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

THURSDAY, SEPTEMBER 10, 2020
8:00 A.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107-N
ORANGE, CALIFORNIA 92868

AGENDA

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

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

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

1) **Listen to the live audio at +1 (941) 614-3221 - Access Code: 315-743-794 or**

2) **Participate via Webinar at: rather than attending in person. Webinar instructions are provided below. https://attendee.gotowebinar.com/register/3939219618570421517**

I. CALL TO ORDER

Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

A. Approve Minutes of the August 13, 2020 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC)

IV. PUBLIC COMMENT

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

V. MANAGEMENT REPORTS

A. Chief Executive Officer Update
B. Chief Operating Officer Update
C. Chief Medical Officer Update
D. Network Operations Update

VII. INFORMATION ITEMS

A. Intergovernmental Transfer Funds (IGT) Update
B. Annual Healthcare Effectiveness Data and Information Set (HEDIS) Report
C. Federal and State Legislative Update
D. Member Advisory Committee Update
E. Provider Advisory Committee Member Updates

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

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Webinar Instructions

1. **Please register for the Provider Advisory Committee Meeting on September 10, 2020 at 8:00 AM PDT at: https://attendee.gotowebinar.com/register/3939219618570421517**
2. **After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.**

   Note: This link should not be shared with others; it is unique to you.

   Before joining, be sure to check system requirements to avoid any connection issues.

3. **Choose one of the following audio options:**

   TO USE YOUR COMPUTER'S AUDIO:
   When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

   --OR--

   TO USE YOUR TELEPHONE:
   If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.
   United States: **+1 (941) 614-3221** Access Code: **315-743-794**

   Audio PIN: Shown after joining the webinar

MINUTES

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

August 13, 2020

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on Thursday, August 13, 2020 via teleconference using GoTo Webinar technology at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

John Nishimoto, O.D., PAC Chair, called the meeting to order at 8:02 a.m. and Teri Miranti, PAC Vice Chair led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: John Nishimoto, O.D., Chair; Teri Miranti, Vice Chair; Amin Alpesh, M.D.; Anjan Batra, M.D.; Jennifer Birdsall; Tina Bloomer, MHNP; Donald Bruhns; Andrew Inglis, M.D.; Jena Jensen; Peter Korchin; Junie Lazo-Pearson, Ph.D.; Alexander Rossel; Loc Tran, PharmD.; Christy Ward

Members Absent: John Kelly, M.D.

Others Present: Richard Sanchez, Interim Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Gary Crockett, Chief Counsel; Nancy Huang, Chief Financial Officer; Candice Gomez, Executive Director, Program Implementation; Betsy Ha, Executive Director, Quality and Population Health Population Management; Michelle Laughlin, Executive Director, Network Operations; TC Roady, Director Regulatory Affairs; Cheryl Simmons, Staff to the Advisory Committees; Samantha Fontenot, Program Assistant.

Chair Nishimoto welcomed the new PAC members Alpesh Amin, M.D., Alex Rossel and Christy Ward to the Committee. The new members were appointed at the June 4, 2020 Board and began their terms on July 1, 2020.

MINUTES

Approve the Minutes of the June 11, 2020 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee.

Action: ***On motion of Member Batra, seconded and carried, the Committee approved the minutes of the June 11, 2020 regular meeting. (Motion carried 14-0-0; Member Kelly absent)***

PUBLIC COMMENTS
There were no public comments.

REPORTS

Consider Recommendation of PAC Chair and Vice Chair
PAC received a letter of interest from Junie Lazo-Pearson, Ph.D., Behavioral Health Representative, for the Chair position. After receiving no nominations from the floor, Vice Chair Miranti requested a motion to recommend Dr. Lazo-Pearson as the PAC Chair for FY 2020-22.

Action: ***On motion of Member Ward, seconded and carried, the Committee approved the recommendation of the PAC Chair (Motion carried 13-0-1; Member Lazo-Pearson abstained; Member Kelly Absent)***

PAC also received a letter of interest from current PAC Chair John Nishimoto, O.D. the Non Physician Medical Practitioner Representative, for the Vice Chair position. There were no nominations from the floor. Vice Chair Miranti asked for a motion to recommend current Chair Nishimoto as PAC Vice Chair for 2020-22.

Action: ***On motion of Member Batra, seconded and carried, the Committee approved the recommendation of the PAC Vice Chair (Motion carried 13-0-1; Chair Nishimoto abstained; Member Kelly absent)***

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update
Richard Sanchez, Interim Chief Executive Officer (CEO), discussed the Department of Health Care Services (DHCS) Medi-Cal expansion rate reductions which may be implemented as soon as January 1, 2021, which elicited much discussion from the members. He noted that more information will be forthcoming from DHCS and that he would keep the PAC updated.

Chief Operating Officer Update
Ladan Khamseh, Chief Operating Officer, welcomed the new PAC members to the Committee and provided a verbal update on the annual Qualified Medicare Beneficiary (QMB) outreach program and noted that letters had been sent out to members who have Part B Medicare but also qualify for Part A. Ms. Khamseh also mentioned that all Medi-Cal Managed Care Plans including CalOptima would need to apply for the Annual Health Network Certification by March 2021, which would become effective July 2021. Ms. Khamseh introduced Michelle Laughlin, Executive Director, Network Operations, who provided a brief report on CalOptima's plan for network certification.

Chief Medical Officer Update
David Ramirez, M.D., Chief Medical Officer, reviewed the COVID-19 numbers for Orange County. He noted that testing capabilities have increased and that new testing sites have opened throughout the County, with a high volume site at the Anaheim Convention Center. Dr. Ramirez

also provided an update on the Health Home Program Phase 2, which became effective July 1, 2020 and the Hospital Data Exchange Program. Dr. Ramirez updated the committee on the status of the virtual care or telehealth options that are available to CalOptima and its members. He noted that over 200,000 members have used this option. Members Alpesh and Batra both offered their assistance to CalOptima with the virtual care/telehealth implementation based on their related experience at the University of California Irvine Medical Center (UCI) and agreed to provide information to Dr. Ramirez on this initiative.

INFORMATION ITEMS

Homeless Health Initiative Update

Dr. Ramirez and Candice Gomez, Executive Director, Program Implementation, presented on the Homeless Health Initiative. Ms. Gomez discussed the Homeless Health program goals, the Clinical Field Teams (CFT) pilot design, the CFT's structure, scheduled services at shelters, hotspots and the referral source role. Dr. Ramirez provided an overview of the roles of CalOptima and the health networks. He also provided CFT details including number of calls dispatched, number of patients treated, on-call visit locations, and referral sources.

Federal and State Legislative Update

TC Roady, Director, Regulatory Affairs, provided a verbal update on the California State Budget for the 2020-21 fiscal year. Mr. Roady noted that the COVID-19 pandemic has contributed significantly to this year's budget deficit as well as to the anticipated growth in Medi-Cal enrollment. Mr. Roady also mentioned the Pharmacy carve out, which is slated to become effective January 1, 2021.

PAC Member Updates

Chair Nishimoto reminded the members about the upcoming October 8, 2020 Joint Advisory Committee Meeting and noted that the chairs and vice chairs from each committee would be meeting via conference call to review possible agenda items. Chair Nishimoto also thanked the members for their support during the last two years and noted that this was his final meeting as the PAC Chair.

ADJOURNMENT

Chair Nishimoto announced that the next PAC meeting is scheduled for Thursday, September 10, 2020 at 8:00 a.m.

Hearing no further business, Chair Nishimoto adjourned the meeting at 10:05 a.m.

*_/s/ Cheryl Simmons_*___
Cheryl Simmons
Staff to the Advisory Committees

Approved: September 10, 2020

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MEMORANDUM

DATE: August 26, 2020

TO: CalOptima Board of Directors

FROM: Richard Sanchez, Interim CEO

SUBJECT: CEO Report — September 3, 2020, Board of Directors Meeting

COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

CalOptima Responding to Possible Medi-Cal Expansion (MCE) Rate Adjustment
At the August Board meeting, I shared that the Department of Health Care Services (DHCS) and its actuarial consultant, Mercer, contacted CalOptima at the end of July to discuss the MCE rate for the upcoming calendar year. DHCS presented an initial analysis showing that the rates CalOptima pays providers for the MCE population are substantially higher than the costs reported by other County Organized Health Systems. Therefore, DHCS is considering implementing a significant reduction, effective January 1, 2021. CalOptima has formally requested a glidepath on this rate reduction and is seeking additional information before the draft rate release by DHCS. As of August 26, CalOptima had not received details about the final cut in terms of a percentage or dollars. CalOptima had already built in a total 10% capitation rate reduction for health networks for MCE members in our FY 2020–21 budget. Staff is currently evaluating the potential budget impact in addition to what was already included in this year's budget. If the final rate cut is substantially higher than what is anticipated in the current budget, we are considering options to mitigate additional financial impact to health networks and providers and will bring the options to the Board later this year. CalOptima has been communicating about this issue as transparently as possible, including at the August 11 Health Network CEO Meeting and August 20 Health Network Forum.

State Ends Pursuit of New Long-Term Care at Home Medi-Cal Benefit
On August 24, DHCS announced that it will not pursue the Long-Term Care at Home Medi-Cal benefit that was originally proposed in May. The intent of the benefit was to reduce the nursing home population amid the pandemic by offering a coordinated and bundled set of medical and home- and community-based services. However, Gov. Newsom's administration and the Legislature were unable to agree on a process to develop and implement the benefit at this time. In making the announcement, DHCS acknowledged and thanked Medi-Cal plans for their work and collaboration over the past few months.

Medi-Cal 2020 Waiver Extension Request Nearing Submission
DHCS is pursuing CMS approval of a 12-month extension of the federal waiver under which the majority of Medi-Cal operates. California's Section 1115 Medicaid waiver, known as Medi-Cal 2020, is effective through December 31, 2020. DHCS' extension request was released July 22, and the 30-day comment period closed August 21. After reviewing stakeholder comments and updating the extension request accordingly, the state plans to submit it to CMS by September 15.

Orange County Removed From COVID-19 Watchlist, CalOptima Response Continues
On August 23, Orange County was removed from the California watchlist based on improvement in certain COVID-19 measures. However, CalOptima continues to address to the needs of members and providers still grappling with the ongoing pandemic. From our first case until August 24, CalOptima has reported 2,790 positive cases, 1,463 hospitalizations and 212 deaths. Below are updates in several areas of pandemic response.

- *Electronic Resources:* CalOptima regularly updates our COVID-19 web pages for members, providers and the community to ensure availability of the latest information. Further, each Wednesday, CalOptima distributes an email newsletter containing a wide variety of resources to more than 2,500 individuals from community-based organizations. Past issues are available at the community page link above.
- *New All-Plan Letter (APL):* On August 19, DHCS released an APL with updated emergency guidance for Medi-Cal managed care plans in response to COVID-19. The changes affect several areas, including COVID-19 testing requirements and reimbursement, suicide prevention practices for providers, long-term care reimbursement, encounter data collection and submission, and pharmacy services. CalOptima's Regulatory Affairs and Compliance team analyzes APLs and ensures that the affected departments are aware of the changes.
- *Federal Waiver Approval:* On August 19, the Centers for Medicare & Medicaid Services (CMS) approved DHCS' request for program flexibility related to provision of telehealth services by clinics, retroactive to March 1 and for the duration of the public health emergency. On August 20, CMS also issued additional blanket regulatory waivers that affect providers nationwide. The full list of waivers is on CMS' website here.
- *Infection Prevention:* UC Irvine, the Orange County Health Care Agency and CalOptima jointly launched the Orange County Nursing Home COVID-19 Infection Prevention Program on June 1, and adoption has been strong. The program offers either intensive, in-person training or access to an online toolkit. Intensive intervention is available for a maximum of 12 nursing homes, and 11 have signed on. This group is receiving weekly in-person visits with leaders and training sessions with staff to review toolkit materials and video feedback. Separately, more than 70 nursing home leaders attended a CalOptima-hosted webinar on July 9 to debut the online toolkit (www.ucihealth.org/stopcovid), which is ahead of schedule. Seven of the 12 sections are complete, with 30+ documents and 20 videos. The impact of the coaching has been immediate, as participating facilities report staff enthusiasm and adherence to proper infection protocols because personal safety, in addition to patient safety, is emphasized. The goal is to hardwire infection prevention techniques in staff, which will be invaluable in the expected viral resurgence this fall.
- *Mental Health:* CalOptima's Communications department routinely works to elevate the agency's profile as a top source of health information in the community. This month, Parenting OC Magazine ran an "Ask the Experts" piece on kids' mental health during COVID-19, with a byline from Dr. Edwin Poon, director of behavioral health integration.

