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

THURSDAY, MARCH 12, 2020
8:00 A.M.

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

AGENDA

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

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

I. CALL TO ORDER
Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES
A. Approve Minutes of the December 12, 2019 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee

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

V. MANAGEMENT REPORTS

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

VI. INFORMATION ITEMS

A. Coronavirus (COVID-19) Update
B. Optometry Scope of Practice Expansion
C. Intergovernmental Transfer (IGT) 9 Update
D. Whole-Child Model Update
E. Member Advisory Committee Update
F. Provider Advisory Committee Member Updates

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

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MINUTES

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

February 13, 2020

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

CALL TO ORDER

John Nishimoto, O.D., PAC Chair, called the meeting to order at 8:04 a.m. Member Pat Patton led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: John Nishimoto, O.D., Chair; Teri Miranti, Vice Chair; Anjan Batra, M.D.; Tina Bloomer, MHNP; Donald Bruhns; Jena Jensen (8:08 AM); John Kelly, M.D.; Junie Lazo-Pearson, Ph.D.; Craig Myers; Pat Patton, MSN; Jacob Sweidan, M.D.; Loc Tran, PharmD.

Members Absent: All Members present

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Emily Fonda, M.D., Deputy Chief Medical Officer; Gary Crockett, Chief Counsel; Candice Gomez, Executive Director, Program Implementation; Betsy Ha, Executive Director, Quality and Population Health Population Management; Tracy Hitzeman, Executive Director, Clinical Operations; Michelle Laughlin, Executive Director, Network Operations; Edwin Poon, Ph.D., Director, Behavioral Health Services; Cheryl Simmons, Staff to the Advisory Committees; Samantha Fontenot, Program Assistant.

MINUTES

Approve the Minutes of the December 12, 2019 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee.

Action: ***On motion of Member Sweidan, seconded and carried, the Committee approved the minutes of the December 12, 2019 regular meeting. (Motion carried 12-0-0)***

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PUBLIC COMMENTS

Michael Weiss, M.D., CHOC Health Alliance regarding agenda item VI.A, Trauma Informed Care and Proposition 56 (Tobacco Tax) Adverse Childhood Experience (ACE) Screening.

REPORTS

Consider Recommendation of Agency-Appointed Representative from Orange County Health Care Agency (OCHCA)

Member Mary Hale notified CalOptima of her resignation from the PAC due to her retirement from the OCHCA in 2018. The OCHCA has named Andrew Inglis, M.D., Director, Behavioral Health as the representative for the OCHCA's standing seat on PAC. The recommendation will be presented to the Board of Directors for consideration at the March 5, 2020 meeting.

Action: ***On motion of Member Miranti, seconded and carried, the Committee approved the recommendation to appoint Andrew Inglis, M.D.as the Orange County Health Care Agency Representative (Motion carried 12-0-0)***

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer (CEO), updated the PAC on how CalOptima's Program of All-Inclusive Care to the Elderly (PACE) has been recognized for successfully increasing access to services by the National PACE Association. CalOptima's PACE also achieved a "Supernova" distinction and a "Shooting Stars" distinction for growing more that 90% in the fourth quarter of 2019.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer, provided an update on Qualified Medicare Beneficiary (QMB) Program outreach to qualified CalOptima Members.

Deputy Chief Medical Officer Update

Emily Fonda, M.D., Deputy Chief Medical Officer, provided an update on the Coronavirus outbreak and noted that the risk to the public in the Orange County area was considered low even though there was a confirmed case in the County. Dr. Fonda also discussed the need for screening of childhood lead levels and discussed testing for children. Dr. Fonda noted that approximately 10,000 children were diagnosed with elevated lead levels in 2019 and noted that this figure was higher than in previous years. Dr. Fonda also discussed the proposed pharmacy carve out and the CalAIM program and name change.

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INFORMATION ITEMS

Trauma Informed Care and Proposition 56 (Tobacco Tax) Adverse Childhood Experience (ACE) Screening

Betsy Ha, Executive Director, Quality and Population Health Management, presented information on a Trauma-Informed Care and Adverse Childhood Experiences (ACE) Screening. Ms. Ha covered topics such as the impact of trauma on heath, evidence-based studies of ACEs and the impact to population heath and trauma informed care.

Health Homes Update

Tracy Hitzeman, Executive Director, Clinical Operations, provided an update on the Health Homes Program (HHP), which went live on January 1, 2020. Ms. Hitzeman noted that 3,000 CalOptima members are eligible for the first phase of this program, including those meeting criteria who are homeless. Ms. Hitzeman noted that outreach via robo-call began in January and approximately 1247 individuals were reached, with 34 members opting into the program to date.

Behavioral Health Update

Edwin Poon. Ph.D., Director, Behavioral Health Services, presented on CalOptima's Behavioral Health program and noted that at its May 9, 2019 meeting, the Board of Directors approved transitioning administration of the OneCare and OneCare Connect behavioral health services from Magellan to CalOptima. This transition became effective on January 1, 2020 for members with mild to moderate mental health conditions. Dr. Poon also reviewed the behavioral health benefits that are managed by CalOptima and discussed an internal department restructuring that now manages behavioral health for all CalOptima lines of business effectively.

Intergovernmental Transfer (IGT) 9 Update

Candice Gomez, Executive Director, Program Implementation, provided a verbal update on the Intergovernmental Transfer (IGT) 9 funds that CalOptima is expecting. Ms. Gomez estimated that CalOptima will receive approximately $45 million which will be available to be used for Medi-Cal services. Beginning with IGT 8, the state views IGT funding as part of the capitation CalOptima receives in exchange for providing medically necessary, covered services for Medi-Cal beneficiaries. She noted that four focus areas had been identified for use of these funds, including member access and engagement, quality performance programs, data exchange and support, and other identified priority areas.

Medi-Cal Healthier California for All Update

Ms. Gomez also presented on the CalAIM program that has been renamed Medi-Cal Healthier California for All. Ms. Gomez provided an overview of the goals for this program as well as the Department of Health Care Services' (DHCS) timeline for this new program, which will be implemented statewide in stages concluding with full integration by January 1, 2026. Ms. Gomez also noted that CalOptima is required to submit a transition plan by July 2020 that addresses how the Whole-Person Care and HHP will move to enhance care management and in lieu of services, effective January 2021.

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PAC Member Updates

Chair Nishimoto requested that CalOptima staff continue to provide Federal and State Legislative reports at PAC meetings. He noted that the materials are included in committee members' folders and available to members of the public.

Chair Nishimoto also discussed the upcoming PAC recruitment and noted that the four available PAC seats will be: Community Health Centers, Hospital, Physician and Traditional/Safety Net Representatives. Recruitment begins on March 1, 2020 and concludes on March 31, 2020 for these seats. Applications will be available on the CalOptima website beginning on March 1, 2020. He also noted that the PAC continues to recruit for the vacant Allied Health Services Representative seat.

