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

WEDNESDAY, FEBRUARY 11, 2026

12:00 P.M.

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

AGENDA

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

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

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

Register to Participate via Zoom at:
https://us02web.zoom.us/webinar/register/WN_oLLaSj6zRJWilEcmnA1Nvw and join the meeting.

Webinar ID: 832 9424 2152

Passcode: 321057 – Webinar instructions are provided below.

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

2. **ESTABLISH QUORUM**

3. **MINUTES**
   A. Approve Minutes from the October 9, 2025 Regular Joint Meeting of the Member and Provider Advisory Committees
   B. Approve Minutes from the December 11, 2025 Regular Joint Meeting of the Member and Provider Advisory Committees

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

5. **INFORMATIONAL ITEMS**
   A. Behavioral Health Services Act and Updates
   B. Health Education Strategy
   C. Committee Member Update

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

7. **COMMITTEE MEMBER COMMENTS**

8. **ADJOURNMENT**

Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on Wednesday, February 11, 2026, at 12:00 p.m. (PST)

To register in advance for this webinar:

https://us02web.zoom.us/webinar/register/WN_oLLaSj6zRJWilEcmnA1Nvw
Join from a PC, Mac, iPad, iPhone or Android device

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

https://us02web.zoom.us/s/83294242152?pwd=J4jACDr9mg1KzWhrkmYqZ2u0ceCf0E.1
Passcode: **321057**

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Webinar ID: 832 9424 2152
Passcode: 321057

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MINUTES

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

October 9, 2025

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

CALL TO ORDER

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

ESTABLISH QUORUM

Member Advisory Committee

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

Members Absent: Hai Hoang

Provider Advisory Committee

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

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

Others Present

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

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MINUTES

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

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

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

PUBLIC COMMENTS

There were no public comments.

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

Deputy Chief Medical Officer Report

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

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

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INFORMATION ITEMS

Member Population Health Needs Assessment Update

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

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

Community Reinvestment Update

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

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

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

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

OneCare Update

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

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

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

Committee Member Updates

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

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

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

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

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

CEO AND MANAGEMENT REPORTS

Legislative Update

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

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

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

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Chief Financial Officer Update

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

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

ADJOURNMENT

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

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

Approved by the Provider Advisory Committee on December 11, 2025

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

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MINUTES

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

December 11, 2025

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, December 11, 2025, at the CalOptima Health offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

PAC Chair John Nishimoto, OD, called the meeting to order at 12:10 p.m. and led the group in the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair (Remote); Linda Adair (Remote); Keiko Gamez; Kim Goll; Hai Hoang; Paul Kaiser; Dr. Junie Lazo-Pearson; Sara Lee; Lee Lombardo; Nicole Mastin; Shirley Valencia

Members Absent: Meredith Chillemi, Vice-Chair; Tawny Crane; Sandy Finestone; Peter Hersh;

MAC did not achieve a quorum in the meeting room, as required by the Brown Act.

Provider Advisory Committee

Members Present: John Nishimoto, O.D., Chair; Tiffany Chou, NP; Andrew Inglis, M.D.; Jena Jensen; Morgan Mandigo, M.D.; Tom Megerian, M.D.; Jacob Sweidan, M.D.; Christy Ward

Members Absent: Alpesh Amin, M.D; Lorry Belhumeur, Ph.D.; Gio Corzo, Vice Chair; Patty Mouton; Mary Pham, Pharm.D.; Alex Rossel;

Others Present

Staff Present: Yunkyung Kim, Chief Operating Officer; Michaell S. Rose, DrPH, LCSW, Chief Health Equity Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Carmen Katsarov, Executive Director, Behavioral Health; Linda Lee, Executive Director, Quality Improvement; Donovan Higbee Director, Government Affairs; Lena Perelman, Director, Medicare Programs; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant

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MINUTES

Approve the Minutes of the October 9, 2025, Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

MAC Action: ***MAC did not achieve quorum***

PAC Action: ***On motion of PAC Member Dr. Inglis, seconded and carried, the Committee approved the minutes of the October 9, 2025, Regular Joint Meeting (Motion carried 8-0-0; Members Alpesh Amin, M.D; Lorry Belhumeur, Ph.D.; Gio Corzo, Vice Chair; Patty Mouton; Mary Pham, Pharm.D.; Alex Rossel absent)***

PUBLIC COMMENTS

There were no public comments.

INFORMATION ITEMS

Home and Community-Based Waivers

Hannah Kim, Director of Case Management, presented on the growing interest in home and community-based programs and waivers. Ms. Kim reviewed the California Community Transitions (CCT) program, noting that although it was not technically a waiver, it worked closely with the Assisted Living Waiver (ALW) and the Home and Community-Based Alternatives (HCBA) waiver. These waivers are administered by the Department of Health Care Services (DHCS) through contracted community-based organizations. CCT's primary goal is to help members transition from institutional settings, such as hospitals or skilled nursing facilities and back into community-based care. To qualify, members need to have been institutionalized for at least 60 consecutive days, excluding Medicare rehabilitation or acute care days, and demonstrate both interest and the ability to return to the community. Transition Coordinators, similar to case managers, support members, their families, and providers throughout the process. The program has no age restrictions and offers physical and financial assistance to help individuals reintegrate into community living.

Ms. Kim's presentation also highlighted that transition plans often involve returning to a member's home, a family member's home, a boarding care facility, or an assisted living facility. She noted that these plans mirror many community support benefits because DHCS modeled them after national programs and waivers, although California has applied its own naming conventions. There were many questions from the MAC and PAC members, and both committees have requested additional information on this subject to be shared at future meetings.

Detect and Connect OC

Carmen Katsarov, Executive Director, Behavioral Health Integration, introduced Lisa Burke, Vice President of Learning & Community Engagement for First 5 Orange County (First 5). Ms. Burke provided an overview of First 5, noting that it is a local public agency funded by tobacco taxes, and its mission is to help children from prenatal through age five get the best possible start in life.

Ms. Burke noted that one of First 5's key initiatives was called Detect and Connect, a collaborative that has been meeting for over five years. It was formed in 2019 from First 5's developmental screening work, which highlighted the importance of identifying developmental concerns early so that children can receive timely intervention and improve their outcomes. The collaborative recognized that to improve these outcomes, it would need to happen in pediatric offices and healthcare settings, anywhere services were already available and sustainable. Ms. Burke noted that at the time, only one in four children were receiving a developmental screening by age three. She also said that they fund two facilitators who help set agendas, establish annual goals, and track progress so the collaborative stays on course. This shared vision is to ensure that every child in Orange County receives timely well-child visits and developmental screenings aligned with national, evidence-based guidelines, and is connected early to coordinated resources and interventions. This vision has evolved but remains central to every meeting, keeping the focus on screenings, well visits, and service linkage.

Ms. Burke discussed how Detect and Connect united organizations across multiple sectors to drive policy and practice changes and raise community awareness about developmental screening and access to these services. She noted that participants included major system players such as CalOptima Health, Kaiser, the County Social Services Agency, the Orange County Health Care Agency, federally qualified health centers, pediatricians, and the Children's Hospital of Orange County (CHOC). They also engaged organizations that implement policy and provide direct family services, including Help Me Grow and the Regional Center of Orange County (RCOC), to create systemic change while ensuring families receive the support they need.

OneCare Update

Lena Perelman, Director of Medicare Programs, returned to address questions from the October 9, 2025, OneCare presentation. She confirmed that in 2026, OneCare will continue to offer a comprehensive package of Medicare-required benefits at no cost to dual-eligible members, including worldwide emergency coverage of up to $100,000, which is no longer offered by other health plans.

Beyond standard medical services, OneCare offers supplemental benefits, including a $500 vision allowance every two years, a $500 hearing allowance, unlimited non-emergency transportation, and access to a fitness network at no additional cost. Members also receive a flex debit card with $167 every three months for over-the-counter items, as well as healthy food and produce for most members. Additional benefits include companion care (up to 90 hours annually) and incentives of up to $190 for preventive health activities.

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The Part D benefit remains competitive with two tiers: generics at $0 and most brand medications at $4.90. While the Centers for Medicare & Medicaid Services (CMS) benefit changes end previous $0 brand coverage, members benefit from a maximum out-of-pocket limit, three-month refills for one copay, and a new mail-order service through SortPak, which delivers medications in convenient daily packaging.

Committee Member Updates

MAC Chair Christine Tolbert reminded both committees that the Diversity, Equity and Inclusion training, which was rolled out in November as part of their compliance courses, was due on December 12, 2025. She asked the members to reach out to Cheryl Simmons if they needed assistance in completing the course.

Chair Tolbert also asked the MAC to assist with recruiting a Medi-Cal Beneficiary or Authorized Family Member and a OneCare Member or Authorized Family Member.

She also asked those committee members eligible for stipends to please fill out their stipend forms and return them to Cheryl Simmons and reminded the MAC that if they had agenda items they would like to hear, they should notify Cheryl Simmons as well.

PAC Chair Dr. Nishimoto also asked PAC members to assist with recruiting an Allied Health Representative and requested that the PAC add any agenda items they would like to include at future meetings to reach out to Cheryl Simmons.

CEO AND MANAGEMENT REPORTS

Chief Medical Officer Report

Richard Pitts, D.O., Ph.D., Chief Medical Officer, provided a brief update on a cancer screening initiative introduced a few years ago by CalOptima Health, focusing on breast, cervical, colon, and lung cancers. These were chosen because they were easier to detect at an early stage. Outreach efforts included social media videos and billboards, resulting in a significant increase in testing within the first year. Additionally, grants funded patient navigators who helped overcome cultural and fear-based barriers, ultimately leading to life-saving screenings. Examples include early detection of stage 2 colon cancer, intraductal carcinoma, and removal of multiple polyps, cases that might have gone undiagnosed without this extra support.

Dr. Pitts also discussed that, beginning in 2026, the focus would shift to diabetes care, noting that of the 38 million Americans with diabetes, most had Type 2, which costs approximately $500 billion annually. GLP-1 medications have shown remarkable benefits beyond lowering blood sugar as they reduce cardiac events, strokes, liver fat, kidney failure, and heart failure. Once priced at $1,000 per month, costs have dropped to about $350 and may fall further with Federal action. Expanding access to GLP-1 drugs could significantly improve outcomes, reduce complications like amputations and blindness, and lower overall healthcare costs.

Chief Operating Officer Update

Yunkyung Kim, Chief Operating Officer, thanked the members on behalf of Michael Hunn and the management team for their guidance and support throughout the year. She noted that CalOptima Health anticipates 2026 will be challenging and will require more collaboration than ever, emphasizing that committee member feedback and assistance in prioritizing efforts would be critical as CalOptima Health navigates the year ahead. She reported that membership has been steadily declining since August and that staff had projected 867,000 members by the end of the fiscal year. However, as of December 11, enrollment had dropped to 847,000. She discussed how this trend is likely to necessitate reforecasting early next year. Additionally, Medi-Cal eligibility rules will change on January 1, 2026. Adults without satisfactory immigration status will remain eligible through December 2025 but will be unable to apply after January 2026.

Ms. Kim notified committee members that CalOptima Health had announced new Board leadership for 2026. Supervisor Sarmiento was elected as the new Board Chair, and Maura Byron, former MAC Chair, was elected as the new Board Vice Chair at the December 4, 2025, Board meeting. She added that this is the first time a member seat on the Board has held a leadership position. Ms. Kim again thanked the committee members for their contributions and wished them all a happy holiday season.

ADJOURNMENT

There being no further business before the Committees, PAC Chair Dr. Nishimoto adjourned the meeting at 2:06 p.m. and reminded the members that the next meeting is scheduled for February 11, 2026, which is a Wednesday due to a CalOptima Health holiday on February 12, 2026.

_____

Cheryl Simmons
Staff to the Advisory Committees

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Behavioral Health Services Act (BHSA) Educational Session

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Session Overview

- Welcome & Introductions
- History of Prop 1
- BHSA Goals & Priority Populations
- Fiscal Restructuring & BHSA Funding Categories
- Reporting & Planning
- Opportunities to Participate

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History of Prop 1

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Legislative Background of Prop 1

- The Mental Health Services Act, MHSA, was passed by California voters in November 2004 and went into effect in January 2005.
- In March of 2024, California voters approved Proposition 1, authorizing a general bond measure to address homelessness and to reform the MHSA with a goal to transform and modernize California's behavioral health system.

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High Level Overview of SB 326 (Eggman)

- Restructured the Funding Categories
- Created a ***New*** Housing Category
- Eliminated County-Based Prevention Funding
- Eliminated Requirement for Separate Innovation Plans & Created a ***New*** Innovation Fund Overseen by the BHSOAC
- Established BHSA as a ***New*** Source of Funding for Substance Use Disorder (SUD) Services
- Doubled the State's Allocation of the Tax from **5% to 10%** to Fund ***New*** Workforce & Population-Based Prevention Initiatives
- Created ***New*** Priority Populations
- Changes to the Community Program Planning (CPP) Process & Expanded Stakeholders
- Created ***New*** Structure for Planning, Data Gathering, Reporting, & Accountability Across **ALL** County Behavioral Health Funding Streams
- Increased Focus on Maximizing Medi-Cal Billing
- Changed Role & Responsibilities of State Partners

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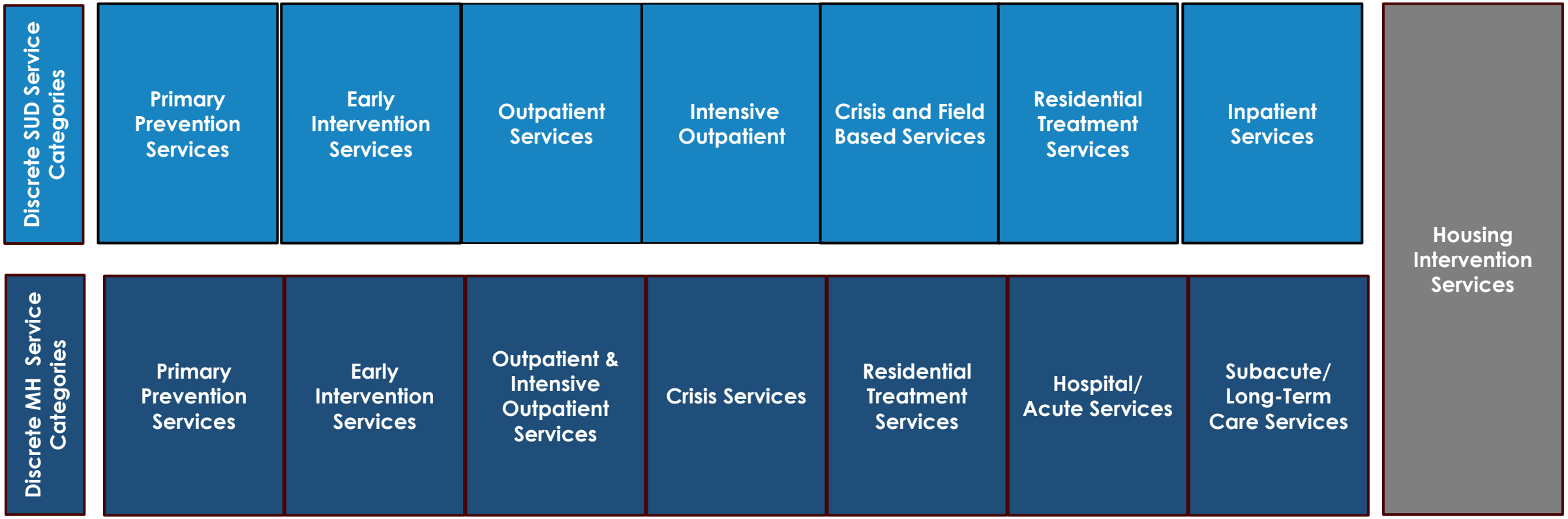
Behavioral Health Care Continuum

3-Year Integrated Plans (IPs) structure for **ALL** county behavioral health funding sources, not just the BHSA, reported in a Behavioral Health Care Continuum.



