery and treatment services, including the creation of a plan to help patients return to their home community and scheduled follow-up with a mental health or SUD professional no more than seven days after discharge. ***Potential CalOptima Health Impact*:** Increased continuity of care for members who have received SUD treatment.	**02/05/2025** Introduced	CalOptima Health: Watch
AB 618 Krell	**Behavioral Health Data Sharing:** Would require each Medi-Cal managed care plan (MCP), county specialty mental health plan (MHP) and Drug Medi-Cal program to electronically share data for its members to support coordination of behavioral health services. Would also require the California Department of Health Care Services (DHCS) to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be published by January 1, 2027. ***Potential CalOptima Health Impact*:** Increased coordination between Medi-Cal delivery systems regarding behavioral health services.	**02/12/2025** Introduced	CalOptima Health: Watch

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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
California Advancing and Innovating Medi-Cal (CalAIM)			
SB 324 Menjivar	**Enhanced Care Management (ECM) and Community Supports Contracting:** Would require a Medi-Cal MCP to give preference to contracting with community providers when covering the ECM benefit and/or Community Supports. In addition, would require DHCS to develop standardized templates to be used by MCPs. Would also require DHCS to develop guidance to allow community providers to subcontract with other community providers. Finally, would require DHCS to annually update rate guidance as a benchmark for MCPs to use to reimburse for ECM and Community Supports. ***Potential CalOptima Health Impact*:** Increased collaboration with community providers and standardized contracts.	**02/11/2025** Introduced	CalOptima Health: Watch
AB 543 Gonzalez	**Street Medicine:** Would integrate street medicine services for homeless individuals under Medi-Cal, mandating presumptive eligibility for full Medi-Cal benefits for homeless persons and authorizing any enrolled provider to determine eligibility. Would also require plans to allow homeless beneficiaries to access services from any provider outside traditional sites. Additionally, would require systems for beneficiaries to inform plans of their homeless status and mandate data sharing between Medi-Cal and the California Statewide Automated Welfare System (CalSAWS). ***Potential CalOptima Health Impact*:** Decreased service coordination and oversight related to street medicine providers.	**02/12/2025** Introduced	CalOptima Health: Watch
Covered Benefits			
SB 40 Wiener	**Insulin Coverage:** Effective January 1, 2026, would prohibit a health plan from imposing a copayment or other cost sharing of more than $35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or any other cost sharing on an insulin prescription drug. Would also prohibit a health plan from imposing step therapy protocols as a prerequisite to authorizing coverage of insulin on and after January 1, 2026. ***Potential CalOptima Health Impact:*** Decreased out-of-pocket costs for future members enrolled in Covered California line of business; new UM procedures.	**12/02/2024** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 62 Menjivar **AB 224** Bonta	**Essential Health Benefits (EHBs):** States the intent of the Legislature to review California's EHB benchmark plan and establish a new benchmark plan for the 2027 plan year. Would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year. ***Potential CalOptima Health Impact:*** New covered benefits for future members enrolled in Covered California line of business.	**01/09/2025** Introduced	CalOptima Health: Watch
SB 466 Caballero	**Women's Health:** States the intent of the Legislature to enact legislation relating to women's health. ***Potential CalOptima Health Impact:*** Unknown at this time.	**02/20/2025** Introduced	CalOptima Health: Watch
SB 535 Richardson **AB 575** Arambula	**Obesity Prevention Treatment and Parity Act:** Would require an individual or group health care plan that provides coverage for outpatient prescription drug benefits to cover at least one specified anti-obesity medication and intensive behavioral therapy for the treatment of obesity without prior authorization. ***Potential CalOptima Health Impact:*** Expanded covered benefits for future members enrolled in Covered California line of business.	**02/12/2025** Introduced	CalOptima Health: Watch