Chair Nishimoto also stated that he would be forming an ad hoc to review the CalOptima 2020-22 Strategic Plan and draft goals and objectives for the PAC. In addition to himself, Chair Nishimoto appointed Vice-Chair Miranti and Member Jensen to serve on the ad hoc. Chair Nishimoto reminded PAC members that a copy of CalOptima's 2020-22 Strategic Plan is included in the PAC materials for today's meeting.

ADJOURNMENT

Hearing no further business, Chair Nishimoto adjourned the meeting at 10:00 a.m.

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

Approved: March 12, 2020

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MEMORANDUM

DATE:	February 25, 2020
TO:	CalOptima Board of Directors
FROM:	Michael Schrader, CEO
SUBJECT:	CEO Report — March 5, 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

Orange County Board of Supervisors Reappoints Steel and Do to CalOptima Board
In January, Supervisor Michelle Steel was elected chairwoman of the Orange County Board of Supervisors, and Supervisor Andrew Do was elected vice chair. On February 11, Chairwoman Steel made her selections for the CalOptima Board of Directors, reappointing herself and Supervisor Do, for a term from January 1, 2020, to December 31, 2020. Supervisor Chafee was also reappointed as the alternate member for the same term. CalOptima looks forward to continuing to work with the supervisors to fulfill our mission to serve CalOptima members.

CalOptima Considering Impact of Coronavirus in Orange County
On February 25, Centers for Disease Control and Prevention leaders announced that the spread of coronavirus in the United States appears inevitable. Given this news, CalOptima will begin collaborating with the Orange County Health Care Agency and other local agencies to ensure the implementation of all necessary protections to safeguard the health of our members and employees. In a related event, state and federal officials were seeking to use the Fairview Developmental Center in Costa Mesa to quarantine individuals who have tested positive, but Costa Mesa filed suit and won a temporary restraining order until March 2, pending a meeting between local officials and state and federal agencies.

Outreach Campaign Aimed at Boosting Children's Use of Preventive Care
To address state audit findings showing gaps in preventive care for children, the Department of Health Care Services (DHCS) is launching a statewide effort to raise awareness and utilization of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Locally, DHCS will mail a notice to approximately 180,000 CalOptima households with Medi-Cal members under age 21 who have underutilized or not used preventive services to encourage them to access care. The state is also requiring managed care plans to follow up with an outreach call campaign to members within 10 days of the mailing. CalOptima will use an interactive voice response telephone system to reach the identified families. We also informed the health networks regarding this effort, as the intent is to increase requests for primary care services.

Health Networks Meet Medical Loss Ratio (MLR) Requirement for 2018
CalOptima completed the annual MLR audit of our contracted health networks for Calendar Year 2018. Under contract, health networks are required to spend 85 percent or more of their capitation revenue on member health-related expenses. CalOptima aggregates results for OneCare Connect and Medi-Cal Classic and Expansion members to assess compliance. The

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results show that all health networks are meeting the MLR requirements for this review period. CalOptima thanks the health networks for their cooperation during the audit and for their commitment to providing quality care to members.

Behavioral Health Integration (BHI) Incentive Program Applications Forwarded to DHCS
DHCS created a Proposition 56-funded BHI Incentive Program and is requiring Medi-Cal managed care plans, including CalOptima, to complete administrative, review and oversight tasks on its behalf. In January, CalOptima received 30 applications for the program and convened a committee of seven internal and four external reviewers to score the applicants based on DHCS selection criteria. The committee completed its work, resulting in 17 applications scoring above DHCS' 70% requirement and 13 applications receiving insufficient scores or being found ineligible. CalOptima notified all respondents and submitted the 17 successful applications to the state on February 18. The state asked CalOptima to aggregate applicant information in a template document, which is due February 26. The state will make funding decisions by March 18. The 17 applications have requested a total of approximately $18.9 million, although DHCS has not indicated whether it will provide full funding or make adjustments.

U.S. Senators Voice Concerns About Medicaid Fiscal Accountability Rule (MFAR)
In January, CalOptima sent a comment letter to the Centers for Medicare & Medicaid Services (CMS) about MFAR, joining many other California stakeholders in taking issue with the proposal's financial impact. This month, two U.S. senators added their voices, when Sens. John Cornyn (R-TX) and Mark Warner (D-VA) expressed concerns about MFAR during a hearing on the Department of Health and Human Services (HHS) budget. They urged HHS Secretary Alex Azar to work with states to limit the negative impacts of the proposed rule. Lawmakers and other stakeholders are pressing HHS to modify the rule by delaying or withdrawing the state financing provisions while allowing the transparency requirements to take effect. One significant financial area that the current MFAR proposal would affect is the Managed Care Organization (MCO) tax. Sources say that some lawmakers are exploring a legislative response if the Administration is unwilling to compromise.

State Revises MCO Tax Structure and Resubmits Request for Federal Approval
In late January, CMS denied DHCS' request to implement the MCO tax for the period of July 1, 2019, to December 31, 2022, which spans multiple state fiscal years. Earlier this month, DHCS submitted an updated request to CMS that included modifications to the MCO tax structure. The MCO tax is considered an important source of revenue for the Medi-Cal program.

Draft Federal Budget Calls for Cuts to Medicare, Medicaid
On February 10, the White House released President Donald Trump's FY 2021 federal budget request. The proposed budget is $4.8 trillion, with $94.5 billion in funding for HHS, which is a 10% decrease from the current year. Specific to health policy, the Administration is proposing various policies that aim to save approximately $465 billion over 10 years in Medicare and $52 billion in Medicaid. Note that the budget requests are proposals; the initiatives must be considered and approved by Congress. Below are five proposals impacting Medicaid:

- Curtail improper Medicaid payments, including overpayments for ineligible beneficiaries.
- Expand authority through financial penalties to address noncompliance with provider screening, enrollment and revalidation requirements.

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- Streamline review of Medicaid Section 1115 and 1915(b) waivers and provide states flexibility in designing new programs.
- Tighten eligibility requirements to require that Medicaid beneficiaries who are "able-bodied, working-age individuals" find employment, train for work or perform community services as a condition of receiving Medicaid benefits.
- Make the nonemergency transportation benefit optional for states.

Key Meetings Ensure CalOptima Remains Engaged, Collaborative in the Community
Below are summaries of selected meetings that reflect CalOptima's commitment to engage with a wide variety of stakeholders and collaborate on timely health care and policy issues.

