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

THURSDAY, JUNE 12, 2025

12:00 P.M.

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

AGENDA

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

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

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

Register to Participate via Zoom at: https://us06web.zoom.us/webinar/register/WN_roGf22-S46nezjc_56Dw and Join the Meeting.

Webinar ID: 842 2991 0438

Passcode: **343382 – Webinar instructions are provided below.**

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

2. **ESTABLISH QUORUM**

3. **MINUTES**
   A. Approve Minutes from the April 10, 2025 Regular Joint Meeting of the Member and Provider Advisory Committees

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

5. **REPORT ITEMS**
   A. Consider Approval of Member Advisory and Provider Advisory Committee Joint Meeting Schedule for August 2025 through December 2026
   B. Consider Approval of Recommendation of the Member Advisory Committee's Slate of Candidates
   C. Consider Approval of Recommendation of the Provider Advisory Committee's Slate of Candidates

6. **INFORMATIONAL ITEMS**
   A. Behavioral Health Update
   B. Voice of the Member/Access to Care
   C. Grievance and Appeals Update
   D. Committee Member Updates

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

8. **COMMITTEE MEMBER COMMENTS**

9. **ADJOURNMENT**

Back to Agenda

Webinar Information

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

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

https://us06web.zoom.us/webinar/register/WN__roGf22-S46nezjc__56Dw
Join from a PC, Mac, iPad, iPhone or Android device

On day of meeting, please click this URL to join:
https://us06web.zoom.us/s/84229910438?pwd=VgRMdZXHEGJHNgZPwAcRFb4JUrsjcN.1

Passcode: **343382**

Phone one-tap:
+16694449171,,84229910438#,,,,*343382# US
+13462487799,,84229910438#,,,,*343382# US (Houston)

Join via audio:
+1 669 444 9171 US
+1 346 248 7799 US (Houston)
+1 719 359 4580 US
+1 720 707 2699 US (Denver)
+1 253 205 0468 US
+1 253 215 8782 US (Tacoma)
+1 646 558 8656 US (New York)
+1 646 931 3860 US
+1 689 278 1000 US
+1 301 715 8592 US (Washington DC)
+1 305 224 1968 US
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)
+1 360 209 5623 US
+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US

Webinar ID: 842 2991 0438

Passcode: 343382

Back to Agenda

MINUTES

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

April 10, 2025

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

CALL TO ORDER

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

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair; Meredith Chillemi, Vice-Chair; Linda Adair; Keiko Gamez; Kim Goll; Peter Hersh (Remote); Hai Hoang; Paul Kaiser; Dr. Junie Lazo-Pearson; Sara Lee; Lee Lombardo; Nicole Mastin; Margie Moore (12:16 p.m.); Shirley Valencia (12:15 p.m.)

Members Absent: Sandy Finestone; Kim Goll; Alyssa Vandenberg

Provider Advisory Committee

Members Present: John Nishimoto, O.D., Chair; Gio Corzo, Vice Chair; Lorry Belhumeur, Ph.D.; Andrew Inglis, M.D.; Jena Jensen; Morgan Mandigo, M.D.; Mary Pham, Pharm.D.; Jacob Sweidan, M.D.;

Members Absent: Alpesh Amin, M.D; Ji Ei Choi, L.Ac; Tiffany Chou, NP; Timothy Korber, M.D.; Patty Mouton; Alex Rossel; Christy Ward

Others Present

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

Back to Agenda

MINUTES

Approve the Minutes of the February 13, 2025 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

MAC Action: ***On motion of MAC Vice-Chair Meredith Chillemi, seconded and carried, the Committee approved the minutes of the February 13, 2025 Regular Joint Meeting (Motion carried 13-0-0; Members Josefina Diaz; Sandy Finestone; Kim Goll and Alyssa Vandenberg absent)***

PAC Action: ***On motion of PAC Member Dr. Inglis, seconded and carried, the Committee approved the minutes of the February 13, 2025 Regular Joint Meeting (Motion carried 8-0-0; (Members Alpesh Amin, M.D; Ji Ei Choi, L.Ac; Tiffany Chou, NP; Timothy Korber, M.D.; Patty Mouton; Alex Rossel; Christy Ward absent)***

PUBLIC COMMENTS

There were no public comments.

INFORMATION ITEMS

Health Equity and Community Reinvestment

Michaell Rose, DrPH, LCSW, Chief Health Equity Officer, provided the members with a copy of the Health Equity Report and thanked the Communications and the Strategic Initiatives teams for their assistance in putting together the report. She noted that CalOptima Health has a lot to be proud of when it comes to health equity and that the report helped to summarize activities across the organization targeted to address the Social Determinants of Health. She noted that the 2025 health equity framework was in the report and that in the back, there was a QR code for their feedback.

Dr. Rose also discussed the new 40 page All Plan Letter (APL) 025-004 that was released by the Department of Health Care Services (DHCS) on February 7, 2025, which formalizes the investments back into the community requirement for all managed care plans with a positive net income and their qualifying subcontractors. Dr. Rose noted that within the APL there were two funding requirements for the community reinvestment, one is called Base Reinvestment Requirement and the other is Quality Achievement Requirement. Both come with formulas that will allow the CalOptima Health finance department to calculate and fund that area. She noted that the first Base Reinvestment was going to help CalOptima Health direct funds to certain categories and Quality Achievement would help address any metrics that CalOptima Health would need to provide greater attention to and noted that there were two behavioral health metrics that were identified as needing more attention. She also noted that DHCS will notify CalOptima Health of the exact dollar amount, which has not been received to date, but she wanted the committees to see that there were two funding buckets.

Dr. Rose also noted that DHCS did provide guiding principles including engaging with the community and aligning with the Orange County Health Care Agency (OCHCA) and Orange County Behavioral Health on community identified priorities and investments and ensure funding targets for non-Medicaid activities so that CalOptima Health doesn't fund things that are already a contractual requirement or fund things that have been mandated through policy guides or other APLs. These dollars are for use outside of those mandates and are not to be used to repay CalOptima Health to fund the salaries of the employees. A big focus of the funding is how we use the funding to improve health outcomes.

Dr. Rose identified the five permissible categories, which include: Neighborhood and Built Environment to promote health, well-being and safety; Health Care Workforce to build the next generation of health care workers; Well-Being for Priority Populations (with exclusions) which addresses community-specific needs through tailored supports and services; Local Communities which bolsters the lives of individuals and contributes to advancement and well-being of the community; and Improved Health which initiatives targeted toward upstream root causes of poor health.

Dr. Rose identified the Orange County Community Health Improvement Plan (CHIP) and the Community Health Assessment (CHA) priorities for 2024-2026, which covers six categories: Mental Health, Substance Use, Diabetes and Obesity, Housing and Homelessness, Care Navigation and Economic Disparities. She also reviewed the CalOptima Health Community Reinvestment framework with the committees and noted that a key part of this was the engagement of key stakeholders such as the MAC and PAC and other CalOptima Health governance committees for recommendations and assistance in creating a plan that will be submitted to DHCS in the third quarter of 2026. As part of its submission, CalOptima Health will submit signed letters from the MAC.

After answering questions from the committee members, Dr. Rose asked the members to use the QR Code in their materials to provide feedback on the following four questions. 1.) Given the DHCS Community Reinvestment requirements, how should CalOptima Health invest to meet the community needs? 2.) Where are the biggest gaps in care or community infrastructure? 3.) What efforts could be scaled or sustained? 4.) What other funding streams could be aligned for this community reinvestment work?

Voice of the Member

Linda Lee, Executive Director, Quality Improvement, provided a presentation on the Voice of the Member program. The Voice of the Member program is a collection of regular feedback from members about their satisfaction with the quality of their care, access to care, provider quality, customer service, benefits, etc. She noted that high performing plans actively seek out member feedback, analyze trends to identify areas for improvement, and use the information to improve the quality of care and services provided. This feedback loop gives members a voice in how we operate and results in improved performance. Ms. Lee reviewed with the committee members a sample of

the direct member feedback loop received by various sources such as Google reviews, grievances and appeals, etc. Ms. Lee also discussed how to keep members at "happy" or "good" by monitoring their satisfaction across the continuum of care and intervene as necessary and provide service recovery. This would allow CalOptima Health to see trends impacting multiple members and allow for implementation of mitigation plans cross-functionally.

Ms. Lee also discussed how information gathering was key and collaborating with departments to obtain copies of current inputs, such as: disenrollment survey calls, appeals, complaints tracking module and grievances, and is proposing a mapping to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures categories. Ms. Lee reviewed feedback from OneCare pharmacy patients with the committees and how CalOptima Health plans to be in a constant state of collecting member feedback with ongoing analysis of the information to identify trends in satisfaction and dissatisfaction. This would allow for an action-oriented approach to implementing solutions that will resolve the underlying issues. Ms. Lee answered questions from the committee members and agreed to return to a future MAC and PAC meeting.

New CalOptima Health Website Update

Geoff Patino, Associate Director, Communications, presented a preview of the new CalOptima Health website that is scheduled to launch on April 15, 2025. The new website has an emphasis on usability, equity and transparency. Key features Mr. Patino reviewed include: An all-new "Find a Doctor" tool with a guided step-by-step experience as well as an interactive search filters and map-based results. He also reviewed the provider section of the website and answered questions from the committee members such as how the new website would display on a smartphone. Committee members appreciated the preview of the new website and were happy to see the various tools that are available to make reading information on the website easier, including the ability to view in other languages.

Committee Member Updates

MAC Chair Christine Tolbert notified the members that recruitment for seats expiring June 30, 2025 began on March 1, 2025 and conclude on May 5, 2025. Chair Tolbert also reminded the members in attendance that to fill out their stipend forms and return to Cheryl Simmons at the conclusion of the meeting.

PAC Chair Dr. Nishimoto also noted that the PAC recruitment also started on March 1, 2025 and would conclude on May 5, 2025.

CEO AND MANAGEMENT REPORTS

Chief Medical Officer Update

Richard Pitts, D.O., Ph.D., Chief Medical Officer, notified the committee that CalOptima Health would be relaunching the monthly physician education program and noted that the first topic would be quality related, and the second one would center around depression.

Dr. Pitts also provided a presentation on the resurgence of measles and noted that in 2019, 220,000 people died, mostly young children and he noted that in 2025 the number would be closer to 250,000. He noted that there have been nine confirmed measles cases in Orange County since March 2025. He stressed the importance of measles vaccines for children and adults.

Chief Administrative Officer Report

Veronica Carpenter, Chief Administrative Officer, provided an update to the committees and noted that there has not been any official notification about cuts to the Medicaid (Medi-Cal in California) program. She noted that the current administration was considering whether or not federal funding should be used for the undocumented population or expansion population. She noted that CalOptima Health currently has approximately 154,000 members who are undocumented with 19,000 of those members being children from ages zero to 18.

Ms. Carpenter also noted that the United States House of Representatives passed a compromise fiscal year 2025 budget resolution by a vote of 216 to 214 to unlock the budget reconciliation process. She said that this is where the budget cuts or potential cuts, or even no cuts, would be negotiated. She added that CalOptima Health is drafting a letter to the delegation to advocate against budget cuts to Medicaid funding and changes to Medicaid eligibility. CalOptima Health will send this letter to its provider partners in hopes they will join in these efforts.

Ms. Carpenter provided an update on progress of CalOptima Health's Covered California offering and noted that staff have been working diligently. She added that a few actions will be coming to May 1, 2025 Board of Directors meeting, including an action for an operational implementation consultant for approval. She also noted that as a result of the Closed Session at the April 3, 2025 Board and as reported out in Open Session the Board authorized the Chief Executive Officer or his delegate to contract with providers for the Covered California Program within acceptable rate ranges. Ms. Carpenter added that the CalOptima Health Board had also approved contract templates for participating or potential participants for Covered California providers. She also noted that CalOptima Health had a pre-filing conference with the Department of Managed Health Care to affirm CalOptima Health's intention to filing for Knox Keene licensure and are continuing to prepare exhibits, including 35 policies and procedures that will be going to the Board in the near future, as part of that application. Ms. Carpenter noted that the next steering committee meeting would be held in late April. She also noted that a staffing plan for Covered California will be included in the fiscal year 2025-26 budget.

Ms. Carpenter also provided an update on the $50 million Workforce Development Plan approved by the Board and noted that staff had created a five-year provider workforce development plan. The last initiative will include physician recruitment incentive program, a physician Loan Repayment Program, and also an Orange County Healthcare Workforce Development collaborative. Staff will take this to the Board to allocate the funds associated with that program and once approved will move forward with funding for the physician community.

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer, thanked the committees for their participation on the committees and for their ongoing advice and guidance that they provide to CalOptima Health. She also thanked those MAC and PAC members who participated in the recent Staff Retreat and noted that their presentations were the highlight of the retreat as communicated via a survey taken by employees who attended the four meetings.

Ms. Kim also discussed the recent DHCS workshop that was held in March where health plans talked about their Consumer Advisory Committees, which is what CalOptima Health calls its Member Advisory Committee. This meeting was held in conjunction with the California Healthcare Foundation and the Center for Healthcare Strategies and 18 health plans across the state attended this workshop. It revolved around how health plans can strengthen their advisory committees and how managed health care plans can learn from other plans, the real value of these committees. She thanked Kevn Bassett, Sr. Director, Government Affairs, for attending the meeting on behalf of CalOptima Health and noted that CalOptima Health's advisory committees continue to be a leader within the State of California.

Ms. Kim reported that CalOptima Health has begun scenario planning regarding its budget and noted that the Board approved an increase to its reserve policy at the April 3, 2025 Board meeting from three months of cash on hand to four months of cash on hand.

Ms. Kim reported that CalOptima Health is working on a proposal to take to the Board in the near future, which would offer enhanced care management like services for OneCare members. She said if the proposal is approved, CalOptima Health will look toward starting with a small pilot program, with the intent to begin cautiously in adding new benefits or new services, but that CalOptima Health believes that there is a potential gap in resources for what is usually a fairly high-risk population.

ADJOURNMENT

There being no further business before the Committees, MAC Chair Christine Tolbert adjourned the meeting at 2:02 p.m.

_____

Cheryl Simmons
Staff to the Advisory Committees

Member Advisory and Provider Advisory Committees
August 2025 – December 2026
Joint Meeting Schedule

August 2025

Thursday, August 14, 2025
12:00 p.m.

October 2025

Thursday, October 9, 2025
12:00 p.m.

December 2025

Thursday, December 11, 2025
12:00 p.m.

February 2026

***Wednesday, February 11, 2026**
12:00 p.m.

April 2026

Thursday, April 9, 2026
12:00 p.m.

June 2026

Thursday, June 11, 2026
12:00 p.m.

August 2026

Thursday, August 13, 2026
12:00 p.m.

October 2026

Thursday, October 8, 2026
12:00 p.m.

December 2026

Thursday, December 10, 2026
12:00 p.m.

Regular Meeting Location
CalOptima
505 City Parkway West
Orange, CA 92868
First Floor Conference Rooms

All meetings are open to the public and available via Zoom. Interested parties are encouraged to attend.

