



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

**THURSDAY, DECEMBER 12, 2019
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 October 10, 2019 Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and Whole-Child Model Family Advisory Committee

B. Approve Minutes of the November 14, 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. REPORTS

- A. [Consider Recommendation to Reclassify Provider Advisory Committee Seat\(s\)](#)
- B. Consider Recommendation to Revise Provider Advisory Committee Chair and Vice Chair Term Lengths

VI. MANAGEMENT REPORTS

- A. [Chief Executive Officer Update](#)
- B. Chief Operating Officer Update
- C. Chief Medical Officer Update

VI. INFORMATION ITEMS

- A. [Delivery System Update](#)
- B. [Homeless Health Update](#)
- C. [Proposition 56 \(Tobacco Tax\) Update](#)
- D. [Federal and State Legislative Update](#)
- E. [Provider Advisory Committee Member Updates](#)

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

MINUTES

**SPECIAL JOINT MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE,
ONECARE CONNECT
CAL MEDICONNECT PLAN (MEDICARE-MEDICAID PLAN)
MEMBER ADVISORY COMMITTEE,
PROVIDER ADVISORY COMMITTEE AND
WHOLE CHILD MODEL FAMILY ADVISORY COMMITTEE**

October 10, 2019

A Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), OneCare Connect Member Advisory Committee (OCC MAC), Provider Advisory Committee (PAC) and Whole-Child Model Advisory Committee (WCM FAC), was held on Thursday, November 8, 2018, at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

PAC Chair Nishimoto called the meeting to order at 8:12 a.m., and WCM FAC Chair Byron led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair; Pamela Pimentel, Vice Chair; Diana Cruz-Toro; Connie Gonzalez; Sally Molnar; Patty Mouton; Jamie Munoz (8:50 A.M.); Ilia Rolon; Sr. Mary Therese Sweeney

Members Absent: Sandy Finestone, Jacqueline Ruddy, Mallory Vega

OneCare Connect Member Advisory Committee

Members Present: Patty Mouton, Chair; Jyothi Atluri (non-voting); Josefina Diaz; Keiko Gamez (9:10 AM); Sara Lee; Mario Parada; Donald Stukes

Members Absent: Gio Corzo; George Crits (non-voting); Sandy Finestone; Erin Ulibarri (non-voting)

Provider Advisory Committee

Members Present: John Nishimoto, O.D., Chair; Teri Miranti, Vice Chair; Donald Bruhns; Jena Jensen; John Kelly, M.D.; Junie Lazo-Pearson Ph.D.; Craig Myers; Jacob Sweidan M.D.; Loc Tran, Pharm.D.

Members Absent: Anja Batra, M.D., Tina Bloomer, WHNP, Pat Patton, MSN, RN

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Dr. David Ramirez, M.D. Chief Medical Officer; Len Rosignoli, Chief Information Officer, Candice Gomez, Executive Director, Program Implementation; Albert Cardenas, Director, OneCare Connect Customer Service; Tracy Hitzeman, Executive Director Clinical Operations; Thanh-Tam Nguyen, M.D., Medical Director, Medical Management; Dr. Emily Fonda, Medical Director, Medical Management; Cheryl Simmons, Staff to the Advisory Committees, Customer Service; Samantha Fontenot, Program Assistant, Customer Service

Whole-Child Model Family Advisory Committee

Members Present: Maura Byron, Chair; Pam Patterson, Vice Chair (8:58 AM); Sandra Cortez; Brenda Deeley, Kristen Rogers (8:39 AM); Malissa Watson

Members Absent: Cathleen Collins, Kathleen Lear
WCM FAC did not achieve a quorum.

PUBLIC COMMENT

There were no requests for public comment.

Michael Schrader, Chief Executive Officer, welcomed all the four Board Advisory Committee members and provided a brief background of the strategic plan formulation and introduced Athena Chapman and Caroline Davis of Chapman Consulting who would be presenting the draft plan.

INFORMATION ITEMS

CalOptima Strategic Plan Update

Athena Chapman and Caroline Davis of Chapman Consulting provided a comprehensive presentation regarding CalOptima's 2020-2022 Strategic Plan. Mrs. Davis reviewed CalOptima's goals and strategic plan development process with the Members. This process included interviews with CalOptima Board Members, Executive Staff, and the Board Advisory Committees' Chairs and Vice Chairs. Mrs. Chapman discussed the five priorities and objectives for the 2020-2022 Strategic Plan and provided the members with three key discussion questions to solicit feedback. The feedback received by the Advisory Committee Members will be included in the draft presentation at the November 7, 2019 CalOptima Board of Director's Meeting for approval.

Health Homes Program Whole Person Care Program Comparison

MAC Chair Tolbert introduced Melissa Tober- Beers from the Orange County Health Care Agency (OCHCA) along with CalOptima's Candice Gomez, Executive Director, Program Implementation and Tracey Hitzeman, Executive Director, Clinical Operations. Ms. Tober-Beers, Ms. Gomez, and Ms. Hitzeman jointly presented on the Whole Person Care (WPC) and Health Homes Program (HHP) providing details on the comparisons and contrasts of each of these programs.

ADJOURNMENT

There being no further business before the Committees, PAC Chair Nishimoto adjourned the meeting at 10:10 a.m.

/s/ Cheryl Simmons

Cheryl Simmons

Staff to the Advisory Committees

Approved by PAC: December 12, 2019

MINUTES

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

November 14, 2019

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on Thursday, November 14, 2019, 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 8:03 a.m. Anjan Batra, M.D. led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: John Nishimoto, O.D., Chair; Teri Miranti, Vice Chair; Anjan Batra, M.D.; Donald Bruhns; Jena Jensen; Junie Lazo-Pearson, Ph.D.; Craig Myers; Jacob Sweidan, M.D.; Tina Bloomer, WHNP; Dr. Loc Tran; Pat Patton, MSN

Members Absent: John Kelly, M.D.

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Gary Crockett, Chief Counsel; Nancy Huang, Chief Financial Officer; Emily Fonda, M.D., Deputy Chief Medical Officer; Candice Gomez, Executive Director, Program Implementation; Michelle Laughlin, Executive Director, Network Operations; Betsy Ha, Executive Director, Quality and Population Health Management, Tracy Hitzeman, Executive Director, Clinical Operations; Shamiq Hussain, Sr. Policy Advisor, Government/Legislative Affairs; Cheryl Simmons, Staff to the Advisory Committees; Samantha Fontenot, Program Assistant

MINUTES

Approve the Minutes of the September 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 September 12, 2019 meeting. (Motion carried 11-0-0; Member Kelly absent)

PUBLIC COMMENTS

There were no requests for public comment.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer (CEO), provided brief updates on the Department of Health Care Services' (DHCS') California Advancing and Innovating Medi-Cal (CalAIM) program and the proposed state waiver for FY 2021-25. Mr. Schrader announced the promotion of Nancy Huang to Chief Financial Officer.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer, provided an update on the Qualified Medicare Beneficiary (QMB) Program. Ms. Khamseh noted that the beneficiary outreach letters have been sent out to CalOptima members encouraging them to apply for the Medicare Part A Plan. Ms. Khamseh also notified the members of the open Member Advisory Committee Consumer seat.

Chair Nishimoto reordered the agenda to hear item VI.A CHOC Children's Autism Center before continuing with the Chief Medical Officer Report.

CHOC Children's Autism Center

Jonathan T. Megerian, M.D., a Board-Certified Pediatric Neurologist at CHOC Children's provided a comprehensive presentation on CHOC's new Thompson Autism Center. Dr. Megerian described the benefits and services that will be offered at the grand opening scheduled for January 2020. Dr. Megerian also provided an overview of the assessment clinic, the challenging behavior unit, and the co-occurring clinic which will be available to children and their families.

Chief Medical Officer Update

David Ramirez, M.D., Chief Medical Officer, notified the PAC that Emily Fonda, M.D., had been promoted to Deputy Chief Medical Officer. He also reported that CalOptima received a commendable rating from the National Committee for Quality Assurance (NCQA).

INFORMATION ITEMS

Proposition 56 Tobacco Tax Update

Candice Gomez, Executive Director, Program Implementation, discussed the Proposition 56 (Tobacco Tax) initiatives. Ms. Gomez noted that CalOptima's providers may see an increase in funding whether it's fee-for service or capitation. Ms. Gomez also noted that additional funding is available and mentioned that additional initiatives have been released by DHCS. DHCS has indicated that they will start reimbursing for developmental screenings, as well as advanced childhood experience screening (ACE) effective January 1, 2020.

Health Network Quality Rating Methodology Presentation

Betsy Ha, Executive Director, Quality and Population Health Management, provided a presentation on Health Network Rating Methodology guiding principles and proposed changes. Ms. Ha noted that CalOptima is proposing a health network rating methodology and measurement for FY 2020. She also mentioned that DHCS is requiring that managed care plans such as CalOptima must perform at least or well above the fifty percent of the Medicaid plans across the country.

Federal and State Budget Update

Shamiq Hussain, Sr. Policy Advisor, Government/Legislative Affairs, provided a brief update on the State budget. Mr. Hussain noted that the DHCS policy discussion is centered around the CalAIM proposals, which will further develop once DHCS has received stakeholder feedback along with the Centers for Medicare & Medicaid Services (CMS) feedback.

PAC Member Updates

Chair Nishimoto provided an update on the Joint Advisory Committees' Recruitment Ad Hoc meetings and noted that the ad hoc has been developing a recruitment process for each committee seat and will provide a report at the next PAC meeting on December 12, 2019.

Committee Member Comments

Member Jensen thanked the PAC on behalf of Dr. Megerian for providing the opportunity to present on the CHOC Thompson Autism Center.

Member Sweidan provided feedback to CalOptima staff on the Whole-Child Model transition process, noting that the transition has been transparent and seamless.

ADJOURNMENT

There being no further business, Chair Nishimoto adjourned the meeting at 9:31 a.m.

/s/ Cheryl Simmons

Cheryl Simmons

Staff to the Advisory Committees

Approved: December 12, 2019

2020 PAC Position Description

Allied Health Services (two seats)

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent; independent, non-hospital, non-network allied providers, such as:
 - Ambulatory surgery centers
 - Audiology
 - Certified Acupuncturist
 - Chronic Dialysis Center
 - Dialysis providers
 - Dispensing Opticians
 - DME providers
 - Emergency Transportation
 - Exempt from Licensure Clinics
 - Family planning centers
 - Hearing Aid Dispensers
 - Home health providers
 - Home infusion providers
 - Hospice
 - Laboratory
 - Non-emergency transportation (NEMT) providers
 - Occupational therapists
 - Physical therapists
 - Podiatrists
 - Portable X-ray Lab
 - Prosthetics
 - Psychologists
 - Radiation therapy centers
 - Radiology
 - Rehabilitation Clinics
 - Respiratory Care Practice
 - Speech Therapist
 - Surgery Clinics
- When license or credential is required, applicant must have active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of managed care systems and CalOptima programs

- Minimum three years of experience as a provider for CalOptima or representing CalOptima providers directly
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc PAC meetings
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Behavioral/Mental Health Provider

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent providers such as:
 - Licensed Clinical Social Worker (LCSW)
 - Marriage and Family Therapist (MFT)
 - Mental Health Facility
 - Psychologists
 - Psychiatrist
 - Registered Psychiatric Nurse (Psych RN)
 - Multi-Specialty Clinics/Group Practice
 - Community Mental Health Center
 - Board Certified Behavior Analyst-D (BCBA-D)
- When license or credential is required, applicant must have active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of managed care systems and CalOptima programs
- Minimum three years of experience as a provider for CalOptima or representing CalOptima providers directly
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
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Community Clinic

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent Orange County Community Health Centers:
 - Representing a licensed community clinic

- When license or credential is required, applicant must have active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of managed care systems and CalOptima programs
- Minimum three years of experience as a provider for CalOptima or representing CalOptima providers directly
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc PAC meetings
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Health Network

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent CalOptima contracted Health Networks.
- When license or credential is required, applicant must have active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of managed care systems and/or CalOptima programs
- Minimum three years of experience working directly for a health network
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc PAC meetings
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Hospital

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent Orange County CalOptima contracted Hospitals.
- When license or credential is required, applicant must have active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of managed care systems and CalOptima programs
- Minimum three years of experience as a hospital provider for CalOptima or representing CalOptima hospital providers directly

- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc PAC meetings
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Long Term Services and Supports

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent providers, such as:
 - Intermediate Care Facility – Developmentally Disabled
 - Intermediate Care Facility – Developmentally Disabled – Nursing
 - Intermediate Care Facility -Developmentally Disabled – Habilitative
 - Level B Adult Subacute
 - Level B Pediatric Subacute
 - Level B Skilled Nursing Facility
 - Nursing Facilities – Intermediate Care Facility Level A
 - Skilled Nursing Facilities
 - Skilled Nursing Facilities/Subacute Level B
 - Adult Day Health Care
- When license or credential is required, applicant must have active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of managed care systems and CalOptima programs
- Minimum three years of experience as a provider for CalOptima or representing CalOptima providers directly
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc PAC meetings
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Non-Physician Medical Practitioner Representative