- *Legislators—Assemblywomen Quirk-Silva and Petrie-Norris:* Assemblywomen Sharon Quirk-Silva, chair of the Assembly Select Committee on Orange County Chronic Homelessness, and Cottie Petrie-Norris, who is also a member of the Select Committee, are convening a small group on February 28 to discuss options to house severely mentally ill, and I was invited to attend. The invitation letter stated that they would like to create a plan to address the needs of this population as soon as possible.
- *Hospital Leaders—Hospital Association of Southern California (HASC):* At the request of HASC, I spoke on February 18 to a group of about 20 hospital leaders regarding Medi-Cal Healthier California for All (formerly known as CalAIM). I shared the background regarding the state proposal and several of the likely impacts on CalOptima's Medi-Cal and OneCare Connect/OneCare programs in Orange County.
- *Health Network Partners—CEO Meeting:* On February 11, CalOptima held our quarterly meeting with health network CEOs. Most of the topics were financial. In the quality area, Chief Medical Officer David Ramirez, M.D., addressed the opportunity to earn incentives for Adverse Childhood Experience screenings as well as our Pay for Value program. Chief Financial Officer Nancy Huang covered Medi-Cal updates, including the overpayment adjustment due to statewide errors in eligibility related to deceased members and CalOptima's FY 2020–21 budget, which may have changes in Whole-Child Model capitation and Medi-Cal Expansion risk adjustment. Medicare topics were the Risk Adjustment Payment System over-submission and the upcoming budget.
- *State Officials—Enhanced Care Management (ECM) and In Lieu of Services (ILOS):* Five CalOptima leaders and I attended the February 10 DHCS meeting addressing ECM and ILOS, which are part of the Medi-Cal Healthier California for All proposal. DHCS officials presented an overview of the feedback on ECM and ILOS from the state workgroup and shared templates for the ECM model of care and the transition plan from Whole-Person Care (WPC) and Health Homes Program to ECM and ILOS. There was also a forum specific to Orange County's situation, whereby the county and plan must navigate a transition from county-run WPC to plan-run ECM. Further, a panel presentation covered lessons learned relevant to ILOS options, such as recuperative care and supportive housing. Overall, the meeting was instructive, but attendees raised concerns about the anticipated rates and the difficulty of creating a transition plan without adequate financial information.
- *Association Leaders—California Association of Health Plans (CAHP) State Programs Committee (SPC):* CalOptima hosted the quarterly meeting of CAHP SPC at our offices on February 13. As chair of the committee, I welcomed Charles Bacchi, CEO of CAHP, and the group of about 60 plan representatives from across the state. The agenda included discussions about the draft state budget, legislative activity and Medi-Cal Healthier

California for All. CAHP also shared updates about the Medi-Cal Rx transition, delegated network adequacy certification and the BHI Incentive Program.

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A Public Agency

CalOptima

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Financial Summary

January 2020

Nancy Huang

Chief Financial Officer

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FY 2019-20: Consolidated Enrollment

January 2020 MTD

Overall enrollment was 705,556 members

- Actual lower than budget 37,033 or 5.0%
  - Medi-Cal unfavorable to budget 37,079 or 5.1% due to member eligibility logic update for prior periods and annual Medi-Cal status redetermination
    - Medi-Cal Expansion (MCE) unfavorable variance of 31,714
    - Whole Child Model (WCM) unfavorable variance of 2,559
    - Seniors and Persons with Disabilities (SPD) unfavorable variance of 1,666
    - Temporary Assistance for Needy Families (TANF) unfavorable variance of 1,485
    - Long-Term Care (LTC) favorable variance of 345
  - OneCare Connect favorable to budget 129 or 0.9%
  - OneCare unfavorable to budget 91 or 6.0%
  - PACE favorable to budget 8 or 2.1%
- 32,978 decrease or 4.5% from December
    - Medi-Cal decrease of 32,771
    - OneCare Connect decrease of 160
    - OneCare decrease of 48
    - PACE increase of 1

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FY 2019-20: Consolidated Enrollment (cont.)

January 2020 YTD

Overall enrollment was 5,189,094 member months

- Actual lower than budget 44,677 or 0.9%
  - Medi-Cal unfavorable to budget 45,175 or 0.9%
    - MCE unfavorable variance of 43,349
    - WCM unfavorable variance of 9,463
    - SPD favorable variance of 7,271
    - TANF unfavorable variance 121
    - LTC favorable variance of 486
  - OneCare Connect favorable to budget 392 or 0.4%
  - OneCare favorable to budget 80 or 0.8%
  - PACE favorable to budget 26 or 1.0%

FY 2019-20: Consolidated Revenues

January 2020 MTD

- Actual higher than budget $6.8 million or 2.3%
  - ➢ Medi-Cal favorable to budget $5.8 million or 2.2%
    - o Unfavorable volume variance of $13.7 million
    - o Favorable price variance of $19.5 million
      - $34.0 million of Coordinated Care Initiative (CCI) revenue, including $7.4 million from prior year due to updated rate and member mix
      - $3.0 million of fiscal year (FY) 2020 Department of Health Care Services (DHCS) acuity rate adjustment
      - Offset by $14.2 million of FY 2020 revenue due to retroactive enrollment adjustments
      - $3.3 million from WCM revenue
  - ➢ OneCare Connect favorable to budget $0.5 million or 2.1%
    - o Favorable volume variance of $0.2 million
    - o Favorable price variance of $0.3 million

FY 2019-20: Consolidated Revenues (cont.)

January 2020 MTD (cont.)

- OneCare favorable to budget $62.3 thousand or 3.7%
  - Unfavorable volume variance of $101.5 thousand
  - Favorable price variance of $163.8 thousand
- PACE favorable to budget $385.7 thousand or 12.9%
  - Favorable volume variance of $62.1 thousand
  - Favorable price variance of $323.6 thousand

FY 2019-20: Consolidated Revenues (cont.)

January 2020 YTD

- Actual higher than budget $143.6 million or 6.9%
  - ➢ Medi-Cal favorable to budget $136.3 million or 7.2%
    - o Unfavorable volume variance of $16.6 million
    - o Favorable price variance of $152.9 million
      - $104.3 million of directed payment (DP) revenue
      - $48.6 million of CCI revenue due to updated rate and member mix
      - $21.0 million due to DHCS acuity rate adjustment
      - $8.6 million of Behavioral Health Treatment (BHT) revenue
      - Offset by $22.8 million of WCM revenue
  - ➢ OneCare Connect favorable to budget $5.6 million or 3.3%
    - o Favorable volume variance of $0.7 million
    - o Favorable price variance of $4.9 million

FY 2019-20: Consolidated Revenues (cont.)

January 2020 YTD (cont.)

- OneCare favorable to budget $1.0 million or 8.9%
  - Favorable volume variance of $87.0 thousand
  - Favorable price variance of $925.3 thousand
- PACE favorable to budget $760.4 thousand or 3.9%
  - Favorable volume variance of $202.0 thousand
  - Favorable price variance of $558.4 thousand

FY 2019-20: Consolidated Medical Expenses

January 2020 MTD

- Actual lower than budget $4.4 million or 1.5%
  - ➢ Medi-Cal favorable variance of $3.5 million or 1.4%
    - o Favorable volume variance of $13.2 million
    - o Unfavorable price variance of $9.7 million
      - Facilities Claims unfavorable variance of $5.5 million due to WCM
      - Professional Claims unfavorable variance of $4.2 million due to crossover claims
  - ➢ OneCare Connect favorable variance of $0.5 million or 2.2%
    - o Unfavorable volume variance of $0.2 million
    - o Favorable price variance of $0.8 million

FY 2019-20: Consolidated Medical Expenses (cont.)