***Moved to Wednesday due to holiday on February 12, 2026**

Back to Agenda

Behavioral Health ABA Provider Updates

June 18, 2025

Linda Lee, Executive Director, Quality

Carmen Katsarov, Executive Director, Behavioral Health

Our Mission

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

Our Vision

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

Back to Agenda

Urgent Action Required for Applied Behavioral Analysis (ABA) Providers

- Starting on May 5, 2025, DHCS implemented a method for Qualified Autism Service (QAS) provider organizations, individuals, and community-based organizations to apply for Medi-Cal enrollment
- Medi-Cal enrollment applications submitted to DHCS from May 5 through June 30, 2025 will receive an enrollment effective date of July 1, 2025

Back to Agenda

Urgent Action Required for Applied Behavioral Analysis (ABA) Providers

- Applications received after June 30, 2025 will receive an effective date based on application receipt date
- Existing providers who were contracted with CalOptima Health prior to May 5, 2025 must become Medi-Cal enrolled

Back to Agenda

Existing QAS Providers Contracted with CalOptima who are Not Medi-Cal Enrolled:

- Existing QAS providers who are already credentialed and contracted with CalOptima Health **must** become Medi-Cal enrolled in accordance with this DHCS guidance and APL 22-013.
- Existing QAS providers must:
  - Apply for Medi-Cal enrollment through DHCS' Provider Application and Validations for Enrollment (PAVE) online enrollment portal by June 30, 2025. Applications received by June 30, 2025, will have an effective date of July 1, 2025.
  - Submit proof of pending Medi-Cal enrollment to mycredentialingupdates@caloptima.org by July 15, 2025: A letter from DHCS letter confirming receipt of a provider application with a list of QAS providers, professionals, and paraprofessionals providers related to the Medi-Cal enrollment application.

Back to Agenda

Existing QAS providers who do not apply for Medi-Cal enrollment by June 30, 2025

- May be granted a 90-day grace period.
- Please note that applications received after June 30, 2025, will not have a July 1, 2025, effective date, but will instead have an effective date of enrollment based on their application received date if all program requirements are met at the time of submission.
- Existing providers who apply for Medi-Cal enrollment after June 30, 2025, and before October 1, 2025 (end of 90-day grace period) will be allowed to continue to participate in the CalOptima Health network for an additional 120-days from the date of the Medi-Cal application submission to DHCS. These existing providers will be termed upon DHCS enrollment denial or upon the expiration of the 120-day period, whichever comes first. Existing providers who do not apply for Medi-Cal enrollment by October 1, 2025 (end of 90-day grace period), will be termed from CalOptima Health's network.

Back to Agenda

Providers Pending Credentialing/Contracting with CalOptima Health who are Not Medi-Cal Enrolled:

- Pending QAS providers who have already started the credentialing/contracting process by submitting their credentialing application to CalOptima Health **must** become Medi-Cal enrolled in accordance with this DHCS guidance and APL 22-013.

Back to Agenda

New Providers with CalOptima Health

- New providers who have not started the credentialing/contracting process with CalOptima Health **must** become Medi-Cal enrolled and credentialed in accordance with this DHCS guidance and APL 22-013 if they would like to join the CalOptima Health network.
  - New providers must apply for Medi-Cal enrollment through DHCS' Provider Application and Validations for Enrollment (PAVE) online enrollment portal prior to submitting a request to CalOptima Health to initiate credentialing/contracting. Applications received by June 30, 2025, will have an effective date of July 1, 2025.
  - As part of credentialing, CalOptima Health will validate Medi-Cal enrollment either through the California Health and Human Services' (CHHS) Open Data Portal or a Provider Enrollment Division (PED) approval letter.

Back to Agenda

CalOptima Health

APPENDIX

Back to Agenda

QAS Providers

- Behavioral health treatment services consist of Applied Behavioral Analysis (ABA) and other evidence-based behavioral intervention services. These services include Behavioral-Analytic Assessment and development of behavioral treatment plans. At CalOptima Health, this includes the following ABA providers:
  - BMT/BHT (Behavior Management Technician/Behavior Health Technician)
  - RBT (Registered Behavior Technician)
  - BMA (Behavior Management Assistant)
  - BCaBA (Board Certified Assistant Behavior Analyst)
  - Licensed Practitioner (BMC/Licensed)
  - BCBA (Board Certified Behavior Analyst)

Back to Agenda

Providers with an Enrollment Pathway

- QAS professional who currently have an enrollment pathway, including physicians and surgeons, psychologists, physical therapists, occupational therapists, licensed marriage and family therapists, licensed clinical social workers, licensed professional clinical counselors, speech-language pathologists, and audiologists, **must** be Medi-Cal enrolled, but **do not need** to enroll separately as a QAS professional to provide and bill for behavioral health treatment services.
- If you are a QAS professional with an enrollment pathway that is already credentialed and contracted with CalOptima Health or part of a group that is contracted with CalOptima Health, you should already be Medi-Cal enrolled and do not need to take further action.

Back to Agenda

Stay Connected With Us

www.caloptima.org

Back to Agenda

Voice of the Member Update/Access to Care

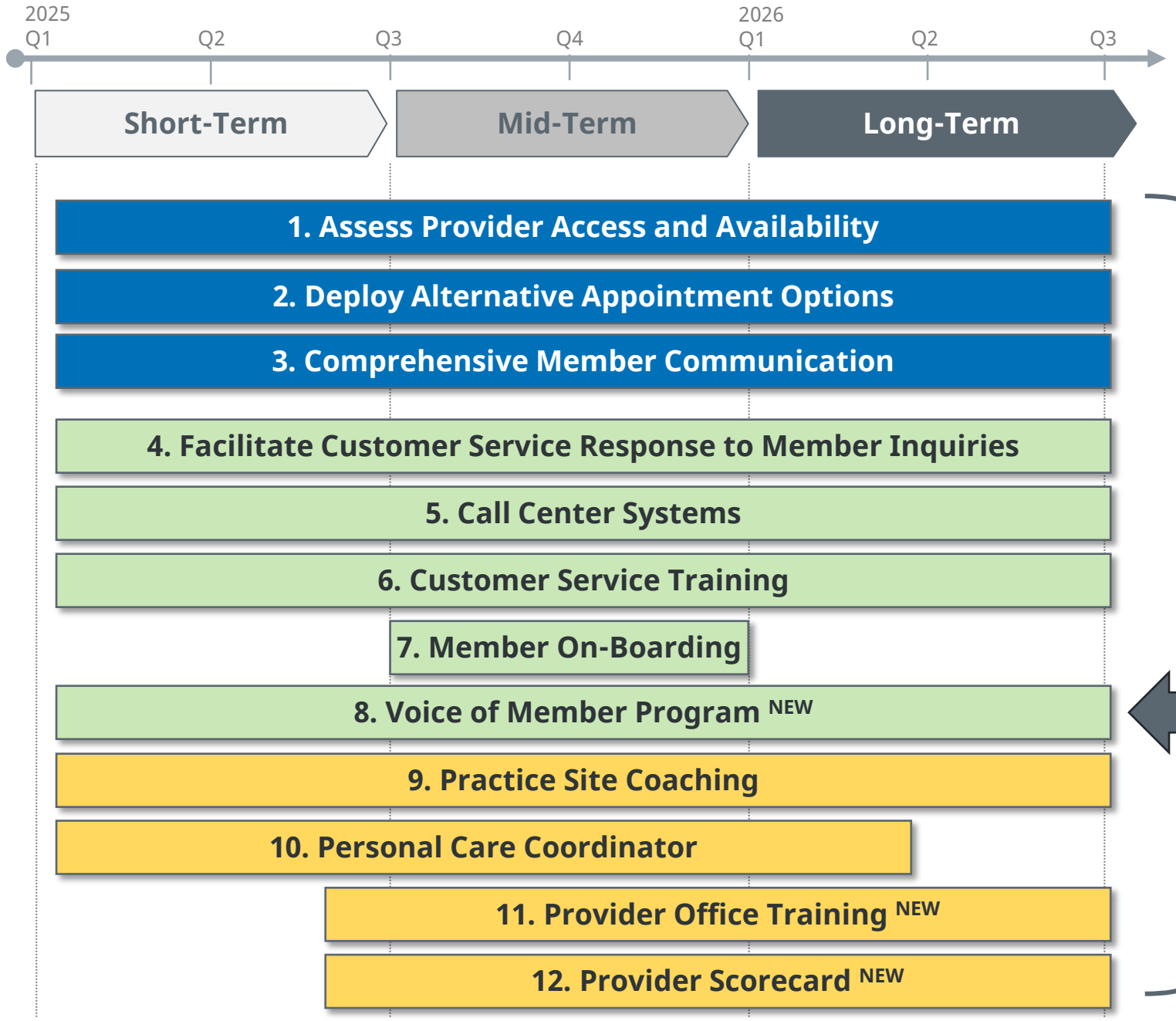
June 2025

Linda Lee
Executive Director, Quality Improvement

Back to Agenda

CalOptima Health

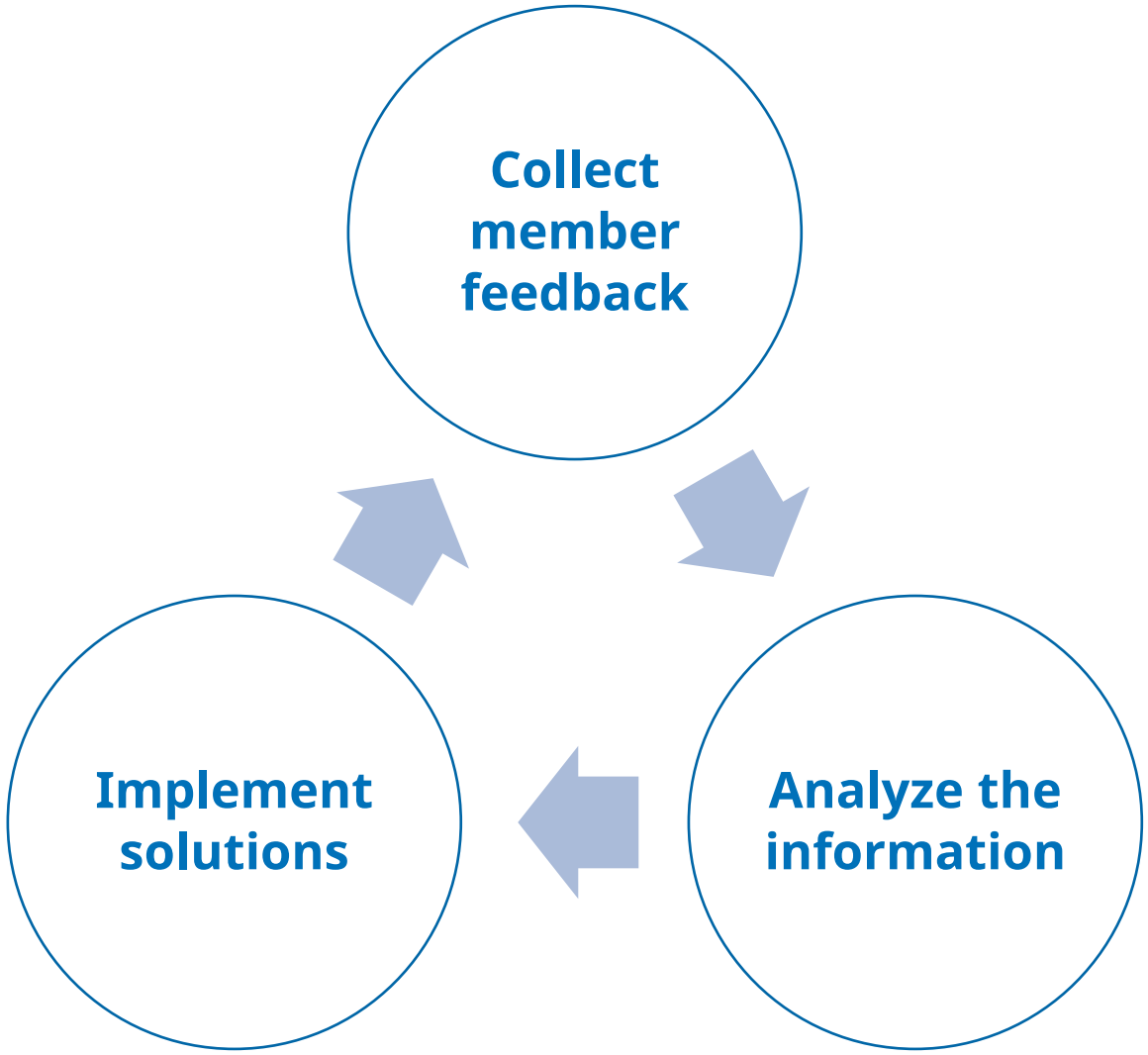
Strategic Priorities



Back to Agenda

VoM Feedback Loop

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



Back to Agenda

Listening Posts: Campaign Feedback

	Script 1: Medication fill w/ last month	Script 2: Missed medication fill	Script 3: Post office visit
Target Population (OneCare Members)	First time ever filling one of the medication adherence medications (diabetes, statins, RAS antagonists)	Member missed a fill for a medication adherence measure	Member had a recent PCP or specialist visit
Number of Recipients	Run 1 (12/19/24): 718 Run 2 (3/6/25): 210 Run 3 (4/16/25): 425	Run 1 (12/19/24): 244 Run 2 (3/6/25): 597	Run 1 (3/6/25): 916 Run 2 (4/16/25): 2,608 Run 3 (5/9/25): 2,191
Number of Responses % of total recipients	Run 1: 53 (7.38%) Run 2: 7 (3.33%) Run 3: 20 (4.7%)	Run 1: 11 (4.51%) Run 2: 24 (4.02%)	Run 1: 62 (6.8%) Run 2: 80 (3.1%) Run 3: 60 (2.7%)
Number of Members Requiring Follow Up % of total recipients	Run 1: 10 (1.39%) Run 2: 0 (0%) Run 3: 4 (0.9%)	Run 1: 0 (0%) Run 2: 24 (4.02%)	Run 1: 14 (1.53%) Run 2: 22 (0.8%) Run 3: 26 (1.2%)
Voice of the Member	"I use to get 60 pills now onecare just cover 30 days" "Shorter waiting line" "I've changed the cvs pharmacy location from the previous. The old location is too crowded" "Well the doctor prescribed me one medication but they sent me another one"	Text reminders would help them remember to refill their prescriptions. "Yes, I am having significant health problems now; not.dementia or Alzheimer's, so reminders would really help." "text me a reminder"	"For me everything is perfect as it is" "To this day I am very happy with the services and care of the doctors" "I have had very good attention" "I'm thrilled with my health insurance" Everything is fine and im happy the way things are. Thank you CalOptima OneCareConnect"

Back to Agenda

Voice of the Member: Post Office Visit April Run

- ***My hearing aids have been approved since December. I still haven't received them and it has been 4 months now. What took so long?***
- ***Just to get my appointment sooner for referral like rheumatology.***
- ***Dr. Koo solely relied on Dr. Madrigalâ's erroneous assessment of my condition and did not listen to me. So, I doubt there is anything you can do, other than have a conversation or training on listening skills.***
- ***Did not spend enough time with me! He seemed to be to busy for me.***
- ***I would like my oncologist to provide me with results of my recent pet scan and not have to wait three months until my next visit. I have other doctors who want the results also***
- ***The Orthopedic doctor was HORRIBLE by my regular doctor Dr. Nah is GREAT!!!!***
- ***Find a dr taking new patients***
- ***Especialistas en prodontistas (Specialists in dentistry)***
- ***My Droctor*** [sic] ***is slow on getting back to me on getting things done I need my blood pressure machine I told her I talked to my the office people and said she needs to call it in and my. Reflex for twice a year it's been a month not happy with that***
- ***Authorization take time***
- ***Yo puedo tener segunda opinion de los especialistas?? (Can I get a second opinion from specialists?)***
- ***I need help finding a new psychiatrist***

Back to Agenda

Voice of the Member: Post Office Visit May Run

- ***It should be easier to get help finding a specialist you can actually get a hold of and without so many bad reviews***
- ***I finally got a referral to an orthopedic Doctor but I opted for steroid shots and I got my first shots and they only work for like 3 hours so I don't think she gave me the right dose and it really helped me but not so much kept helping me because I'm still in A. Lot of pain at 3 or 4 hours later and I need to stop locking up. So what I want to do is maybe we could get a prescription for the steroids. Send to my pharmacy and my pharmacist could give them to me on a regular basis, but that be okay.***
- ***New patient appointment times are to far away*** **[feedback post specialist visit]**
- ***Be understanding***
- ***Feel my issues are never fully taken care of. It seems they expect every issue to go away on its own. And it never does.***
- ***You are doing great***
- ***All of uci is a 10.***
- ***Need transportation to my ophthalmologist in North Anaheim; I live in Huntington Beach. Can I get transportation or do I have to make my own arrangements because of the distance? Also, as a CalOptima Onecare member, what is the name of the fitness program (I.e., Silver and Fit or Silver Sneakers)? I want to sign up at a gym.***

Back to Agenda

Voice of Member Themes

- **Easier**
- **Faster**
- **More support**

Feel my issues are never fully taken care of. It seems they expect every issue to go away on its own. And it never does.

