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

THURSDAY, AUGUST 8, 2019
2:30 P.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 June 13, 2019 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC)

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 Member Advisory Committee. 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. REPORT
A. Consider Recommendation of MAC Chair and Vice Chair

VI. CEO AND MANAGEMENT REPORTS

A. Chief Executive Officer (CEO) Update
B. Chief Operating Officer (COO) Update
C. Chief Medical Officer (CMO) Update

VII. INFORMATION ITEMS

A. Health Homes Program Update
B. Annual Healthcare Effectiveness Data and Information Set (HEDIS) Report
C. Health Network Report Card for Members
D. Provider Overcapacity Notification
E. New CalOptima Website Demonstration
F. Federal and State Legislative Update
G. Member Advisory Committee Member Updates

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

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MINUTES

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

June 13, 2019

A Special Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on June 13, 2019, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Sally Molnar called the meeting to order at 2:27 p.m. and Christine Tolbert led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Sally Molnar, Chair; Patty Mouton, Vice Chair; Suzanne Butler (2:35 pm);Sandra Finestone; Diana Cruz-Toro; Connie Gonzalez; Jaime Munoz (2:42 pm); Pamela Pimentel (2:46 pm); Sr. Mary Therese Sweeney; Christine Tolbert; Jacquelyn Ruddy

Members Absent: Mallory Vega; Ilia Rolon

Others Present: Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Candice Gomez, Executive Director, Program Implementation; Belinda Abeyta, Executive Director, Operations; Tracy Hitzeman, Executive Director, Clinical Operations; Mauricio Flores, Manager, Customer Service; Cheryl Simmons, Staff to the Advisory Committees, Customer Service; Samantha Fontenot, Program Assistant, Customer Service

MINUTES

Approve the Minutes of the March 14, 2019 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

Action: ***On motion of Member Sandra Finestone, seconded and carried, the MAC approved the minutes as submitted. (8-0-0, Members Butler, Munoz, Pimentel, Rolon and Vega absent)***

PUBLIC COMMENT

There were no requests for Public Comment.

REPORTS

Consider Approval of FY 2019-2020 Member Advisory Committee Meeting Schedule

MAC members reviewed the proposed FY 2019-20 meeting schedule. As proposed the MAC would meet on a bi-monthly basis the second Thursday of the month starting on August 8, 2019.

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Action: ***On motion of Member Finestone, seconded and carried, the Committee approved the FY 2019-20 Meeting Schedule. (Motion carried 9-0-0, Members Munoz, Pimentel, Rolon and Vega absent)***

Consider Approval of FY 2018-19 MAC Accomplishments

The FY 2018-19 MAC Accomplishments were presented for approval.

Action: ***On motion of Member Sandra Finestone, seconded and carried, the Committee approved the FY 2018-19 MAC Accomplishments. (Motion carried 10-0-0, Members Pimentel, Rolon and Vega absent)***

Consider Recommendation of Member Advisory Committee Slate of Candidates

Member Tolbert presented the recommendations on behalf of the MAC Nominations Ad Hoc Committee which also consisted of Members Gonzalez and Ruddy. The ad hoc met on May 22, 2019, via conference call to review the applicants to fill six expiring seats. The ad hoc reviewed six incumbent applicants for the open seats and the following reappointments were recommended: Patty Mouton, Medi-Cal Beneficiaries Representative, Sandra Finestone, Adult Beneficiaries Representative, Ilia Rolon, Family Support Representative, Suzanne Butler, Persons with Disabilities Representative, Diana Cruz-Toro, Recipients of CalWORKs Representative and Mallory Vega, Seniors Representative.

Action: ***On motion of Member Sr. Mary Therese Sweeney, seconded and carried, the Committee approved the Recommendation of the Slate of Candidates. (Motion carried 10-0-0, Members Pimentel, Rolon and Vega absent)***

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer (COO), provided a verbal update on the Whole-Child Model (WCM) implementation July 1, 2019. She noted that transitioning CalOptima members received robo calls as part of the 30-day notice which has been completed. Ms. Khamseh also provided information on the Homeless Health Initiative that would include partnering with various shelters throughout Orange County to increase the referral sources.

Ms. Khamseh mentioned that the Board of Directors' authorized CalOptima to contract with Chapman Consulting, LLC to help facilitate the FY 2020-2022 Strategic Planning Session. She noted that Chapman Consulting will be reaching to the Chair and Vice Chair of each of the Advisory Committees to schedule a 30-minute interview to gain their perspective with regard to the next three years. A special joint advisory committee meeting will be held on October 10, 2019 where Chapman Consulting will review the 2020-2022 strategic plan with the advisory committees.

Ms. Khamseh noted that Proposition 56 (Tobacco Tax) FY 2018-2019 payments had been released to the health networks including the CalOptima Care Network (CCN) providers.

Chief Medical Officer Update

David Ramirez, M.D., Chief Medical Officer (CMO), provided an update on Telehealth noting that CalOptima is waiting on the All Plan Letter (APL) from the Department of Health Care Services (DHCS) . Once the APL is received, CalOptima will start the planning and implementation process to increase access and provide more options for CalOptima members. Dr. Ramirez noted that the goal was to eventually integrate the Telehealth program with the member portal. Dr. Ramirez informed the committee that the OneCare and OneCare Connect Behavioral Health Services currently administered by Magellan Health Care will transition to CalOptima starting January 1, 2020. Dr. Ramirez also informed the Committee that CalOptima will be submitting the quality measure outcomes to the National Committee for Quality Assurance (NCQA) and the Health Homes Program will begin on January 1, 2020.

INFORMATION ITEMS

Whole-Child Model Update

Candice Gomez, Executive Director, Program Implementation and Tracy Hitzeman, Executive Director, Clinical Operations, provided a verbal update on the Whole-Child Model (WCM) program implementation. Ms. Gomez noted CalOptima's Provider Relations department has been providing outreach to high volume CCS providers to insure a cohesive transition with provider claims and referrals.

