



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

**THURSDAY, FEBRUARY 13, 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](http://www.caloptima.org).

**Register to Participate via Zoom at:**

**[https://us06web.zoom.us/webinar/register/WN\\_ehiFSUGwQMwWAL\\_pBXwmWw](https://us06web.zoom.us/webinar/register/WN_ehiFSUGwQMwWAL_pBXwmWw) and Join the Meeting.**

**Webinar ID: [856 7237 2823](#)**

**Passcode: [719150](#) – Webinar instructions are provided below.**

1. **CALL TO ORDER**

*Pledge of Allegiance*

2. **ESTABLISH QUORUM**

3. **MINUTES**

- A. Approve Minutes from the October 10, 2024 Regular Joint Meeting of the Member and Provider Advisory Committees – Provider Advisory Committee
- B. Approve Minutes from the December 12, 2024 Regular Joint Meeting of the Member and Provider Advisory Committees – Member Advisory Committee

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. Home Visiting Services for Orange County
- B. Covered California Update
- C. Prospective Health Network Policy and Procedure
- 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, February 13, 2025 at 12:00 p.m. (PST)

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

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

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Passcode: **719150**

Or One tap mobile:

+16694449171,,85672372823#,,,,\*719150# US

+13462487799,,85672372823#,,,,\*719150# US (Houston)

Or join by phone:

Dial(for higher quality, dial a number based on your current location):

+1 669 444 9171, +1 346 248 7799, +1 719 359 4580, +1 720 707 2699, +1 253 205 0468, +1 253 215 8782, +1 564 217 2000, +1 646 558 8656, +1 646 931 3860, +1 689 278 1000, +1 301 715 8592, +1 305 224 1968, +1 309 205 3325, +1 312 626 6799, +1 360 209 5623, +1 386 347 5053, +1 507 473 4847

Webinar ID: **856 7237 2823**

Passcode: **719150**

# MINUTES

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

October 10, 2024

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, October 10, 2024 at the CalOptima offices located at 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

PAC Chair Dr. John Nishimoto called the meeting to order at 12:12 p.m. and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

#### **Member Advisory Committee**

Members Present: Linda Adair; Josefina Diaz (Remote); Sandy Finestone; Keiko Gamez; Kim Goll; Hai Hoang; Dr. Junie Lazo-Pearson; Sara Lee; Lee Lombardo; Nicole Mastin; Margie Moore; Shirley Valencia; Alyssa Vandenberg

Members Absent: Christine Tolbert, Chair; Meredith Chillemi, Vice-Chair

#### **Provider Advisory Committee**

Members Present: John Nishimoto, O.D., Chair; Gio Corzo, Vice Chair (12:15); Alpesh Amin, M.D.(12:14 p.m.); Lorry Belhumeur, Ph.D.; Tiffany Chou, NP; Andrew Inglis, M.D.; Morgan Mandigo, M.D.; Jacob Sweidan, M.D.; Christy Ward

Members Absent: Ji Ei Choi, L.Ac; Jena Jensen; Timothy Korber, M.D.; Patty Mouton; Mary Pham, Pharm.D.; Alex Rossel;

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Veronica Carpenter, Chief Administrative Officer; Zainab Dabbah, M.D., Ph.D., J.D., Deputy Chief Medical Officer; Marie Jeannis, Executive Director, Equity and Community Health; Janis Rizzuto, Director, Communications, Geoff Patino, Associate Director, Communications; Troy Szabo, Outside Legal Counsel; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant

## **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**

***MAC Action:***      ***On motion of MAC Member Sandy Finestone, seconded and carried, the Committee approved the minutes of the October 10, 2024 Regular Joint Meeting (Motion carried 13-0-0; Members Christine Tolbert, Chair; Meredith Chillemi, Vice-Chair absent)***

***PAC Action:***      ***On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the June 13, 2024 Regular Joint Meeting (Motion carried 9-0-0; Members Ji Ei Choi, L.Ac; Jena Jensen; Timothy Korber, M.D.; Patty Mouton; Mary Pham, Pharm.D.; Alex Rossel)***

## **PUBLIC COMMENTS**

There were no public comments.

## **INFORMATION ITEMS**

### **Improving Care for Families Affected by Perinatal Substance Use**

Dianna Daly, Co-Lead, Family Support Task Force (FSTF) and Dr. Michele Cheung, Maternal Child Adolescent Health Medical Director, Orange County Health Care Agency (OCHCA) jointly presented on the Orange County Implementation of Family Wellness Plans. Ms. Daly discussed that in FY 2022-2023 the impact of perinatal substance use in Orange County was estimated to be approximately 2,280-5198 babies were born prenatally and had been exposed to substances out of 30,000 born. This resulted in approximately 339 calls to child welfare and 285 families investigated. 239 of those investigations substantiated which resulted in 176 infants removed from their families and placed into foster care. Ms. Daly reviewed the primary changes to the Child Abuse Prevention and Treatment Act (CAPTA) since 1974 and the best practices in prenatal plans for safe care. Dr. Cheung reviewed the provider resources available through the OCHCA and also reviewed the Family Wellness Plan. Both Ms. Daly and Dr. Cheung answered questions from members of both committees.

### **CalAIM Population Health Management Program Update**

Marie Jeannis, Executive Director, Equity and Community Health presented an update on the CalAIM Population Health Management (PHM) Program. She noted that CalOptima Health had implemented the CalAIM PHM program in January 2023 per the Department of Health Care Services (DHCS) requirements and reviewed the CalAIM PHM framework of the program as well as reviewing the new Public Health Needs Assessment requirements.

### **Communications Update**

Janis Rizzuto, Director, Communications and Geoff Patino, Associate Director, Communications jointly presented an update on CalOptima Health's Website and Marketing Campaign which provided an overview of the CalOptima Health website redesign, a brand awareness campaign refresh, PACE marketing campaign and OneCare Marketing Campaign and the cancer screening awareness campaign. The committees were able to see videos of the commercials that were being broadcast in the Orange County area. Both Ms. Rizzuto and Mr. Patino answered questions from both committees.

### **Committee Member Updates**

Chair Nishimoto also reminded both committees that compliance courses needed to be completed by November 1, 2024. He also noted that at the September 5, 2024 Board of Directors meeting the Board appointed himself as PAC Chair and Gio Corzo as PAC Vice-Chair. Christine Tolbert was reappointed at the MAC Chair with Meredith Chillemi appointed as the MAC Vice-Chair. Dr. Nishimoto also notified the MAC that an ad hoc had been formed to review applicants for the OneCare Member or Authorized Family Member seats that were available and the MAC will be asked to make a recommendation of two applicants at the December meeting with the recommendation going to the Board on February 6, 2025 for final appointment.