My hearing aids have been approved since December. I still haven't received them and it has been 4 months now. What took so long?

It should be easier to get help finding a specialist you can actually get a hold of and without so many bad reviews

Back to Agenda

Action Plan

Back to Agenda

Planned Actions

Event / Attribute	Strategy	Details
Upon referral inquiry	Ongoing conversation with the member during the referral process to provide support and set expectations	• Outbound telephonic outreach for each new referral request for an impacted specialty • Automatic SMS and/or email message for all new referral inquiries; explain the referral process and provide support as needed
Post-authorization approval	Ongoing conversation with the member during authorization process to provide support and set expectations	• Outbound telephonic outreach after authorization approval for members with high risk for access issues • Automatic SMS and/or email message for all new auth inquiries; explain auth process and provide support as needed
At risk for disenrollment	Utilize Decision Point Insights risk data and VoM responses to intervene and provide support prior to disenrollment	• Live phone call to understand and mitigate the member's reason(s) for dissatisfaction
Post-grievance or CTM filing	Service recovery	• Live phone call a few weeks post-grievance CTM to ensure the member does not have any unmet needs and that satisfaction levels have returned to 'satisfied'

Back to Agenda

Next Steps

- **Action plan has been assigned to one of seven work teams implementing quality improvement initiatives**
- **Work teams are developing member materials, scripts, workflows, and monitoring reports**
- **Business owners will implement actions and monitor effectiveness**
- **Future listening posts will inform any additional actions**

Back to Agenda

Grievance and Appeals Resolution Services (GARS) Member Trend Report First Quarter 2025

Member Advisory Committee, Provider Advisory Committee

June 12, 2025

Amanda Alulema, RN, BSN, PHN, GARS Clinical Manager

Our Mission

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

Our Vision

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

Back to Agenda

Agenda

- Definitions
- Executive Summary
- Grievance Volume and Trends
- Grievance Actions Taken
- Appeals Volume and Trends
- Appeals Actions Taken

Back to Agenda

CalOptima Health

Definitions

- Grievance: An expression of dissatisfaction with any aspect of a CalOptima Health program, provider or representative.

- Appeal: A request by the member or on the member's behalf for the review of any decision to deny, modify, or discontinue a covered service.

Back to Agenda

Executive Summary

- CalOptima Health received a total of 4,046 grievances and 324 appeals for the combined Medi-Cal and OneCare lines of business. The turnaround time for both complaint types remained compliant averaging a closure rate of 23 days.

Grievances

- Medi-Cal experienced a decrease in grievances from 4,018 in the fourth quarter 2024 to 3,675 in the first quarter 2025, representing **a decrease of 9%** from prior quarter. Grievance types making up the overall first quarter volume include: dissatisfaction in Provider/Staff Attitude, transportation issues, and grievances related to provider services specifically delays in referral submissions by treating providers.

- OneCare experienced a decrease in grievances from 419 in the fourth quarter 2024 to 371 in the first quarter 2025, representing a **decrease of 11%** from prior quarter**.** Grievance types making up this volume include dissatisfaction in Provider/Staff Attitude, telephone accessibility with providers offices, referral submission delays and transportation grievances regarding driver punctuality and scheduling of services.

Back to Agenda

CalOptima Health

Executive Summary (Continued)

Appeals

- Medi-Cal experienced a decrease in appeals from 346 in the fourth quarter 2024 to 265 in the first quarter 2025, representing a **decrease of 23.4%,** with an overturn rate of 26%. The overall appeal volume was for redirection or modifications to community specialists, CalAim personal care/homemaker services and Housing Tenancy.

- OneCare experienced an increase in appeals from 41 in the fourth quarter 2024 to 59 in the first quarter 2025 representing an **increase of 44%,** with an overturn rate increase from 44% to 47%. Contributing to the appeals volume were inpatient hospital care with non-contracted Providers, redirected authorizations from our tertiary providers to the community providers who can treat the condition, and DME requests.

Back to Agenda

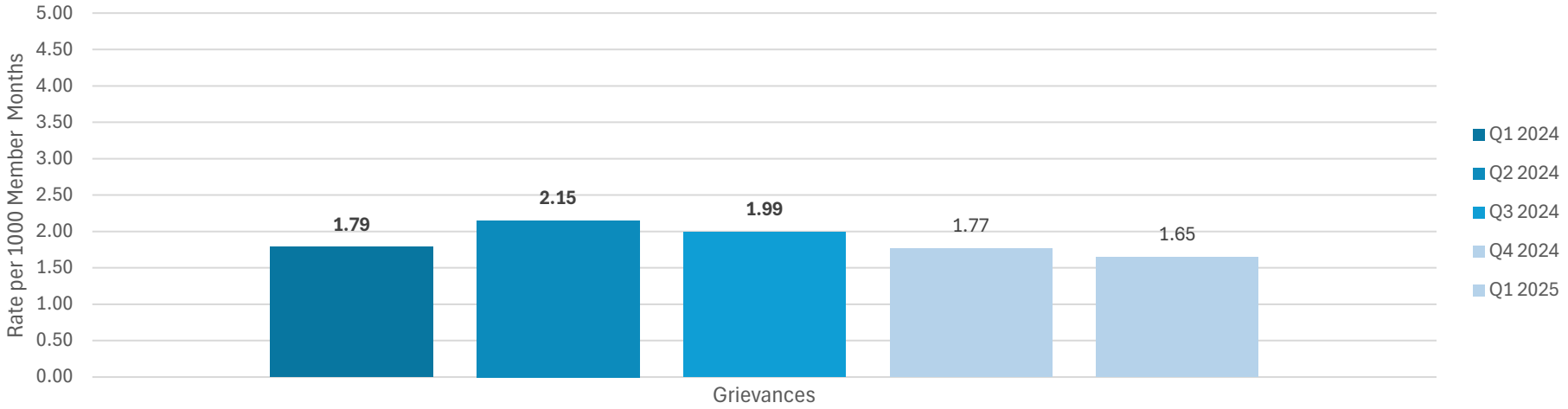
Grievances

Back to Agenda

Total Grievance Volume and Compliance

Timeframe	Total Grievances
Q1-2025	4,510
Q4-2024	4.829
Q3-2024	5,456
Q2-2024	5,962
Q1-2024	4,999

Grievance: Any expression indicating dissatisfaction with any aspect of a CalOptima Health program, provider or representative.

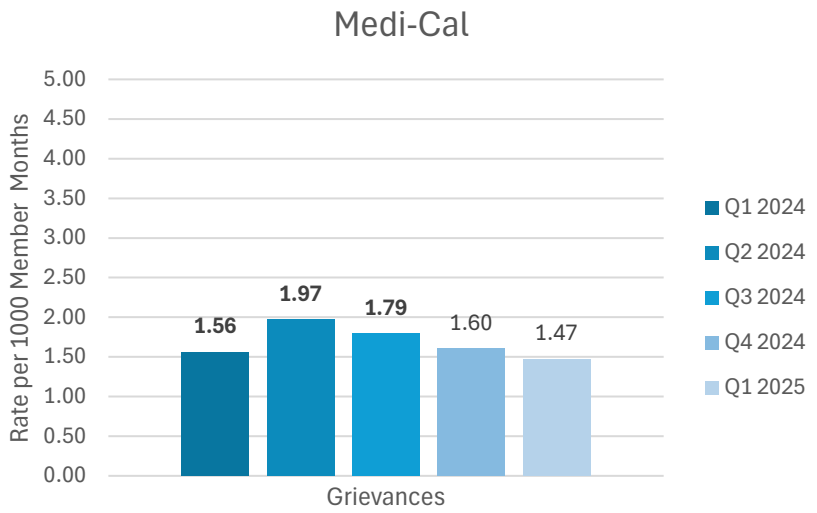


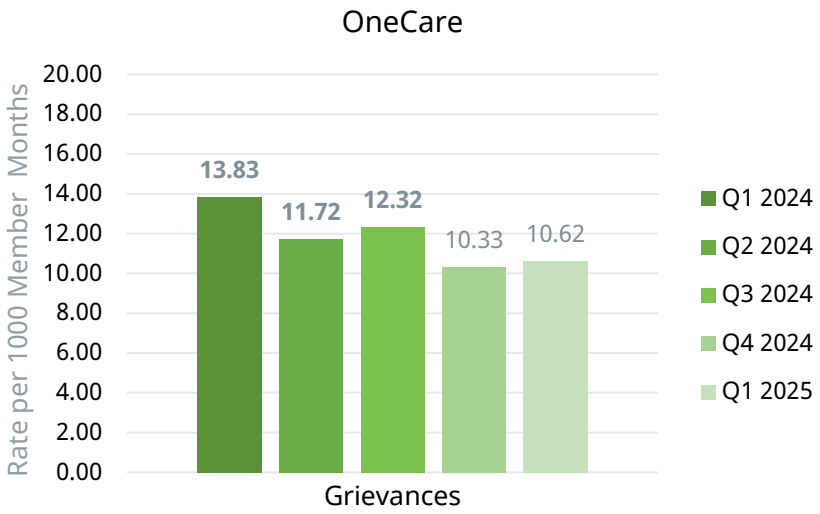
Complaint Type	Required TAT	CalOptima Average TAT	Compliance Percentage
Grievances	30 Days	23 Days	99.9%

Back to Agenda

CalOptima Health

Grievance Volume by Line of Business (LOB)





Total Grievances	
Q1 2025	3,958
Q4 2024	4,298
Q3 2024	4,817
Q2 2024	5,355
Q1 2024	4,280

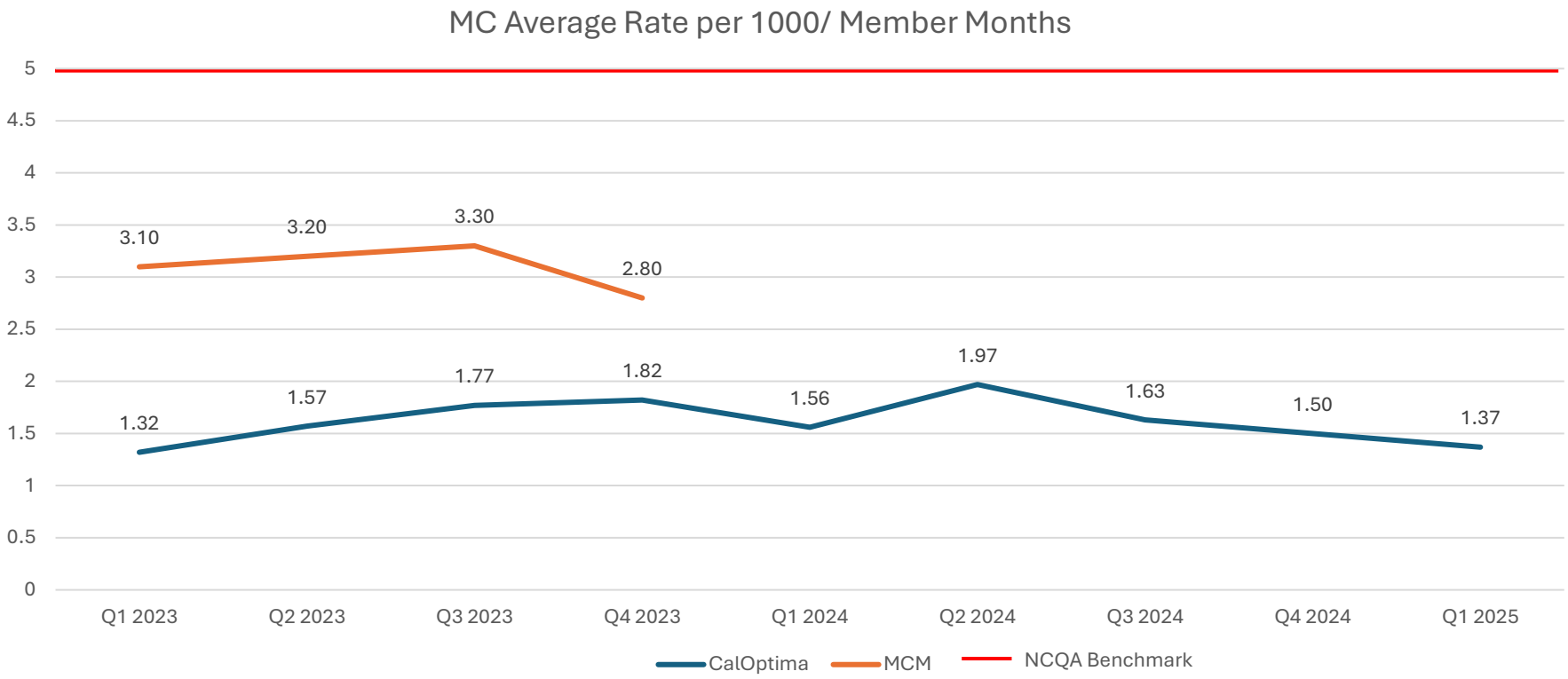
Total Grievances	
Q1 2025	552
Q4 2024	531
Q3 2024	639
Q2 2024	607
Q1 2024	719