Ms. Hitzeman discussed the outreach to WCM families currently being completed by CalOptima's Personal Care Coordinators (PCCs) in order to conduct Health Needs Assessments (HNA). Ms. Hitzeman noted that over 1,000 calls had been made by the PCC's to the WCM families. CalOptima has forwarded the HNA data along with supplemental information to the member's health networks.

Case Management Presentation

Tracy Hitzeman, Executive Director, Clinical Operations, presented on Case Management's role in the Homeless Health Initiative. She noted that CalOptima has partnered with various health networks in coordination with the County's Blue Shirts and FQHCs Clinical Field teams to offer recuperative care placement for homeless individuals. Ms. Hitzeman reiterated to the MAC that CalOptima's role is to provide support and promote engagement between the County's outreach and engagement team, public health nurses, Case Management, and the FQHC's clinical field teams.

Member Portal Demonstration

Mauricio Flores, Manager, Customer Service, provided a demonstration on the CalOptima Member Portal.

MAC Member Updates

Chair Molnar notified the committee that an ad hoc committee would be formed to review and revise the recruitment process that would include committee members from the OneCare Connect Member Advisory Committee and the Provider Advisory Committee. This ad hoc would include the new FY 2019-20 MAC Chair and two MAC members. Vice Chair Patty Mouton and Member Pamela Pimentel volunteered to be part of this ad hoc. Chair Molnar also noted the MAC still has

an open seat for a Long-Term Services and Supports Representative and recruitment remains open for this seat.

Chair Molnar notified the committee that if they were interested in becoming the Committee Chair or Vice Chair for 2019-20 to please email Cheryl Simmons with a brief summary of their qualifications to be the chair or vice chair.

ADJOURNMENT

Chair Molnar announced that the next MAC meeting is scheduled for Thursday, August 8, 2019 at 2:30 p.m.

Hearing no further business, Chair Molnar adjourned the meeting at 4:31 p.m.

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

Approved: August 8, 2019

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MEMORANDUM

DATE:	August 1, 2019
TO:	CalOptima Board of Directors
FROM:	Michael Schrader, CEO
SUBJECT:	CEO Report
COPY:	Sharon Dwiers, Interim Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

Active Communication, Collaboration Lead to Smooth Whole-Child Model (WCM) Transition on July 1

CalOptima began providing California Children's Services (CCS) benefits to approximately 11,700 CCS-eligible members under the WCM program on July 1. Ample preparation and frequent communication with members, providers and health networks resulted in a seamless transition. Below are several elements that contributed to the success of this major effort:

- Member Outreach: In advance of the transition, members experienced a high level of outreach. They received a 90-day and 60-day notice prior to July 1, a WCM Member Guide developed by CalOptima, and automated calls during a call campaign that had a 72 percent success rate. Our Case Management department also connected with members to complete Health Needs Assessments. Staff reported that families were eager to engage in conversation and expressed gratitude for the outreach. Additionally, each WCM member was assigned a Personal Care Coordinator from whom they received a welcome letter.
- Member Services and Resources: All eligibility processes are in place and functioning, enabling members to reliably access necessary services, including from out-of-county tertiary care facilities. Members and families who need support with navigation and questions can reach out to a dedicated WCM Member Liaison team at CalOptima or view our member-oriented WCM webpage here. Special thanks to our WCM Family Advisory Committee, which has met bimonthly since 2018 to help guide communication with members and influence our implementation process.
- Engagement: In the months leading up to July, CalOptima, the Orange County Health Care Agency (HCA), providers, health networks and community-based organizations collaborated regularly and became well-oriented to the WCM program. CalOptima partnered with HCA to understand the best practices of the current CCS program and developed processes to continue coordination among HCA, providers, health networks and CalOptima. CalOptima's Provider Relations team held WCM-focused group and individual trainings. A WCM Clinical Advisory Committee, including representatives from HCA, the health networks and CCS-paneled providers, provided critical clinical input. Family Voices, an organization that focuses on children with special health needs, recently acknowledged that our thorough engagement of all affected organizations and members positively contributed to the smooth transition.
- Post-Transition Huddles: In the first few weeks of the transition, CalOptima held separate daily huddle meetings with HCA, health networks and internal staff to ensure any issues

that arose were addressed promptly. The frequency of the meetings was reduced by mid-July when concerns were minimal.

- CCS Advisory Group: On July 24 in Sacramento, leaders from CalOptima and HCA presented an update about Orange County's WCM transition to the advisory group, which is led by DHCS and includes representatives from all counties that have transitioned to WCM. Kristen Rogers, a parent who participates on our WCM Family Advisory Committee, and I are members of the group. Chief Medical Officer David Ramirez, M.D., and Tracy Hitzeman, executive director, clinical operations, presented on CalOptima's recent transition.

There are many individuals and groups responsible for the effective outcome of this project, and CalOptima appreciates everyone's contribution to ensuring that Orange County's CCS-eligible children realize the benefits of integrated care.

Board Makes Allocation Decisions About Homeless Health Initiative; CalOptima Releases Funding for Be Well OC

On June 27, Board members allocated the remaining $60 million of the $100 million Homeless Health Initiative to four distinct areas: clinic health care services in all homeless shelters; mobile health team response to all homeless providers; residential support services and housing navigation; and recuperative care for homeless individuals with chronic physical health issues. The ad hoc committee continues to meet regularly to oversee the effort involved in implementing the new and previously approved activities. Below are two updates of note.

- Be Well OC: CalOptima's partnership with Orange County, St. Joseph Hoag Health and Kaiser Foundation in support of the Be Well OC Regional Mental Health and Wellness Campus moved forward on July 12, when CalOptima released $11.4 million to the County. An item at your August meeting will ratify this action.
- Behavioral Health In-Service: Also on July 12, nearly 30 clinical field team representatives and CalOptima staff participated in a meeting focused on the HCA behavioral health system and services available. The valuable exchange helped the attendees better understand how to work with homeless individuals who have mental health needs.

