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

THURSDAY, AUGUST 13, 2020
2:30 P.M.

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

AGENDA

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

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

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

1) Listen to the live audio at +1 (631) 992-3221 - Access Code: 589-102-658 or

2) Participate via Webinar at: https://attendee.gotowebinar.com/register/6322236248873938702 rather than attending in person. Webinar instructions are provided below.

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES
A. Approve Minutes of the June 11, 2020 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

IV. PUBLIC COMMENT

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

V. REPORTS

A. Consider Recommendation of Consumer Representative
B. Consider Recommendation of Chair and Vice Chair

VI. MANAGEMENT REPORTS

A. Chief Executive Officer Update
B. Chief Operating Officer Update
C. Chief Medical Officer Update

VII. INFORMATION ITEMS

A. Committee Member Updates
B. Homeless Health Initiative
C. Federal and State Legislative Update
D. Annual HEDIS Update

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

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Webinar Information

1. **Please register for the Member Advisory Committee Meeting on August 13, 2020 at 2:30 PM PDT at: https://attendee.gotowebinar.com/register/6322236248873938702**

   After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.

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

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

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

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

   --OR--

   TO USE YOUR TELEPHONE:
   If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.
   United States: **+1 (631) 992-3221**

   Access Code: **589-102-658**

   Audio PIN: Shown after joining the webinar

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MINUTES

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

June 11, 2020

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on June 11, 2020, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER
Chair Tolbert called the meeting to order at 2:33 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Christine Tolbert, Chair; Pamela Pimentel, Vice Chair; Maura Byron; Diana Cruz-Toro; Sandra Finestone; Connie Gonzalez; Patty Mouton; Sally Molnar; Jaime Munoz; Sr. Mary Therese Sweeney; Mallory Vega.

Members Absent: Hai Hoang

Others Present: Richard Sanchez, Interim Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Gary Crockett, Chief Counsel; Emily Fonda, M.D., Deputy Chief Medical Officer; Candice Gomez, Executive Director, Program Implementation; Belinda Abeyta, Executive Director, Operations; Betsy Ha, Executive Director, Quality & Population Health Management; TC Roady, Director, Regulatory Affairs; Mary Botts, Manager, Enterprise Analytics; Cheryl Simmons, Staff to the Advisory Committees; Samantha Fontenot, Program Assistant,

MINUTES

Approve the Minutes of the May 14, 2020 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: ***On motion of Member Sally Molnar, seconded and carried, the MAC approved the minutes as submitted. (9-0-0, member Hoang absent)***

PUBLIC COMMENT
There were no public comments.

REPORTS

Consider Recommendation of Agency Appointed Representative from the Orange County Health Care Agency (OCHCA)
Chair Tolbert reviewed the candidate appointed by the OCHCA and reminded the members that in 2019, Member Donna Grubaugh had notified CalOptima of her resignation from the MAC due to her retirement from the OCHCA. The OCHCA has named Steve Thronson, Deputy Director as the representative for the OCHCA's standing seat on MAC.

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Action: ***On motion of Member Pamela Pimentel, seconded and carried, the MAC approved the recommendation to appoint Steve Thronson as the OCHCA representative (10-0-0, Member Hoang absent)***

Consider Approval of the Member Advisory Committee FY 2019-2020 Accomplishments

Chair Tolbert reviewed the FY 2019-20 MAC Accomplishments and noted that they would be part of the August 6, 2020 Board book.

Action: ***On motion of Member Jaime Munoz, seconded and carried, the Committee approved the MAC FY 2019-2020 Accomplishments (10-0-0, Member Hoang absent)***

Chair Tolbert rearranged the agenda to hear agenda item VII.B Children's Hospital of Orange County (CHOC) Thompson Autism Center Presentation.

CHOC Children's Thompson Autism Center Presentation

Jonathan T. Megarian, M.D., Medical Director of the Thompson Autism Center at Children's Hospital of Orange County (CHOC) provided a comprehensive presentation on CHOC's new Thompson Autism Center. Dr. Megerian discussed the benefits and services that are being offered at the center which opened in January 2020. Dr. Megerian also provided an overview of the challenging behavior unit, the assessment clinic, and the co-occurring clinic which is available to children and their families.

Chair Tolbert returned to the CEO and Management Reports portion of the agenda after the conclusion of Dr. Megarian's presentation.

CEO AND MANAGEMENT REPORTS

Chief Operating Officer (COO) Update

Ladan Khamseh, Chief Operating Officer, provided a verbal update on CalOptima's COVID-19 outreach response to members regarding telehealth services and social distancing reminders. Ms. Khamseh also noted that CalOptima's health networks and provider contract amendments had been sent out in May and were awaiting the providers to return the signed amendments. She also notified the members that the base rate for skilled nursing facilities had been increased. Ms. Khamseh also discussed how a Request for Proposal (RFP) is being utilized to find a vendor to assist with updating the Provider Directory.

Chief Medical Officer (CMO) Update

David Ramirez, M.D., Chief Medical Officer, provided a verbal update on the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid (CMS) regulatory changes. Dr. Ramirez also noted that DHCS announced that CalAIM would be delayed and CMS had requested that the California Medicaid 1115 Waiver be extended for another year. Dr. Ramirez also mentioned that the Health Homes Program (HHP) Phase 2 for Behavioral Health and Substance Abuse will go into effect July 1, 2020.

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INFORMATION ITEMS

MAC Member Updates

Chair Tolbert announced that at the June 4, 2020 Board Meeting the following individuals were reappointed to the MAC: Pamela Pimentel, Sr. Mary Therese Sweeney, Sally Molnar, Christine Tolbert. The Board also approved the new appointments of Maura Byron as the Family Support Representative, Melisa Nicholson as the Foster Children Representative, and Patty Mouton as the Long-Term Services and Supports Representative. She noted that recruitment would continue for the Consumer and Medi-Cal Beneficiaries Representatives.

Chair Tolbert on behalf of the MAC said farewell to Jaime Munoz, Foster Children Representative and thanked him for his service on the committee and also reminded the members that a new Chair and Vice Chair will be chosen at the August 13, 2020 meeting, and that MAC members interested in applying should send an email to Cheryl Simmons to notify her of their interest.

Coronavirus COVID-19 Update

Emily Fonda, M.D., Deputy Chief Medical Officer provided a COVID-19 update and discussed Orange County's testing capabilities, CalOptima's COVID-19 response in educating members, and CalOptima's next steps regarding staff maintaining social distancing precautions.

CalOptima Members Experiencing Homelessness Update

Mary Botts, Manager, Enterprise Analytics, presented on members experiencing homelessness. Ms. Botts provided a high-level overview of the CalOptima Homeless Population Clinical Report Card, Medi-Cal Homeless Enrollment Trends, and the Homeless Utilization Trends. Ms. Botts noted that CalOptima's Board of Directors' approved the expansion of the Homeless Clinical Access Program (HCAP) incentives which includes the Clinical Field Teams (CFT) services and telehealth visits.

Federal & State Legislative Update

TC Roady, Director, Regulatory Affairs, provided a verbal update on Governor Newsom's May Revise budget impacts to CalOptima's Medi-Cal members. This budget is scheduled for a final vote on June 15, 2020. Mr. Roady also noted that there were no cuts to the Community Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP) Program.

ADJOURNMENT

Chair Tolbert announced that the next MAC meeting is scheduled for Thursday, August 13, 2020 at 2:30 p.m. Hearing no further business, Chair Tolbert adjourned the meeting at 5:02 p.m.

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

Approved: August 13, 2020

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MEMORANDUM

DATE:	July 29, 2020
TO:	CalOptima Board of Directors
FROM:	Richard Sanchez, Interim CEO
SUBJECT:	CEO Report — August 6, 2020, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

California Budget Enacted With Medi-Cal Rate Reduction But No Program Eliminations
On June 29, Gov. Gavin Newsom signed California's FY 2020–21 budget after the Legislature and Administration agreed on a plan to balance an estimated $54 billion deficit brought on by the COVID-19 pandemic. While the budget still contains Medi-Cal rate cuts, the elimination of optional benefits and programs for seniors was not approved. Therefore, the budget provisions are consistent with CalOptima's Board-approved FY 2020–21 operating budget. Effective July 1, the state budget impacts Medi-Cal as summarized below:

- *Benefits:* Rejects the elimination of Community-Based Adult Services (CBAS) and the Multipurpose Senior Services Program (MSSP) and preserves funding for 12 optional Medi-Cal benefits.
- *Managed Care Capitation Rates:* Approves a 1.5% rate reduction, implements a risk corridor calculation for the period July 1, 2019–December 31, 2020 (18-month bridge period) and implements efficiencies in the development of managed care plan rates.
- *Proposition 56:* Rejects the Administration's proposal to eliminate Proposition 56 supplemental payments but suspends payments on July 1, 2021, unless certain state fiscal conditions are met.
- *Managed Care Organization (MCO) Tax:* Approves the Administration's estimate of net revenue from the MCO tax of $1.7 billion.
- *Medi-Cal Expansion:* Expands full-scope Medi-Cal to undocumented older adults only if specific revenue projections for the next three years exceed the cost of providing benefits.
- *California Advancing and Innovating Medi-Cal (CalAIM):* Approves the Administration's withdrawal of funding to support CalAIM.
- *Pharmacy Carve-Out:* Approves the Department of Health Care Services (DHCS) budget request for resources to implement Medi-Cal Rx.