Back to Agenda

CalOptima Health

CalOptima Health Comparison

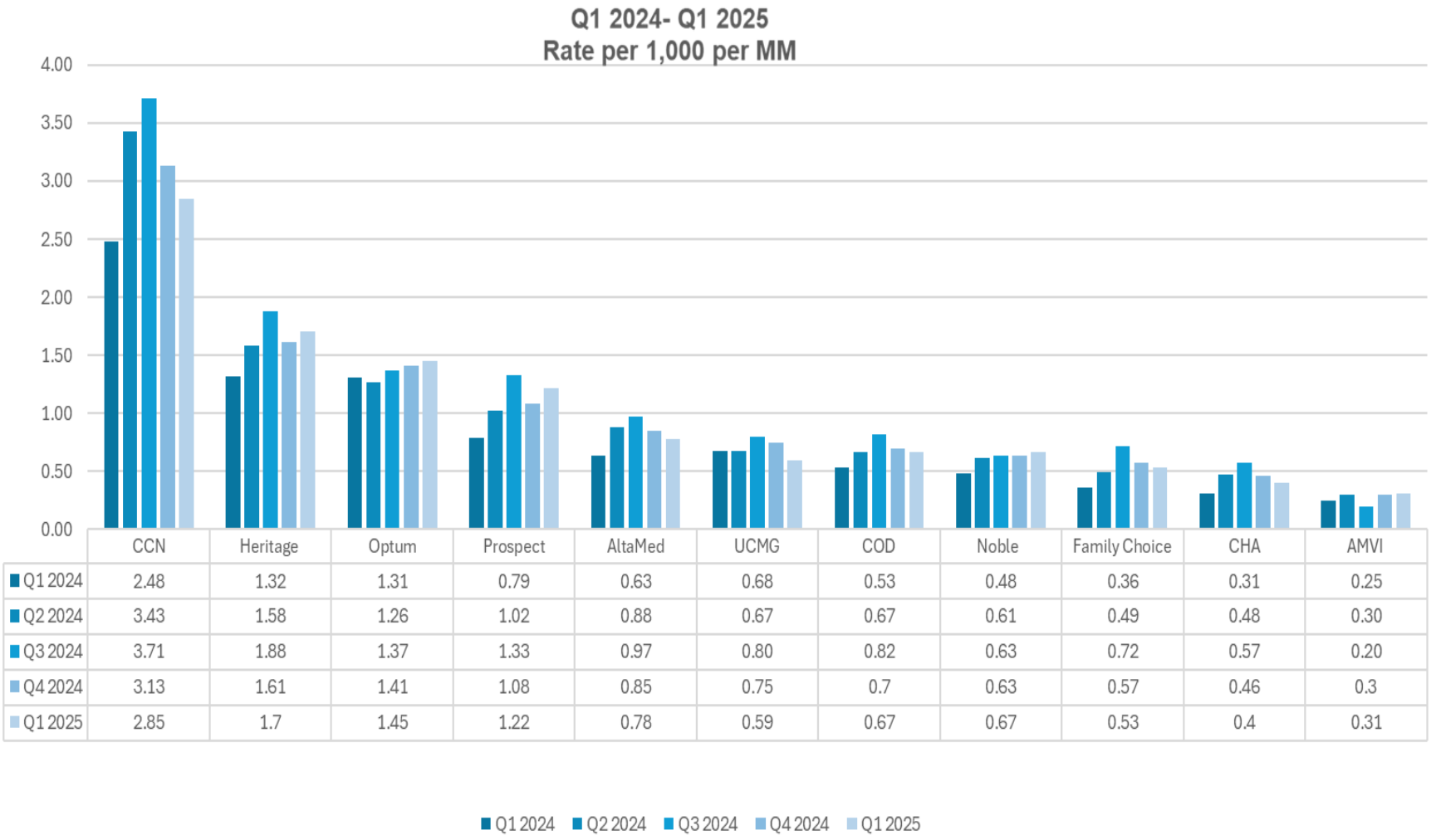
- National Committee for Quality Assurance (NCQA) benchmark is 5 - meaning we should receive less than 5 grievances per 1,000 member months.
- DHCS rolling average across all similar Plans is 3.1 per 1,000 Member Months – please note that DHCS delays publication by at least two quarters.
- CalOptima Health remains below both the industry average and the NCQA benchmark at 1.37 grievances per 1,000 member months.



Back to Agenda

CalOptima Health

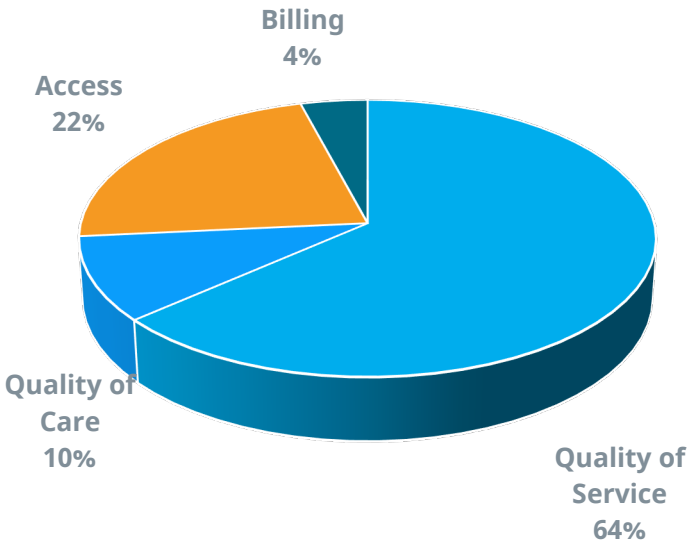
2024-2025 Complaint Rate per 1,000 Member Months



	CCN	Heritage	Optum	Prospect	AltaMed	UCMG	COD	Noble	Family Choice	CHA	AMVI
Q1 2024	2.48	1.32	1.31	0.79	0.63	0.68	0.53	0.48	0.36	0.31	0.25
Q2 2024	3.43	1.58	1.26	1.02	0.88	0.67	0.67	0.61	0.49	0.48	0.30
Q3 2024	3.71	1.88	1.37	1.33	0.97	0.80	0.82	0.63	0.72	0.57	0.20
Q4 2024	3.13	1.61	1.41	1.08	0.85	0.75	0.7	0.63	0.57	0.46	0.3
Q1 2025	2.85	1.7	1.45	1.22	0.78	0.59	0.67	0.67	0.53	0.4	0.31

Back to Agenda

2024-2025 Grievance Type by Category



	MC Grievances				
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Quality of Service	2,034	2,668	2,702	2,485	2,337
Quality of Care	320	505	586	480	364
Access	594	789	882	875	821
Billing	190	208	217	178	153
TOTAL	**3,127**	**4,170**	**4,387**	**4,018**	**3,675**

Q1 2025 Trends within each Category:

Quality of Care – Inappropriate care/treatment concerns; Authorization

Billing – Provider Direct Member Billing, Balance Billing

Access – Telephone Accessibility, Referral Related

Quality of Service – Provider/Staff Attitude, Plan Customer Service

Back to Agenda

Medi-Cal Grievance Trends for Q1

Quality of Service

Trend	Percentage of Total Volume
Provider / Staff Attitude	21% (482)
Plan Customer Service	17% (387)
Authorization	10% (234)

Access

Trend	Percentage of Total Volume
Referral Related	29% (236)
Telephone Accessibility	14% (115)
Scheduling	13% (106)

Quality of Care

Trend	Percentage of Total Volume
Treatment Concerns	60% (220)
Inappropriate Care	10% (37)
Authorization	6% (22)

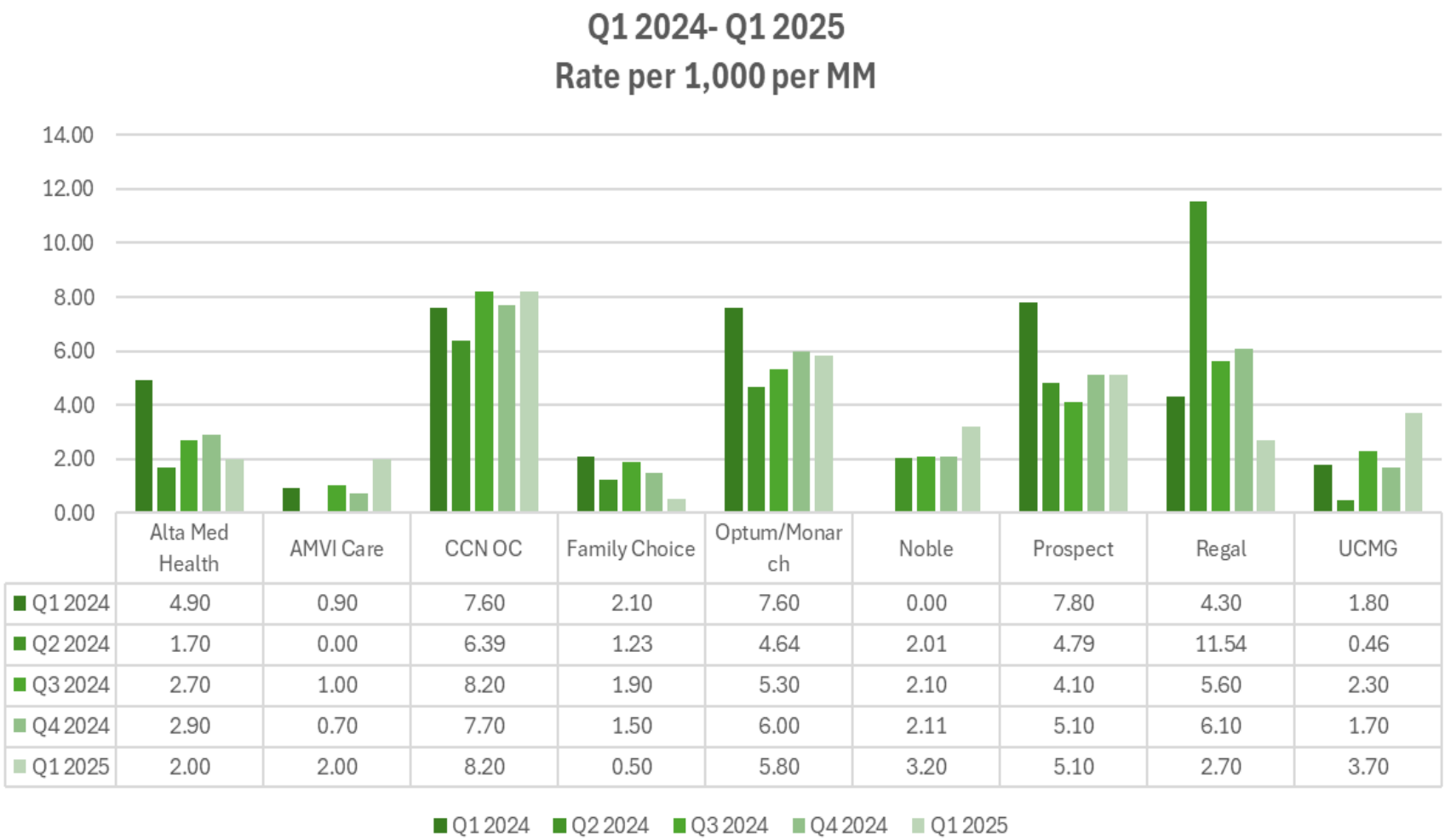
Billing

Trend	Percentage of Total Volume
Provider Direct Member Billing	69% (105)
Provider Balance Billing	26% (40)
Denial of Pmt. Request	.5% (1)

Back to Agenda

Medi-Cal
CalOptima Health

2024-2025 Grievance Rate per 1,000 Member Months

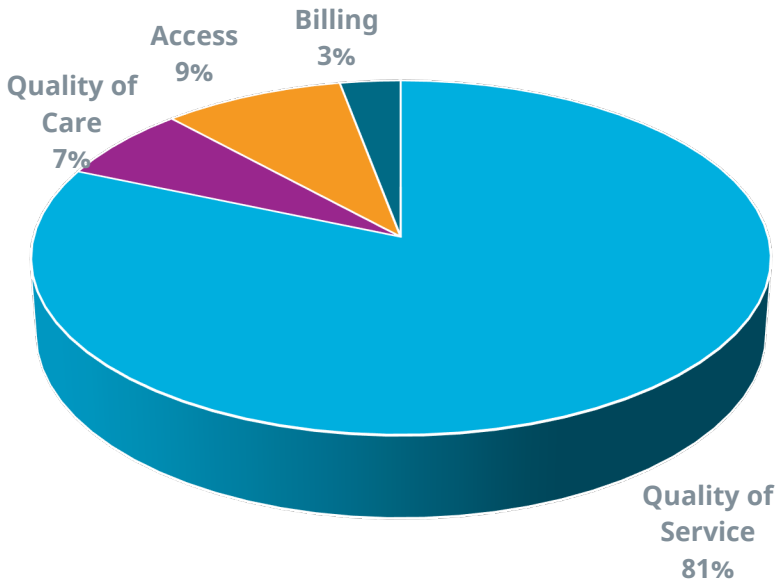


	Alta Med Health	AMVI Care	CCN OC	Family Choice	Optum/Monarch	Noble	Prospect	Regal	UCMG
Q1 2024	4.90	0.90	7.60	2.10	7.60	0.00	7.80	4.30	1.80
Q2 2024	1.70	0.00	6.39	1.23	4.64	2.01	4.79	11.54	0.46
Q3 2024	2.70	1.00	8.20	1.90	5.30	2.10	4.10	5.60	2.30
Q4 2024	2.90	0.70	7.70	1.50	6.00	2.11	5.10	6.10	1.70
Q1 2025	2.00	2.00	8.20	0.50	5.80	3.20	5.10	2.70	3.70

Back to Agenda

OneCare CalOptima Health

2025 Grievance Type by Category



	OC Grievances				
	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025
Quality of Service	366	326	371	334	302
Quality of Care	27	34	51	22	25
Access	54	47	49	49	33
Billing	22	16	15	14	11
TOTAL	**469**	**423**	**486**	**419**	**371**

Q1 Trends within each Category:

Quality of Service –Provider Staff Attitude, Plan Customer Service

Quality of Care – QOC, Provider Staff Attitude

Access – Telephone Issues, Referral, Provider Availability

Billing – Provider Direct Member Billing, Plan Customer Service, Balance Billing

Back to Agenda

OneCare Grievance Trends for Q1

Quality of Service

Trend	Percentage of Total Volume
Provider / Staff Attitude	26% (79)
Plan Customer Service	18% (54)
Scheduling	13% (39)

Access

Trend	Percentage of Total Volume
Referral related	24% (8)
Technology / Telephone	18% (6)
Provider Availability	12% (4)

Quality of Care

Trend	Percentage of Total Volume
Quality of Care	68% (17)
Provider/Staff Attitude	12% (3)
Driver Punctuality	8% (2)

Billing

Trend	Percentage of Total Volume
Provider Direct Member Billing	73% (8)
Provider Balance Billing	17% (3)

Back to Agenda

Actions Taken in Response to Trends

- Q1 trends identified
  - Medi-Cal and OneCare grievances regarding transportation providers.
  - Medi-Cal and OneCare Grievances against the staff at Primary Care Physicians and Specialists visits.

- Actions Taken
  - Vendor providing weekly report to show successful rides, critical care focus and escalated process for recovery rides. Focus on dialysis trips for on time performance and monitoring.
  - No trending providers identified. GARS continues to track provider specific grievances monthly and has set up a process with Provider Services to monitor this at a minimum of quarterly and take actions, as necessary.