CalOptima Strategic Planning Session Set for Friday, August 9

CalOptima Board members will begin the strategic planning process for the agency's next three-year plan, setting the course for 2020–22. California Health and Human Services Secretary Mark Ghaly, M.D., has agreed to attend the session on Friday, August 9, to provide an overview of the state's health care landscape. Facilitated by Chapman Consulting, the meeting, scheduled for 9:15 a.m. to 4 p.m. at CalOptima's offices, will be open to the public.

Pharmacy Carve-Out Meeting Allows Health Plans to Air Their Concerns

On July 24, the Department of Health Care Services (DHCS) convened the Pharmacy Carve-Out Advisory Group in Sacramento. It was an important opportunity for Medi-Cal managed care plans to provide feedback regarding the proposed transition of pharmacy to a fee-for-service program. Our state associations were successful in lobbying for a stakeholder process prior to the implementation of the governor's executive order. CalOptima attended, and our message remained the same: We support the idea of lowering pharmacy costs through bulk purchasing and use of a statewide fee schedule but believe care coordination for Medi-Cal members could suffer if the pharmacy benefit is removed from managed care plans. However, the governor

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appears intent on this transition, announcing on July 22 that DHCS will soon begin accepting proposals to implement a consolidated state negotiation and purchasing system.

State Exploring Value-Based Payments for Behavioral Health Integration Projects
DHCS is in the process of developing a value-based payment program for behavioral health. The goal is to improve physical and behavioral health outcomes through better coordination and integration. Under the proposal, providers can implement one of six different types of integration projects for the value-based payment, which would flow through the managed care plan. The California Association of Health Plans provided comments on the department's proposal on behalf of member plans, including CalOptima. While we support the idea of providing incentives for integration, there are some questions about the health plans' role in administering value-based payments. More information about this program will be available after the comments are considered.

Assembly Bill Outlines How State Can Implement Sanctions for Medi-Cal Deficiencies
A state audit released in March found deficiencies in Medi-Cal services for children, leading DHCS to implement new quality requirements and financial sanctions. On July 1, Assembly Bill 1642 became the policy bill vehicle for the sanctions language, which expands the regulator's authority. Both of CalOptima's state associations have taken a stance of "oppose unless amended" on the bill. The bill advanced from the Senate Committee on Health on July 11 and will next travel to the Senate Committee on Appropriations following the Legislature's summer recess. More amendments are expected. Given the potential impact on CalOptima, our state advocates, Edelstein Gilbert Robson & Smith, are also working to ensure reasonable controls.

Presentation to Local Dental Society Is Key Step in Exploring Dental Integration
After collecting community letters of support for exploring dental integration, CalOptima has taken the next step to engage leaders in the Orange County Dental Society (OCDS). On July 23, CalOptima presented an overview about our agency and interest in collaborating to explore integrating physical and dental health for our members. Having grassroots support from OCDS will help pave the way to approach the California Dental Society (CDA) next. If CDA is also amenable to exploration of a dental carve-in, CalOptima will approach DHCS to propose a pilot project for a future state budget. A fellow county organized health system, Health Plan of San Mateo is currently working on a state-approved dental integration pilot.

Longtime Provider Advisory Committee Member Dr. Caliendo Passes Away
A member of our Provider Advisory Committee for nearly a decade, pediatrician Theodore Caliendo, M.D., 77, passed away on June 20. His many CalOptima colleagues and friends appreciated his insights about the physician community and willingness to serve by taking on additional roles within the committee. A celebration of his life was held in July.

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Health Homes Program (HHP): Update

Board Advisory Committees

August 2019

Pallavi Patel

Director, Process Excellence/Business Integration

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HHP Background/Authorization

- HHP is an **ongoing** initiative to develop a network of providers that will integrate and coordinate primary, acute and behavioral health services for the highest risk Medi-Cal enrollees
- Authority:
  - Federal: Authorized under Section 2703 of the Affordable Care Act (ACA)
    - State option to implement; may be in phases and in specific geographies
    - 90 percent funding for eight quarters and 50 percent thereafter
    - Must be available to dual eligibles
  - State: California's AB 361 (2013) authorizes HHP participation
    - Implementation permitted if no General Funds used
    - Requires DHCS evaluation within two years of initial implementation

DHCS Approach for HHP in California

- Geographic Phasing Considerations
  - Ø CCI counties are being targeted as dually eligible individuals are already enrolled in managed care plans, and providers in those counties already have experience with:
    - § Higher care coordination standards and enhanced coordination with behavioral health
    - § Community-based LTSS, and an established Medicare shared savings arrangement
  - Ø Remaining California counties will be phased in as readiness allows
- In Orange County, CalOptima anticipated go-live date
  - Ø January 1, 2020, for members with chronic conditions (CC) only
  - Ø July 1, 2020, for those with serious mental illness (SMI), with or without chronic condition