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Source: BHSA County Policy Manual Version 1 2.2 – April 2025

BHSA Goals & Priority Population

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Statewide Population Behavioral Health Goals

Health equity will be incorporated in each of the BH Goals

Goals for Improvement	Goals for Reduction
Care experience	Suicides
Access to Care	Overdoses
Prevention and Treatment of Co-Occurring Physical Health Conditions	**Untreated Behavioral Health Conditions**
Quality of Life	**Institutionalization**
Social Connection	**Homelessness**
Engagement in School	**Justice-Involvement**
Engagement in Work	**Removal of Children from Home**

7th Goal Orange County BHS will focus on

Orange = The six priority goals counties are ***required*** to address in the Integrated Plan including actions they are taking to improve outcomes related to these goals. Counties **MUST** also identify at least one additional goal in which the county's data is higher/lower than statewide rate or average, e.g., the county is underperforming on the primary measure compared to the state.

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Source: BHSA County Policy Manual Version 1 2.2 – April 2025

BHSA Priority Populations

***Individuals living with serious mental illness and individuals living with substance use disorders who qualify for specialty mental health services:**

Eligible Children and Youth who:
Are chronically homeless or experiencing homelessness or at risk of homelessness
Are in, or at risk of being in, the juvenile justice system
Are reentering the community from a youth correctional facility
Are in the child welfare system
Are at risk of institutionalization

Eligible Adults and Older Adults who:
Are chronically homeless or experiencing homelessness or at risk of homelessness
Are in, or at risk of being in, the justice system
Are reentering the community from state prison or county jail
Are at risk of conservatorship
Are at risk of institutionalization

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Source: BHSA County Policy Manual Version 1 2.2 – April 2025 and new BHSA language W&I Code section 5892 subdivision (d)

Fiscal Restructuring and BHSA Funding Categories

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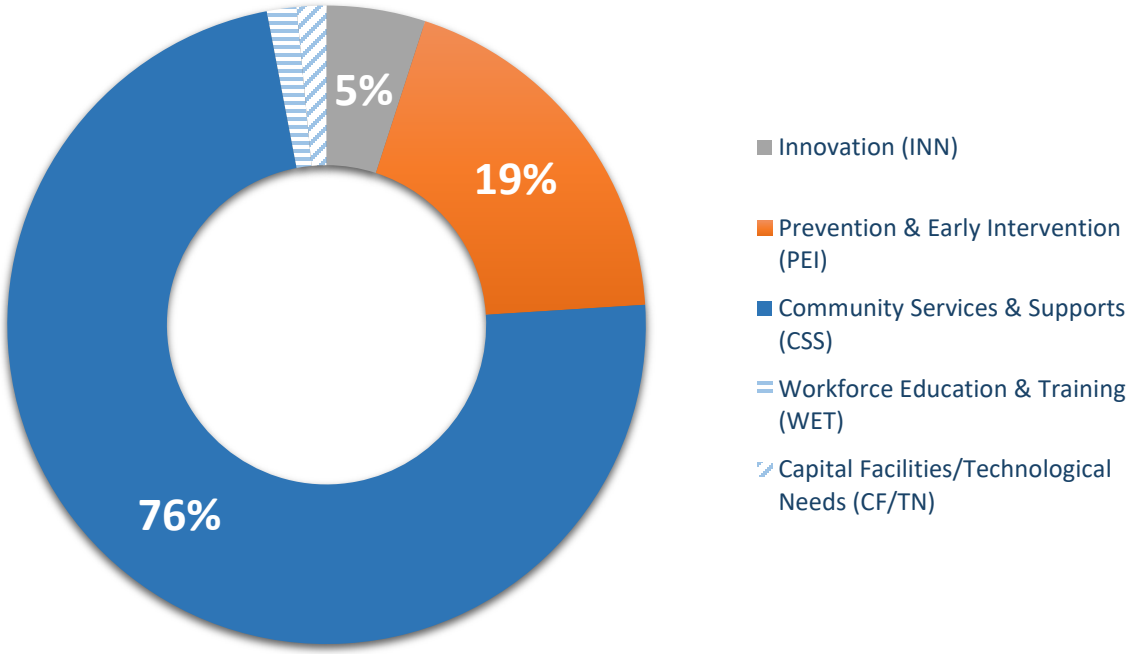
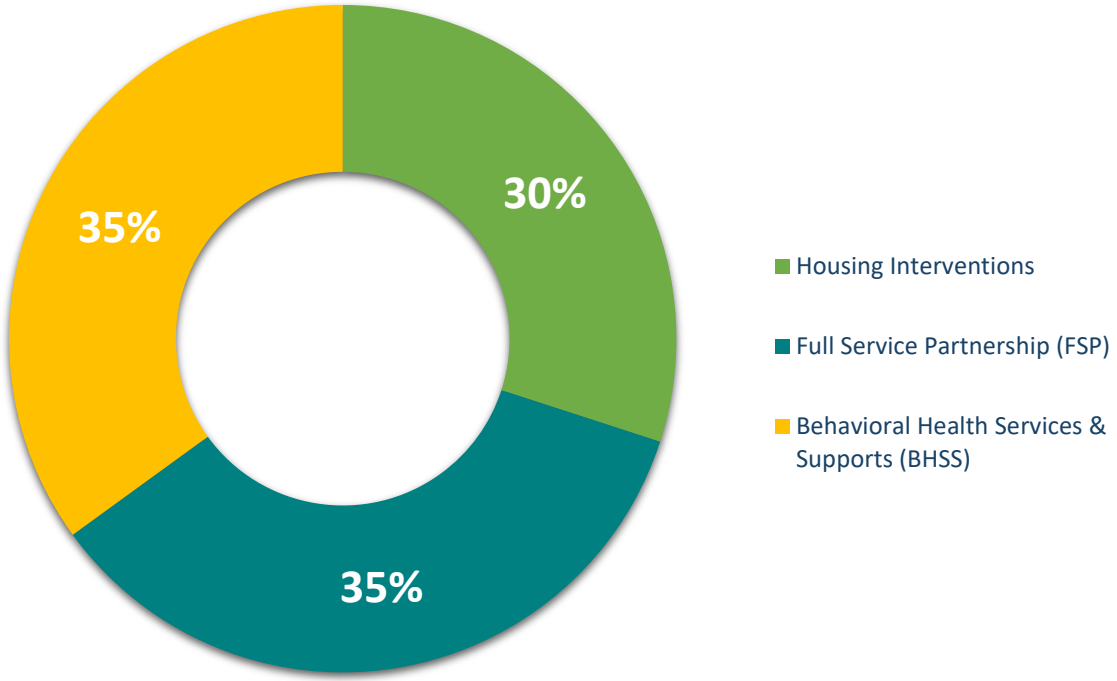
Modernization: MHSA to BHSA

Modified from 5 Funding Components to 3 Funding Categories

Current MHSA Funding Components



BHSA Funding Categories



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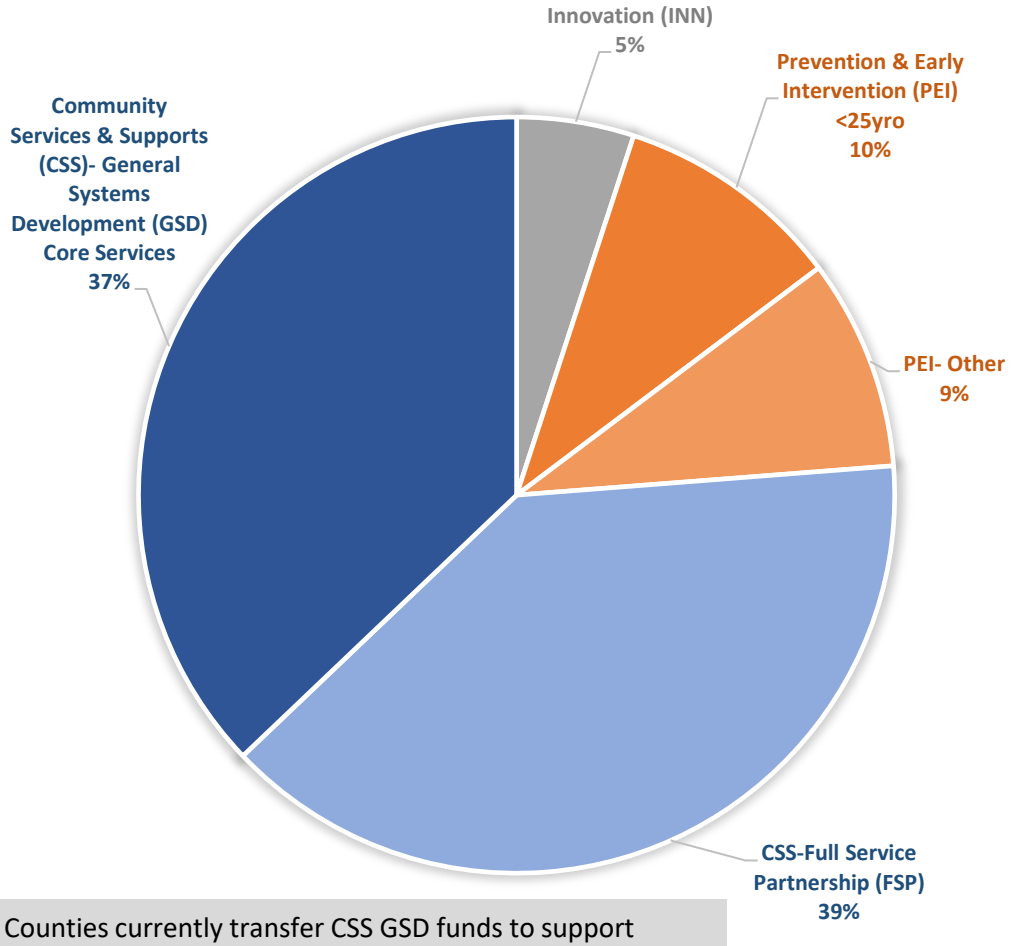
Source: Current MHSA language W&I Code section 5892 subdivision (a)

Note: Up to 5% of the total local millionaire's tax annual revenue can be used to support Community Planning Activities

MHSA Components vs. BHSA Categories

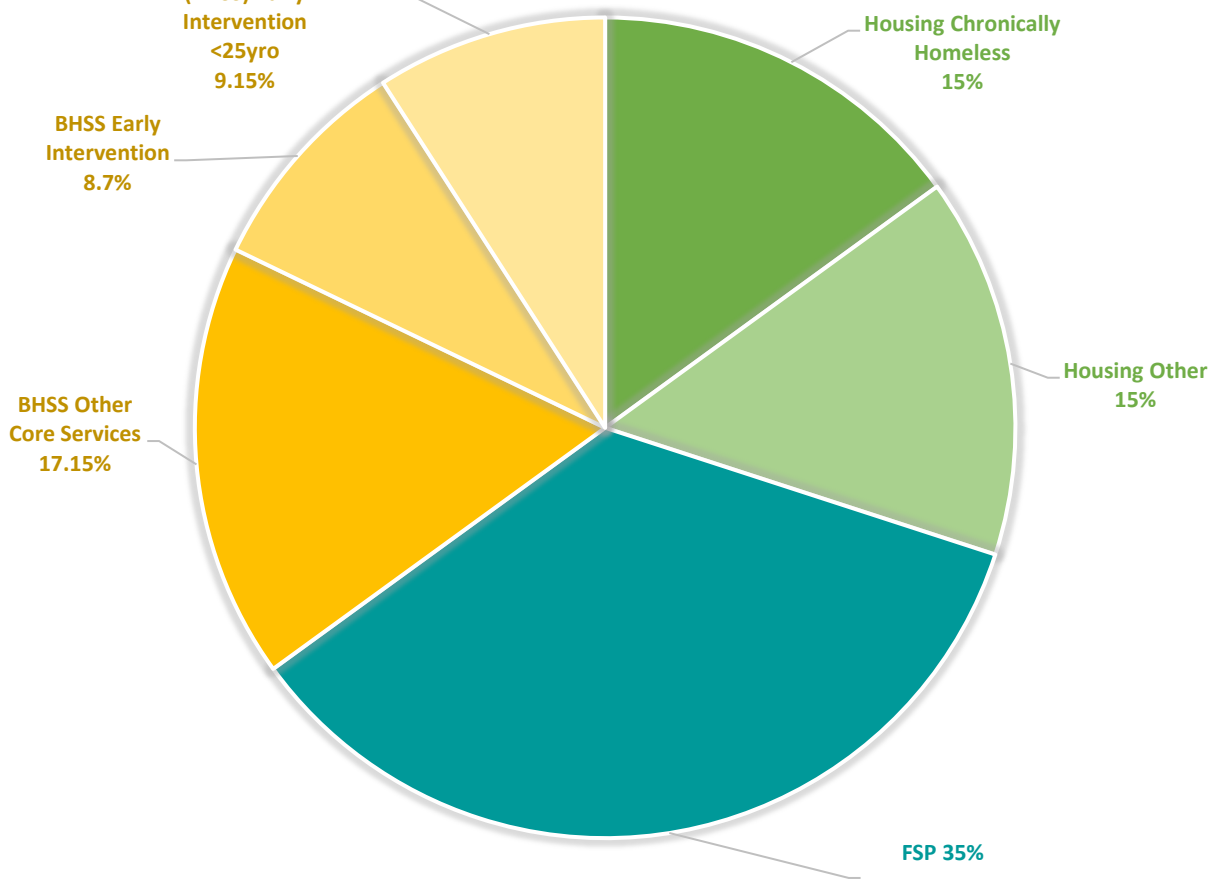
Local Allocations at County Level (% of total County allocation)

Current MHSA Funding Components



Counties currently transfer CSS GSD funds to support Workforce Education and Training (WET) initiatives and Capital Facilities & Technological Needs (CF/TN)

BHSA Funding Categories



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BHSA Housing Interventions

Core components of the Housing First Model are required across all Housing Interventions

30% of BHSA Funds: **Housing Interventions** include:

- **Rental Subsidies**:
  - Rental Assistance
  - Project-Based Housing Assistance
  - Master Leasing
- **Operating Subsidies**
- **Allowable Settings**
- **Other Housing Supports:**
  - Landlord Outreach & Mitigation Funds
  - Participant Assistance Funds
  - Housing Transition Navigation Services and Tenancy & Sustaining Services
  - Outreach and Engagement (maximum of up to 7%)
- **Other Housing Intervention Requirements**
- **Capital Development Projects (Max 25% of Housing component funds)**
- **Cannot use BHSA to pay for benefits covered by MCP**

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Source: BHSA County Policy Manual Version 1 2.2 – April 2025
Post July 1, 2026, new BHSA language W&I Code section 5830

Full Service Partnership (FSP) Category

35% of BHSA Funding: FSP programs provide individualized intensive recovery-focused, age-appropriate care for individuals with significant behavioral health needs

FSP Eligible

Level 2: Assertive Community Treatment (ACT)
Stand-alone EBP for Highest Need Adults and Older Adults

Level 1: FSP Intensive Case Management (ICM)
Higher Need Adults and Older Adults

BHSS/ Outpatient Eligible

Outpatient MH and SUD Services
Individuals stepping down from FSP ICM who no longer meet the threshold for FSP and should receive outpatient services as needed

High Fidelity Wraparound (HFW) is required for children/youth. BHSA eligible TAY (age 16-25) and younger may receive ACT, FACT, FSP ICM or HCW if determined to be clinically and developmentally appropriate.