AB 242 Boerner	**Genetic Disease Screening:** Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027. ***Potential CalOptima Health Impact:*** Expanded covered benefits for members.	**1/15/2025** Introduced	CalOptima Health: Watch
AB 298 Bonta	**Cost-Sharing Under Age 21:** Effective January 1, 2026, would prohibit a health plan from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services provided to an individual under 21 years of age, with certain exceptions for high deductible health plans that are combined with a health savings account. ***Potential CalOptima Health Impact:*** Increased costs for CalOptima Health; decreased costs for future members enrolled in Covered California line of business under 21 years of age.	**01/23/2025** Introduced	CalOptima Health: Watch
AB 350 Bonta	**Fluoride Treatments:** Would require a health plan to provide coverage for fluoride varnish in the primary care setting for children under 21 years of age by January 1, 2026. ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**01/29/2025** Introduced	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 432 Bauer-Kahan	**Menopause:** Would require a health plan to provide coverage for evaluation and treatment options for perimenopause and menopause. Would also require a health plan to annually provide clinical care recommendations for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause. ***Potential CalOptima Health Impact:*** New covered benefits for members; increased communications to providers.	**02/05/2025** Introduced	CalOptima Health: Watch
AB 636 Ortega	**Diapers:** Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an appropriation by the Legislature: • Children greater than three years of age diagnosed with a condition that contributes to incontinence • Other individuals under 21 years of age to address a condition pursuant to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**02/13/2025** Introduced	CalOptima Health: Watch
Medi-Cal Eligibility and Enrollment			
AB 315 Bonta	**Home and Community-Based Alternatives (HCBA) Waiver:** Would remove the cap on the number of HCBA Waiver slots and instead require DHCS to enroll all eligible individuals who apply for HCBA Waiver services. By March 1, 2026, would require DHCS to seek any necessary waiver amendments to ensure there is sufficient capacity to enroll all individuals currently on a waiting list. Would also require DHCS by March 1, 2026, to submit a rate study to the Legislature addressing the sustainability, quality and transparency of rates for the HCBA Waiver. ***Potential CalOptima Health Impact*:** Expanded member access to HCBA Waiver services.	**01/23/2025** Introduced	CalOptima Health: Watch
AB 974 Patterson	**Managed Care Enrollment Exemption:** States the intent of the Legislature to enact legislation that would exempt from mandatory enrollment in a Medi-Cal MCP any dual-eligible and non-dual-eligible beneficiaries who receive services from a regional center and who use the Medi-Cal fee-for-service delivery system as a secondary form of health care coverage. ***Potential CalOptima Health Impact:*** Decreased number of members.	**02/21/2025** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1012 Essayli	**Unsatisfactory Immigration Status:** Would make an individual who does not have satisfactory immigrant status ineligible for Medi-Cal benefits. In addition, would transfer funds previously appropriated for such eligibility to a newly created Serving our Seniors Fund to restore and maintain payments for Medicare Part B premiums for eligible individuals. ***Potential CalOptima Health Impact:*** Decreased number of members.	**02/21/2025** Introduced	CalOptima Health: Watch
AB 1161 Harabedian	**State of Emergency Continuous Eligibility:** Would require DHCS and the California Department of Social Services, to provide continuous eligibility for its applicable programs (including Medi-Cal and CalFresh) to a beneficiary who has been displaced or otherwise affected by a state of emergency or a health emergency for at least 90 days after declaration or at least the entire duration of the emergency, whichever is longer. ***Potential CalOptima Health Impact*:** Extended Medi-Cal eligibility for certain members.	**02/21/2025** Introduced	CalOptima Health: Watch
Medi-Cal Operations and Administration			