State Files 1115 Waiver Extension Request to Approve Programs Until 2021
On July 22, DHCS requested a 12-month extension of the federal waiver under which the majority of Medi-Cal operates. California's Section 1115 Medicaid waiver, known as Medi-Cal 2020, was approved by the Centers for Medicare & Medicaid Services (CMS) on December 30, 2015, and is effective through December 31, 2020. Following the end of the waiver period, DHCS had intended to launch CalAIM to continue important programs authorized through Medi-Cal 2020. However, COVID-19 necessitated a delay in CalAIM so the health care delivery system can focus on the pandemic. The extension request's stakeholder process includes a 30-

day public comment period and two public hearings on August 7 and 10. CalOptima will keep your Board informed about the progress of the extension request.

New Long-Term Care at Home Medi-Cal Benefit Proposed, Driven by Pandemic
On May 22, DHCS and the California Department of Aging announced the development of a new Long-Term Care at Home benefit for Medi-Cal, aimed at reducing the nursing home population amid the pandemic by offering a coordinated and bundled set of medical and home- and community-based services. According to the proposal, services will be tailored to individual needs based on a person-centered assessment and provide choices for individuals about where to live and how to receive care. Stakeholder feedback in June resulted in modifications to the original proposal, and a updated benefit design document was released July 17 here. The document provides a more detailed overview of the proposed benefit, including its key goals, target populations, model of care, financing structure, federal authority, and public stakeholder process. DHCS will seek approval from CMS for this benefit, with a plan to launch it in 2021. To help shape the benefit, CalOptima has provided feedback through our state associations; however, we remain concerned regarding the aggressive timeframe for implementation and other operational and clinical issues.

COVID-19 Response Encompasses a Wide Range of Efforts From Clinical to Operational
CalOptima continues to respond to the intense needs of our members as we enter the sixth month since Orange County declared a local health emergency. From our first case until July 27, CalOptima has reported 2,201 positive cases, 1,138 hospitalizations and 165 deaths. Below are updates in several key areas of pandemic response.

- *Redetermination Extension:* On July 23, the federal government extended the public health emergency order another 90 days, until October 24, 2020, and DHCS announced that it will extend the freeze on Medi-Cal redeterminations accordingly. During a call about COVID-19, state officials shared that DHCS is not experiencing the enrollment spike up to 2 million new enrollees as previously expected. April enrollment data show a decrease in female applicants compared with male applicants, and children ages 0–17 make up the bulk of applications.
- *Member Communications:* CalOptima enhances the COVID-19 member section on the website on an ongoing basis. For example, we recently added the expanded list of COVID-19 symptoms released by the CDC. Member content is available in seven threshold languages.
- *Provider Communications:* The breadth of the COVID-19 provider section here reflects the challenging nature of delivering health care during the pandemic, given numerous regulatory changes and financial demands. Toward the latter, CalOptima communicated the opportunity in June for providers to obtain financial support from the $25 billion Medicaid Relief Fund: $15 billion for Medicaid providers and $10 billion for safety net hospitals. To be eligible, providers must have directly billed for recent Medi-Cal services and must not have received prior provider relief payments. The payment will be at least 2 percent of reported gross Medi-Cal revenue for a specified period.
- *Suicide Prevention:* In early July, DHCS, the California Department of Public Health and the Office of the California Surgeon General reached out with a letter for all California medical and behavioral health providers, to communicate concerns about COVID-19's immediate and long-term impact on mental health. The letter urges providers to ask four suicide screening questions developed by the National Institute on Mental Health and offers instructions and resources about what to do if someone is identified as at-risk.

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- *Nursing Home Support:* CMS recently announced funding and testing initiatives to further protect nursing home residents. Up to $5 billion of the Provider Relief Fund will be authorized for Medicare-certified long-term care facilities to boost facilities' response to COVID-19. They must participate in a training program to qualify to receive the funding. Further, CMS will begin requiring — rather than recommending — that all nursing homes in states with a 5% or higher positivity rate test all staff each week. This new staff testing requirement will enhance efforts to keep the virus from entering and spreading through nursing homes by identifying asymptomatic carriers. Meanwhile, our local efforts continue in partnership with UC Irvine and the Orange County Health Care Agency (HCA) to support infection control in nursing homes, including hosting a July 9 webinar offering resources in a new toolkit here.
- *Anaheim Testing Super Site:* On July 14, the HCA and City of Anaheim jointly announced a new drive-through testing super site at the Anaheim Convention Center. CalOptima has promoted this site on social media and in our weekly COVID-19 electronic newsletter to hundreds of community-based organizations.
- *Multilingual Ad Campaign:* CalOptima partnered with the HCA to help amplify its "Could it be COVID?" multilingual ad campaign about testing. We participated in an HCA press release here that announced the new campaign, and we posted HCA-created messages on our four social media channels. Further, CalOptima offered HCA bonus radio spots on La Ranchera 96.7 FM for additional Spanish-language announcements and included the HCA ad and message twice in our weekly COVID-19 electronic newsletter.
- *Teleworking:* CalOptima continues to consider how to protect our employees and plan for an eventual return to the office. As a first step over the next few months, CalOptima will fill nearly 70 permanent teleworking slots that are within the current Board-approved limit, thereby reducing the future census in the building. However, the executive team recognizes that significant short- and long-term modifications to our workspace will be necessary, including perhaps seeking approval for more permanent telework staff.

Whole-Child Model (WCM) Marks First Year of Successful Integration

July 1, 2020, marked the one-year anniversary of CalOptima's WCM program, which delivers better care coordination and access to care for California Children's Services (CCS) children and their families. Thanks to our effective partnership with the provider community, WCM experienced strong clinical results and positive feedback from participants. The program began with 12,317 members and grew almost 20% during the past 12 months to 14,652 members. Approximately 42% of all WCM members reside in either Santa Ana or Anaheim, and nearly all WCM members (93%) speak either English (51%) or Spanish (42%). There is some work to do to address CCS eligibility discrepancies and funding issues, and our finance team is focused on correcting the gaps with support from state associations. Thanks for your Board's support during the launch and first year of operation.

CalOptima Engages Orange County Congressional Delegation in Virtual Meetings

In June, the Association for Community Affiliated Plans conducted its annual legislative advocacy efforts virtually this year, and CalOptima connected over the phone with five Congressional offices. I spoke with Reps. Lou Correa, Alan Lowenthal, Harley Rouda and Gil Cisneros as well as a staffer from the office of Rep. Katie Porter. The discussions ranged from the pandemic's impact on provider funding and Medi-Cal policies to the availability of COVID-19 testing and mental health resources in our community. More recently, I was able to meet

virtually with the remaining members of our Congressional delegation, Reps. Linda Sanchez and Mike Levin, and the conversations covered similar issues.

Health Homes Program (HHP) Phase 2 Focuses on Needs of Members With Mental Illness
On July 1, CalOptima launched Phase 2 of HHP, which provides a new set of care management and coordination services to Medi-Cal members with serious mental illnesses. The goal of HHP Phase 2 continues to be the same as Phase 1, which is to promote access to the full range of physical, behavioral and social services for members with complex needs, and to empower them to play an active role in their health. Nearly 4,700 members are eligible to participate in Phase 2, and we estimate that 20% will enroll. Through July, 480 members enrolled in HHP during Phase 1, which includes members with certain chronic conditions and substance use disorders.

Medi-Cal Rx All-Plan Webinar Begins the Preparation for January 2021 Transition
In June, DHCS held an all-plan webinar about the upcoming transition to Medi-Cal Rx on January 1, 2021. The state reiterated its commitment to that start date and shared that system testing with pharmacy vendor Magellan Healthcare has begun. To gather input from health plans and associations, the state will soon release a draft All-Plan Letter that outlines managed care plan requirements after Medi-Cal Rx implementation and addresses a variety of issues at the plan level, such as policies and procedures, pharmacy provider networks, formularies, utilization management, and grievances and appeals. Regarding member communication, DHCS will provide managed care plans with call scripts that give members information about how to contact Magellan. Also, 90-, 60- and 30-day notices will be sent to members. While CalOptima has many reservations about this transition, we are particularly concerned about its impact on CCS members. Working through the CCS Advisory Group, we have asked the state to make several changes to the formulary specific to that population.