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent such as: nurse practitioners, nurse midwife, physician assistants, registered psychiatric nurse (Psych RN), chiropractors, dentists, optometrists, and others as appropriate
- When license or credential is required, applicant must have active CA license/credential as appropriate
- Professional Degree (e.g. DC, DDS, DNP MMS, OD) required
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of managed care systems and CalOptima programs
- Minimum three years of experience as a provider for CalOptima or representing CalOptima providers directly
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc PAC meetings
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Nurse Representative

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent such as; nurses, nurse Practitioner, nurse midwife, registered nurses, registered psychiatric nurse (Psych RN), nurse anesthetist, advanced practice nurse
- When license or credential is required, applicant must have active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s) and local chapters.
- Knowledge of managed care systems and CalOptima programs
- Minimum three years of experience as a provider for CalOptima or representing CalOptima providers directly
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc PAC meetings
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Pharmacy Representative

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent pharmacies and pharmacy associations
- When license or credential is required, applicant must have active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of managed care systems and CalOptima programs
- Minimum three years of experience as a provider for CalOptima or representing CalOptima providers directly
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc PAC meetings
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Physician Representative (three positions)

Position Description

- Seats will individually be represented by:
 - Adult Primary Care Physician
 - Pediatric Physician
 - Specialist
- Current experience collaborating with, and ability to reach out, seek input, represent and secure input from their physician constituency as well as their community-based physician professional association. When license or credential is required, applicant must have active CA license/credential as appropriate
- Have an active, unrestricted California medical license and board certification as appropriate
- Membership in appropriate medical professional association(s)
- Knowledge of managed care systems and CalOptima programs
- Minimum three years of experience as a provider for CalOptima
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Familiarity with California and federal health care delivery regulatory requirements and mandates
- Familiarity with provider quality and service requirements and risk adjustment factors

- Availability and willingness to attend regular, special and ad hoc PAC meetings and actively contribute
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Safety Net

Position Description

- Current experience collaborating with, and ability to reach out, seek input and represent safety net providers
 - **Safety-Net Provider** means a provider of comprehensive primary care and/or acute hospital inpatient services that provides these services to a significant total number of Medi-Cal and charity and/or medically indigent patients in relation to the total number of patients served by the provider. Examples of safety net providers include Federally Qualified Health Centers; governmentally operated health systems; community health centers; rural and Indian Health Service facilities; disproportionate share hospitals; and public, university, rural and children's hospitals.
- When license or credential is required, applicant must have active CA license/credential as appropriate
- Preferred for applicant to belong to appropriate professional/trade association(s)
- Knowledge of managed care systems and CalOptima programs
- Minimum three years of experience as a provider for CalOptima or representing CalOptima providers directly
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County
- Availability and willingness to attend regular, special and ad hoc PAC meetings
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

Health Care Agency Representative (Standing Seat)

Position Description

- Represent the Orange County Health Care Agency
- No term limits
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

PAC Chair

Position Description

- Availability and willingness to attend regular and special PAC meetings
- Facilitate all PAC meetings using standard meeting rules of order
- Demonstrate leadership and openness, enabling meeting attendees to achieve preset meeting goals
- Liaison between PAC, MAC and the Board of Directors
- Provide PAC Report to CalOptima Board of Directors' monthly meetings
- Two-year term
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

PAC Vice-Chair

Position Description

- Availability and willingness to attend regular and special PAC meetings
- Facilitate in absence of the PAC Chair all PAC meetings using standard meeting rules of order
- Demonstrate leadership and openness, enabling meeting attendees to achieve preset meeting goals
- Liaison in absence of the PAC Chair between PAC, MAC and the Board of Directors
- Provide PAC Report to CalOptima Board of Directors' monthly meetings when PAC Chair is unavailable
- Two-year term
- All appointments to the committee will be appointed by the CalOptima Board and are subject to OIG/GSA verification and possible background checks

MEMORANDUM

DATE: November 26, 2019
TO: CalOptima Board of Directors
FROM: Michael Schrader, CEO
SUBJECT: CEO Report — December 5, 2019, Board of Directors Meeting
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

CalOptima Earns State Quality Award for the Fifth Year in a Row

Great news! CalOptima extended our run of recognition by the state, receiving the Department of Health Care Services (DHCS) Outstanding Performance Award for Large Scale Plans for the fifth year in a row. Presented recently at the regulator’s annual quality meeting, CalOptima had staff on hand to accept the honor, with a certificate that states “in recognition of your efforts for going above and beyond for Medi-Cal managed care members...” Thanks to your Board and all providers for continuing to support this agency’s efforts to lead California in Medi-Cal quality.

Community Health Centers Group Honor CalOptima for Partnership

On November 14, the Coalition of Orange County Community Health Centers honored CalOptima during the group’s 45th anniversary event, presenting the agency with the Community Partner Award. I thanked coalition members for their partnership, emphasizing our longstanding shared mission to care for vulnerable populations as well as our current initiatives to better serve individuals experiencing homelessness through clinical field teams and other programs.

CalOptima Names New Executive Director, Operations

Former Customer Service Director Belinda Abeyta has been promoted to Executive Director, Operations. Belinda filled this role in an interim capacity for seven months, ensuring that CalOptima’s day-to-day functions of serving members and ensuring provider payments ran smoothly. As Executive Director, Belinda is responsible for overseeing Customer Service, Grievance and Appeals Resolution Services (GARS), Claims Administration, E-Business and Coding Initiatives. She started her career with CalOptima in 2014 as director of GARS before moving into her Customer Service role. She has 25 years of leadership experience in claims for both public and private health care organizations, including Inland Empire Health Plan and St. Joseph Heritage Health. She holds a bachelor’s degree in health science from California State University, Long Beach and an MBA from University of Phoenix.

America’s Health Insurance Plans (AHIP) Meeting Brings Opportunity to Interact With Key Federal Policy Makers

On November 12–13, I attend an AHIP Board meeting during which the association reiterated its Medicaid managed care focus on three areas: rates, coverage and benefits, and managed care plan value. Regarding rates, AHIP is monitoring block grant waivers, medical loss ratio guidance, and CMS rate reviews and rule changes, including the Medicaid Fiscal Accountability

Rule (described below). Regarding coverage and benefits, AHIP is focused on waivers, the public charge rule and dual eligible integration. Finally, about managed care plan value, AHIP is examining research on quality and the impact of carve-outs. Further, the Board meeting was also valuable for the opportunity to connect with policy makers. Three senators with leadership roles on health care and financial committees made presentations, and I was part of a small group of six CEOs from public and commercial health plans invited to attend a private meeting with Alex Azar, secretary of U.S. Health and Human Services, which oversees the Centers for Medicare & Medicaid Services (CMS). During the meeting, Azar stated that his vision for health care centers on affordability, quality and choice. Finally, I was appointed to a new AHIP Administrative Committee, exploring how the association can strengthen service to the three “vertical” markets defined as Medicare, Medicaid and Commercial. AHIP plans even more commitment to Medicaid by hiring staff and bringing on other resources, and as part of the committee, I will help guide these efforts.

Medicaid Fiscal Accountability Rule Focused on More Transparent Financial Practices

On November 12, CMS released its draft Medicaid Fiscal Accountability Rule, which was proposed in response to federal Medicaid spending growth and concerns about financial transparency. In a fact sheet accompanying the rule, CMS stated that the intent of the proposed regulations is to strengthen the fiscal integrity of the Medicaid program and ensure that state supplemental payments and financing arrangements are transparent and value-driven. Three major provisions would: 1) strengthen state-level reporting requirements; 2) clarify Medicaid financing definitions and processes for “base” and “supplemental” payments; and 3) reduce questionable financing mechanisms. Regarding the third category, the rule would update some requirements around Intergovernmental Transfers (IGTs) and their funding sources as well as health care-related taxes and donations. At this stage, CMS is soliciting stakeholder input on the rule and will be accepting comments for 60 days.

California Advancing and Innovating Medi-Cal (CalAIM) Initiative Garnering Considerable Attention Statewide as Workgroup Meetings Begin

In the short time since the October 28 introduction of CalAIM, activity has ramped up quickly. DHCS held the first three workgroup sessions: Population Health Management and Annual Health Plan Open Enrollment (November 5), Behavioral Health (November 8), and Enhanced Care Management and In Lieu of Services (November 20). Another 19 sessions are planned through February 2020. CalOptima has clear visibility of the activity in the groups through our associations, Local Health Plans of California (LHPC) and California Association of Health Plans (CAHP). The workgroup sessions are highly structured, involving detailed PowerPoint presentations and specific written questions about which DHCS is seeking feedback. LHPC and CAHP are hosting weekly calls and compiling answers to the questions. Separately, the state and the associations are engaging outside of the meetings on topics in CalAIM but not covered by a workgroup, such as regional rate setting and long-term care integration. Public plans, including CalOptima, consider population health management, enhanced care management and in lieu of services the priority areas, since they have the earliest proposed implementation, starting 2021. In fact, an all-day meeting between the state and plan leaders about enhanced care management and in lieu of services was just announced for February 10, 2020. I will continue to share CalAIM updates with your Board.

State to Audit CalOptima in January, Delegated Entity to Participate

DHCS formally notified CalOptima about the annual medical audit of Medi-Cal and OneCare Connect (Medicaid-based services only). The regulator will be on site from January 27–February 7, 2020. DHCS will audit CalOptima’s compliance with contractual and regulatory requirements in the areas of utilization management, case management and coordination of care, availability and accessibility, member’s rights, quality management, and administrative and organizational capacity, for the review period of February 1, 2019, to January 31, 2020. A key difference in the 2020 audit is the requirement that a CalOptima delegate participate, and DHCS has chosen to engage Monarch HealthCare for its review of OneCare Connect.

Health Education Team Organizes Successful Anti-Vaping Event in Anaheim

CalOptima’s Health Education team within the Population Health Management department partnered with community organizations to present Escape the Vape, an educational anti-smoking event targeted at school children. Held on November 21 at the Ponderosa Park Community Center in Anaheim, more than 300 children attended, many with a parent. The American Cancer Society was a key collaborator as the event coincided with the 40th anniversary of the Great American Smokeout, a nationwide effort encouraging smoking cessation. Escape the Vape included a dozen booths with information, entertainment and activities. The anti-vaping theme attracted TV coverage from Telemundo and KTLA.

Employee Engagement Survey Results Show Positive Ratings, Highlight Opportunities

CalOptima shared results of the Employee Engagement Survey with employees during the All Hands meeting on November 14. DecisionWise administered the survey, and DecisionWise Senior Consultant David Long presented an overview that showed CalOptima’s scores, highlighting areas receiving positive feedback and those needing improvement. He said that CalOptima’s overall rating was 72% favorable and 18% neutral, which are similar to the averages seen across DecisionWise’s large client base. Executive Director, Human Resources Brigitte Gibb announced that workgroups have been formed to respond to three opportunities for improvement: cross-functional communication, professional growth and employee voice (being responsive to ideas and suggestions from employees). The workgroups, which include employees from various departments and at various career levels, started November 15.