SB 278 Cabaldon	**Health Data HIV Test Results:** Would permit additional disclosures to DHCS staff and Medi-Cal MCPs to improve care coordination and quality programs for HIV-positive beneficiaries. Would also update existing laws to enhance quality improvement efforts in HIV care under Medi-Cal. Would additionally require the development of a mechanism through which Medi-Cal beneficiaries can opt out of such disclosures. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive members.	**02/04/2025** Introduced	CalOptima Health: Watch
SB 497 Wiener	**Legally Protected Health Care Activity:** Would prohibit a health care provider, health plan, or contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or mental health care in response to a criminal or civil action. Would also prohibit these entities from cooperating with or providing medical information to an individual, agency, or department from another state or to a federal law enforcement agency or in response to a foreign subpoena. ***Potential CalOptima Health Impact:*** Increased protection of medical information related to gender-affirming care; increased staff training regarding disclosure processes.	**02/20/2025** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 530 Richardson	**Medi-Cal Time and Distance Standards:** Would extend current Medi-Cal time and distance standards indefinitely. In addition, would require a Medi-Cal MCP to ensure that each subcontractor network complies with certain appointment time standards and incorporate into reporting to DHCS. Additionally, the use of telehealth providers to meet time or distance standards would not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers. ***Potential CalOptima Health Impact:*** Increased oversight of contracted providers; increased reporting to DHCS.	**02/21/2025** Introduced	CalOptima Health: Watch
SB 660 Menjivar	**California Health and Human Services Data Exchange Framework (DxF):** Would require the Center for Data Insights and Innovation within California Health and Human Services Agency (CalHHS) to absorb all functions related to the DxF initiative, including the data sharing agreement and policies and procedures, by January 1, 2026. Additionally, would expand DxF to include social services information. ***Potential CalOptima Health Impact:*** Increased care coordination with social service providers.	**02/20/2025** Introduced	CalOptima Health: Watch
AB 40 Bonta	**Abortion as Emergency Service:** Would expand the definition of emergency services to include surgery and reproductive health services, including abortion, necessary to relieve or eliminate the emergency medical condition, within the capability of the facility. ***Potential CalOptima Health Impact:*** Expanded coverage of abortion services for members.	**12/02/2024** Introduced	CalOptima Health: Watch
AB 45 Bauer-Kahan	**Reproductive Privacy Data:** States the intent of the Legislature to enact legislation to make it unlawful to geofence an entity that provides in-person health care services. Would also prohibit health care providers from releasing medical research information related to an individual seeking or obtaining an abortion in response to a subpoena or request, if that subpoena or request is based on another state's laws that interfere with a person's rights under the Reproductive Privacy Act. ***Potential CalOptima Health Impact:*** Increased protection of medical information related to abortions; increased staff training regarding disclosure processes.	**12/02/2024** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 257 Flora	**Specialty Telehealth Network Demonstration:** Would require the establishment of a demonstration project for a telehealth and other virtual services specialty care network designed to serve patients of safety-net providers. ***Potential CalOptima Health Impact:*** Expanded member access to telehealth specialists.	**01/16/2025** Introduced	CalOptima Health: Watch
AB 302 Bauer-Kahan	**Confidentiality of Medical Information Act:** Would prohibit a health care provider, health plan or contractor from disclosing medical information in response to another state's court order based on a law in that state which interferes with California law. Would also prohibit such entities from disclosing medical information based solely on patient authorization. ***Potential CalOptima Health Impact:*** Increased protection of medical information; increased staff training regarding disclosure processes.	**01/23/2025** Introduced	CalOptima Health: Watch
AB 316 Krell	**Artificial Intelligence Defenses:** Prohibits a defendant that developed or used artificial intelligence from asserting a defense that artificial intelligence autonomously caused the alleged harm to the plaintiff. ***Potential CalOptima Health Impact:*** Increased liability related to UM procedures.	**01/24/2025** Introduced	CalOptima Health: Watch
