

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

**THURSDAY, JULY 10, 2014
2:30 P.M.**

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

AGENDA

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

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

I. CALL TO ORDER

Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

A. Approve Minutes of the May 8, 2014 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC)

IV. PUBLIC COMMENT

At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the MAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

V. REPORTS

None

VI. CEO AND MANAGEMENT REPORTS

- A. CEO Update
- B. CMO Update

VII. INFORMATION ITEMS

- A. Federal and State Budget Update
- B. Operations Update
- C. Community Network Primary Care Provider (PCP) Auto Assignment
- D. Delivery System Expansion Update
- E. MAC Member Updates

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS MEMBER ADVISORY COMMITTEE

May 8, 2014

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on May 8, 2014, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Sally Molnar called the meeting to order at 2:30 pm. Chair Molnar led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Gregory Mathes, Sally Molnar, Adriana Moreno, Mallory Vega, Lucy Brimbuela, Suzanne Butler, Irene Ramirez, Velma Shivers, Lisa Workman, Maria Hernandez

Members Absent: Sandy Finestone, Janeth Velazquez, Donna Grubaugh, Patty Mouton, Linda Smith

Others Present: Michael Schrader, Chief Executive Officer; Bill Jones, Chief Operating Officer; Candice Gomez, Executive Director, Program Implementation; Ladan Khamseh, Executive Director of Operations; Becki Melli, Customer Service

MINUTES

Approve the Minutes of the January 16, 2014 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: On motion of Gregory Mathes, seconded and carried, the MAC approved the minutes as submitted.

PUBLIC COMMENT

There were no requests for public comment.

Ilia Rolon, Director, Strategic Development, reminded the MAC that CalOptima implemented a three-year strategic planning process last year. Included in the strategic plan is the expansion of the CalOptima Foundation. The CalOptima Board recognizes that there are gaps in the community that affect CalOptima's members as well as the community at large. As a result, CalOptima will convene a CalOptima Foundation Ad Hoc with members from the Provider Advisory Committee (PAC) and MAC. In response to Ms. Rolon's request for volunteers, Adriana Moreno, Gregory Mathes and Velma Shivers volunteered to participate.

REPORTS

Approve the Member Advisory Committee FY 2013-2014 Accomplishments

Chair Molnar presented for approval the MAC's FY 2013-14 Accomplishments. In addition, she will present the Accomplishments to the CalOptima Board at the June 5, 2014 meeting. Chair Molnar reported that MAC members contributed over 290 'official' hours to CalOptima during FY 2013-14, which does not account for the immeasurable number of hours that MAC members dedicate to members on a day-to-day basis.

Action: *On motion of Mallory Vega, seconded and carried, the MAC approved the FY 2013-14 Accomplishments as submitted.*

Approve the Member Advisory Committee FY 2014-2015 Meeting Schedule

Chair Molnar presented the FY 2014-15 meeting schedule for approval.

Action: *On motion of Lisa Workman, seconded and carried, the MAC approved the meeting schedule as submitted.*

Approve Term 2014-2016 MAC Slate of Candidates and Chairperson

MAC Member Suzanne Butler reported on the Nominations Ad Hoc Subcommittee's recommended slate of candidates. The Nominations Ad Hoc convened on April 30, 2014 and included members Sandy Finestone, Mallory Vega and Suzanne Butler. The Ad Hoc members met to select a candidate for each seat, including the MAC Chair, after individually scoring and evaluating each of the applicants using the Applicant Evaluation Tool.

The MAC Nominations Ad Hoc recommends the following slate of candidates for the eight seats whose terms will commence on July 1, 2014: 1) Christina Sepulveda for Children; 2), Lisa Workman for Consumers; 3) Gene Howard for Foster Children; 4) Velma Shivers for Long Term Care; 5) Sally Molnar for Medically Indigent Persons; 6) Sr. Mary Therese Sweeney for Persons with Mental Illness; 7) Gregory Mathes for Persons with Special Needs; and 8) Juan Contreras for Recipient of CalWORKs. Mr. Contreras will serve the second year of the two-year term, which was recently vacated. The Ad Hoc recommends Sally Molnar as Chair.

Action: *On motion of Mallory Vega, seconded and carried, the MAC approved the slate of candidates and Chairperson as submitted.*

Approve FY 2014-15 MAC Goals and Objectives (G&O)

Chair Molnar reported that the MAC G&Os Ad Hoc met on April 30, 2014 and was composed of Linda Smith, Patty Mouton and Sally Molnar. After reviewing the proposed G&O, the Ad Hoc members revised some wording for strategic priority: Strong Internal Process.

Action: *On motion of Suzanne Butler, seconded and carried, the MAC approved the MAC Goals and Objectives as submitted.*

CEO AND MANAGEMENT REPORTS

Michael Schrader, Chief Executive Officer, reported that the Orange County Board of Supervisors approved a new structure for the CalOptima Board. The new structure adds a second supervisor to the Board and changes the Social Services Agency (SSA) seat from a voting to a non-voting seat. In addition, the Supervisors reappointed Janet Nguyen and appointed Todd Spitzer as the second Supervisor with John Moorlach named as an alternate.