Preparation Continues for January 2021 Transition to Medi-Cal Rx
On August 5, DHCS held another webinar to update managed care plans regarding the upcoming transition to Medi-Cal Rx, the state-managed pharmacy benefit program operated by Magellan. Officials stated that two All Plan Letters to clarify the roles and responsibilities of managed care plans are nearing release. Magellan completed a first round of data exchange testing with managed care plans and started a second cycle of test files on August 6. Regarding communications, member notices are in final review, and the 90- and 60-day notices from the

state will be identical. CalOptima will send a customized 30-day notice to members. The state is currently working on a provider bulletin to provide guidance on how to access the portal and obtain training. Staff will present information about the Medi-Cal Rx transition at the September 3 Board meeting.

Annual Network Certification Project Underway in Preparation for July 2021 Start
Under new DHCS rules, all managed care plans are required to file Annual Network Certifications to ensure each of their delegated health networks meets specific requirements in the following areas:

- Maintaining the required number and mix of primary and specialty providers
- Meeting all time and distance standards for providers throughout their service area
- Complying with service availability, physical accessibility, out-of-network access, timely access, continuity of care and 24/7 language assistance requirements

In collaboration with our networks, CalOptima began this major effort earlier this year by conducting analysis, identifying barriers and opportunities for health networks, and examining alternative strategies for addressing potential deficiencies. These alternatives may include defined service areas for health networks that do not meet time and distance standards. CalOptima recently received DHCS approval of our plan to implement the new requirements for Annual Network Certification. The certifications must be submitted to DHCS by March 2021 and implemented by July 1, 2021. CalOptima is working to ensure that all health networks, including CalOptima Community Network, meet state standards.

New Prop 56 Directed Payment Programs Support Family Planning, Value-Based Payment
The Legislature has appropriated Prop 56 tax dollars to DHCS directed payment programs through FY 2021, including two recently released programs impacting family planning services and value-based payment. CalOptima and our health networks will make these add-on payments according to regulatory guidance for dates of service on or after July 1, 2019. Health networks will be reimbursed for the add-on payments according to CalOptima policy, and the impacted policies will be updated and presented to the Board for approval. One program aims to improve quality of care by ensuring that providers receive enhanced payment for delivery of several types of family planning services. The other program offers value-based payments to eligible providers who meet specific performance measures in the areas of prenatal/postpartum care, early childhood care, chronic disease management and behavioral health integration.

Decrease in Whole-Child Model (WCM) Population Noted and Being Addressed
For my August CEO Report, staff inadvertently provided incorrect data regarding WCM enrollment due to an ad hoc reporting logic error. See below for corrected data that is consistent with our reporting to DHCS:

Report Date	Incorrectly Reported	Corrected Reporting
July 1, 2019	12,317	11,874
July 1, 2020	14,652	10,280

In the future, all ad hoc reports will have a second point of validation from a separate business area familiar with the data set. While the overall number of eligible California Children’s Services (CCS) members decreased this past year, CalOptima and the Orange County CCS program are working closely to streamline the eligibility process and ensure that members are appropriately referred for CCS eligibility determination. Since March 2020, coinciding with the

COVID-19 public health emergency, CalOptima has observed a decrease in new CCS eligibility. The average number of new CCS-eligible members from July 1, 2019–February 29, 2020, was 238 per month, compared with 140 per month from March 1, 2020, to present. We will continue to monitor CCS eligibility trends and work with the county to provide access to needed health care services for members regardless of CCS-eligibility status.

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Intergovernmental Transfer Overview

Provider Advisory Committee
September 10, 2020

Candice Gomez, Executive Director, Program Implementation

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Intergovernmental Transfer (IGT)

- Background
- Funding Process and Partners
- CalOptima Total to Date
- Funded Projects
- COVID-19 Impact
- IGT 10 Status

IGT Background

- CalOptima has participated in the Department of Health Care Services (DHCS) annual Rate Range IGT since 2010
- IGTs enable CalOptima and our governmental funding partners to receive additional revenue for services to Medi-Cal members
- IGT processes secure additional federal revenue to increase California's Medi-Cal managed care capitation rates
  - IGTs 1–7: Funds must be used to deliver enhanced services to existing Medi-Cal members
  - IGTs 8–10: Funds must be used for Medi-Cal covered services included in CalOptima's DHCS contract for Medi-Cal members

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IGT Background (cont.)

- Contributions from eligible community funding partners can be matched through the IGT process up to upper rate range as established by the state’s actuaries
- No guarantee of future availability of IGT funds
  - Best suited for one-time investments or as seed capital for new services or initiatives for the benefit of Medi-Cal beneficiaries
- Board-approved spending plans are in place for IGTs 1–9

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IGT Funding Process

High-Level Steps:

1. CalOptima receives DHCS notice announcing IGT opportunity.
2. CalOptima secures funding partnership commitments.
3. CalOptima submits Letter of Interest to DHCS listing funding partners and their respective contribution amounts.
4. Funding partners wire their contribution amount and additional 20% fee to DHCS.
5. CMS provides matching funds to DHCS.
6. DHCS sends total amount to CalOptima.
7. From the total amount, CalOptima returns each funding partner's original contribution.
8. From the total amount, CalOptima also reimburses each funding partner's 20% fee and, where applicable, retained amount for Managed Care Organization tax (IGT 1–6 only).
9. Remaining balance of the total amount is split 50/50 between CalOptima and the funding partners or their designees.

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Current IGT Funding Partners

- Children and Families Commission of Orange County
- Orange County Health Care Agency
- Orange Fire Department
- Newport Beach Fire Department
- University of California, Irvine

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CalOptima Share Totals to Date

IGTs	CalOptima Share	Date Received
IGT 1	$12.43 million	September 2012
IGT 2	$8.70 million	June 2013
IGT 3	$4.88 million	September 2014
IGT 4	$6.97 million	October 2015 (Classic) March 2016 (MCE)**
IGT 5	$14.42 million	December 2016
IGT 6	$15.24 million	September 2017
IGT 7	$15.91 million	May 2018
IGT 8	$42.76 million	April 2019
IGT 9	$43.96 million	April 2020
IGT 10*	TBD	TBD
Total Received	**$165.27 million**	

- Estimate; Pending DHCS Guidance ** Medi-Cal Expansion
- Determining unspent funds on closed projects is in progress

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IGT 1-7 Funded Projects

- Funds are available to provide enhanced benefits to existing Medi-Cal members
- Project examples include:
  - Internal initiatives such as Personal Care Coordinators, member and provider portal, depression screenings, etc.
  - Recuperative care and medical respite services
  - Expand safety net services to support clinics to become Federally Qualified Health Centers
  - Community grants
    - Outpatient mental health services for children, integrate mental health into primary care, medication assistance treatment services, dental services, social determinants of health and food distribution
- Unused funds from closed initiatives may be reallocated by the board to other qualifying enhanced services

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IGT 8-9 Funded Projects

- Funds must be used for CalOptima Medi-Cal covered services for our Medi-Cal members, with any expenditures not qualifying as medical expenses counted by the state as part of CalOptima's administrative expenses
- Project examples include:
  - Expanded Office Hours for Member Access
  - Homeless Response Team
  - Hospital Data Exchange
  - Post Acute-Infection Prevention Quality Initiative

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IGT 5-7 COVID-19 Impacts

- Staff met with grantees to discuss impacts to their organization and grant deliverables
  - Heavily relying on virtual platforms, halt/decrease in routine care and increase in food and mental health services
  - On June 4, 2020, the Board of Directors approved
    - Eight requests for no-cost extension
    - Three requests for budget line item revisions
    - Two requests for temporary modifications in scope of work
  - Targeting submission of an additional no cost extension at the September 3, 2020, Board of Directors meeting

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IGT 10 Status

- On February 6, 2020, the Board of Directors approved CalOptima's pursuit of IGT 10 funding
  - Unlike prior IGTs, IGT 10 will cover an 18-month period
    - Rating period July 1, 2019–June 30, 2020 and July 1–December 31, 2020
    - Due to DHCS transition from fiscal to calendar year budget cycle
- Funder's contributions are estimated to be $78.6 million*
  - Funders must return final signed agreements to DHCS by September 2020
  - Two separate DHCS wire transfer requests anticipated between April–September 2021
- CalOptima's share is estimated to be $66 million*
  - CalOptima may receive funds after each rating period wire transfer

* Amounts may change based on actual enrollment and member mix.

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IGT 10 Next Steps

- Identify potential focus areas and initiatives
  - Consider member needs, opportunities to enhance Medi-Cal programs and supporting providers
  - Ensure alignment with 2020–2022 Strategic Plan identified priorities and objectives
- Engage stakeholders proposed allocation of IGT 10 funds
- Present final recommendations to the Board of Directors

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Our Mission

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

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Healthcare Effectiveness Data and Information Set® (HEDIS) 2020 Results (MY 2019 Performance)

Provider Advisory Committee
September 10, 2020

Kelly Rex-Kimmet, Director, Quality Analytics

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What Is HEDIS?

- The Healthcare Effectiveness Data and Information Set (HEDIS) is a performance measurement tool used by health plans to reliably compare how they perform on important dimensions of care and service.
- HEDIS makes it possible to compare performance on an “apples-to-apples” basis to national benchmarks in more than 96 measures across six domains of care.
- The measurement year for HEDIS is the prior calendar year performance. These results reflect performance in calendar year 2019.
- All HEDIS results are independently audited annually.
- Results are calculated and reported annually.

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HEDIS and Regulatory Requirements

- Department of Health Care Services (DHCS)
  - Managed Care Accountability Set (MCAS) – 1st year new measure set
  - Select measures must achieve new minimum performance level (MPL) - Increased from national Medicaid 25th percentile to 50th percentile
- Centers for Medicare & Medicaid Services (CMS)
  - Medicare/SNP and MMP Rates and Patient Level Data: Not required this year due to COVID-19
  - CMS 2021 Star Rating: Using HEDIS 2019 results

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HEDIS Scope — Reporting

- 6 submissions (IDSS) to NCQA /DHCS
  - Separate submissions for each lines of business (LOB): 3
  - Separate DHCS, SNP and MMP submissions: 3
- 1 Patient Level Detail (PLD) file submitted to DHCS
  - 4 PLD files for CMS are waived this year

- Plan results for all product lines audited by NCQA Certified HEDIS auditors.
- **All measures passed audit and are fully reportable**

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HEDIS Scope — Reporting (cont.)

- COVID-19 Impacts
  - NCQA and DHCS allows to “rotate” the hybrid measures reported rate (use last year’s result) due to COVID-19 impact on chart reviews
  - Next year HEDIS results (MY2020)
    - Telehealth (impact is not clear currently): Telehealth expanded to more measures
    - May be negatively impacted due to COVID-19

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HEDIS and Regulatory Requirements (cont.)