January 2020 YTD

- Actual higher than budget $152.2 million or 7.7%
  - ➢ Medi-Cal unfavorable variance of $150.1 million or 8.4%
    - o Favorable volume variance of $15.8 million
    - o Unfavorable price variance of $165.9 million
      - Reinsurance and Other Expense category unfavorable variance of $94.5 million due to $104.0 million of DP, offset by favorable variance in homeless health initiative
      - Facilities Claims unfavorable variance of $34.6 million
      - Professional Claims unfavorable variance of $23.5 million
      - MLTSS unfavorable variance of $16.5 million
  - ➢ OneCare Connect unfavorable variance of $3.3 million or 2.0%
    - o Unfavorable volume variance of $0.7 million
    - o Unfavorable price variance of $2.7 million

Medical Loss Ratio (MLR)

- January 2020 MTD: Actual: 92.6% Budget: 96.1%
- January 2020 YTD: Actual: 96.0% Budget: 95.3%

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FY 2019-20: Consolidated Administrative Expenses

January 2020 MTD

- Actual lower than budget $1.2 million or 9.5%
  - Salaries, wages and benefits: favorable variance of $0.4 million
  - Other categories: favorable variance of $0.8 million

January 2020 YTD

- Actual lower than budget $12.2 million or 13.4%
  - Salaries, wages and benefits: favorable variance of $5.3 million
  - Other categories: favorable variance of $6.9 million

Administrative Loss Ratio (ALR)

- January 2020 MTD: Actual: 3.9% Budget: 4.4%
- January 2020 YTD: Actual: 3.5% Budget: 4.4%
  - Actual ALR (excluding DP revenue) is 3.7% YTD

FY 2019-20: Change in Net Assets

January 2020 MTD

- $13.8 million change in net assets
- $14.1 million favorable to budget
  - Higher than budgeted revenue of $6.8 million
  - Lower than budgeted medical expenses of $4.4 million
  - Lower than budgeted administrative expenses of $1.2 million
  - Higher than budgeted investment and other income of $1.7 million

January 2020 YTD

- $30.5 million change in net assets
- $15.3 million favorable to budget
  - Higher than budgeted revenue of $143.6 million
  - Higher than budgeted medical expenses of $152.2 million
  - Lower than budgeted administrative expenses of $12.2 million
  - Higher than budgeted investment and other income of $11.7 million

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Enrollment Summary: January 2020

Month-to-Date					Year-to-Date			
Actual	Budget	$ Variance	% Variance	Enrollment (by Aid Category)	Actual	Budget	$ Variance	% Variance
68,160	65,978	2,182	3.3%	Aged	460,359	459,080	1,279	0.3%
519	615	(96)	(15.6%)	BCCTP	3,786	4,305	(519)	(12.1%)
39,905	43,657	(3,752)	(8.6%)	Disabled	312,840	306,329	6,511	2.1%
283,967	279,339	4,628	1.7%	TANF Child	1,982,930	1,984,198	(1,268)	(0.1%)
79,105	85,218	(6,113)	(7.2%)	TANF Adult	607,745	606,598	1,147	0.2%
3,749	3,404	345	10.1%	LTC	24,314	23,828	486	2.0%
203,855	235,569	(31,714)	(13.5%)	MCE	1,603,791	1,647,140	(43,349)	(2.6%)
10,381	12,940	(2,559)	(19.8%)	WCM	81,117	90,580	(9,463)	(10.4%)
689,641	**726,720**	**(37,079)**	**(5.1%)**	**Medi-Cal Total**	**5,076,883**	**5,122,058**	**(45,175)**	**(0.9%)**
14,104	**13,975**	**129**	**0.9%**	**OneCare Connect**	**99,059**	**98,667**	**392**	**0.4%**
1,417	**1,508**	**(91)**	**(6.0%)**	**OneCare**	**10,586**	**10,506**	**80**	**0.8%**
394	**386**	**8**	**2.1%**	**PACE**	**2,566**	**2,540**	**26**	**1.0%**
705,556	**742,589**	**(37,033)**	**(5.0%)**	**CalOptima Total**	**5,189,094**	**5,233,771**	**(44,677)**	**(0.9%)**

Financial Highlights: January 2020

Month-to-Date					Year-to-Date			
Actual	Budget	$ Budget	% Budget		Actual	Budget	$ Budget	% Budget
705,556	742,589	(37,033)	-5.0%	Member Months	5,189,094	5,233,771	(44,677)	-0.9%
304,391,865	297,586,136	6,805,729	2.3%	Revenues	2,224,316,657	2,080,692,509	143,624,149	6.9%
281,747,570	286,103,733	4,356,164	1.5%	Medical Expenses	2,135,672,806	1,983,467,625	(152,205,181)	-7.7%
11,767,943	13,005,601	1,237,658	9.5%	Administrative Expenses	78,554,221	90,754,048	12,199,827	13.4%
10,876,352	**(1,523,198)**	**12,399,550**	**814.0%**	**Operating Margin**	**10,089,630**	**6,470,835**	**3,618,794**	**55.9%**
2,913,553	1,250,000	1,663,553	133.1%	Non Operating Income (Loss)	20,453,665	8,750,000	11,703,665	133.8%
13,789,905	**(273,198)**	**14,063,104**	**5147.6%**	**Change in Net Assets**	**30,543,295**	**15,220,835**	**15,322,459**	**100.7%**
92.6%	96.1%	3.6%		Medical Loss Ratio	96.0%	95.3%	-0.7%	
3.9%	4.4%	0.5%		Administrative Loss Ratio	3.5%	4.4%	0.8%	
3.6%	-0.5%	4.1%		Operating Margin Ratio	0.5%	0.3%	0.1%	
100.0%	100.0%			Total Operating	100.0%	100.0%		
3.9%	4.4%	0.5%		Adminstrative Loss Ratio (excluding Directed Payments)*	3.7%	4.4%	0.7%	

*CalOptima updated the category of Directed Payments per Department of Healthcare Services instructions

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Consolidated Performance Actual vs. Budget: January 2020 (in millions)

MONTH-TO-DATE				YEAR-TO-DATE		
Actual	Budget	Variance		Actual	Budget	Variance
9.9	(0.4)	10.3	Medi-Cal	12.5	16.0	(3.4)
0.1	(1.2)	1.3	OCC	(5.7)	(9.7)	4.0
0.1	(0.1)	0.2	OneCare	0.9	(0.9)	1.8
0.8	0.2	0.6	PACE	2.3	1.1	1.2
10.9	**(1.5)**	**12.4**	**Operating**	**10.1**	**6.5**	**3.6**
2.9	1.3	1.7	Inv./Rental Inc, MCO tax	20.5	8.8	11.7
2.9	**1.3**	**1.7**	**Non-Operating**	**20.5**	**8.8**	**11.7**
13.8	**(0.3)**	**14.1**	**TOTAL**	**30.5**	**15.2**	**15.3**