CALOPTIMA
BOARD OF DIRECTORS' PROVIDER ADVISORY
COMMITTEE
PROVIDER NETWORK STRATEGY
PRELIMINARY FINDINGS
DECEMBER 12, 2019

Meeting Agenda

2

- Review Purpose of Consultation
- Scope of Work Project Approach
- Initial Findings
- Key Task Analysis and Recommendations to come
- Overall Network Strategy Approach
- Next Steps and Timeline

Scope of Work

Provider network strategy analysis

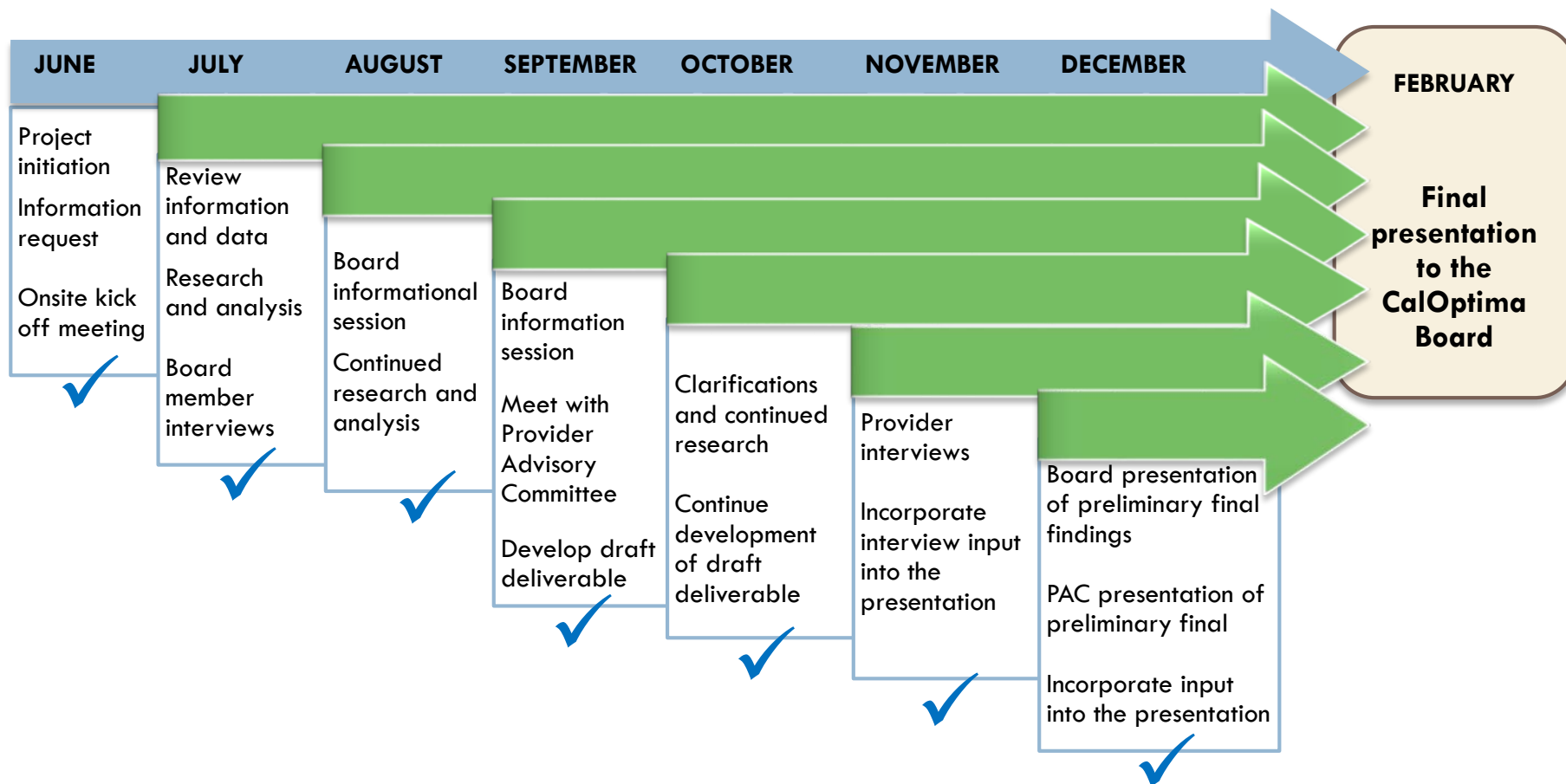
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RFP Task	Key Task	Slides
Added task	Board Interviews	
Added task	Board presentation: network payment models	
Added task	Board presentation: models to motivate network outcomes	
Added task	Provider Advisory Committee/provider interviews	
RFP Task 1	Review actuarial methodology	
RFP Task 2	Review Medical Loss Ratio (MLR) analysis	
RFP Task 3	Evaluate pre-contracting criteria	
RFP Task 4	Analyze membership limitation approach	
RFP Task 5	Evaluate auto assignment	
RFP Task 6	Research provider payment methodologies	
RFP Task 7	Develop network performance evaluation tool	
RFP Task 8	Research network models	
RFP Task 9	Analyze member satisfaction implications	
RFP Task 10	Analyze provider satisfaction implications	
RFP Task 11	Review administrative cost allocation model	
RFP Task 12	Analyze Health Needs Assessment	
	Final presentation	

Project Approach

Structured project methodology and progress

4



Initial Network Findings

High-level observations informed by multiple sources

5

- Multiple sources of information
 - Review CalOptima and Other Plans Policies and Procedures
 - CalOptima staff interviews (6/7)
 - Board of Directors (7/9, 8/1, 9/5)
 - Provider Advisory Committee (9/12)
 - Provider interviews (11/15, 11/22)
- Themes identified
 - Desire to be current in practices and policies
 - Increase transparency and accountability
- **High Level Observations**
 - CalOptima's networks incorporate leading practices in most areas
 - No major non-standard findings
 - Use of RFP unusual for Physician and Hospital Networks
 - Opportunities for improvement identified

FINAL REPORT will compare CalOptima with best practices and provide recommendations

6

- Develop network goals and criteria for decision-making
- Default Policies
- Adding Providers/Contracts
- Terminate Providers/Contracts
- Establish Minimum/Maximum Guidelines
- Create network evaluation approach, including weighing measures
- Network neutral rate setting approach

Report Organized Around Five Recommendations

Opportunities for improvement

7



Begin with a **CLEAR NETWORK VISION** of CalOptima Board objectives for network access, adequacy, and cost and quality performance

Create a comprehensive **NETWORK STRATEGY** that supports the CalOptima mission and vision with prioritized activities to meet network cost and performance goals

IMPROVE EFFICIENCIES BY removing administrative efforts that aren't operating under clearly identify policies governing network contracting

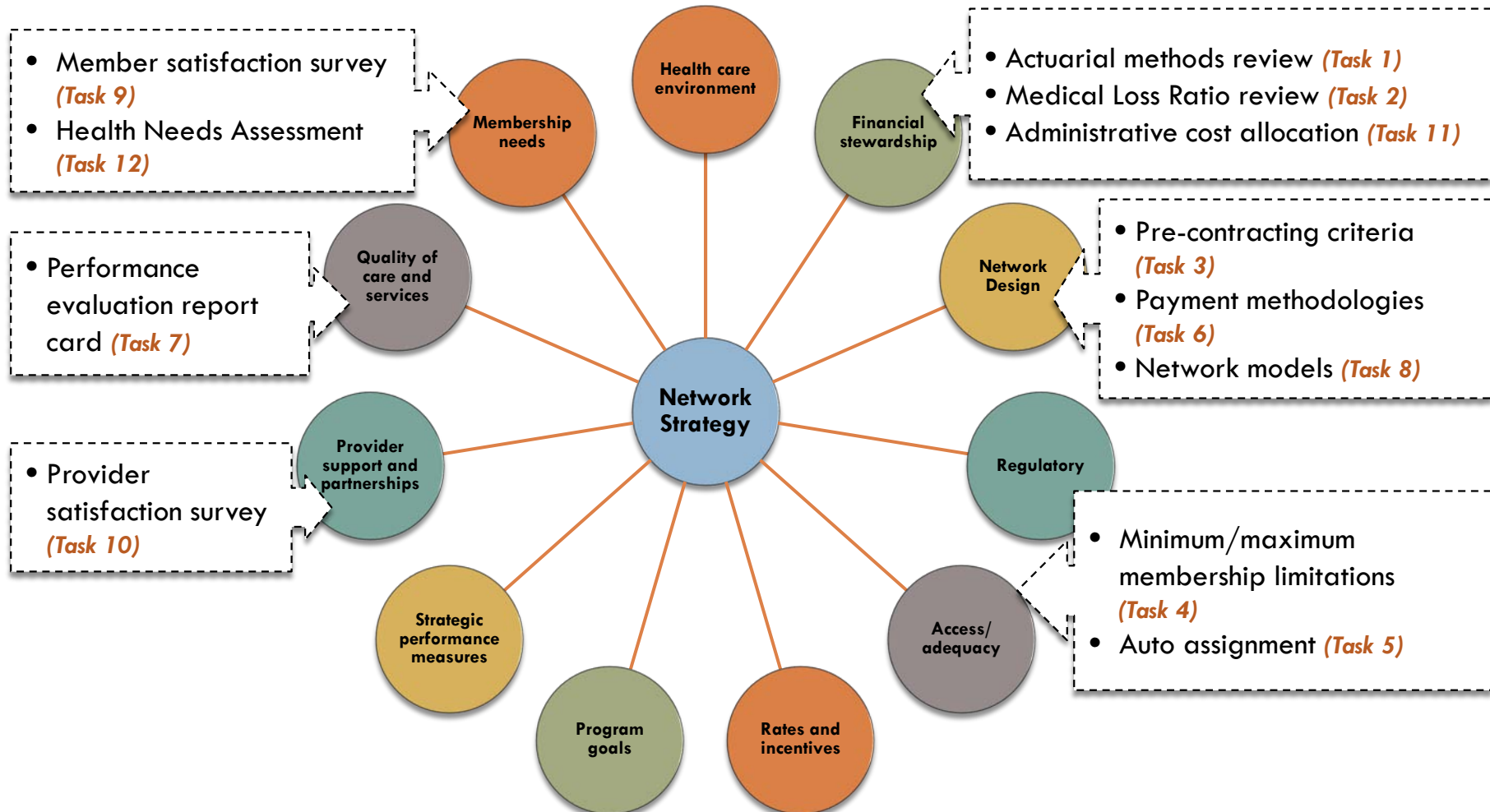
Add contracts to the provider network as needed to **FILL HEALTH PLAN NEEDS**, e.g. access, services, and specialties, and add any physician meeting criteria to the direct network

INCREASE TRANSPARENCY AND ACCOUNTABILITY in network performance by reporting outcomes in relation to other networks with assistance to reach performance goals, particularly for essential service providers

Engagement Scope of Work

The scope of work focuses on selected components of a comprehensive network strategy

8



Overall Recommendations to be made

9

- ❑ Develop Network Goals
- ❑ Translate Goals into Network Strategy
- ❑ Create Criteria for Networks to Meet
- ❑ Identify Policies and Procedures to be Approved by Board of Directors
- ❑ Transparent Approach Implemented by Staff and Regularly Reported to Provider Advisory Group and Board of Directors

Next Steps and Timeline

10

- Incorporate Feedback from Provider Interviews
- Provider Advisory Committee Presentation
- Incorporate Feedback from Board and PAC Meetings
- Present Final Report February 6, 2020

Caveats

11

This presentation is subject to the terms and conditions of the Consulting Services Agreement between CalOptima and Pacific Health Consulting Group (PHCG) dated May 7, 2019.

These slides are for discussion purposes only. They should not be relied upon without benefit of the discussion that accompanied them.



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Homeless Health Clinical Analysis

Provider Advisory Committee
December 12, 2019

Mary Botts, R.N.
Enterprise Analytics Manager

Introduction

- Homeless population goals
 - Reduce health disparities
 - Improve outcomes
- In this session, we will review
 - Homeless identification methods
 - Homeless population volume, outcomes and disparities
 - Data alignment

Content Overview

- Homeless identification methods
 - Sources of homeless information and confidence scoring
- Homeless disparities
 - Diagnoses, Behavioral Health (BH)
 - Chronic conditions
 - Homeless utilization metrics
 - Emergency room (ED), inpatient (IP), primary care provider (PCP) and specialist visits
 - Cost comparisons
- Summary of disparities
- Data alignment