- National Committee for Quality Assurance (NCQA)
  - Accreditation scores: HEDIS 37 points and CAHPS 13 points
    - Estimated CalOptima will keep Commendable status
  - NCQA Health Plan Ratings- not released for 2020-2021 due to COVID-19
  - NCQA Quality Compass Benchmarks-submitted all LOB

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NCQA Accreditation Timeline & Milestones

July 2020
10 Months Remain

File Review Look-Back:

UM/CCM/Appeals: May 2020–May 2021

Credentialing: May 2018 – May 2021

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HEDIS Scope — Medical Records Review

- Medical records data collection challenge due to COVID-19
  - Guidance from DHCS and CMS to reduce burden from provider offices for medical records collection
  - Provider offices closed or restricted on-site medical records retrieval
  - The capacity of handling medical records reduced in provider offices
  - The production of copy service reduced due to safety concerns and staff reductions

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HEDIS Scope — Medical Records Review (cont.)

- 56 measures/sub-measures required medical record review with 9,462 chart chases
  - Medi-Cal: 20 measures with 4,340 chart chases. 97.1% retrieval rate
  - OneCare: 18 measures with 2,099 chart chases 95.6% retrieval rate
  - OneCare Connect: 18 measures with 3,023 chart chases. 97.3% retrieval rate
  - Excellent retrieval rates despite COVID-19!

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Summary Results: Medi-Cal

- **All DHCS MPLs have been met !!**
  - Measures that demonstrated (statistically) significant improvement:
    - Well-Child Visits in the First 15 Months of Life (W15)
    - Prenatal and Postpartum Care (break in trending from PY)
    - Prenatal Immunization Status
    - Statin Therapy for Patients with Diabetes (SPD)
    - Use of Opioids From Multiple Providers (UOP)
    - Adult's Access to Preventive/Ambulatory Services (AAP)
    - Adult Immunization Status
  - Measures statistically significantly lower
    - Asthma Medication Ratio >50% (50th percentile this year)
    - Follow-up Care for Children Prescribed ADHD Medication (ADD)
    - Lead Screening in Children (75th percentile this year)

Summary Results: Medi-Cal (cont.)

Opportunities: Behavioral Health and Access to Primary Care

- Behavioral Health:
  - ADHD Treatment dropped below 50th percentile
  - Follow-up After Emergency Room Visit for Mental Illness: Remains below 50th percentile but showed significant improvement compared to prior year
- Access to Primary Care
  - Telehealth has been adopted in many provider offices
  - CalOptima has also adopted a virtual care strategy

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Summary Results: Medicare

OneCare

- No measures are significantly changed
- Opportunities
  - Colorectal Cancer Screening (COL)
  - Care for Older Adults (COA)
  - Readmissions (PCR)

OneCare Connect

- Several measures demonstrated significant improvement
  - Statin Therapy for Patients with Diabetes (SPD)
  - Statin Therapy for Patients with Cardiovascular Disease (SPC)
  - Antidepressant Medications Management (AMM)
  - Plan All-Cause readmissions (PCR)
- Opportunities
  - Statin Therapy for Patients with Cardiovascular Disease (SPC)
  - Care for Older Adults (COA)
  - Readmissions (PCR)

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NCQA Percentiles and CMS Star Achievement

LOB	Measurement Year	Number of Measures at NCQA National Medicaid/Medicare Percentiles										Total # of measures*	Percent of measures at National 50th percentile/3 Star level or higher
		90th Percentile or 5-Star		75th Percentile or 4-Star		50th Percentile or 3-Star		25th Percentile or 2-star		<=10th Percentile or 1-Star			
		# of measures	% of total measures	# of measures	% of total measures	# of measures	% of total measures	# of measures	% of total measures	# of measures	% of total measures		
Medi-Cal	2019	9	14%	18	29%	16	25%	14	22%	6	10%	63	68%
	2018	9	14%	14	22%	17	27%	13	21%	10	16%	63	63%
	2017	10	17%	15	25%	10	17%	11	19%	13	22%	59	59%
OneCare	2019	1	3%	4	13%	9	28%	15	47%	3	9%	32	44%
	2018	0	0%	8	25%	9	28%	9	28%	6	19%	32	53%
	2017	0	0%	8	28%	11	38%	4	14%	6	21%	29	66%
OneCare Connect	2019	3	6%	5	10%	19	39%	10	20%	12	24%	49	55%
	2018	1	2%	6	12%	10	20%	14	29%	18	37%	49	35%
	2017	2	4%	5	11%	10	22%	9	20%	20	43%	46	37%

*reported measures in the domains of Effectiveness of Care and Access/Availability of Care only.

Notes: Benchmarks are based on Quality Compass 2019. Percentiles may change due to benchmarks changing over time. CMS Star Cut Points are based on Medicare 2020 Part C & D Star Ratings Technical Notes updated on 10/1/2019

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MY2019 Medi-Cal Measures Results

	Quality Compass MY2018 Percentiles Met HEDIS MY2018	HEDIS MY2019
Weight Assessment and Counseling for Children/Adolescents (Physical Activity)	90th	90th
Immunization for Adolescents (combo 2)	90th	90th
Chlamydia Screening in Women	90th	90th
Controlling High-Blood Pressure	75th	**90th**
Statin Therapy for Patients with Cardiovascular Disease – Therapy	75th	**90th**
Diabetes Monitoring for People with Diabetes and Schizophrenia	75th	**90th**
Flu Vaccinations for Adults Ages 18–64	75th	**90th**
Timeliness of Prenatal Care	50th	**90th**
Postpartum Care	50th	**90th**

*Green=higher than last year; Red=lower than last year; +C=trend with caution due to specifications changes per NCQA Highlighted yellow = Break in trending

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Three Year Trended Medi-Cal Measure Results MY 2017–2019

Benchmarks: NCQA National Medicaid MY 2018 Percentiles

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Pediatric Prevention Measures

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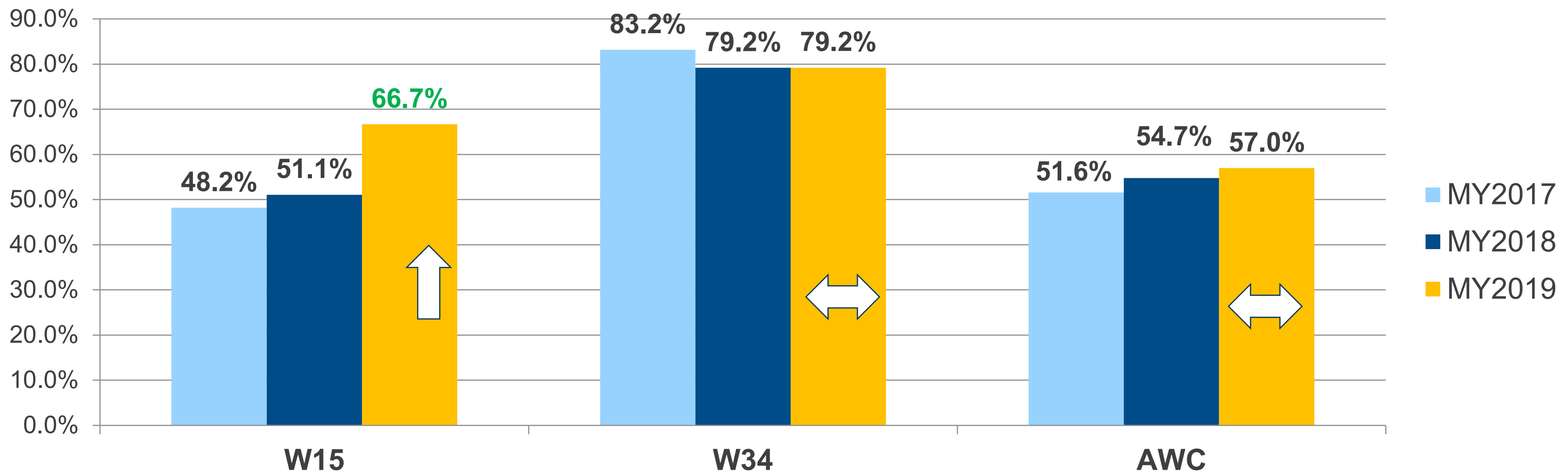
HEDIS 2020 Results: Medi-Cal Well Child Visits



HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Well-Child Visits in the First 15 Months of Life - Six Well Child Visits (W15)	65.83%	69.83%	73.24%	65.83%	MPL, P4V
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	72.87%	78.46%	83.85%	81.16%	MPL, P4V
Adolescent Well-Care Visits (AWC)	54.26%	62.77%	68.14%	60.34%	MPL, P4V

*Red = less than 50th percentile, Green = met goal, MPL met
↑ ↓ statistically higher or lower ↔ statistically no difference
** RS = Health plan rating, MPL = DHCS Minimum Performance Level
ACC = NCQA Accreditation, P4V = Pay for Value

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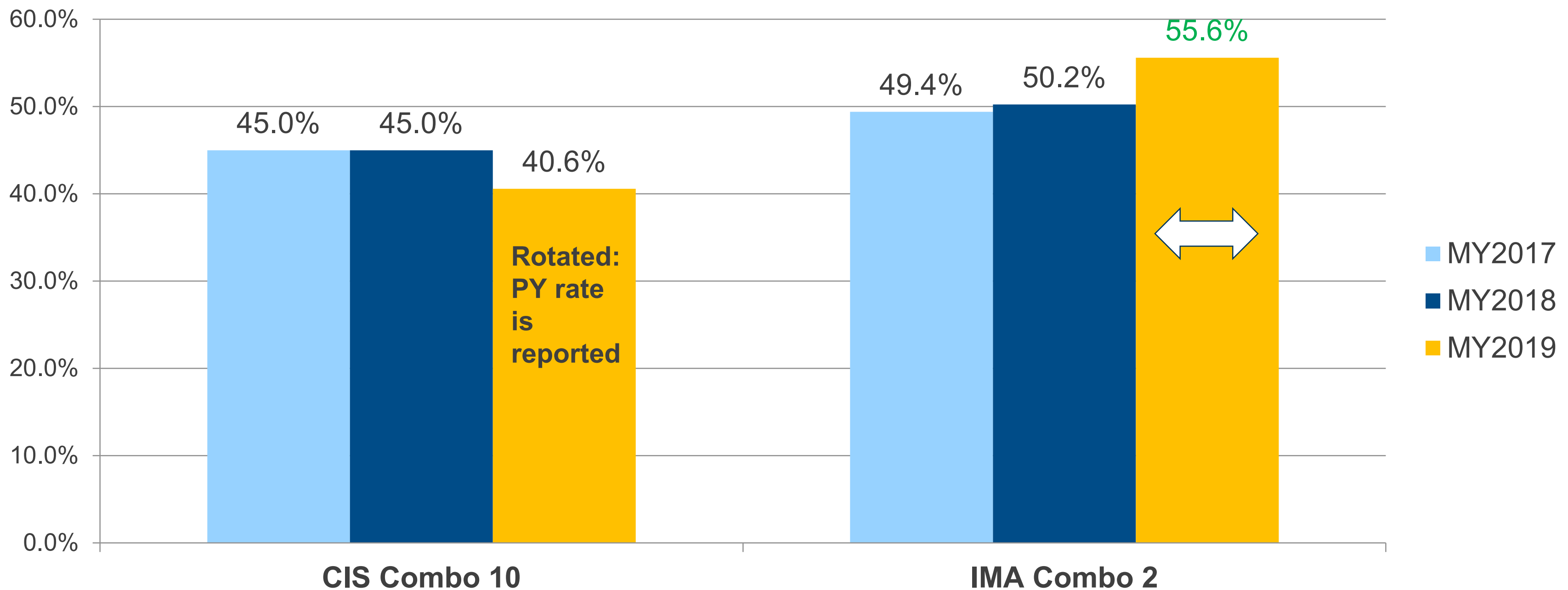
HEDIS 2020 Results: Medi-Cal Child and Adolescent Immunizations



HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements**
Childhood Immunization Status (CIS) - combo10 ++	34.79%	42.02%	49.27%	45.65%	ACC, P4V, RS, MPL
Immunizations for Adolescents (IMA) - Combo 2	34.43%	40.39%	47.2%	47.20%	ACC, RS, MPL