Consolidated Revenue & Expense: January 2020 MTD

	Medi-Cal Classic	Medi-Cal Expansion	Whole Child Model	Total Medi-Cal	OneCare Connect	OneCare	PACE	Consolidated
MEMBER MONTHS	475,405	203,855	10,381	689,641	14,104	1,417	394	705,556
REVENUES								
Capitation Revenue	158,941,224	$ 93,503,047	$ 21,955,116	$ 274,399,387	$ 24,868,299	$ 1,744,019	$ 3,380,159	$ 304,391,865
Other Income	-	-	-	-	-	-	-	-
Total Operating Revenue	158,941,224	93,503,047	21,955,116	274,399,387	24,868,299	1,744,019	3,380,159	304,391,865
MEDICAL EXPENSES								
Provider Capitation	38,007,462	41,391,788	9,616,861	89,016,111	10,895,496	507,987		100,419,595
Facilities	24,070,873	20,948,950	6,966,264	51,986,087	3,845,465	462,495	485,994	56,780,040
Professional Claims	17,995,909	6,791,196	1,787,600	26,574,705	939,199	41,642	522,645	28,078,192
Prescription Drugs	15,553,331	22,146,407	4,461,857	42,161,595	4,922,135	453,583	223,537	47,760,850
MLTSS	33,799,625	2,456,772	1,718,125	37,974,522	1,252,567	22,417	48,005	39,297,511
Medical Management	2,221,986	1,377,940	290,332	3,890,257	1,045,901	38,088	801,011	5,775,258
Quality Incentives	805,914	442,410	140,499	1,388,823	193,130		36,112	1,618,065
Reinsurance & Other	803,003	731,389	33,837	1,568,228	147,215		302,615	2,018,059
Total Medical Expenses	133,258,102	96,286,852	25,015,375	254,560,329	23,241,109	1,526,212	2,419,920	281,747,570
Medical Loss Ratio	83.8%	103.0%	113.9%	92.8%	93.5%	87.5%	71.6%	92.6%
GROSS MARGIN	**25,683,122**	**(2,783,805)**	**(3,060,259)**	**19,839,059**	**1,627,190**	**217,808**	**960,239**	**22,644,295**
ADMINISTRATIVE EXPENSES								
Salaries & Benefits				6,831,008	775,258	84,657	152,797	7,843,720
Professional fees				175,576	3,999	15,000	123	194,699
Purchased services				992,535	88,380	9,191	7,004	1,097,111
Printing & Postage				481,103	42,592	(33,127)	4	490,572
Depreciation & Amortization				292,394			2,057	294,451
Other expenses				1,439,499	56,916	547	5,263	1,502,225
Indirect cost allocation & Occupancy				(245,870)	548,726	38,274	4,036	345,165
Total Administrative Expenses				9,966,246	1,515,871	114,542	171,285	11,767,943
Admin Loss Ratio				3.6%	6.1%	6.6%	5.1%	3.9%
INCOME (LOSS) FROM OPERATIONS				9,872,813	111,319	103,266	788,955	10,876,352
INVESTMENT INCOME								5,324,825
TOTAL MCO TAX				(2,414,427)				(2,414,427)
TOTAL GRANT INCOME				3,036				3,036
OTHER INCOME				120				120
CHANGE IN NET ASSETS				**$ 7,461,541**	**$ 111,319**	**$ 103,266**	**$ 788,955**	**$ 13,789,905**
BUDGETED CHANGE IN NET ASSETS				(438,243)	(1,172,131)	(95,546)	182,722	(273,198)
VARIANCE TO BUDGET - FAV (UNFAV)				$ 7,899,785	$ 1,283,450	$ 198,812	$ 606,233	$ 14,063,104

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Consolidated Revenue & Expense: January 2020 YTD

	Medi-Cal Classic	Medi-Cal Expansion	Whole Child Model	Total Medi-Cal	OneCare Connect	OneCare	PACE	Consolidated
MEMBER MONTHS	3,391,974	1,603,791	81,117	5,076,882	99,059	10,586	2,566	5,189,093
REVENUES								
Capitation Revenue	1,085,954,507	$ 771,664,253	$ 161,356,933	$ 2,018,975,693	$ 172,403,309	$ 12,438,610	$ 20,499,046	$ 2,224,316,657
Other Income	-	-	-	-	-	-	-	-
Total Operating Revenue	1,085,954,507	771,664,253	161,356,933	2,018,975,693	172,403,309	12,438,610	20,499,046	2,224,316,657
MEDICAL EXPENSES								
Provider Capitation	272,493,099	311,703,880	69,678,291	653,875,270	77,371,385	3,354,544		734,601,198
Facilities	178,289,643	150,969,453	41,257,980	370,517,076	26,523,206	2,837,102	4,564,505	404,441,889
Professional Claims	125,721,130	49,116,100	9,459,613	184,296,842	5,053,001	310,407	3,820,650	193,480,900
Prescription Drugs	115,740,374	151,478,362	38,220,084	305,438,820	38,753,737	3,636,254	1,602,529	349,431,340
MLTSS	242,916,261	18,626,273	13,127,953	274,670,486	9,530,204	74,580	258,801	284,534,070
Medical Management	14,948,728	8,643,833	1,852,901	25,445,462	7,258,481	273,673	5,017,301	37,994,917
Quality Incentives	5,844,607	3,256,050	989,309	10,089,967	1,420,825		186,647	11,697,438
Reinsurance & Other	66,935,612	49,552,142	245,345	116,733,099	1,274,008		1,483,946	119,491,053
Total Medical Expenses	1,022,889,453	743,346,093	174,831,475	1,941,067,021	167,184,847	10,486,560	16,934,379	2,135,672,806
Medical Loss Ratio	94.2%	96.3%	108.4%	96.1%	97.0%	84.3%	82.6%	96.0%
GROSS MARGIN	**63,065,054**	**28,318,160**	**(13,474,542)**	**77,908,672**	**5,218,462**	**1,952,050**	**3,564,667**	**88,643,851**
ADMINISTRATIVE EXPENSES								
Salaries & Benefits				45,234,121	5,003,467	452,392	983,319	51,673,299
Professional fees				1,401,543	452,485	144,371	1,259	1,999,658
Purchased services				5,469,359	1,063,732	101,551	57,635	6,692,276
Printing & Postage				2,241,434	362,074	28,305	61,274	2,693,087
Depreciation & Amortization				2,450,272			14,599	2,464,871
Other expenses				10,265,983	163,903	1,974	28,103	10,459,964
Indirect cost allocation & Occupancy				(1,698,009)	3,899,834	281,191	88,050	2,571,066
Total Administrative Expenses				65,364,703	10,945,496	1,009,784	1,234,239	78,554,221
Admin Loss Ratio				3.2%	6.3%	8.1%	6.0%	3.5%
INCOME (LOSS) FROM OPERATIONS				12,543,969	(5,727,034)	942,266	2,330,428	10,089,630
INVESTMENT INCOME								22,867,659
TOTAL MCO TAX				(2,414,427)				(2,414,427)
TOTAL GRANT INCOME				(61)				(61)
OTHER INCOME				494				494
CHANGE IN NET ASSETS				**$ 10,129,976**	**$ (5,727,034)**	**$ 942,266**	**$ 2,330,428**	**$ 30,543,295**
BUDGETED CHANGE IN NET ASSETS				15,951,292	(9,723,876)	(854,800)	1,098,219	15,220,835
VARIANCE TO BUDGET - FAV (UNFAV)				$ (5,821,317)	$ 3,996,842	$ 1,797,066	$ 1,232,209	$ 15,322,459