Mr. Schrader reported on CalOptima's dramatic growth in enrollment over the last year. Currently at 577,000 members, CalOptima expects to grow to over 600,000 members by the end of June 2014. Based on a backlog of Medi-Cal applications at the State, CalOptima anticipates having close to 700,000 members by June 2015. In response to Chair Molnar's question about what created the backlog, Mr. Schrader reported that most of the applications are coming from Covered California. Once an applicant is determined eligible for Medi-Cal, it takes from thirty to sixty days to complete the process.

Mr. Schrader announced that the Department of Health Care Services (DHCS) released an updated 2013 fourth quarter Medi-Cal Managed Care Performance Dashboard. CalOptima remains in fourth place behind Kaiser in Northern and Southern California and San Francisco Health Plan. CalOptima continues its above-average performance in health care quality and member satisfaction.

Barbara Saak, Executive Director of Compliance, presented the Centers for Medicare & Medicaid Services (CMS) Audit Update. CMS found that CalOptima needed to address 645 corrective actions. Ms. Saak noted that 96% of the corrective actions have been completed and are currently being validated. CalOptima hired consultants to assist with the remediation. The consultant will also perform a mock audit that will mirror the CMS process. Ms. Saak added that all CalOptima functional areas and delegated entities would participate in the mock-audit.

Ms. Saak reminded the MAC to complete the mandatory Compliance Training by Monday, May 12, 2014. She noted that the recent CMS audit identified this requirement for all advisory committee members and hereafter it will be an annual requirement.

Member Video

MAC members viewed a brief video sent by a CalOptima member expressing gratitude and appreciation for the positive outcome the patient received from medical treatment.

Chair Molnar reordered the agenda to hear Agenda Item VII.C Department of Health Care Services (DHCS) Focused Review Findings.

INFORMATION ITEMS

Department of Health Care Services (DHCS) Focused Review Findings

Candice Gomez, Executive Director, Program Implementation reported that DHCS issued the final report on CalOptima's Focused Medical Review that occurred in early February. CalOptima has thirty days to respond with a comprehensive Corrective Action Plan to DHCS. DHCS and the Centers for Medicare & Medicaid Services (CMS) have similar areas of concern. The seven areas identified include Utilization Management, Prior Authorizations, Referral

Tracking, Delegation of Utilization Management, Pharmacy, Grievance & Appeals and Fraud and Abuse Programs. CalOptima is well on its way toward resolution of the identified deficiencies.

In response to MAC member Suzanne Butler's question regarding CMS lifting the moratorium on OneCare, Mr. Schrader answered that CMS has three options. These include lifting the sanction, extending the sanction or terminating the OneCare program and preventing us from doing Cal Medi Connect (CMC). CalOptima anticipates that CMS will lift the sanction.

Federal and State Budget Update

Phil Tsunoda, Director, Government Affairs, reported that Governor Brown would be releasing the May Revise budget the following week, noting that one of the important items in this budget would be the Cal MediConnect implementation policy. The Cal MediConnect policy items include details on the passive enrollment process and opt-out alternatives. The targeted budget adoption date is the new fiscal year, which begins July 1, 2014.

Mr. Tsunoda announced that the President unveiled his budget proposal, including an additional \$23 billion for an anticipated 6.3 million new Medicaid members. Mr. Tsunoda also announced that the President and legislature recently passed what is known as the 'Doc Fix'. This short-term remedy delays a scheduled 24% payment reduction to all Medicare physicians and institutes a half point increase in payments for the remainder of 2014.

Current Program Update

Bill Jones, Chief Operating Officer, reported that CalOptima is engaged in a widespread effort to strengthen internal operations and those of our contracted health networks and Pharmacy Benefit Manager (PBM). CalOptima is executing a rapid process improvement (RPI) plan in five functional areas, including Procurement, Pharmacy management, Grievances and Appeals, Claims and Utilization Management. Twenty-four CalOptima staff will train on RPI to build internal knowledge and support improvement going forward.

Mr. Jones reported that CalOptima is updating its software management systems, including Facets, which is CalOptima's existing core claims and enrollment system. In addition, Mr. Jones noted that CalOptima began implementation of Altruista Health, a medical management system that replaces CareEnhance Clinical Management Software (CCMS). Altruista will support the enhanced OneCare Model of Care and further automate the prior authorization process for routine requests supported by evidence-based medical guidelines. He noted that Altruista also contains features that will help CalOptima monitor the medical management activities of our delegated health networks.

Affordable Care Act (ACA) Primary Care Physician (PCP) Increase

Laura Grigoruk, Manager, Provider Relations, reported that under the provisions of the Affordable Care Act and with the Board's approval, CalOptima mailed payments to PCP's who attested to providing covered primary care services during the period January 1, 2013 to June 30, 2014. She noted that these payments were for services provided to CalOptima Direct/CalOptima Care Network (COD)/CCN members. She added that CalOptima sent contract amendments to the delegated health networks and the funds will be released once CalOptima receives the signed

amendments back from the networks. Ms. Grigoruk stated that CalOptima is requiring the networks to pay the contracted physicians that qualify for the increase within sixty days.

CalOptima Programs: Member Trend Report for 2013

Belinda Abeyta, Director, Grievance and Appeals Resolution Services, provided an overview of grievances and appeals for CalOptima's programs during 2013. For the Medi-Cal program, the average rate for appeals and grievances was 2.8 per 1000 members, which is slightly lower than 2012 when the rate was 3.0 per 1000 members. Of the 897 grievances in 2013, 56% were for Quality of Service cases.