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Source: BHSA County Policy Manual Version 1 2.2 – April 2025 and new BHSA language W&I Code section 5887

FSP Continuum of Care

Treatment Services

- Outpatient behavioral health services for evaluation and stabilization
- Mental health services
- Supportive services
- SUD services
- Ongoing engagement services

EBP Models

- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- Individual Placement and Support (IPS) model of Supported Employment
- FSP Intensive Case Management (ICM)
- High-Fidelity Wraparound (HFW)
- Other EBPs

Other Services

- Service planning
- Housing (must be funded under Housing Intervention)
- Outreach
- Recovery-oriented services including peer support services
- Assertive field-based initiation for SUD including mobile teams and street medicine/outreach

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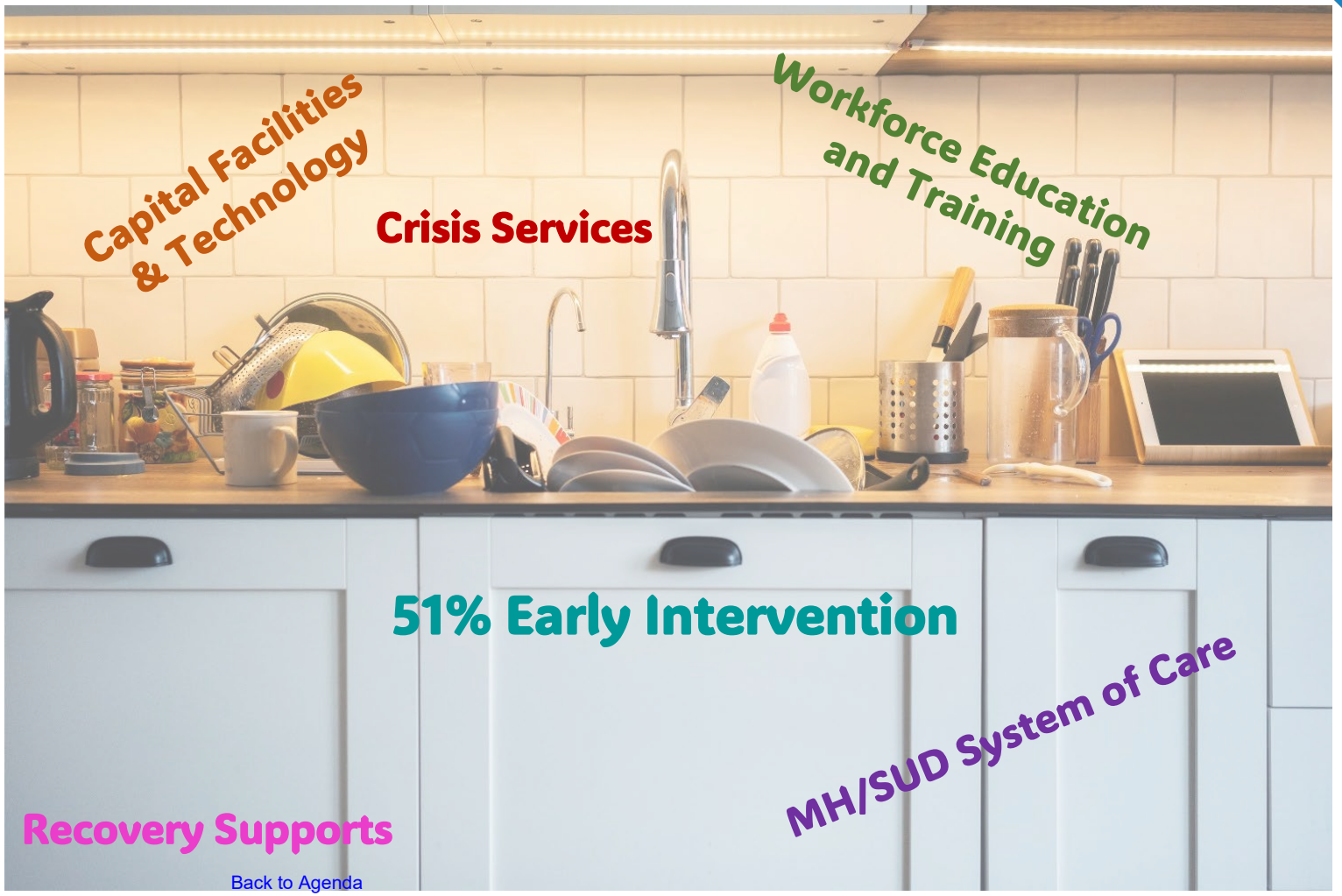
Source: BHSA County Policy Manual Version 1 2.2 – April 2025 and new BHSA language W&I Code section 5887

Behavioral Health Services & Supports (BHSS)

Everything else and the kitchen sink!



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BHSS Early Intervention (EI) Programming

BHSS EI programs must include outreach, access and linkage to care, MH and SUD early treatment services and supports and must emphasize the reduction of the likelihood of the following adverse outcomes:
Suicide and self harm
Incarcerations
School suspensions, expulsion, referral to an alternative or community school, failure to complete TK-12 or higher education
Unemployment
Prolonged suffering
Homelessness
Removal of children from their homes
Overdose
Mental illness in children/youth

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Source: BHSA County Policy Manual Version 1 2.2 – April 2025 and new BHSA language W&I Code section 5840 subdivision (d)

Oversight and Accountability

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Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)

Provides greater transparency about county behavioral health spending and administration of behavioral health care.

- Includes annual amount received and spent, unspent state and federal funds and reserves.
- Admin costs and planning costs associated with the CPP process.
- Service utilization including # of people served.
- Data related to statewide goals, local goals, disparities data, etc.
- Data related to the workforce including vacancies and # of county employees providing direct clinical services.

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Source: BHSA County Policy Manual Version 1 2.2 – April 2025 and new BHSA language W&I Code section 5963.04

Roles of State Partners

Department of Health Care Services (DHCS)
Determine evidence-based practices (EBPs) and community-defined evidence practices (CDEPs)
Establish statewide goals and metrics
Approval of funding transfer requests
Approval of capital projects funded through the Housing category
Develop FSP levels of care
Review county Integrated Plans and Annual Updates
Impose corrective action plans and monetary sanctions on counties
Provide TA and training to counties

Behavioral Health Services Oversight & Accountability Commission (BHSOAC)
Partner with DHCS to develop a biennial list of EBPs and report on this annually
Participate in the development of statewide metrics and outcomes
Partner with DHCS to develop FSP levels of care
Oversee and administer the new Innovation Partnership Fund
Provide counties with technical assistance related to innovative pilots and projects
Expanded # of commissioners from 16 to 27

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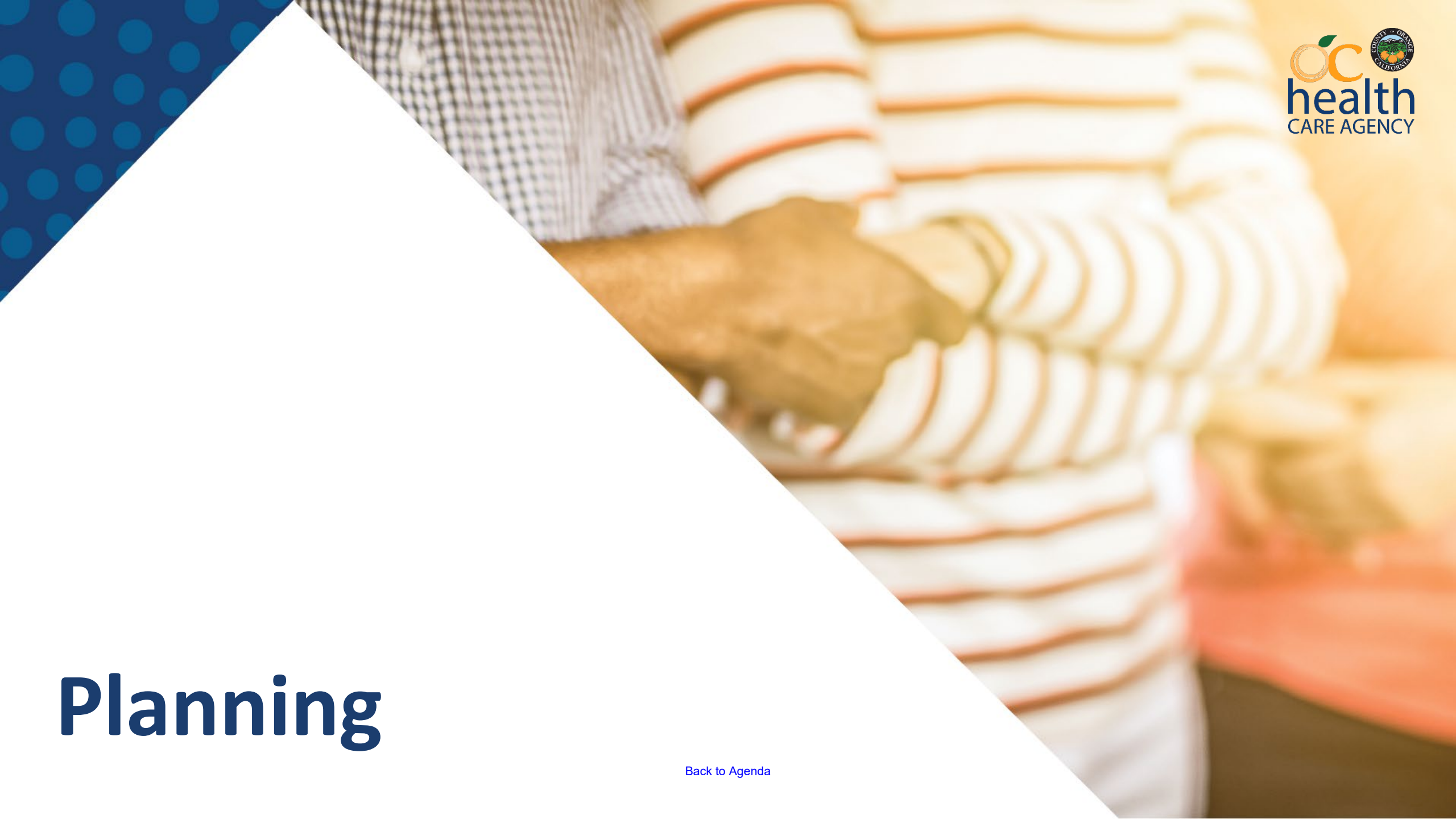

Planning

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Community Program Planning

- Community program planning (CPP) aims to improve the health and well-being of a specific community by identifying community-defined needs, developing strategies, and implementing programs to address those needs.
- Counties may use **up to 5%** of the total annual BHSA revenue received to fund planning costs.

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Community Program Planning

Expands list of stakeholders to engage in the community program planning (CPP) process.

- Training for stakeholders is now optional.
- No longer required to engage stakeholders for the annual update or intermittent updates to the IP.

Counties must collaborate with

- Managed Care Plans (Medi-CAL insurance)
- Continuums of Care (agency that coordinates homeless services)
- Five most populous cities

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Required BHSA Stakeholders

BOLD are new Stakeholders:

- Eligible youth, adults, older adults and families **as defined in Section 5892**
- **Youths or youth mental health/substance use disorder organizations**
- Providers of mental health/substance use disorder treatment services
- Public safety partners including **county juvenile justice agencies**
- Local education agencies
- **Higher education partners**
- **Early childhood organizations**
- **Local public health jurisdictions**
- County social services and child welfare agencies
- **Labor representative organizations**
- Veterans and representatives from veteran organizations
- Health care organizations, **including hospitals**
- **Health care services plans including Medi-Cal managed care plans**
- **Disability insurers**
- **Tribal and Indian Health Program designees**
- **Representatives from the five most populous cities in counties with populations greater than 200,000**
- **Area Agencies on Aging**
- **Independent living centers**
- **Continuum of care including representatives from the homeless services provider community**
- **Regional Centers**
- **Emergency medical services**
- **Community-based organizations serving culturally and linguistically diverse constituents**

Stakeholder representation **must** include individuals representing diverse viewpoints to include but not limited to **youth representatives from historically marginalized communities; representatives from organizations specializing in working with underserved racially and ethnically diverse communities; representatives from LGBTQ+ communities; victims of domestic violence and sexual abuse; people with lived experience of homelessness.**

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Source: W&I Code section 5963.03 subdivision (a)

Stakeholder Involvement Requirements
MHSA vs. BHSA

Counties shall demonstrate a partnership with stakeholders throughout the CPP process that includes stakeholder involvement on mental health and substance use disorder:

MHSA
Mental health policy
Program planning and implementation
Monitoring
Quality improvement
Evaluation
Budget allocations

BHSA*
Mental health **and substance use disorder policy**
Program planning and implementation
Monitoring
Workforce
Quality improvement
Health equity
Evaluation
Budget allocations

*Beginning January 1, 2025. **BOLD** is new.

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Source: BHSA County Policy Manual Version 1 2.2 – April 2025
and new BHSA language W&I Code section 5963.03 subdivision (a)

Behavioral Health Integrated Plan Community Planning Timeline

Jan – March 2025

Plan & Assess

Community planning PAC Kick-Off, listening and data sessions throughout county, co-chair(s) recruitment and selection process

April –May 2025

Committees & Focus Group

PAC (April) data summary, committee co-chair selected and announced, committee work begins; BHAB CPP report out (April)

June – Sept 2025

Program Planning

PAC (July) - Committee Report Outs, review for program/system intersectionality, finalize draft programs, align evaluation plans/metrics with state requirements; BHAB CPP report out (July), and Community Forums

Listening and Data Overview Sessions

Workgroups Start

Community Forums

Oct – Dec 2025

Draft Plan Review

Draft Integrated Plan worked on, internal review, CPP report out at BHAB and PAC (October)

Jan – March 2026

Approve & Post

Finalize Integrated Plan, BHAB report out, DHCS approval, 30 day posting, continue Plan overview meetings during posting, implementation planning, setting up administrative infrastructure

April – May 2026

Public Hearing

Host Public Hearing, implementation planning, establishing admin infrastructure (RFPs, contract modification development, set up of financial tracking mechanisms, evaluation systems, policies and procedures, etc.)

June 2026

Board Approval

Approval, implementation continues Upon approval

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Questions & Discussion

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Thank you for your participation.

For questions or to request a meeting, please contact
Michelle Smith at msmith@ochca.com or call (714) 834-3104

For BHSA information
please call (714) 834-3104 or email bhsa@ochca.com

Access QR code for information!

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Or access information on the BHSA website

OC Health Care Agency

@ochealthinfo

@ochealth

@oc_hca

@ochealth

www.ochealthinfo.com

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Behavioral Health Services

MAC PAC

February 11, 2026

Behavioral Health Integration

Our Mission

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

Our Vision

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

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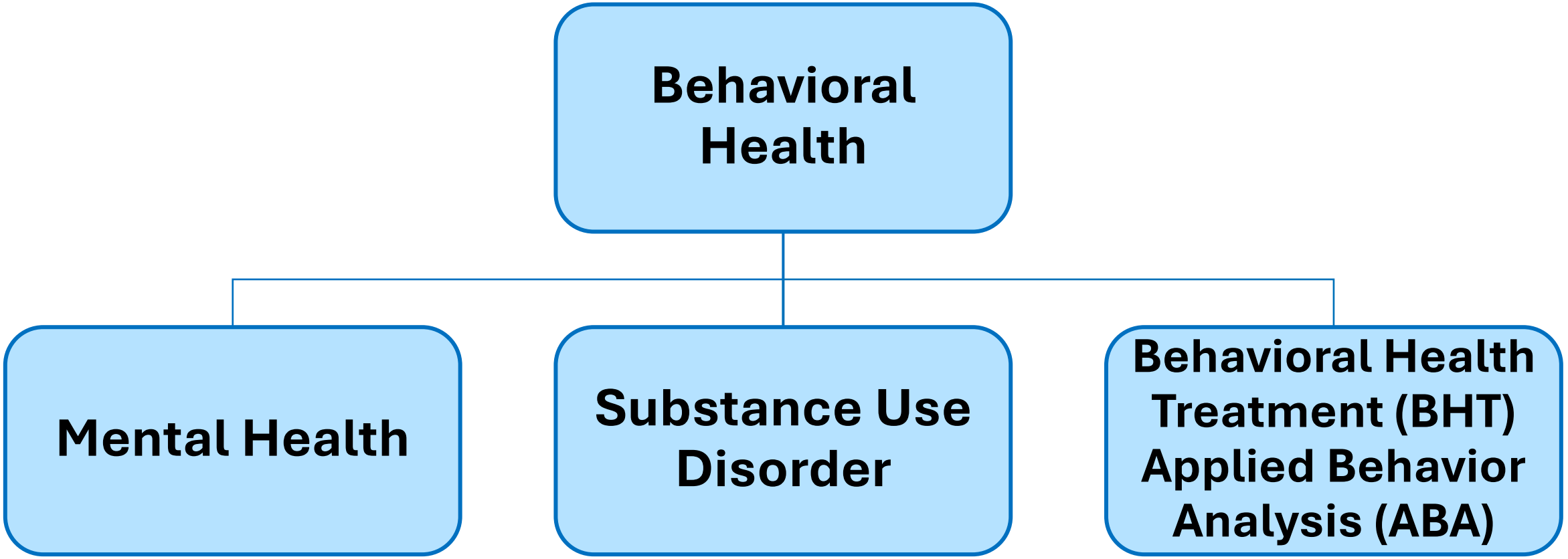
CalOptima Health Behavioral Health Services



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Behavioral Health Continuum

- The behavioral health continuum is a range of well-being having mental health and mental illness at the two extreme ends.
- Depending on the circumstances of individuals at any time, they may find themselves at one point on the continuum and shift position as their situation improves or deteriorates.