DHCS Medi-Cal Audit Wraps Up With Draft Findings in Access to Care, Grievances
The DHCS on-site audit of CalOptima's Medi-Cal program as well as Medicaid-based services for OneCare Connect took place from January 27–February 7, 2020. DHCS reviewed an array of documents and data and conducted interviews with CalOptima staff as well as with a DHCS-selected delegate, Monarch HealthCare. On July 1, DHCS issued a draft report with preliminary findings in the areas of access and availability of care and the grievance system, and on July 7, DHCS and CalOptima met for an exit conference. After receipt of the final report, CalOptima will respond with a Corrective Action Plan. We will keep your Board informed about remediation efforts.

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Homeless Health Initiatives

Clinical Field Teams, Homeless Response Team and Mobile Units

Dr. David Ramirez, Chief Medical Officer

Candice Gomez, Executive Director, Program Implementation

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Homeless Health Initiatives (HHI)

- Multiple options to receive care

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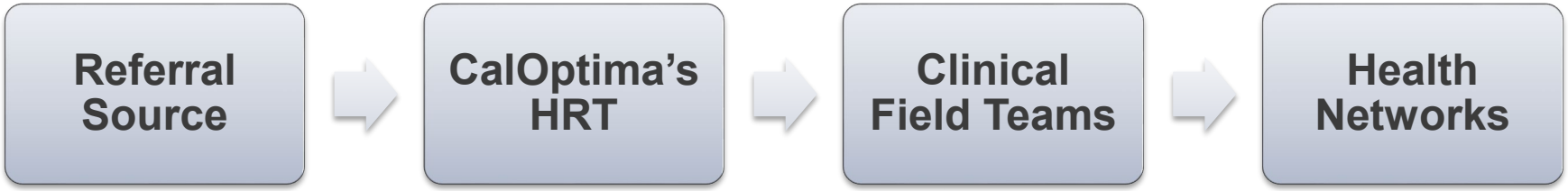
Program Goals

- Improve the health care delivery system for people experiencing homelessness by
  - Reversing trend of homeless deaths
  - Building a better system of care for these members
  - Connecting them to traditional delivery system
  - Prioritizing population health for this group
  - Reducing health disparities and improving outcomes

Board of Directors Commitment

- $100 million allocated to HHI
  - Approximately $43 million allocated to specific initiatives
  - Source is a combination of
    - Intergovernmental Transfer (IGT)
    - Operating funds
- Guiding Principles
  - Transparent and Inclusive
  - Compliant and Sustainable
  - Strategic and Integrated
  - Defined and Accountable

CFT Pilot Design



- Meet immediate urgent care needs
- Collaborate with community-based organizations serving this population
  - Trusted by people experiencing homelessness
  - Knowledge of homeless services for follow up
- Community health centers provide service regardless of insurance status
- Safety considerations for service providers

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CFT Structure

- Team Components
  - Community Health Center clinical and support staff
  - Vehicle for transportation of staff and equipment
- Clinical Services
  - Urgently needed care
  - Prescriptions and immediate dispensing of commonly used medications
  - Referrals and follow up

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CFT Structure (cont.)

- Participating Community Health Centers (CHCs)
  - Central City Community Health Center
  - Hurtt Family Health Clinic*
  - Korean Community Services
  - Serve the People*
  - Families Together
- Availability and Coverage
  - On-call urgent care services available every day of the week (excluding holidays)
  - Telehealth added to address COVID-19

** Due to COVID-19: Hurtt not currently on schedule and Serve the People on reduced schedule*

Scheduled Services at Shelters and Hotspots

- Participating CHCs
  - Includes CHCs participating in CFT and others
  - Collaborate with HRT, shelters and hot spots to create schedule
    - Primary and preventive services provided on site
    - Covers services provided in mobile unit, within a shelter or at a hot spot
  - Provide services to CalOptima members and others
  - Eligible for Homeless Clinical Access Program that provides incentives for both scheduled and on-call days
- Increased CalOptima presence
  - HRT Personal Care Coordinators' visits
    - Primary care provider changes, CalOptima ID card replacements
    - Health care navigation and referrals
  - Promotes communication between OC Health Care Agency (OC HCA) Outreach and Engagement teams, Public Health nurses and CFT teams

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Referral Source Role

- Identify people experiencing homelessness who
  - Have urgent care needs
  - Are willing to receive care
  - Are unable to access care in traditional settings
- Contact CalOptima's HRT referral phone line
- Stay with member prior to and during visit
  - Participate in development of plan
- Complete recuperative care referrals
  - CFT provides medical justification

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CalOptima HRT Role

- Maintain referral phone line and daily hours
  - Receive calls from trained referral sources
    - 8:30 a.m. to 4:30 p.m.7 days a week
  - Coordinate and dispatch CFTs
    - Provide patient demographics, location and complaint
    - Share referral contact information
- Shares information with health networks to facilitate follow-up care
- Provides additional support to members with visits to
  - Shelters and hot spots
  - Recuperative care facilities
  - In community for CFT visit (is on hold due to COVID-19)
  - Virtual visits provided remotely due to COVID-19

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HRT Calls and Face-to-Face Visits

- HRT
  - 476 internal referrals for outreach
  - 1,505 face-to-face contacts with people experiencing homelessness
  - Approximately half of staff time was in the field prior to COVID-19
    - Field visits were temporarily suspended due to COVID-19.
    - CalOptima continues to connect with community stakeholders and support member needs virtually.
  - Participated in five pre-enforcement engagements in Anaheim, Costa Mesa, Fullerton, Placentia and San Clemente
    - Supported three additional locations in Stanton on a single day in July 2020

Source: CalOptima Homeless Response Team report for 4/2019 through 6/2020, except as noted

Health Network Role

- Receive clinical notes and referrals for services
- Provide follow-up care, as applicable
- Provide case management to members, as needed
- Support members in achieving goals
- Offer outside-the-box solutions to reduce barriers to care

CFT Facts and Figures

- Urgent care requests
  - Calls received by HRT: 801
  - Calls dispatched: 786
  - Patients treated: 686 (439 were CalOptima members)
  - Referrals to recuperative care: 138
  - Successful telehealth visits completed (since April 13, 2020): 23
- Common conditions reported and other service needs
  - Skin conditions: abscesses, infections, dog and bug bites
  - Swelling of extremities/face
  - Flu-like symptoms
  - Hypertension/hypotension
  - Medication refills
  - Gastrointestinal issues

Source: CalOptima Homeless Response Team report for 4/2019 through 6/2020

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Calls Received by Location

Count by City	
Santa Ana	275
Fullerton	144
Anaheim	133
Placentia	56
Orange	31
Costa Mesa	26
San Clemente	19
Stanton	16
Laguna Beach	15
Newport Beach	15
All other cities/towns	71
Total	**801**

Count by Location Type	
Shelter	295
Street	102
Church	81
Park	65
Parking lot	57
Homeless encampment	53
Train station	43
Motel	20
Community center	18
Recuperative care	17
All other locations	50
Total	**801**

Count represents patient location at time of call and is based on all calls received by HRT
Source: CalOptima Homeless Response Team report for 4/2019 through 6/2020

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Referral Sources

Count by Referral Source	
OC HCA Outreach and Engagement	407
Courtyard	100
OC HCA Comprehensive Health Assessment Team Homeless (CHAT-H)	54
City Net	43
Mental Health Associates of Orange County (MHA)	31
Salvation Army	31
SAFEPlace	20
WISEPlace	20
Mom's Retreat	16
Pearl House	16
All other sources	63
Total	**801**

Source: CalOptima Homeless Response Team report for 4/2019 through 6/2020

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What We Learned and What's Next

- Our work is making a difference
  - Trust is essential
  - Relationships are key
    - Progress takes time and patience
  - Every barrier is an opportunity
    - Our task is to find better ways to deliver care to each person
    - Challenge standard ways of doing things and think creatively
  - Members care about their health
- Pilot continues through December 2020
  - Evaluate data and outcomes
  - Consider changes to support continuation as an ongoing program
  - Sustainability for CalOptima, community health centers and referring partners

CalOptima's Mission

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

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2019–20 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