AB 403 Ortega	**Medi-Cal Community Health Service Workers:** Would require DHCS to annually review the Community Health Worker (CHW) benefit and present an analysis to the Legislature beginning July 1, 2027. The analyses would include an assessment of Medi-Cal MCP outreach and education efforts, CHW utilization and services, demographic disaggregation of the CHWs and beneficiaries receiving services, and fee-for-service reimbursement data. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**02/04/2025** Introduced	CalOptima Health: Watch
AB 577 Wilson	**Prescription Drug Antisteering:** Would prohibit a health plan or pharmacy benefit manager (PBM) from engaging in specified steering practices, including requiring an enrollee to use a retail pharmacy for dispensing prescription oral medications and imposing any requirements, conditions, or exclusions that discriminate against a physician in connection with dispensing prescription oral medications. ***Potential CalOptima Health Impact:*** Increased oversight of contracted PBM and referral processes.	**02/12/2025** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 688 Gonzalez	**Telehealth for All Act of 2025:** Beginning in 2028 and every two years thereafter, would require DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**02/14/2025** Introduced	CalOptima Health: Watch
AB 894 Carrillo	**Immigration and Patient Privacy:** Would state the intent of the Legislature to enact legislation protecting the privacy of undocumented Californians. ***Potential CalOptima Health Impact:*** Increased protection of medical information; increased staff training regarding disclosure processes.	**02/20/2025** Introduced	CalOptima Health: Watch
AB 980 Arambula	**Health Plan Duty of Care:** As it pertains to the required "duty of ordinary care" by a health plan, would define "medically necessary health care service" to mean legally prescribed medical care that is reasonable and comports with the medical community standard. ***Potential CalOptima Health Impact:*** Modified UM procedures.	**02/21/2025** Introduced	CalOptima Health: Watch
Older Adult Services			
SB 242 Blakespear	**Medicare Supplemental Coverage Open Enrollment Periods:** Would make Medicare supplemental benefit plans available to qualified applicants with end stage renal disease under the age of 64 years. Would also create an annual open enrollment period for Medicare supplemental benefit plans and prohibit such plans from denying an application or adjusting premium pricing due to a preexisting condition. ***Potential CalOptima Health Impact:*** Expanded Medicare coverage options for dual-eligible members.	**01/30/2025** Introduced	CalOptima Health: Watch
SB 412 Limón	**Home Care Aides:** Would require a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia prior to providing care and annually thereafter. ***Potential CalOptima Health Impact:*** New training requirements for PACE staff.	**02/14/2025** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 346 Nguyen	**In-Home Supportive Services (IHSS) Certification:** Expands the definition of a "licensed health care professional" who is allowed to certify IHSS eligibility to include any person who is a health care practitioner under the Business and Provisions Code. Would also clarify that, as a condition of receiving paramedical services, an applicant or recipient is required to obtain a certification from a licensed health care professional, as specified. ***Potential CalOptima Health Impact:*** New training requirements for PACE staff; streamlined enrollment of PACE participants into IHSS.	**01/29/2025** Introduced	CalOptima Health: Watch
AB 960 Garcia	**Dementia Patient Visitation:** Would require a health facility to allow a patient with demonstrated dementia needs to have a family or friend caregiver with them as needed. ***Potential CalOptima Health Impact:*** New visitation policies for PACE center.	**02/21/2025** Introduced	CalOptima Health: Watch
Providers			
SB 32 Weber	**Maternity Ward Closures:** States the intent of the Legislature to enact legislation to address maternity ward closures. ***Potential CalOptima Health Impact:*** Continued member access to maternity wards.	1**2/02/2024** Introduced	CalOptima Health: Watch