### **ADJOURNMENT**

There being no further business before the Committees, PAC Chair Dr. John Nishimoto adjourned the meeting at 2:00 p.m.

/s/ Cheryl Simmons

Cheryl Simmons  
Staff to the Advisory Committees

*Approved by the Member Advisory Committee on December 12, 2024*

*Approved by the Provider Advisory Committee on February 13, 2025*

# MINUTES

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

December 12, 2024

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, December 12, 2024 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 12:00 p.m. and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

#### **Member Advisory Committee**

Members Present: Christine Tolbert, Chair; Meredith Chillemi, Vice-Chair; Linda Adair; Josefina Diaz;; Keiko Gamez (12:10 PM); Kim Goll; Hai Hoang; Sara Lee; Lee Lombardo; Nicole Mastin; Margie Moore; Shirley Valencia; Alyssa Vandenberg

Members Absent: Sandy Finestone; Dr. Junie Lazo-Pearson;

#### **Provider Advisory Committee**

Members Present: John Nishimoto, O.D., Chair; Lorry Belhumeur, Ph.D.; Tiffany Chou, NP (remote) (12:14 p.m.); Andrew Inglis, M.D.; Morgan Mandigo, M.D.; Mary Pham, Pharm.D. (12:10 p.m.); Alex Rossel; Christy Ward (12:35 p.m.)

Members Absent: Gio Corzo, Vice Chair; Alpesh Amin, M.D; Ji Ei Choi, L.Ac; Jena Jensen; Timothy Korber, M.D.; Patty Mouton; Jacob Sweidan, M.D.

***PAC did not achieve a quorum in the room that is necessary as per Brown Act Rules..***

Others Present: Yunkyung Kim, Chief Operating Officer; Veronica Carpenter, Chief Administrative Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Troy Szabo, Outside Legal Counsel; Ladan Khamseh, Executive Director, Operations; Donna Laverdiere; Albert Cardenas, Director, Customer Service, Donovan Higbee, Director, Public Policy; Sharon Dwiars, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant

## **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**

***MAC Action:***      ***On motion of MAC Vice Chair, Meredith Chillemi, seconded and carried, the Committee approved the minutes of the October 10, 2024 Regular Joint Meeting (Motion carried 13-0-0; Members Sandy Finestone; Dr. Lazo-Pearson absent)***

***PAC Action:***      ***PAC did not achieve quorum for this action and it will be continued for PAC only at the February 13, 2025 meeting.***

## **PUBLIC COMMENTS**

There were no public comments.

## **REPORTS**

### **Consider Recommendation to Appoint Two OneCare Members or Authorized Family Member Representatives on the Member Advisory Committee**

MAC Chair Christine Tolbert reviewed the recommendation of two applicants for the two available OneCare Member or Authorized Family Member Representative seats. Chair Tolbert noted that a nominations ad hoc committee had been formed made up of MAC members Josefina Diaz, Margie Moore and herself. The ad hoc committee reviewed 18 applicants and are recommending that the MAC approve a recommendation to the Board to appoint Peter Hersh and Paul Kaiser to the two open seats.

***MAC Action:***      ***On motion of Member Nicole Mastin, seconded and carried, the Committee approved the recommendation to appoint Peter Hersh and Paul Kaiser to the two OneCare Member or Authorized Family Member Representative seats. The recommendation will be forwarded to the Board for appointment at their February 6, 2025 meeting. (Motion carried 13-0-0; Members Sandy Finestone; Dr. Lazo-Pearson absent)***

## **INFORMATION ITEMS**

### **Government Affairs and Covered California Update**

Veronica Carpenter, Chief Administrative Officer presented on Covered California and Donovan Higbee, Director, Public Policy presented a Legislative update. Ms. Carpenter provided information on stakeholder engagement groups that had received Covered California presentations and noted that in August 2024, two community listening sessions were held with four stakeholder steering



committee meetings held between August and November. She also provided a market entry update and noted that the Orange County Board of Supervisors held the first reading of the Ordinance Amendment on December 3, 2024 which was approved 4-0 by the Board of Supervisors and that another reading was scheduled for December 17, 2024. Ms. Carpenter noted that the Board had approved the request for the initial start-up investment and consultant support which was contingent on the Ordinance Amendment being passed by the Board of Supervisors. If the second reading of the ordinance passes a request for a full start-up budget would go to the Board on June 5, 2025. She also reviewed the implementation timeline with the MAC and PAC and noted that a go live date of January 2027 was targeted.

Donovan Higbee reviewed the 2023-2024 State Legislative Session and noted that CalOptima Health had identified 12 signed bills and 7 vetoed bills with potential impact and noted that there was a higher veto rate for Medi-Cal related legislation. He also noted that the Department of Health Care Services (DHCS) will issue guidance to Medi-Cal plans regarding the implementation of signed legislation and reviewed several Senate Bills and Assembly Bills that would have an impact on CalOptima Health.

Ms. Carpenter concluded the presentation with a summary of election results from November 2024 and next steps at the Federal and State levels.

### **Culturally and Linguistically Appropriate Services**

Albert Cardenas, Director, Customer Service presented an evaluation of the 2024 Culturally and Linguistically Appropriate Services (CLAS) program, which included an analysis of results and program updates. Mr. Cardenas noted that CalOptima Health as a health care organization in the diverse communities of Orange County strongly believes in the importance of providing culturally and linguistically appropriate services to members to ensure effective communication regarding treatment, diagnosis, medical history, and health education. Mr. Cardenas reviewed the 2024 CLAS Program and Work Goals with the committee, provided an analysis of results, and sought feedback from the committee on the six goals and the challenges faced with each goal. Mr. Cardenas asked the committee members for feedback and recommendations on the 2025 CLAS goals and on the identified barriers to meeting these goals.

The Committee members provided feedback including, working with First 5 Orange County, which has a black infant health program, University of California Irvine's (UCI) Black Pearl Program, which is focused on increasing the amount of Black, Indigenous, or Person of Color (BIPOC) Doulas in the community. Committee members also suggested CalOptima Health partner with Federally Qualified Health Centers (FQHCs) as they also collect the same member demographic data CalOptima Health is attempting to collect.