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Balance Sheet:
As of January 2020

ASSETS		LIABILITIES & NET POSITION	
Current Assets		**Current Liabilities**	
Operating Cash	$520,760,769	Accounts Payable	$104,149,243
Investments	419,874,256	Medical Claims liability	748,671,289
Capitation receivable	407,851,922	Accrued Payroll Liabilities	12,364,162
Receivables - Other	33,438,568	Deferred Revenue	53,848,472
Prepaid expenses	8,401,246	Deferred Lease Obligations	-
		Capitation and Withholds	137,183,259
Total Current Assets	**1,390,326,761**	**Total Current Liabilities**	**1,056,216,426**
Capital Assets			
Furniture & Equipment	37,086,365		
Building/Leasehold Improvements	10,941,286		
505 City Parkway West	50,489,717		
	98,517,368		
Less: accumulated depreciation	(50,452,197)		
Capital assets, net	48,065,171	Other (than pensions) post employment benefits liability	25,577,893
Other Assets		Net Pension Liabilities	23,479,025
Restricted Deposit & Other	300,000	Bldg 505 Development Rights	-
Homeless Health Reserve	58,198,913		
Board-designated assets:		**TOTAL LIABILITIES**	**1,105,273,344**
Cash and Cash Equivalents	8,932,273		
Long-term Investments	561,852,777	**Deferred Inflows**	
Total Board-designated Assets	570,785,050	Excess Earnings	156,330
		Change in Assumptions	4,747,505
Total Other Assets	629,283,963	OPEB Changes in Assumptions	2,503,000
		Net Position	
TOTAL ASSETS	**2,067,675,894**	TNE	96,221,054
		Funds in Excess of TNE	869,865,110
Deferred Outflows		**TOTAL NET POSITION**	966,086,164
Contributions	686,962		
Difference in Experience	3,419,328		
Excess Earning	-		
Changes in Assumptions	6,428,159		
Pension Contributions	556,000		
TOTAL ASSETS & DEFERRED OUTFLOWS	**2,078,766,343**	**TOTAL LIABILITIES, DEFERRED INFLOWS & NET POSITION**	**2,078,766,343**

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Board Designated Reserve and TNE Analysis
As of January 2020

Type	Reserve Name	Market Value	Benchmark		Variance	
			Low	High	Mkt - Low	Mkt - High
	Tier 1 - Payden & Rygel	156,396,836				
	Tier 1 - Logan Circle	155,186,728				
	Tier 1 - Wells Capital	155,655,503				
Board-designated Reserve		467,239,067	319,722,581	497,984,139	147,516,486	(30,745,072)
TNE Requirement	Tier 2 - Logan Circle	103,545,983	96,221,054	96,221,054	7,324,929	7,324,929
	Consolidated:	**570,785,050**	**415,943,635**	**594,205,193**	**154,841,415**	**(23,420,143)**
	Current reserve level	*1.92*	*1.40*	*2.00*		

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HN Enrollment Summary - Medi-Cal

Health Network Name	FEBRUARY 2020	% of Total MCAL	% of HN Enrollment
CHOC Health Alliance (PHC20)	135,689	19.8%	23.3%
CalOptima Community Network (CN)	74,618	10.9%	12.8%
Monarch Family HealthCare (HMO16)	72,139	10.5%	12.4%
Arta Western Health Network (SRG66)	54,459	7.9%	9.4%
Family Choice Health Network (PHC21)	41,150	6.0%	7.1%
Kaiser Permanente (HMO04)	41,123	6.0%	7.1%
Alta Med Health Services (SRG69)	35,321	5.1%	6.1%
Prospect Medical Group (HMO17)	31,117	4.5%	5.4%
United Care Medical Network (SRG67)	30,976	4.5%	5.3%
Talbert Medical Group (SRG65)	21,209	3.1%	3.6%
AMVI Care Health Network (PHC58)	19,607	2.9%	3.4%
Noble Mid-Orange County (SRG64)	17,788	2.6%	3.1%
Heritage - Regal Medical Group (HMO15)	6,039	0.9%	1.0%
Total Health Network Capitated Enrollment	**581,233**	**84.7%**	**100.0%**
CalOptima Direct (all others)	104,799	15.3%	
Total Medi-Cal Enrollment	**686,032**	**100.0%**	

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HN Enrollment Summary – OneCare Connect

Health Network Name	FEBRUARY 2020	Percentage
Monarch HealthCare (HMO16DB)	4,485	32.0%
Prospect Medical Group (HMO17DB)	2,215	15.8%
CalOptima Community Network (CN)	1,908	13.6%
Family Choice Medical Group (SRG81DB)	1,790	12.8%
Talbert Medical Group (SRG52DB)	1,061	7.6%
Arta Western Health Network(SRG66DB)	571	4.1%
United Care Medical Group (SRG67DB)	529	3.8%
Alta-Med (SRG69DB)	471	3.4%
AMVI Care Health Network (PHC58DB)	411	2.9%
Noble Mid Orange County (SRG64DB)	407	2.9%
Heritage - Regal Medical Group (HMO15)	188	1.3%
Total OneCare Connect Enrollment	**14,036**	**100.0%**

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HN Enrollment Summary - OneCare

Health Network Name	FEBRUARY 2020	Percentage
Monarch HealthCare (PMG53DE)	674	49.2%
AMVI/Prospect Medical Group (PMG27DE)	249	18.2%
Talbert Medical Group (PMG52DE)	141	10.3%
Arta Western Health Network (PMG66DE)	103	7.5%
Family Choice Medical Group (PMG21DE)	81	5.9%
Alta-Med (PMG69DE)	47	3.4%
United Care Medical Group (PMG67DE)	50	3.6%
Noble Mid Orange County (PMG64DE)	26	1.9%
Total OneCare Enrollment	**1,371**	**100.0%**

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Coronavirus Disease 2019 (COVID-19) Update

CalOptima Provider Advisory Committee
March 12, 2020

David Ramirez, M.D., Chief Medical Officer
Miles Masatsugu, M.D., Medical Director

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CalOptima COVID-19 Response

- Goals
  - Educate members and ensure they have access to needed care
  - Educate and support providers and health networks
  - Support and protect CalOptima staff
  - Coordinate with county, state and federal public health efforts to prevent spread

- Strategic Actions
  - Preparing
  - Communicating

Preparing

- Formed an internal COVID-19 response team
- Named clinical and operational leads
  - Clinical: Miles Masatsugu, M.D., Medical Director
  - Operational: Dan Greene, Manager, Environmental Health & Safety
- Monitoring and following county and state public health guidance
- Recommending preventive measures for members and staff
  - Wash hands frequently
  - Use disinfectant wipes
  - Stay home when sick
  - Consider work accommodations for returning travelers on a case-by-case basis

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Preparing (cont.)