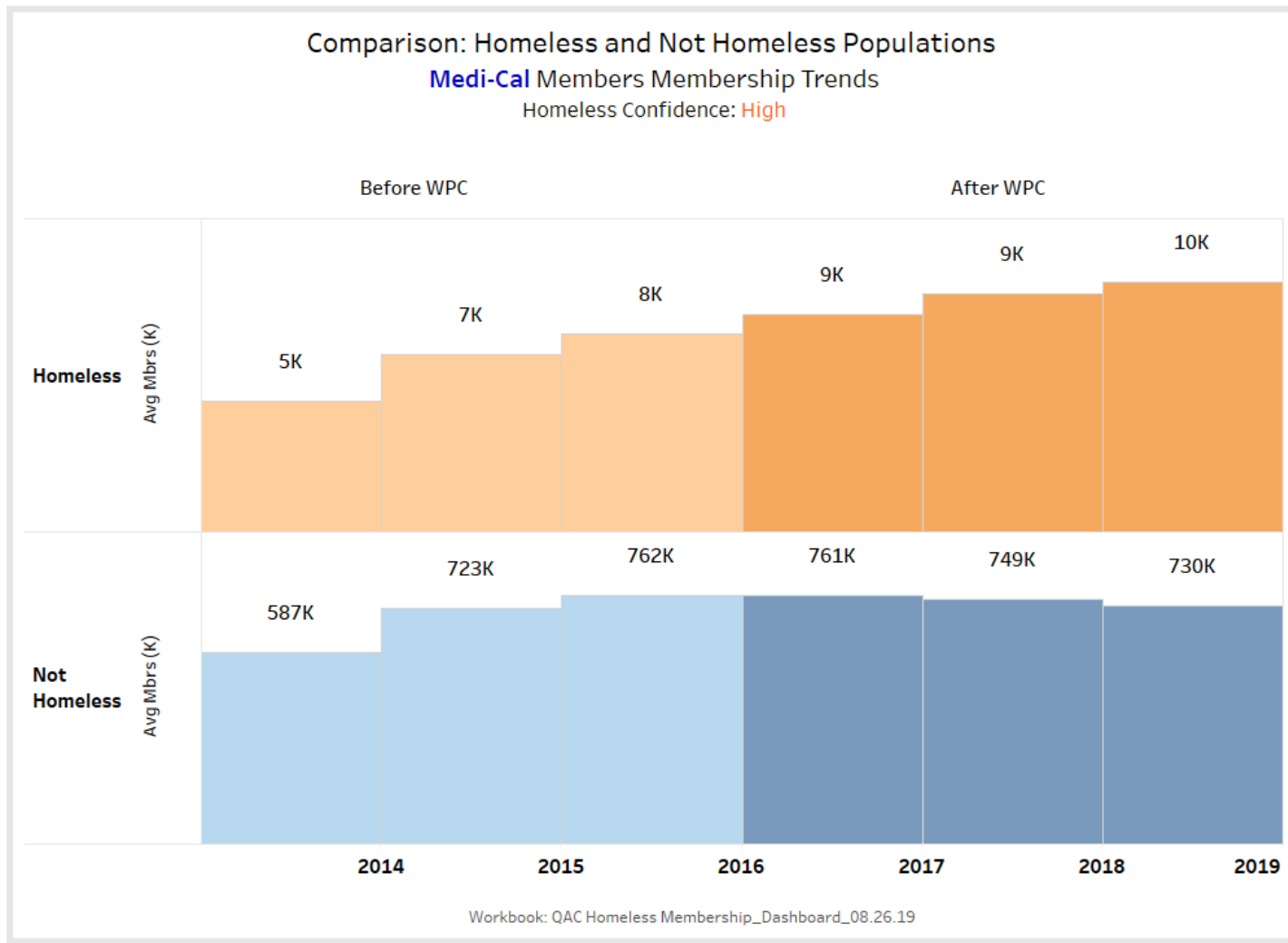
Homeless: Identification Methods

- Point In Time count: About 6,800
 - Measured in January 2019 over two days in the field
 - Uses the Department of Housing and Urban Development (HUD) unsheltered and sheltered homeless person definition
 - An unsheltered person residing in a place not meant for human habitation, such as a car, park, sidewalk, abandoned building or on the street
 - A sheltered person residing in an emergency shelter, homeless shelter, transitional housing or other temporary homeless housing
- CalOptima Population: Approximately 10,000
 - Identified with high confidence in the past 12 months
 - Based on demographic and claims criteria

Homeless: Identification Methods (cont.)

- CalOptima homeless identification process not limited by the HUD criteria
 - Addresses: Includes Social Services Agency Regional Office addresses as well as shelters and other indicators such as, “living in car,” “homeless” and “on the streets”
 - Direct: Includes directly identified homeless populations such as, Whole-Person Care (WPC), flood control channel, civic center and Illumination Foundation
 - ICD-10 Diagnosis: Specific homelessness diagnosis under Social Determinants of Health
- A confidence score is created by assigning a weight to each source and combination of sources
 - Uses a 12-month lookback period for address and diagnosis
 - The result is just under 10,000 with high confidence

Homeless Population Trend



- Number of homeless Medi-Cal members has doubled in the past five years

Source: CalOptima data

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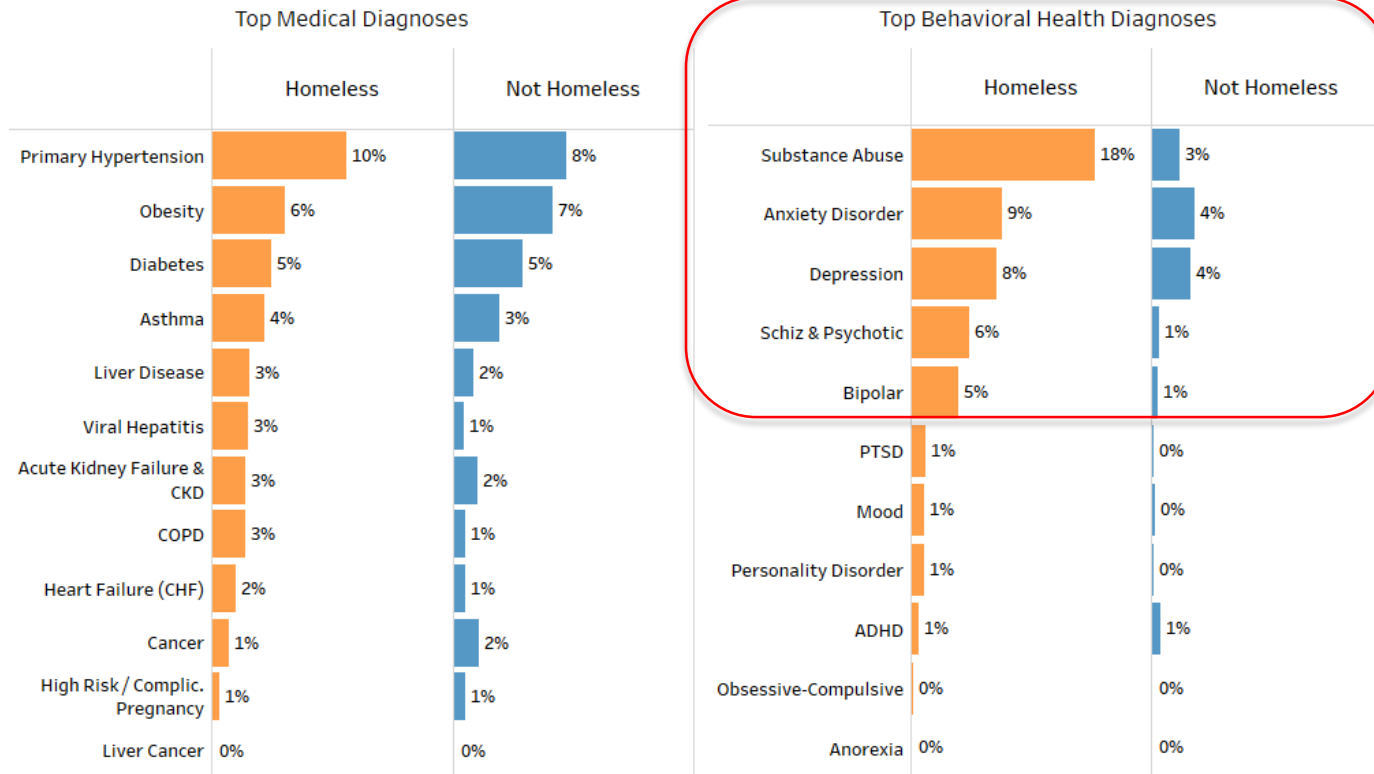
Disparities: Medical and BH Diagnoses

Comparison: Homeless and Not Homeless Populations

Medi-Cal Top Medical and Behavioral Health Diagnoses: Percent Members

All diagnoses in previous 12 months

Homeless Confidence: **High**



Workbook: QAC Homeless Membership_Dashboard_08.26.19

Source: CalOptima data

- Medical diagnoses are more or less equivalent in homeless and not homeless
- BH diagnoses for homeless range from two to six times higher than not homeless

Disparities: Serious Mental Illness/BH Treatment

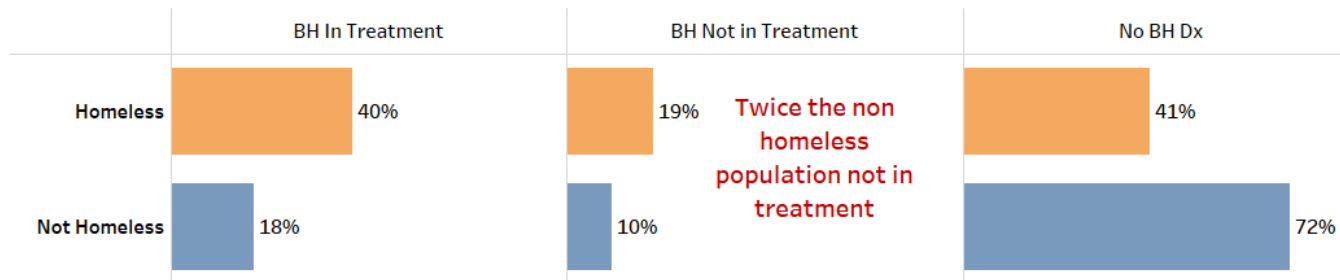
Comparison: Homeless and Not Homeless Populations

Medi-Cal BH Serious Mental Illness
Percent Total Members: Current Membership
Homeless Confidence: High



Medi-Cal BH In Treatment and Not In Treatment

Homeless Confidence: High



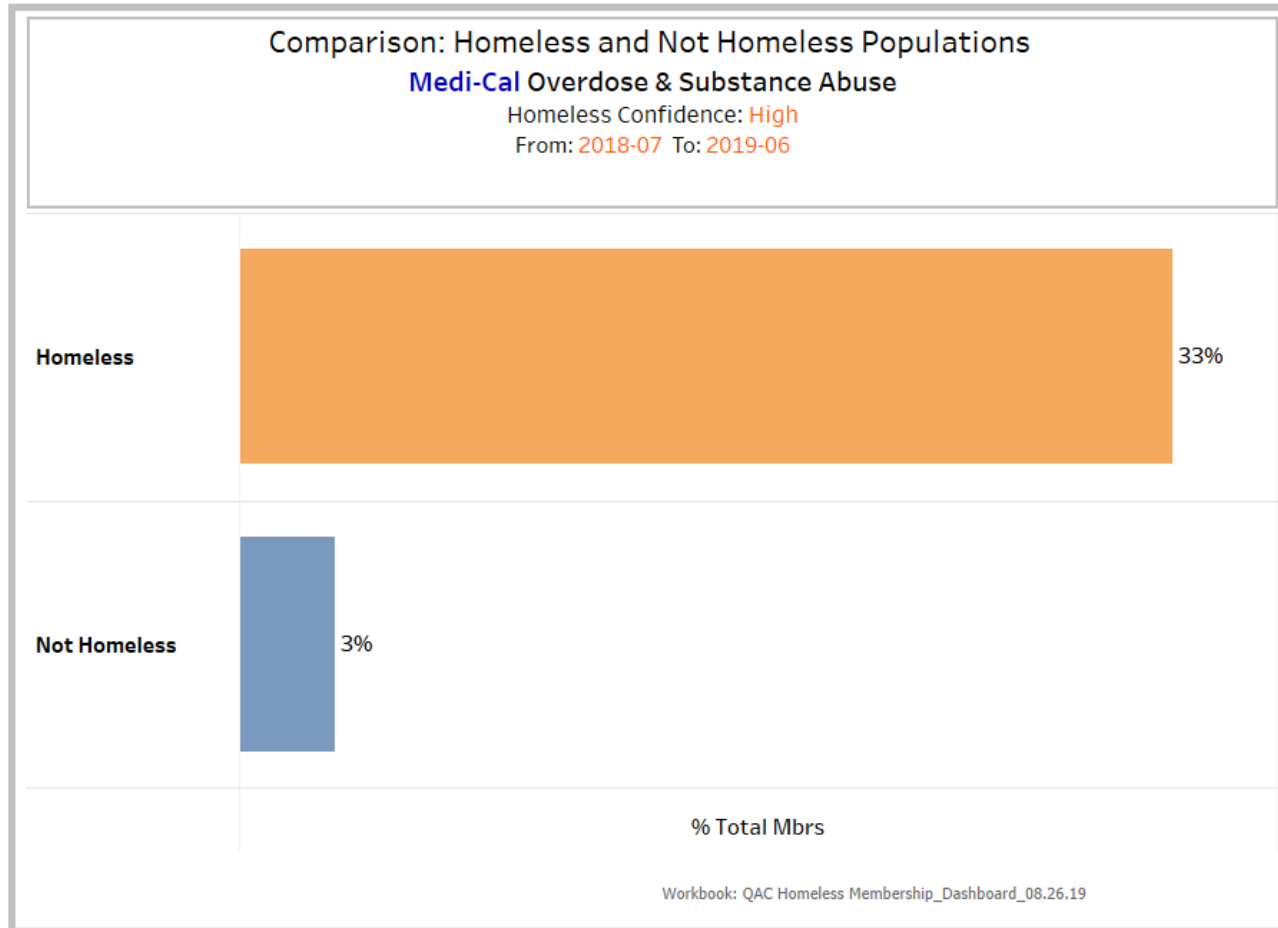
Workbook: QAC Homeless Membership_Dashboard_08.26.19

- Homeless are more than four times as likely to have an SMI condition
- Homeless are almost two times as likely to have a BH diagnosis and be without treatment