He noted that in addition to the six goals there were other CLAS goals such as enhancing interpreter and translation services by evaluating CalOptima Health's current contracted interpreter/translations services vendor, improving turnaround time for alternative format requests (braille, audio, data cd)

and improved availability of trending languages such as Khmer and Russian. Another goal was to improve practitioner support in providing language services and he noted that members language preference is available in the CalOptima Health provider portal and providers are also informed of member's language preference during customer services interactions. and evaluated CalOptima Health's contracted health networks cultural and linguistic process to ensure member's language needs are being met.

### **Grievance and Appeals Update**

Ladan Khamseh, Executive Director, Operations presented a first and second quarter Grievance and Appeals Resolution Services (GARS) Member Trend Report. Ms. Khamseh noted that for the first quarter 2024 Medi-Cal experienced an increase in grievances from 3,127 in first quarter to 4,170 in the second quarter, a 33% increase. She also discussed how OneCare had experienced a decrease in grievances from 469 in first quarter to 423 in the second quarter, a decrease of 11% with the decrease related to care and billing services. Ms. Khamseh also reviewed the turnaround times for both grievances and appeals and noted that CalOptima Health is compliant with regulatory standards, averaging a closure rate of 25 days with the regulatory requirement currently at 30 days. Ms. Khamseh also reviewed the trends and actions taken for all lines of business.

### **Committee Member Updates**

MAC Chair Christine Tolbert reminded the members that recruitment for seats expiring June 30, 2025 will begin on February 3, 2025 and continue through April 3, 2025. Members who seats are up for reappointment will be notified.

PAC Chair Dr. Nishimoto also reminded the PAC that several seats would be up for recruitment and that staff would notify them if their seat was up for reappointment. He also asked to committee to let staff know if they had agenda items they would like to see at future meetings.

## **CEO AND MANAGEMENT REPORTS**

### **Chief Medical Officer Update**

Richard Pitts, D.O., Ph.D, Chief Medical Officer presented an immunization update and new asthma treatment guidelines. Dr. Pitts also discussed the changes to the Medi-Cal Rx integration of members 21 years and younger that will take effect on January 31, 2025 and mainly affect children in California Children Services (CCS). Medi-Cal Rx will implement the CCS Panel Authority policy in which CCS Panel Providers will have prescribing authority for a limited list of medications and supplies under a set of utilization management (UM policies selected for this authority. The CCS Panel Authority policy will apply to specific CCS Panel Providers only and for members younger than 21 years of age. Dr. Pitts also reminded the committee of the need for continuous cancer screening.

### **Chief Operating Officer Update**

Yunkyung Kim, Chief Operating Officer introduced Kathleen Linder, CalOptima Health's new Chief Information Officer to the committees and highlighted her extensive experience in technology from both provider and payer sides. Ms. Kim also noted that the extensive audit by the California State Auditor's Office had ended and that CalOptima Health had implemented their recommendations. She also discussed the October 30, 2024 listening session by DHCS when they came to CalOptima and thanked the members of both committees for their feedback to DHCS at this meeting. Ms. Kim discussed the expansion of street medicine to three cities and announced the opportunity for a fourth city to join the program and provided information on the next three rounds of funding for housing and homeless prevention incentives totaling \$20 million. She also noted that there are plans to have mobile mammography at community events in 2025. This would allow additional access to screening services and asked the committees for their help in identifying providers who offer mobile mammography or other mobile screening services in order to assist with community events. Ms. Kim thanked the committees for their engagement and highlighted the importance of their feedback and collaboration.

### **ADJOURNMENT**

There being no further business before the Committees, MAC Vice-Chair Meredith Chillemi adjourned the meeting at 1:50 p.m.

/s/ Cheryl Simmons

Cheryl Simmons  
Staff to the Advisory Committees

*Approved by the Member Advisory Committee on February 13, 2025*

# Every Family Home Visiting Collaborative

February 13, 2025

Presented by: Becky Nguyen, Executive Director of VACF  
[becky.nguyen@vacf.org](mailto:becky.nguyen@vacf.org) 714/751-5805

Val Brauks, Executive Director of CFCOC  
[vbrauks@childrenandfamiliescoalition.org](mailto:vbrauks@childrenandfamiliescoalition.org) 949/500-1206

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## Partners:

- VACF
- YMCA of OC
- Beyond Blindness
- Sacred Path
- OC DEAF
- AccessCal
- Pacific Asian  
Counseling Services  
(PACSLA)
- BPSOS Center for  
Community  
Advancement
- **Children and  
Families Coalition of  
Orange County  
(CFCOC)**

# Lead Program Organization:

## Vital Access Care Foundation



- Vital Access Care Foundation (VACF) improves the health and well-being of underserved communities, particularly focusing on Asian American, Native Hawaiian, and Pacific Islander (AANHPI) populations
- 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

# Key Partnerships

- The **YMCA of Orange County** will be serving as the administrative, fiscal lead and will provide direct service via a home visitor
- VACF's implementation of the program will be supported by the **Children and Families Coalition of Orange County (CFCOC)**
- The Collaborative, by design, 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 HV programs.

# CYBHI Overview

- The Children and Youth Behavioral Health Initiative (CYBHI), adopted in 2021, seeks to reimagine the systems, regardless of payer, that support behavioral health for all California's children, youth, and their families
- Includes multiple component that are led by five departments and offices within the California Health and Human Services Agency (CalHHS) including DHCS
- One component of CYBHI is the Evidence-Based Practices and Community-Defined Evidence Practices (EBP/CDEP) Grant Program that include 5 rounds:
  1. Parent and Caregiver Support Programs and Practices
  2. Trauma-Informed Programs and Practices
  3. Early Childhood Wraparound Services
  4. Youth-Driven Programs
  5. Early Intervention Programs and Practices

## CYBHI Round 3:

# Early Childhood Wraparound Services

- In Round 3, DHCS sought to scale early childhood wraparound services to support relevant skill building among adults who work with infants and young children and expectant and new parents and caregivers
- DHCS sought organizations that demonstrated the ability to scale and sustain engagement with populations of focus (e.g., underserved racial and ethnic groups and disabilities) to increase health equity for California children
- Goal of increased access, sustainability, and coordination of home visiting services and consultation services that are culturally and linguistically representative of and responsive to the needs of communities they serve.
- Supported EBPs: Healthy Families America, Nurse Family Partnership, Family Spirit, Parents as Teachers, Infant and Early Childhood Mental Health Consultation



# Healthy Families America (HFA)

Our Collaborative of Community Based Organizations will be using HFA, which:

- Meets the parent where they are
- Relationship based
- Culturally respectful
- Family-centered, and
- Grounded in the parallel process

The relationship we build with parents and families serve as a model for supporting positive relationships that are cultivated with their children

# Healthy Families America (HFA)

HFA has yielded positive outcomes across a spectrum of communities of varying geographic, cultural, and socioeconomic backgrounds

- Reduced child maltreatment
- Improved parent-child interactions and children's social-emotional well-being
- Increased school readiness
- Promoted child physical health and development
- Promoted positive parenting
- Promoted family self-sufficiency
- Increased access to primary care medical services and community services, and
- Decreased childhood injuries and emergency department use.