- Reviewing emergency and infectious disease policies and protocols for both CalOptima and PACE
  - Department-level review and planning in progress
- Addressing CalOptima member needs
  - Changed pharmacy rules to allow early refills and 90-day supplies of members' maintenance medications, effective February 28
  - Continue to pay for emergency department and inpatient care required by members
  - Ensure testing, vaccination and treatment are covered as they become available
  - Follow Centers for Disease Control and Prevention (CDC) protocols, including alerting public health officials for suspected/confirmed infection

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Communicating

- Executed communication plan to reach all members and stakeholders
  - Members
    - Resource information on CalOptima website, member portal and social media
    - Customer Service education and updates
  - Providers and health networks
    - Regular updates in weekly health network newsletter
    - Pharmacy change posting in provider section of CalOptima website
    - Regular updates for PACE alternate care settings
    - Regular updates at the Quality Improvement Committee, Credentialing and Peer Review Committee, Utilization Management Committee, and the Whole-Child Model Clinical Advisory Committee

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Communicating (cont.)

- Public
  - COVID-19 updates at public Board and committee meetings
    - CalOptima Board of Directors
    - Member Advisory Committee
    - OneCare Connect Member Advisory Committee
    - Whole-Child Model Family Advisory Committee
    - Provider Advisory Committee
- State and County Health Officials
  - Regular calls with Orange County Health Officer Nichole Quick, M.D., and Orange County Health Care Agency
  - California Department of Public Health (CDPH) alerts
  - Weekly CDPH call participation
  - DHCS medical directors and health plan chief medical officer meetings/calls
- State and National Associations
  - Information-sharing calls with California Association of Health Plans and America's Health Insurance Plans

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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Intergovernmental Transfer (IGT) 9 Update

Candice Gomez, Executive Director, Program Implementation

Debra Kegel, Director, Strategic Development

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IGT Background

- IGT process enables CalOptima to secure additional federal revenue to increase California's low Medi-Cal managed care capitation rates
  - IGT 1–7: Funds must be used to deliver enhanced services for the Medi-Cal population
    - Funds are outside of operating income and expenses
  - IGT 8–10: Funds must be used for Medi-Cal covered services for the Medi-Cal population
    - Funds are part of operating income and expenses

IGT Funding Process

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

CalOptima Share Totals to Date

IGTs	CalOptima Share	Date Received
IGT 1	$12.43 million	September 2012
IGT 2	$8.70 million	June 2013
IGT 3	$4.88 million	September 2014
IGT 4	$6.97 million	October 2015 (Classic)/ March 2016 (MCE)
IGT 5	$14.42 million	December 2016
IGT 6	$15.24 million	September 2017
IGT 7	$15.91 million	May 2018
IGT 8	$42.76 million	April 2019
IGT 9*	TBD	TBD (Spring 2020)
IGT 10*	TBD	TBD
Total Received	**$121.31 million**	

** Pending DHCS guidance*

IGT 9 Status

- CalOptima's estimated share is approximately $45 million
  - Expect receipt of funding in calendar year 2020
  - Funds used for Medi-Cal programs, services and operations
  - Funds are part of operating income and expenses
    - Medical Loss Ratio (MLR) and Administrative Loss Ratio (ALR) apply
    - Managed through the fiscal year budget

- Stakeholder vetting on the following focus areas
  - Member access and engagement
  - Quality performance
  - Data exchange and support
  - Other priority areas

Proposed Allocation

Focus Area	Amount Requested
Member access and engagement	$6.5 million
Quality performance	$3.4 million
Data exchange and support	$2.0 million
Other priority areas	$33.1 million

- Staff has identified initiatives targeted $40.5 million of the anticipated $45 million
- Additional initiatives in development will be presented before the end of the fiscal year

1. Member Access and Engagement: Expanded Office Hours

- Description
  - Offer additional incentives to providers and/or clinics
    - Expand office hours in the evening and weekends
    - Expand primary care services to ensure timely access
- Guidelines
  - Primary care providers in community clinics serving members in high-demand/impacted areas are eligible
  - Per-visit access incentive awarded to providers and/or clinics for members seen during expanded hours
- Key Components
  - Two-year initiative
  - Budget request of $2.0 million ($500,000 in FY 2019–20)

2. Quality Performance: Post-Acute Infection Prevention Initiative (PIPQI)

- Description
  - Expand CalOptima's PIPQI to suppress multidrug-resistant organisms in contracted skilled nursing facilities (SNFs) and decrease inpatient admissions for infection
- Guidelines
  - Phase 1: Training for 41 CalOptima-contracted SNFs not currently participating in initiative
  - Phase 2: Compliance, quality measures and performance incentives for all participating facilities
  - Two FTE to support adoption, training and monitoring
- Key Components
  - Three-year initiative
  - Budget request of $3.4 million ($1 million in FY 2019–20)

3. Data Exchange: Hospital Data Exchange Incentive

- Description
  - Support data sharing among contracted and participating hospitals via use of CalOptima selected vendors
    - Other organizations within the delivery system may also be added
  - Enhance monitoring of hospital activities for CalOptima's members, aiming to improve care management and lower costs
- Guidelines
  - Participating organizations will:
    - Work with CalOptima and vendor to facilitate sharing of ADT (Admit, Discharge, Transfer) and Electronic Health Record data
    - Be eligible for an incentive once each file exchange is in place
- Key Components
  - One-year initiative
  - Budget request of $2.0 million (CY 2020)

4. Other Priorities: IGT Program Administration

- Definition
  - Administrative support for prior, current and future IGTs
    - Continue support for two existing staff positions to manage IGT transaction process, project and expenditure oversight
    - Fund Grant Management System license, public activities and other administrative costs
- Guidelines
  - Will be consistent with CalOptima policies and procedures
  - Will provide oversight of the entire IGT process and ensure funding investments are aligned with CalOptima strategic priorities and member needs
- Key Components
  - Five years of support
  - Budget request of $2.0 million