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

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

STATE BUDGET BILLS

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

AFFORDABLE CARE ACT

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

BEHAVIORAL HEALTH

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

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 803 Beall	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Would create the Certified Support Specialist (CSS) certificate program. Would allow parents, peers, and family, 18 years of age or older and who have experienced a mental illness and/or a substance use disorder, to become a CSS. A CSS would be able to provide non-medical mental health and substance abuse support services. Additionally, would require the Department of Health Care Services to include CSS as a provider type, covered by Medi-Cal, no sooner than January 1, 2022. If federally approved, the peer-support program would be funded through Medi-Cal reimbursement.	**06/18/2020** Passed Committee on Appropriations **05/13/2020** Passed Committee on Health **01/08/2020** Introduced	CalOptima: Watch LHPC: Support
SB 1254 Moorlach	**Capacity Determinations and Appointments of Guardians Ad Litem for Mentally Ill Adults Without a Conservator:** Would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety, hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency. The bill would authorize certain persons to petition the court for the appointment of a guardian ad litem under these provisions.	**05/22/2020** Hearing canceled at the request of the author. **05/11/2020** Referred to Committee on Judiciary **02/21/2020** Introduced	CalOptima: Watch

BLOOD LEAD SCREENINGS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2276 Reyes	**Blood Lead Screening Tests Age Guidelines:** Would require the Medi-Cal managed care plan (MCP) to conduct blood lead screening tests for a Medi-Cal beneficiary at 12 and 24 months of age. This would require the MCP to contract with providers qualified to conduct any blood level screening tests and for the MCP to notify the beneficiary's parent or guardian that the beneficiary is eligible for blood lead screening tests. Additionally, if a child two to six years of age does not have medical records stating the completion of a blood lead screening test, the MCP would be required to provide at least one blood lead screening test. The MCP would also be required to report to the Department of Health Care Services (DHCS) the number of beneficiaries aged one and two who have received a blood lead screening test and of any associated case management services provided.	**07/01/2020** Referred to Senate Committee on Health **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/14/2020** Introduced	CalOptima: Watch
AB 2277 Salas	**Blood Lead Screening Tests Contracted Providers:** Would require the Medi-Cal managed care plan (MCP) to identify beneficiaries who have missed a blood screening test at both 12 and 24 months of age and impose requirements of the contracted provider to conduct blood lead screenings tests for those eligible to receive such tests. Would require the MCP to remind the contracted provider to conduct blood lead screening tests on a quarterly basis and to notify the beneficiary's parent, parents, guardian, or other person responsible for their care that the beneficiary is eligible to receive a blood screening test.	**07/01/2020** Referred to Senate Committee on Health **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/14/2020** Introduced	CalOptima: Watch

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

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2042 Wood	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to SB 916, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	**03/12/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
AB 2055 Wood	**CalAIM Drug Medi-Cal and Behavioral Health:** Would require the Department of Health Care Services to establish the Behavioral Health Quality Improvement Program. The Behavioral Health Quality Improvement Program would be responsible for providing support to entities managing the Drug Medi-Cal program as they prepare for any changes directed by the CalAIM initiative. Additionally, would establish a voluntary intergovernmental transfer (IGT) program relating to substance use disorder treatment provided by counties under the Drug Medi-Cal program. The IGT program would fund the nonfederal share of supplemental payments and to replace claims based on certified public expenditures.	**03/12/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2170 Blanco Rubio	**CalAIM Medi-Cal Eligibility for Juveniles Who are Incarcerated:** Would require the county welfare department to conduct a redetermination of eligibility for juveniles who are incarcerated so that, if eligible, their Medi-Cal would be reinstated immediately upon release.	**02/20/2020** Referred to Committee on Health **02/11/2020** Introduced	CalOptima: Watch
SB 910 Pan	**CalAIM Population Health Management:** Would require Medi-Cal managed care plans (MCPs) to implement the population health management program for those deemed eligible, effective January 1, 2022. Would require the Department of Health Care Services to utilize an external quality review organization (EQRO) to evaluate the effectiveness of the enhanced care management and in-lieu-of services provided to beneficiaries by each MCP. Additionally, would require each MCP to consult with stakeholders, including, but not limited to, county behavioral health departments, public health departments, providers, community-based organizations, consumer advocates, and Medi-Cal beneficiaries, on developing and implementing the population health management program.	**02/03/2020** Introduced	CalOptima: Watch
SB 916 Pan	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to AB 2042, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	**02/03/2020** Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4618 McBath	**Medicare Hearing Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of hearing aids for Medicare beneficiaries. Hearing aids would be provided every five years and would require a prescription from a doctor or qualified audiologist.	**10/17/2019** Passed the Committee on Energy and Commerce **10/08/2019** Introduced	CalOptima: Watch
H.R. 4650 Kelly	**Medicare Dental Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of dental health services for Medicare beneficiaries. Covered benefits would include preventive and screening services, basic and major treatments, and other care related to oral health.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
H.R. 4665 Schrier	**Medicare Vision Act of 2019:** No sooner than January 1, 2022, would require Medicare Part B to cover the cost of vision care for Medicare beneficiaries. Covered benefits would include routine eye exams and corrective lenses. Corrective lenses covered would be either one pair of conventional eyeglasses or contact lenses.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1904 Boerner Horvath	**Maternal Physical Therapy:** Would include pelvic floor physical therapy for women post-pregnancy as a Medi-Cal benefit.	**01/17/2020** Referred to Committee on Health **01/08/2020** Introduced	CalOptima: Watch
AB 1965 Aguiar-Curry	**Human Papillomavirus (HPV) Vaccine:** Would expand comprehensive clinical family planning services under the program to include the HPV vaccine for persons of reproductive age.	**03/17/2020** Hearing canceled at the request of the author **01/30/2020** Referred to Committee on Health **01/21/2020** Introduced	CalOptima: Watch
AB 2258 Reyes	**Doula Care:** Would require full-spectrum doula care to be included as a covered benefit for pregnant and postpartum Medi-Cal beneficiaries. The program would be established as a 3-year pilot program in 14 counties, including the County of Orange, beginning July 1, 2021. Prior authorization or cost-sharing to receive doula care would not be required.	**02/20/2020** Referred to Committee on Health **02/13/2020** Introduced	CalOptima: Watch

DENTAL

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

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office projects this expansion would cost approximately $900 million General Fund (GF) in 2019-2020 and $3.2 billion GF each year thereafter, including the costs if In-Home Supportive Services.	**07/02/2019** Hearing canceled at the request of the author **06/06/2019** Referred to Senate Committee on Health **05/28/2019** Passed Assembly floor **12/03/2018** Introduced	CalOptima: Watch CAHP: Support LHPC: Support

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 526 Petrie-Norris	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** Similar to SB 1073, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	**08/30/2019** Senate Committee on Appropriations; Held under submission **06/27/2019** Passed Senate Committee on Health **05/23/2019** Passed Assembly floor **02/13/2019** Introduced	CalOptima: Watch
AB 683 Carrillo	**Adjusting the Assets Test for Medi-Cal Eligibility:** Would eliminate specific assets tests, such as life insurance policies, musical instruments, and living trusts, when determining eligibility for Medi-Cal enrollment, effective July 1, 2020. Additionally, would prohibit the Department of Health Care Services from using an asset and resource test when determining eligibility for Medi-Cal enrollment when the individual is enrolled in the Medicare Shared Savings Program, effective January 1, 2020.	**06/23/2020** Referred to Senate Committee on Health **01/20/2020** Passed Assembly floor; Referred to Senate floor **02/15/2019** Introduced	CalOptima: Watch
SB 29 Durazo	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately $134 million each year ($100 million General Fund, $21 federal funds) by expanding full-scope Medi-Cal to approximately 25,000 adults who are undocumented and 65 years of age and older. The financial costs for In-Home Supportive Services is estimated to cost $13 million General Fund.	**09/13/2019** Held in Assembly **05/29/2019** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
SB 1073 Gonzalez	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** Similar to AB 526, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	**04/03/2020** Referred to Committee on Health **02/18/2020** Introduced	CalOptima: Watch