***Red = less than 50th percentile; Green = met goal, MPL met**
++ measure triple weighted for Health Plan Ratings
↑ ↓ statistically higher or lower ↔ statistically no difference
****RS = Health plan ratings, MPL= DHCS Minimum Performance Level**
ACC = NCQA Accreditation, P4V = Pay for Value

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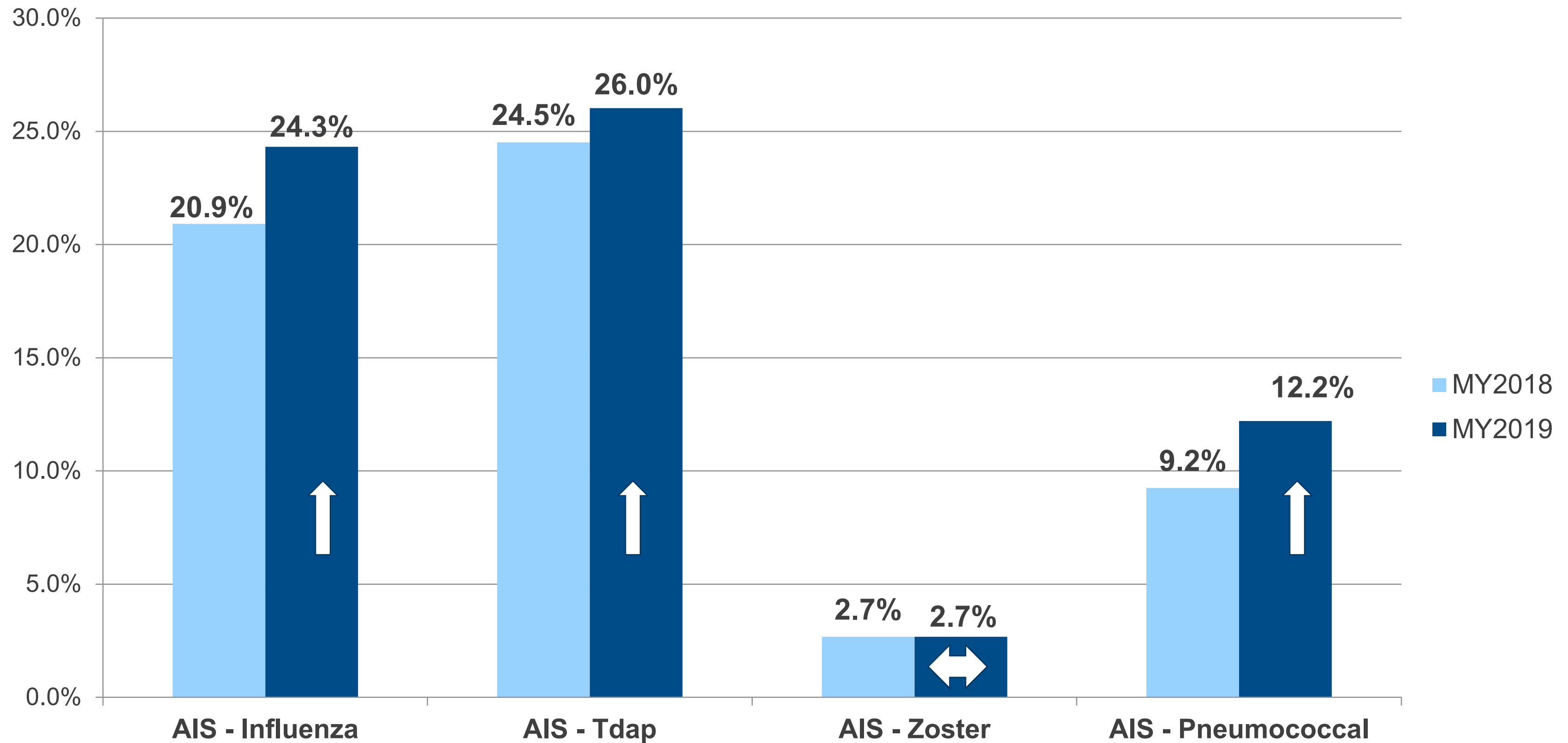
HEDIS 2020 Results: Medi-Cal Adult Immunization Status



*Red = less than 50th percentile, Green = met goal,
↑ ↓ statistically higher or lower ↔ statistically no difference
**RS = Health plan rating, MPL = DHCS Minimum Performance Level
ACC = NCQA Accreditation, P4V = Pay for Value

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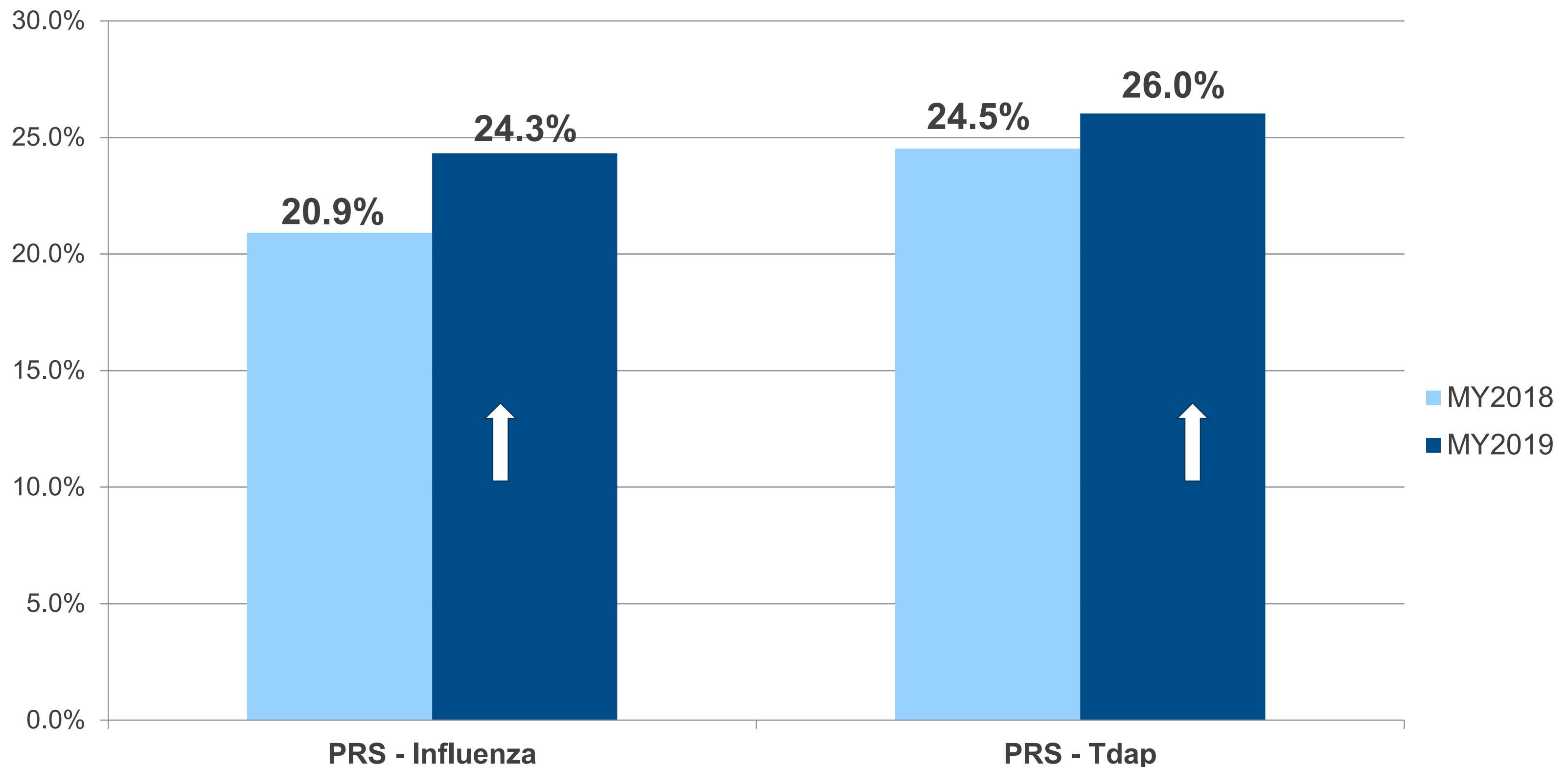
HEDIS 2020 Results: Medi-Cal Prenatal Immunization Status



*Red = less than 50th percentile, Green = met goal
↑ ↓ statistically higher or lower ↔ statistically no difference
**RS = Health plan rating, MPL = DHCS Minimum Performance Level
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Prevention: Cancer Screening

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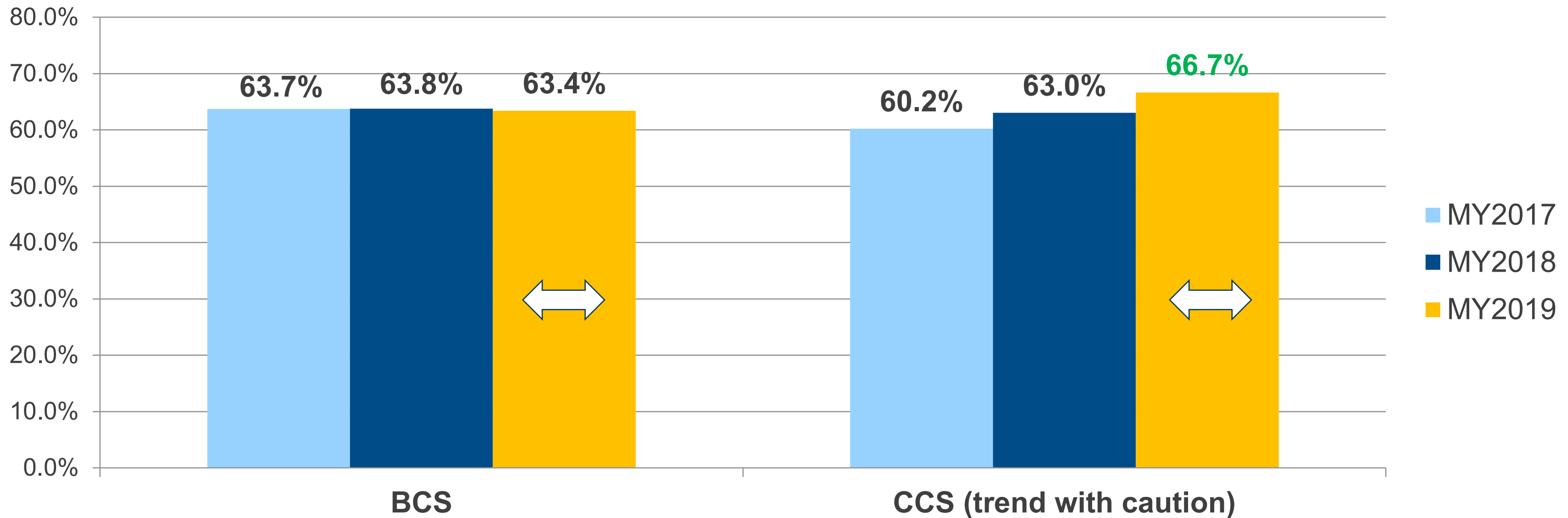
HEDIS 2020 Results: Medi-Cal Women's Health Cancer Screenings



HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Breast Cancer Screening (BCS)	58.67%	63.98%	69.23%	63.98%	ACC, RS, MPL, P4V
Cervical Cancer Screening (CCS)	60.65%	66.49%	72.02%	63.99%	ACC, RS, MPL, P4V

*Red = less than 50th percentile, Green = met goal, MPL met
↑ ↓ statistically higher or lower ↔ statistically no difference
**RS = Health plan rating, MPL = DHCS Minimum Performance Level
ACC = NCQA Accreditation, P4V = Pay for Value

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Annual Visits to PCPs

- Measures number of members in specific age groups that had at least one preventive care office visit with a PCP in the measurement year.
- Adult Visits
  - Below 50th percentile but significant improvement compared to prior year
- Pediatric Visits
  - 25 months to 6 years old showed significant improvement
  - 12 to 19 years old also showed significant improvement
  - Trend with caution