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Behavioral Health Levels of Care

Functional Impairment Level	Level of Care
Mild to Moderate	CalOptima Health Behavioral Health Providers
Severe	Orange County Behavioral Health Plan Providers

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Behavioral Health Services: Medi-Cal

- CalOptima Health is responsible for outpatient behavioral health services, including Non-Specialty Mental Health Services (NSMHS)* for Medi-Cal members who have **mild-to-moderate** functional impairments.
- When members are identified with a functional impairment level other than mild to moderate, they will receive services directly from the county's behavioral health plan, OC Health Care Agency or community-based organizations.

*Non-Specialty Mental Health Services: Psychiatric and Psychological Services Link to Document

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CalOptima Health

Behavioral Health Services: Medi-Cal (cont.)

- The following outpatient behavioral services are available:
  - Outpatient psychotherapy (individual, family, couples, and group therapy)
  - Psychological testing to evaluate a mental health condition
  - Outpatient services that include lab work, drugs and supplies
  - Outpatient services for the purposes of monitoring drug therapy
  - Psychiatric consultation
  - Screening, Assessment, Briefing Intervention and Referral to Treatment (SABIRT)
  - Transcranial Magnetic Stimulation (TMS)
  - Dyadic Services for children under 21 and their parent(s) or caregiver(s)

Behavioral Health Treatment (BHT) Applied Behavior Analysis (ABA): Medi-Cal

- ABA improves quality of life by teaching members under 21 and their families how to manage behaviors and increase communication and functional skills
  - ABA is not limited to developmental disorders or solely for Autism Spectrum Disorder (ASD)
    - Department of Health Care Services – All Plan Letter (APL) 23-010 https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-010.pdf
- Services are typically provided in the member's home
  - Treatment plans are tailored to the member's needs
  - Strategies often include the use of positive reinforcement and understanding Antecedent, Behavior, Consequence (A-B-Cs)

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Behavioral Health Services: OneCare

- OneCare members have access to behavioral health services currently covered by Medicare and Medi-Cal.
- A behavioral health provider must contract with CalOptima Health to provide OneCare behavioral health services.
- When members are determined to have behavioral health case management needs, they may receive services directly from the county's behavioral health plan, OC Health Care Agency, or community-based organizations.

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Behavioral Health Services: OneCare (cont.)

- Inpatient mental health services
- Alcohol & Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)
- Opioid Treatment Program (OTP)
- Outpatient mental health services, including, but not limited to, the following:
  - Individual and group mental health evaluation and treatment
  - Intensive Outpatient Program (IOP)
  - Partial Hospitalization Program (PHP)
  - Psychological testing to evaluate a mental health condition
  - Electroconvulsive therapy (ECT)
  - Transcranial magnetic stimulation (TMS)
  - Medication Management

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Behavioral Health Services

Service	Medi-Cal	OneCare
Psychotherapy	✓	✓
Psychological testing	✓	✓
Medication Management	✓	✓
Applied Behavior Analysis (ABA) for members under 21 years of age	CalOptima Health	-
Transcranial Magnetic Stimulation (TMS)	✓	✓
Dyadic Services for children under 21 & their parent(s) or caregiver(s)	CalOptima Health	CalOptima Health
Electroconvulsive Therapy (ECT)	✓	✓

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Behavioral Health Services (cont.)

Service	Medi-Cal	OneCare
Inpatient Mental Health Care*	Orange County Behavioral Health Plan	CalOptima Health
Partial Hospitalization Program (PHP)/ Day Treatment Intensive*	Orange County Behavioral Health Plan	CalOptima Health
Intensive Outpatient Program (IOP)/ Day Treatment Intensive*	Orange County Behavioral Health Plan	CalOptima Health

*Responsibility of the county's behavioral health plan, OC Health Care Agency

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Substance Use Disorder (SUD) Services

Service	Medi-Cal	OneCare
Alcohol & Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)	CalOptima Health	CalOptima Health
Office-Based Medication Assisted Treatment (MAT)	✓	✓
Opioid Treatment Program	Drug Medi-Cal Organized Delivery System (DMC-ODS)	CalOptima Health
Medical Detox (Place of Service: Medical)	CalOptima Health	CalOptima Health
All other SUD services (e.g., residential treatment recovery services and withdrawal management)*	Drug Medi-Cal Organized Delivery System (DMC-ODS) administered by OC Health Care Agency (Orange County's Behavioral Health Plan-BHP)	

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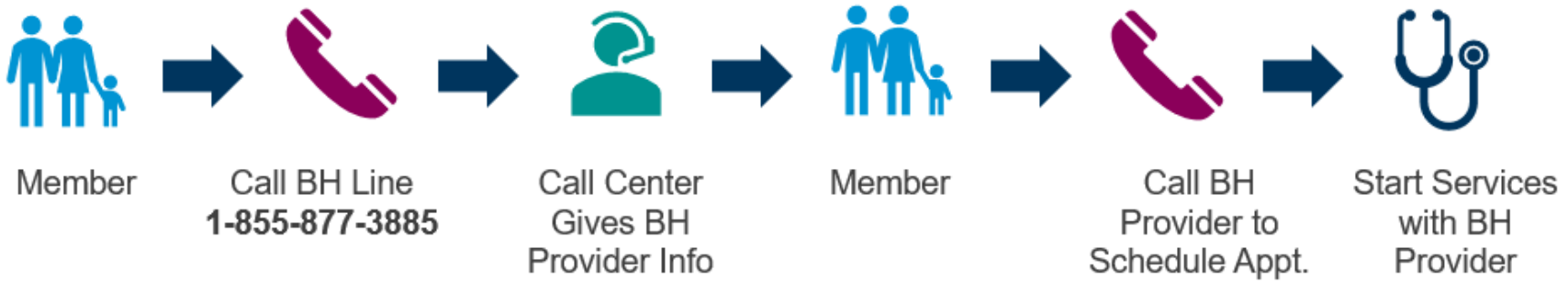
CalOptima Health Behavioral Health Line

1-855-877-3885

For screening and referral to behavioral health services

Available 24 hours a day, 7 days a week

TTY **711**



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CalOptima Health Behavioral Health Line (cont.)

- Members may be warm-transferred or call the CalOptima Health Behavioral Health Line 855-877-3885
  - If the member is not currently receiving Behavioral Health services, the member may be warm-transferred to a Licensed Behavioral Health Clinician for screening using the Department of Health Care Services Screening Tool
  - Members may be given CalOptima Health Behavioral Health provider options or be connected with OC Health Care Agency (Orange County's Behavioral Health Plan)
  - If the member would benefit from a higher level of care based on the screening
- CalOptima Health has a network of Behavioral Health Providers to provide covered services for members who have mild to moderate impairments due to mental health conditions
- CalOptima Health Behavioral Health works closely with OC Health Care Agency to coordinate a higher level of care services for members who have severe impairments due to mental health conditions

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Additional Ways to Access Behavioral Health Services

- Members may search CalOptima Health Behavioral Health providers at www.caloptima.org/en/ForMembers/Medi-Cal/FindAProvider/BehavioralHealthSearch
- Members may also book a Telehealth Behavioral Health appointment with one of our partners **TeleMed2U**
  - On the member portal homepage, find Services and choose Behavioral Health Virtual Visits from the drop-down menu at the top right of the page
  - Click Make an Appointment to go to the TeleMed2U website
  - On the TeleMed2U website, choose Book an Appointment and fill out the form appointment form
  - If you have questions or need help with completing the form, please call TeleMed2U at 1-562-268-0955 or toll-free at 1-844-585-9210

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Helpful Websites

Source	Website
CalOptima Health	https://www.caloptima.org/
CalOptima Health Behavioral Health Benefits	https://www.caloptima.org/en/health-insurance-plans/medi-cal/behavioral-health-services
Medi-Cal Application and Enrollment	https://www.caloptima.org/en/health-insurance-plans/medi-cal/eligibility-how-to-apply

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Helpful Websites

Source	Website
DHCS Non-Specialty Mental Health Services: Psychiatric & Psychological Services	https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D84845A9-9DA6-434D-8B97-00CD24F101E7/nonspecmental.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO
Specialty Mental Health Services - Provided by the OC Health Care Agency (HCA)	https://www.ochealthinfo.com/services-programs/mental-health-crisis-recovery

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Questions

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Appendix

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CalOptima Health Behavioral Health Line 1-855-877-3885 24 hours/7 days

Service	Type of Service	Minimum Qualification
Psychotherapy	Outpatient talk therapy for individuals, families and groups	CalOptima Health member
Psychiatry and Medication Monitoring	Psychiatric consultation Medication management	CalOptima Health member
Psychological Testing	Mental Health Evaluation	Prior Authorization Required. Needs to be medically necessary and meet Utilization Management criteria.
Applied Behavior Analysis (ABA) for members under 21 years of age	Focuses on improving behavior, communication and skills by increasing behaviors that are helpful and decreasing behaviors that are harmful.	
Transcranial Magnetic Stimulation (TMS)	Non-invasive procedure using magnetic fields to stimulate nerve cells in the brain, primarily to treat mental and behavioral health conditions.	
Substance Use Disorder Services: SABIRT*, MAT* and Medical Detox	Alcohol and drug treatment services.	CalOptima Health Member Orange County Resident (Drug Medi-Cal)

*Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT); Office-Based Medication Assisted Treatment (MAT)

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CalOptima Health Behavioral Health Line 1-855-877-3885 24 hours/7 days

Service	Type of Service	Minimum Qualification
Electroconvulsive Therapy (ECT)	Medical treatment that involves passing brief electrical currents through the brain to induce a controlled seizure.	Prior Authorization Required. Needs to be medically necessary and meet Utilization Management criteria.
Interpreter Services	No-cost language support services are offered by phone or in person. Interpreter services for medical services (e.g., doctor visits, after-hours care, urgent care, pharmacy services, health education classes) and non-medical services (customer service, member complaints and orientation meetings).	Requests for in person interpreter services may be submitted up to 14 days in advance. Request in-person for American Sign Language interpreter services 1 week before scheduled appointment.
Non-Medical Transportation *(Call 1-833-648-7528, Monday to Sunday from 8 a.m.–8 p.m.)*	Taxi, bus or private driver, request ride 2 days in advance	Urgent same-day transportation — Limited to hospital discharges, pick up from emergency room or urgent care centers, dialysis, chemotherapy and urgent weekend dental appointment

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CalOptima Health

Stay Connected With Us

www.caloptima.org

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Health Education Strategy

Our Mission

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

Our Vision

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

February 2026

Aulina Bradley, RN, BSN, MBA, PHN-CCM - Director of Clinical Training & Health Education, Medical Management

Shilpa Jindani MD FAAFP Medical Director, Population Health Management, Medical Management

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Understanding Members' Needs

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Understanding Members' Needs

Population Needs Assessment (PNA)

- Identification of top conditions
- Priority measures
- Health equity gaps

Member and Population Health Data

- Medi-Cal Connect
- Quality outcomes across populations
- Member Satisfaction Surveys

Community Engagement

- Leveraging local resources
- Collaboration with public and community-based organizations

CalOptima Health

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Meeting Member and Provider Needs

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Meeting Member and Provider Needs

Preventive Care Advocacy

- Standing orders for blood pressure monitors, glucometers, and cancer screenings
- Cancer screening campaigns

Culturally Appropriate Services

- Referral of Black pregnant members to Enhanced Care Management, Doulas and Black Infant Health program
- Care management and coordination delivered to members with complex and chronic conditions
- Health Education
- Disease Management (Diabetes, Asthma, Congestive Heart Failure, etc.)
- Prenatal/Postpartum Education
- Self-Management Tools (WebMD)

CalOptima Health

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Meeting Member and Provider Needs Cont.

Network Development and Provider Support

- Network Adequacy
- Provider Monthly Communication
- Provider Training (CME)

Behavioral Health and Non-Specialty Mental Health Services

- Telemed2u Access
- Member and Provider Outreach Education Plan

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At-Home Quality Programs for Members

Program	Details	Partner*	Target Population
Annual Wellness Visit (AWV)	• Comprehensive AWV • Point-of-care lab testing, immunizations, and other preventive services • Referral to providers/facilities for cancer screenings	Transtreme	OneCare CalOptima Health Community Network (CHCN) members due for an AWV with multiple quality care gaps
Diabetes	• HbA1c test via finger prick • Kidney health evaluation via urine collection	Quest Diagnostics	OneCare and Medi-Cal CHCN members due for the GSD and/or KED HEDIS measures**
Colorectal Cancer Screening	• Cologuard testing	Exact Sciences	OneCare and Medi-Cal CHCN members due for the COL HEDIS measure**

*Current partners as of January 2026; subject to change and/or expand to additional partners

**GSD: Glycemic Status Assessment for Patients with Diabetes; KED: Kidney Health Evaluation for Patients with Diabetes; COL: Colorectal Cancer Screening

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Quality Collaboration for Providers

We're here to help! If you are interested in the programs below or would like to meet with the Quality Analytics team to discuss any quality-related topics further, please contact your Provider Relations representative.

Program	Details
Standing Orders	CalOptima Health will generate orders on your behalf for screening mammography and communicate with your patients to facilitate completion. Results will be communicated directly to you by the facility via the standard result notification process.
Data-Related Initiatives	Potential opportunities include supplemental data submission, EMR integration, and establishing read-only access to your EMR system in support of medical record retrieval.
Partnership with SullivanLuallin Group (SLG)	CalOptima Health has partnered with SLG to offer a robust program to improve patient experience. Through this partnership, we offer physician offices in-person workshops, virtual workshops, and provider shadow coaching.

CalOptima Health

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Member Health Rewards

CalOptima Health offers health rewards to eligible members who take an active role in their health.

Health reward forms can now be completed online at www.caloptima.org/e/medi-cal-rewards.

Medi-Cal Health Reward	Who's Eligible
Annual Wellness Visit $50 *No health reward form needed*	Members ages 45 and older who complete an Annual Wellness Visit in 2026
Breast Cancer Screening $25	Members ages 40–74 who complete a breast cancer screening mammogram in 2026
Blood Lead Test at 12 Months of Age $25 *No health reward form needed*	Members between 12–23 months of age who complete a blood lead test in 2026
Blood Lead Test at 24 Months of Age $25 *No health reward form needed*	Members between 24–35 months of age who complete a blood lead test in 2026
Cervical Cancer Screening $25	Members ages 21–64 who complete a cervical cancer screening in 2026
Colorectal Cancer Screening — Other Types Fecal Occult Blood Test (FOBT) $15 Fecal Immunochemical Test (FIT) $15 Flexible Sigmoidoscopy $25 CT Colonography $25	Members ages 45–75 are eligible for 1 of these colorectal cancer screening rewards each calendar year

Member health rewards are available for Medi-Cal and OneCare Complete (HMO D-SNP) members

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CalOptima Health

Measuring Success

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Measuring Success

Quality Monitoring

- Tracking Population Health Management Outcomes
- Ongoing Quality Improvement

Member Satisfaction

- Disease Management Programs
- Case Management Programs
- Feedback loop to refine Education Strategies

Evaluation of Outreach and Marketing

- Effectiveness of Campaigns
- Community Resource Utilization

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Case Management: Member Satisfaction Survey*

- Member satisfaction surveys are completed for:
  - All members enrolled in Complex Case Management (CCM) after case is open for 60 days
  - Annually if the member case remains open
  - Upon closure to CCM

	Member Satisfaction Surveys	Q1. Case Management was Beneficial	Q2. Educational Materials were Helpful	Q3. CM was helpful with Medical Questions	Q4. Community Resources were helpful	Q5. Questions were answered to Satisfaction	Q6. Overall Satisfaction with CM	Q7. Care Plans
Q4 2025	48	47	44	45	45	48	46	48
		98%	92%	94%	94%	100%	96%	100%

Source: Case Management NCQA Member Satisfaction Survey Results, October 2025 – December 2025

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2025 - Disease Management Satisfaction Survey

Survey Process

- **Method**: Survey texted to member(s) immediately after Health Coaching follow-up session
- **Timeframe**: March 2025 – December 2025
- **Response Rate**: 40 %
  - 397 surveys sent via text
    - 159 surveys received
  - Significant increase compared to ~10% response rate for mailed surveys

Next Steps

- Incorporate feedback into Care Continuum planning

Questions	Satisfaction Rate
My health coach helped me manage my health needs and concerns	98.7%
My Health Coach helped me follow my doctor's recommendation	99.3%
I was included when making decision about my care plan	98.1%
The information and resources I received from my health coach have been useful	99.3%
My Health coach helped me meet my care plan goals	99.4%
My health coach helped me manage my needs and concerns	99.4%
I am satisfied with the health and wellness program at CalOptima Health	**92.3%**

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Driving Impact

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Driving Impact: Member and Provider Advisory Committee Role

Advocate

- Preventive Care Practices

Advise

- Culturally Appropriate Program Design
- Health Education Priorities
- Outreach Strategies
- Improving Health Outcomes
- Accessibility and Coordination of Care

Support

- Non-Specialty Mental Health Services (NSMHS) outreach plan
- Provider Manual

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CalOptima Health

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US Measles Outbreak 2025

Member and Provider Advisory Committees

February 11, 2026

Richard Pitts, D.O., Ph.D.