The average rate for OneCare member complaints was 15.3 per 1000 members, which was higher than 13.7 in 2012, possibly due to an increase in membership from 14,520 members in Q4 2012 to 16,151 in Q4 2013. The total number of grievances was 535. Seventy-five percent of the OneCare grievances were related to Quality of Service, including taxi services and dental.

In response to Chair Molnar's inquiry about the type of issues members had for the dental Quality of Service cases, Ms. Abeyta answered that it could be rudeness from the staff, not assisting with completing forms or too long of a wait time. It is related to the service in the office, not the medical care. Ms. Abeyta responded to MAC member Gregory Mathes' question that the nature of transportation complaints is usually related to late pick up or dispatch time.

MAC Member Updates

Chair Molnar announced that the Circle of Care nomination process begins on May 19 and closes on June 20. She encouraged the MAC to nominate their colleagues for this award to be recognized for going beyond in serving CalOptima members. The 2014 Circle of Care Award Ceremony is scheduled for September 12, 2014 at the Double Tree Hotel from 11:30 to 1:30pm. Invitations will go out in August.

Chair Molnar reminded the MAC to complete the Compliance Training.

ADJOURNMENT

Hearing no further business, Chair Molnar adjourned the meeting at 4:30 p.m.

/s/ Lisa Paschke

Lisa Paschke
Program Assistant

Approved: July 10, 2014



CalOptima
Better. Together.

Enhanced Model of Care: PCC Performance-Based Funding for CalOptima PMG's

Member Advisory Committee

July 10, 2014

Marie Jeannis, Director, Case Management

PMG Engagement and Oversight

- Engagement
 - Trainings
 - Resources and templates
- Oversight
 - Payment to Physician Medical Groups (PMGs) for Personal Care Coordinators (PCCs) adjusted based on
 - PCC assignment
 - Return of Interdisciplinary Care Team (ICT) notes and Individualized Care Plan (ICP) timely
 - Quality of ICT and ICP
 - CalOptima reviews ICTs and ICPs providing real time feedback

PCC Performance-Based Funding

Initial and Annual Health Risk Assessments (HRA)

MEASURE	WEIGHT
Percent of Members Assigned to a Personal Care Coordinator (PCC)	20%
Timeliness of Model of Care (MOC) Tracking Submission	15%
Timeliness of Individualized Care Plan (ICP) Return	15%
Member MOC Review Scores	50%
TOTAL	100%

Percent of Members Assigned to a PCC

- Membership (based on the PCP upload – monthly membership assignment for cap payment)
- Renamed MOC Tracking
 - PMG adds the name of the PCC assigned to each member
 - Performance based on percentage of membership with assigned PCCs
 - Example: PMG has 2,500 members assigned and return information indicates 2,000 members have an assigned PCC
 - Result: 80% for this measure

Timeliness of MOC Tracking Submission

- Outbound is on 1st of the month
- Inbound is due on the 6th of the month
 - Example: CalOptima posts MOC Tracking to FTP site on August 1st (Friday)
 - PMG inbound file with completed PCC assignments due no later than August 6

This is all or nothing- if file is late no credit given for this measure

Timeliness of ICP Return

- ICP completed and returned to CalOptima within the required timeframe

Risk Level	Required Return
High Risk	10 calendar days
Moderate Risk	30 calendar days
Low Risk	90 calendar days

- Example:

Number of HRA/iCPs sent to PMG	110
Number of ICPs due in the reporting month	86
Total number received	82
Percent received	95% (82/86)
Number received timely	77
Percent received timely	90% (77/86)

Member MOC Review Scores

- CalOptima reviews ICTs and ICPs for compliance with MOC requirements
- Random selection of PMG cases received for the month
- Minimum of 20 cases total per PMG
 - Maximum of 10% of any PMG case load
 - If less than 20 cases, CalOptima will review all for the timeframe
- Currently CalOptima is reviewing 100% of MOC submissions

Member MOC Review Scores (Cont.)

Example:

Interdisciplinary Care Team (ICT)	%Pass	Weight
Appropriate attendees documented	84%	9
Documented review of HRA and iCP	76%	12
Documentation of invitation/inclusion of member and/or member representative	84%	10
Documentation of inclusion/involvement of pertinent specialist or discipline	80%	12
Forwarded to CalOptima in required timeframe	92%	8
Individualized Care Plan (ICP)	%Pass	Weight
Addressed all issues identified in HRA and iCP	96%	15
Documented evidence-based guidelines	84%	10
Evidence of implementation	84%	12
Evidence that member received final ICP	84%	12

Weighted Average of Case Review

85%

PMG Model of Care Dashboard



Model of Care Performance Profile

XXXXXX Physician Group (PMG##XX)		Period: May 2014	
Membership - Previous Month Eligible	1,523	Gain\Loss	-17
Membership - Current Month Eligible	1,506	% Change	-1.1 %
Percent Change	-1.1 %		
PCC Submission Rec'd Timely (by the 6th of the month)	No		
Number of Members Assigned a PCC	1,500 (99.6%)		

Weight

15%

20%

Care Management Level Distribution	CCM	CC	BCM	Unassigned
Number	0	0	0	1,500
Percent	0 %	0 %	0 %	98 %