Source: CalOptima data

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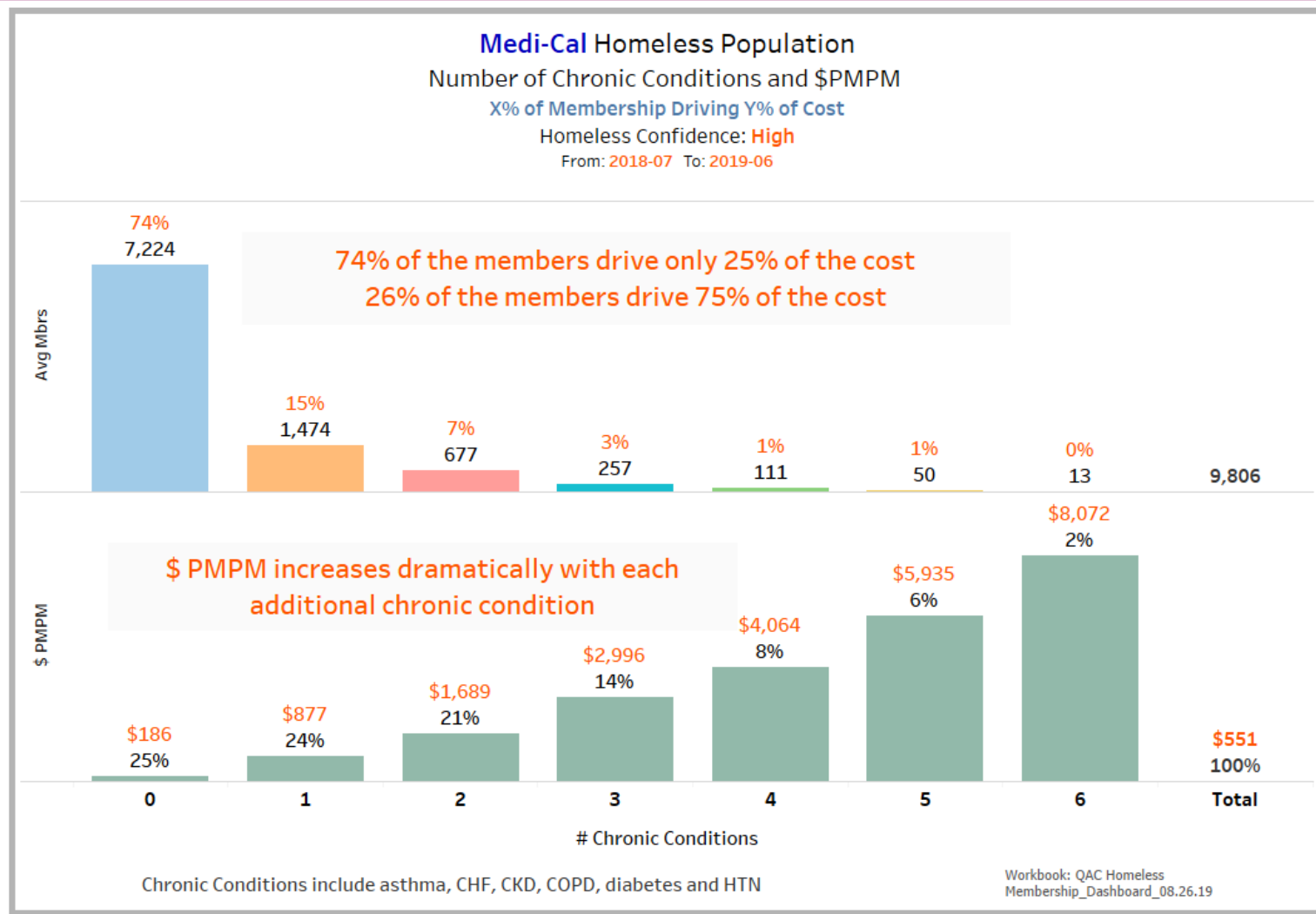
Disparities: Overdose and Substance Abuse