SB 250 Ochoa Bogh	**Medi-Cal Provider Directory — Skilled Nursing Facilities:** Would require a provider directory issued by a Medi-Cal MCP to include skilled nursing facilities as a searchable provider type. ***Potential CalOptima Health Impact:*** Modifications to CalOptima Health's online provider directory.	**01/30/2025** Introduced	CalOptima Health: Watch
SB 306 Becker	**Prior Authorization Gold Carding:** Would restrict health plans from requiring prior authorization for a covered health care service if certain conditions are met, such as approving 90% or more requests in the previous year. If a service qualifies for this exemption, it must be listed on the provider's website by March 15 annually. ***Potential CalOptima Health Impact:*** Implementation of new UM procedures to assess provider approval rates; decreased number of prior authorizations.	**02/10/2025** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 504 Laird	**HIV Reporting:** Would authorize a health care provider for a patient with an HIV infection that has already been reported to a local health officer to communicate with a local health officer or the California Department of Public Health (CDPH) to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive CalOptima Health.	**02/20/2025** Introduced	CalOptima Health: Watch
AB 29 Arambula	**Adverse Childhood Experiences (ACEs) Screening Providers:** Would require DHCS to include community-based organizations, local health jurisdictions and doulas as qualified providers for ACEs trauma screenings and require clinical or other appropriate referrals as a condition of Medi-Cal payment for conducting such screenings. ***Potential CalOptima Health Impact:*** Increased access to care for pediatric members with ACEs.	**12/02/2024** Introduced	CalOptima Health: Watch
AB 50 Bonta	**Over-the-Counter Contraceptives:** Would allow pharmacists to provide over-the-counter hormonal contraceptives without following certain procedures and protocols, such as requiring patients to complete a self-screening tool. As such, these requirements would become limited to prescription-only hormonal contraceptives. ***Potential CalOptima Health Impact:*** Increased member access to hormonal contraceptives.	**12/02/2024** Introduced	CalOptima Health: Watch
AB 55 Bonta	**Alternative Birth Centers Licensing:** Would remove the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of CDPH licensing and Medi-Cal reimbursement. ***Potential CalOptima Health Impact:*** Decreased member access to comprehensive perinatal services; reduced operating requirements for alternative birth centers.	**12/02/2024** Introduced	CalOptima Health: Watch
AB 220 Jackson	**Medi-Cal Subacute Care Authorization:** Would mandate health facilities providing pediatric or adult subacute care to include a specific DHCS form with treatment authorization requests, preventing Medi-Cal MCPs from creating their own criteria for determining medical necessity outside of those specified in the form. Would allow DHCS to impose sanctions on non-compliant Medi-Cal MCPs. ***Potential CalOptima Health Impact:*** Modified UM procedures and forms.	**01/08/2025** Introduced	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 280 Aguiar-Curry	**Provider Directory Accuracy:** Would require health plans to maintain accurate provider directories, starting with minimum 60% accuracy by July 1, 2026, and increasing to 95% by July 1, 2029, or otherwise receive administrative penalties. If a patient relies on inaccurate directory information, would require the provider to be reimbursed at the out-of-network rate without the patient incurring charges beyond in-network cost-sharing amounts. Would also allow DMHC to create a standardized format to collect directory information as well as establish methodologies to ensure accuracy, such as use of a central utility, by January 1, 2026. ***Potential CalOptima Health Impact:*** Increased oversight of CalOptima Health provider directory; increased coordination with contracted providers; increased penalty payments to DHCS.	**01/21/2025** Introduced	CalOptima Health: Watch
AB 375 Nguyen	**Qualified Autism Service Paraprofessional:** Would expand the definition of "health care provider" to also include a qualified autism service paraprofessional. ***Potential CalOptima Health Impact:*** Increased access to autism services for eligible members; additional provider contracting and credentialing.	**02/04/2025** Introduced	CalOptima Health: Watch