HOMELESSNESS

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

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1907 Santiago, Gipson, Quirk-Silva	**California Environmental Quality Act (CEQA) Exemption for Emergency Shelters and Supportive Housing:** Would exempt the development of emergency shelters, supportive housing or affordable housing by a public agency from CEQA regulations, expiring on December 31, 2028.	**05/13/2020** Hearing canceled at the request of the author **01/30/2020** Referred to Committees on Natural Resources; Housing and Community Development **01/08/2020** Introduced	CalOptima: Watch
AB 2295 Quirk-Silva	**Fairview Developmental Center:** Would require the State Legislature to enact legislation relating to the development of the Fairview Developmental Center (Center) located in Costa Mesa, CA. Of note, the Governor's Fiscal Year 2019-2020 budget included funds to utilize the Center temporarily to provide housing and services for those experiencing a severe mental illness. Additionally, AB 1199, signed into law in 2019, allows a public hearing to determine the use of the Center. This bill is still early in the legislative process. The pending legislation to define use of the Center is unknown at this time.	**02/14/2020** Introduced	CalOptima: Watch
AB 2746 Petrie-Norris, Gabriel	**Accountability of State Funds Used for Homelessness:** Would require an agency that receives state funds for programs related to homelessness, including, but not limited to, the Whole-Person Care pilot program, California Work Opportunity and Responsibility to Kids (CalWORKs), or the Housing and Disability Income Advocacy Program, to submit a report regarding the use of state funds. The report would be sent to the state agency granting funds for these programs. Additionally, would require the report to the state agencies to be submitted within 90 days of receiving program funds, or by April 1, 2021, if the recipient already received program funds as of January 1, 2021.	**07/01/2020** Referred to Senate Committee on Human Services **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/20/2020** Introduced	CalOptima: Watch
AB 2848 Santiago	**Homelessness Reduction Plan:** Would require each city or county to develop a plan to reduce homelessness by no less than 10% each year through a state mandate. The plan would be effective no later than January 1, 2022 and would be under the direction of the state's Homeless Coordinating and Financing Council. Additionally, would authorize the Office of the Inspector General to be in compliance with the Homeless Reduction Plan.	**05/05/2020** Re-referred to Committee on Housing and Community Development **02/20/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 3269 Chiu, Bloom, Bonta, Quirk-Silva, Santiago	**State and Local Homelessness Reduction Plan:** Would require the State Homeless Coordinating and Financing Council (coordinating council) to seek federal support from the Department of Housing and Urban Development (HUD), if available, to conduct a statewide needs and gaps analysis relating to homelessness. Would require the coordinating council to identify state programs that provide housing or services to individuals experiencing homelessness. With that information, would require the coordinating council to collaborate with HUD to create a financial model that will assess the costs of providing transitional support into permanent housing for those experiencing homelessness. Furthermore, this bill would require state and local agencies aim at reducing homelessness by 90% by December 31, 2028, based on the 2019 homeless point-in-time count. Would establish the Office of the Housing and Homelessness Inspector General to monitor the reduction plan and to bring action against a state and local agency that fails to adopt and implement a homelessness reduction plan within a reasonable time frame. Additionally, on or before January 1, 2022, each state and local agency shall develop an actionable plan to reduce homelessness and submit that plan to the Homeless Coordinating and Financing Council. This bill would also require HUD to set a benchmark goal for the reduction plan for each state and local agency to meet by January 1, 2028.	**07/02/2020** Referred to Senate Committee on Housing **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/21/2020** Introduced	CalOptima: Watch
AB 3300 Bloom, Bonta, Gipson, Quirk-Silva, Santiago, Wicks	**California Access to Housing and Services Act:** Would authorize the Department of Finance to allocate no more than $2 billion General Fund to establish the California Access to Housing and Services Fund.	**07/01/2020** Referred to Senate Committee on Housing **06/15/2020** Passed Assembly floor; Referred to Senate floor **02/21/2020** Introduced	CalOptima: Watch

MEDI-CAL MANAGED CARE PLANS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2625 Boerner Horvath	**Ground Emergency Medical Transportation (GEMT):** Would require managed care plans that offers coverage for GEMT services to include those services as in-network services.	**03/02/2020** Referred to Committee on Health **02/20/2020** Introduced	CalOptima: Watch

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

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1938 Low, Eggman	**340B Discount Drug Purchasing Program:** Would define a "designated entity" eligible for the 340B discount drug purchasing program as a nonprofit organization, including any subsidiary of that organization, that individually or collectively meets specific requirements. This would require: ■ The designated entity to be a licensed managed care organization that has previously contracted with the department as a primary care case management organization; ■ The designated entity to be contracted with the federal Centers for Medicare and& Medicaid Services (CMS) to provide services in the Medicare Program as a Medicare special needs plan; and ■ The designated entity to be an existing participant of the 340B program. Additionally, would prohibit a designated entity from using any revenue from a contract with the Department of Health Care Services, a contract with CMS, and from the 340B program for specific activities, such as: ■ Funding litigation under the California Environmental Quality Act; or ■ Influencing or funding any ballot measure actions related to housing.	**05/19/2020** Passed Committee on Health; Referred to Committee on Appropriations **01/17/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2100 Wood	**Pharmacy Carve-Out Benefit:** Would require the Department of Health Care Services to establish the Independent Prescription Drug Medical Review System (IPDMRS) for the outpatient pharmacy benefit, and to develop a framework for the system that models the requirements of the Knox-Keene Health Care Service Plan Act. Would require the IPDMRS to review disputed health care service of any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed or to a finding that the service is not medically necessary. Additionally, would establish prior authorization requirements, such as a 24-hour response, a 72-hour supply during emergency situations, and a minimum 180 days for continuity of care for medications regardless if listed on the Medi-Cal contract drug list.	**07/01/2020** Referred to Senate Committee on Health **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/05/2020** Introduced	CalOptima: Watch
AB 2348 Wood	**Pharmacy Benefit Management (PBM):** Would require a PBM, who contracts with a health care service plan, beginning on October 1, 2021, to report to the Department of Managed Health Care the PBM's revenue, expenses, health care service plan contracts, the scope of services provided to that plan, and the number of enrollees the PBM serves. The PBM would also be required to submit a report on all covered prescription drugs, including generic, brand name, and specialty drugs dispenses at a plan pharmacy, network pharmacy, or mail order pharmacy for outpatient use.	**05/05/2020** Referred to the Committee on Health **02/18/2020** Introduced	CalOptima: Watch
SB 852 Pan	**California Affordable Drug Manufacturing Act of 2020:** Would establish the Office of Drug Contracting and Manufacturing (Office) to reduce the cost of prescription drugs. No later than January 1, 2022, would require the Office to contract or partner with no less than one drug company or generic drug manufacturer, licensed by the United States Food and Drug Administration, to produce or distribute generic prescription drugs.	**06/18/2020** Passed Committee on Appropriations; Referred to Senate floor **05/13/2020** Passed Committee on Health **01/13/2020** Introduced	CalOptima: Watch CAHP: Support
SB 1084 Umberg	**Secure Dispensing of a Controlled Substance:** Would require a pharmacist who dispenses a controlled substance in a pill form to dispense the controlled substance in a lockable vial no sooner than June 30, 2021. Would require the manufacturer of the controlled substance to reimburse the pharmacy dispensing the medication the cost of using a lockable vial within 30 days of receiving a claim. Would also require the pharmacy to provide educational pamphlets to the patient regarding the use of a controlled substance.	**03/05/2020** Referred to Committees on Business, Professions and Economic Development; Judiciary **02/19/2020** Introduced	CalOptima: Watch

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2492 Choi	**Program of All-Inclusive Care for the Elderly (PACE) Enrollment:** Would require the Department of Health Care Services to establish a maximum number of eligible participants each PACE center can enroll.	**03/17/2020** Hearing postponed by Committee on Aging & Long-Term Care **03/12/2020** Referred to Committees on Health; Aging & Long-Term Care **02/19/2019** Introduced	CalOptima: Watch CalPACE: Oppose
AB 2604 Carrillo	Pandemic and Health-Related Emergency Protocols for Health Facilities Act: During a health-related state of emergency or local emergency, would require a health facility to limit the possible introduction of a pathogen, infection, or illness that is related to a pandemic or emergency by: ■ Postponing non-emergency medical procedures or office visits; ■ Prohibiting or limiting visitors of patients to the health facility; ■ Ensuring all patients and staff are always wearing surgical masks or personal protective equipment; ■ Providing education and enforcing regarding hand hygiene and cough etiquette for patients and staff; ■ Regularly disinfecting the health facility at least three times per day; ■ Adding air cleaning equipment to ventilation systems; ■ Establishing contaminated, partially contaminated, and clean zones with buffers between each of the three zones; ■ Implementing outdoor triage stations; and ■ Considering all patients to have "suspected cases' of the pathogen, infection, or illness until ruled out or confirmed.	**05/07/2020** Re-referred to Committee on Labor and Employment **02/21/2020** Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 890 Wood	**Nurse Practitioners:** Would permit a nurse practitioner to practice without direct, ongoing supervision of a physician when practicing in an office managed by one or more physicians. Would, until January 1, 2026, create the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs to certify nurse practitioners wanting to practice without direct, ongoing supervision of one or more physicians.	**06/23/2020** Referred to Senate Committee on Business, Professions and Economic Development **01/27/2019** Passed Assembly floor **02/20/2019** Introduced	CalOptima: Watch LHPC: Support