Number of HRA Bundles Sent to PMG	24
Number of ICT Bundles Due to CalOptima	0
Number Received	0
Percent Received	0
Received Timely	0
Percent Received Timely	0 %

15%

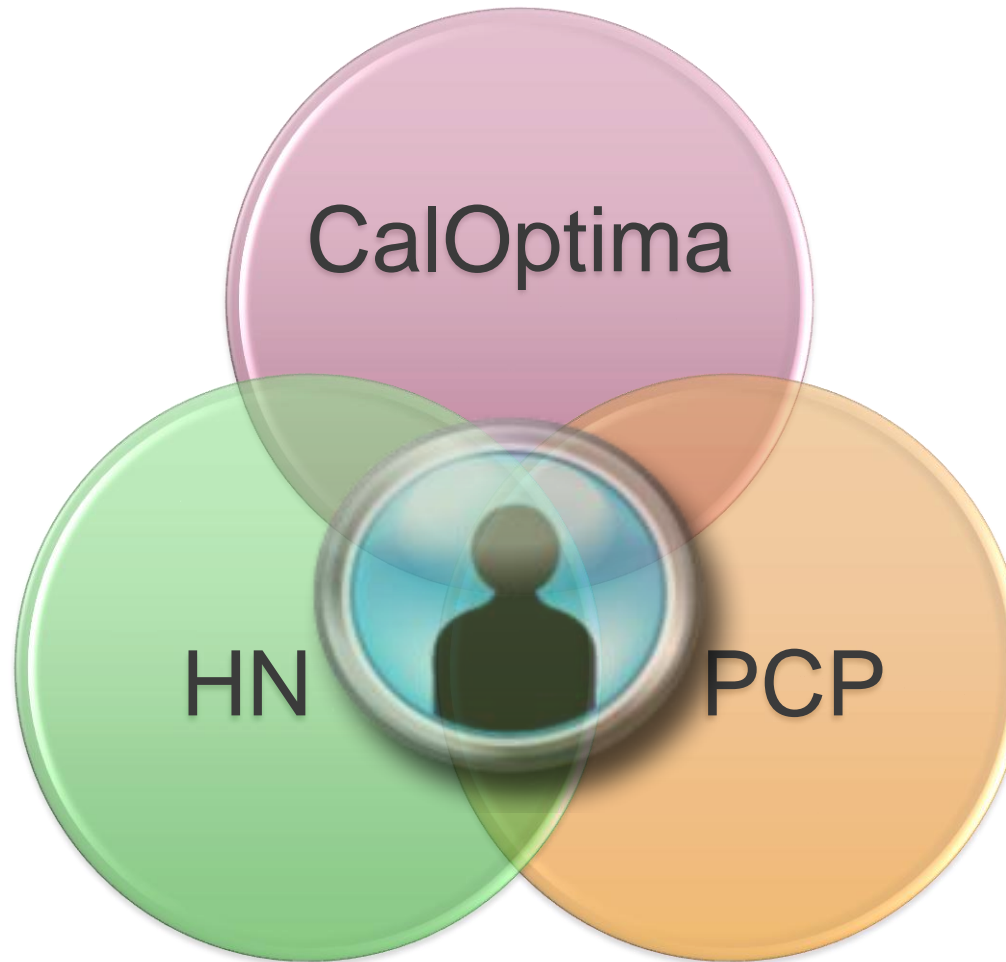
Member Model of Care Review Scores	Number of Members Reviewed	
	% Pass	Weight
ICT		
Appropriate attendees documented		9
Documented review of HRA and ICP		12
Documentation of invitation / inclusion of member and/or representative		10
Documentation of inclusion/involvement of pertinent specialist or discipline		12
Forwarded to CalOptima in required timeframe		8
ICP		
Addressed all issues identified in HRA and ICP		15
Documented evidence-based guidelines		10
Evidence of implementation		12
Evidence that member received final ICP		12
Weighted Average of Case Review		

50%

PCC Funding	PCC Payment Modifier		Actual	\$21,864.67
	Potential	\$21,882.18		
				99.92 %

99.92 %

PCP ICT/ ICP incentive



Incentive Initiative

- Five Step Process

- Step 1

- CalOptima will prepay incentive to HN

- Step 2

- Provider will provide service

- Step 3

- HN will pay provider for service outside of cap

- Step 4

- HN will submit all required data to CalOptima

- Step 5

- CalOptima will validate all submitted data from HN to verify appropriateness of payments.

Step 1

CalOptima

- The incentive will be composed of five items:

- Participation in ICT
- Service to generate ICP
- Care of Older Adults Functional Status Assessments
- Care of Older Adults Pain Screening
- Care of Older Adults Medication Review.

- Total amount of the incentive will \$135 per member per year.

- Will pre-pay the incentive to the HN in their monthly capitation check.

- It will be based on the new enrollment month or the member's enrollment anniversary month.

- For example if ABC health network had 12,000 members; on average they would be sent incentive payments for 1,000 members per month.



Step 2

PCP

- Primary care provider will participate in the interdisciplinary care team (ICT) generate and sign off on the ICP.

- After the face to face interaction the PCP will send an encounter to the HN with a code G0439 and unique modifier.