- Overdose and substance abuse rate is 11 times the rate for not homeless

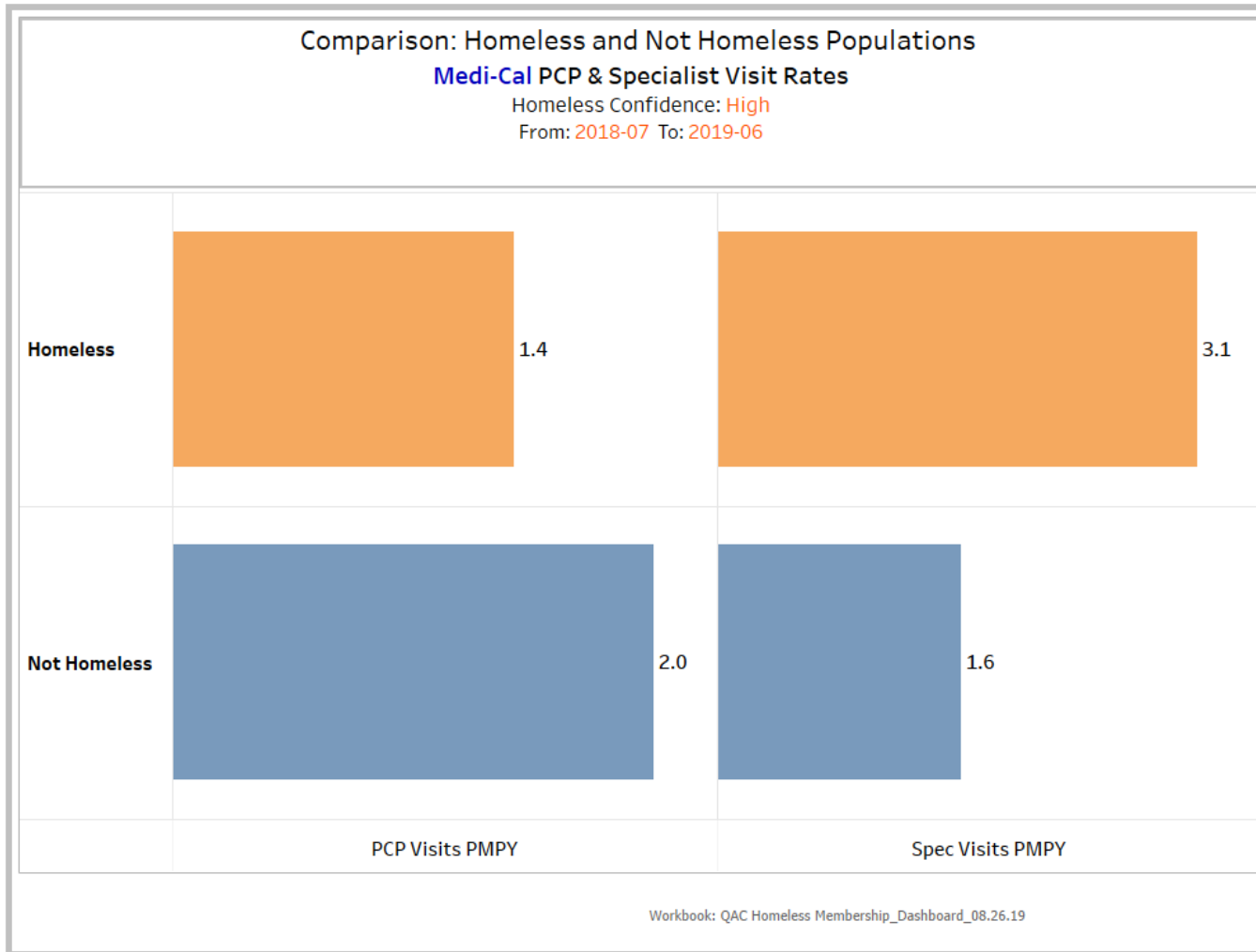
Source: CalOptima data

Chronic Conditions: Percent of Members vs. Percent of Costs



Source: CalOptima data

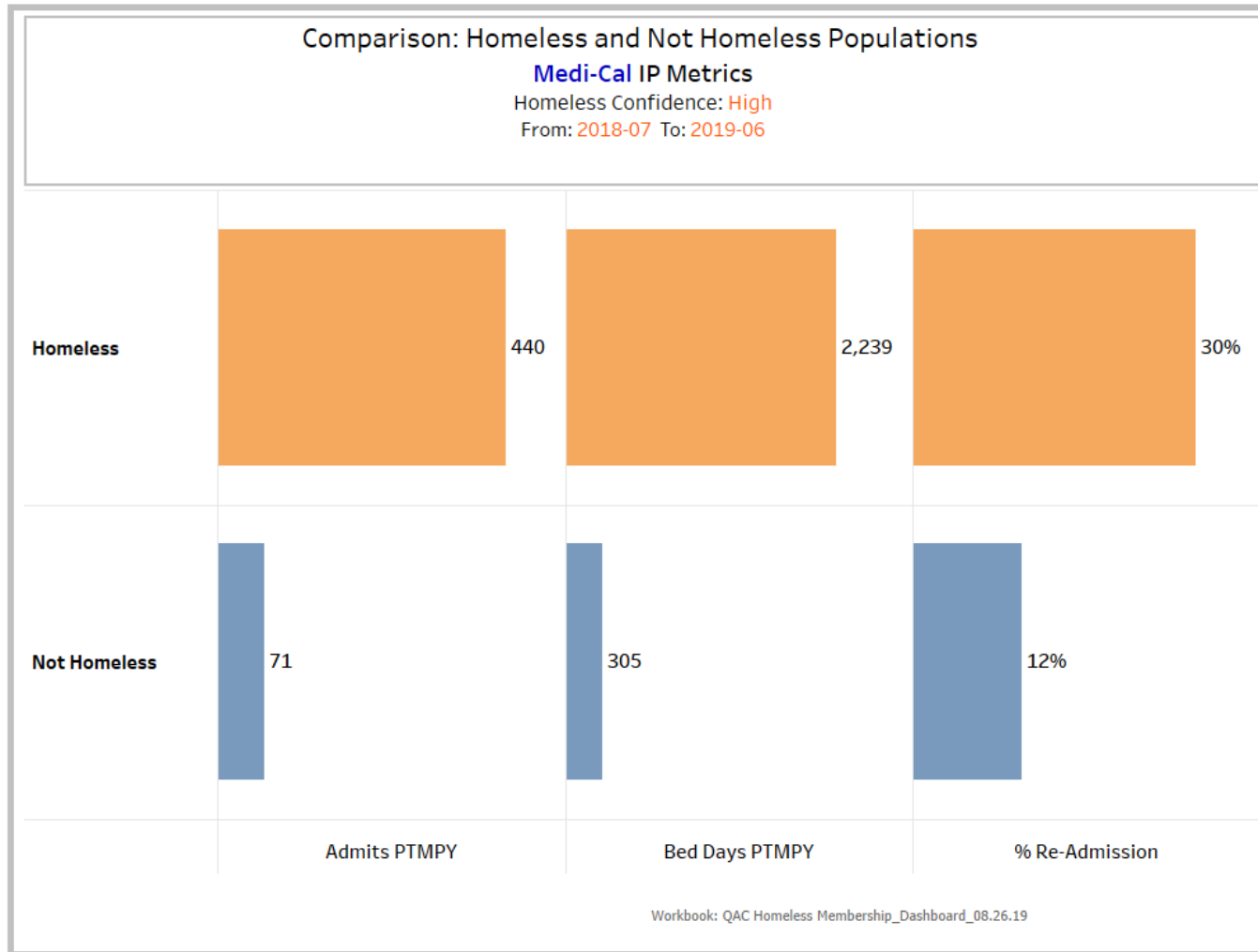
Disparities: PCP and Specialist Visits



- Specialty visit rate is two times the rate for not homeless

Source: CalOptima data

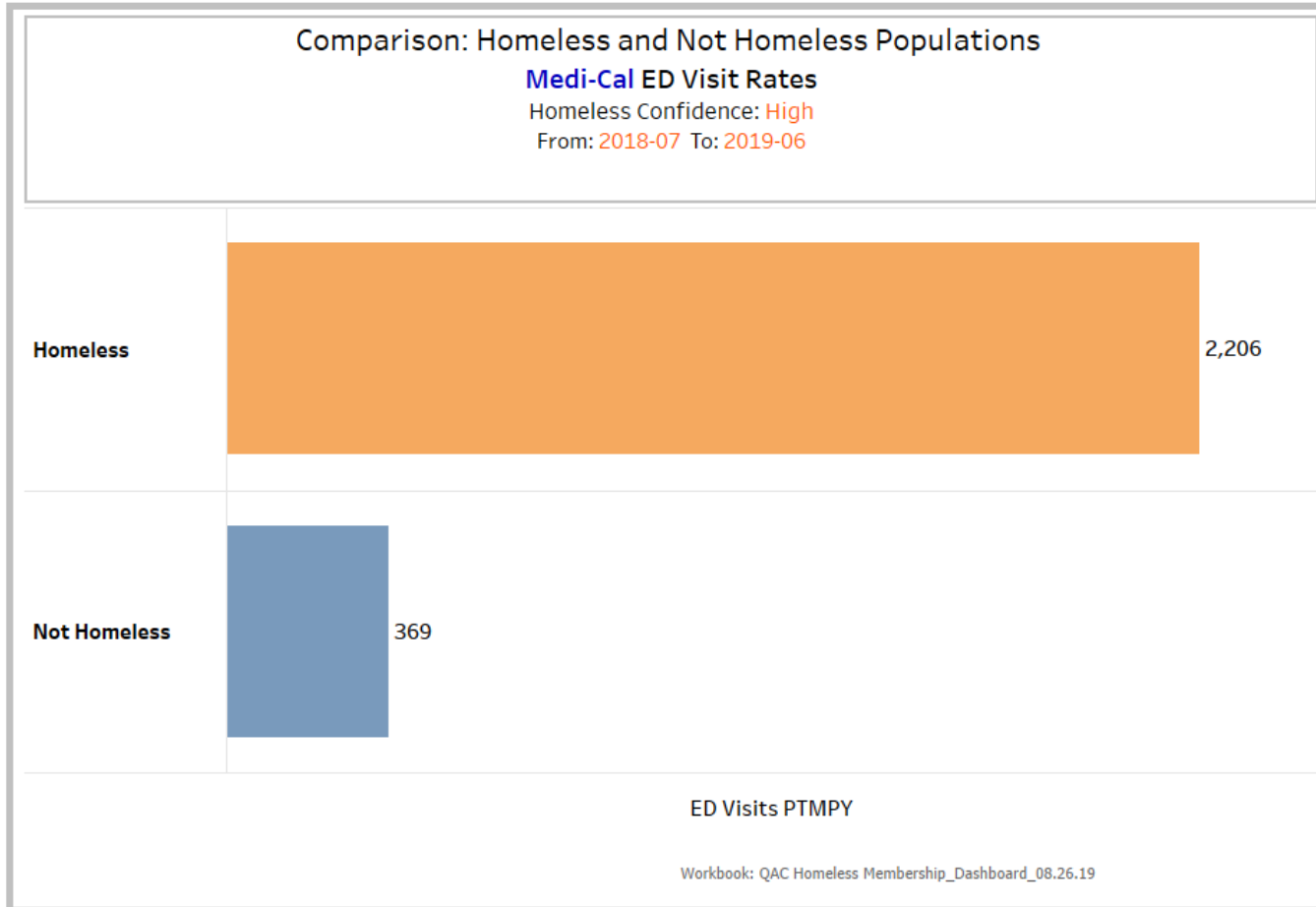
Disparities: Inpatient Metrics



- Inpatient bed day rate is seven times the rate for not homeless
- Readmission rates is more than two times the rate for not homeless

Source: CalOptima data

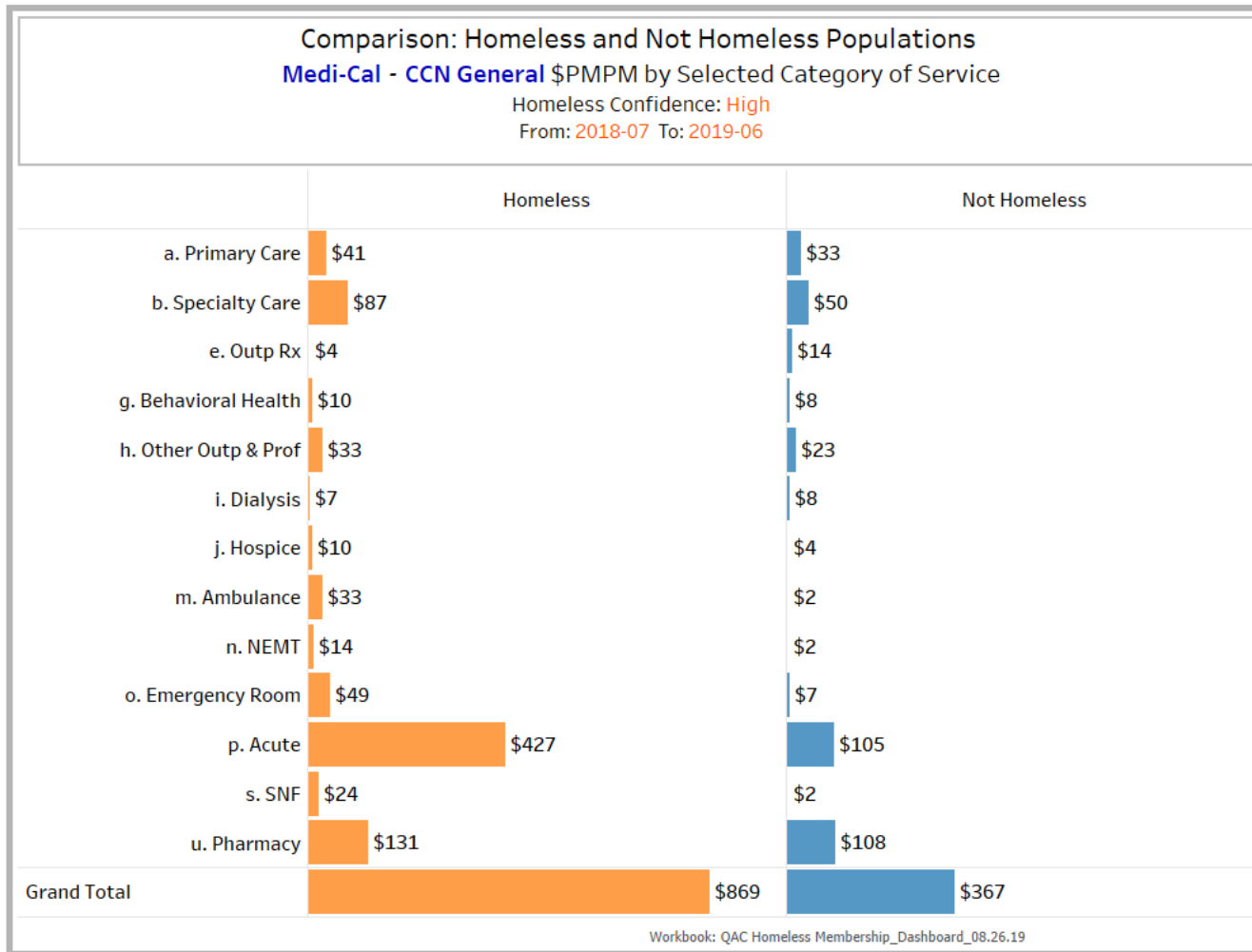
Disparities: ED Visit Rates



- Emergency department visit rate is five times the rate for not homeless

Source: CalOptima data

Disparities: Cost Comparison



\$PMPM Homeless:
 ~\$870

- Two times higher than not homeless

Estimated Spending:

~\$100 million/year

- \$870 PMPM x
 12 months x
 10,000 members

Note: Using CalOptima Community Network General as representative sample to avoid capitation complexity in cost estimates

Source: CalOptima data

Disparities Summary

- Members who are homeless, compared to those who are not homeless, are:
 - 2x as likely to have a BH diagnosis and be without treatment
 - 2-6x higher rate of top BH diagnoses
 - 4x as likely to have an SMI condition
 - 11x more likely to have an overdose and substance abuse diagnosis
 - 5x-6x more likely to have an ED visit
 - 7x more likely to have an IP stay
 - 2x as expensive per member per month (\$PMPM)

Source: CalOptima data

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Data Alignment

- Information sharing with partnering organizations
 - County data from Department of Health Care Services
 - WPC provides membership and outcomes data
 - 2-1-1 Orange County provides homeless shelter addresses
 - Sherriff's/Coroner's office provides notification of deceased members
 - Homeless Management Information System (HMIS)
 - Includes Point in Time data
 - County-owned
 - Ongoing efforts for CalOptima access to data

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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Medi-Cal

CalOptima

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OneCare (HMO SNP)

CalOptima

Better. Together.



OneCare Connect

CalOptima

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PACE

CalOptima

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Proposition 56 (Prop 56) Managed Care Programs Summary

#	Program Name	APL/SPA	Effective	New/ Continuing	Provider Type	FQHCs/ RHCs/ IHSPs	Payment Obligation ¹
1	Physician Services	APL 18-010; APL 19-006; SPA 19-0021	7/1/2017 – 12/31/2021	Continuing	Contracted Providers	Excluded	Add-On Rate
2	Developmental Screening Services	SPA 19-0041	On or after 1/1/2020	New	Contracted Providers	Included	Add-On Rate
3	Adverse Childhood Event (Trauma) Screening Services	SPA 19-0048	On or after 1/1/2020	New	Contracted Providers	Included	Minimum Fee Schedule
4	Abortion Services (Hyde)	APL 19-013	On or after 7/1/2017	Continuing	Contracted & Non- Contracted	Included	Minimum Fee Schedule
5	Family Planning Services	SPA 19-0027	On or after 7/1/2019	New	Contracted & Non- Contracted	Excluded	Add-On Rate
6	Value Based Payment (VBP) Program	<i>TBD</i>	7/1/2019	New	Contracted Providers	Excluded	Add-On Rate
7	Behavioral Health Integration Program	<i>TBD</i>	1/1/2020	New	Contracted Providers	<i>TBD</i>	Add-On Rate
8	Community Based Adult Services	No	7/1/2019	New	CBAS Providers	N/A	Minimum Fee Schedule
9	ICF-DD Facility Services	SPA 19-0022	7/1/2019	Continuing	ICF-DD Facilities	N/A	Minimum Fee Schedule
10	FS-PSA Facility Services	SPA 19-0042	8/1/2019	New	FS-PSA Facilities	N/A	Minimum Fee Schedule

¹ Payment Obligation – This directed payment obligation shall be mandated by DHCS as either:

- **Add-On Rate:** Payment is in addition to whatever other payments that eligible Providers would normally receive from the MCP, delegated entities and Subcontractors; **OR**
- **Minimum Fee Schedule:** Payment should be at least the required rate per eligible service code as directed through the final APL guidance

APL – All Plan Letter

FQHC – Federally Qualified Health Center

FS-PSA – Freestanding Pediatric Subacute

ICF-DD – Intermediate Care Facility for the Developmentally Disabled

IHCP – Indian Health Care Provider

LTC – Long Term Care

RHC – Rural Health Clinic

SPA – State Plan Amendment

VBP – Value Based Payment

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Note: This communication is for reference only and is subject to future changes as directed by DHCS.

Proposition 56 Rates and Codes

Physician Services

All-Plan-Letters: 18-010 (<https://bit.ly/2LpELGv>); 19-006 (<https://bit.ly/2Ppxl78>)

State Plan Amendment: 19-0021 (<https://bit.ly/2YokPZK>)

CPT Code	Description	FY17-18 Add-on Rate	FY18-19 Add-on Rate	7/1/2019 - 12/31/2021 Add-on Rate
99201	Office/Outpatient Visit New	\$10.00	\$18.00	\$18.00
99202	Office/Outpatient Visit New	\$15.00	\$35.00	\$35.00
99203	Office/Outpatient Visit New	\$25.00	\$43.00	\$43.00
99204	Office/Outpatient Visit New	\$25.00	\$83.00	\$83.00
99205	Office/Outpatient Visit New	\$50.00	\$107.00	\$107.00
99211	Office/Outpatient Visit Est	\$10.00	\$10.00	\$10.00
99212	Office/Outpatient Visit Est	\$15.00	\$23.00	\$23.00
99213	Office/Outpatient Visit Est	\$15.00	\$44.00	\$44.00
99214	Office/Outpatient Visit Est	\$25.00	\$62.00	\$62.00
99215	Office/Outpatient Visit Est	\$25.00	\$76.00	\$76.00
90791	Psychiatric Diagnostic Eval	\$35.00	\$35.00	\$35.00
90792	Psychiatric Diagnostic Eval with Medical Services	\$35.00	\$35.00	\$35.00
90863	Pharmacologic Management	\$5.00	\$5.00	\$5.00
99381	Initial PM E/M New Pat Infant	N/A	\$77.00	\$77.00
99382	Initial PM E/M New Pat Age 1-4	N/A	\$80.00	\$80.00
99383	Initial PM E/M New Pat Age 5-11	N/A	\$77.00	\$77.00
99384	Initial PM E/M New Pat Age 12-17	N/A	\$83.00	\$83.00
99385	Initial PM E/M New Pat Age 18-39	N/A	\$30.00	\$30.00
99391	Per PM Reeval Pat Infant	N/A	\$75.00	\$75.00
99392	Prev Visit Est Age 1-4	N/A	\$79.00	\$79.00
99393	Prev Visit Est Age 5-11	N/A	\$72.00	\$72.00
99394	Prev Visit Est Age 12-17	N/A	\$72.00	\$72.00
99395	Prev Visit Est Age 18-39	N/A	\$27.00	\$27.00

Developmental Screening Services

State Plan Amendment: 19-0041 (<https://bit.ly/2OYELJj>)

CPT Code	Description	On or after 1/1/2020 Minimum Fee Schedule Rate
96110	Developmental screening, with scoring and documentation, per standardized instrument ²	\$59.50