REIMBURSEMENT RATES

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

TELEHEALTH

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

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 2741 Schatz	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019:** Similar to H.R. 4932, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also: ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes.	**10/30/2019** Introduced; Referred to the Senate Committee on Finance	CalOptima: Watch AHIP: Support
AB 1676 Maienschein	**Telehealth Mental Health Services for Children, Pregnant Women, and Postpartum Persons:** Would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than January 1, 2021. Consultation and treatment services, provided by a psychiatrist, would be accessible during standard business hours, with the option for evening and weekend hours. Would also require adequate staffing to ensure calls are answered within 60 seconds. Payment structure has yet to be defined.	**01/31/2020** Died in appropriations **05/16/2019** Committee on Appropriations; Held under submission **04/24/2019** Passed Committee on Health **02/22/2019** Introduced	CalOptima: Watch CAHP: Oppose
AB 2164 Rivas, Salas	**Expanding Access to Telehealth:** Would no longer require the first visit at a federally qualified health clinic to be an in-person visit by authorizing telehealth appointments that occur by synchronous real time or asynchronous store and forward. This would allow the new patient the option to utilize telehealth services and become an established patient as their first visit.	**07/01/2020** Referred to Senate Committee on Health **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/11/2020** Introduced	CalOptima: Watch
AB 2360 Maienschein	**Telehealth Mental Health Services for Children, Pregnant Women, and Postpartum Persons:** Similar to AB 1676, which was held under submission by the Assembly Committee on Appropriations in 2019, would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than January 1, 2021. Consultation and treatment services, provided by a psychiatrist, would be accessible during standard business hours, with the option for evening and weekend hours.	**07/01/2020** Referred to Senate Committee on Health **06/10/2020** Passed Assembly floor; Referred to Senate floor **02/19/2020** Introduced	CalOptima: Watch CAHP: Oppose

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

TRAILER BILLS

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

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

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

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

2020 Federal Legislative Dates

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

2020 State Legislative Dates*

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

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

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

About CalOptima

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

2020–21 California Enacted State Budget: Analysis and CalOptima Impact

July 2020

Overview

On January 10, 2020, Governor Gavin Newsom released his Fiscal Year (FY) 2020–21 state budget proposal. Prior to the COVID-19 pandemic, the total proposed budget was $222.2 billion, with General Fund (GF) spending at $153.1 billion, including $107.4 billion allocated for Medi-Cal. With a strong economy, the January Proposed Budget included new and expanded programs, including Medi-Cal reforms, known as California Advancing and Innovating Medi-Cal (CalAIM), funding to address homelessness, and the expansion of full-scope Medi-Cal to older adults, regardless of immigration status.

In response to the COVID-19 recession, on May 14, 2020, Governor Newsom released a revised FY 2020–21 state budget proposal (May Revise), which reflected a calculated budget shortfall of approximately $54.3 billion for the next FY.[1] The May Revise proposed a total state budget of $203.3 billion, with GF spending at $133.9 billion.[2] Furthermore, the May Revise proposed significant changes and cuts to state programs, including the elimination of optional Medi-Cal benefits and senior programs, the delay of Medi-Cal expansion to undocumented older adults, and the withdrawal of funding for CalAIM.

The state legislature spent two weeks drafting a budget plan, restoring proposed cuts, relying more on the state's reserves, borrowing, deferrals, and federal funds. To meet the constitutionally obligated deadline to pass a balanced budget, on June 15, 2020, the State Assembly and State Senate passed Senate Bill (SB) 74, a preliminary state budget for FY 2020–21.[3]

Following negotiations with the Legislature to balance the deficit, on June 29, 2020, Governor Newsom signed into law Assembly Bill (AB) 89, the Enacted State Budget for FY 2020–21.

Enacted Budget

AB 89 enacts a $202.1 billion spending plan for FY 2020–21, including $133.9 billion GF. When compared to the FY 2019-2020 Enacted Budget ($214.8 billion ($147.8 billion GF)), this reflects a decrease in state spending of nearly 6 percent. Building on the Governor's May Revision framework to address the $54.3 billion shortfall, including the state's economic and revenue forecast, the Enacted Budget reflects the assumption of $14 billion in federal relief, uses state reserves, including $8.8 billion from the Rainy Day Fund, and relies on other state balances.

Budget Trailer Bills

On June 29, 2020, Governor Newsom also signed into law AB 80 and AB 81. AB 80 and AB 81 are health trailer bills designed to implement policy changes referenced in the budget bill. These trailer bills contain policy changes impacting the Medi-Cal program:

Table 1. Enacted Public Health Budget Trailer Bills

AB 80	AB 81
• Medi-Cal managed care capitated payment rate reduction of 1.5 percent for the 18-month bridge period • Implementation of a Medi-Cal risk corridor for the 18-month bridge period • Managed care rate efficiencies beginning 01/01/2021 • Prop 56 value-based payments and supplemental payments • Extension of the Medi-Cal 2020 Demonstration* • 340B Supplemental Payment Pool for non-hospital clinics • Expansion of full-scope Medi-Cal to seniors, regardless of immigration status • Extension of coverage for COVID-19 to uninsured individuals • Health Care Payment Data Program • Reimbursement for medication-assisted treatment services **Pending federal approval*	• Medi-Cal rate reimbursement methodology adjustments for skilled nursing facilities during the COVID-19 pandemic • Implementation of the skilled nursing facility quality assurance fee • County access to Mental Health Services Act funds for additional support related to COVID-19

These and other major issues pertinent to CalOptima are

addressed below.

Medi-Cal Budget

In response to the COVID-19 pandemic, the allocation of Medi-Cal funds continued to increase through this year's budget process (Chart 1). Even with the reduction in state spending, the Medi-Cal budget increased 16 percent, from to $99.5 billion ($22.7 billion GF) in FY 2019–20 to $115.4 billion ($22.3 billion GF) for FY 2020–21.[4] This includes $6.9 billion ($2.4 billion GF) for increased Medi-Cal caseloads, which is expected to peak at 14.5 million enrollees by July 2020.

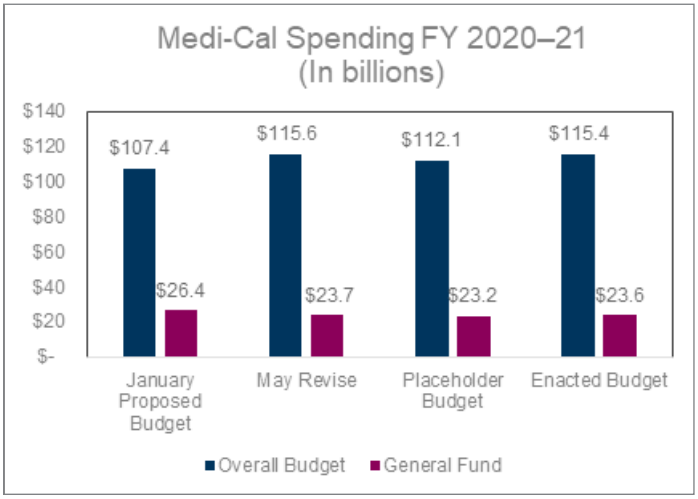

Chart 1. Medi-Cal Funds

The overall Medi-Cal budget also relies on federal funds, including funds from the enhanced Federal Medical Assistance Percentage (FMAP), a portion of the state's Coronavirus Relief Fund allocation. As authorized by the Families First Coronavirus Response Act, the Centers for Medicare & Medicaid Services (CMS) provided the state with an emergency increase in the FMAP for Medicaid of 6.2% (California's FMAP would be increased from 50% to 56.2%), through June 30, 2021. FMAP funds are to be utilized for expenses, such as emergency paid sick leave and unemployment insurance, COVID-19 testing at no cost, food aid, and other provisions related to COVID-19.

Managed Care Efficiencies

To address the state's budget shortfall, the Enacted Budget implements changes to the way that managed care capitation rates are determined. These changes include various acuity, efficiency, and cost containment adjustments. These adjustments are effective for the managed care rate year starting January 1, 2021 and would result in a savings of $193.6 million ($63 million GF) in FY 2020–21. The Enacted Budget also includes a 1.5 percent rate reduction for July 1, 2019, through December 31, 2020 (18-month bridge period), resulting in savings of $586 million ($182 million GF) in FY 2020–21, with the implementation of a risk corridor for same period.[5]

Of note, the managed care adjustments do not include the establishment of an APR-DRG inpatient maximum fee schedule as proposed by the Administration.