Our Mission

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

Our Vision

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

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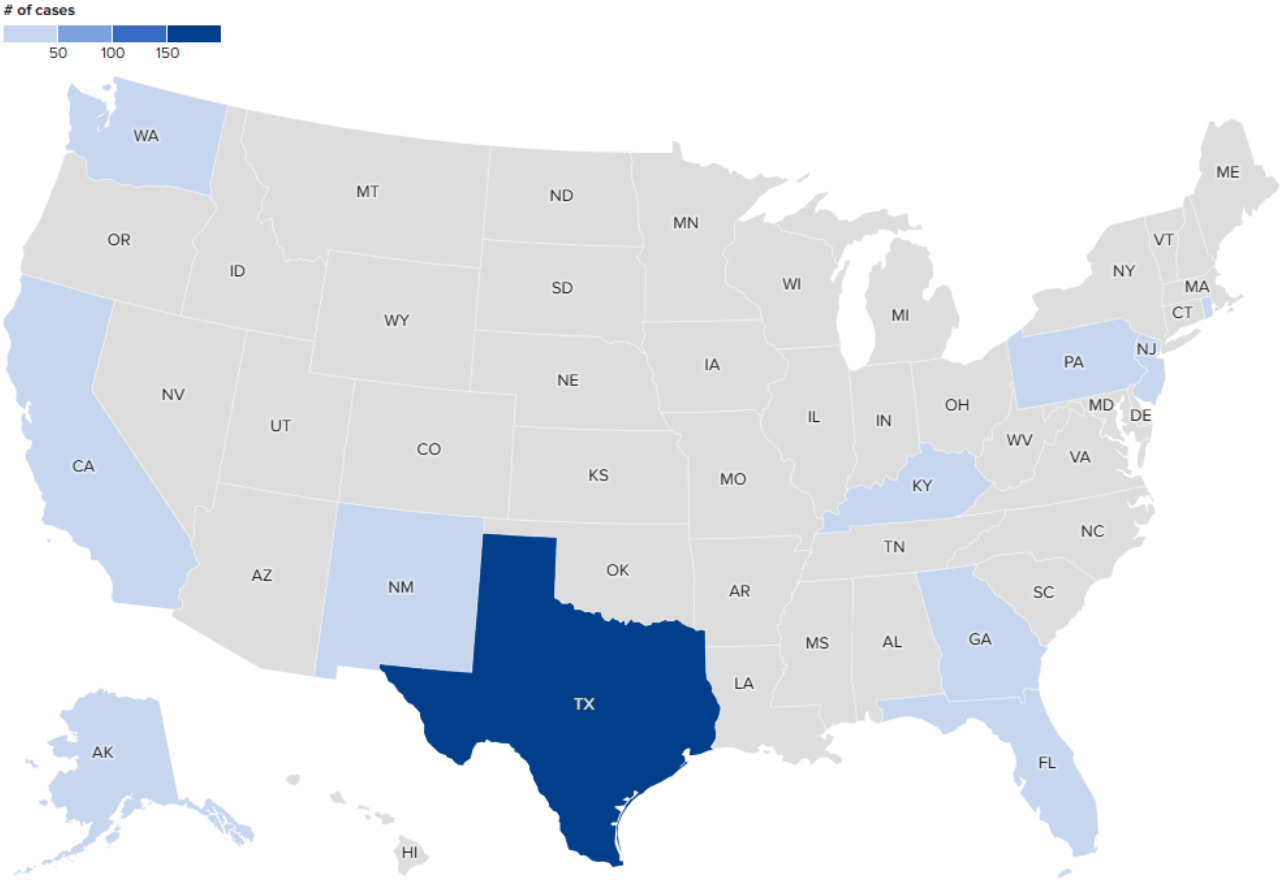
States with measles in 2025

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



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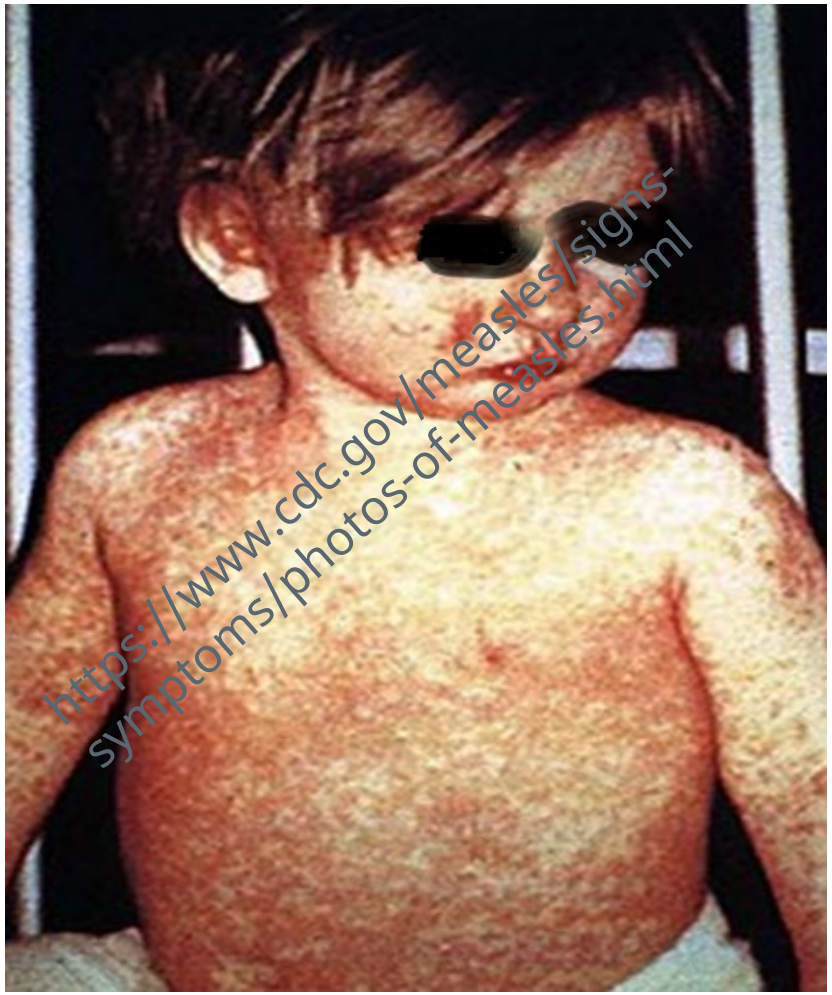

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https://www.cdc.gov/measles/signs-symptoms/photos-of-measles.html

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Complications of measles

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

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In All of 2023
What was the total number of Measles cases in the US? **59**

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In All of 2024
What was the total number of Measles cases in the US? **285**

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CalOptima Health

COUNTY HEALTH OFFICER
LOCAL MEDICAL LEADERS MONTHLY MEETING
2026

Regina Chinsio-Kwong, DO
County Health Officer (moderator)

Presenters:

Anissa Davis, MD, MPH
Deputy Health Officer/Communicable Disease Controller

Mindy Winterswyk, DPT, PCS
Director of Specialized Medical Services

February 2, 2026

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OC health CARE AGENCY

MEASLES

IT ISN'T JUST A LITTLE RASH

Measles can be dangerous, especially for babies and young children.

Measles symptoms typically include:

- **High fever** (may spike to more than 104°F)
- **Cough**
- **Runny nose**
- **Red and/or watery eyes**
- **Rash** (breaks out 3-5 days after symptoms begin)

HTTPS://WWW.CDC.GOV/MEASLES/DOWNLOADS/MEASLES-ISNT-JUST-A-LITTLE-RASH-INFOGRAPHIC-508.PDF

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Measles can be serious.

Measles can cause severe health complications, including pneumonia, swelling of the brain (encephalitis) and death.

1 out of 5 people who get measles will be hospitalized.

1 out of every 20 children with measles will get pneumonia, the most common cause of death from measles in young children.

1 out of every 1,000 people with measles will develop brain swelling, which may lead to brain damage.

1 to 3 out of 1,000 people with measles will die.

Long-term complications

A very rare, but deadly disease called subacute sclerosing panencephalitis can develop 7 to 10 years after a person has recovered from measles.

CDC

www.cdc.gov/measles

You have the power to protect your child.

Provide your children with safe and long-lasting protection against measles by making sure they get the measles-mumps-rubella (MMR) vaccine. Talk to your healthcare provider.

HTTPS://WWW.CDC.GOV/MEASLES/DOWNLOADS/MEASLES-ISNT-JUST-A-LITTLE-RASH-INFOGRAPHIC-508.PDF

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CDC MEASLES DATA FROM 2025-2026

U.S. Cases

	2026 To date	2025 Full year
Total Cases	**588**	**2267**
Age		
Under 5 years	157 (27%)	581 (26%)
5-19 years	343 (58%)	1002 (44%)
20+ years	66 (11%)	671 (30%)
Age unknown	22 (4%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	94%	93%
One MMR dose	2%	3%
Two MMR doses	4%	4%

U.S. Hospitalizations

	2026	2025
Total Hospitalized	**3%** (17 of 588 cases)	**11%** (244 of 2267 cases)
Percent of Age Group Hospitalized		
Under 5 years	5% (8 of 157)	18% (106 of 581)
5-19 years	1% (5 of 343)	6% (56 of 1002)
20+ years	6% (4 of 66)	12% (82 of 671)
Age unknown	0% (0 of 22)	0% (0 of 13)

U.S. Deaths

	2026	2025
Total Deaths	**0**	**3**

Note: The total number of cases includes cases among international visitors to the U.S.

FROM HTTPS://WWW.CDC.GOV/MEASLES/DATA-RESEARCH/INDEX.HTML ACCESSED 2.2.2026 (LAST UPDATED JANUARY 30, 2026)

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RARE COMPLICATION OF SSPE FROM MEASLES CAUSED FATALITY IN A CHILD IN 2025

LINK: HTTP://PUBLICHEALTH.LACOUNTY.GOV/PHCOMMON/PUBLIC/MEDIA/MEDIAPUBHPDETAIL.CFM?PRID=5135

NEWS RELEASE

County of Los Angeles Public Health

313 N. Figueroa Street, Room 806 | Los Angeles, CA 90012 | (213) 288-8144 | media@ph.lacounty.gov

For Immediate Release:

September 11, 2025

Public Health Reminds Residents About the Importance of Measles Vaccination Following the Death of a Child from a Measles-Related Complication

The Los Angeles County Department of Public Health encourages residents to make sure that all members of their families are protected against measles following the recent tragic death of a school-aged LA County resident from a complication of measles infection acquired during infancy. The child was originally infected with measles as an infant before they were eligible to receive the measles vaccine which is routinely recommended to be administered between 12 and 15 months. Although they recovered from the initial measles illness, the child developed and ultimately died from subacute sclerosing panencephalitis (SSPE)—a rare but universally fatal complication that can occur in individuals who had measles early in life.

SSPE is a rare, progressive brain disorder that is a late complication of infection from the measles virus. SSPE usually develops seven to ten years after the initial measles infection after the patient seemed to fully recover. It is characterized by a gradual and worsening loss of neurological function with death occurring one to three years after the initial diagnosis. There is no cure or effective treatment. It is rare, affecting about 1 in 10,000 people with measles, but the risk may be much higher — about 1 in 600 — for those who get measles as infants.

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PRESS RELEASES- RECENT MEASLES CASES CONFIRMED IN CALIFORNIA

Napa County

January 21, 2026

- Child returning from South Carolina

Orange County

January 28, 30, 31, 2026

- Young Adult who recently returned from international travel
- Toddler (no travel)
- LA case who traveled to Disneyland on January 28 (infectious period)

Los Angeles

January 30 and 31, 2026

- Resident who recently travelled internationally
- International traveler

Shasta County

January 31, 2026

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MEASLES- ORANGE COUNTY CASES AND EXPOSURES

- Adult who recently traveled internationally
  - Sites case visited during infectious period:
    - Eos gym in Ladera Ranch
    - AFC UC in Ladera Ranch
    - Mission Hospital
  - 134 known exposures
- Toddler without travel or known exposure
  - No known exposures
- Los Angeles County Case-
  - International traveler who visited Disneyland while infectious 1/28/26
  - 65 known exposures

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CDPH Health Advisor to Healthcare Providers
Suspect Measles?
Isolate, Report to Local Public Health and Test
3/25/2025

CDPH Recommendations

Suspect measles in patients with:

- Fever, rash, and any of the "3 Cs" – cough, coryza, or conjunctivitis
- In the prior 3 weeks, any of: attendance at an event or location with a known measles exposure, international travel, transit through airports, or interaction with international visitors (including at U.S. tourist attractions)

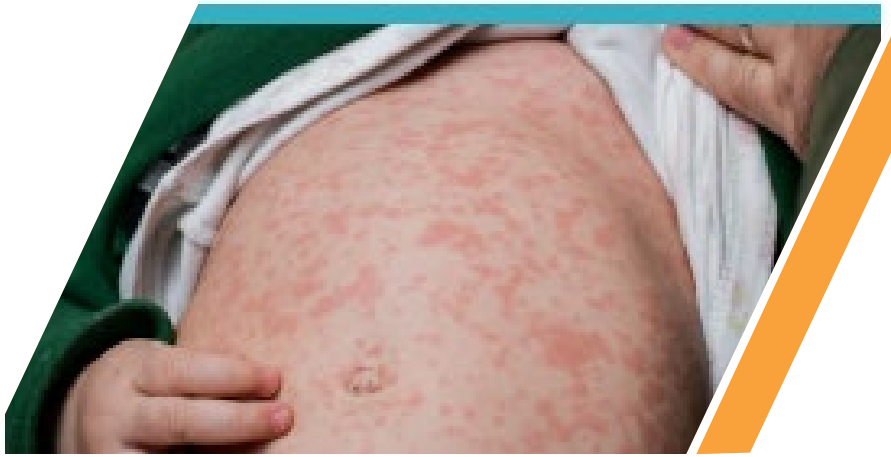
Steps for providers to take when patients present with febrile rash illness:

- Mask the patient immediately, if possible.
- Bypass the waiting room: keep patients out of common areas.
- Isolate patient immediately, in an airborne infection isolation room (AIIR) if possible. See CDC and CDPH (PDF) infection control guidance. People with measles are contagious from 4 days before rash onset through 4 days after rash onset.
- All healthcare personnel entering the patient room, regardless of immune status, should use respiratory protection at least as effective as an N95 respirator per Cal/OSHA requirements.
- Assess for risk factors and measles immunization status.
- Promptly telephone the local health department (LHD) to report suspected measles cases, even before laboratory confirmation, to discuss measles testing and control measures.
- Collect throat or NP swab and urine for polymerase chain reaction (PCR) testing. See Measles testing guidance. PCR is the preferred method for diagnosis.

Importance of immunization: Ensure all patients are up to date on MMR vaccine per ACIP recommendations. For patients planning international travel:

- Infants 6 to 11 months old need 1 dose of MMR vaccine.
- Children 12 months and older need 2 doses of MMR vaccine.
- Adults born during or after 1957 without evidence of immunity against measles need documentation of two doses of MMR vaccine at least 28 days apart.