²KX modifier denotes screening for autism. Claims with the KX modifier will not be valid for supplemental Prop 56 directed payment

Adverse Childhood Event (Trauma) Screening Service

State Plan Amendment: 19-0048 (<https://bit.ly/2PiMes8>)

HCPSC Code	Description	On or after 1/1/2020 Add-on Rate ³
G9919	Screening performed and positive and provision of recommendations	\$29.00
G9920	Screening performed and negative	\$29.00

³Payment obligations for rates of at least \$29 for eligible service codes

Abortion Services (Hyde)

All-Plan-Letter: 19-013 (<https://bit.ly/34WZ8md>)

CPT Code	Procedure Type	Description	FY17-18 Rate	On or after 7/1/2017 Minimum Fee Schedule Rate ⁴
59840	K	Induced abortion, by dilation and curettage	\$399.99	\$400.00
59840	O	Induced abortion, by dilation and curettage	\$399.99	\$400.00
59841	K	Induced abortion, by dilation and evacuation	\$699.92	\$700.00
59841	O	Induced abortion, by dilation and evacuation	\$699.92	\$700.00

⁴Payment obligations for rates of at least \$400 and \$700 for eligible service codes

Family Planning Services

State Plan Amendment: 19-0027 (<https://bit.ly/2YlQ2wM>)

Procedural Code	Description	On or after 7/1/2019 Add-on Rate
J7296	Levonorgestrel-Releasing IU Coc Sys 19.5 Mg	\$2,727.00
J7297	Levonorgestrel-RIs Intrauterine Coc Sys 52 Mg	\$2,053.00
J7298	Levonorgestrel-RIs Intrauterine Coc Sys 52 Mg	\$2,727.00
J7300	Intrauterine Copper Contraceptive	\$2,426.00
J7301	Levonorgestrel-RIs Intrauterine Coc Sys 13.5 Mg	\$2,271.00
J7307	Etonogestrel Cntrcpt Impl Sys Incl Impl & Spl	\$2,671.00
J3490U8	Depo-Provera	\$340.00
J7303	Contraceptive Vaginal Ring	\$301.00
J7304	Contraceptive Patch	\$110.00
J3490U5	Emerg Contraception: Ulipristal Acetate 30 Mg	\$72.00
J3490U6	Emerg Contraception: Levonorgestrel 0.75 Mg (2) & 1.5 Mg (1)	\$50.00
11976	Remove Contraceptive Capsule	\$399.00
11981	Insert Drug Implant Device	\$835.00
58300	Insert Intrauterine Device	\$673.00
58301	Remove Intrauterine Device	\$195.00
81025	Urine Pregnancy Test	\$6.00
55250	Removal of Sperm Duct(s)	\$521.00
58340	Catheter for Hystero-graphy	\$371.00
58555	Hysteroscopy Dx Sep Proc	\$322.00
58565	Hysteroscopy Sterilization	\$1,476.00

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Note: This communication is for reference only and is subject to future changes as directed by DHCS.

Procedural Code	Description	On or after 7/1/2019 Add-on Rate
58600	Division of Fallopian Tube	\$1,515.00
58615	Occlude Fallopian Tube	\$1,115.00
58661	Laparoscopy Remove Adnexa	\$978.00
58670	Laparoscopy Tubal Cautery	\$843.00
58671	Laparoscopy Tubal Block	\$892.00
58700	Removal of Fallopian Tube	\$1,216.00

Value Based Payment (VBP) Program

DHCS Value Based Payment Program (<https://bit.ly/362obnY>)

VBP Performance Measures (<https://bit.ly/2Rp7uii>)

Proposition 56 VBP Program Measure Valuation Summary (<https://bit.ly/2PnItRV>)

Domain	Proposed Measure	FY18-19 Add-on Rate	7/1/2019- 12/31/2021 At-Risk Add-On Rate ⁵
Prenatal/Postpartum Care Bundle	Prenatal Pertussis ('Whooping Cough') Vaccine	\$25.00	\$37.50
Prenatal/Postpartum Care Bundle	Prenatal Care Visit	\$70.00	\$105.00
Prenatal/Postpartum Care Bundle	Postpartum Care Visits	\$70.00	\$105.00
Prenatal/Postpartum Care Bundle	Postpartum Birth Control	\$25.00	\$37.50
Early Childhood Bundle	Well Child Visits in 3rd – 6th Years of Life	\$70.00	\$105.00
Early Childhood Bundle	All Childhood Vaccines for Two-Year-Old	\$25.00	\$37.50
Early Childhood Bundle	Blood Lead Screening	\$25.00	\$37.50
Early Childhood Bundle	Dental Fluoride Varnish	\$25.00	\$37.50
Chronic Disease Management Bundle	Controlling High Blood Pressure	\$40.00	\$60.00
Chronic Disease Management Bundle	Diabetes Care	\$80.00	\$120.00
Chronic Disease Management Bundle	Control of Persistent Asthma	\$40.00	\$60.00
Chronic Disease Management Bundle	Tobacco Use Screening	\$25.00	\$37.50
Chronic Disease Management Bundle	Adult Influenza ('Flu') Vaccine	\$25.00	\$37.50

⁵At-Risk denotes Serious Mental Illness, Substance Use Disorder, or Homeless conditions.

Value Based Payment (VBP) Program - Behavioral Health Integration Program

Proposition 56 VBP Program Measure Valuation Summary (<https://bit.ly/2PnItRV>)

Domain	Proposed Measure	FY18-19 Add-on Rate	1/1/2020-12/31/2021 At-Risk Add-On Rate ⁶
Behavioral Health Integration Bundle	Screening for Clinical Depression	\$50.00	\$75.00
Behavioral Health Integration Bundle	Management of Depression Medication	\$40.00	\$60.00
Behavioral Health Integration Bundle	Screening for Unhealthy Alcohol Use	\$50.00	\$75.00

⁶At-Risk denotes Serious Mental Illness, Substance Use Disorder, or Homeless conditions.

Community Based Adult Services (CBAS)

- 10% rate increase to reverse AB 97 reduction
- Effective 7/1/2019, CalOptima received 10% rate increase from prior year

Intermediate Care Facilities for Developmentally Disabled (ICF-DD) Facility Services

State Plan Amendment: 19-0022 (<https://bit.ly/368wZbP>)

Extended End Date for Proposition 56 Supplemental Payments (<https://bit.ly/2Ynol6G>)

Facility Peer Group	LTC Accommodation Code	Bedhold Accommodation Code	8/1/2018-7/31/2019 Minimum Fee Schedule Rate	7/1/2019-12/31/2021 Minimum Fee Schedule Rate
ICF/DD (1-59 beds)	41	43	\$15.47	\$15.47
ICF/DD (60+ beds)	41	43	\$0.00	-
ICF/DD-H (4-6 beds)	61	63	\$10.75	\$10.75
ICF/DD-H (7-15 beds)	65	68	\$0.00	-
ICF/DD-N (4-6 beds)	62	64	\$12.47	\$12.47
ICF/DD-N (7-15 beds)	66	69	\$22.30	\$22.30

Freestanding Pediatric Subacute (FS-PSA) Facility Services

State Plan Amendment: 19-0042 (<https://bit.ly/2YyluXL>)

Extended End Date for Proposition 56 Supplemental Payments (<https://bit.ly/2Ynol6G>)

LTC Accommodation Code	Description	8/1/2018-7/31/2019 Minimum Fee Schedule Rate	7/1/2019-12/31/2021 Minimum Fee Schedule Rate
91	Vent rate	\$132.92	\$132.92
92	Non-Vent rate	\$132.92	\$132.92
93	Vent rate less the bedhold/leave of absence rate	\$132.92	\$132.92
94	Non-Vent rate less the bedhold/leave of absence rate	\$132.92	\$132.92
95	Vent rate less the bedhold/leave of absence rate	\$132.92	\$132.92
96	Non-Vent rate less the bedhold/leave of absence rate	\$132.92	\$132.92

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Note: This communication is for reference only and is subject to future changes as directed by DHCS.

Behavioral Health Integration Incentive Program

Process Guide for Medi-Cal Managed Care Health Plans (MCPs) and Provider Applicants

Trailer Bill implementing the 2019 Budget Act authorized DHCS to develop the Behavioral Health Integration (BHI) Incentive Program as part of its Proposition 56 Value-Based Payment initiatives in Medi-Cal managed care.¹ Interested providers and their MCPs should utilize this process guide to understand the requirements and timeline for participation in the BHI Incentive Program. This document is a companion to the DHCS BHI Incentive Program application and the template memorandum of understanding (MOU).

Application Review Timing

1. DHCS releases BHI Incentive Program Request for Application
Date: November 12, 2019
2. DHCS conducts webinar for potential applicants/interested entities
Date: November 22, 2019, at 1 p.m.
3. BHI Incentive Program applications due to the MCP
Date: January 21, 2020
4. MCPs review applications based on the standardized scoring tool
Date: February 18, 2020
5. Participation decisions issued by MCPs to applicants
Date: March 18, 2020
6. BHI Incentive Program start date for approved applicants
Date: April 1, 2020
7. BHI Incentive Program operations duration
Date: April 1, 2020, to December 31, 2022

Process Requirements & Responsibilities

Eligible Providers

Primary care, specialty care, perinatal care, hospital based and behavioral health

¹ See Welf. & Inst. Code, § 14188 et seq.

providers, federally qualified health centers (FQHCs)/rural health clinics (RHCs)², Indian health services (IHS) and public providers who provide services to Medi-Cal beneficiaries are eligible to submit BHI Incentive Program applications. County-based providers are eligible to apply.

All applicants must have a signed MCP network provider agreement.

Applications

BHI Incentive Program application: Interested providers must complete the BHI Incentive Program application. Providers are encouraged, but not required, to do this jointly with a MCP.

Plan and provider MOU: A signed MOU between the provider applicant and their respective MCP will be a prerequisite to issuance of BHI project award. The MOU must include the following domains: goals and objectives, target population, provider responsibilities, and plan responsibilities. The MOU template is attached the BHI Incentive Program application.

Provider submission of application: Providers applying for BHI Incentive Program funds must submit their application to their MCP. If the provider is contracted with more than one MCP, the provider shall choose one MCP to receive their application. The selected MCP will be responsible for oversight and payment to the provider for the BHI project if the provider is awarded BHI funding.

MCPs to review applications: MCPs will review all submitted applications by providers or provider entities and will use a standardized scoring tool to determine which will be accepted. Criteria are outlined in the standardized scoring tool document, which is available at the DHCS BHI Incentive Program [web page](#).

The MCPs will provide award letters to the selected applicants. The award letters will include:

- Final award amount
- Project term
- Project purpose
- Milestones and outcomes
- Payment schedule
- Allowable use of funds
- Any other conditions required by the Department or as outlined in the provider application

Approved applicants must sign the award letter according to the timeline specified by the MCP and return it to the MCP. The signed award letter will serve as the agreement between the MCP and the provider during the course of the project term.

² FQHC/RHC providers are eligible to apply if they provide behavioral health services, and/or intend to add such services, and indicate the intention to apply for a scope of service change in the future.

Oversight and Monitoring

Responsibility for project monitoring: MCPs will be responsible for providing oversight of their contracted providers' BHI Incentive Program projects, including requiring that providers submit regular reports detailing progress made toward milestones and project metrics. The MCPs will report to DHCS based on information received from providers. Additional information regarding reporting requirements is included in the BHI Incentive Program application.

Provider reporting: Providers will be responsible for ensuring implementation of the BHI Incentive Program projects and reporting on progress as outlined in the provider's BHI Incentive Program application and implementation plan. This includes timely reporting to the MCP on milestones achieved, and submission of data for all the BHI project measures.

Funding

Initial infrastructure payment: Providers implementing a BHI project will be provided funding for Incentive Program Year 1 in a single, flat payment upon being selected by the MCP. The amount of funds will be dependent on the provider's infrastructure and implementation needs as described in the BHI Incentive Program application. All payments will be provided through the respective MCP.

Subsequent payments: All payments in Incentive Program Years 2 & 3 will be based upon achievement of milestones and measures, as outlined in the provider's BHI Incentive Program application and agreed upon in the MOU. The MCPs will be responsible for timely BHI Incentive Program payment following receipt of required documentation from providers demonstrating these achievements.