- The AWV will include the establishment of, or update to, the individual's medical and family history, measurement of his or her height, weight, body-mass index (BMI) or waist circumference, and blood pressure (BP), with the goal of health promotion and disease detection and fostering the coordination of the screening and preventive services that may already be covered and paid for under Medicare Part B.

- Along with the G0439 code the PCP will also send in the following codes that address the additional required screenings:

- 1170F, 0521F, 1125F, 1126F, 90862, 99605, 99606, 1160F



Steps 3 and 4

HN

- The Health Network will receive the PCP's encounter and pay the incentive to the PCP from the prepaid incentive pool within 30 days.
- The HN (with assistance from the PCC) will complete the ICT/ICP if necessary.
- The HN will send the PCP's encounter data to CalOptima (along with the special code)
- The HN will send the ICT/ICP to CalOptima as soon as it is received and completed.
- HN will send CalOptima a quarterly reconciliation report demonstrating incentive payments to PCPs.

Task List

1. **Pay PCP for ICT/ICP.**
2. **Send along PCP encounter to CalOptima.**
3. **Send ICT/ ICP to CalOptima.**
4. **Send PCP reconciliation report to CalOptima.**



Step 5

CalOptima

- CalOptima will validate number of G0439 with unique modifier submissions with the number of PCP's paid, with the number of received ICT/ICPs.
- Any financial overpayments will result in a capitation deduction for the following month



2

Encounter and ICT/ICP service

Primary Care Provider

Health Network

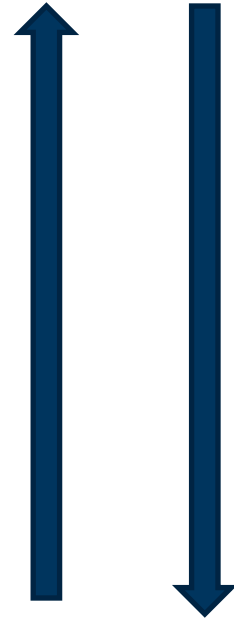


Incentive Payment

3

Prepaid incentive payment.

1



4

Encounters with special codes, PCP reconciliation report, and ICT/ICP.

CalOptima

Incentive Initiative

- Result

- PCP will receive the incentive quickly through the HN.
- HN will receive the funds from CalOptima prior to payment.
- HN will see higher participation from PCP based on incentive.
- CalOptima will see higher STARS ratings given the incentives for three of the measures.
- CalOptima will validate incentive payments were utilized properly.

FAQ

- Does the assigned PCP need to participate in the ICT as a face to face interaction?
 - If the PCP is unavailable to participate, documentation of their inability to participate must be noted in the ICT and their most recent records of the patient should be available to be reviewed by the team conducting the ICT.
 - ICT must involve a physician
 - The PCP within 30 days of the ICT, must perform an annual wellness exam, perform medication reconciliation for the member, screen the member for pain and functional assessment, and review and sign the ICP to be eligible for the incentive.
 - In the event the assigned PCP is unable to participate in the ICT in person, but is able to perform the other requirements, the HN may not withhold more than \$55 for conducting the ICT.

FAQ

- Can the ICT happen after the assigned PCP in person examination?
 - Yes the member may have an ICT within 7 days after the physician performs an annual wellness exam, medication reconciliation, screens for pain and functional assessment.
 - The assigned PCP must review and sign off on the ICP that is generated from the ICT to be eligible for the incentive.



CalOptima
Better. Together.

Initiative to Reduce 30 Day All Cause Avoidable Hospital Readmissions for Medi-Cal.

Dr. Roberto Madrid

July 10, 2014

Avoidable Hospital Reduction Readmission

- CalOptima's inpatient costs for calendar year 2012 exceeded \$348 million.
- Approximately \$32.6 million were the result of readmissions.
- CalOptima currently has multiple programs that target readmission reductions but prior to 2013 did not have the ability to reimburse post discharge care coordination and follow-up.
 - Medicare pays for two CPT codes (99495 and 99496) that are used to report care management services for discharged patients.
 - Currently these codes are not reimbursed by the Medi-Cal program and staff proposes extending payment to Medi-Cal providers.

CPT code 99495

- Communication (direct contact, telephone, or electronic) with the patient and/or caregiver within 2 business days of discharge,
- Medical decision-making of moderate complexity during the service period, and
- A face-to face visit within 14 calendar days of discharge.

CPT code 99496

- Communication (direct contact, telephone, or electronic) with the patient and/or caregiver within 2 business days of discharge,
- Medical decision-making of high complexity during the service period, and
- A face-to-face visit within 7 days of discharge.

Practitioner Responsibilities

1. Ensure that the entire 30-day transitional care management (TCM) service was furnished.
2. That the service began with a qualified discharge from a facility, and that the date of service on the claim is the final day of the period of TCM services (the 30-day period for the TCM service begins on the day of qualified Medicare discharge and continues for the next 29 calendar days.
3. The reported date of service should be the 30th day from discharge.