Medi-Cal Programs and Benefits

In the May Revise, Governor Newsom indicated that the state is not in a fiscal position to increase rates or expand programs given the drastic budget impacts of the COVID-19 Recession, with several programs proposed for elimination. However, negotiations between the Legislature and the Newsom Administration resulted in continued appropriations to several Medi-Cal programs and benefits.[6]

Table 2. Program Funding Maintained FY 2020–21

Programs Maintained
Adult Dental
Community-Based Adult Services (CBAS)
In-Home Supportive Services (IHSS) service hours ($410 million GF)
Multipurpose Senior Services Program (MSSP)
Other Optional Benefits: • Acupuncture; • Optometry; • Nurse anesthetist services; • Occupational and physical therapy; • Pharmacist-delivered services; • Diabetes prevention program services; • Audiology and speech therapy; • Brief intervention and referral to treatments for opioids and other illicit drugs in Medi-Cal; • Incontinence creams and washes; • Optician and optical lab services; and • Podiatry.

Of note, although several programs did receive funding allocations, financing for IHSS service hours and the following Other Optional Benefits are scheduled expire on December 31, 2021 pending sufficient GF revenues in the subsequent 2 fiscal years:

- Audiology and speech therapy;
- Brief intervention and referral to treatments for opioids and other illicit drugs in Medi-Cal;
- Incontinence creams and washes;
- Optician and optical lab services; and
- Podiatry.

Proposition 56 Medi-Cal Funding

California voters approved Proposition 56 in November

2016, which increased state taxes on tobacco products. A large portion of the revenue raised through this ballot initiative is designated for supplementing the state's Medi-Cal budget. The FY 2020-21 budget allocates $1.8 billion in Proposition 56 funds for: supplemental payments and rate increases for Medi-Cal providers; value-based payments related to behavioral health services; developmental screenings for children; trauma screenings for children and adults; provider training for trauma screenings; family planning services in Medi-Cal; and the provider loan repayment program, among other allocations. Proposition 56 programs other than women's health, family planning, and the Loan Repayment Program are subject to suspension on July 1, 2021 unless certain state fiscal conditions exist. Funding may be restored pending GF revenues in the subsequent two fiscal years.[7]

Pharmacy Carve-Out (Medi-Cal Rx)

The Enacted Budget supports Governor Newsom's Executive Order N-01-19 to carve prescription drugs out of Medi-Cal managed care and transition the benefit to state administration, no sooner than January 1, 2021.[8] In addition, the Enacted Budget allocates $52.5 million ($26.3 million GF) in FY 2020–21 to the 340B Supplemental Payment Pool for non-hospital clinics who participate in the federal 340B pharmacy program in order to offset 340B losses due to the implementation of Medi-Cal Rx. Medi-Cal Rx is estimated to achieve $1.9 million in savings for FY 2020–21.[9]

Skilled Nursing Facilities (SNFs)

The Enacted Budget includes a 10-percent payment increase for SNFs during the months related to the COVID-19 pandemic. This includes $72.4 million GF in 2019-20 and $41.6 million GF for 2020–21. In mid-May, CMS approved this increase through a Section 1135 State Plan Amendment.

Expanding Medi-Cal Coverage

The budget prioritizes expansion of full-scope Medi-Cal coverage to seniors ages 65 years or older, regardless of immigration status for the upcoming budget year should the Department of Finance determine there are sufficient GF revenues for that fiscal year and the ensuing three fiscal years to support the expansion.

Managed Care Organization (MCO) Tax

The Enacted Budget approves the Administration's estimate of net revenue from the MCO tax of $1.7 billion.

Homeless Services

With strategic funding to maintain fiscal sustainability while continuing to make investments, the Enacted Budget includes $1.2 billion across multiple departments and programs to aid local governments addressing homelessness:

2020-21 Homelessness Funding
(Dollars in Millions)

Department	*Program*	*Amount*
State/Local Governments	CARES Act - Coronavirus Relief Fund: Homekey	$550.0
Department of Housing and Community Development	Federal Funded Programs for Homelessness	$45.0 1/
	Local Aid for Homelessness	$300.0
	Homekey Operating Subsidies	$50.0
	Various	$6.0
Office of Emergency Services	Various Homeless Youth Programs	$6.0
	Youth Emergency Telephone Network	$0.6
Department of Social Services	CalWORKS Homeless Assistance Program	$154.3 2/
	Housing and Disability Advocacy Program	$25.0
Department of Health Care Services	Project for Assistance in the Transition from Homelessness	$8.8
University of California	Basic Needs Funding - Student Hunger and Homelessness Programs	$15.0 3/
	Rapid Rehousing	$3.5
California Community Colleges	Rapid Rehousing	$9.0
California State University	Rapid Rehousing	$6.5
Total		**$1,179.7**

1/ This amount reflects programs that receive federal funds, such as the Emergency Solutions Grant program. Unawarded COVID-19 related relief funds (e.g., CARES Act) are not reflected.

2/ Amount is dependent on caseload and utilization.

3/ This program supports basic needs partnerships for low-income students facing housing or food insecurity.

In addition to the COVID-19 health pandemic, Governor Newsom pledged to continue to address the homeless crisis in California. In response to the pandemic, Governor Newsom introduced Project Room Key, using CARES Act and state funds, to secure over 15,000 hotel rooms allocated to individuals experiencing homelessness. The Enacted Budget transitions Project Room Key to Project Home Key, allocating $550 million of the state's direct allocation of federal Coronavirus Relief Fund (CRF) for this transition. Project Home Key will continue efforts set forth by Project Room Key by implementing a statewide effort to acquire hotels, motels, residential care facilities, and other housing that can be converted and rehabilitated to provide permanent housing for persons experiencing homelessness, and who are also at risk of COVID-19.[10]

COVID-19 Funding

As COVID-19 continues to impact the economy, state's reserves, and legislative priorities, the Newsom Administration has allocated $5.9 million GF ($4.8 million ongoing) to support COVID-19 testing and resources. This includes supporting the state's ability to increase the state laboratories' testing capacity, and to purchase equipment and laboratory supplies used specifically for COVID-19 testing. Additionally, resources will support emergency coordination, communication, and response, and provide ongoing support for public health laboratory capacity and disease surveillance.[11]

Next Steps

The Enacted Budget is effective July 1, 2020. However, the Enacted Budget may be subject to revision in the coming months based on changes in state revenue. Due to COVID-19, the state postponed the deadline for residents to file their personal income taxes, from April 15, 2020 to July 15, 2020. Once state revenues from personal income taxes are calculated, the legislature will be able to allocate additional funding, if available, to state-funded programs, such as housing and education.

About CalOptima

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

If you have any questions regarding the above information, please contact:

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Endnotes

[1] The COVID-19 Pandemic and California's Budget Outlook, Department of Finance, May 7, 2020
[2] California State Budget May Revision Fiscal Year 2020-2021
[3] State Assembly Floor Report 2020-2021 State Budget, June 12, 2020
[4] Enacted California State Budget FY 2020-2021, Pg. 54
[5] Enacted California State Budget FY 2020-2021, Pg. 54
[6] Enacted California State Budget FY 2020-2021, Pg. 55
[7] Enacted California State Budget FY 2020-2021, Pg. 55
[8] DHCS: 2019-2020 Governor's Budget Highlights
[9] Enacted California State Budget FY 2020-2021, Pg. 54
[10] Enacted California State Budget FY 2020-2021, Pg. 66
[11] Enacted California State Budget FY 2020-2021, Pg. 61

CalOptima
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HEDIS® 2020 Medi-Cal Results (MY 2019 Performance)

Member Advisory Committee
August 13, 2020

Irma Munoz
Lead Project Manager, Quality Analytics (HEDIS)

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HEDIS and Regulatory Reporting

- Department of Health Care Services (DHCS)
  - Managed Care Accountability Set (MCAS) — First year new measure set
  - Select measures must achieve new minimum performance level (MPL)
    - Increased from national Medicaid 25th percentile to 50th percentile
- National Committee for Quality Assurance (NCQA)
  - Accreditation scores:
    - Healthcare Effectiveness Data and Information Set (HEDIS) 37 points
    - Consumer Assessment of Healthcare Providers and Systems (CAHPS) 13 points
    - Estimate CalOptima will keep Commendable status
  - NCQA Health Plan Ratings
    - Not released for 2020–2021 due to COVID-19
  - Quality Compass Benchmarks

What Is HEDIS?