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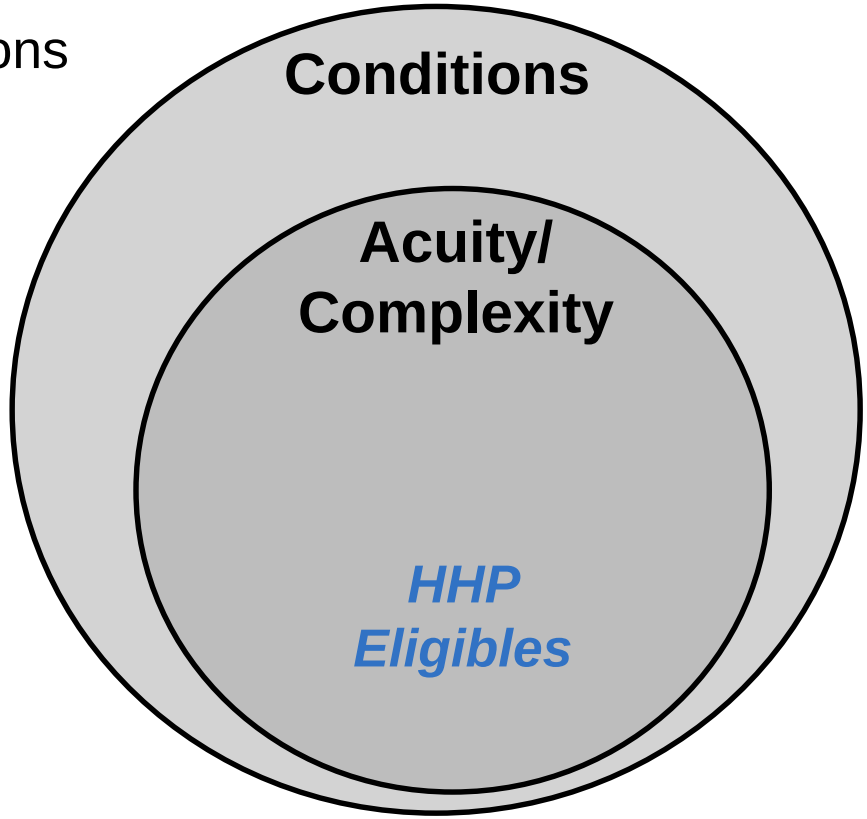
DHCS HHP Member Eligibility

- Medi-Cal members eligible for HHP
  1. Conditions/combination of conditions specified by DHCS
     - § Chronic physical conditions; or
     - § Substance use disorder; or
     - § Serious mental illness

  Ø Member must have at least two separate services on different dates within 16 months for the identified condition

  2. Acuity/complexity (**one** of the below):
     - § Three specified conditions; or
     - § One inpatient stay; or
     - § Three ED visits in year; or
     - § Chronic homelessness



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HHP Service Requirements

Enhanced Core Service Categories	New Services
• Provide comprehensive care management • Conduct health assessments and develop action plans • Provide comprehensive transitional care • Offer care coordination and health promotion • Offer individual and family support • Make referrals to community and social support services	• Follow up on referrals to ensure services are offered and accessed • Accompany highest risk participants to critical appointments (risk tier criterion determined by MCP) • Assist homeless members with housing navigation • Manage transitions from non-hospital or nursing facility settings, such as jail and residential treatment programs • Assess family/caregiver support • Develop trauma informed care standards

DHCS Objectives/Goals for HHP

- Ensure sufficient provider infrastructure and capacity to implement HHP as an entitlement benefit.
- Ensure HHP providers appropriately serve members experiencing homelessness.
- Increase integration of physical and behavioral health services.

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HHP Expectations

- The HHP will utilize the Medi-Cal Managed Care infrastructure.
- Managed care plans (MCPs) will be responsible for the overall administration of the HHP.
- The HHP will be structured as an HHP network including MCP, one or more community-based care management entities (CB-CMEs), linkages to Medi-Cal specialty mental health plans, community and social support services.

HHP Lead and Participating Entities

Department of Health Care Services

Lead Entities

Qualifying Medi-Cal managed care plans
Orange County: CalOptima

CB-CMEs

Sample organizations include PCPs, FQHCs, physician groups, hospitals and behavioral health entities

Community and Social Support Services

Sample organizations include supportive housing providers, food banks, employment assistance and social services

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Exploration of Model With DHCS

- Initial model approach:
  - Ø CalOptima acts as CB-CME for all health networks (HN) and CalOptima Direct/CalOptima Community Network (COD/CCN) members
    - § Exception: Health networks may elect to provide CB-CME services for their assigned members.
    - § Members electing to participate in HHP will move to CCN or elect a participating HN.
    - § CalOptima to "buy" select "new" services that may be leveraged by health networks, e.g., housing-related services and accompaniment
  - Ø Vetted with health networks, advisory committees and DHCS
  - Ø DHCS provided feedback that required modifications to network and care delivery models

DHCS Feedback on the Model

- Plan **cannot** require member to change PCP or health network.
- Plan must support care management at point of care in the community.
- DHCS requested additional clarification regarding how CalOptima will ensure:
  - Ø Face-to-face care coordination in the community, where appropriate
  - Ø Strong direct connection and coordination with member's PCP

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Modified Network Delivery Model

- All health networks will participate as CB-CMEs for its assigned members.
  - Ø Members selecting to participate in HHP are able to keep their PCP and other providers to receive services, including their HHP services.
  - Ø Health networks will have visibility to all medical records to plan out appropriate care.
- CalOptima will have a vendor for selected services (e.g. accompaniment and housing navigation/sustainability):
  - Ø Vendor contract will require the selected vendor to extend the same terms regarding vendor performance, duties and obligations and rates to health networks for their assigned members.

Care Delivery Model

- CalOptima and health networks
  - Ø May leverage existing high-risk care coordination resources
  - Ø Will provide face-to-face care coordination by meeting members at a mutually agreed upon location
  - Ø Will enhance coordination with member's PCP
- All health networks required to have policy and procedures in place to support care management at point of care in the community.
- As part of CalOptima's plan responsibilities, CalOptima will provide oversight for all HHP services.
- CalOptima will collaborate with other programs, such as Whole Person Care (WPC), to ensure appropriate services are provided but not duplicated.

WPC Collaboration

- CalOptima partnering with County's WPC pilot program to:
  - Ø Develop criteria and systematic approach to identify HHP-eligible members within WPC population.
  - Ø Develop training for WPC providers to proactively identify members who are meeting HHP eligibility criteria and refer them to CalOptima for HHP eligibility approval.
  - Ø Ensure that WPC member enrolled in HHP receives HHP services such as intensified case management, accompaniment and housing-related services.