Avoidable Hospital Reduction Readmission

- Goals of the program:
 - Promote physicians' appropriate use of the post discharge visit for care coordination and follow-up care by educating providers about newly available reimbursement for these services.
 - Leverage current health network and hospital's readmission reduction efforts

FAQS

- What is the reimbursement amount?
 - Reimbursement will be at 100% of medicare rates.
- What role do the Health Networks play?
 - Health Networks will pay for the incentive and be reimbursed through the encounter process for paid claims.
 - Networks will create a process for notifying a member's PCP upon discharge from an inpatient hospital stay.
- Will the networks receive an incentive as well?
 - AT the end of the reporting period, and depending on funds available, CalOptima will pay incentive to the health networks with:
 - The lowest readmission rate
 - The most improved readmission rate

FAQs

- Are maternity related admissions included?
 - No. Only relates to non maternity related hospitalizations.

CalOptima's Mission

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



CalOptima
Better. Together.

Community Network: Member PCP Selection/Assignment

July 10, 2014

**Michelle Amador
Director, Customer Service**

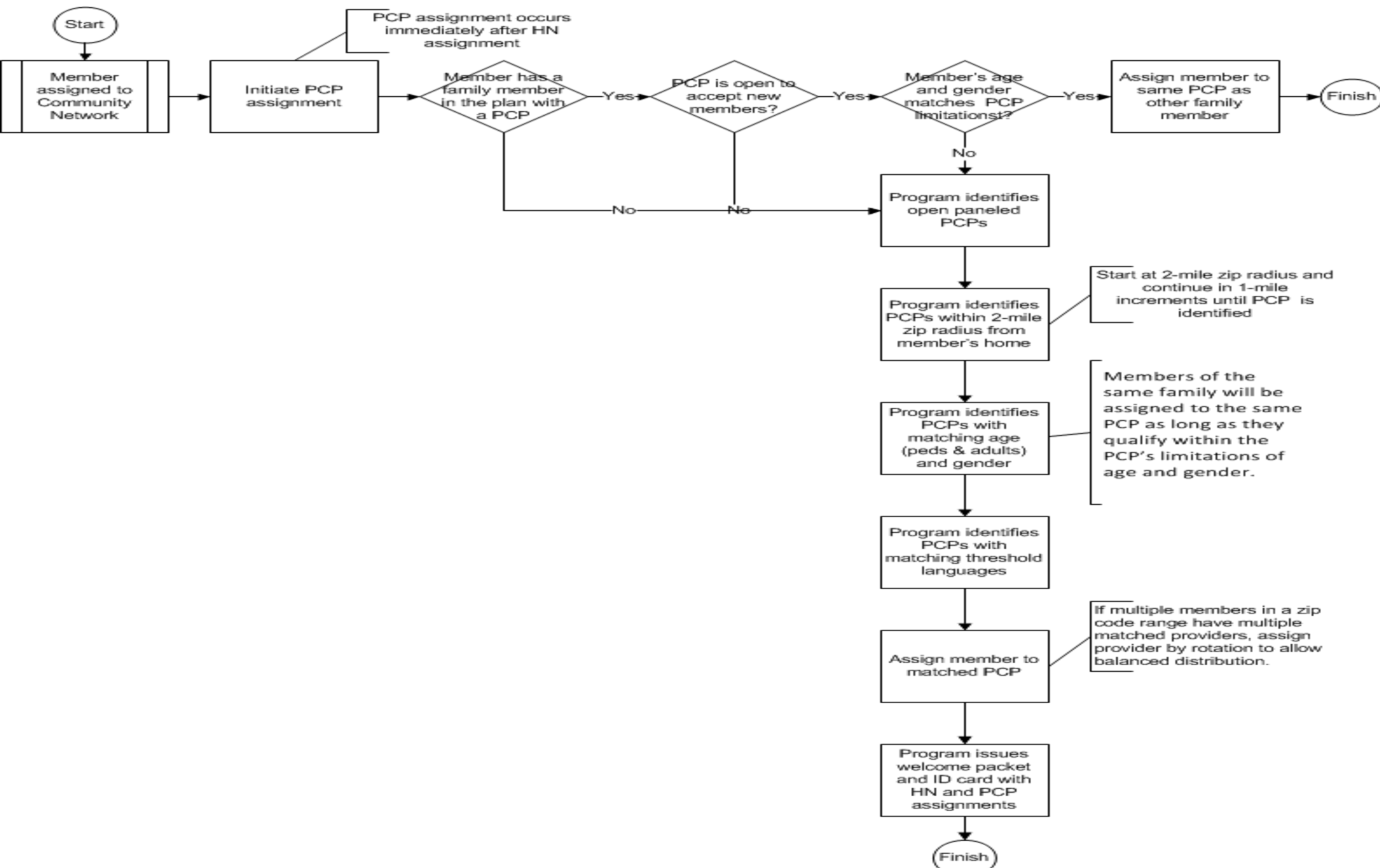
PCP Selection - Member Choice

- Member has a choice of PCP at the time of Community Network selection, and is encouraged to choose at that time.