# Every Family Home Visiting Collaborative

Every Family Home Visiting Collaborative aspects:

- No wrong door:
  - providing services utilizing the most appropriate home visiting provider in Orange County, including:
    - collaboration with the CBO providers funded through First 5 OC, and two new CYBHI providers: Start Well and The Villages of California.
- To enter services: prenatal to three months;
  - however, if the family has child welfare involvement they may be qualified to enroll up to twenty-four months
- HFA allows for a three-year program
- HFA includes child welfare protocols
- Parenting education, Post Partum education, meeting the family where they are at; promotion of healthy family environments, case & care coordination, connecting with needed support systems

# Every Family Home Visiting Collaborative

- Outreach to address the underserved communities in our county
  - collaboration as appropriate with other home visiting providers, perinatal programs (including CalOptima), hospitals, Doulas, outreach events, marketing materials, referrals and the like
- Sustainability
  - based on the needs of the families in Orange County
  - positive outcomes
  - collaboration
  - additional funding sources

Every Family  
Home  
Visiting  
Collaborative

QUESTIONS?

# Prospective Health Network Policy and Procedure

Michael Gomez, Executive Director Network Operations  
Teri Miranti, Director Program Development

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# Background

- **CalOptima Health received several inquiries from entities asking if we were open to add a new health network**
  - Based on review of our policies, we determined the need to create a new policy
- To help us create a fair policy and process we asked for input from CalOptima staff, health networks, FQHCs/CHCs and the MAC/PAC
  - Created a tracking log of the responses and comments
  - Reviewed the log with Directors for input on the suggestions
- Created a Health Network Packet of documents that are attachments to the policy
  - Standardize the criteria, review process and scoring methodology

# Review process for approval

- Reviewed by Legal for final approval
- Reviewed by Provider Regulatory Committee
- Reviewed by Delegation Oversight Committee - done
- Reviewed by Executive Committee -done
- Present COBAR at the March Board of Directors meeting for approval

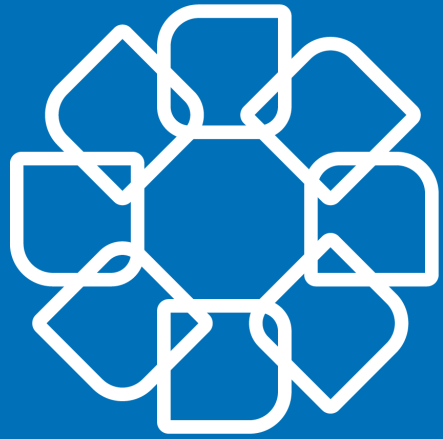


# Next Steps

- Send out letter and initial application to entities who have already sent their Letter of Interest
  - Review team evaluates the initial application and makes a recommendation to move forward or not
  - Based on recommendation by the Review team, send letter, full application, and other documents/templates
    - Review team evaluates and scores the Full Application and other required documents
- Present review team recommendation to executive leadership
- Notify Contracting and Delegation Oversight of recommendation
- Begin the pre-evaluation and Readiness Assessment Process

# Next Steps (con't)

- Based on the outcome of the Readiness Assessment, CalOptima Health will move forward with a Board Action Referral to the CalOptima Health Board of Directors for approval
- The contract will be submitted for full execution by CalOptima Health and the Health Network
- Project Manager assigned to collaborate with health network to insure a successful implementation
  - May take up to 12 months



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# CalOptima Health

## CMO Update

MAC PAC

February 13, 2025

Richard Pitts, DO, PhD, Chief Medical Officer

### 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.

# Silicosis

- Silicosis is an incurable lung disease that can lead to disability and death. Silica dust can also cause lung cancer, chronic obstructive pulmonary disease, kidney disease and autoimmune disease.
- Individuals with a history of working in cutting and finishing countertops are at risk for silicosis, a severe, incurable lung disease.
- More than 70 cases have been identified among California workers, including at least 10 deaths.
- Providers should educate and ask patients about their work and suspect silicosis in countertop fabrication workers.
- Providers and local health departments should report identified cases to the California Department of Public Health (CDPH).

# Silicosis (cont.)

- Helpful links:
  - <https://www.cdph.ca.gov/Programs/OPA/Pages/CAHAN/Global-Epidemic-Comes-to-California-Silicosis-in-Countertop-Workers.aspx>
  - [Información en Español: Fabricantes de Encimeras y Enfermedad Pulmonar](#)
- Free course available for general providers who conduct silica medical surveillance examinations or care for patients with silicosis
  - <https://erc.ucla.edu/course/silicosis-in-countertop-fabrication-workers/>

## 2025–26 Legislative Tracking Matrix

| Bill Number<br>Author  | Bill Summary  | Bill Status                     | Position/Notes   |
|--|---|---------------------------------|------------------|
| <b>Behavioral Health</b>   |   |                                 |                  |
| <b><u>AB 37</u></b><br>Elhawary                                  | <b>Behavioral Health Workforce:</b> States the intent of the Legislature to enact legislation related to expanding the workforce of those who provide mental health services to persons experiencing homelessness.  | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |
| <b>Budget</b>  |   |                                 |                  |
| <b><u>SB 65</u></b><br>Weiner                                    | <b>Budget Act of 2025:</b> 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.   | <b>01/10/2025</b><br>Introduced | CalOptima: Watch |
| <b>California Advancing and Innovating Medi-Cal (CalAIM)</b>     |   |                                 |                  |
| <b>Covered Benefits</b>  |   |                                 |                  |
| <b><u>SB 40</u></b><br>Wiener                                    | <b>Insulin Coverage:</b> Effective January 1, 2026, would prohibit a health plan from imposing a copayment 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. | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |
| <b><u>SB 62</u></b><br>Menjivar<br><b><u>AB 224</u></b><br>Bonta | <b>Essential Health Benefits:</b> States the intent of the Legislature to review California’s essential health benefits (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.   | <b>01/09/2025</b><br>Introduced | CalOptima: Watch |
| <b><u>AB 50</u></b><br>Bonta                                     | <b>Over-the-Counter Contraceptives:</b> 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.  | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |
| <b><u>AB 54</u></b><br>Krell                                     | <b>Access to Safe Abortion Care Act:</b> States the intent of the Legislature to enact legislation that would ensure access to medication abortion, such as mifepristone and misoprostol.   | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |

| Bill Number<br>Author                         | Bill Summary   | Bill Status                     | Position/Notes   |
|---|--|---------------------------------|------------------|
| <b><u>AB 260</u></b><br>Aguiar-Curry          | <b>Reproductive Care Access:</b> States the intent of the Legislature to enact legislation ensuring patient access to care, including abortion, gender-affirming care, and other sexual and reproductive health care, and to allow patients to access care through asynchronous telehealth modalities.   | <b>01/17/2025</b><br>Introduced | CalOptima: Watch |
| <b>Medi-Cal Eligibility and Enrollment</b>    |  |                                 |                  |
| <b><u>AB 315</u></b><br>Bonta                 | <b>Home and Community-Based Alternatives (HCBA) Waiver:</b> Would remove the cap on the number of HCBA Waiver slots and instead require the California Department of Health Care Services (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. | <b>01/23/2025</b><br>Introduced | CalOptima: Watch |
| <b>Medi-Cal Operations and Administration</b> |  |                                 |                  |
| <b><u>AB 45</u></b><br>Bauer-Kahan            | <b>Reproductive Privacy Data:</b> 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.   | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |
| <b><u>AB 55</u></b><br>Bonta                  | <b>Alternative Birth Centers Licensing:</b> Would remove the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of licensing by the California Department of Public Health (CDPH) and Medi-Cal reimbursement.  | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |
| <b><u>AB 302</u></b><br>Bauer-Kahan           | <b>Confidentiality of Medical Information Act:</b> 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.   | <b>01/23/2025</b><br>Introduced | CalOptima: Watch |
| <b>Older Adult Services</b>                   |  |                                 |                  |
| <b>Providers</b>                              |  |                                 |                  |
| <b><u>SB 32</u></b><br>Weber                  | <b>Maternity Ward Closures:</b> States the intent of the Legislature to enact legislation to address maternity ward closures.  | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |



| Bill Number<br>Author                | Bill Summary  | Bill Status                     | Position/Notes   |
|--------------------------------------|---|---------------------------------|------------------|
| <b><u>AB 29</u></b><br>Arambula      | <b>Adverse Childhood Experiences (ACEs) Screening Providers:</b> Would require DHCS to include community-based organizations, local health jurisdictions, and douglas as qualified providers for ACEs trauma screenings under Medi-Cal.   | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |
| <b><u>AB 40</u></b><br>Bonta         | <b>Abortion as Emergency Service:</b> Would expand the definition of emergency services to include reproductive health services, including abortion.  | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |
| <b><u>AB 220</u></b><br>Jackson      | <b>Medi-Cal Subacute Care Authorization:</b> Would mandate health facilities providing pediatric or adult subacute care to include a specific DHCS form with treatment authorization requests, preventing Medi-Cal managed care plans (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.  | <b>01/08/2025</b><br>Introduced | CalOptima: Watch |
| <b><u>AB 257</u></b><br>Flora        | <b>Specialty Telehealth Network Demonstration:</b> 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.  | <b>01/16/2025</b><br>Introduced | CalOptima: Watch |
| <b><u>AB 280</u></b><br>Aguiar-Curry | <b>Provider Directories:</b> 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 the California Department of Managed Health Care (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. | <b>01/21/2025</b><br>Introduced | CalOptima: Watch |
| <b>Rates &amp; Financing</b>         |   |                                 |                  |
| <b><u>AB 298</u></b><br>Bonta        | <b>Cost-Sharing Under Age 21:</b> Effective January 1, 2026, would prohibit a health plan from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for 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.   | <b>01/23/2025</b><br>Introduced | CalOptima: Watch |
| <b>Social Determinants of Health</b> |   |                                 |                  |
| <b><u>SB 16</u></b><br>Blakespear    | <b>Homelessness:</b> States the intent of the Legislature to enact legislation to address homelessness.   | <b>12/02/2024</b><br>Introduced | CalOptima: Watch |

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

Last Updated: January 27, 2025

## 2025 Federal Legislative Dates

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

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

## 2025 State Legislative Dates

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

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

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## About CalOptima Health

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



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## MEMORANDUM

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DATE: January 30, 2025

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — February 6, 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

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### **A. Board of Supervisors Approve Covered California Ordinance Change**

On January 14, the Orange County Board of Supervisors unanimously voted 5–0 to approve the final adoption of an ordinance to allow CalOptima Health’s participation in Covered California. This vote was the culmination of months of work by numerous internal staff under the leadership of Chief Administrative Officer Veronica Carpenter as well as the engagement of many external stakeholders. We received 63 support letters from a wide range of Orange County hospitals, health networks, clinics, community-based organizations, business groups, educational institutions and more, notably including all three of the major local health care associations: the Hospital Association of Southern California, the Orange County Medical Association and the Coalition of Orange County Community Health Centers. This decision marks the beginning of a two-year process toward being approved to offer a Covered California plan, effective January 1, 2027. CalOptima Health shared the exciting news in a [press release](#) that led to significant media coverage, including in the [Orange County Register](#), [NewSantaAna.com](#) and [Payers & Providers](#). Also, [LAist](#) ran a story in advance of the Board of Supervisors’ approval.

### **B. President Trump Signs Executive Orders**

On January 20, U.S. President Donald J. Trump and U.S. Vice President J.D. Vance were inaugurated for four-year terms. Since taking office, President Trump has issued several wide-ranging Executive Orders (EOs) and other memoranda impacting policy areas across the federal government. In coordination with our federal lobbyists and associations, staff is monitoring and analyzing the EOs as they are released. Currently, the direct impacts of EOs are mostly limited to the operations and administration of federal agencies and do not have immediate effects on state and local agencies like CalOptima Health. Several EOs will require further guidance from the relevant federal agencies to clarify and effectuate their full scopes. Of note, the federal funding pause that was announced on January 27 exempted certain direct benefit programs, including Medicaid (i.e., Medi-Cal), Medicare, Social Security and the Supplemental Nutrition Assistance Program (i.e., CalFresh), but could have impacted some discretionary grants, loans and other programs that benefit our members, providers and stakeholders. However, after a federal judge issued a stay on the funding pause through at least February 3 for further review, the White House rescinded the funding pause in full. Additional details regarding any downstream impacts of current and future EOs on CalOptima Health will be shared as such information is made available.