AB 416 Krell	**Involuntary Commitment:** Would authorize a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and would exempt the emergency physician from criminal and civil liability. ***Potential CalOptima Health Impact:*** New legal standards for certain CalOptima Health providers.	**02/05/2025** Introduced	CalOptima Health: Watch
AB 510 Addis	**Utilization Review Appeals and Grievances:** Would require that an appeal or grievance regarding a decision to delay, deny or modify health services be reviewed by a physician matching the specialty of the service within two business days. In urgent cases, responses must match the urgency of the patient's condition. If these deadlines are not met, the authorization request would be automatically approved. ***Potential CalOptima Health Impact***: Expedited and modified UM, grievance and appeals procedures for covered Medi-Cal benefits; increased hiring of specialists to review grievances and appeals.	**02/10/2025** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 512 Harabedian	**Prior Authorization Timelines:** Would shorten the timeline for prior authorization requests to no more than 48 hours for standard requests or 24 hours for urgent requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination. ***Potential CalOptima Health Impact***: Expedited and modified UM procedures for covered Medi-Cal benefits.	**02/10/2025** Introduced	CalOptima Health: Watch
AB 517 Krell	**Wheelchair Prior Authorization:** Would prohibit a Medi-Cal MCP from requiring prior authorization for the repair of a Complex Rehabilitation Technology (CRT)-powered wheelchair, if the cost of repair does not exceed $1,250. Would also no longer require a prescription or documentation of medical necessity, if the wheelchair has already been approved for use by the patient. Additionally, would require supplier documentation of the repair. ***Potential CalOptima Health Impact:*** Modified UM procedures for a covered Medi-Cal benefit.	**02/10/2025** Introduced	CalOptima Health: Watch
AB 539 Schiavo	**One-Year Prior Authorization Approval:** Would require a prior authorization for a health care service to remain valid for a period of at least one year from the date of approval. ***Potential CalOptima Health Impact:*** Modified UM procedures for covered Medi-Cal benefits; decreased number of prior authorizations; increased costs.	**02/11/2025** Introduced	CalOptima Health: Watch
AB 787 Papan	**Provider Directory Disclosures:** Would require a health plan to include at the top of its provider directory a statement advising an enrollee to contact the plan for assistance in finding an in-network provider. Would also require the plan to respond within 24 hours if contacted for such assistance and to provide a list of in-network providers confirmed to be accepting new patients within two business days. ***Potential CalOptima Health Impact:*** Expanded customer service support and staff training; technical changes to CalOptima Health's provider directory.	**02/18/2025** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 1041 Bennett	**Provider Credentialing:** Would require a health plan to credential a provider within 90 days from the receipt of a completed application, or otherwise conditionally approve the credential. A plan would be required to notify the provider whether the application is complete within 10 days of receipt. In addition, would require DMHC to establish minimum standards or policies and processes to streamline and reduce redundancy and delay in provider credentialing. Additionally, would require health plans to use a standardized credentialing form on and after July 1, 2027, or six months after the form is completed, whichever is later, with updates to the forms every three years thereafter. ***Potential CalOptima Health Impact:*** Expedited and modified credentialing procedures for interested providers.	**02/21/2025** Introduced	CalOptima Health: Watch
Rates & Financing			
SB 339 Cabaldon	**Medi-Cal Laboratory Rates:** Would allow Medi-Cal reimbursement rates to clinical laboratory or laboratory services for the diagnosis and treatment of sexually transmitted infections to exceed the average lowest rate of other payers and other state Medicaid programs for similar services. ***Potential CalOptima Health Impact*:** Increased payments to contracted clinical laboratories.	**02/12/2025** Introduced	CalOptima Health: Watch
Social Determinants of Health			
SB 16 Blakespear	**Homelessness:** States the intent of the Legislature to enact legislation to address homelessness. ***Potential CalOptima Health Impact:*** Unknown at this time.	**12/02/2024** Introduced	CalOptima Health: Watch