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Treatment: Diabetes

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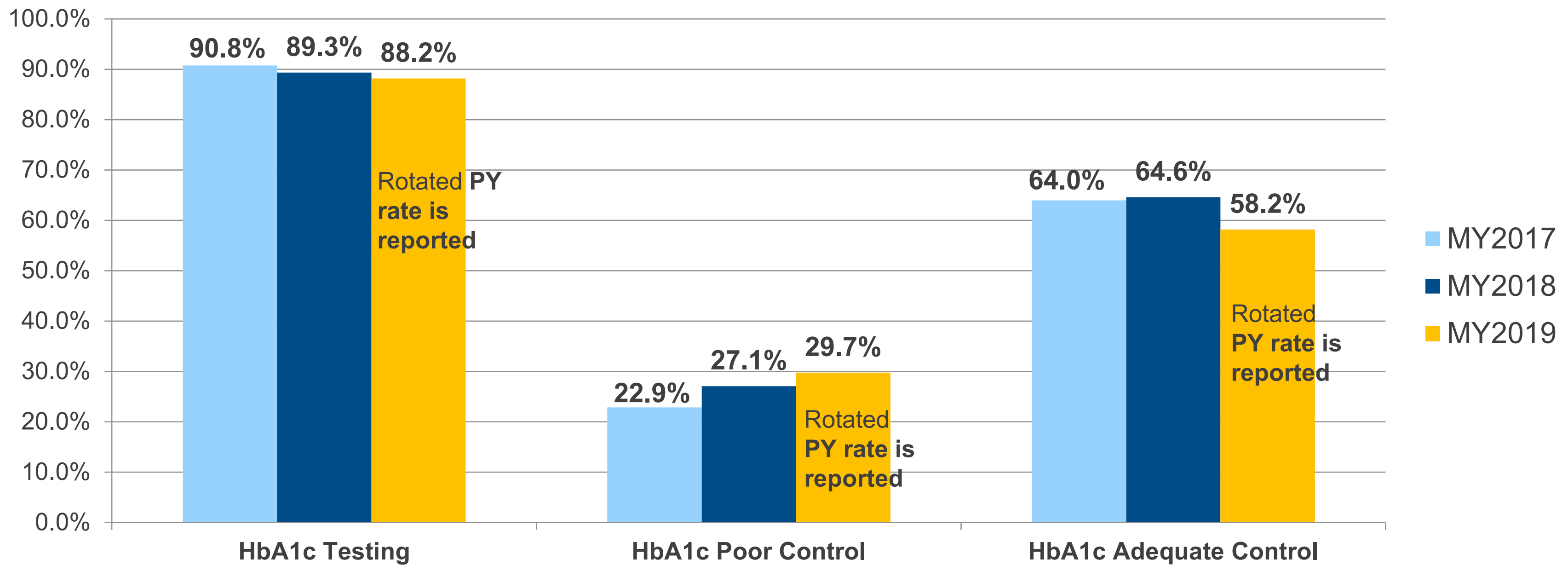
HEDIS 2020 Results: Medi-Cal Comprehensive Diabetes Care – HbA1c



HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
HbA1c Testing	88.55%	90.51%	92.94%	89.78%	MPL
HbA1c Poor Control (>9.0%) (Lower is better)	38.52%	32.85%	27.98%	27.98%	MPL
HbA1c Adequate Control (<8.0%) ++	50.97%	55.96%	60.77%	60.77%	ACC, RS, P4V

*Red = less 50th percentile, Green= met goal, MPL met
++ measure triple weighted for Health Plan Ratings
↑ ↓ statistically higher or lower ↔ statistically no difference
*RS = Health Plan Rating, MPL = DHCS Minimum Performance Level
ACC = NCQA Accreditation, P4V = Pay for Value

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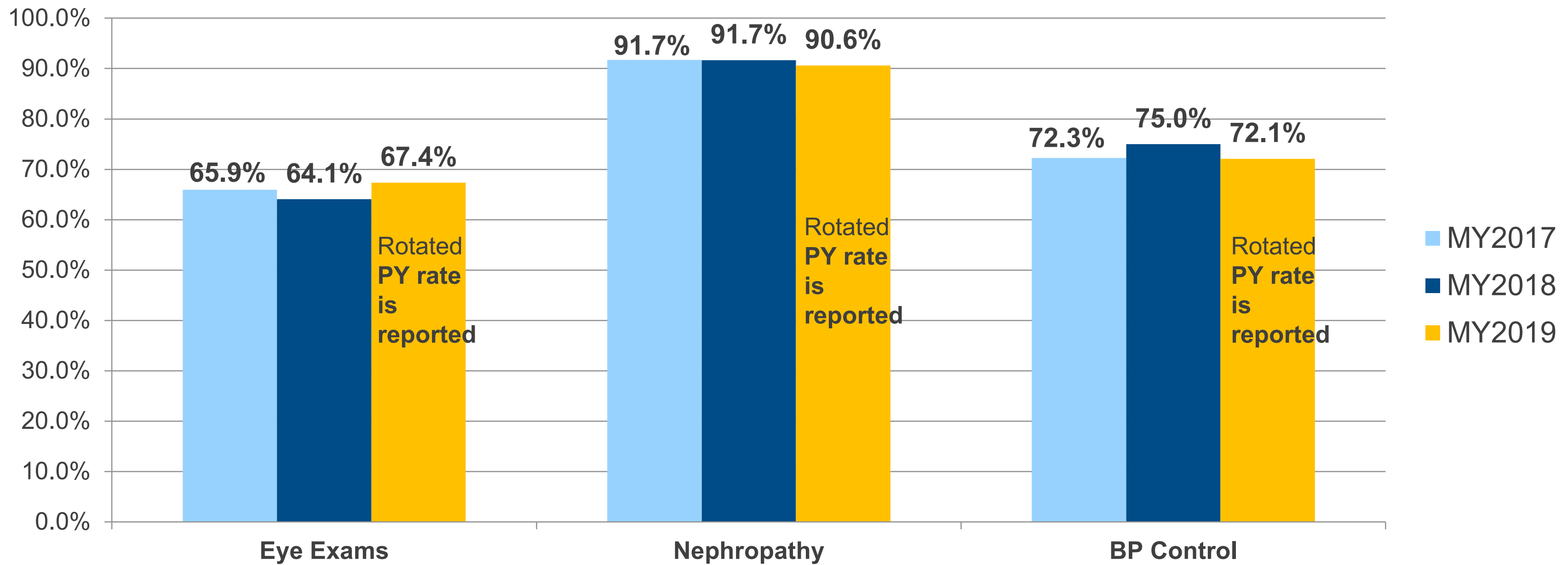
HEDIS 2020 Results: Medi-Cal Comprehensive Diabetes Care



HEDIS Measure	QC 50th Percentile	QC 75th Percentile	QC 90th Percentile	Goal	Reporting Requirements*
Eye Exams	57.88%	64.23%	68.61%	64.72%	ACC, RS, P4V
Nephropathy Monitoring	90.51%	92.05%	93.43%	91.85%	
BP Control (<140/90) ++	63.02%	70.76%	77.5%	77.17%	ACC, RS

*Red = less 50th percentile, Green = met goal, MPL met
++ measure triple weighted for Health Plan Ratings
↑ ↓ statistically higher or lower ↔ statistically no difference
*RS = Health Plan Rating, MPL = DHCS Minimum Performance Level
ACC = NCQA Accreditation, P4V = Pay for Value

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Member Experience (CAHPS)

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Adult Survey Overview

- Sample Size: 1,350
- Fielding Period: February–May 2020
- Response Rate: 19.6%
- Selected Adult Survey for NCQA Accreditation Scoring
  - Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist all achieved lower performance than last year (lower percentile achievement)
  - Rating of Health Plan is double weighted; our score is still at 25th percentile
  - No percentile change for the other measures

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Adult Survey Overview (cont.)

- Results (%) improved from last year but not statistically significant
- Pain points which keep us low scoring
  - Getting Needed Care
  - Getting Care Quickly
- Due to COVID-19 pandemic, trends in scores should be viewed with caution

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Child Survey Overview

- Sample Size: 1,650
- Fielding Period: February–May 2020
- Response Rate: 20.0%
- Results (%) have declined from last year but not statistically significant
- Pain points which keep us low scoring:
  - Getting Needed Care
  - Getting Care Quickly
- Due to COVID-19 pandemic, trends in scores should be viewed with caution

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Next Steps

- Present results to stakeholder groups and committees
- Calculate P4V scores and payments
- Implement strategies on low performing areas
  - Deeper dive into key measures with significant drop in performance (Lead testing, Asthma treatment, others)
  - Priority areas will include low areas of performance and areas related to strategic initiatives (New DHCS MPL measures, NCQA Accreditation, NCQA Health Plan Rating)
  - Analyze select measures for health disparities; use this insight to inform the next Quality Improvement Work Plan

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Our Mission

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

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2019–20 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 266 **McCollum**	**Paycheck Protection Program and Health Care Enhancement Act:** Authorizes $483 billion to replenish segments of the CARES Act, expand coronavirus testing, and provide more support to hospitals and providers during this pandemic. Of the $483 billion, this bill includes: ■ $310 billion in funding for the Small Business Administration's PPP; ■ $10 billion for Economic Injury Disaster Loans; ■ $75 billion for the provider relief fund, managed by the Department of Health and Human Services, to cover treatment for COVID-19 patients and lost revenue from canceled elective procedures; and ■ $25 billion to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests.	**04/24/2020** Signed into law **04/23/2020** Passed the House **04/21/2020** Passed the Senate **01/08/2019** Introduced	CalOptima: Watch
H.R. 748 **Courtney**	**CARES Act:** Authorizes $2.2 trillion in spending for health care and employment-related interventions. This includes: ■ $1.5 billion to support the purchase of personal protective equipment, lab testing, and other activities; ■ $127 billion to provide grants to hospitals, public entities, and nonprofits, and Medicare and Medicaid suppliers and providers to cover unreimbursed health care related expenses or lost revenues due to COVID-19; ■ $1.32 billion in supplemental funding for community health centers; ■ $955 million to support nutrition programs, home and community-based services, support for family caregivers, and expanded oversight for seniors and individuals with disabilities; ■ $945 million to support research on COVID-19; and ■ $425 million to increase mental health services.	**03/27/2020** Signed into law **03/27/2020** Passed the House **03/25/2020** Passed the Senate **01/24/2019** Introduced	CalOptima: Watch
H.R. 6201 **Lowey**	**Families First Coronavirus Response Act:** Allocates billions of federal funding support related to COVID-19. Funds are to be utilized for an emergency increase in the Federal Medical Assistance Percentages (FMAP) for Medicaid of 6.2%, emergency paid sick leave and unemployment insurance, COVID-19 testing at no cost, food aid and other provisions. Of note, on March 6, 2020, President Trump signed into law an emergency supplemental funding package of $8.3 billion for treating and preventing the spread of COVID-19.	**03/18/2020** Signed into law **03/17/2020** Passed the Senate **03/14/2020** Passed the House **03/11/2020** Introduced	CalOptima: Watch
H.R. 6462 **Cisneros, Gallegos**	**Emergency Medicaid for Coronavirus Treatment Act:** Would expand Medicaid eligibility to any American diagnosed with COVID-19 or any other illness that rises to the level of a presidential national emergency declaration. Additionally, would require Medicaid coverage for all COVID-19 treatment and testing to continue even after the national emergency is over.	**04/07/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 6666 Rush	**COVID-19 Testing, Reaching, and Contacting Everyone (TRACE) Act:** Would authorize the Centers for Disease Control and Prevention (CDC) to award grants for testing, contact tracing, monitoring, and other activities to address COVID-19. Those eligible to receive grant funding would include federally qualified health centers, nonprofit organizations, and certain hospitals and schools. Additionally, would allocate $100 billion for fiscal year 2020 for the disbursement of CDC grant funds.	**05/01/2020** Introduced	CalOptima: Watch
SB 89 Committee on Budget and Fiscal Review	**Emergency Budget Response to COVID-19:** Appropriates $500 million General Fund by amending the Budget Act of 2019. Funds will be allocated to any use related to Governor Newsom's March 4, 2020 State of Emergency regarding COVID-19. Additionally, authorizes additional appropriations related to COVID-19 in increments of $50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed $1 billion.	**03/17/2020** Signed into law **03/16/2020** Enrolled with the Governor **01/10/2019** Introduced	CalOptima: Watch
AB 117 Ting	**Emergency Budget Response to COVID-19 at Schools:** Similar to SB 117, appropriate $100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds would be distributed by the Superintendent of Public Instruction.	**03/16/2020** Amended and referred to the Senate Committee on Budget and Fiscal Review **12/03/2018** Introduced	CalOptima: Watch
SB 117 Committee on Budget and Fiscal Review	**Emergency Budget Response to COVID-19 at Schools:** Similar to AB 117, appropriates $100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds will be distributed by the Superintendent of Public Instruction.	**03/17/2020** Signed into law **03/16/2020** Enrolled with the Governor **01/10/2019** Introduced	CalOptima: Watch
SB 275 Pan, Leyva	**Personal Protective Equipment:** Would require the State Department of Public Health to establish a personal protective equipment (PPE) stockpile to ensure an adequate supply of PPE for health care workers and essential workers. Would require the stockpile to have enough supplies for no less than a 90-day pandemic or other health emergency. Additionally, would require providers, clinics, health facilities, and home health agencies to maintain a stockpile of PPE.	**06/17/2020** Referred to Committee on Business and Professions **05/02/2019** Passed Senate floor; Referred to Assembly floor **02/13/2019** Introduced	CalOptima: Watch