### **C. Medi-Cal Waivers Approved**

In the final weeks of the administration of then-President Joseph R. Biden Jr., the U.S. Centers for Medicare & Medicaid Services (CMS) approved two major Medicaid (Medi-Cal) waivers requested by the California Department of Health Care Services (DHCS). First, CMS approved the new BH-CONNECT demonstration to improve the Medi-Cal behavioral health delivery system at the state, county and managed care plan (MCP) levels, effective January 1, 2025, for a five-year period through 2029. Among other provisions, BH-CONNECT includes the new Transitional Rent benefit through which MCPs will provide six months of rent payments to qualifying individuals transitioning from institutions, congregate settings or homelessness, among other criteria. In addition, CMS approved California's latest Managed Care Organization (MCO) Tax waiver amendment following changes included in this past year's Fiscal Year (FY) 2024–25 state budget. This amended approval by CMS allows DHCS to proceed with final implementation of the MCO tax and secures an estimated \$7.2 billion in additional funding through December 2026 to support the Medi-Cal program.

### **D. CalOptima Health Publishes 2025 Report to the Community**

CalOptima Health's [2025 Report to the Community](#) will be mailed soon to 1,000+ community leaders and stakeholders. The 48-page report highlights the impacts and accomplishments of the past year, working with the Board and our partners to achieve results and transform the delivery of care to our members. Special sections cover Caring for Members, Supporting Providers, Engaging Our Community, Investing in New Programs and Raising Awareness. The center spread features a fold-out with photos and key information about our Back-to-School Health and Wellness Fair. Readers can scan QR codes to watch our cancer campaign TV commercial and media coverage.

### **E. New Chief Information Officer Joins CalOptima Health**

Kathleen Linder joined CalOptima Health as Chief Information Officer (CIO) on December 9, 2024. She brings more than 30 years of experience in health plan and health care technology. Previously, she was CIO for Elevance Health's Carelon Health division, providing strategic and operations leadership for health plan and provider functions, including claims, membership, benefits, utilization management, network management and other areas.

### **F. State Regulator Shares Quality Performance of Medi-Cal Managed Care Plans**

On December 20, 2024, the DHCS distributed a [news release](#) announcing Measurement Year 2023 quality ratings for Medi-Cal MCPs and county behavioral health plans (BHPs). The ratings are part of DHCS' Bold Goals [50x2025 initiative](#), which targets improvements in children's health, reproductive care, cancer prevention, maternal health and behavioral health integration. By releasing these ratings, DHCS encourages MCPs and BHPs to provide improved care, particularly in preventive and primary care as well as behavioral health services. CalOptima Health is pleased to state that we met or exceeded DHCS' target quality rating for the following measures:

- Children's Health Domain
- Reproductive Health and Cancer Prevention Domain
- Chronic Disease Management Domain

Further, based on our overall performance, CalOptima Health **did not** receive any monetary sanction while [20 other plans](#) across the state were sanctioned for quality gaps.

### **G. CalOptima Health's Naloxone Distribution Saves Lives**

In a December 22, 2024, Orange County Register article about deaths among the unhoused population, CalOptima Health was mentioned as a source for free distribution of naloxone, and thus connected to the decrease in overdose deaths: “Narcan, the brand name of naloxone, has been distributed far and wide at no charge to people over the last year, including by Orange County’s CalOptima health plan and Los Angeles County officials as well.” Thanks to our media outreach and distribution efforts in Orange County, this unsolicited mention means that recognition of our program has spread. Further, we recently received outstanding news about the impact of our naloxone program so far. As of October 1, Fentanyl Solutions, which assists us with distribution, received reports of 87 successful overdose reversals using the naloxone we supplied. As many overdose reversals are not reported, it’s safe to say that hundreds of lives have been saved as a direct result of our distribution efforts.

#### **H. CalOptima Health Promotes Housing and Homelessness Incentive Program (HHIP) Success; Releases New Round of Funding**

To highlight the success of past HHIP efforts and promote an allocation of \$19.73 million for new investments, CalOptima Health distributed a [press release](#) on December 16, 2024. As a cornerstone of our commitment to the statewide California Advancing and Innovating Medi-Cal (CalAIM) initiative, HHIP demonstrates the power of leveraging housing stability to improve health outcomes. The newly approved funding ensures that these transformative efforts will continue to evolve, creating housing solutions for Orange County’s most vulnerable residents. An [HHIP progress report](#) is on our website.

As part of the new investments, CalOptima Health subsequently released an HHIP Round 4 funding opportunity focusing on equity grants and systems change projects to prevent homelessness. The application period is January 22–March 5, 2025, and the application portal is [here](#).

- **Funding Priority #1: Equity Grants**

This funding priority aims to prevent or remedy homelessness by ensuring individuals at risk or experiencing homelessness have access to tailored housing and supportive services that address the root causes of housing instability, such as social determinants of health. This opportunity is purposefully open to a broad range of programs and organizations that impact root causes.

- **Funding Priority #2: Systems Change Projects**

This funding priority is centered on preventing homelessness through systemic changes that create a broad, countywide impact. It is designed to support projects and initiatives focused on upstream prevention strategies that address the root causes of homelessness before they negatively impact housing status.

#### **I. Member Health Rewards Program Continues**

CalOptima Health provides health rewards to eligible members who take an active role in their health. We are continuing our Member Health Rewards Program for 2025. Rewards range from \$25 to \$50 gift cards for completing various exams, visits and screenings, such as:

- Annual Wellness Visit
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Diabetes A1C Test
- Blood Lead Test at 12 and 24 Months of Age
- Postpartum Checkup

Members are notified about the opportunity through a mailing and texting campaign.