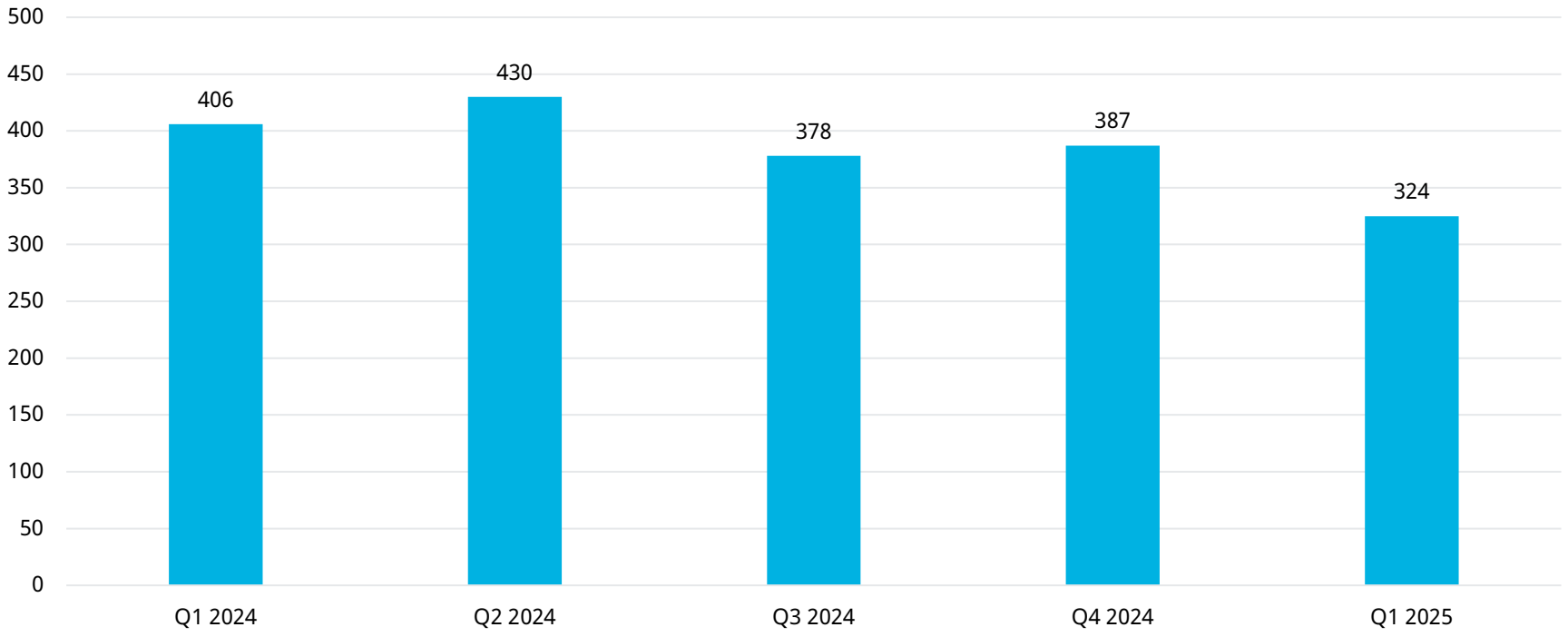
Back to Agenda

Appeals

Back to Agenda

Appeals Overview
Volume and Compliance

Appeal: A request by a member or on behalf of a member to review a previous denial, modification or discontinuation of a covered service by a Health Network.

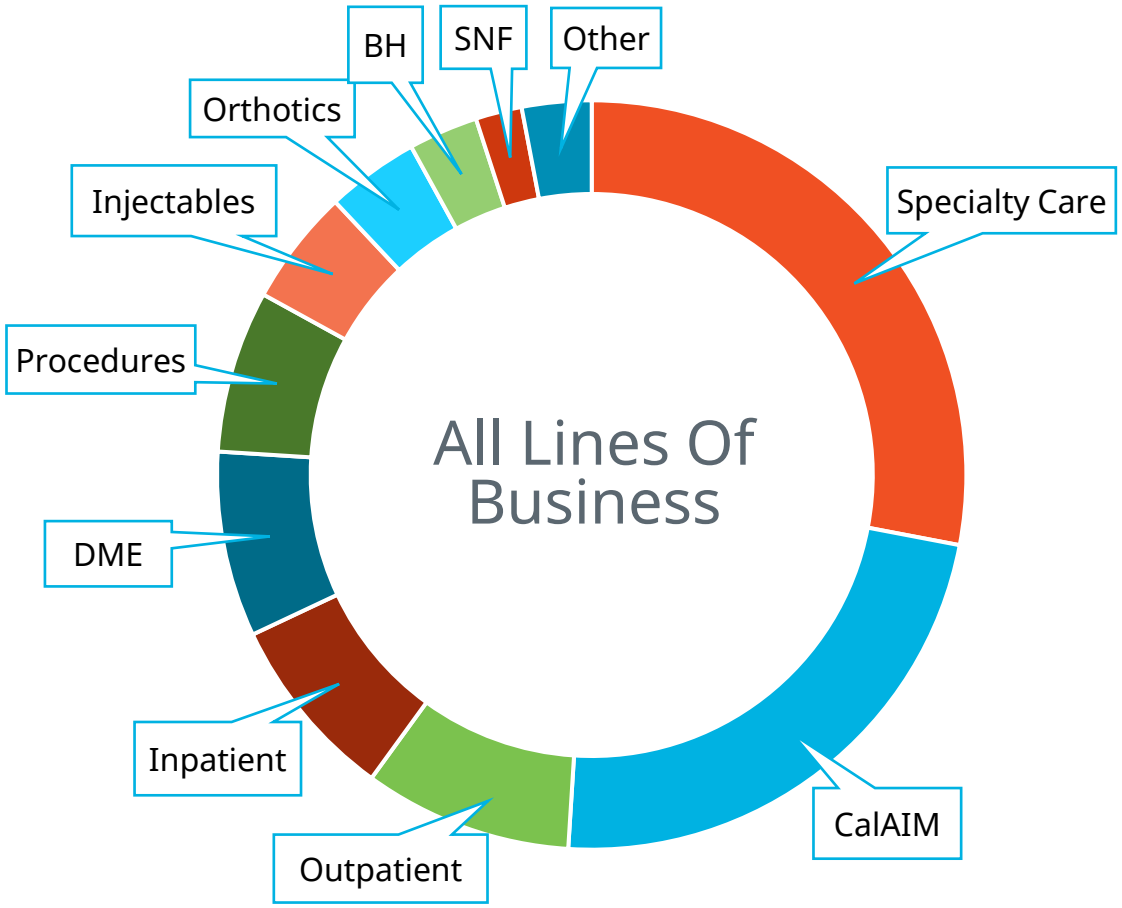


Complaint Type	Required Turn Around Time (TAT)	CalOptima TAT	Compliance Percentage
Appeals	30 Days	22 Days	98%

Back to Agenda

CalOptima Health

Appeals Overall
Service Types

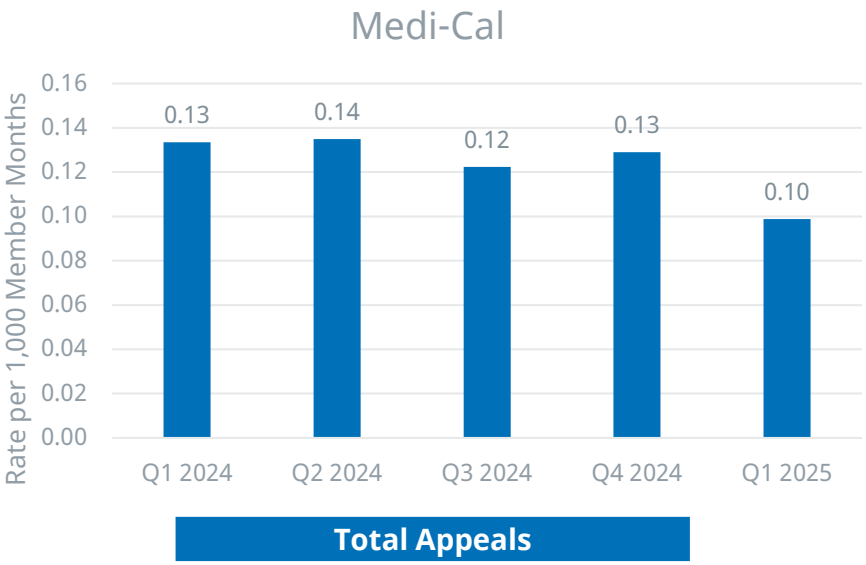


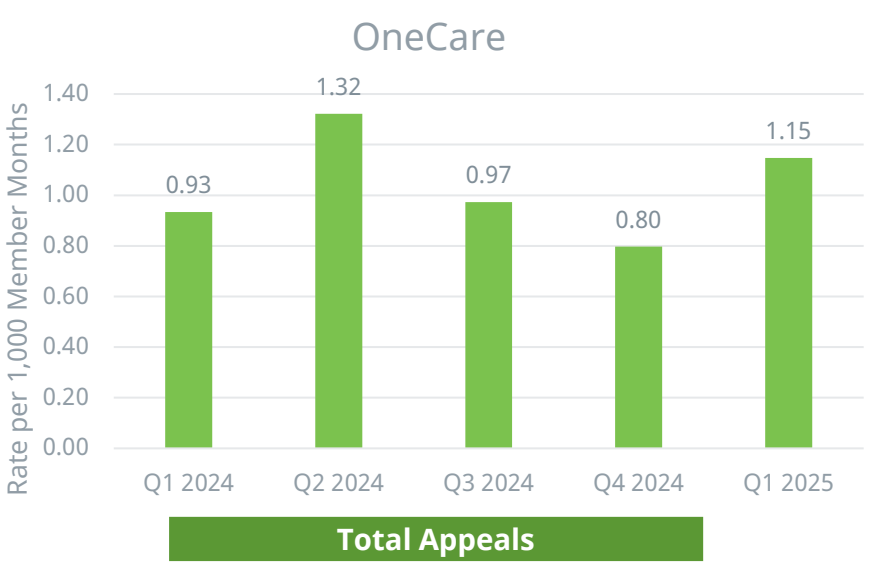
Services	Qty	%
Specialty Care	90	28%
CalAIM	74	23%
Outpatient	29	9%
Inpatient	27	8%
DME	26	8%
Procedures	24	7%
Injectables	15	5%
Orthotics / Prosthetics	13	4%
Behavioral Health	11	3%
SNF	6	2%
Other	9	3%

Back to Agenda

CalOptima Health

Appeals Volume by LOB





Q1 2025	265
Q4 2024	346
Q3 2024	328
Q2 2024	362
Q1 2024	358

Q1 2025	59
Q4 2024	41
Q3 2024	50
Q2 2024	68
Q1 2024	48

Back to Agenda

CalOptima Health

Appeal Types by LOB Q1 2025

Service Types	Medi-Cal Q1 2025 Percentage of Total Volume	OneCare Q1 2025 Percentage of Total Volume
Specialty Care	39% (103)	19% (11)
SNF	2% (5)	2% (1)
Behavioral Health (BH)	4% (10)	2% (1)
Outpatient Services	8% (22)	12% (7)
DME	7% (19)	12% (7)
Orthotics/Prosthetics	4% (11)	3% (2)
Hospital Inpatient	3% (7)	34% (20)
CalAIM	26% (69)	8% (5)
Other	7% (19)	8% (5)
TOTAL	265	59

Back to Agenda

Medi-Cal Appeals Trends for Q1

Type	Upheld Count	Overturned Count	Total	Overturn Perc. (%)
Specialty Care	35	68	103	66%
SNF	5	0	5	0%
Behavioral Health (BH)	4	6	10	60%
Outpatient Services	16	6	22	27 %
DME	15	4	19	21 %
Orthotics/Prosthetics	11	0	11	0 %
Hospital Inpatient	7	0	7	0%
CalAIM	62	7	69	10%
Other	9	10	19	53%

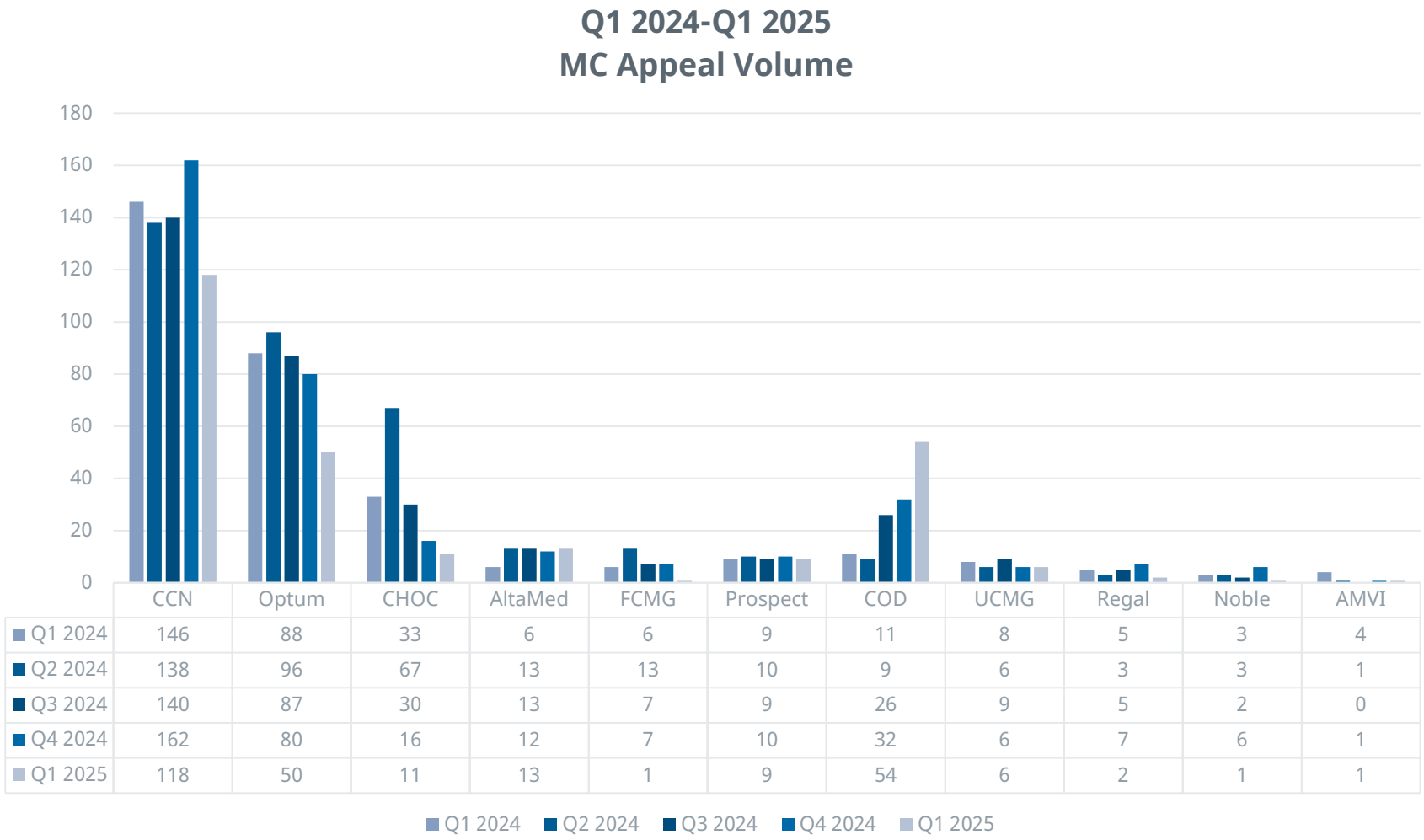
Back to Agenda

OneCare Appeals Trends for Q1

Type	Upheld Count	Overturned Count	Total	Overturn Perc. (%)
Specialty Care	3	8	11	73 %
Skilled Nursing Facility	1	0	1	0%
Outpatient Services	2	5	7	71 %
DME	5	2	7	29 %
Orthotics/Prosthetics	2	0	2	0 %
Hospital Inpatient	11	9	20	45 %
CalAIM	4	1	5	20%
Other	2	3	5	60%