5. Other Priorities: Whole-Child Model (WCM) Program

- Definition
  - CalOptima launched WCM on July 1, 2019
  - Based on the initial analysis, CalOptima is projecting an overall loss of up to $31.1 million in FY 2019–20
- Challenges
  - Insufficient revenue from DHCS to cover WCM services
  - Complex operations and financial reconciliation
- Key Components
  - One year
  - Budget request of up to $31.1 million to fund the deficit from WCM program in FY 2019–20

Next Steps

- Present recommendation during the April 2020 Board of Directors meeting

- Return to the Board as needed regarding
  - New or modified policy and procedures
  - Contracts
  - Additional initiatives

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

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.	**02/14/2020** Introduced	CalOptima: Watch
AB 2265 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.	**02/14/2020** Introduced	CalOptima: Watch
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 July 1, 2021. If federally approved, the peer-support program would be funded through Medi-Cal reimbursement.	**01/08/2020** 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. Additionally, if a child 2 to 6 years of age does not have medical records stating the completion of a blood lead screening test, the MCP would be required to provide that test. This bill would also require the Department of Health Care Services to notify the beneficiary's parent or guardian that the beneficiary is eligible for blood lead screening tests.	**02/14/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2277 Salas	**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.	**02/14/2020** Introduced	CalOptima: Watch
AB 2265 Quirk-Silva	**Blood Lead Screening Tests Contracted Providers:** Would require the Medi-Cal managed care plan (MCP) to impose requirements of the contracted provider to conduct blood lead screenings tests and for the provider to identify patients eligible to receive such tests. Would require the MCP to remind the contracted provider to conduct blood lead screening tests and identify eligible beneficiaries on a monthly basis.	**02/14/2020** Introduced	CalOptima: Watch
AB 2278 Quirk	**Childhood Lead Poisoning Prevention Health Plan Identification:** Would require the name of the health plan financially liable for conducting blood lead screenings tests to be reported by the laboratory to the Department of Health Care Services once the screening test has been completed. The name of the health plan is to be reported for each Medi-Cal beneficiary who receives the blood lead screening tests.	**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	**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.	**02/19/2020** 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.	**02/14/2020** Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4618 McBath	**Medicare Hearing Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of hearing aids for Medicare beneficiaries. Hearing aids would be provided every five years and would require a prescription from a doctor or qualified audiologist.	**10/17/2019** Passed the Committee on Energy and Commerce **10/08/2019** Introduced	CalOptima: Watch
H.R. 4650 Kelly	**Medicare Dental Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of dental health services for Medicare beneficiaries. Covered benefits would include preventive and screening services, basic and major treatments, and other care related to oral health.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
H.R. 4665 Schrier	**Medicare Vision Act of 2019:** No sooner than January 1, 2022, would require Medicare Part B to cover the cost of vision care for Medicare beneficiaries. Covered benefits would include routine eye exams and corrective lenses. Corrective lenses covered would be either one pair of conventional eyeglasses or contact lenses.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
AB 1904 Boerner Horvath	**Maternal Physical Therapy:** Would include pelvic floor physical therapy for women post-pregnancy as a Medi-Cal benefit.	**01/08/2020** 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.	**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.	**02/13/2020** Introduced	CalOptima: Watch

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 385 Calderon	**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Performance Outcome System:** Would require the Department of Health Care Service to improve existing performance outcome systems measuring the outcomes of EPSDT services.	**01/31/2020** Died **05/16/2019** Committee on Appropriations; Held under submission **02/05/2019** Introduced	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office projects this expansion would cost approximately $900 million General Fund (GF) in 2019-2020 and $3.2 billion GF each year thereafter, including the costs if In-Home Supportive Services.	**07/02/2019** Hearing canceled at the request of the author **06/06/2019** Referred to Senate Committee on Health **05/28/2019** Passed Assembly floor **12/03/2018** Introduced	CalOptima: Watch CAHP: Support LHPC: Support
AB 526 Petrie-Norris	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** 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.	**05/16/2019** Committee on Appropriations; Hearing postponed at the request of the Committee **04/02/2019** Passed Committee on Health **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

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 563 Quirk-Silva	**Mental Health Funding for the North Orange County Public Safety Task Force:** Would establish a two-year pilot program in Orange County with the appropriation of $16 million from the General Fund to support those experiencing a mental health crisis. Funds to be allocated to the North Orange County Public Safety Task Force: $8 million by January 1, 2020 and $8 million by January 1, 2021. Funds would establish programs such as urgent and nonurgent telephone lines, case management, and a mobile response team.	**01/31/2020** Died **05/16/2019** Committee on Appropriations; Held under submission **02/13/2019** Introduced	CalOptima: Watch Orange County Board of Supervisors: Support
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

MEDI-CAL MANAGED CARE PLANS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
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.	**02/06/2020** Introduced	CalOptima: Watch

PHARMACY

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 Medical Review System 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. 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.	**02/05/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 852 Pan	**California Generic Prescription Drugs:** Would authorize the State of California to manufacture and manage their own generic prescription drugs.	**01/13/2020** 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.	**02/19/2019** Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 741 Kalra	**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Provider Training:** Would expand provider training, for those providing EPSDT services, to include universal trauma screenings. Training would include how to administer and use the new trauma screening tool, providing care, proper diagnosis and referrals for patients who have tested positive in trauma screenings, and connecting patients to proper resources and care.	**01/31/2020** Died **05/16/2019** Committee on Appropriations; Held Under Submission **02/19/2019** Introduced	CalOptima: Watch
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 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.	**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 316 Ramos/Rivas	**Medi-Cal Dental Services:** Would increase the fee-for-service reimbursement rate for Denti-Cal providers that provide services to individuals with special needs. Pending approval from the Centers for Medicare & Medicaid Services, the increase in reimbursement rates to Denti-Cal providers would allow the provider to be reimbursed for the additional time and resources required to treat a patient with special needs. Providers are currently not receiving additional funds if a patient with specials needs uses more time and resources than originally allocated. Would allow the member four dental visits within a twelve-month period. The reimbursement rate would increase from $100 per visit to $140 per visit with support from Proposition 56 dollars.	**01/31/2019** Died **05/17/2019** Committee on Appropriations; Held Under Submission **01/30/2019** 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.	**05/16/2019** Committee on Appropriations; Held under submission **04/24/2019** Passed Committee on Health **02/22/2019** Introduced	CalOptima: Watch CAHP: Oppose

TRAILER BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 2002918 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
RN 2003830 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

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 2006526 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

*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

Last Updated: February 19, 2020

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

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
April 24	Last day for policy committees to hear and report bills to fiscal committees
May 1	Last day for policy committees to hear and report non-fiscal bills to the floor
May 15	Last day for fiscal committees to report fiscal bills to the floor
May 26–29	Floor session only
May 29	Last day to pass bills out of their house of origin
June 15	Budget bill must be passed by midnight
July 2–August 3	Summer recess
August 14	Last day for fiscal committees to report bills to the floor
August 17–31	Floor session only
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).