LINK:
HTTPS://WWW.CDPH.CA.GOV/PROGRAMS/OPA/PAGES/CAHAN/-SUSPECT-MEASLES-ISOLATE-REPORT-TO-LOCAL-PUBLIC-HEALTH-AND-TEST.ASPX



Images
- CDC Be Ready for Measles
- https://www.cdc.gov/measles/media/pdfs/2024/08/measles-clinical-diagnosis-fs.pdf

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WHAT HAPPENS IF THERE'S A CASE

- **72 hour** to **6 day** window to provide **prophylaxis** (MMR or IG)
- Need to document **when and where** patient was in facility
- **Line list of exposed staff and their immunity documentation**
  - If they do not have documented immunity by day 5 after exposure they will be excluded from work for up to 21 days
  - Employer's responsibility
- Line list of **exposed patients and visitors**
- Particularly concerned for **infants**, **pregnant** people, **severely immunocompromised**
- We may need assistance reaching patients

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WHAT PROVIDERS & FACILITIES CAN DO

- **Document staff immune status NOW**
  - This will help avoid work exclusions
  - Give people time to find their documentation or to get titers drawn
- **Prepare for potential increased staffing needs to respond**
  - A single case linked to your facility can require significant effort and coordination with local officials for rapid notification and to ensure safety and health of staff and visitors.
- **Plan for patient triage**
  - Educate staff on how to quickly identify patients with fever + rash
  - Consider:
    - Waiting outside
    - Isolation protocols

HTTPS://WWW.CDPH.CA.GOV/PROGRAMS/CID/DCDC/CDPH%20DOCUMENT%20LIBRARY/IMMUNIZATION/MEASLES-HCFACILITYICRECS.PDF

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FOLLOW US ON SOCIAL MEDIA AND SHARE OUR POSTS!

Click on Image to start Video of Dr. Anissa Davis's message About Measles

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HEALTH CORNER

WHY MATERNAL HEALTH MATTERS

January 23, 2026

Michele Cheung, MD MPH, FAAP
MEDICAL DIRECTOR, MATERNAL, CHILD AND ADOLESCENT HEALTH
HEALTH CORNER

In the early years of our lives, mothers are the center of our universe. They bring us life, they kiss our boo-boos, they read to us and tell us stories, they support our families emotionally and often financially, they shape us into the functioning adults we are today. Healthy moms lead to healthier children, who grow up to be healthier adults, and then the cycle repeats, building the foundation of our society.

And yet somehow, the health of our mothers has fallen by the wayside. Despite being in one of the wealthiest countries of the world, our maternal mortality rates in the United States are higher (=worse) than most other high-income countries.

Maternal health overall is an indicator of a nation's overall health, reflecting the strength of the health care system, the status of women, and their socioeconomic well-being. Differences in rates of adverse pregnancy and birth outcomes among race/ethnic groups are especially important to address to improve maternal health overall. The Centers for Disease Control and Prevention (CDC) estimates that more than 80% of deaths during and after pregnancy are preventable.

January 23 – Maternal Health Awareness Day is a Reminder that Your Health Matters

Whether you are pregnant, thinking about becoming pregnant, just had a baby, or in between babies, remember that

www.ochealthinfo.com/healthcorner

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2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
SB 483 Stern	**Mental Health Diversion:** Would require that a court be satisfied that a recommended mental health treatment program is consistent with the underlying purpose of mental health diversion and meets the specialized treatment needs of the defendant. ***Potential CalOptima Health Impact*:** Increased oversight of behavioral health treatment for members.	**07/16/2025** Passed Assembly Public Safety Committee; referred to Assembly Appropriations Committee **06/04/2025** Passed Senate floor	CalOptima Health: Watch
SB 490 Umberg	**Alcohol and Drug Programs:** Would implement specific timelines for DHCS to investigate unlicensed treatment facilities (i.e., sober living homes) that were unlawfully advertising or providing services. ***Potential CalOptima Health Impact*:** Increased oversight of treatment facilities that serve CalOptima Health members.	**01/05/2026** Introduced	CalOptima Health: Watch
SB 626 Smallwood-Cuevas	**Maternal Mental Health Screenings and Treatment:** Would require a licensed health care practitioner who provides perinatal care for a patient to screen, diagnose and treat the patient for a maternal mental health condition. ***Potential CalOptima Health Impact:*** Increased access to behavioral health services for eligible members.	**07/15/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **06/02/2025** Passed Senate floor	CalOptima Health: Watch CAHP: Oppose
SB 812 Allen	**Qualified Youth Drop-In Center Health Care Coverage:** Would require a health plan to provide coverage for mental health and substance use disorders at a qualified youth drop-in center, defined as a center providing behavioral or primary health and wellness services to youth 12 to 25 years of age with the capacity to provide services before and after school hours and that has been designated by or embedded with a local educational agency or institution of higher education. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for CalOptima Health Medi-Cal youth members.	**07/16/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/28/2025** Passed Senate floor	CalOptima Health: Watch CAHP: Concerns

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 37 Elhawary	**Behavioral Health Workforce:** Would require the California Workforce Development Board to study how to expand the workforce of mental health service providers providing services to homeless persons. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for members experiencing homelessness.	**03/13/2025** Referred to Assembly Labor and Employment Committee	CalOptima Health: Watch
AB 348 Krell	**Full-Service Partnership:** Establishes presumptive eligibility for Full-Service Partnership programs contingent upon meeting criteria and receiving recommendation for enrollment by a licensed behavioral health clinician. ***Potential CalOptima Health Impact*:** Increased continuity of care for members with serious mental illness.	**10/13/2025** Signed into law	CalOptima Health: Watch
AB 384 Connolly	**Inpatient Prior Admission Authorization:** Would prohibit a health plan from requiring prior authorization for admission to medically necessary 24-hour care in inpatient settings, including general acute care hospitals and psychiatric hospitals, for mental health and substance use disorders (SUDs) as well as for any medically necessary services provided to a beneficiary while admitted for that care. ***Potential CalOptima Health Impact*:** Modified utilization management (UM) procedures for covered Medi-Cal benefits.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
AB 423 Davies	**Disclosures for Alcoholism, Drug Abuse Recovery or Treatment Programs and Facilities:** Would mandate a business-operated recovery residence to register its location with the California Department of Health Care Services (DHCS). ***Potential CalOptima Health Impact*:** Increased oversight for members who have received SUD treatment.	**02/18/2025** Referred to Assembly Health Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 618 Krell	**Behavioral Health Data Sharing:** Would require each Medi-Cal managed care plan (MCP), county specialty mental health plan (MHP) and Drug Medi-Cal program to electronically share data for its members to support coordination of behavioral health services. Would also require DHCS to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be published by January 1, 2027. ***Potential CalOptima Health Impact*:** Increased coordination between Medi-Cal delivery systems regarding behavioral health services.	**07/07/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee **06/03/2025** Passed Assembly floor	**05/07/2025** CalOptima Health: SUPPORT LHPC: Sponsor
AB 877 Dixon	**Nonmedical SUD Treatment:** Would require DHCS and the California Department of Managed Health Care (DMHC) to send a letter to the chief financial officer of every health plan (including a Medi-Cal MCP) that provides SUD coverage in residential facilities. The letter must inform the plan that SUD treatment in licensed or unlicensed facilities is almost exclusively nonmedical, with rare exceptions, including for billing purposes. These provisions would be repealed on January 1, 2027. ***Potential CalOptima Health Impact*:** Enhanced transparency and clarity around nonmedical treatment provided for SUDs.	**03/03/2025** Referred to Assembly Health Committee	CalOptima Health: Watch
AB 951 Ta	**Autism Diagnosis:** Prohibits a health plan from requiring an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a diagnosis to maintain coverage for behavioral health treatment for their condition. ***Potential CalOptima Health Impact*:** Increased access to care for specific behavioral health treatments.	**07/30/2025** Signed into law	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
Budget			
H.R. 1 Arrington (TX)	**One Big Beautiful Bill Act:** Makes substantial changes to Medicaid program funding and policies, including but not limited to the following: • Work, community service and/or education requirement of 80 hours per month for able-bodied adults without dependents (with exceptions for pregnant women, foster youth, medically frail, caregivers and others), effective December 31, 2026, or no later than December 31, 2028 • Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to every six months, effective December 31, 2026 • Emergency Medicaid services provided to all undocumented beneficiaries subject to the traditional Federal Medical Assistance Percentage (FMAP) — 50% in California — regardless of the FMAP for which those would otherwise be eligible, effective October 1, 2026 Cost-sharing for MCE enrollees with incomes of 100–138% Federal Poverty Level (FPL), not to exceed $35 per service and 5% of total income, and not to be applied to primary, prenatal, pediatric, or emergency care, effective October 1, 2028 • Prohibition on any new or increased provider taxes, effective immediately • Significant restrictions on current Managed Care Organization (MCO) taxes, which could effectively repeal California's MCO tax that was recently made permanent by Proposition 35 (2024), with a potential winddown period of up to three fiscal years (FYs) ***Potential CalOptima Health Impact*:** Reduced funding to CalOptima Health and contracted providers; decreased number of members; increased administrative costs; implementation of co-pay systems; increased financial and administrative burdens for some existing members; decreased health care utilization by some existing members; reduced benefits for some existing members. A separate overview is also enclosed.	**07/04/2025** Signed into law	**05/20/2025** CalOptima Health: OPPOSE

Bill Number Author	Bill Summary	Bill Status	Position/Notes
H.R. 7148 Cole (OK)	**Consolidated Appropriations Act, 2026:** Would provide FY 2026 appropriations for several federal departments and agencies, including the U.S. Department of Health and Human Services, as well as extend several expiring health care programs and increase health care oversight. Specifically, the bill would strengthen compliance among pharmacy benefit managers (PBMs), extend Medicare telehealth flexibilities through December 31, 2027, extend the hospital-at-home waiver for five years, and delay Medicaid disproportionate share hospital (DSH) cuts until FY 2028. ***Potential CalOptima Health Impact:*** Continued access to Medicare telehealth flexibilities for dual-eligible CalOptima Health members and delayed cuts to certain contracted hospitals.	**01/22/2026** Passed House floor; referred to Senate floor	CalOptima Health: Watch
SB 101 Wiener **AB 102** Gabriel	**Budget Act of 2025:** Makes appropriations for the government of the State of California for FY 2025–26. Total spending is $321 billion, of which $228.4 billion is from the General Fund. ***Potential CalOptima Health Impact:*** An overview of the FY 2025–26 Enacted State Budget is enclosed.	**06/30/2025** Signed into law	CalOptima Health: Watch
AB 100 Gabriel	**Budget Acts of 2023 and 2024:** Increases Medi-Cal's current FY 2024–25 General Fund appropriation by $2.8 billion and federal funds appropriation by $8.25 billion in order to solve a deficiency in the Medi-Cal budget. ***Potential CalOptima Health Impact:*** Continued funding for current Medi-Cal rates and initiatives through June 30, 2025.	**04/14/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 116 Committee on Budget	**Health Omnibus Trailer Bill:** Consolidates and enacts certain budget trailer bill language containing policy changes needed to implement health-related budget expenditures. Provisions related to the Medi-Cal program include but are not limited to the following: • Enrollment freeze for undocumented individuals 19 years or older, effective no sooner than January 1, 2026, with exceptions for pregnant individuals • Implementation of $30 monthly premiums for undocumented individuals ages 19-59, effective no sooner than July 1, 2027 • Reinstatement of the asset limit at $130,000 for individuals, adding $65,000 for each additional household member, capping at 10 members, effective January 1, 2026 • Enacts PACE provider sanctions, effective immediately ***Potential CalOptima Health Impact:*** An overview of the FY 2025–26 Enacted State Budget is enclosed.	**06/30/2025** Signed into law	CalOptima Health: Watch
California Advancing and Innovating Medi-Cal (CalAIM)			
SB 324 Menjivar	**Enhanced Care Management (ECM) and Community Supports Contracting:** Would require a Medi-Cal MCP to give preference to contracting with community providers that demonstrate capability of providing access and meeting quality requirements when covering the ECM benefit and/or Community Supports. In addition, would require DHCS to develop standardized templates to be used by MCPs. Would also require DHCS to develop guidance to allow community providers to subcontract with other community providers. ***Potential CalOptima Health Impact*:** Increased collaboration with community providers and standardized contracts.	**07/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/27/2025** Passed Senate floor	CalOptima Health: Watch CAHP: Watch LHPC: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 543 Gonzalez	**Street Medicine:** Authorizes a Medi-Cal MCP to elect to offer Medi-Cal covered services through a street medicine provider. MCPs that elect to do so would be required to allow a Medi-Cal beneficiary who is experiencing homelessness to receive those services directly from a contracted street medicine provider, regardless of the beneficiary's network assignment. Additionally, requires the MCP to allow a contracted street medicine provider enrolled in Medi-Cal to directly refer the beneficiary for covered services within the appropriate network and share that information with the relevant county for inclusion in CalSAWS. ***Potential CalOptima Health Impact*:** Continued access to street medicine services for members experiencing homelessness.	**10/06/2025** Signed into law	CalOptima Health: Watch CAHP: Watch
Covered Benefits			
SB 40 Wiener	**Insulin Coverage:** Prohibits a health plan, effective January 1, 2026 (or a policy offered in the individual or small group market, effective January 1, 2027), from imposing a copayment or other cost sharing of more than $35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or any other cost sharing on an insulin prescription drug. Additionally, requires a health plan to cover all types of insulin without step therapy on and after January 1, 2026. ***Potential CalOptima Health Impact:*** Decreased out-of-pocket costs for future members enrolled in Covered California line of business; new UM procedures.	**10/13/2025** Signed into law	CalOptima Health: Watch CAHP: Oppose
SB 62 Menjivar **AB 224** Bonta	**Essential Health Benefits (EHBs):** Expresses the intent of the Legislature to review California's EHB benchmark plan and establish a new benchmark plan for the 2027 plan year. Additionally, upon approval from the United States Department of Health and Human Services and by January 1, 2027, requires the new benchmark plan include certain additional benefits, including coverage for fertility services, hearing aids and exams, and durable medical equipment. ***Potential CalOptima Health Impact:*** New covered benefits for future members enrolled in Covered California line of business.	**10/13/2025** SB 62 signed into law **10/13/2025** AB 224 signed into law	CalOptima Health: Watch CAHP: Concerns

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 535 Richardson **AB 575** Arambula	**Obesity Care Access Act:** Would require an individual or group health care plan that provides coverage for outpatient prescription drug benefits to cover at least one specified anti-obesity medication and bariatric surgery for the treatment of obesity. ***Potential CalOptima Health Impact:*** Expanded covered benefits for future members enrolled in Covered California line of business.	**07/15/2025** SB 535 passed Assembly Health Committee; referred to Assembly Appropriations Committee **05/28/2025** SB 535 passed Senate floor **02/24/2025** AB 575 referred to Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose
AB 242 Boerner	**Genetic Disease Screening:** Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027. ***Potential CalOptima Health Impact:*** Expanded covered benefits for members.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 298 Bonta	**Cost-Sharing Under Age 21:** Effective January 1, 2026, would prohibit a health plan from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services provided to an individual under 21 years of age, with certain exceptions for high deductible health plans that are combined with a health savings account. ***Potential CalOptima Health Impact:*** Increased costs for CalOptima Health; decreased costs for future members enrolled in Covered California line of business under 21 years of age.	**02/10/2025** Referred to Assembly Health Committee	CalOptima Health: Watch
AB 350 Bonta	**Fluoride Treatments:** Would require a health plan to provide coverage for fluoride varnish in the primary care setting for children under 21 years of age by January 1, 2026. ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**08/29/2025** Passed Senate Appropriations Committee; referred to Senate floor **07/02/2025** Passed Senate Health Committee **06/02/2025** Passed Assembly floor	CalOptima Health: Watch CAHP: Oppose