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Members Experiencing Homelessness

- Once enrolled in HHP, member will have access to:
  - Ø Resources for housing, food security and nutrition, employment counseling, child care, community-based LTSS, school and faith-based services, and disability services, as needed and desired by the member
  - Ø Referrals to the needed resources, access to care, and engagement with other community and social supports
  - Ø Individual housing navigation services
  - Ø Tenancy sustaining services, including services that support the individual in being a successful tenant in their housing arrangement and thus able to sustain tenancy
  - Ø Individual housing transition services, including services that support an individual's ability to prepare for and transition to housing

Members Experiencing Homelessness

HHP = HHP eligible (NOT HHP enrolled)

Year-Month of Report: 07-2019

Analysis by Member CIN Count of High Risk Homeless Members

	WPC			Not WPC			Grand
Health Network Name	**Not HHP**	**HHP**	**Total**	**Not HHP**	**HHP**	**Total**	**Total**
CCN Complex	1	9	10		2	2	12
CCN General	373	513	886	565	171	736	1,622
COD Admin	197	186	383	694	50	744	1,127
AMVI	76	25	101	273	24	297	398
CHOC	20	13	33	391	27	418	451
Family Choice	60	65	125	322	32	354	479
HPN–Regal Medical Group	17	16	33	63	7	70	103
Kaiser	21	22	43	134	42	176	219
Monarch	258	302	560	488	106	594	1,154
Prospect	93	86	179	345	54	399	578
AltaMed	233	199	432	948	121	1,069	1,501
Arta Western	220	234	454	833	109	942	1,396
Noble	100	89	189	392	55	447	636
Talbert	67	65	132	272	37	309	441
United Care	44	41	85	216	30	246	331
Grand Total	**1,774**	**1,857**	**3,631**	**5,693**	**866**	**6,559**	**10,190**

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HHP Eligible Members (As of July 2019)

Health Network	Member CIN	DHCS Opt-In Projection (25%)	Opt-In Rate (20%)	Opt-In Rate (15%)	Opt-In Rate (10%)
	22,254	5,564	4,451	3,338	2,225
CCN Complex	139	35	28	21	14
CCN General	5,637	1,409	1,127	846	564
COD Admin	80	20	16	12	8
AMVI	432	108	86	65	43
CHOC	922	231	184	138	92
Family Choice	1,285	321	257	193	129
HPN–Regal Medical Group	285	71	57	43	29
Kaiser	1,013	253	203	152	101
Monarch	3,769	942	754	565	377
Prospect	1,570	393	314	236	157
AltaMed	1,767	442	353	265	177
Arta Western	2,536	634	507	380	254
Noble	918	230	184	138	92
Talbert	1,083	271	217	162	108
United Care	905	226	181	136	91

Not Included: ESRD, LTC, California Children's Services (CCS) Aged-Out, CCS Eligible, Regional Center of Orange County (RCOC), Medi-Medi, Multipurpose Senior Services Program (MSSP), Hospice and HIV.

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Work Efforts To Date

- DHCS' 'revised' HHP Program Guide (July 1, 2019) — provided through regular weekly communication
- DHCS deliverables are in progress and on track for September 1, 2019, submission to DHCS
  - Ø Including CalOptima's Policy GG.1331: Health Homes Program (HHP) Services and Care Management
- Vendor for select services
  - Ø Request For Proposal — submission closed on July 31, 2019
  - Ø Proposal review process initiated following conclusion of the bid process.

Next Steps

- HHP program and approach to BOD — in September 2019
- CalOptima to submit DHCS deliverables on September 1, 2019
- Continue implementation efforts for HHP go-live on January 1, 2020
  - Ø Build and complete CB-CME networks by November 1, 2019, for DHCS network deliverable submission
  - Ø HN workgroup meeting every other week starting in September 2019 and weekly beginning in December 2019

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Next Steps (cont.)

- HHP rates are in review by CalOptima's Finance team
  - Ø Methodology will be presented in September Health Network Forum
- HN readiness assessment targeted to start early-mid November
  - Ø Process, policies and desktop procedures
  - Ø Staffing ratios, job descriptions and HHP organizational structure

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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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HEDIS® 2019 Results (MY 2018 Performance)

Member Advisory Committee
August 8, 2019

Irma Munoz
Lead Project Manager, Quality Analytics (HEDIS)

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What Is HEDIS?

- The Healthcare Effectiveness Data and Information Set (HEDIS) is a performance measurement tool used by health plans to reliably compare how they perform on important dimensions of care and service.
- HEDIS makes it possible to compare performance on an “apples-to-apples” basis to national benchmarks in more than 92 measures across six domains of care.
- All HEDIS results are independently audited annually.
- Results are calculated and reported annually.

How Did CalOptima Perform? (2018 Results)

- Medi-Cal
  - Ø **All DHCS MPLs have been met!**
  - Ø 42 of 62 (68 percent) measures are better than last year
  - Ø Opportunities for Improvement: Respiratory, Behavioral Health, Well Care and Access to Preventive Care measures
- OneCare
  - Ø 12 of 27 (44 percent) measures are better than last year
  - Ø Opportunities for Improvement: Post Discharge Medication Reconciliation and Readmissions measures
- OneCare Connect
  - Ø 26 of 43 (60 percent)) measures are better than last year
  - Ø Opportunities for Improvement: Breast Cancer Screening, Care for Older Adults, and Readmissions measures

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Select HEDIS 2019 Medi-Cal Measures