## Fast Facts February 2025

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

### Membership Data\* (as of December 31, 2024)

|  |  |                |
|--|--|----------------|
| <b>Total CalOptima Health Membership</b><br><br><b>917,669</b> | <b>Program</b>                                       | <b>Members</b> |
|  | Medi-Cal   | 900,126        |
|  | OneCare (HMO D-SNP)                                  | 17,037         |
|  | Program of All-Inclusive Care for the Elderly (PACE) | 506            |

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

### Key Financial Indicators (for six months ended December 31, 2024)

|  | Dashboard | YTD Actual      | Actual vs. Budget (\$) | Actual vs. Budget (%) |
|--|-----------|-----------------|------------------------|-----------------------|
| Operating Income/(Loss)  | ●         | \$27.1M         | \$185.5M               | 117.1%                |
| Non-Operating Income/(Loss)  | ●         | \$87.7M         | \$55.4M                | 171.5%                |
| <b>Bottom Line (Change in Net Assets)</b>  | ●         | <b>\$114.8M</b> | <b>\$240.9M</b>        | <b>191.1%</b>         |
| <b>Medical Loss Ratio (MLR)</b><br><i>(Percent of every dollar spent on member care)</i>           | ●         | <b>93.9%</b>    | <b>100.6%</b>          | <b>-6.8%</b>          |
| <b>Administrative Loss Ratio (ALR)</b><br><i>(Percent of every dollar spent on overhead costs)</i> | ●         | <b>5.0%</b>     | <b>6.8%</b>            | <b>1.8%</b>           |

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 89.5%.

### Reserve Summary (as of December 31, 2024)

|  | Amount (in millions) |
|--|----------------------|
| <b>Board Designated Reserves*</b>              | <b>\$1,036.7</b>     |
| <b>Statutory Designated Reserves</b>           | <b>\$135.6</b>       |
| <b>Capital Assets (Net of depreciation)</b>    | <b>\$102.1</b>       |
| <b>Resources Committed by the Board</b>        | <b>\$462.0</b>       |
| <b>Board Approved Provider Rate Increase**</b> | <b>\$421.0</b>       |
| <b>Resources Unallocated/Unassigned*</b>       | <b>\$402.5</b>       |
| <b>Total Net Assets</b>                        | <b>\$2,559.9</b>     |

\* Total of Board-designated reserves and unallocated resources can support approximately 136 days of CalOptima Health's current operations.

\*\*5/5/24 meeting: Board of Directors committed \$526.2 million for provider rate increases from 7/1/24 to 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

February 2025

## Personnel Summary (as of January 10, 2025, pay period)

|                        | Filled         | Open        | Vacancy %<br>Medical | Vacancy %<br>Administrative | Vacancy %<br>Combined |
|------------------------|----------------|-------------|----------------------|-----------------------------|-----------------------|
| Staff                  | 1,328.75       | 57.15       | 59.6%                | 40.4%                       | 5.26%                 |
| Supervisor             | 81             | 2           | 100%                 | --%                         | 2.41%                 |
| Manager                | 119            | 4           | 25%                  | 75%                         | 3.25%                 |
| Director               | 69             | 4.5         | 55.56%               | 44.44%                      | 6.12%                 |
| Executive              | 21             | --          | --%                  | --%                         | --%                   |
| <b>Total FTE Count</b> | <b>1,618.8</b> | <b>68.7</b> | <b>47.89%</b>        | <b>52.11%</b>               | <b>5.02%</b>          |

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

## Provider Network Data (as of January 27, 2025)

|                           | Number of Providers |
|---------------------------|---------------------|
| Primary Care Providers    | 1,318               |
| Specialists               | 7,032               |
| Pharmacies                | 603                 |
| Acute and Rehab Hospitals | 43                  |
| Community Health Centers  | 65                  |
| Long-Term Care Facilities | 206                 |

## Treatment Authorizations (as of November 30, 2024)

|                               | Mandated | Average Time to Decision |
|-------------------------------|----------|--------------------------|
| Inpatient Concurrent Urgent   | 72 hours | 38.94 hours              |
| Prior Authorization – Urgent  | 72 hours | 14.18 hours              |
| Prior Authorization – Routine | 5 days   | 2.12 days                |

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

## Member Demographics (as of December 31, 2024)

| Member Age |     | Language Preference |     | Medi-Cal Aid Category                   |     |
|------------|-----|---------------------|-----|---|-----|
| 0 to 5     | 8%  | English             | 54% | Expansion                               | 38% |
| 6 to 18    | 23% | Spanish             | 31% | Temporary Assistance for Needy Families | 37% |
| 19 to 44   | 35% | Vietnamese          | 10% | Seniors                                 | 11% |
| 45 to 64   | 20% | Other               | 2%  | Optional Targeted Low-Income Children   | 8%  |
| 65 +       | 14% | Korean              | 1%  | People With Disabilities                | 5%  |
|            |     | Farsi               | 1%  | Long-Term Care                          | <1% |
|            |     | Chinese             | <1% | Other                                   | <1% |
|            |     | Arabic              | <1% |   |     |



# CalOptima Health

## Provider Network Trend

February 2025

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

### CHCN and Health Networks

#### Total Providers <sup>1</sup>

| Provider Type                         | 2023 – Q4 | 2024 – Q1 | 2024 – Q2 | 2024 – Q3 | 2024 – Q4 | YOY Net Δ |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| PCP <sup>2</sup>                      | 1,307     | 1,296     | 1,297     | 1,307     | 1,314     | 7         |
| Specialist (Physicians)               | 6,463     | 6,503     | 6,754     | 6,945     | 6,977     | 514       |
| Hospitals <sup>3</sup>                | 44        | 40        | 41        | 41        | 41        | -3        |
| Community Health Centers <sup>4</sup> | 63        | 64        | 64        | 65        | 65        | 2         |
| Long Term Care                        | 197       | 201       | 200       | 207       | 207       | 10        |
| Behavioral Health <sup>5</sup>        | 1,982     | 2,122     | 2,213     | 2,239     | 2,266     | 284       |
| ECM                                   | 32        | 32        | 32        | 32        | 32        | 0         |
| Community Support                     | 77        | 95        | 99        | 102       | 103       | 26        |