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 432 Bauer-Kahan	**Menopause:** Would have required a health plan that covers outpatient prescription drugs to provide coverage for evaluation and treatment options for symptoms of perimenopause and menopause. Would also have required a health plan to annually provide clinical care recommendations for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause. ***Potential CalOptima Health Impact:*** New covered benefits for members; increased communications to providers.	**10/13/2025** Vetoed	CalOptima Health: Watch CAHP: Oppose
AB 636 Ortega	**Diapers:** Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an appropriation by the Legislature: • Children greater than three years of age diagnosed with a condition that contributes to incontinence • Other individuals under 21 years of age to address a condition pursuant to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
Medi-Cal Eligibility and Enrollment			
AB 315 Bonta	**Home and Community-Based Alternatives (HCBA) Waiver:** Would remove the cap on the number of HCBA Waiver slots and instead require DHCS to enroll all eligible individuals who apply for HCBA Waiver services. By March 1, 2026, would require DHCS to seek any necessary waiver amendments to ensure there is sufficient capacity to enroll all individuals currently on a waiting list. Would also require DHCS by March 1, 2026, to submit a rate study to the Legislature addressing the sustainability, quality and transparency of rates for the HCBA Waiver. ***Potential CalOptima Health Impact*:** Expanded member access to HCBA Waiver services.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 974 Patterson	**Managed Care Enrollment Exemption:** Would exempt any dual-eligible and non-dual-eligible beneficiaries who receive services from a regional center and who use the Medi-Cal fee-for-service delivery system as a secondary form of health care coverage from mandatory enrollment in a Medi-Cal MCP. ***Potential CalOptima Health Impact:*** Decreased number of members.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 1012 Essayli	**Unsatisfactory Immigration Status:** Would make an individual who does not have satisfactory immigrant status ineligible for Medi-Cal benefits. In addition, would transfer funds previously appropriated for such eligibility to a newly created Serving our Seniors Fund to restore and maintain payments for Medicare Part B premiums for eligible individuals. ***Potential CalOptima Health Impact:*** Decreased number of members.	**02/21/2025** Introduced	CalOptima Health: Watch
AB 1161 Harabedian	**State of Emergency Continuous Eligibility:** Would require DHCS and the California Department of Social Services to provide continuous eligibility for its applicable programs (including Medi-Cal and CalFresh) to all beneficiaries within a geographic region who have been affected by a state of emergency or a health emergency. ***Potential CalOptima Health Impact*:** Extended Medi-Cal eligibility for certain members.	**04/29/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **04/08/2025** Passed Assembly Human Services Committee	CalOptima Health: Watch
Medi-Cal Operations and Administration			
SB 278 Cabaldon	**Health Data HIV Test Results:** Authorizes disclosures of HIV test results that identify or include identifying characteristics of a Medi-Cal beneficiary without written authorization of the member or their representative to the MCP for quality improvement efforts such as value-based payment and incentive programs. ***Potential CalOptima Health Impact:*** Increased quality oversight of HIV program development.	**10/13/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 497 Wiener	**Legally Protected Health Care Activity:** Prohibits a health care provider, health plan, or contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or mental health care in response to a criminal or civil action. Also prohibits these entities from cooperating with or providing medical information to an individual, agency, or department from another state or to a federal law enforcement agency or in response to a foreign subpoena. ***Potential CalOptima Health Impact:*** Increased protection of medical information related to gender-affirming care; increased staff training regarding disclosure processes.	**10/13/2025** Signed into law	CalOptima Health: Watch
SB 530 Richardson	**Medi-Cal Time and Distance Standards:** Extends current Medi-Cal time and distance standards until January 1, 2029. In addition, requires a Medi-Cal MCP to ensure that each subcontractor network complies with certain appointment time standards and incorporate into reporting to DHCS, unless already required to do so. Additionally, the use of telehealth providers to meet time or distance standards does not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers. ***Potential CalOptima Health Impact:*** Increased oversight of contracted providers; increased reporting to DHCS.	**10/06/2025** Signed into law	CalOptima Health: Watch
SB 660 Menjivar	**California Health and Human Services Data Exchange Framework (DxF):** Requires the Center for Data Insights and Innovation within California Health and Human Services Agency (CalHHS) to absorb all functions related to the DxF initiative, including the data sharing agreement and policies and procedures, by January 1, 2026. Additionally, expands DxF to include social services information. ***Potential CalOptima Health Impact:*** Increased care coordination with social service providers.	**10/03/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 45 Bauer-Kahan	**Reproductive Data Privacy:** Prohibits the collection, use, disclosure, sale, sharing, or retention of the information of a person who is physically located at, or within a precise geolocation of, a family planning center, except any collection or use necessary to perform services or provide goods that have been requested. Also authorizes an aggrieved person to institute and prosecute a civil action against any person or organization in violation of these provisions. ***Potential CalOptima Health Impact:*** Increased safeguards regarding reproductive health information.	**09/26/2025** Signed into law	CalOptima Health: Watch
AB 257 Flora	**Specialty Telehealth Network Demonstration:** Would require the establishment of a demonstration project or grant program for a telehealth and other virtual services specialty care network designed to serve patients of safety-net providers. ***Potential CalOptima Health Impact:*** Expanded member access to telehealth specialists.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
AB 316 Krell	**Artificial Intelligence Defenses:** Prohibits a defendant that developed or used artificial intelligence from asserting a defense that artificial intelligence autonomously caused the alleged harm to the plaintiff. ***Potential CalOptima Health Impact:*** Increased liability related to UM procedures.	**10/13/2025** Signed into law	CalOptima Health: Watch
AB 403 Ortega	**Medi-Cal Community Health Service Workers:** Would require DHCS to annually review the Community Health Worker (CHW) benefit and present an analysis to the Legislature beginning July 1, 2027. The analyses would include an assessment of Medi-Cal MCP outreach and education efforts, CHW utilization and services, demographic disaggregation of the CHWs and beneficiaries receiving services, and fee-for-service reimbursement data. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 577 Wilson	**Prescription Drug Antisteering:** Would prohibit a health plan or pharmacy benefit manager (PBM) from engaging in specified steering practices, including requiring an enrollee to use a retail pharmacy for dispensing prescription oral medications and imposing any requirements, conditions or exclusions that discriminate against a physician in connection with dispensing prescription oral medications. Additionally, would require a health care provider, physician's office, clinic or infusion center to obtain consent from an enrollee and disclose a good faith estimate of the applicable cost-sharing amount before supplying or administering an injected or infused medication. ***Potential CalOptima Health Impact:*** Increased oversight of contracted PBM and referral processes.	**04/29/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 688 Gonzalez	**Telehealth for All Act of 2025:** Beginning in 2028 and every two years thereafter, requires DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**10/07/2025** Signed into law	CalOptima Health: Watch
AB 980 Arambula	**Health Plan Duty of Care:** As it pertains to the required "duty of ordinary care" by a health plan, would define "medically necessary health care service" to mean legally prescribed medical care that is reasonable and comports with the medical community standard. ***Potential CalOptima Health Impact:*** Modified UM procedures.	**04/22/2025** Re-referred to Assembly Health Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Older Adult Services			
SB 242 Blakespear	**Medicare Supplemental Coverage Open Enrollment Periods:** Would make Medicare supplemental benefit plans available to qualified applicants with end stage renal disease under the age of 64 years. Would also create an annual open enrollment period for Medicare supplemental benefit plans and prohibit such plans from denying an application or adjusting premium pricing due to a preexisting condition. Additionally, would authorize premium rates offered to applicants during the open enrollment period to vary based on the applicant's age at the time of issue, but would prohibit premiums from varying based on age after the contract is issued. ***Potential CalOptima Health Impact:*** Expanded Medicare coverage options for dual-eligible members.	**04/30/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
SB 412 Limón	**Home Care Aides:** Requires a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia prior to providing care and annually thereafter. ***Potential CalOptima Health Impact:*** New training requirements for PACE staff.	**10/06/2025** Signed into law	CalOptima Health: Watch
Providers			
SB 32 Weber Pierson	**Timely Access to Care:** Would require DHCS, DMHC and the California Department of Insurance to consult stakeholders for the development and adoption of geographic accessibility standards of perinatal units to ensure timely access for enrollees by July 1, 2027. ***Potential CalOptima Health Impact:*** Additional timely access standards; increased contracting with perinatal units.	**07/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **06/02/2025** Passed Senate floor	CalOptima Health: Watch LHPC: Oppose
SB 250 Ochoa Bogh	**Medi-Cal Provider Directory — Skilled Nursing Facilities:** Requires an annually updated provider directory issued by a Medi-Cal MCP to include skilled nursing facilities as a searchable provider type. ***Potential CalOptima Health Impact:*** Modifications to CalOptima Health's online provider directory.	**10/03/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 306 Becker	**Prior Authorization Exemption:** No later than January 1, 2028, requires health plans — except Medi-Cal MCPs — to eliminate prior authorization for the most frequently approved health care services, except in cases of fraudulent provider activity or clinically inappropriate care. ***Potential CalOptima Health Impact:*** In future Covered California line of business, implementation of new UM procedures to assess prior authorization approval rates; decreased number of prior authorizations; decreased care coordination for members.	**10/06/2025** Signed into law	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
SB 504 Laird	**HIV Reporting:** Authorizes a health care provider for a patient with an HIV infection that has already been reported to a local health officer to communicate with a local health officer or the California Department of Public Health (CDPH) to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive members.	**10/13/2025** Signed into law	CalOptima Health: Watch
AB 29 Arambula	**Adverse Childhood Experiences (ACEs) Screening Providers:** Would require DHCS to include community-based organizations, local health jurisdictions and doulas as qualified providers for ACEs trauma screenings and require clinical or other appropriate referrals as a condition of Medi-Cal payment for conducting such screenings. ***Potential CalOptima Health Impact:*** Increased access to care for pediatric members with ACEs.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 50 Bonta	**Over-the-Counter Contraceptives:** Allows pharmacists to provide over-the-counter hormonal contraceptives without following certain procedures and protocols, such as requiring patients to complete a self-screening tool. As such, these requirements are limited to prescription-only hormonal contraceptives. ***Potential CalOptima Health Impact:*** Increased member access to hormonal contraceptives.	**09/26/2025** Signed into law	CalOptima Health: Watch

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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 280 Aguiar-Curry	**Provider Directory Accuracy:** Would require health plans — except Medi-Cal MCPs — to maintain accurate provider directories, starting with minimum 60% accuracy by July 1, 2026, and increasing to 95% by July 1, 2029, or otherwise receive administrative penalties. If a patient relies on inaccurate directory information, would require the provider to be reimbursed at the out-of-network rate without the patient incurring charges beyond in-network cost-sharing amounts. Would also allow DMHC to update standardized formats to collect directory information as well as establish methodologies to ensure accuracy, such as use of a central utility, by January 1, 2026. Additionally, would require a health plan to provide information about in-network providers to enrollees upon request, including whether the provider is accepting new patients at the time, and would limit the cost-sharing amounts an enrollee is required to pay for services from those providers under specified circumstances. Would also require that, within 30 days of receiving a request from a health plan, a provider must confirm that its information is current and accurate or update the required information. ***Potential CalOptima Health Impact:*** In future Covered California line of business, increased oversight of provider directory; increased coordination with contracted providers; increased penalty payments to DMHC.	**07/09/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee **06/02/2025** Passed Assembly floor	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose
AB 375 Nguyen	**Qualified Autism Service Paraprofessional:** Would expand the definition of "health care provider" to also include a qualified autism service paraprofessional. ***Potential CalOptima Health Impact:*** Increased access to autism services for eligible members; additional provider contracting and credentialing.	**04/08/2025** Passed Assembly Business and Professions Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 416 Krell	**Involuntary Commitment:** Authorizes a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and exempts the emergency physician from criminal and civil liability. ***Potential CalOptima Health Impact:*** New legal standards for certain CalOptima Health providers.	**10/13/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 510 Addis	**Utilization Review Peer-to-Peer Review:** Would allow a provider to request review of a decision to delay, deny or modify health services by another physician or peer health care professional matching the specialty of the service within two business days. In urgent cases, responses must match the urgency of the patient's condition. If these deadlines are not met, the authorization request would be automatically approved. ***Potential CalOptima Health Impact***: Expedited and modified UM, grievance and appeals procedures for covered Medi-Cal benefits; increased hiring of specialists to review grievances and appeals.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 512 Harabedian	**Prior Authorization Timelines:** Would have shortened the timeline for prior or concurrent authorization requests to no more than 24 hours via electronic submission or 48 hours via non-electronic submission for *urgent* requests and three business days via electronic submission or five business days via non-electronic submission for *standard* requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination. ***Potential CalOptima Health Impact***: Expedited and modified UM procedures for covered Medi-Cal benefits.	**10/06/2025** Vetoed	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 517 Krell	**Wheelchair Prior Authorization:** Would prohibit a Medi-Cal MCP from requiring prior authorization for the repair of a Complex Rehabilitation Technology (CRT)-powered wheelchair, if the cost of repair does not exceed $1,250. Would also no longer require a prescription or documentation of medical necessity, if the wheelchair has already been approved for use by the patient. Additionally, would require supplier documentation of the repair. ***Potential CalOptima Health Impact:*** Modified UM procedures for a covered Medi-Cal benefit.	**04/08/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 539 Schiavo	**One-Year Prior Authorization Approval:** Would require a prior authorization for a health care service to remain valid for a period of at least one year, or throughout the course of prescribed treatment if less than one year, from the date of approval. ***Potential CalOptima Health Impact:*** Modified UM procedures for covered Medi-Cal benefits; decreased number of prior authorizations; increased costs.	**05/12/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 787 Papan	**Provider Directory Disclosures:** Would require a health plan to include in its provider directory a statement advising an enrollee to contact the plan for assistance in finding an in-network provider. Would also require the plan to respond within one business day if contacted for such assistance and to provide a list of in-network providers confirmed to be accepting new patients within two business days for urgent requests and five business days for nonurgent requests. Medi-Cal MCPs would not be required to distribute a printed provider directory. ***Potential CalOptima Health Impact:*** Expanded customer service support and staff training; technical changes to CalOptima Health's provider directory.	**06/18/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee **05/05/2025** Passed Assembly floor	CalOptima Health: Watch
AB 1041 Bennett	**Provider Credentialing:** Requires a health plan — except a Medi-Cal MCP — to credential a provider within 90 days from the receipt of a completed application, or otherwise conditionally approve the credential. A plan is required to notify the provider whether the application is complete within 10 days of receipt. Additionally, requires a health plan to subscribe to and use the Council for Affordable Quality Healthcare credentialing form on and after January 1, 2028. ***Potential CalOptima Health Impact:*** Expedited and modified credentialing procedures for interested providers in future Covered California line of business.	**10/11/2025** Signed into law	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose Unless Amended

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Rates & Financing			
SB 339 Cabaldon	**Medi-Cal Laboratory Rates:** Would require Medi-Cal reimbursement rates for clinical laboratory or laboratory services to *equal* the lowest of the following metrics: 1. the amount billed; 2. the charge to the general public; 3. 100% of the lowest maximum allowance established by Medicare; or 4. a reimbursement rate based on an average of the lowest amount that other payers and state Medicaid programs are paying. For any such services related to the diagnosis and treatment of sexually transmitted infections on or after July 1, 2027, the Medi-Cal reimbursement rates shall not consider the rates described in clause (4) listed above. ***Potential CalOptima Health Impact*:** Increased payments to contracted clinical laboratories.	**04/29/2025** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **04/23/2025** Passed Senate Health Committee	CalOptima Health: Watch

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

CAHP: California Association of Health Plans
LHPC: Local Health Plans of California

Last Updated: January 23, 2026

2026 Federal Legislative Dates

January 5	119th Congress, 1st Session convenes
July 24–August 30	Summer recess for House
August 8–September 13	Summer recess for Senate
December 18	2nd session adjourns

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

2026 State Legislative Dates

January 5	Legislature reconvenes
January 10	Proposed budget must be submitted by Governor
February 20	Last day for legislation to be introduced
March 27–April 5	Spring recess
April 24	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in that house
May 1	Last day for policy committees to hear and report to the Floor any non-fiscal bills introduced in that house
May 15	Last day for fiscal committees to hear and report to the Floor any bills introduced in that house
May 26–29	Floor session only
May 29	Last day for each house to pass bills introduced in that house
June 15	Budget bill must be passed by midnight
July 2	Last day for policy committees to hear and report bills in their second house to fiscal committees or the Floor
July 3–August 2	Summer recess
August 14	Last day for fiscal committees to report bills in their second house to the Floor
August 17–31	Floor session only
August 21	Last day to amend bills on the Floor
August 31	Last day for each house to pass bills; interim recess begins upon adjournment
September 30	Last day for Governor to sign or veto bills passed by the Legislature

Source: Legislative Deadlines, California State Senate: https://www.senate.ca.gov/legislative-deadlines-calendar

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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H.R. 1: One Big Beautiful Bill Act

Fiscal Year 2025 Federal Budget Reconciliation

As signed into law on July 4, 2025

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

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

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

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Fiscal Year 2025–26 Enacted State Budget

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

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

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

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

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MEMORANDUM

DATE:	January 29, 2026
TO:	CalOptima Health Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — February 5, 2026, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. Covered California Monthly Update

CalOptima Health continues to prepare for the launch of a Covered California line of business, effective January 1, 2027. Following the Board's approval on June 5, staff submitted an initial filing on June 16 to the California Department of Managed Health Care (DMHC) to expand the scope of CalOptima Health's current Knox-Keene Act license, which is required to offer a commercial insurance product. Since then, we have engaged with DMHC to respond to comments and provide additional information. On October 31, staff submitted our second filing, including provider network rosters. Staff continue to collaborate with our provider network and execute amendments with several existing vendors to include Covered California in their scopes of service. In addition, operational workstreams are actively addressing program solutions to achieve operational readiness during the next year. Our teams are also preparing to file a Letter of Intent to Apply to Covered California as well as responses to the 2027 Qualified Health Plan application, which is due in April 2026. We have engaged with Covered California's Plan Management Advisory Group to maintain alignment on CalOptima Health's application. Finally, staff are actively monitoring regulatory and policy impacts on the Marketplace landscape in California resulting from the enactment of H.R. 1 and the recent expiration of the enhanced Advance Premium Tax Credits (eAPTCs), which have increased prices for consumers across all metal tiers. So far, preliminary results of 2026 open enrollment show a decrease in new enrollments in Orange County, with renewals remaining steady. CalOptima Health will have a better sense of the impact of policy changes on enrollment in early February.