STATE BUDGET BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 79	**Human Services:** Enacts human services trailer bills in the California 2020-2021 budget. ■ Department of Developmental Services supplemental rate increases for specified providers including, independent living programs, infant development programs, and early start specialized therapeutic services ■ In-Home Supportive Services reassessment extensions due to delays related to COVID-19 and Governor Newsom's executive state of emergency order	**06/29/2020** Signed into law **06/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
AB 80	**Public Health:** Enacts health care trailer bills in the California 2020-2021 budget. ■ Medi-Cal managed care capitated payment rate reduction of 1.5 percent for the 18-month bridge period ■ Implementation of a Medi-Cal risk corridor for the 18-month bridge period ■ Prop 56 value-based payments and supplemental payments ■ Extension of the Medi-Cal 2020 Demonstration ■ 340B Supplemental Payment Pool for non-hospital clinics ■ Expansion of full-scope Medi-Cal to seniors, regardless of immigration status ■ Extension of coverage for COVID-19 to uninsured individuals ■ Health Care Payment Data Program ■ Reimbursement for medication-assisted treatment services	**06/29/2020** Signed into law **6/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
AB 81	**Public Health:** Enacts health care trailer bills in the California 2020-2021 budget. ■ Medi-Cal rate reimbursement methodology adjustments for skilled nursing facilities during the COVID-19 pandemic ■ Implementation of the skilled nursing facility quality assurance fee ■ County access to Mental Health Services Act funds for additional support related to COVID-19	**06/29/2020** Signed into law **6/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
AB 83	**Housing:** Enacts housing trailer bills in the California 2020-2021 budget. ■ Funding to continue Project Roomkey ■ Bypassing certain California Environmental Quality Act (CEQA) regulations related to Project Roomkey	**6/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
AB 89	**Fiscal Year 2020-2021 California State Budget:** Enacts a $202.1 billion spending plan for Fiscal Year 2020-2021, with General Fund spending at $133.9 billion. The following included within the state budget will have a direct impact to Medi-Cal: ■ Funding to address Medi-Cal caseloads ■ Provisions to maintain Community Based Adult Services, the Multipurpose Senior Services Program, and other optional benefits ■ Funding to address the COVID-19 pandemic	**06/29/2020** Signed into law **6/26/2020** Passed Assembly floor **06/25/2020** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch

AFFORDABLE CARE ACT

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1425 Craig	**Patient Protection and Affordable Care Enhancement Act (PPACEA):** Would, among other things, lower health care costs through fair drug price negotiations, provide additional protections for those with preexisting health conditions, and offer 100 percent federal matching funds for states that choose to expand Medicaid under the Affordable Care Act. The bill also would reduce the Federal Medical Assistance Percentages for the fourteen remaining non-expansion states and permanently authorize the Children's Health Insurance Program.	**06/30/2020** Passed the House; Referred to the Senate **02/22/2020** Introduced	CalOptima: Watch

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 910 Wood	**Mental Health Services Dispute Resolution:** Would provide the Department of Health Care Services (DHCS) more authority to resolve coverage disputes between the specialty mental health plan (MHP) and the Medi-Cal managed care plan (MCP) if the MHP and the MCP are unable to do so within 15 days. Would require the MHP and the MCP to continue to provide mental health services during the DHCS review period. DHCS would have no more than 30 days to resolve the dispute to determine which agency is responsible for that Medi-Cal beneficiary.	**06/23/2020** Referred to Senate Committee on Health **01/30/2020** Passed Assembly floor; Referred to Senate floor **02/20/2020** Introduced	CalOptima: Watch
AB 2265 Quirk-Silva	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Similar to AB 2266, would authorize MHSA funds to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The authorization would apply across the state. Additionally, would require the county that elects to utilize MHSA funding for this purpose to report the number of people assessed for cooccurring mental health and substance use disorders and the number of those assessed who only have a substance use disorder to the Department of Health Care Services.	**06/23/2020** Referred to Senate Committee on Health **06/02/2020** Passed Assembly floor; Referred to Senate floor **02/14/2020** Introduced	CalOptima: Watch
AB 2266 Quirk-Silva	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Similar to AB 2265, would authorize MHSA funds to be used for a pilot program to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The pilot program would take place in 10 counties, including the County of Orange, beginning January 1, 2022 and ending on December 31, 2026.	**02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2576 Gloria	**Mental Health Services Act (MHSA) Use of Funds for Homelessness:** Would require a county to seek stakeholder input when establishing a plan to reallocate the use of MHSA funds. Additionally, would require counties utilizing MHSA funds for the provision of mental health services for those experiencing homelessness to report to the Legislature, each year, the number of individuals receiving services.	**07/01/2020** Referred to Senate Committee on Health **06/15/2020** Passed Assembly floor; Referred to Senate floor **02/20/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 803 Beall	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Would create the Certified Peer Support Specialist (PSS) certificate program. Would allow parents, peers, and family, 18 years of age or older and who have experienced a mental illness and/or a substance use disorder, to become a PSS. A PSS would be able to provide non-medical mental health and substance abuse support services to a Medi-Cal beneficiary receiving specialty mental health services or Drug Medi-Cal services in any county if that county opts in to provide peer support specialist services and fund the non-federal share of those services. This would also require the county to develop and implement billing codes, reimbursement rates, and claim requirements for the PSS program. Additionally, would require the Department of Health Care Services to include PSS as a Medi-Cal provider type, no sooner than January 1, 2022. If federally approved, the peer-support program would be funded for Fiscal Years 2020-21 and 2021-22 by the Mental Health Services Act.	**08/04/2020** Passed Assembly Committee on Health; Referred to Assembly Committee on Appropriations **06/24/2020** Passed Senate floor; Referred to Assembly floor **01/08/2020** Introduced	CalOptima: Watch LHPC: Support Orange County Board of Supervisors: Support
SB 1254 Moorlach	**Capacity Determinations and Appointments of Guardians Ad Litem for Mentally Ill Adults Without a Conservator:** Would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety, hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency. The bill would authorize certain persons to petition the court for the appointment of a guardian ad litem under these provisions.	**05/22/2020** Hearing canceled at the request of the author. **05/11/2020** Referred to Committee on Judiciary **02/21/2020** Introduced	CalOptima: Watch

BLOOD LEAD SCREENINGS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2276 Reyes	**Blood Lead Screening Tests Age Guidelines:** Would require the Medi-Cal managed care plan (MCP) to conduct blood lead screening tests for a Medi-Cal beneficiary at 12 and 24 months of age. This would require the MCP to: ■ Establish a monitoring system; ■ Identify, on a quarterly basis, every beneficiary under six years of age or younger that has missed a blood screening test; ■ If a test was missed, identify at what age the test was missed and notify the beneficiary's health care provider; ■ Contract with providers qualified to conduct any blood level screening tests; and ■ Notify the beneficiary's parent or guardian that the beneficiary is eligible for blood lead screening tests. Additionally, if a child two to six years of age does not have medical records stating the completion of a blood lead screening test, the MCP would be required to provide at least one blood lead screening test. The MCP would also be required to report to the Department of Health Care Services (DHCS) the number of beneficiaries aged one and two who have received a blood lead screening test and of any associated case management services provided.	**08/01/2020** Passed Senate Committee on Health; Referred to Senate Committee on Appropriations **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/14/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2277 Salas	**Blood Lead Screening Tests Contracted Providers:** Would require the Medi-Cal managed care plan (MCP) to identify beneficiaries who have missed a blood screening test at both 12 and 24 months of age and impose requirements of the contracted provider to conduct blood lead screenings tests for those eligible to receive such tests. Would require the MCP to remind the contracted provider to conduct blood lead screening tests on a quarterly basis and to notify the beneficiary's parent, parents, guardian, or other person responsible for their care that the beneficiary is eligible to receive a blood screening test.	**07/01/2020** Referred to Senate Committee on Health **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/14/2020** Introduced	CalOptima: Watch
AB 2278 Quirk	**Childhood Lead Poisoning Prevention Health Plan Identification:** Would require the name of the health plan financially liable for conducting blood lead screenings tests to be reported by the laboratory to the Department of Health Care Services once the screening test has been completed. The name of the health plan is to be reported for each Medi-Cal beneficiary who receives the blood lead screen tests.	**02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2279 Garcia	**Childhood Lead Poisoning Prevention Risk Factors:** Would require the following risk factors be included in the standard risk factors guide, which are to be considered during each beneficiary's periodic health assessment: ▪ A child's residency or visit to a foreign country ▪ A child's residency in a high-risk ZIP Code ▪ A child's relative who has been exposed to lead poisoning ▪ The likelihood of a child placing nonfood items in the mouth ▪ A child's proximity to current or former lead-producing facilities ▪ The likelihood of a child using food, medicine, or dishes from other countries	**06/23/2020** Referred to Senate Committee on Health **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/14/2020** Introduced	CalOptima: Watch
AB 2422 Grayson	**Blood Lead Screening Tests Medi-Cal Identification Number:** Would require the Medi-Cal identification number to be added to the list of patient identification information collected during each blood test. Would require the laboratory conducting the blood lead screening tests to report all patient identification information to the Department of Health Care Services.	**02/27/2020** Referred to Committee on Health **02/19/2020** Introduced	CalOptima: Watch
SB 1008 Leyva	**Childhood Lead Poisoning Prevention Act Online Registry:** Would require the Department of Public Health to design, implement, and maintain an online lead information registry available to the general public. Would require the information registry to include items such as the location and status of properties being inspected for lead contaminants.	**05/12/2020** Rescinded due to shortened 2020 Legislative Calendar **03/05/2020** Referred to Committees on Health; Judiciary **02/14/2020** Introduced	CalOptima: Watch