#### Medi-Cal

| Provider Type                         | 2023 – Q4 | 2024 – Q1 | 2024 – Q2 | 2024 – Q3 | 2024 – Q4 | YOY Net Δ |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| PCP <sup>2</sup>                      | 1,118     | 1,108     | 1,100     | 1,082     | 1,085     | -33       |
| Specialist (Physicians)               | 5,752     | 5,856     | 6,129     | 6,348     | 6,398     | 646       |
| Hospitals <sup>3</sup>                | 40        | 36        | 37        | 37        | 37        | -3        |
| Community Health Centers <sup>4</sup> | 63        | 63        | 63        | 63        | 63        | 0         |
| Long Term Care                        | 193       | 197       | 196       | 203       | 203       | 10        |
| Behavioral Health <sup>5</sup>        | 1,904     | 2,043     | 2,118     | 2,162     | 2,176     | 272       |
| ECM                                   | 32        | 32        | 32        | 32        | 32        | 0         |
| Community Support                     | 77        | 95        | 99        | 102       | 103       | 26        |

#### OneCare

| Provider Type                         | 2023 – Q4 | 2024 – Q1 | 2024 – Q2 | 2024 – Q3 | 2024 – Q4 | YOY Net Δ |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| PCP <sup>2</sup>                      | 1,073     | 1,095     | 1,092     | 1,095     | 1,099     | 26        |
| Specialist (Physicians)               | 4,809     | 4,934     | 5,132     | 5,331     | 5,404     | 595       |
| Hospitals <sup>3</sup>                | 39        | 35        | 36        | 36        | 36        | -2        |
| Community Health Centers <sup>4</sup> | 57        | 58        | 57        | 58        | 58        | -2        |
| Long Term Care                        | 70        | 68        | 68        | 69        | 69        | -1        |
| Behavioral Health <sup>5</sup>        | 526       | 547       | 596       | 607       | 643       | 117       |

#### PACE

| Provider Type                         | 2023 – Q4 | 2024 – Q1 | 2024 – Q2 | 2024 – Q3 | 2024 – Q4 | YOY Net Δ |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| PCP <sup>2</sup>                      | 5         | 5         | 5         | 5         | 3         | -2        |
| Specialist (Physicians)               | 3,106     | 3,109     | 3,253     | 3,405     | 3,457     | 351       |
| Hospitals <sup>3</sup>                | 32        | 28        | 29        | 29        | 28        | -4        |
| Community Health Centers <sup>4</sup> | 0         | 0         | 0         | 0         | 0         | 0         |
| Long Term Care                        | 67        | 67        | 65        | 65        | 66        | -1        |
| Behavioral Health <sup>5</sup>        | 97        | 94        | 97        | 96        | 103       | 6         |



# Provider Network Trend

## February 2025

### CHCN Only

#### Total Providers <sup>1</sup>

| Provider Type                         | 2023 – Q4 | 2024 – Q1 | 2024 – Q2 | 2024 – Q3 | 2024 – Q4 | YOY Net Δ |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| PCP <sup>2</sup>                      | 685       | 674       | 672       | 677       | 676       | -9        |
| Specialist (Physicians)               | 5,811     | 5,829     | 6,082     | 6,273     | 6,299     | 488       |
| Hospitals <sup>3</sup>                | 40        | 36        | 37        | 37        | 37        | -3        |
| Community Health Centers <sup>4</sup> | 52        | 56        | 56        | 56        | 56        | 4         |
| Long Term Care                        | 193       | 197       | 196       | 203       | 203       | 10        |
| Behavioral Health <sup>5</sup>        | 1,969     | 2,104     | 2,189     | 2,215     | 2,241     | 272       |
| ECM                                   | 32        | 32        | 32        | 32        | 32        | 0         |
| Community Support                     | 77        | 95        | 99        | 102       | 103       | 26        |

### Medi-Cal

| Provider Type                         | 2023 – Q4 | 2024 – Q1 | 2024 – Q2 | 2024 – Q3 | 2024 – Q4 | YOY Net Δ |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| PCP <sup>2</sup>                      | 664       | 653       | 651       | 653       | 653       | -11       |
| Specialist (Physicians)               | 5,346     | 5,427     | 5,717     | 5,939     | 5,968     | 622       |
| Hospitals <sup>3</sup>                | 37        | 33        | 34        | 34        | 34        | -3        |
| Community Health Centers <sup>4</sup> | 51        | 56        | 56        | 56        | 56        | 5         |
| Long Term Care                        | 193       | 197       | 196       | 203       | 203       | 10        |
| Behavioral Health <sup>5</sup>        | 1,894     | 2,028     | 2,097     | 2,141     | 2,154     | 260       |
| ECM                                   | 32        | 32        | 32        | 32        | 32        | 0         |
| Community Support                     | 77        | 95        | 99        | 102       | 103       | 26        |

### OneCare

| Provider Type                         | 2023 – Q4 | 2024 – Q1 | 2024 – Q2 | 2024 – Q3 | 2024 – Q4 | YOY Net Δ |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| PCP <sup>2</sup>                      | 572       | 564       | 564       | 570       | 567       | -5        |
| Specialist (Physicians)               | 4,108     | 4,195     | 4,385     | 4,588     | 4,675     | 567       |
| Hospitals <sup>3</sup>                | 34        | 30        | 31        | 31        | 31        | -3        |
| Community Health Centers <sup>4</sup> | 42        | 46        | 46        | 46        | 46        | 4         |
| Long Term Care                        | 193       | 197       | 196       | 203       | 203       | 10        |
| Behavioral Health <sup>5</sup>        | 509       | 528       | 578       | 588       | 628       | 119       |

### PACE

| Provider Type                         | 2023 – Q4 | 2024 – Q1 | 2024 – Q2 | 2024 – Q3 | 2024 – Q4 | YOY Net Δ |
|---------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| PCP <sup>2</sup>                      | 5         | 5         | 5         | 5         | 3         | -2        |
| Specialist (Physicians)               | 3,106     | 3,109     | 3,253     | 3,405     | 3,457     | 351       |
| Hospitals <sup>3</sup>                | 32        | 28        | 29        | 29        | 29        | -3        |
| Community Health Centers <sup>4</sup> | 0         | 0         | 0         | 0         | 0         | 0         |
| Long Term Care                        | 67        | 67        | 65        | 65        | 66        | -1        |
| Behavioral Health <sup>5</sup>        | 97        | 94        | 97        | 96        | 103       | 6         |

Footnotes:

<sup>1</sup> Unique count of Provider by NPI (does not include count of each practice location per provider)

<sup>2</sup> Includes Primary Care Physicians, FQHCs and Long Term Care facilities acting as Primary Care Providers

<sup>3</sup> Includes Acute, Rehab and Long Term Acute Care Hospitals

<sup>4</sup> Community Health Centers includes FQHCs, FQHC look-alike and Community Clinics

<sup>5</sup> Includes Practitioners and Behavioral Health Groups