Back to Agenda

Appeals Volume by Health Network

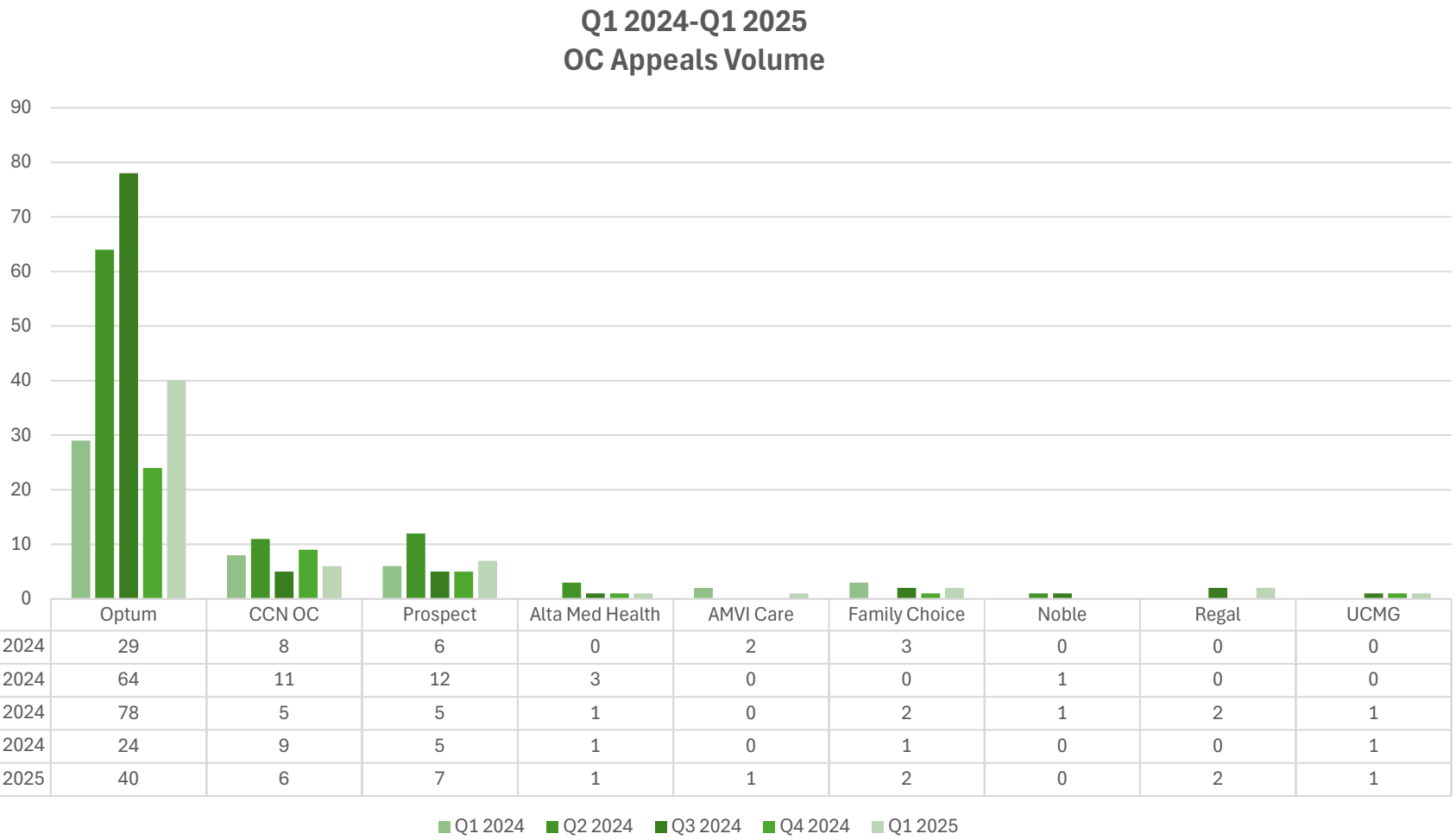


	CCN	Optum	CHOC	AltaMed	FCMG	Prospect	COD	UCMG	Regal	Noble	AMVI
Q1 2024	146	88	33	6	6	9	11	8	5	3	4
Q2 2024	138	96	67	13	13	10	9	6	3	3	1
Q3 2024	140	87	30	13	7	9	26	9	5	2	0
Q4 2024	162	80	16	12	7	10	32	6	7	6	1
Q1 2025	118	50	11	13	1	9	54	6	2	1	1

Back to Agenda

Medi-Cal
CalOptima Health

Appeals Volume by Health Network



	Optum	CCN OC	Prospect	Alta Med Health	AMVI Care	Family Choice	Noble	Regal	UCMG
Q1 2024	29	8	6	0	2	3	0	0	0
Q2 2024	64	11	12	3	0	0	1	0	0
Q3 2024	78	5	5	1	0	2	1	2	1
Q4 2024	24	9	5	1	0	1	0	0	1
Q1 2025	40	6	7	1	1	2	0	2	1

Back to Agenda

OneCare CalOptima Health

Actions Taken in Response to Trends

- Q1 trends identified
  - Requests for specialists/tertiary level of care being modified/redirection to in-network providers who cannot treat the condition or see the member timely based on their needs and/or access to care standards.
  - Continuity of Care (COC)- During initial reviews, COC based on multidisciplinary care is not considered.

- Actions Taken
  - Upon appeal overturn, the health networks are provided the criteria utilized in the review, this serves as health network education.
  - Internal tracking and trending of network overturns and information to be shared with the Delegation Oversight Medical Director to be presented at the quarterly meetings with Health Network partners, specifically UM and GARS departments.

Back to Agenda

CalOptima Health

Stay Connected With Us

www.caloptima.org

@CalOptima

Back to Agenda

2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
SB 483 Stern	**Mental Health Diversion:** Would require that a court be satisfied that a recommended mental health treatment program is consistent with the underlying purpose of mental health diversion and meets the specialized treatment needs of the defendant. ***Potential CalOptima Health Impact*:** Increased oversight of behavioral health treatment for members.	**03/25/2025** Passed Senate Public Safety Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
SB 626 Smallwood-Cuevas	**Maternal Mental Health Screenings and Treatment:** Would require a licensed health care practitioner who provides perinatal care for a patient to screen, diagnose and treat the patient for a maternal mental health condition. ***Potential CalOptima Health Impact:*** Increased access to behavioral health services for eligible members.	**04/30/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
SB 812 Allen	**Qualified Youth Drop-In Center Health Care Coverage:** Would require a health plan to provide coverage for mental health and substance use disorders at a qualified youth drop-in center, defined as a center providing behavioral or primary health and wellness services to youth 12 to 25 years of age with the capacity to provide services before and after school hours and that has been designated by or embedded with a local educational agency or institution of higher education. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for CalOptima Health Medi-Cal youth members.	**04/30/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Concerns
AB 37 Elhawary	**Behavioral Health Workforce:** Would require the California Workforce Development Board to study how to expand the workforce of mental health service providers providing services to homeless persons. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for members experiencing homelessness.	**03/13/2025** Referred to Assembly Labor and Employment Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 348 Krell	**Full-Service Partnership:** Would establish presumptive eligibility for Full-Service Partnership programs. ***Potential CalOptima Health Impact*:** Increased continuity of care for members with serious mental illness.	**05/12/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 384 Connolly	**Inpatient Prior Admission Authorization:** Would prohibit a health plan from requiring prior authorization for admission to medically necessary 24-hour care in inpatient settings, including general acute care hospitals and psychiatric hospitals, for mental health and substance use disorders (SUDs) as well as for any medically necessary services provided to a beneficiary while admitted for that care. ***Potential CalOptima Health Impact*:** Modified utilization management (UM) procedures for covered Medi-Cal benefits.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
AB 423 Davies	**Discharge and Continuing Care Planning:** Would mandate regulations for discharge and continuing care planning from a facility providing alcoholism or drug abuse recovery and treatment services, including the creation of a plan to help patients return to their home community and scheduled follow-up with a mental health or SUD professional no more than seven days after discharge. ***Potential CalOptima Health Impact*:** Increased continuity of care for members who have received SUD treatment.	**02/18/2025** Referred to Assembly Health Committee	CalOptima Health: Watch
AB 618 Krell	**Behavioral Health Data Sharing:** Would require each Medi-Cal managed care plan (MCP), county specialty mental health plan (MHP) and Drug Medi-Cal program to electronically share data for its members to support coordination of behavioral health services. Would also require the California Department of Health Care Services (DHCS) to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be published by January 1, 2027. ***Potential CalOptima Health Impact*:** Increased coordination between Medi-Cal delivery systems regarding behavioral health services.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	**05/07/2025** CalOptima Health: SUPPORT LHPC: Sponsor

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 877 Dixon	**Nonmedical SUD Treatment:** Would require DHCS and the California Department of Managed Health Care (DMHC) to send a letter to the chief financial officer of every health plan (including a Medi-Cal MCP) that provides SUD coverage in residential facilities. The letter must inform the plan that SUD treatment in licensed and certified residential facilities is almost exclusively nonmedical, with rare exceptions, including for billing purposes. These provisions would be repealed on January 1, 2027. ***Potential CalOptima Health Impact*:** Enhanced transparency and clarity around nonmedical treatment provided for SUDs.	**03/03/2025** Referred to Assembly Health Committee	CalOptima Health: Watch
AB 951 Ta	**Autism Diagnosis:** Would prohibit a health plan from requiring an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a diagnosis to maintain coverage for behavioral health treatment for their condition. ***Potential CalOptima Health Impact*:** Increased access to care for specific behavioral health treatments.	**05/07/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Budget			
H.R. 1 Arrington (TX)	**One Big Beautiful Bill Act:** Would make substantial changes to Medicaid program funding and policies, including but not limited to the following: • Work, community service and/or education requirement of 80 hours per month for able-bodied adults without dependents (with exceptions for pregnant women, foster youth, medically frail, caregivers and others), effective December 31, 2026 • Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to every six months, effective December 31, 2026 • State penalty for coverage of undocumented immigrants by decreasing the Federal Medical Assistance Percentage (FMAP) for MCE enrollees from 90% to 80%, effective October 1, 2027 • Cost-sharing for MCE enrollees with incomes of 100–138% Federal Poverty Level (FPL), not to exceed $35 per service and 5% of total income, and not to be applied to primary, prenatal, pediatric, or emergency care, effective October 1, 2028 • Prohibition on any new or increased provider taxes, effective immediately • Significant restrictions on current Managed Care Organization (MCO) taxes, which could effectively repeal California's MCO tax that was recently made permanent by Proposition 35 (2024), with a potential winddown period of up to three fiscal years (FYs) ***Potential CalOptima Health Impact*:** Reduced funding to CalOptima Health and contracted providers; decreased number of members; increased administrative costs; implementation of co-pay systems; increased financial and administrative burdens for some existing members; decreased health care utilization by some existing members; reduced benefits for some existing members.	**05/22/2025** Passed House floor; referred to Senate	**05/20/2025** CalOptima Health: OPPOSE
SB 65 Weiner	**Budget Act of 2025:** Would make appropriations for the government of the State of California for the FY 2025–26 in alignment with the governor's proposed budget released on January 10, 2025. ***Potential CalOptima Health Impact*:** Adjusted but broadly sustained funding for programs impacting members.	**01/10/2025** Introduced	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 100 Gabriel	**Budget Acts of 2023 and 2024:** Increases Medi-Cal's current FY 2024-25 General Fund appropriation by $2.8 billion and federal funds appropriation by $8.25 billion in order to solve a deficiency in the Medi-Cal budget. ***Potential CalOptima Health Impact:*** Continued funding for current Medi-Cal rates and initiatives through June 30, 2025.	**04/14/2025** Signed into law	CalOptima Health: Watch
RN 25 12598 Trailer Bill Language	**Program of All-Inclusive Care for the Elderly (PACE) Fees:** Would assess an annual fee on PACE organizations in an amount up to one percent of annual capitation payments in order to fund the cost of DHCS operations and staffing related to PACE administration. ***Potential CalOptima Health Impact:*** Increased PACE administrative costs for CalOptima Health.	**03/24/2025** Published by the California Department of Finance	CalOptima Health: Watch CalPACE: Oppose
California Advancing and Innovating Medi-Cal (CalAIM)			
SB 324 Menjivar	**Enhanced Care Management (ECM) and Community Supports Contracting:** Would require a Medi-Cal MCP to give preference to contracting with community providers when covering the ECM benefit and/or Community Supports. In addition, would require DHCS to develop standardized templates to be used by MCPs. Would also require DHCS to develop guidance to allow community providers to subcontract with other community providers. ***Potential CalOptima Health Impact*:** Increased collaboration with community providers and standardized contracts.	**04/02/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Watch LHPC: Oppose
AB 543 Gonzalez	**Street Medicine:** Would integrate street medicine services for homeless individuals under Medi-Cal, mandating presumptive eligibility for full Medi-Cal benefits for homeless persons and authorizing any enrolled provider to determine eligibility. Would also require plans to allow homeless beneficiaries to access services from any provider outside traditional sites. Additionally, would require systems for beneficiaries to inform plans of their homeless status and mandate data sharing between Medi-Cal and the California Statewide Automated Welfare System (CalSAWS). ***Potential CalOptima Health Impact*:** Decreased service coordination and oversight related to street medicine providers.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Watch