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CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2042 Wood	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to SB 916, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	**03/12/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
AB 2055 Wood	**CalAIM Drug Medi-Cal and Behavioral Health:** Would require the Department of Health Care Services to establish the Behavioral Health Quality Improvement Program. The Behavioral Health Quality Improvement Program would be responsible for providing support to entities managing the Drug Medi-Cal program as they prepare for any changes directed by the CalAIM initiative. Additionally, would establish a voluntary intergovernmental transfer (IGT) program relating to substance use disorder treatment provided by counties under the Drug Medi-Cal program. The IGT program would fund the nonfederal share of supplemental payments and to replace claims based on certified public expenditures.	**03/12/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
AB 2170 Blanco Rubio	**CalAIM Medi-Cal Eligibility for Juveniles Who are Incarcerated:** Would require the county welfare department to conduct a redetermination of eligibility for juveniles who are incarcerated so that, if eligible, their Medi-Cal would be reinstated immediately upon release.	**02/20/2020** Referred to Committee on Health **02/11/2020** Introduced	CalOptima: Watch
SB 910 Pan	**CalAIM Population Health Management:** Would require Medi-Cal managed care plans (MCPs) to implement the population health management program for those deemed eligible, effective January 1, 2022. Would require the Department of Health Care Services to utilize an external quality review organization (EQRO) to evaluate the effectiveness of the enhanced care management and in-lieu-of services provided to beneficiaries by each MCP. Additionally, would require each MCP to consult with stakeholders, including, but not limited to, county behavioral health departments, public health departments, providers, community-based organizations, consumer advocates, and Medi-Cal beneficiaries, on developing and implementing the population health management program.	**03/16/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
SB 916 Pan	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to AB 2042, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	**03/16/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4618 McBath	**Medicare Hearing Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of hearing aids for Medicare beneficiaries. Hearing aids would be provided every five years and would require a prescription from a doctor or qualified audiologist.	**10/17/2019** Passed the Committee on Energy and Commerce **10/08/2019** Introduced	CalOptima: Watch
H.R. 4650 Kelly	**Medicare Dental Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of dental health services for Medicare beneficiaries. Covered benefits would include preventive and screening services, basic and major treatments, and other care related to oral health.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
H.R. 4665 Schrier	**Medicare Vision Act of 2019:** No sooner than January 1, 2022, would require Medicare Part B to cover the cost of vision care for Medicare beneficiaries. Covered benefits would include routine eye exams and corrective lenses. Corrective lenses covered would be either one pair of conventional eyeglasses or contact lenses.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
AB 1904 Boerner Horvath	**Maternal Physical Therapy:** Would include pelvic floor physical therapy for women post-pregnancy as a Medi-Cal benefit.	**01/17/2020** Referred to Committee on Health **01/08/2020** Introduced	CalOptima: Watch
AB 1965 Aguiar-Curry	**Human Papillomavirus (HPV) Vaccine:** Would expand comprehensive clinical family planning services under the program to include the HPV vaccine for persons of reproductive age.	**03/17/2020** Hearing canceled at the request of the author **01/30/2020** Referred to Committee on Health **01/21/2020** Introduced	CalOptima: Watch
AB 2258 Reyes	**Doula Care:** Would require full-spectrum doula care to be included as a covered benefit for pregnant and postpartum Medi-Cal beneficiaries. The program would be established as a 3-year pilot program in 14 counties, including the County of Orange, beginning July 1, 2021. Prior authorization or cost-sharing to receive doula care would not be required.	**02/20/2020** Referred to Committee on Health **02/13/2020** Introduced	CalOptima: Watch

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DENTAL

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

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office projects this expansion would cost approximately $900 million General Fund (GF) in 2019-2020 and $3.2 billion GF each year thereafter, including the costs if In-Home Supportive Services.	**07/02/2019** Hearing canceled at the request of the author **06/06/2019** Referred to Senate Committee on Health **05/28/2019** Passed Assembly floor **12/03/2018** Introduced	CalOptima: Watch CAHP: Support LHPC: Support
AB 526 Petrie-Norris	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** Similar to SB 1073, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	**08/30/2019** Senate Committee on Appropriations; Held under submission **06/27/2019** Passed Senate Committee on Health **05/23/2019** Passed Assembly floor **02/13/2019** Introduced	CalOptima: Watch
AB 683 Carrillo	**Adjusting the Assets Test for Medi-Cal Eligibility:** Would eliminate specific assets tests, such as life insurance policies, musical instruments, and living trusts, when determining eligibility for Medi-Cal enrollment, effective July 1, 2020. Additionally, would prohibit the Department of Health Care Services from using an asset and resource test when determining eligibility for Medi-Cal enrollment when the individual is enrolled in the Medicare Shared Savings Program, effective January 1, 2020.	**06/23/2020** Referred to Senate Committee on Health **01/20/2020** Passed Assembly floor; Referred to Senate floor **02/15/2019** Introduced	CalOptima: Watch

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

HOMELESSNESS

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

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Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 923 Feinstein	**Fighting Homelessness Through Services and Housing Act:** Similar to H.R. 1978, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of $750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of $100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to $25 million each year for up to five years. Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.	**03/28/2019** Introduced; Referred to Committee on Health, Education, Labor, and Pensions	CalOptima: Watch
AB 1907 Santiago, Gipson, Quirk-Silva	**California Environmental Quality Act (CEQA) Exemption for Emergency Shelters and Supportive Housing:** Would exempt the development of emergency shelters, supportive housing or affordable housing by a public agency from CEQA regulations, expiring on December 31, 2028.	**05/13/2020** Hearing canceled at the request of the author **01/30/2020** Referred to Committees on Natural Resources; Housing and Community Development **01/08/2020** Introduced	CalOptima: Watch
AB 2295 Quirk-Silva	**Fairview Developmental Center:** Would require the State Legislature to enact legislation relating to the development of the Fairview Developmental Center (Center) located in Costa Mesa, CA. Of note, the Governor's Fiscal Year 2019-2020 budget included funds to utilize the Center temporarily to provide housing and services for those experiencing a severe mental illness. Additionally, AB 1199, signed into law in 2019, allows a public hearing to determine the use of the Center. This bill is still early in the legislative process. The pending legislation to define use of the Center is unknown at this time.	**02/14/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2746 Petrie-Norris, Gabriel	**Accountability of State Funds Used for Homelessness:** Would require an agency that receives state funds for programs related to homelessness, including, but not limited to, the Whole-Person Care pilot program, California Work Opportunity and Responsibility to Kids (CalWORKs), or the Housing and Disability Income Advocacy Program, to submit a report regarding the use of state funds. The report would be sent to the state agency granting funds for these programs. Additionally, would require the report to the state agencies to be submitted within 90 days of receiving program funds, or by April 1, 2021, if the recipient already received program funds as of January 1, 2021.	**07/28/2020** Re-referred to Senate Committee on Human Services **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/20/2020** Introduced	CalOptima: Watch
AB 2848 Santiago	**Homelessness Reduction Plan:** Would require each city or county to develop a plan to reduce homelessness by no less than 10% each year through a state mandate. The plan would be effective no later than January 1, 2022 and would be under the direction of the state's Homeless Coordinating and Financing Council. Additionally, would authorize the Office of the Inspector General to be in compliance with the Homeless Reduction Plan.	**05/05/2020** Re-referred to Committee on Housing and Community Development **02/20/2020** Introduced	CalOptima: Watch
AB 3269 Chiu, Bloom, Bonta, Quirk-Silva, Santiago	**State and Local Homelessness Reduction Plan:** Would require the State Homeless Coordinating and Financing Council (coordinating council) to seek federal support from the Department of Housing and Urban Development (HUD), if available, to conduct a statewide needs and gaps analysis relating to homelessness. Would require the coordinating council to identify state programs that provide housing or services to individuals experiencing homelessness. With that information, would require the coordinating council to collaborate with HUD to create a financial model that will assess the costs of providing transitional support into permanent housing for those experiencing homelessness. Furthermore, this bill would require state and local agencies aim at reducing homelessness by 90% by December 31, 2028, based on the 2019 homeless point-in-time count. Would establish the Office of the Housing and Homelessness Inspector General to monitor the reduction plan and to bring action against a state and local agency that fails to adopt and implement a homelessness reduction plan within a reasonable time frame. Additionally, on or before January 1, 2022, each state and local agency shall develop an actionable plan to reduce homelessness and submit that plan to the Homeless Coordinating and Financing Council. This bill would also require HUD to set a benchmark goal for the reduction plan for each state and local agency to meet by January 1, 2028.	**07/02/2020** Referred to Senate Committee on Housing **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/21/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 3300 Bloom, Bonta, Gipson, Quirk-Silva, Santiago, Wicks	**California Access to Housing and Services Act:** Would authorize the Department of Finance to allocate no more than $2 billion General Fund to establish the California Access to Housing and Services Fund.	**08/04/2020** Hearing postponed by the committee **07/01/2020** Referred to Senate Committee on Housing **06/15/2020** Passed Assembly floor; Referred to Senate floor **02/21/2020** Introduced	CalOptima: Watch

MEDI-CAL MANAGED CARE PLANS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2625 Boerner Horvath	**Ground Emergency Medical Transportation (GEMT):** Would require managed care plans that offers coverage for GEMT services to include those services as in-network services.	**03/02/2020** Referred to Committee on Health **02/20/2020** Introduced	CalOptima: Watch
AB 2836 Chen	**Medi-Cal Emergency Medical Transportation Reimbursement Act:** Would impose a quality assurance fee (QAF) for each emergency medical transport provided by an emergency medical transport provider, beginning Fiscal Year 2021-2022. Would require the Department of Health Care Services to calculate the annual QAF to a specified program period at least 150 days before the start of the fiscal year. The bill would also redefine "emergency medical transport provider" to mean any provider of emergency medical transports, except during the entirety of any Medi-Cal managed care rating period.	**05/05/2020** Referred to Committee on Health **02/20/2020** Introduced	CalOptima: Watch
SB 936 Pan	**Medi-Cal Managed Care Plans Contract Procurement:** Would require the Department of Health Care Services Director to conduct a contract procurement at least once every five years with a contracted commercial Medi-Cal managed care plan providing care for Medi-Cal beneficiaries on a state-wide or limited geographic basis.	**02/20/2020** Referred to Committee on Health **02/06/2020** Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1938 Low, Eggman	**340B Discount Drug Purchasing Program:** Would define a "designated entity" eligible for the 340B discount drug purchasing program as a nonprofit organization, including any subsidiary of that organization, that individually or collectively meets specific requirements. This would require: ■ The designated entity to be a licensed managed care organization that has previously contracted with the department as a primary care case management organization; ■ The designated entity to be contracted with the federal Centers for Medicare and& Medicaid Services (CMS) to provide services in the Medicare Program as a Medicare special needs plan; and ■ The designated entity to be an existing participant of the 340B program. Additionally, would prohibit a designated entity from using any revenue from a contract with the Department of Health Care Services, a contract with CMS, and from the 340B program for specific activities, such as: ■ Funding litigation under the California Environmental Quality Act; or ■ Influencing or funding any ballot measure actions related to housing.	**05/19/2020** Passed Committee on Health; Referred to Committee on Appropriations **01/17/2020** Introduced	CalOptima: Watch
AB 2100 Wood	**Pharmacy Carve-Out Benefit:** Would require the Department of Health Care Services to establish the Independent Prescription Drug Medical Review System (IPDMRS) for the outpatient pharmacy benefit, and to develop a framework for the system that models the requirements of the Knox-Keene Health Care Service Plan Act, no sooner than January 1, 2021. Would require the IPDMRS to review disputed health care service of any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed or to a finding that the service is not medically necessary. Additionally, would establish prior authorization requirements, such as a 24-hour response, a 72-hour supply during emergency situations, and a minimum 180 days for continuity of care for medications regardless if listed on the Medi-Cal contract drug list.	**08/01/2020** Passed Senate Committee on Health; Referred to Senate Committee on Appropriations **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/05/2020** Introduced	CalOptima: Watch
AB 2348 Wood	**Pharmacy Benefit Management (PBM):** Would require a PBM, who contracts with a health care service plan, beginning on October 1, 2021, to report to the Department of Managed Health Care the PBM's revenue, expenses, health care service plan contracts, the scope of services provided to that plan, and the number of enrollees the PBM serves. The PBM would also be required to submit a report on all covered prescription drugs, including generic, brand name, and specialty drugs dispenses at a plan pharmacy, network pharmacy, or mail order pharmacy for outpatient use.	**05/05/2020** Referred to the Committee on Health **02/18/2020** Introduced	CalOptima: Watch