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

Last Updated: March 24, 2025

2025 Federal Legislative Dates

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

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

2025 State Legislative Dates

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

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

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About CalOptima Health

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

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CalOptima Health

MEMORANDUM

DATE:	March 28, 2025
TO:	CalOptima Health Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — April 3, 2025, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. Covered California Monthly Update

CalOptima Health is currently undertaking an organization-wide effort to prepare for the launch of a new Covered California line of business, effective January 1, 2027. In order to promote transparency and ensure accountability to the Board, stakeholders and broader community, a brief summary of recent readiness activities will be included in every public CEO Report starting this month through the plan launch. Since the previous Board meeting on March 6, the following activities have been completed:

- Procurement for an Operational Implementation Support consultant closed on March 6 and resulted in six bids, with a selected vendor expected to be considered by the Board on May 1, 2025
- Provider network development and provider engagement activities have begun to build an adequate and quality-focused network
- Exhibits continue to be prepared for an initial Knox-Keene Act licensure filing with the California Department of Managed Health Care (DMHC) in June 2025
- A staffing plan and Fiscal Year 2025–26 implementation budget continue to be prepared for the Board's consideration on June 5, 2025
- CalOptima Health met with Covered California leadership to discuss the Qualified Health Plan (QHP) application process and approach

B. Medi-Cal Budget Shortfall Announced

On March 17, the California State Assembly's Budget Subcommittee on Health held a hearing to receive updates from the California Department of Health Care Services (DHCS) on the status of several health-related budget issues. Most notably, the California Department of Finance (DOF) approved a $3.44 billion General Fund (GF) loan to DHCS on March 4 to cover a Medi-Cal budget deficiency through the end of March. Since this was the maximum amount that could be loaned under state law, DHCS is now requesting an additional $2.8 billion from the State Legislature to sustain Medi-Cal costs through the remainder of the current Fiscal Year (FY) 2024–25 ending on June 30. This "budget bill junior" will likely be considered in the coming weeks. At the hearing, DHCS officials cited several factors that contributed to the unexpected budget deficiency: prescription drug costs, higher overall enrollment growth (especially among seniors and undocumented immigrants), uncertain Managed Care

Organization (MCO) Tax cash flow, and a $1 billion GF loss due to the passage of Proposition 35 (MCO Tax). Timing was also an issue — last year, there was only one month of available data from several new policies before DHCS needed to make projections for the enacted budget. DHCS also noted that many states are facing budget shortfalls in their Medicaid programs due to rising health care costs. Several committee members voiced that the current challenges appear solvable, but the potential Medicaid cuts being contemplated by Congress are likely less solvable.

C. Naloxone Distribution Campaign Concludes

In August 2023, the Board approved purchasing 250,000 doses of naloxone, a life-saving medication that can reverse an overdose from opioids. CalOptima Health team executed an education and distribution plan that included instructional training videos, InfoSeries webinars, and collaboration with community-based organizations, community health centers, colleges and schools. Through partnerships with organizations like Fentanyl Solutions and Recovery Road, we distributed large quantities of naloxone directly to recovery organizations, and through community events, we distributed naloxone directly to our members and community-based organizations and providers. This week we will ship the last of our supply of naloxone. We know that this effort has saved countless lives, and we thank all of you for being part of its success. Please see the press release from our recent distribution event.

D. Federal Advocacy Efforts Continue

As a first step to unlocking the budget reconciliation process, the U.S. Senate and U.S. House of Representatives recently passed competing budget resolutions that propose topline federal spending and revenue adjustments. **The resolutions do not yet specify cuts to specific programs, such as Medicaid**. As the Senate and House work to resolve their different budget resolutions, CalOptima Health continues to participate in significant advocacy efforts to preserve Medicaid funding in collaboration with our contracted lobbyists and several trade associations. Most recently, I met directly with U.S. Reps. Dave Min and Lou Correa at their district offices in Orange County as well as virtually with U.S. Rep. Mike Levin. Next, any agreed-upon budget resolution would start a debate about specific program budget changes over the coming months. A final budget reconciliation package would then need to be drafted, considered and passed by both the Senate and House and signed by the president.

E. Member Text Campaign Vendor Sends Multiple Texts in Error

On March 13–14, a system error in our vendor-managed texting platform through Ushur, caused approximately 12,450 members to receive duplicate Medi-Cal Renewal text messages, some of which were delivered overnight. The issue resulted in 2,735 members opting out of future messages and at least one formal grievance. The root cause was a misconfiguration of the campaign workflows and settings that bypassed standard safeguards like Do Not Disturb hours and message limits. The issue was identified and resolved within 36 hours. In response, Ushur is implementing corrective actions, enhancing system monitoring and introducing new governance protocols. CalOptima Health is coordinating a recovery strategy to contact affected members, offering an apology and inviting them to re-enroll in our texting program to ensure continued access to important health updates.

F. CalOptima Health Visits State Capitol for Meetings and Hearing Testimony

CalOptima Health leadership recently traveled to Sacramento for a series of engagements at the State Capitol. First, our state association Local Health Plans of California (LHPC) held its annual briefing to educate legislative staff about local Medi-Cal plans and their priorities for the coming year. Then, CalOptima Health leaders met with nearly all of Orange County's state delegation members and/or their staff to provide updates on our own priorities and initiatives, including Covered California, street medicine expansion, maintaining state investments in the California Advancing and Innovating

Medi-Cal (CalAIM) initiative and enhanced federal engagement to protect Medicaid funding. Finally, Chief Operating Officer Yunkyung testified at a Senate Health Committee informational hearing as the sole public Medi-Cal plan representative to discuss CalOptima Health's successful rollout of Enhanced Care Management and Community Supports over the past three years in partnership with our local providers. As part of our commitment to CalAIM, CalOptima Health was one of the first Medi-Cal plans to offer all 14 Community Supports and continues to build upon these services to improve whole-person care for our members.