	Quality Compass 50th percentile	CalOptima 2019 Rate	CalOptima 2019 Rate compared to 50th percentile
Adult BMI Assessment	88.56%	96.00%	↑
Weight Assessment and Counseling for Children/Adolescents — (BMI)	75.55%	84.44%	↑
Weight Assessment and Counseling for Children/Adolescents — (Nutrition)	69.57%	82.22%	↑
Weight Assessment and Counseling for Children/Adolescents — (Physical Activity)	63.50%	80.37%	↑
Childhood Immunization Status — (combo 10) +	35.28%	44.99%	↑
Immunization for Adolescents — (combo 2)	31.87%	50.24%	↑
Comprehensive Diabetes Care — (HbA1c Testing)	87.83%	89.32%	↑
Comprehensive Diabetes Care — HbA1c Poor Control — (>9.0%)*	38.20%	27.08%	↑
Comprehensive Diabetes Care — HbA1c Control — (<8.0%)	51.34%	64.58%	↑
Comprehensive Diabetes Care — (Eye Exam)	57.88%	64.06%	↑
Comprehensive Diabetes Care — (Medical Attention for Nephropathy)	90.51%	91.67%	↑
Comprehensive Diabetes Care — (Blood Pressure Controlled <140/90 mm Hg)	63.02%	75.00%	↑

*Lower rate indicates better performance
Green=higher than last year; Red=lower than last year; +Specification changes

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Select HEDIS 2019 Medi-Cal Measures (cont.)

	Quality Compass 50th percentile	CalOptima 2019 Rate	CalOptima 2019 Rate compared to 50th percentile
Well-Child Visits in the First 15 Months of Life — (6+ visits)	66.23%	51.09%	↓
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	73.89%	79.17%	↑
Adolescent Well-Care Visits	54.57%	54.74%	↑
Controlling High-Blood Pressure +	58.64%	71.05%	↑
Prenatal and Postpartum Care — (Timeliness of Prenatal Care)	83.21%	84.21%	↑
Prenatal and Postpartum Care — (Postpartum Care)	65.21%	66.67%	↑
Lead Screening in Children	73.13%	76.77%	↑
Breast Cancer Screening +	58.04%	63.78%	↑
Cervical Cancer Screening	60.10%	63.04%	↑

*Lower rate indicates better performance

Green=higher than last year; Red=lower than last year

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OneCare Results

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Select HEDIS 2019 OneCare Measures

	Quality Compass 50th percentile	CalOptima 2019 Rate	CalOptima 2019 Rate compared to 50th percentile
Comprehensive Diabetes Care — (HbA1c Testing)	94.21%	**92.19%**	↓
Comprehensive Diabetes Care – (HbA1c Poor Control >9.0%)*	21.94%	**20.82%**	↓
Comprehensive Diabetes Care — HbA1c Control (<8.0%)	67.88%	**71.38%**	↑
Comprehensive Diabetes Care — (Eye Exam)	70.91%	**73.23%**	↓
Comprehensive Diabetes Care — (Medical Attention for Nephropathy)	96.21%	**95.91%**	↓
Comprehensive Diabetes Care (Blood Pressure Controlled <140/90 mm Hg)	69.34%	**81.41%**	↑
Controlling High Blood Pressure +	73.42%	**76.57%**	↑
Care for Older Adults — (Pain Screening) +	N/A	**90.08%**	
Care for Older Adults — (Medication Review) +	N/A	**90.91%**	
Colorectal Cancer Screening +	71.89%	**68.23%**	↓

*Lower rate indicates better performance

Green=higher than last year; Red=lower than last year; +Specification changes

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OneCare Connect Results

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Select HEDIS 2019 OneCare Connect Measures

	Quality Compass 50th percentile	CalOptima 2019 Rate	CalOptima 2019 Rate compared to 50th percentile
Comprehensive Diabetes Care — (HbA1c Testing)	94.21%	90.96%	↓
Comprehensive Diabetes Care — (HbA1c Poor Control >9.0%)*	21.94%	18.64%	↑
Comprehensive Diabetes Care — (HbA1c Control <8.0%)	67.88%	72.03%	↑
Comprehensive Diabetes Care — (Eye Exam)	73.84%	80.79%	↑
Comprehensive Diabetes Care — (Medical Attention for Nephropathy)	96.21%	96.05%	↓
Comprehensive Diabetes Care — (Blood Pressure Controlled <140/90 mm Hg)	69.34%	74.29%	↑
Controlling High Blood Pressure +	73.42%	73.24%	↓
Care for Older Adults — (Pain Screening)	N/A	81.51%	
Care for Older Adults — (Medication Review)	N/A	84.18%	
Colorectal Cancer Screening +	71.89%	61.99%	↓
Breast Cancer Screening +	72.97%	65.00%	↓
Follow up After Hospitalization for Mental Illness — (30-days) +	50.61%	37.36%	↓

*Lower rate indicates better performance

Green=higher than last year; Red=lower than last year; +Specification changes

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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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Health Network Report Card for Members

Member Advisory Committee

August 8, 2019

Marsha Choo

Manager of Quality Analytics

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Updated Report Card (Sample)

2018 CalOptima Health Network Quality Performance Report Card

Key ★★★★ Top Performer ★★★ Better Than ★★ Average ★ Below Average Health Network	Quality of Care* CalOptima measured health networks quality of care by:						Members Satisfaction** Members rated their satisfaction with their health care as follows:					
	Women got their breast cancer screening	Women got their cervical cancer screening	Persons with diabetes got their A1C blood test	Adolescents got their well-care visits	Children 3-6 Years got their well-care visits	Children got their immunizations	Rating of Personal Doctor	Got an appointment to see a specialist as soon as needed	Personal doctor explained things in a way that was easy to understand	Got the care, tests or treatment that were needed	Got an appointment for a check-up for routine visit as soon as needed	Personal doctor listened carefully to me
AltaMed Medical Group	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
AMVI Care Health Network	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Arta Western Health Network	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
CalOptima Community Network	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
CHOC Health Alliance*	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Family Choice Health Network	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
HPN-Regal Medical Group	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Monarch Family HealthCare	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Noble Mid-Orange County	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Prospect Medical Group	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
Talbert Medical Group	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★
United Care Medical Group	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★

* Performance based on scores taken from the Healthcare Effectiveness Data and Information Set (HEDIS), a widely used set of standardized performance measures.