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Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 852 Pan	**California Affordable Drug Manufacturing Act of 2020:** Would establish the Office of Drug Contracting and Manufacturing (Office) to reduce the cost of prescription drugs. No later than January 1, 2022, would require the Office to contract or partner with no less than one drug company or generic drug manufacturer, licensed by the United States Food and Drug Administration, to produce or distribute generic prescription drugs.	**08/05/2020** Referred to Assembly Committee on Health **06/25/2020** Passed Senate floor; Referred to Assembly floor **05/13/2020** Passed Committee on Health **01/13/2020** Introduced	CalOptima: Watch CAHP: Support
SB 1084 Umberg	**Secure Dispensing of a Controlled Substance:** Would require a pharmacist who dispenses a controlled substance in a pill form to dispense the controlled substance in a lockable vial no sooner than June 30, 2021. Would require the manufacturer of the controlled substance to reimburse the pharmacy dispensing the medication the cost of using a lockable vial within 30 days of receiving a claim. Would also require the pharmacy to provide educational pamphlets to the patient regarding the use of a controlled substance.	**03/05/2020** Referred to Committees on Business, Professions and Economic Development; Judiciary **02/19/2020** Introduced	CalOptima: Watch

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2492 Choi	**Program of All-Inclusive Care for the Elderly (PACE) Enrollment:** Would require the Department of Health Care Services to establish a maximum number of eligible participants each PACE center can enroll.	**03/17/2020** Hearing postponed by Committee on Aging & Long-Term Care **03/12/2020** Referred to Committees on Health; Aging & Long-Term Care **02/19/2019** Introduced	CalOptima: Watch CalPACE: Oppose

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2604 Carrillo	Pandemic and Health-Related Emergency Protocols for Health Facilities Act: During a health-related state of emergency or local emergency, would require a health facility to limit the possible introduction of a pathogen, infection, or illness that is related to a pandemic or emergency by: ■ Postponing non-emergency medical procedures or office visits; ■ Prohibiting or limiting visitors of patients to the health facility; ■ Ensuring all patients and staff are always wearing surgical masks or personal protective equipment; ■ Providing education and enforcing regarding hand hygiene and cough etiquette for patients and staff; ■ Regularly disinfecting the health facility at least three times per day; ■ Adding air cleaning equipment to ventilation systems; ■ Establishing contaminated, partially contaminated, and clean zones with buffers between each of the three zones; ■ Implementing outdoor triage stations; and ■ Considering all patients to have "suspected cases' of the pathogen, infection, or illness until ruled out or confirmed.	**05/07/2020** Re-referred to Committee on Labor and Employment **02/21/2020** Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 890 Wood	**Nurse Practitioners:** Would establish the Nurse Practitioner Advisory Committee to provide recommendations and advice to the Board of Registered Nursing. Would permit a nurse practitioner to practice without direct, ongoing supervision of a physician when practicing in an office managed by one or more physicians. Would also require the Board of Registered Nursing to define the minimum requirements for which a nurse practitioner may transition to practice without the direct, ongoing supervision of one or more physicians. If a nurse practitioner meets the minimum requirements, this bill would then authorize that nurse practitioner to perform specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances.	**07/23/2020** Re-referred to Senate Committee on Business, Professions and Economic Development **01/27/2020** Passed Assembly floor; Referred to Senate floor **02/20/2019** Introduced	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

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

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4932 Thompson	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019:** Similar to S. 2741, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also: ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes.	**10/30/2019** Introduced; Referred to the Committees on Energy and Commerce; Ways and Means	CalOptima: Watch AHIP: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 2741 **Schatz**	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019:** Similar to H.R. 4932, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also: ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes.	**10/30/2019** Introduced; Referred to the Senate Committee on Finance	CalOptima: Watch AHIP: Support
AB 1676 **Maienschein**	**Telehealth Mental Health Services for Children, Pregnant Women, and Postpartum Persons:** Would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than January 1, 2021. Consultation and treatment services, provided by a psychiatrist, would be accessible during standard business hours, with the option for evening and weekend hours. Would also require adequate staffing to ensure calls are answered within 60 seconds. Payment structure has yet to be defined.	**01/31/2020** Died in appropriations **05/16/2019** Committee on Appropriations; Held under submission **04/24/2019** Passed Committee on Health **02/22/2019** Introduced	CalOptima: Watch CAHP: Oppose
AB 2164 **Rivas, Salas**	**Expanding Access to Telehealth:** Would no longer require the first visit at a federally qualified health clinic to be an in-person visit by authorizing telehealth appointments that occur by synchronous real time or asynchronous store and forward. This would allow the new patient the option to utilize telehealth services and become an established patient as their first visit.	**08/01/2020** Passed Senate Committee on Health; Referred to Senate Committee on Appropriations **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/11/2020** Introduced	CalOptima: Watch LHPC: Support
AB 2360 **Maienschein**	**Mothers and Children Mental Health Support Act of 2020:** Would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than July 1, 2021. Would permit telehealth services to be conducted by video or audio-only calls. Additionally, would require the telehealth consultation appointment to be completed by a mental health clinician with expertise in providing care for pregnant, postpartum, and pediatric patients. Would require access to a psychiatrist when deemed appropriate or requested by the treating provider.	**08/01/2020** Passed Senate Committee on Health; Referred to Senate Committee on Appropriations **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/19/2020** Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 1278 Bradford	**Health Care Provider License for Telehealth:** Would require that accepted standards of practice applicable to a health care provider under the health care provider's license shall also apply to that health care provider while providing telehealth services.	**05/15/2020** Hearing canceled at the request of the author **03/05/2020** Referred to Committee on Business, Professions and Economic Development **02/21/2020** Introduced	CalOptima: Watch

TRAILER BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
Trailer Bill Medi-Cal Expansion	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals 65 years of age or older regardless of their immigration status. The Governor's Fiscal Year 2020-2021 proposed budget anticipates the expansion of full-scope Medi-Cal will cost $80.5 million ($62.4 million General Fund) in 2021 and $350 million ($320 million General Fund) each year after, including the cost of In-Home Supportive Services.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Drug Price Negotiations	**Med-Cal Drug Pricing Negotiations:** Would authorize the Department of Health Care Services negotiate "best prices" with drug manufacturers, both within and outside of the United States, and to establish and administer a drug rebate program in order to collect rebate payments from drug manufacturers for drugs furnished to California residents who are ineligible for full-scope Medi-Cal. Would authorize a Medi-Cal beneficiary to receive more than six medications without prior approvals. Additionally, this Trailer Bill would modify the current co-pay amount for a drug prescription refill.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Medication-Assisted Treatment	**Medication-Assisted Treatment (MAT):** Would expand narcotic treatment program services to include MAT under Drug Medi-Cal.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Managed Care Savings and Efficiencies	**Managed Care Savings and Efficiencies:** In alignment with the 2020-2021 State Budget May Revise, would reduce Medi-Cal capitation rate increments by up to 1.5 percent for capitation rates associated with the July 1, 2019 through December 31, 2020 rate period. Additionally, the Department of Health Care Services (DHCS) would be able to apply these reduced capitation rates for rating periods starting on or after January 1, 2021 and to account for the impacts of the COVD-19 public health emergency. To ensure capitation rates are actuarily sound, DHCS would be required to evaluate the impact of the changes in the level of health care funding for health care services on capitation rates it develops and pays under any applicable managed care health plan contract with a Medi-Cal managed care plan.	**05/14/2020** Published on the Department of Finance website	CalOptima: Watch

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Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
Trailer Bill Federally Qualified Health Center and Rural Health Clinic Prospective Payment System Carve-Outs	**Elimination of Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Prospective Payment System (PPS) Carve-Outs for Pharmacy and Dental Services:** Would require all Medi-Cal covered services provided by an FQHC or RHC, including but not limited to pharmacy and dental services, to be reimbursed only through the clinic's PPS rate, effective January 1, 2021. If an FQHC or RHC is unable to revert to its prior base PPS rate, it would be required to adjust the FQHC or RHC PPS base rate through scope-of-service adjustments. Of note, this Trailer Bill language would exclude any payment changes for services related to specialty mental health and Drug Medi-Cal.	**05/14/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Proposition 56 Payments	**Sunset of Proposition 56 Value-Based Payments:** In alignment with the 2020-2021 State Budget May Revise, would eliminate the Proposition 56 Value-Based Payment Program for provider incentive payments, effective July 1, 2020.	**05/14/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill COVID-19 Medi-Cal Response	**COVID-19 Medi-Cal Response:** Would require the Department of Health Care Services to implement any federal Medicaid program waivers or flexibilities approved by the Centers for Medicare & Medicaid Services related to the COVID-19 pandemic, pending approval from the State Department of Finance. Additionally, would require DHCS to continue providing COVID-19 related testing and treatment for individuals currently uninsured, regardless of immigration status, through Medi-Cal fee-for-service. This would be in effect for the duration of the State of Emergency.	**05/22/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Nursing Facility Financing Reform	**Nursing Facility Financing Reform:** Would make modifications to the skilled nursing facility (SNF) Quality Assurance Fees (QAFs): ■ Would exempt a unit that provides freestanding pediatric subacute care services in a SNF from the QAF for the rate period of August 1, 20202 through December 31, 2020, and every subsequent calendar year after; ■ Would allow the Department of Health Care Services (DHCS) to enforce new mechanisms for the collection of delinquent QAFs; and ■ Expand the use of the SNF Quality and Accountability Special Fund to December 31, 2021. Additionally, would adjust the Medi-Cal reimbursement rate methodology for the rate period of August 1, 2020 to December 31, 2020 to be no less than the rates established for 2019-2020 and no more than the applicable federal upper payment limit.	**05/26/2020** Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Long-Term Care at Home	**Long-Term Care at Home:** Would include long-term care services at home as a Medi-Cal covered benefit for beneficiaries enrolled in managed care and fee-for-service. Would require the entity providing long-term care at home benefits to be licensed and certified by the California Department of Public Health. Additionally, would require the benefit to include services such as, health assessments, transitional care services, care coordination, and home- and community-based services.	**06/12/2020** Published on the Department of Finance website	CalOptima: Watch

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

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

2020 Federal Legislative Dates

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

2020 State Legislative Dates*

**Due to COVID-19, 2020 State Legislative dates have been modified*

January 6	Legislature reconvenes
January 31	Last day for bills introduced in 2019 to pass their house of origin
February 21	Last day for legislation to be introduced
April 2–12	Spring recess
May 22	Last day for policy committees to hear and report bills to fiscal committees introduced in the Assembly
May 29	Last day for policy committees to hear and report bills to fiscal committees introduced in the Senate
May 29	Last day for policy committees to hear and report to the floor non-fiscal bills introduced in the Assembly
June 5	Last day for fiscal committees hear and report to the floor bills introduced in the Assembly
June 15	Budget bill must be passed by midnight
June 15–19	Assembly floor session only
June 19	Last day for the Assembly to pass bills in their house of origin
June 19	Last day for fiscal committees to hear and report to the floor bills introduced in the Senate
June 22–26	Senate floor session only
June 26	Last day for the Senate to pass bills in their house of origin
July 2–July 27one	Summer recess
July 31	Last day for policy committees to hear and report fiscal bills to fiscal committees
August 7	Last day for policy committees to meet and report bills to the floor
August 14	Last day for fiscal committees to report bills to the floor
August 17–31	Floor session only
August 21	Last day to amend bills on the floor
August 31	Last day for bills to be passed. Final recess begins upon adjournment
September 30	Last day for Governor to sign or veto bills passed by the Legislature
November 3	General Election
December 7	Convening of the 2021–22 session

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

About CalOptima

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