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Covered Benefits			
SB 40 Wiener	**Insulin Coverage:** Would prohibit a health plan, effective January 1, 2026 (or a policy offered in the individual or small group market, effective January 1, 2027), from imposing a copayment or other cost sharing of more than $35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or any other cost sharing on an insulin prescription drug. Additionally, would not require a health plan to cover all types of insulin without step therapy, if at least one insulin in each drug type is covered without step therapy on and after January 1, 2026. ***Potential CalOptima Health Impact:*** Decreased out-of-pocket costs for future members enrolled in Covered California line of business; new UM procedures.	**04/02/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
SB 62 Menjivar **AB 224** Bonta	**Essential Health Benefits (EHBs):** Would express the intent of the Legislature to review California's EHB benchmark plan and establish a new benchmark plan for the 2027 plan year. Additionally, upon approval from the United States Department of Health and Human Services and by January 1, 2027, would require the new benchmark plan include certain additional benefits, including coverage for fertility services, hearing aids and exams, and durable medical equipment. ***Potential CalOptima Health Impact:*** New covered benefits for future members enrolled in Covered California line of business.	**04/30/2025** SB 62 passed Senate Health Committee; referred to Senate Appropriations Committee **04/29/2025** AB 224 passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Concerns
SB 535 Richardson **AB 575** Arambula	**Obesity Prevention Treatment and Parity Act:** Would require an individual or group health care plan that provides coverage for outpatient prescription drug benefits to cover at least one specified anti-obesity medication and intensive behavioral therapy for the treatment of obesity without prior authorization. ***Potential CalOptima Health Impact:*** Expanded covered benefits for future members enrolled in Covered California line of business.	**04/30/2025** SB 535 passed Senate Health Committee; referred to Senate Appropriations Committee **02/24/2025** AB 575 referred to Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose
AB 242 Boerner	**Genetic Disease Screening:** Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027. ***Potential CalOptima Health Impact:*** Expanded covered benefits for members.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 298 Bonta	**Cost-Sharing Under Age 21:** Effective January 1, 2026, would prohibit a health plan from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services provided to an individual under 21 years of age, with certain exceptions for high deductible health plans that are combined with a health savings account. ***Potential CalOptima Health Impact:*** Increased costs for CalOptima Health; decreased costs for future members enrolled in Covered California line of business under 21 years of age.	**02/10/2025** Referred to Assembly Health Committee	CalOptima Health: Watch
AB 350 Bonta	**Fluoride Treatments:** Would require a health plan to provide coverage for fluoride varnish in the primary care setting for children under 21 years of age by January 1, 2026. ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
AB 432 Bauer-Kahan	**Menopause:** Would require a health plan to provide coverage for evaluation and treatment options for perimenopause and menopause. Would also require a health plan to annually provide clinical care recommendations for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause. ***Potential CalOptima Health Impact:*** New covered benefits for members; increased communications to providers.	**04/29/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **04/22/2025** Passed Assembly Business and Professions Committee	CalOptima Health: Watch CAHP: Oppose
AB 636 Ortega	**Diapers:** Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an appropriation by the Legislature: • Children greater than three years of age diagnosed with a condition that contributes to incontinence • Other individuals under 21 years of age to address a condition pursuant to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Medi-Cal Eligibility and Enrollment			
AB 315 Bonta	**Home and Community-Based Alternatives (HCBA) Waiver:** Would remove the cap on the number of HCBA Waiver slots and instead require DHCS to enroll all eligible individuals who apply for HCBA Waiver services. By March 1, 2026, would require DHCS to seek any necessary waiver amendments to ensure there is sufficient capacity to enroll all individuals currently on a waiting list. Would also require DHCS by March 1, 2026, to submit a rate study to the Legislature addressing the sustainability, quality and transparency of rates for the HCBA Waiver. ***Potential CalOptima Health Impact*:** Expanded member access to HCBA Waiver services.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 974 Patterson	**Managed Care Enrollment Exemption:** Would exempt any dual-eligible and non-dual-eligible beneficiaries who receive services from a regional center and who use the Medi-Cal fee-for-service delivery system as a secondary form of health care coverage from mandatory enrollment in a Medi-Cal MCP. ***Potential CalOptima Health Impact:*** Decreased number of members.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 1012 Essayli	**Unsatisfactory Immigration Status:** Would make an individual who does not have satisfactory immigrant status ineligible for Medi-Cal benefits. In addition, would transfer funds previously appropriated for such eligibility to a newly created Serving our Seniors Fund to restore and maintain payments for Medicare Part B premiums for eligible individuals. ***Potential CalOptima Health Impact:*** Decreased number of members.	**02/21/2025** Introduced	CalOptima Health: Watch
AB 1161 Harabedian	**State of Emergency Continuous Eligibility:** Would require DHCS and the California Department of Social Services to provide continuous eligibility for its applicable programs (including Medi-Cal and CalFresh) to all beneficiaries within a geographic region who have been affected by a state of emergency or a health emergency. ***Potential CalOptima Health Impact*:** Extended Medi-Cal eligibility for certain members.	**04/29/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee **04/08/2025** Passed Assembly Human Services Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Medi-Cal Operations and Administration			
SB 278 Cabaldon	**Health Data HIV Test Results:** Would permit additional disclosures to DHCS staff and Medi-Cal MCPs to improve care coordination and quality programs for HIV-positive beneficiaries. Would also update existing laws to enhance quality improvement efforts in HIV care under Medi-Cal. Would additionally require the development of a mechanism through which Medi-Cal beneficiaries can opt out of such disclosures. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive members.	**04/08/2025** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **03/26/2025** Passed Senate Health Committee	CalOptima Health: Watch
SB 497 Wiener	**Legally Protected Health Care Activity:** Would prohibit a health care provider, health plan, or contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or mental health care in response to a criminal or civil action. Would also prohibit these entities from cooperating with or providing medical information to an individual, agency, or department from another state or to a federal law enforcement agency or in response to a foreign subpoena. ***Potential CalOptima Health Impact:*** Increased protection of medical information related to gender-affirming care; increased staff training regarding disclosure processes.	**04/29/2025** Passed Senate Public Safety Committee; referred to Senate Appropriations Committee **04/08/2025** Passed Senate Judiciary Committee	CalOptima Health: Watch
SB 530 Richardson	**Medi-Cal Time and Distance Standards:** Would extend current Medi-Cal time and distance standards indefinitely. In addition, would require a Medi-Cal MCP to ensure that each subcontractor network complies with certain appointment time standards and incorporate into reporting to DHCS. Additionally, the use of telehealth providers to meet time or distance standards would not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers. ***Potential CalOptima Health Impact:*** Increased oversight of contracted providers; increased reporting to DHCS.	**04/09/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 660 Menjivar	**California Health and Human Services Data Exchange Framework (DxF):** Would require the Center for Data Insights and Innovation within California Health and Human Services Agency (CalHHS) to absorb all functions related to the DxF initiative, including the data sharing agreement and policies and procedures, by January 1, 2026. Additionally, would expand DxF to include social services information. ***Potential CalOptima Health Impact:*** Increased care coordination with social service providers.	**04/30/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
AB 40 Bonta	**Abortion as Emergency Service:** Would expand the definition of emergency services to include surgery and reproductive health services, including abortion, necessary to relieve or eliminate the emergency medical condition, within the capability of the facility. ***Potential CalOptima Health Impact:*** Expanded coverage of abortion services for members.	**04/21/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 45 Bauer-Kahan	**Reproductive Data Privacy:** Would prohibit the collection, use, disclosure, sale, sharing, or retention of the information of a person who is physically located at, or within a precise geolocation of, a family planning center, except any collection or use necessary to perform services or provide goods that have been requested. Would also authorize an aggrieved person to institute and prosecute a civil action against any person or organization in violation of these provisions. ***Potential CalOptima Health Impact:*** Increased safeguards regarding reproductive health information.	**04/29/2025** Passed Assembly Judiciary Committee; referred to Assembly Appropriations Committee **04/22/2025** Passed Assembly Privacy and Consumer Protection Committee	CalOptima Health: Watch
AB 257 Flora	**Specialty Telehealth Network Demonstration:** Would require the establishment of a demonstration project for a telehealth and other virtual services specialty care network designed to serve patients of safety-net providers. ***Potential CalOptima Health Impact:*** Expanded member access to telehealth specialists.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
AB 302 Bauer-Kahan	**Confidentiality of Medical Information Act:** Would prohibit a health care provider, health plan or contractor from complying with a court order that constitutes a foreign subpoena. Would also prohibit such entities from intentionally selling medical information or using medical information for marketing. ***Potential CalOptima Health Impact:*** Increased protection of medical information; increased staff training regarding disclosure processes.	**04/29/2025** Passed Assembly Judiciary Committee; referred to Assembly Appropriatons Committee **04/22/2025** Passed Assembly Health Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 316 Krell	**Artificial Intelligence Defenses:** Prohibits a defendant that developed or used artificial intelligence from asserting a defense that artificial intelligence autonomously caused the alleged harm to the plaintiff. ***Potential CalOptima Health Impact:*** Increased liability related to UM procedures.	**05/19/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 403 Ortega	**Medi-Cal Community Health Service Workers:** Would require DHCS to annually review the Community Health Worker (CHW) benefit and present an analysis to the Legislature beginning July 1, 2027. The analyses would include an assessment of Medi-Cal MCP outreach and education efforts, CHW utilization and services, demographic disaggregation of the CHWs and beneficiaries receiving services, and fee-for-service reimbursement data. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 577 Wilson	**Prescription Drug Antisteering:** Would prohibit a health plan or pharmacy benefit manager (PBM) from engaging in specified steering practices, including requiring an enrollee to use a retail pharmacy for dispensing prescription oral medications and imposing any requirements, conditions or exclusions that discriminate against a physician in connection with dispensing prescription oral medications. Would additionally require a health care provider, physician's office, clinic or infusion center to obtain consent from an enrollee and disclose a good faith estimate of the applicable cost-sharing amount before supplying or administering an injected or infused medication. ***Potential CalOptima Health Impact:*** Increased oversight of contracted PBM and referral processes.	**04/29/2025** Passed Assembly Health Committee; referred to Assembly Appropriatons Committee	CalOptima Health: Watch
AB 688 Gonzalez	**Telehealth for All Act of 2025:** Beginning in 2028 and every two years thereafter, would require DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 894 Carrillo	**Immigration and Patient Privacy:** Would state the intent of the Legislature to enact legislation protecting the privacy of undocumented Californians. ***Potential CalOptima Health Impact:*** Increased protection of medical information; increased staff training regarding disclosure processes.	**05/14/2025** Passed Assembly Appropriations Committee; referred to Assembly floor **04/22/2025** Passed Assembly Health Committee	CalOptima Health: Watch

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 980 Arambula	**Health Plan Duty of Care:** As it pertains to the required "duty of ordinary care" by a health plan, would define "medically necessary health care service" to mean legally prescribed medical care that is reasonable and comports with the medical community standard. ***Potential CalOptima Health Impact:*** Modified UM procedures.	**04/22/2025** Re-referred to Assembly Health Committee	CalOptima Health: Watch
Older Adult Services			
SB 242 Blakespear	**Medicare Supplemental Coverage Open Enrollment Periods:** Would make Medicare supplemental benefit plans available to qualified applicants with end stage renal disease under the age of 64 years. Would also create an annual open enrollment period for Medicare supplemental benefit plans and prohibit such plans from denying an application or adjusting premium pricing due to a preexisting condition. Additionally, would authorize premium rates offered to applicants during the open enrollment period to vary based on the applicant's age at the time of issue, but would prohibit premiums from varying based on age after the contract is issued. ***Potential CalOptima Health Impact:*** Expanded Medicare coverage options for dual-eligible members.	**04/30/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
SB 412 Limón	**Home Care Aides:** Would require a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia prior to providing care and annually thereafter. ***Potential CalOptima Health Impact:*** New training requirements for PACE staff.	**05/08/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch
AB 960 Garcia	**Dementia Patient Visitation:** Would require a health facility to allow a patient with demonstrated dementia needs to have a family or friend caregiver with them as needed. ***Potential CalOptima Health Impact:*** New visitation policies for PACE center.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
Providers			
SB 32 Weber Pierson	**Timely Access to Care:** Would require DHCS, DMHC and the California Department of Insurance to consult stakeholders for the development and adoption of geographic accessibility standards of perinatal units to ensure timely access for enrollees by July 1, 2027. ***Potential CalOptima Health Impact:*** Additional timely access standards; increased contracting with perinatal units.	**04/30/2025** Passed Senate Health Committee; referred to Senate Appropriatons Committee	CalOptima Health: Watch LHPC: Oppose

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 250 Ochoa Bogh	**Medi-Cal Provider Directory — Skilled Nursing Facilities:** Would require a provider directory issued by a Medi-Cal MCP to include skilled nursing facilities as a searchable provider type. ***Potential CalOptima Health Impact:*** Modifications to CalOptima Health's online provider directory.	**03/26/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch
SB 306 Becker	**Prior Authorization Exemption:** Would restrict health plans or their delegated entities from requiring prior authorization or prior notification for a covered health care service if 90% or more requests for that service were approved in the previous year. Would also require a health plan to post lists of covered health care services that are exempted from or subject to prior authorization on its website by March 15 of each year. ***Potential CalOptima Health Impact:*** Implementation of new UM procedures to assess prior authorization approval rates; decreased number of prior authorizations; decreased care coordination for members.	**04/23/2025** Passed Senate Health Committee; referred to Senate Appropriatons Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
SB 504 Laird	**HIV Reporting:** Would authorize a health care provider for a patient with an HIV infection that has already been reported to a local health officer to communicate with a local health officer or the California Department of Public Health (CDPH) to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive members.	**05/08/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch
AB 29 Arambula	**Adverse Childhood Experiences (ACEs) Screening Providers:** Would require DHCS to include community-based organizations, local health jurisdictions and doulas as qualified providers for ACEs trauma screenings and require clinical or other appropriate referrals as a condition of Medi-Cal payment for conducting such screenings. ***Potential CalOptima Health Impact:*** Increased access to care for pediatric members with ACEs.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 50 Bonta	**Over-the-Counter Contraceptives:** Would allow pharmacists to provide over-the-counter hormonal contraceptives without following certain procedures and protocols, such as requiring patients to complete a self-screening tool. As such, these requirements would become limited to prescription-only hormonal contraceptives. ***Potential CalOptima Health Impact:*** Increased member access to hormonal contraceptives.	**04/28/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 55 Bonta	**Alternative Birth Centers Licensing:** Would remove the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of CDPH licensing and Medi-Cal reimbursement. ***Potential CalOptima Health Impact:*** Decreased member access to comprehensive perinatal services; reduced operating requirements for alternative birth centers.	**04/28/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch LHPC: Support
AB 220 Jackson	**Medi-Cal Subacute Care Authorization:** Would mandate health facilities providing pediatric or adult subacute care to include a specific DHCS form with treatment authorization requests, preventing Medi-Cal MCPs from creating their own criteria for determining medical necessity outside of those specified in the form. Would allow DHCS to impose sanctions on non-compliant Medi-Cal MCPs. ***Potential CalOptima Health Impact:*** Modified UM procedures and forms.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 280 Aguiar-Curry	**Provider Directory Accuracy:** Would require health plans to maintain accurate provider directories, starting with minimum 60% accuracy by July 1, 2026, and increasing to 95% by July 1, 2029, or otherwise receive administrative penalties. If a patient relies on inaccurate directory information, would require the provider to be reimbursed at the out-of-network rate without the patient incurring charges beyond in-network cost-sharing amounts. Would also allow DMHC to create a standardized format to collect directory information as well as establish methodologies to ensure accuracy, such as use of a central utility, by January 1, 2026. ***Potential CalOptima Health Impact:*** Increased oversight of CalOptima Health provider directory; increased coordination with contracted providers; increased penalty payments to DHCS.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 375 Nguyen	**Qualified Autism Service Paraprofessional:** Would expand the definition of "health care provider" to also include a qualified autism service paraprofessional. ***Potential CalOptima Health Impact:*** Increased access to autism services for eligible members; additional provider contracting and credentialing.	**04/08/2025** Passed Assembly Business and Professions Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 416 Krell	**Involuntary Commitment:** Would authorize a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and would exempt the emergency physician from criminal and civil liability. ***Potential CalOptima Health Impact:*** New legal standards for certain CalOptima Health providers.	**05/15/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch

Back to Agenda

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 510 Addis	**Utilization Review Appeals and Grievances:** Would require that an appeal or grievance regarding a decision to delay, deny or modify health services be reviewed by a physician or peer health care professional matching the specialty of the service within two business days. In urgent cases, responses must match the urgency of the patient's condition. If these deadlines are not met, the authorization request would be automatically approved. ***Potential CalOptima Health Impact***: Expedited and modified UM, grievance and appeals procedures for covered Medi-Cal benefits; increased hiring of specialists to review grievances and appeals.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 512 Harabedian	**Prior Authorization Timelines:** Would shorten the timeline for prior or concurrent authorization requests to no more than 48 hours for standard requests or 24 hours for urgent requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination. ***Potential CalOptima Health Impact***: Expedited and modified UM procedures for covered Medi-Cal benefits.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 517 Krell	**Wheelchair Prior Authorization:** Would prohibit a Medi-Cal MCP from requiring prior authorization for the repair of a Complex Rehabilitation Technology (CRT)-powered wheelchair, if the cost of repair does not exceed $1,250. Would also no longer require a prescription or documentation of medical necessity, if the wheelchair has already been approved for use by the patient. Additionally, would require supplier documentation of the repair. ***Potential CalOptima Health Impact:*** Modified UM procedures for a covered Medi-Cal benefit.	**04/08/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 539 Schiavo	**One-Year Prior Authorization Approval:** Would require a prior authorization for a health care service to remain valid for a period of at least one year, or throughout the course of prescribed treatment if less than one year, from the date of approval. ***Potential CalOptima Health Impact:*** Modified UM procedures for covered Medi-Cal benefits; decreased number of prior authorizations; increased costs.	**05/12/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 787 Papan	**Provider Directory Disclosures:** Would require a health plan to include at the top of its provider directory a statement advising an enrollee to contact the plan for assistance in finding an in-network provider. Would also require the plan to respond within one business day if contacted for such assistance and to provide a list of in-network providers confirmed to be accepting new patients within two business days. ***Potential CalOptima Health Impact:*** Expanded customer service support and staff training; technical changes to CalOptima Health's provider directory.	**05/05/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 1041 Bennett	**Provider Credentialing:** Would require a health plan to credential a provider within 90 days from the receipt of a completed application, or otherwise conditionally approve the credential. A plan would be required to notify the provider whether the application is complete within 10 days of receipt. In addition, would require DMHC to establish minimum standards or policies and processes to streamline and reduce redundancy and delay in provider credentialing. Additionally, would require health plans to use a standardized credentialing form on and after July 1, 2027, or six months after the form is completed, whichever is later, with updates to the forms every three years thereafter. ***Potential CalOptima Health Impact:*** Expedited and modified credentialing procedures for interested providers.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
Rates & Financing			
SB 339 Cabaldon	**Medi-Cal Laboratory Rates:** Would require Medi-Cal reimbursement rates for clinical laboratory or laboratory services to *equal* the lowest of the following metrics: 1. the amount billed; 2. the charge to the general public; 3. 100% of the lowest maximum allowance established by Medicare; or 4. a reimbursement rate based on an average of the lowest amount that other payers and state Medicaid programs are paying. For any such services related to the diagnosis and treatment of sexually transmitted infections on or after July 1, 2027, the Medi-Cal reimbursement rates shall not consider the rates described in clause (4) listed above. ***Potential CalOptima Health Impact*:** Increased payments to contracted clinical laboratories.	**04/29/2025** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **04/23/2025** Passed Senate Health Committee	CalOptima Health: Watch

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

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

Last Updated: May 21, 2025

2025 Federal Legislative Dates

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

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

2025 State Legislative Dates

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

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

---

About CalOptima Health

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

Back to Agenda

CalOptima Health

MEMORANDUM

DATE:	May 29, 2025
TO:	CalOptima Health Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — June 5, 2025, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. Covered California Monthly Update

CalOptima Health continues to prepare for launching a Covered California line of business, effective January 1, 2027. Since the prior Board meeting on May 1, the following activities were undertaken:

- Provider network development continues with many provider contracts already executed or in negotiations.
- Following onboarding by staff, Deloitte Consulting LLP began its operational gap analysis to guide the implementation of Covered California processes across all impacted departments.
- Several new and revised policies and procedures documents were drafted to comply with Knox-Keene Act and Covered California requirements. The Board will consider the new policies on June 5, 2025, ahead of a planned material modification filing to expand CalOptima Health's current Knox-Keene Act license with the California Department of Managed Health Care.
- Fiscal Year (FY) 2025–26 start-up costs for implementation of Covered California functions were included as part of CalOptima Health's full budget package prepared for the Board's consideration on June 5, 2025.

B. U.S. House of Representatives Passes Budget Reconciliation Legislation

On May 22, the U.S. House of Representatives passed its FY 2025 budget reconciliation legislation — now titled *H.R.1: One Big Beautiful Bill Act* — by a near-party-line vote of 215–214. Among Orange County's House delegation, the one Republican representative, Young Kim, voted Yes, and all five Democratic representatives voted No. H.R. 1 proposes significant Medicaid funding reductions and policy changes with potential impacts to CalOptima Health, including but not limited to the following:

- Work, community service and/or education requirement of 80 hours per month for able-bodied adults without dependents (with exceptions for pregnant women, foster youth, medically frail, caregivers and others), effective December 31, 2026
- Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to every six months, effective December 31, 2026
- State penalty for coverage of undocumented immigrants by decreasing the Federal Medical Assistance Percentage (FMAP) for MCE enrollees from 90% to 80%, effective October 1, 2027

- Cost-sharing for MCE enrollees with incomes of 100%–138% Federal Poverty Level, not to exceed $35 per service and 5% of total income, and not to be applied to primary, prenatal, pediatric or emergency care, effective October 1, 2028
- Prohibition on any new or increased provider taxes, effective immediately
- Significant restrictions on current Managed Care Organization (MCO) taxes, which could effectively repeal California's MCO tax that was made permanent by Proposition 35 in 2024, with a potential winddown period of up to three fiscal years

Next, the U.S. Senate will start consideration of H.R. 1 and is expected to incorporate amendments to reduce the severity of Medicaid cuts, but there is no indication of any specific changes at this time. To that end, CalOptima Health will increase engagement with key Senate staff in the coming weeks to share our concerns with the current provisions. Congressional leadership aims to pass final, agreed-upon legislation to President Donald Trump by July 4.

C. Governor Newsom Releases May Revision Budget Proposal

On May 14, Governor Gavin Newsom released his FY 2025–26 revised state budget proposal, also known as the May Revision, which totals $322 billion and addresses a projected $12 billion shortfall with significant reductions to ongoing programs. In particular, the May Revision highlights that Medi-Cal expenditures have increased substantially and are anticipated to keep growing through FY 2025–26, due in part to higher-than-expected Medi-Cal enrollment and increased pharmaceutical costs. Proposed solutions to address Medi-Cal cost growth issues are highlighted below due to significant potential impacts on CalOptima Health. As the State Legislature reviews the May Revision, CalOptima Health's staff, lobbyists and associations are engaging our state delegation and other key legislators to express concerns regarding several proposals. Next, the Legislature is expected to introduce a budget counterproposal before negotiating with the governor and passing a final budget by June 15.

Key Proposals:

- Modify Medi-Cal eligibility and benefits for undocumented members (i.e., those with Unsatisfactory Immigration Status [UIS]):
  - Prohibit the new enrollment of UIS adults ages 19 years and older
  - Impose $100 premiums on currently enrolled UIS adults ages 19 years and older
  - Eliminate dental benefits for currently enrolled UIS adults ages 19 years and older
  - Eliminate long-term care benefits for UIS individuals of all ages
  - Eliminate Prospective Payment System rates to community clinics for state-only-funded services to UIS individuals of all ages
- Eliminate the following Medi-Cal benefits:
  - Acupuncture
  - Anti-obesity medications (i.e., GLP-1s)
  - Some over-the-counter drug benefits, including COVID-19 tests and vitamins
- Cap Program of All-Inclusive Care for the Elderly (PACE) rates at the midpoint of the actuarial rate ranges, resulting in a ~2.8% rate cut ($1.1 million) to CalOptima Health PACE
- Impose an additional 1% administrative tax on PACE organizations
- Sweep some Proposition 35 funding to the General Fund to address existing Medi-Cal costs, leaving reduced funding for future Medi-Cal provider rate increases as originally intended
- Increase the minimum Medical Loss Ratio (MLR) requirement for Medi-Cal plans from 85% to 90%, with modifications to the MLR methodology
- Reinstate the Medi-Cal asset limit of $2,000 per individual ($3,000 per couple) for Seniors and People with Disabilities
- Eliminate the Skilled Nursing Facility Workforce Quality Incentive Program

- Eliminate Proposition 56 supplemental payments to dental, family planning and women's health providers
- Continue funding for current and planned CalAIM initiatives, including Transitional Rent, Community Supports and Enhanced Care Management

D. Centers for Medicare & Medicaid Services Proposes MCO Tax Restrictions

The U.S. Centers for Medicare & Medicaid Services (CMS) recently released a proposed rule that would significantly restrict states' use of MCO taxes and largely mirrors the related provision in the House-passed reconciliation legislation discussed above. In summary, the proposed rule would require uniformity between the MCO tax rates that are imposed on Medicaid and non-Medicaid lines of business. Depending on the final language, the current MCO tax structure could be terminated either immediately or one year after the enactment of the rule. CalOptima Health and our state trade associations are discussing the submission of public comments, which are due to CMS by July 14.

E. CalOptima Health Celebrates Cal State Fullerton's First Cohort of MSW Stipend Graduates

On May 21, CalOptima Health's first cohort of Master of Social Work stipend recipients graduated from Cal State Fullerton. Through our workforce development funding, these 22 new social workers received a $20,000 stipend each year during the two-year program in exchange for their commitment to work at least two years in Orange County's health care safety net serving Medi-Cal members. We are proud that two students won the Outstanding Graduate Student Award, and another was honored with an Outstanding Research Award. This exemplary group is just the first group of sponsored graduates — the workforce program continues for four more years. A special thank you to Orange County Board of Supervisors Chairman and CalOptima Health Board Member Doug Chaffee for his work in championing this pilot program, which led to further provider workforce investments.

F. Mobile Mammogram Event Hosted at Northgate Market

CalOptima Health collaborated with Northgate Gonzalez Market and Alinea Medical Imaging to host a mobile mammogram event on May 30 at Northgate Market in Anaheim. The event provided access to care for CalOptima Health Community Network (CHCN) members while supporting our HEDIS and quality measures. A targeted text message was sent to members ages 50–74 who are due for a mammogram and live in the surrounding area. The event was also open to community members who are uninsured or underinsured, and their mammogram services were covered by the Every Woman Counts program. For completing a mammogram, CHCN members received a $25 Member Health Reward, and those who are uninsured or underinsured received a $25 Northgate gift card. This collaboration with Northgate Market provided an opportunity to increase our members' access to care while enhancing relationships with valued community stakeholders serving the Latino population, which represents nearly 44% of our total membership.

G. Chief Operating Officer Participates in OCBC Health Care Forum

Chief Operating Officer Yunkyung Kim participated in a panel at the Orange County Business Council's (OCBC) 2025 Health Care Forum on May 6. Joining local hospital and other industry leaders, Yunkyung highlighted CalOptima Health's focus on workforce development programs to ensure the long-term sustainability of Orange County's safety net health care system. She also emphasized the importance of our CalAIM investments in non-medical interventions, such as housing navigation services and medically tailored meals, to improve patient outcomes and reduce health care costs. Lastly, she discussed CalOptima Health's recent decision to participate in Covered California, starting in 2027, to ensure continuity of care for our members churning on and off Medi-Cal.

H. Street Medicine Program Celebrates Two-Year Anniversary

CalOptima Health's Street Medicine Program recently marked its two-year anniversary, celebrating success in delivering health care directly to our community's most vulnerable members. Since launch, the program has helped more than 600 individuals with primary care and social services, demonstrating our commitment to providing accessible health care. The most recent video in our member stories series features CalOptima Health member Matt Hurst, who shares his journey to housing after more than 10 years on the streets. Matt's inspiring story shares how our Street Medicine Program provided crucial support.

I. CalOptima Health Conducts OneCare Focus Groups

RSE, CalOptima Health's advertising agency for OneCare, conducted focus group research on our behalf to ensure the effectiveness of our campaign (started in October 2024) to promote OneCare as a unique Medicare + Medi-Cal plan offering in Orange County. The research engaged nine groups:

- English-speaking members, nonmembers and caregivers
- Spanish-speaking members, nonmembers and bilingual caregivers
- Vietnamese-speaking members, nonmembers and bilingual caregivers

The objectives of the mid-campaign research are to:

- Gauge changes in perceptions and awareness of CalOptima Health OneCare vs. pre-campaign
- Better understand the caregiver/influencer audiences
- Identify motivations, barriers and challenges for caregivers
- Test existing campaign creative and new caregiver concepts to determine possible optimizations

J. Communications Team Wins More Than 50 Awards for Advertising, Other Material

CalOptima Health's Communications team creates a wide variety of branded materials internally and directs advertising campaign development in collaboration with outside agencies. Recognition for this work hit an all-time high in May, winning 25 awards at the 42nd Annual Healthcare Advertising Awards, 26 awards at the Health Care Communicators of Southern California Finest Awards and four awards from the Telly Awards. Honored for creativity, impact and design, the winning advertising submissions were from our cancer screening awareness, PACE and OneCare campaigns, and included multimedia assets ranging from TV and digital ads to direct mail and print ads. Among the internal projects recognized were our 2025 Report to the Community, Street Medicine and Workforce Development News Releases, Provider Press Newsletter, Medi-Cal Expansion Campaign, Back-to-School Health and Wellness Fair, and more.

K. CalOptima Health Gains Media Coverage

On May 19, KFF Health News ran an article, "Housing, Nutrition in Peril as Trump Pulls Back Medicaid Social Services" that included a quote from Kelly Bruno-Nelson, DSW, CalOptima Health's Executive Director of Medi-Cal/CalAIM: "We believe wholeheartedly that housing is health, food is health, so seeing these programs disappear would be devastating." Since its publication, the article has been widely syndicated.

CalOptima Health

Fast Facts
June 2025

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

Membership Data* (as of April 30, 2025)

Total CalOptima Health Membership

901,899

Program	Members
Medi-Cal	884,054
OneCare (HMO D-SNP)	17,339
Program of All-Inclusive Care for the Elderly (PACE)	506

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

Key Financial Indicators (for 10 months ended April 30, 2025)

	Dashboard	YTD Actual	Actual vs. Budget ($)	Actual vs. Budget (%)
Operating Income/(Loss)	●	$119.3M	$339.5M	154.2%
Non-Operating Income/(Loss)	●	$160.3M	$106.5M	198.0%
Bottom Line (Change in Net Assets)	●	$279.6M	$446.0M	268.1%
Medical Loss Ratio (MLR) *(Percent of every dollar spent on member care)*	●	92.3%	---	(7.0%)
Administrative Loss Ratio (ALR) *(Percent of every dollar spent on overhead costs)*	●	4.9%	---	2.0%

Notes:
- For additional financial details, refer to the financial packages included in the Board of Directors meeting materials.
- Adjusted MLR (without the estimated provider rate increases funded by reserves) is 88%.

Reserve Summary (as of April 30, 2025)

	Amount (in millions)
Board Designated Reserves*	$1,574.5
Statutory Designated Reserves	$131.6
Capital Assets (Net of depreciation)	$100.3
Unspent Balance of Allocated Resources	$437.6
Unspent Balance of Board Approved Provider Rate Increase**	$350.8
Unallocated Resources*	$130.0
Total Net Assets	$2,724.7

* Total of Board-designated reserves and unallocated resources can support approximately 157 days of CalOptima Health's current operations.

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

Total Annual Budgeted Revenue **$4 Billion**

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

CalOptima Health Fast Facts

June 2025

Personnel Summary (as of May 17, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,339.25	35.15	50.95%	49.05%	2.56%
Supervisor	85	2	0%	100%	2.3%
Manager	118	9	11.11%	88.89%	7.09%
Director	69	8	25%	75%	10.39%
Executive	22	0	---%	---%	---%
Total FTE Count	1,632.3	55.2	47.89%	52.11%	3.27%

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

Provider Network Data (as of May 20, 2025)

	Number of Providers
Primary Care Providers	1,312
Specialists	7,340
Pharmacies	606
Acute and Rehab Hospitals	41
Community Health Centers	65
Long-Term Care Facilities	206

Treatment Authorizations (as of March 31, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	33.66 hours
Prior Authorization – Urgent	72 hours	21.9 hours
Prior Authorization – Routine	5 days	3.25 days

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

Member Demographics (as of April 30, 2025)

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

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

Medi-Cal Aid Category	
Expansion	38%
Temporary Assistance for Needy Families	37%
Seniors	12%
Optional Targeted Low-Income Children	7%
People With Disabilities	5%
Long-Term Care	<1%
Other	<1%