G. CalOptima Health Gains Media Coverage

- Following the groundbreaking event for Buena Park's Lincoln Avenue Apartments, we received media coverage on KTLA and HousingFinance.com.
- On March 3, Chapman University President Struppa recognized CalOptima Health's $5 million Workforce Development Grant to the university in his final State of the University address. It was also covered in the Orange County Register.
- On March 6, CalOptima Health distributed a press release on our Street Medicine program expansion to Santa Ana that was covered by the following news outlets:
    - Orange County Register (ran online and on the front page in the Local section)
    - NewSantaAna
    - Spectrum News

CalOptima Health

Fast Facts
April 2025

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

Membership Data* (as of February 28, 2025)

Total CalOptima Health Membership

915,201

Program	Members
Medi-Cal	897,460
OneCare (HMO D-SNP)	17,238
Program of All-Inclusive Care for the Elderly (PACE)	503

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

Key Financial Indicators (for eight months ended February 28, 2025)

	Dashboard	YTD Actual	Actual vs. Budget ($)	Actual vs. Budget (%)
Operating Income/(Loss)	●	$83.8M	$265.7M	146.1%
Non-Operating Income/(Loss)	●	$120.8M	$77.7M	180.5%
Bottom Line (Change in Net Assets)	●	$204.6M	$343.4M	247.3%
Medical Loss Ratio (MLR) *(Percent of every dollar spent on member care)*	●	92.3%		-7.2%
Administrative Loss Ratio (ALR) *(Percent of every dollar spent on overhead costs)*	●	5.1%		1.8%

Notes:
- For additional financial details, refer to the financial packages included in the Board of Directors meeting materials.
- Adjusted MLR (without the estimated provider rate increases funded by reserves) is 87.9%.

Reserve Summary (as of February 28, 2025)

	Amount (in millions)
Board Designated Reserves*	$1,099.6
Statutory Designated Reserves	$137.7
Capital Assets (Net of depreciation)	$101.7
Resources Committed by the Board	$446.1
Board Approved Provider Rate Increase**	$385.9
Resources Unallocated/Unassigned*	$478.6
Total Net Assets	$2,649.7

* Total of Board-designated reserves and unallocated resources can support approximately 147 days of CalOptima Health's current operations.

** 5/2/24 meeting: Board of Directors committed $526.2 million for provider rate increases from 7/1/24–12/31/26.

Total Annual Budgeted Revenue **$4 Billion**

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

CalOptima Health Fast Facts

April 2025

Personnel Summary (as of the March 8, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,332.75	45.65	53.92%	46.08%	3.31%
Supervisor	82	4	100%	--%	4.65%
Manager	119	6	16.67%	83.33%	4.80%
Director	68	8	25%	75%	10.53%
Executive	21	0	--%	--%	--%
Total FTE Count	1,622.8	64.7	47.89%	52.11%	3.83%

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

Provider Network Data (as of March 23, 2025)

	Number of Providers
Primary Care Providers	1,320
Specialists	7,063
Pharmacies	603
Acute and Rehab Hospitals	43
Community Health Centers	65
Long-Term Care Facilities	207

Treatment Authorizations (as of January 31, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	41.51 hours
Prior Authorization – Urgent	72 hours	11.90 hours
Prior Authorization – Routine	5 days	1.20 days

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

Member Demographics (as of February 28, 2025)

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

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

Medi-Cal Aid Category	
Expansion	39%
Temporary Assistance for Needy Families	37%
Seniors	11%
Optional Targeted Low-Income Children	7%
People With Disabilities	5%
Long-Term Care	<1%
Other	<1%