** Performance based on scores taken from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, surveys that assess patients' experiences with care.

*** CHOC is a healh plan for children. For CHOC, only child scores were used and scores were compared against child benchmarks.

Note: Data is from services performed in 2017 and reported in 2018.

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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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Provider Overcapacity Notification

Member Advisory Committee

August 8, 2019

Marsha Choo

Manager of Quality Analytics

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Medi-Cal Primary Care Provider (PCP) Member Assignment

- Goal: Make sure that a member does not have a long wait to see a doctor
  - Ø How: Make sure that doctors do not have too many members
  - Ø Department of Health Care Services (DHCS) Standard: Doctors do not have more than 2,000 members
- Action:
  - Ø Notify doctors via letter when they are approaching 2,000 CalOptima members.
  - Ø Doctors with 2,000 CalOptima members or more will no longer be assigned new members.
  - Ø Doctors will receive new members when they have less than 2,000 members for three consecutive months.

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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 California State Budget
Enacted Budget: Analysis and CalOptima Impacts
July 2019

Overview

On 6/28/19, Governor Newsom signed Assembly Bill (AB) 74 into law, California's fiscal year (FY) 2019-20 state budget bill. AB 74 will enact a $214.8 billion spending plan for FY 2019-20, with General Fund (GF) spending at $147.8 billion.[1]

Senate Bills (SB) 78 and 104 are health trailer bills designed to implement policy changes referenced in the budget bill. SB 78 was signed into law by the Governor along with the budget, and SB 104 was signed into law on 7/9/19. Government Affairs (GA) has been closely following several health policy changes that the Governor proposed in January as part of his initial budget proposal and updated in the May Revise. SB 78 and SB 104 contain many of these policy changes and the table below presents issues addressed in each bill that will impact the Medi-Cal program.

SB 78	SB 104
■ Prop 56 Value Based Payment (VBP) Behavioral Health integration program ■ Pharmacy carve-out fiscal impact study ■ Optional benefit restoration (audiology, speech therapy, podiatry, and incontinence creams) ■ Managed Care Organization (MCO) tax intent language ■ Health Homes Program (HHP) extension until 7/1/24 ■ Expansion of Screening, Brief Intervention, and Referral to Treatment (SBIRT) to include drug screenings	■ Expansion of full-scope Medi-Cal to undocumented immigrants ages 19-25 ■ Eligibility expansion for low income seniors (122% FPL to 138% FPL) ■ Extension of pregnancy-related Medi-Cal coverage (60 days to 12 months) ■ Implementation of a PACE rates adjustment

These and other major issues pertinent to CalOptima are addressed below.

Medi-Cal Budget

The Budget Act includes a spending plan of $106.5 billion for Medi-Cal, which includes $23.6 billion GF and $67.1 billion from federal funds, as well as $15.8 billion in special funds. Overall, this represents a $2.1 billion increase in Medi-Cal funding as compared to FY 2018-19.[2]

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 2019-20 Budget allocates $1.26 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. Please see the table below for funding details regarding each of these payment programs.

Proposition 56 Investments in Medi-Cal[3]
(Dollars in Millions)

Category		2019-20
Supplemental Payments	Physician Services	$454.2
	Dental Service	$195.7
	Women's Health and Family Planning	$43.5
	Intermediate Care Facilities for the Development Disabled	$13.0
	AIDS Waiver	$3.4
	Community-Based Adult Services	$13.7
	Non-Emergency Medical Transportation	$5.6
	Free-Standing Pediatric Subacute Facilities	$4.0
	Hospital-Based Pediatric Physicians Services	$2.0
Rate Increases	Home Health Providers	$31.2
	Pediatric Day Health Care Facilities	$6.9
Other	Physician and Dentist Loan Assistance	$120.0
	Value-Based Payments Program	$250.0
	Trauma Screenings	$13.6
	Developmental Screenings	$23.1
	Provider Training for Trauma Screenings	$25.0
	Additional Funds for Women's Health	$50.0
	Total	**$1,254.9**

These funds flow through Medi-Cal managed care plans to individual providers that deliver certain services. The Department of Health Care Services (DHCS) recently released a draft program design document for the Behavioral Health Value Based Payment (VBP) program. Several other Proposition 56 payment programs have been submitted to the Centers for Medicare & Medicaid Services (CMS) and are pending approval before DHCS can provide further details regarding their implementation.

The physician and dental services supplemental payment programs will continue at the same payment levels as the previous fiscal year. Of note, the final budget includes contingency language suspending all Proposition 56 funding on 12/31/21, pending analysis of the state's future revenue outlook by the Department of Finance (DOF). The Governor's budget summary states that the "suspension will be lifted if the Administration determines through the 2021 Budget Act process that there is sufficient General Fund revenue to support all suspended programs in the subsequent two fiscal years."[4] This contingency is attached to several spending measures included in the FY 2019-20 budget.

Coverage Expansion for the Undocumented

The budget expands full-scope Medi-Cal coverage to undocumented individuals ages 19 to 25, no sooner than 1/1/20. According to DHCS, by the end of the first year of implementation, the expansion will result in an estimated 90,000 individuals receiving full-scope benefits at a cost of $74 million to the state's General Fund ($98 million total). Nearly 75 percent of these individuals are currently enrolled in restricted scope Medi-Cal, which covers emergency and pregnancy related services.[5] DHCS reported to its Stakeholder Advisory Committee on 7/10/19 that, similar to the transition of undocumented children ages 0-19 into full-scope Medi-Cal under the terms of SB 75 (Chapter 18, Statutes of 2015), DHCS will work with counties to notify potential beneficiaries.

Of note, SB 29 is a policy bill that would further expand full scope Medi-Cal to cover undocumented seniors. Please see the chart below for a comparison between the expansion enacted through the state budget and the expansion proposed in SB 29.