Procedure for Assignment

- Members who fail to choose a Primary Care Provider (PCP) will be automatically assigned per CalOptima policy.
- CalOptima will assign the member to a CN PCP based on the following criteria:
 - a) Link to family PCP, if applicable
 - b) PCP's enrollment status (open or closed)
 - c) The geographic location of the participating PCP's office in relation to the member's residence
 - d) Member's age and gender
 - e) Member's preferred language (threshold language if available)

Community Network PCP Assignment Process

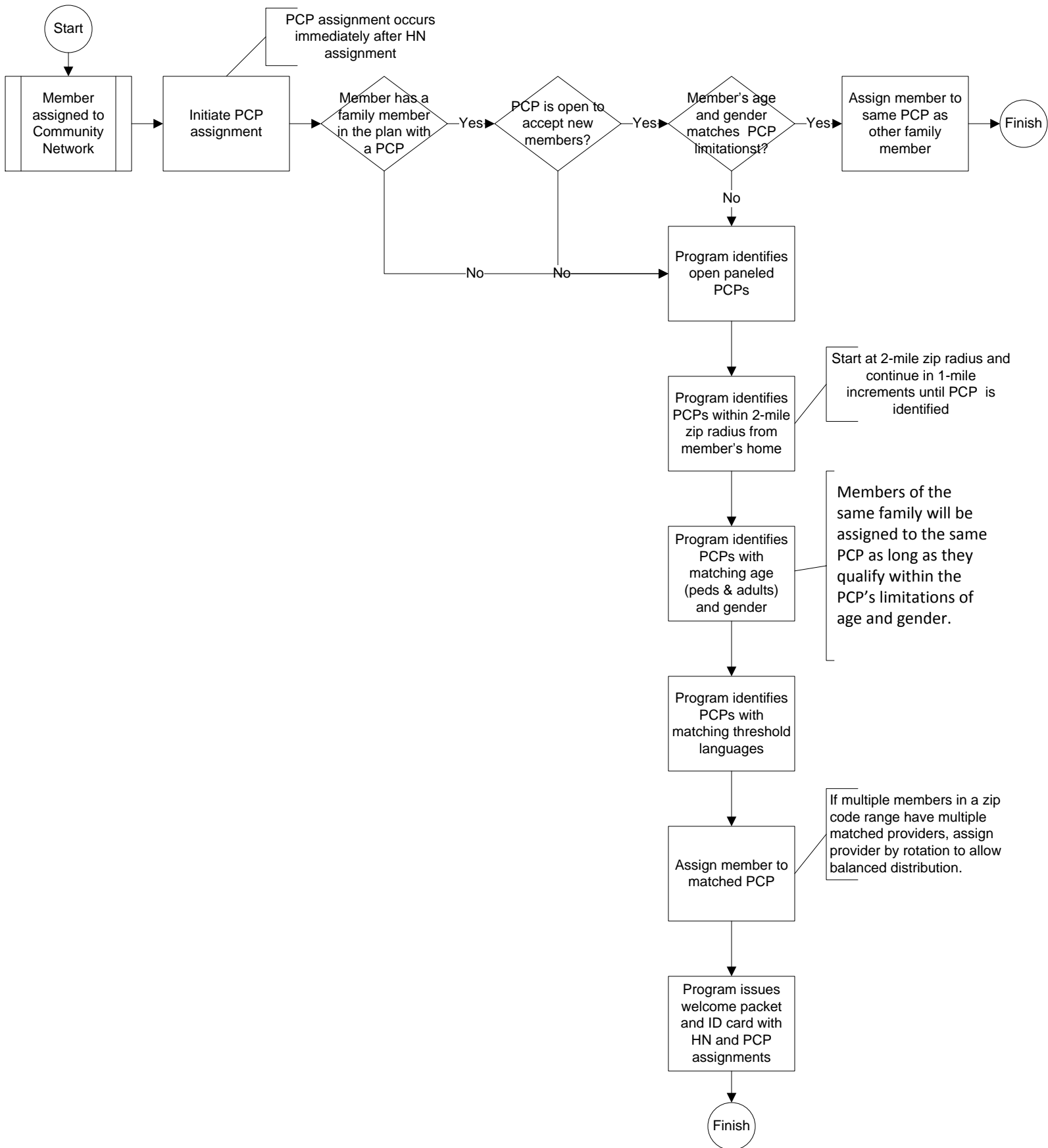


Member Request to Change PCP

A member may request to change his/her PCP every 30 calendar days by contacting CalOptima's Customer Service Department.

Questions?