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

HEDIS Scope — Reporting

- Six Interactive Data Submission System (IDSS) submissions to NCQA /DHCS
  - Separate submissions for each program (3)
  - Separate DHCS, Special Needs Plan (SNP) and Medicare-Medicaid Plan (MMP) submissions (3)
- One Patient Level Detail (PLD) file submitted to DHCS
- Plan results for all programs audited by NCQA Certified HEDIS auditors. All measures passed audit and are fully reportable.
- COVID-19 Impacts
  - NCQA and DHCS allowed to “rotate” the hybrid measures reported rate (use last year’s result) due to COVID-19 impact on chart reviews

HEDIS Scope — Medical Records Review

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

HEDIS Scope — Medical Records Review (cont.)

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

How Did CalOptima Perform? (2019 Results)

- Medi-Cal
  - **All DHCS Minimum Performance Level (MPL) were met!**
  - 18 of 49 (37%) measures demonstrated significant improvement
    A few examples:
    - Well-Child Visits in the First 15 Months of Life (W15)
    - Statin Therapy for Patients with Diabetes (SPD)
    - Use of Opioids From Multiple Providers (UOP)
    - Adults' Access to Preventive/Ambulatory Services (AAP)
  - Five measures are statistically significantly lower. Two examples:
    - Asthma Medication Ratio >50% (AMR)
    - Follow-up Care for Children Prescribed ADHD Medication (ADD)
  - Opportunities: Behavioral Health and Access to Care

HEDIS 2020 Medi-Cal Results

	Quality Compass 50th Percentile	CalOptima 2020 Rate	CalOptima 2020 Rate Compared to 50th Percentile
Effectiveness of Care: Prevention and Screening			
Adult BMI Assessment (ABA)	90.27%	96.00%	↑
Breast Cancer Screening (BCS)	58.67%	63.43%	↓
Cervical Cancer Screening (CCS) +	60.65%	66.67%	↑
Chlamydia Screening in Women (CHL)	58.34%	73.64%	↑
Childhood Immunization Status (CIS) — combo 10	34.79%	44.99%	↑
Immunization for Adolescents (IMA) — combo 2	34.43%	55.61%	↑
Lead Screening in Children (LSC)	73.13%	76.77%	↑
Weight Assessment and Counseling for Children/Adolescents (WCC) — BMI	79.09%	89.26%	↑
Weight Assessment and Counseling for Children/Adolescents (WCC) — Nutrition	70.92%	84.07%	↑
Weight Assessment and Counseling for Children/Adolescents (WCC) — Physical Activity	64.96%	83.33%	↑

Hybrid measures

Green=higher than last year; Red=lower than last year; +Specification changes; Blue=reported HEDIS 2019 rate

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HEDIS 2020 Medi-Cal Results (cont.)

	Quality Compass 50th Percentile	CalOptima 2020 Rate	CalOptima 2020 Rate Compared to 50th Percentile
Effectiveness of Care: Respiratory Conditions			
Appropriate Testing for Pharyngitis (CWP) +	81.46%	**48.82%**	↓
Pharmacotherapy Management of COPD Exacerbation (PCE) — Systemic Corticosteroid	71.02%	**67.77%**	↓
Pharmacotherapy Management of COPD Exacerbation (PCE) — Bronchodilator	84.62%	**84.27%**	↓
Medication Management for People with Asthma (MMA) — Medication Compliance 75%	37.01%	**39.93%**	↑
Asthma Medication Ratio (AMR)	63.58%	**67.28%**	↑
Effectiveness of Care: Cardiovascular Conditions			
Controlling High-Blood Pressure (CBP) +	61.04%	**72.81%**	↑
Statin Therapy for Patients with Cardiovascular Disease (SPC) + — Received Statin Therapy	77.57%	**79.86%**	↑
Statin Therapy for Patients with Cardiovascular Disease (SPC) + — Statin Adherence 80%	65.28%	**73.14%**	↑

Hybrid measures
Green=higher than last year; Red=lower than last year; +Specification changes; Blue=reported HEDIS 2019 rate

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HEDIS 2020 Medi-Cal Results (cont.)

	Quality Compass 50th Percentile	CalOptima 2020 Rate	CalOptima 2020 Rate Compared to 50th Percentile
Effectiveness of Care: Diabetes			
Comprehensive Diabetes Care (CDC) — HbA1c Testing	88.55%	**89.32%**	↑
Comprehensive Diabetes Care (CDC) — HbA1c Poor Control >9.0%*	38.52%	**27.08%**	↑
Comprehensive Diabetes Care (CDC) — HbA1c Control <8.0%	50.97%	**64.58%**	↑
Comprehensive Diabetes Care (CDC) — Eye Exam	58.88%	**64.06%**	↑
Comprehensive Diabetes Care (CDC) — Medical Attention for Nephropathy	90.15%	**91.67%**	↑
Comprehensive Diabetes Care (CDC) — Blood Pressure Controlled <140/90 mm Hg	63.72%	**75.00%**	↑
Statin Therapy for Patients With Diabetes (SPD) + — Received Statin Therapy	63.65%	**72.36%**	↑
Statin Therapy for Patients With Diabetes (SPD) + — Statin Adherence 80%	61.52%	**68.92%**	↑

* Lower rate indicates better performance; Hybrid measures
Green=higher than last year; Red=lower than last year; +Specification changes; Blue=reported HEDIS 2019 rate

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HEDIS 2020 Medi-Cal Results (cont.)

	Quality Compass 50th Percentile	CalOptima 2020 Rate	CalOptima 2020 Rate Compared to 50th Percentile
Effectiveness of Care: Behavioral Health			
Antidepressant Medication Management (AMM) — Effective Acute Phase Treatment	52.33%	**59.32%**	↑
Antidepressant Medication Management (AMM) — Effective Continuation Phase Treatment	36.51%	**43.47%**	↑
Follow-Up Care for Children Prescribed ADHD Medication (ADD) — Initiation Phase	43.41%	**39.80%**	↓
Follow-Up Care for Children Prescribed ADHD Medication (ADD) — Continuation and Maintenance	55.5%	**47.39%**	↓
Follow-Up After Emergency Department Visit for Mental Illness (FUM) — 7 Day	37.86%	**37.02%**	↓
Follow-Up After Emergency Department Visit for Mental Illness (FUM) — 30 Day	54.30%	**49.74%**	↓
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)	81.04%	**78.80%**	↓
Adherence for Antipsychotic Medication for Individuals With Schizophrenia (SAA)	61.36%	**70.42%**	↑
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	33.33%	**41.11%**	↑

Green=higher than last year; Red=lower than last year; +Specification changes; Blue=reported HEDIS 2019 rate

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HEDIS 2020 Medi-Cal Results (cont.)

	Quality Compass 50th Percentile	CalOptima 2020 Rate	CalOptima 2020 Rate Compared to 50th Percentile
Effectiveness of Care: Overuse/Appropriateness			
Appropriate Treatment for Upper Respiratory Infection + (URI)	91.85%	**89.67%**	↑
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis + (AAB)	34.23%	**39.27%**	↑
Use of Imaging Studies for Low Back Pain (LBP)	71.56%	**73.93%**	↑
Use of Opioids at High Dosage (HDO)*+	4.55%	**4.90%**	↓
Use of Opioids From Multiple Providers (UOP)* — Multiple Prescribers	21.71%	**17.07%**	↑
Use of Opioids From Multiple Providers (UOP)* — Multiple Pharmacies	6.09%	**3.89%**	↑
Use of Opioids From Multiple Providers (UOP)* — Multiple Prescribers and Multiple Pharmacies	3.46%	**2.23%**	↑
Access/Availability of Care			
Adult Access to Preventive/Ambulatory Health Services (AAP)	81.81%	**70.83%**	↓
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) +	60.63%	**25.77%**	↓
Prenatal and Postpartum Care + — (Timeliness of Prenatal Care)	83.76%	**95.13%**	↑
Prenatal and Postpartum Care + — (Postpartum Care)	65.69%	**83.21%**	↑

* Lower rate indicates better performance; Hybrid measures

Green=higher than last year; Red=lower than last year; +Specification changes; Blue=reported HEDIS 2019 rate

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HEDIS 2020 Medi-Cal Results (cont.)

	Quality Compass 50th Percentile	CalOptima 2020 Rate	CalOptima 2020 Rate Compared to 50th Percentile
Utilization			
Well-Child Visits in the First 15 Months of Life — (6+ visits)	65.83%	**66.67%**	↑
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	72.87%	**79.21%**	↑
Adolescent Well-Care Visits	54.26%	**56.97%**	↑

Hybrid measures
Green=higher than last year; Red=lower than last year; +Specification changes; Blue=reported HEDIS 2019 rate

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Mission Statement

The mission of CalOptima is to provide members with access to **quality health care** services delivered in a cost-effective and compassionate manner.

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