FY 2019-20 Medi-Cal Expansion for the Undocumented

	Enacted State Budget	SB 29*
Age Range	19 to 25	65+
Estimated Enrollment Increase	90,000	25,000
Estimated Cost	$74 million GF ($98 million total)	$94.5 million GF ($115 million total)
Implementation Date	No sooner than 1/1/20	1/1/20

Sources: California State Budget 2019-20 Summary and Assembly Committee on Health Analysis of SB 29

*Enrollment and cost estimates based on bill language as of August 6, 2019

Pharmacy Benefit Carve-Out Advisory Group

As required by the language of SB 78, DHCS recently announced that it will convene an advisory group to receive feedback from managed care plans, hospitals, clinics and consumer advocates, among others, on the Governor's executive order to carve the pharmacy benefit out of Medi-Cal managed care.[6] The first advisory group meeting was held on 7/24/19 in Sacramento.

The May Revise provided an estimate of the state's savings from the carve-out — $393 million, beginning in fiscal year 2022-23. It is not clear, however, where these savings would come from and how much increased administrative cost the state would incur related to this transition. Also, given the data available from other states that have implemented a carve-out of pharmacy services from managed care, it is not clear whether such a policy would generate net savings for the state in the long-term. As such, the legislature required that DHCS convene the advisory group and provide more detailed fiscal assumptions – especially savings estimates – as part of the Governor's budget proposal for FY 2020-21, which is due to be released in January 2020.[7]

Benefit and Eligibility Expansions Effective No Sooner than January 1, 2020

The enacted budget appropriates $56.3 million to restore the following optional benefits, effective no sooner than 1/1/20: audiology and speech therapy services, incontinence creams and washes, optician and optical lab services, and podiatric services.[8] Currently, CalOptima covers audiology and speech therapy as well as podiatric services for members without receiving reimbursement. Also effective no sooner than 1/1/20, the budget allocates $63 million to expand eligibility for the Medi-Cal Aged, Blind, and Disabled population from 123 percent to 138 percent of the federal poverty level.[9] This would allow seniors and persons with disabilities to avoid paying a share of cost before becoming eligible to receive Medi-Cal benefits. Like Proposition 56 spending, both of these funding commitments will be suspended on 12/31/21, pending analysis of the state's revenue outlook by the DOF.

Benefit and Eligibility Expansions Scheduled for FY 2020-21

Several policy changes that were authorized through the FY 2019-20 budget are expected to actually be implemented in FY 2020-21, including:

- The expansion of Screening, Brief Intervention, Referral and Treatment (SBIRT) services to include opioid and other drug screenings; and
- The extension of Medi-Cal maternal mental health benefits from 60 days to one year for pregnant women diagnosed with a maternal mental health condition.[10]

Currently, DHCS requires that managed care plans provide adult members 18 years of age or older with one alcohol misuse screening per year.[11] Both of these funding commitments will be suspended on 12/31/21, pending analysis of the state's revenue outlook by the DOF.

Managed Care Organizations (MCO) Tax

In the January Budget proposal and the May Revise, the Governor had assumed the sunset of the MCO tax at the end of fiscal year 2018-19. The enacted budget package, specifically SB 78, contains language indicating the Legislature's intent to enact an MCO tax, contingent on CMS approval. Since this is intent language, with any description of tax structure, there are no MCO tax revenue estimates included in the bill.

As presently structured, the MCO Tax generates approximately $1 billion for the Medi-Cal program per year, as well as $300 million in funding to support services for individuals with developmental disabilities.[12] The current iteration of the MCO tax, which became effective in July 2016 via a CMS waiver, was valid through 6/30/19. Medi-Cal managed care plans have consistently supported participation in the MCO tax, as it has resulted in substantial revenue streams for the program.

Response to the Homelessness Crisis

The FY 2019-20 budget allocates $1 billion to support local governments and other community stakeholders in addressing homelessness issues, including $275 million for large cities and $175 million for counties to expand emergency shelters and navigation centers, rapid rehousing programs, and permanent supportive housing, among other initiatives.[13] The budget also allocates an additional $100 million for county whole person care pilot programs that "coordinate health, behavioral health, and social services focused on individuals who are experiencing homelessness, or who are at risk of becoming homeless, and have a demonstrated medical need for housing and/or supportive services."[14]

Next Steps

Staff will continue to track policies enacted through the budget, especially policy discussions related to the pharmacy benefit carve-out and MCO tax, among other topics, and provide updates regarding issues that have a significant impact on the agency.

Endnotes

[1] California State Budget, 2019-20, p. 11, available at: http://www.ebudget.ca.gov/2019-20/pdf/Enacted/BudgetSummary/FullBudgetSummary.pdf
[2] Department of Health Care Services, Department Report/Budget Detail, available at: http://www.ebudget.ca.gov/2019-20/pdf/Enacted/GovernorsBudget/4000/4260.pdf
[3] Ibid, p. 55
[4] Ibid, p. 57
[5] Ibid, p. 56
[6] Department of Health Care Services, "2019-20 Governor's Budget Highlights," p. 6, available at: https://www.dhcs.ca.gov/Documents/Budget_Highlights/FY_2019-20_MR_Highlights.pdf
[7] Assembly Floor Analysis, SB 78, p. 6, available at: http://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=201920200SB78
[8] California State Budget 2019-20, p. 57, available at: http://www.ebudget.ca.gov/2019-20/pdf/Enacted/BudgetSummary/FullBudgetSummary.pdf
[9] Ibid, p. 54
[10] Ibid., p. 57
[11] DHCS, All-Plan Letter 18-014, p. 2, available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-014.pdf
[12] Governor's Budget Summary 2019-20, p. 70, available at: http://www.ebudget.ca.gov/budget/2019-20/#/BudgetSummary
[13] Ibid, p. 67
[14] Ibid, p. 57