B. CalOptima Health Earns National Committee for Quality Assurance (NCQA) Health Outcomes Accreditation

The NCQA has awarded CalOptima Health an "Accredited" status in our first submission for Health Outcomes Accreditation, previously known as Health Equity Accreditation. This recognition took effect on December 16, 2025, and remains valid through December 16, 2028. CalOptima Health met all standards and received 100% (full points). This accomplishment is a testament to our collective commitment to advancing health equity and delivering quality, inclusive care to the communities we serve. Achieving full points in every category reflects the dedication, collaboration and hard work of our entire team.

C. Get Care Now Campaign Launched

With Medi-Cal changes coming in the future, CalOptima Health's mission to keep members healthy has not changed. To address the shifting environment and reassure members about their coverage, we launched the Get Care Now campaign in late 2025 to encourage members to continue seeking care. The campaign features print ads, digital and social media ads, radio ads, outdoor transit shelter and bus interior ads, and place-based ads. Ads for this campaign will run through March 2026. Further, this campaign will serve as a bridge to our future Medi-Cal eligibility campaign. In addition, CalOptima Health created a toolkit for use by community partners to help us spread the message that members have options for care, including virtual doctor visits and medication home delivery. A flyer, FAQ and social media content can be downloaded here. Staff are raising awareness of the toolkit with community partners and providers, seeking support in distributing the messages.

D. PACE Expansion Application Includes Support Letters

Following the Board's approval on December 4, staff prepared an application to the California Department of Health Care Services (DHCS) to establish a second PACE center. Included in the submission were 26 letters of support from elected officials, providers and community-based organizations in Orange County.

E. Transitional Rent Becomes 15th Community Support

Mandated by DHCS, Transitional Rent is now the 15th CalAIM Community Support. Launched January 1, 2026, this new service will provide up to six months of rental assistance in interim and permanent settings to members who are: 1) experiencing or at risk of homelessness, 2) have certain clinical risk factors, and 3) have either recently undergone a critical life transition or who meet other specified eligibility criteria. CalOptima Health is contracted with the Orange County Health Care Agency as the sole provider for the Transitional Rent benefit. The initial rollout of this service will be specifically for members with significant behavioral health needs, aligning with the Behavioral Health Services Act interventions.

F. Government Affairs Updates

FY 2026–27 Proposed State Budget Is Released

On January 9, Governor Gavin Newsom released the Fiscal Year (FY) 2026–27 Proposed State Budget, effective July 1, 2026. While state tax revenue has come in higher than expected recently increased state program costs and the loss of significant federal funding to the state government will result in a modest $2.9 billion budget shortfall. As anticipated, the Medi-Cal program will be particularly affected as policy changes from H.R. 1 and last year's enacted state budget are implemented. Notably, Medi-Cal enrollment is projected to decrease by 3.5% in the upcoming fiscal year due to more restrictive eligibility requirements, such as minimum work obligations and semiannual redeterminations. Also effective in FY 2026–27 are direct reductions to federal match dollars for the Managed Care Organization (MCO) tax, Hospital Quality Assurance Fee (HQAF) and emergency Medicaid services for undocumented adults. Fortunately, this proposed state budget does not include any major new spending cuts beyond what was previously announced or expected. Most existing Medi-Cal initiatives, including CalAIM, would continue to be fully funded. However, this budget proposal is largely viewed as a placeholder and is still subject to change as the state updates its revenue projections and receives further guidance from the federal government in the coming months. Governor Newsom will release a revised state budget proposal by May 14 before a final budget must be negotiated with the State Legislature and enacted by July 1.

CalOptima Health Leads eAPTC Advocacy Coalition Letter
Ahead of the expiration of the enhanced Advance Premium Tax Credits (eAPTCs) on December 31, 2025, CalOptima Health led a coalition letter to Orange County's federal delegation advocating for at least a one-year clean extension of the eAPTCs. Since 2026 open enrollment was already underway, a clean extension would have avoided any further uncertainty for Orange County residents — especially as CalOptima Health prepares for Covered California marketing and enrollment activities this year ahead of our proposed January 1, 2027, plan launch. Other signatories of the coalition letter included the Hospital Association of Southern California, Orange County Medical Association, Orange County Business Council and several individual hospital systems. The eAPTCs ultimately expired on December 31, but the U.S. Congress continues to consider proposals that could include a retroactive extension and/or other related reforms. While there is no clear consensus or outcome at this time, Government Affairs staff continue to monitor ongoing negotiations.

Judge Allows CMS to Share Medicaid Data with ICE
On December 29, U.S. District Judge Vince Chhabria ruled that the U.S. Centers for Medicare & Medicaid Services (CMS) can resume sharing personal data about undocumented immigrants receiving Medicaid benefits with Immigration and Customs Enforcement (ICE), starting on January 6. ICE had been blocked from doing so for months amid a legal challenge from California and several other states. Chhabria's order is narrowly tailored to six categories of "basic" personal information: citizenship, immigration status, address, phone number, date of birth and Medicaid ID. CMS remains barred from sharing personal health records and other potentially sensitive medical information. Furthermore, CMS is prohibited from sharing any Medicaid data about immigrants who are lawfully residing in the United States. In response to the ruling, DHCS issued a statement reiterating its commitment to protecting the privacy of Medi-Cal beneficiaries.

G. Modivcare Chapter 11 Restructure Approved

On December 29, 2025, Modivcare announced it had successfully emerged from its financial restructuring. Earlier this month, Modivcare subsequently announced that Chief Executive Officer Heath Sampson will be departing the company but remain on the board. To support the company's continued success, the Board and Heath agreed he will remain in his role through this transition. Board Vice Chairman Scott McCarty will provide executive oversight of the company throughout this transition period. There has been no impact to member provided transportation at CalOptima Health – the current satisfaction performance is 99.7%.

H. Annual Medical Loss Ratio (MLR) Audit of Contracted Health Networks Is Complete

CalOptima Health completed the annual MLR audit of our contracted health networks for Calendar Year (CY) 2024. In accordance with contract requirements, health networks must maintain a minimum MLR of 85% for each measurement year. CalOptima Health combines results for Medi-Cal and OneCare members to assess compliance. The CY 2024 audit results show that all health networks have met the MLR requirement. CalOptima Health also finalized the CY 2024 MLR reporting template and submitted it to DHCS.

I. CalOptima Health Receives Robust Media Coverage

- On December 12, Spectrum News ran a feature on seniors and homelessness, with Kelly Bruno-Nelson, DSW, Executive Director of Medi-Cal/CalAIM, as a key interview. Kelly connected the reporter with Jamboree Housing and their resident to bring this story to life. In addition, the reporter also interviewed Supervisor Vicente Sarmiento.

- On December 17, the Orange County Register ran an article syndicated by KFF Health News featuring CalOptima Health titled, "Medicaid health plans step up outreach efforts ahead of GOP changes."
- On December 22, the Voice of OC published a brief op-ed piece I wrote about our dedication to members despite challenges similar to those faced 30 years ago when CalOptima Health was founded.
- On December 29, I was interviewed by CBS LA News regarding the changes to Medi-Cal as of January 1, including the enrollment freeze on undocumented adults.
- On January 7, PACE Medical Director Dr. Donna Frisch was interviewed by KTLA for a recurring segment called "The Doctor Will See You Now." The live, in-studio segment featured Dr. Frisch giving advice on caring for aging loved ones.
- On January 14, the Voice of OC ran an article titled, "CalOptima Health Braces for Health Insurance Eligibility Changes For OC's Neediest Families." It featured an interview with Chief Operating Officer Yunkyung Kim.
- On January 21, the OC Register ran a feature article about my plans to retire at the end of 2026.
- On January 22, the OC Register covered the groundbreaking for Casa Colibri, a new housing development funded in part by a CalOptima Health grant.

CalOptima Health

Fast Facts
February 2026

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

Membership Data* (as of December 31, 2025)

Total CalOptima Health Membership

865,746

Prior month: 877,271

Program	Members
Medi-Cal	846,603
OneCare (HMO D-SNP)	18,599
Program of All-Inclusive Care for the Elderly (PACE)	544

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

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

	Dashboard	YTD Actual	Actual vs. Budget ($)	Actual vs. Budget (%)
Operating Income/(Loss)	●	$62.4M	$48.8M	359.4%
Non-Operating Income/(Loss)	●	$59.2M	$10.0M	20.4%
Covered California Start-up Expenses	●	($2.3M)	$2.9M	56.5%
Bottom Line (Change in Net Assets)	●	$119.3M	$61.8M	107.3%
Medical Loss Ratio (MLR) *(Percent of every dollar spent on member care)*	●	92.5%	---	(0.7%)
Administrative Loss Ratio (ALR) *(Percent of every dollar spent on overhead costs)*	●	5.1%	---	1.3%

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 88.3%.

Reserve Summary (as of December 31, 2025)

	Amount (in millions)
Board Designated Reserves*	$1,623.6
Statutory Designated Reserves	$135.8
Capital Assets (Net of depreciation)	$111.8
Unspent Balance of Allocated Resources	$349.4
Unspent Balance of Board Approved Provider Rate Increase**	$210.5
Unallocated Resources*	$488.9
Total Net Assets	$2,919.9

* Total of Board-designated reserves and unallocated resources can support approximately 194 days of CalOptima Health's current operations.

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

Total Annual Budgeted Revenue **$4.7 Billion**

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

CalOptima Health Fast Facts

February 2026

Personnel Summary (as of January 10, 2026, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,347.25	86	38.77%	61.23%	6%
Supervisor	82	5	60%	40%	5.75%
Manager	114	12	16.67%	83.33%	9.52%
Director	80	8.5	29.41%	70.59%	9.60%
Executive	21	1	---%	100%	4.55%
Total FTE Count	1,644.25	112.5	28.97%	71.03%	6.40%

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

Provider Network Data (as of January 23, 2026)

	Number of Providers
Primary Care Providers	1,307
Specialists	7,994
Pharmacies	493
Acute and Rehab Hospitals	42
Community Health Centers	71
Long-Term Care Facilities	243

Treatment Authorizations (as of November 30, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	38.71 hours
Prior Authorization – Urgent	72 hours	6.02 hours
Prior Authorization – Routine	5 days	0.74 days

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

Member Demographics (as of December 31, 2025)

Member Age	
0 to 5	8%
6 to 18	22%
19 to 44	34%
45 to 64	20%
65 +	16%

Language Preference	
English	56%
Spanish	29%
Vietnamese	9%
Korean	2%
Other	2%
Farsi	1%
Chinese	<1%
Arabic	<1%
Russian	<1%

Medi-Cal Aid Category	
Expansion	37%
Temporary Assistance for Needy Families	36%
Seniors	13%
Optional Targeted Low-Income Children	8%
People With Disabilities	5%
Long-Term Care	<1%
Other	<1%

CalOptima Health

Provider Network Trend

February 2026

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

CHCN and Health Networks

Total Providers [1]

Provider Type	2024 – Q4	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	YOY Net Δ
PCP [2]	1,313	1,312	1,301	1,281	1,306	-7
Specialist (Physicians)	7,017	7,070	7,479	7,685	8,246	1,229
Hospitals [3]	41	41	41	43	42	1
Community Health Centers [4]	65	65	68	68	68	3
Long Term Care	206	207	207	225	241	35
Behavioral Health [5]	2,273	2,529	2,579	2,791	3,023	750
ECM	32	31	32	34	34	2
Community Support	103	102	103	107	107	4

Medi-Cal

Provider Type	2024 – Q4	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	YOY Net Δ
PCP [2]	1,087	1,087	1,076	1,057	1,090	3
Specialist (Physicians)	6,420	6,464	7,173	7,394	7,987	1,567
Hospitals [3]	37	37	37	40	39	2
Community Health Centers [4]	63	63	66	66	68	5
Long Term Care	202	203	203	221	237	35
Behavioral Health [5]	2,177	2,436	2,495	2,695	2,926	749
ECM	32	31	32	34	34	2
Community Support	103	102	103	107	107	4

OneCare

Provider Type	2024 – Q4	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	YOY Net Δ
PCP [2]	1,099	1,096	1,082	1,074	1,088	-11
Specialist (Physicians)	5,437	5,488	5,844	6,047	6,270	833
Hospitals [3]	36	36	36	40	39	3
Community Health Centers [4]	58	58	62	62	62	4
Long Term Care	206	203	207	224	240	34
Behavioral Health [5]	649	668	713	851	952	303

PACE

Provider Type	2024 – Q4	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	YOY Net Δ
PCP [2]	3	3	4	3	3	0
Specialist (Physicians)	3,457	3,549	4,033	4,256	4,446	989
Hospitals [3]	29	29	29	31	30	1
Community Health Centers [4]	0	0	0	0	0	0
Long Term Care	66	67	69	76	91	25
Behavioral Health [5]	103	106	116	119	132	29

Provider Network Trend

February 2026

CHCN Only

Total Providers [1]

Provider Type	2024 – Q4	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	YOY Net Δ
PCP [2]	678	677	671	671	685	7
Specialist (Physicians)	6,335	6,384	6,841	7,058	7,330	995
Hospitals [3]	37	37	37	40	39	2
Community Health Centers [4]	56	56	58	58	59	3
Long Term Care	202	203	203	221	237	35
Behavioral Health [5]	2,247	2,500	2,541	2,767	2,975	728
ECM	32	31	32	34	34	2
Community Support	103	102	103	107	107	4

Medi-Cal

Provider Type	2024 – Q4	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	YOY Net Δ
PCP [2]	656	653	650	650	514	-142
Specialist (Physicians)	5,988	6,026	6,791	7,000	7,269	1,281
Hospitals [3]	34	34	34	38	37	3
Community Health Centers [4]	56	56	58	58	59	3
Long Term Care	202	203	203	221	237	35
Behavioral Health [5]	2,155	2,411	2,471	2,673	2,879	724
ECM	32	31	32	34	34	2
Community Support	103	102	103	107	107	4

OneCare

Provider Type	2024 – Q4	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	YOY Net Δ
PCP [2]	569	571	565	567	581	12
Specialist (Physicians)	4,706	4,746	5,136	5,359	5,575	869
Hospitals [3]	31	31	31	33	32	1
Community Health Centers [4]	46	46	48	48	49	3
Long Term Care	202	203	203	220	236	34
Behavioral Health [5]	634	652	699	836	936	302

PACE

Provider Type	2024 – Q4	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	YOY Net Δ
PCP [2]	3	3	4	3	3	0
Specialist (Physicians)	3,457	3,549	4,033	4,256	3	989
Hospitals [3]	29	29	29	31	4,446	1
Community Health Centers [4]	0	0	0	0	30	0
Long Term Care	66	67	69	76	91	25
Behavioral Health [5]	103	106	116	119	132	29

Footnotes:

[1] Unique count of Provider by NPI (does not include count of each practice location per provider)

[2] Includes Primary Care Physicians, FQHCs and Long Term Care facilities acting as Primary Care Providers

[3] Includes Acute, Rehab and Long Term Acute Care Hospitals

[4] Community Health Centers includes FQHCs, FQHC look-alike and Community Clinics

[5] Includes Practitioners and Behavioral Health Groups