Community Network PCP Assignment Process



**MEMBER ADVISORY COMMITTEE VOTING MEMBERS
FY 2014–2015**

CONSTITUENCY REPRESENTED/TERM	MAC MEMBER NAME and ADDRESS	CONTACT INFORMATION
<p>MEDICALLY INDIGENT PERSONS</p> <p>Term: 7/1/14–6/30/16</p> <p>Member since 2004</p>	<p>Chair Sally Molnar Public Policy Chair Susan G. Komen for the Cure 412 Vista Roma Newport Beach, CA 92660</p>	<p>Cell Phone: 714-742-9345 Email: salortho@aol.com</p>
<p>ADULT BENEFICIARIES</p> <p>Term: 7/1/13–6/30/15</p> <p>Member since 2013</p>	<p>Sandra Finestone Executive Director Hope Wellness Center 17952 Sky Park Circle, Ste. J Irvine, CA 92614</p>	<p>Work Phone: 949-261-6020 Cell Phone: 714-401-6495 Fax: 949-261-2001 Email: sandyfinestone@aol.com</p>
<p>CHILDREN</p> <p>Term: 7/1/14–6/30/16</p> <p>Member since 2014</p>	<p>Christina Sepulveda Vice President, Family Strengthening Boys and Girls Clubs of Garden Grove 10540 Chapman Ave. Garden Grove, CA 92840</p>	<p>Work Phone: 714-530-0430 ext. 1927 Cell Phone: 714-852-1616 Fax: 714-530-0431 Email: csepulveda@bgcgg.org</p>
<p>CONSUMER</p> <p>Term: 7/1/14–6/30/16</p> <p>Member since 2012</p>	<p>Lisa Workman CalOptima Consumer 14300 Chestnut St., #117 Westminster, CA 92683</p>	<p>Work Phone: 714-447-3301 Cell Phone: 714-944-2520 Fax: 714-447-3302 Email: timandlisarwe@yahoo.com</p>
<p>FOSTER CHILDREN</p> <p>Term: 7/1/14–6/30/16</p> <p>Member since 2014</p>	<p>Gene Howard Executive Director OC Alliance for Children and Families 625 N. Main St. Orange, CA 92868</p>	<p>Work Phone: 714-310-0521 Cell Phone: 714-310-0521 Fax: Email: goward@orangecountyalliance.org</p>
<p>HEALTH CARE AGENCY</p> <p>Standing Seat</p> <p>Member since 2013</p>	<p>Donna Grubaugh Chief of Health Policy Research Orange County Health Care Agency 405 W. Fifth St., Ste. 438 Santa Ana, CA 92701</p>	<p>Work Phone: 714-834-2195 Cell Phone: 714.334.6165 Fax: 714.834.7644 Email: dgrubaugh@ochca.com</p>
<p>FAMILY SUPPORT</p> <p>Term: 8/1/13–6/30/15</p> <p>Member since 2013</p>	<p>Janeth Velazquez Senior Director Community SeniorServ 1200 North Knollwood Circle Anaheim, CA 92801</p>	<p>Work Phone: 714-823-3289 Cell Phone: 562-652-8237 Fax: 714-821-0197 Email: jvelazquez@seniorserv.org</p>

<p>LONG-TERM CARE</p> <p>Term: 7/1/14–6/30/16</p> <p>Member since 2012</p>	<p>Velma Shivers, RN Ombudsman Field Services Manager Council on Aging – Orange County 1971 E. 4th St., Ste. 200 Santa Ana, CA 92705</p>	<p>Work Phone: 714-479-0107 Cell Phone: 323-376-5700 Fax: 714-479-0234 Email: vshivers@coaoc.org</p>
<p>MEDI-CAL BENEFICIARIES</p> <p>Term: 7/1/13–6/30/15</p> <p>Member since 2013</p>	<p>Patty Mouton Vice President, Outreach & Advocacy Alzheimer's Association, OC Chapter 17771 Cowan, Ste. 200 Irvine, CA 92614</p>	<p>Work Phone: 949-955-9000 Cell Phone: 714-349-5517 Email: patty.mouton@alz.org</p>
<p>PERSONS WITH DISABILITIES</p> <p>Term: 7/1/13–6/30/15</p> <p>Member since 2010</p>	<p>Suzanne Butler Insurance and Benefits Specialist Regional Center of Orange County P.O. Box 22010 Santa Ana, CA 92702</p>	<p>Work Phone: 714-796-5253 Fax: 714-796-5200 Email: sbutler@rcocdd.com</p>
<p>PERSONS WITH MENTAL ILLNESS</p> <p>Term: 7/1/14–6/30/16</p> <p>Member since 2014</p>	<p>Sr. Mary Therese Sweeney Director St. Joseph Health 3345 Michelson Dr. Irvine, CA 92612</p>	<p>Work Phone: 949-381-4773 Fax: 949-381-4979 Email: Sr.MaryTherese.Sweeney@stjoe.org</p>
<p>PERSONS WITH SPECIAL NEEDS</p> <p>Term: 7/1/14–6/30/16</p> <p>Member since 2004</p>	<p>Gregory Mathes Director, Grants and Foundations Goodwill of Orange County 410 N. Fairview St. Santa Ana, CA 92703</p>	<p>Work Phone: 714-547-6308 Cell Phone: 714-240-3668 Fax: 714-480-3303 Email: gregorym@ocgoodwill.org</p>
<p>RECIPIENTS OF CalWORKs</p> <p>Term: 7/1/14–6/30/15</p> <p>Member since 2014</p>	<p>Juan Contreras Social Services Supervisor Social Services Agency 1928 S. Grand Ave., Bldg. C Santa Ana, CA 92705</p>	<p>Work Phone: 714-435-7258 Fax: 714-435-4640 Email: Juan.Contreras@ssa.ocgov.com</p>
<p>SENIORS</p> <p>Term: 7/1/13–6/30/15</p> <p>Member since 2012</p>	<p>Mallory Vega Executive Director Acacia Adult Day Services 11391 Acacia Parkway Garden Grove, CA 92840</p>	<p>Work Phone: 714-530-1566 Cell Phone: 714-883-7724 Fax: 714-530-1592 Email: mvega@acacia-services.org</p>
<p>SOCIAL SERVICES AGENCY</p> <p>Standing Seat</p> <p>Member since 2005</p>	<p>Maria Hernandez Medi-Cal Program Manager Social Services Agency 888 N. Main St., Bldg. 152 Santa Ana, CA 92701-3518</p>	<p>Work Phone: 714-541-7706 Fax: 714-245-6188 Email: Maria.Hernandez@ssa.ocgov.com</p>