DHCS payment to MCPs: [placeholder; to be described once payment methodology is approved by CMS]

2019–20 Legislative Tracking Matrix

BUDGET BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 3877	Bipartisan Budget Act of 2019: Will enact a two-year framework for the federal budget (through fiscal year 2021). This bill gives a broad blueprint for federal spending and prevents the implementation of automatic spending cuts – also known as sequestration – that are triggered, generally, when Congress misses budget deadlines. Of note, the passing of the Bipartisan Budget Act of 2019 removed proposed spending cuts to Medicaid.	08/02/2019 Signed into law	CalOptima: Watch
AB 74	FY 2019-20 California State Budget: Will enact a \$214.8 billion spending plan for FY 2019-20, with General Fund (GF) spending at \$147.8 billion. The following included within the state budget will have a direct impact to Medi-Cal: <ul style="list-style-type: none"> ■ Updates on the Pharmacy Services carve-out ■ Revisions to the expansion of Medi-Cal ■ Proposition 56 supplemental payment funding ■ Funding to respond to the homelessness crisis 	06/30/2019 Signed into law	CalOptima: Watch
AB 101	Housing Development and Financing Budget: Will enact housing trailer bills in the California 2019-2020 budget. Housing Development and Financing budget trailer bills include policy changes related to the housing and homeless services budget, including: <ul style="list-style-type: none"> ■ \$650 million in grant funding for homeless services ■ Bypassing certain California Environmental Quality Act (CEQA) regulations to expedite the establishment of homeless shelters 	07/31/2019 Signed into law	CalOptima: Watch
AB 115	Managed Care Organization (MCO) Tax Renewal: Proposes a renewal of, until 12/31/2022, and new structure for the MCO tax, which would be effective retroactive to 7/1/2019.	09/26/2019 Signed into law 09/12/2019 Passed Senate floor 09/12/2019 Passed Assembly floor 12/03/2018 Introduced	CalOptima: Watch CAHP: Support LHPC: Support
SB 78	Health Budget: Will enact health care trailer bills in the California 2019-2020 budget. <ul style="list-style-type: none"> ■ Prop 56 Value Based Payment (VBP) Behavioral Health integration program ■ Optional benefit restoration (optician and optical services, audiology, speech therapy, podiatry, and incontinence creams) ■ Health Homes Program (HHP) funding extension until 7/1/2024 ■ State-based Individual Mandate ■ Managed Care Organization (MCO) Tax renewal intent language 	06/27/2019 Signed into law	CalOptima: Watch



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Orange County's
Community Health Plan

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 104	Health Budget: Will enact health care trailer bills in the California 2019-2020 budget. <ul style="list-style-type: none"> ■ Expansion of full-scope Medi-Cal ages 19-25 regardless of immigration status ■ Eligibility expansion for low-income seniors (122% FPL to 138% FPL) ■ Extension of maternal-mental health Medi-Cal coverage ■ Implementation of a PACE rate adjustment 	07/09/2019 Signed into law	CalOptima: Watch

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 577 Eggman	Maternal Mental Health Care Services: Extends eligibility for an individual to receive maternal mental health care services through the Medi-Cal Access Program for women below 213% federal poverty level from 60 days post-pregnancy to 12 months post-pregnancy or the diagnosis of a maternal mental health condition. Medi-Cal postpartum care services are covered for any individual who was pregnant and experienced child birth, delivery or miscarriage. Of note, the extension of maternal mental health services was included in the Governor's May Revision budget and signed into law with the passing of SB 104.	10/12/2019 Signed into law 09/03/2019 Passed Senate floor 05/24/2019 Passed Assembly floor 02/14/2019 Introduced	CalOptima: Watch
AB 1175 Wood	Medi-Cal Mental Health Services Data Sharing: Would have required the monthly exchange of member data between a County Specialty Mental Health Plan (MHP) and a Medi-Cal Managed Care Plan (MCP) for any member that has received or is receiving specialty mental health services. The use of a data exchange system was to be mutually agreed upon between the MHP and MCP. Data collected was to be used to improve care coordination for those with mild, moderate or severe mental health needs. Any disputes regarding covered mental health services between the MHP and MCP would have been required to be resolved by the Department of Health Care Services within 30 calendar days.	10/13/2019 Vetoed 09/04/2019 Passed Senate floor 05/28/2019 Passed Assembly floor 02/21/2019 Introduced	CalOptima: Watch
SB 10 Beall	Mental Health Support Services Certificate: Would have created the Certified Support Specialist (CSS) certificate program, which would have allowed parents, peers, and family to become a CSS. A CSS would have been able to provide non-medical mental health and substance abuse support services. Additionally, SB 10 would have required the Department of Health Care Services (DHCS) to include CSS as a provider type, covered by Medi-Cal. The certificate program would have been funded through Mental Health Services Act funds and, if federally approved, the peer-support program would have been funded through Medi-Cal reimbursement.	10/13/2019 Vetoed 09/05/2019 Passed Assembly floor 05/21/2019 Passed Senate floor 12/03/2018 Introduced	CalOptima: Watch LHPC: Support

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 163 Portantino	Autism Spectrum Disorder (ASD) Treatment: Would have revised and expanded the definitions of those providing care and support to individuals with Autism Spectrum Disorder (ASD) and redefined the minimum qualifications of autism service professionals. Additionally, ASD treatment such as the Developmental Individual-differences, and Relationship-based model (DIR), or "DIRFloortime," not currently covered by Medi-Cal, would have been authorized to be provided at any time or location, in an unscheduled and unstructured setting, by a qualified autism provider. The authorization of ASD treatment services would not have been denied or limited if a parent or caregiver is unable to participate.	10/12/2019 Vetoed 09/09/2019 Passed Assembly floor 05/22/2019 Passed Senate floor 01/24/2019 Introduced	CalOptima: Watch CAHP: Oppose AHIP: Oppose

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 678 Flora	Podiatric Services as a Medi-Cal Covered Benefit: Modifies authorizations of services so that a podiatrist would no longer be required to submit prior authorization for services during the patient's visit if a physician and surgeon providing the same services would not be required to submit prior authorization. Additionally, removes the limit on how many visits the patient can make to a podiatrist. Permits a podiatrist to bill Medi-Cal the same rate that a physician or surgeon would bill for the same services.	10/02/2019 Signed into law 08/15/2019 Passed Senate floor 05/23/2019 Passed Assembly floor 02/15/2019 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 781 Maienschein	<p>Pediatric Day Health Care (PDHC) Services: Expands PDHC service hours to any day of the week and at any time of the day, so long the number of respite hours allocated are available. Would allow no more than 23 hours per calendar day of covered services.</p> <p>Currently, a parent or guardian may seek PDHC services up to 30 calendar days each year and for no more than 24 hours at a time. PDHC services are required to be provided by a facility licensed through the Department of Public Health and include both physical and social services. The PDHC benefit is not included in the scope of covered services provided by Medi-Cal managed care plans and is a benefit provided through fee-for-service Medi-Cal.</p>	<p>07/09/2019 Signed into law</p> <p>06/27/2019 Passed Senate floor</p> <p>06/17/2019 Passed Assembly floor</p> <p>02/19/2019 Introduced</p>	CalOptima: Watch
AB 848 Gray	<p>Continuous Medi-Cal Coverage for Glucose Monitors: Would have included glucose monitors as a Medi-Cal covered benefit, to be funded through state reimbursement rates. Cost of the glucose monitoring devices is unknown at this time. The Department of Health Care Services estimated this benefit would have cost \$100.8 million total funds (\$31.9 million General Fund (GF), \$68.9 million Federal Fund (FF)) the first year and \$92.7 million total funds (\$29.4 million GF, \$63.3 million FF) the second year.</p>	<p>10/13/2019 Vetoed</p> <p>09/04/2019 Passed Senate floor</p> <p>05/22/2019 Passed Assembly floor</p> <p>02/20/2019 Introduced</p>	CalOptima: Watch

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

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1004 McCarty	<p>Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Developmental Screening Services: Requires developmental screenings services as part of the EPSDT program for children 0-3 years of age. Recommends developmental screenings take place for children at the age of 9 months, 18 months, and 30 months. All screenings are to be in compliance with developmental screening guidelines set in place by the American Academy of Pediatrics. AB 1004 allows DHCS to adjust capitation rates for providers, with the use of value-based purchasing, as an incentive to improve EPSDT outcomes.</p>	<p>09/30/2019 Signed into law</p> <p>09/05/2019 Passed Senate floor</p> <p>05/23/2019 Passed Assembly floor</p> <p>02/21/2019 Introduced</p>	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1839 Ruiz	Medicaid Services Investment and Accountability Act of 2019: Extends spousal impoverishment protections when a spouse is receiving skilled nursing care, provides states the ability to provide coordinated care for children with special needs through the use of health home services, and would require drug manufacturers to disclose drug product information and pay a fine for the misclassification of prescribed medications.	04/18/2019 Signed into law 04/02/2019 Passed the Senate 03/25/2019 Passed the House 03/21/2019 Introduced	CalOptima: Watch
AB 1088 Wood	Medi-Cal Eligibility without a Share-of-Cost: Effective July 1, 2021 through the use of a State Plan Amendment or Waiver, eliminates the "Share of Cost (SOC)" and maintains eligibility for Medi-Cal, for individuals who are aged, blind, or disabled, once the Department of Health Care Services (DHCS) begins to pay for the individual's Medicare Part B premium. Currently, individuals in this eligibility category with income levels above 100 percent FPL are only eligible for Medi-Cal if they pay an added out of pocket expense known as SOC. Under SOC, beneficiaries must take full responsibility for health care expenses up to a predetermined amount for the month in which they receive services or risk losing Medi-Cal eligibility. This bill ensures that individuals have access to Medi-Cal without incurring extra financial burdens.	10/02/2019 Signed into law 09/05/2019 Passed Senate floor 05/29/2019 Passed Assembly floor 02/21/2019 Introduced	CalOptima: Watch CAHP: Support LHPC: Support
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.	09/13/2019 Held in Assembly 08/30/2019 Passed Assembly Committee on Appropriations 05/29/2019 Passed Senate floor 12/03/2018 Introduced	CalOptima: Watch

HOMELESSNESS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1856 Waters	Ending Homelessness Act of 2019: Similar to S. 2613, would establish a federal grant program to appropriate \$13 billion, beginning FY 2020 through FY 2024, to fund comprehensive homeless support services. Grant funds would be allocated to address the poverty rate, shortage of affordable housing, overcrowded housing, the number of individuals experiencing homelessness who are unsheltered, individuals experiencing chronic homelessness, and other issues related to homelessness in the United States. Of note, no less than 75% of grants allocated are to be used for permanent supportive housing, including capital costs, rental subsidies, and related services.	03/25/2019 Introduced; Referred to the Committees on Financial Services; Budget	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1978 Correa/Lieu	<p>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.</p> <p>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.</p>	03/28/2019 Introduced; Referred to the House Committee on Financial Services	CalOptima: Watch
S. 923 Feinstein	<p>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.</p> <p>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.</p>	03/28/2019 Introduced; Referred to Committee on Health, Education, Labor, and Pensions	CalOptima: Watch
S. 2613 Harris	<p>Ending Homelessness Act of 2019: Similar to H.R. 1856, would establish a federal grant program to appropriate \$13 billion, beginning FY 2020 through FY 2024, to fund comprehensive homeless support services. Grant funds would be allocated to address the poverty rate, shortage of affordable housing, overcrowded housing, the number of individuals experiencing homelessness who are unsheltered, individuals experiencing chronic homelessness, and other issues related to homelessness in the United States. Of note, no less than 75% of grants allocated are to be used for permanent supportive housing, including capital costs, rental subsidies, and related services.</p>	10/16/2019 Introduced; Referred to the Committee on Banking, Housing and Urban Affairs	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 143 Quirk-Silva	Homeless Shelter Crisis: Extends existing law, AB 932 (2017), until January 1, 2023, allowing designated cities or counties to establish a shelter crisis that exempts the construction of a homeless shelter from the California Environmental Quality Act (CEQA). Adds to the list of designated municipalities the County of Alameda, the County of Orange, and the City of San Jose. Requires transition plans for permanent housing for participants within the operational plans of each shelter. Additionally, this exemption only applies to the construction of a homeless shelter owned by either a state agency, city, county, or government-owned land.	09/26/2019 Signed into law 09/05/2019 Passed Senate floor 05/09/2019 Passed Assembly floor 12/13/2018 Introduced	CalOptima: Watch County of Orange: Support
AB 1199 Petrie-Norris	Use of Fairview Developmental Center: Requires a public hearing and public comments regarding the use of the Fairview Developmental Center in Costa Mesa, CA.	10/12/2019 Signed into law 09/05/2019 Passed Senate floor 05/16/2019 Passed Assembly floor 02/21/2019 Introduced	CalOptima: Watch
SB 450 Umberg	Motel Conversion for Supportive and Transitional Housing: Exempts developers from following California Environmental Quality Act (CEQA) steps in order to expedite the development of motel rooms into supportive and transitional housing units.	09/26/2019 Signed into law 09/09/2019 Passed Assembly floor 05/06/2019 Passed the Senate 02/21/2019 Introduced	CalOptima: Watch County of Orange: Support

MEDI-CAL MANAGED CARE PLAN OVERSIGHT

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1642 Wood	Medi-Cal Managed Care Plans: Requires Medi-Cal managed care plans (MCPs) to provide assistance with transportation services for long-distance medical appointments and scheduling for out-of-network providers that may be necessary due to network adequacy deficiencies. Broadens and clarifies the authority of the Department of Health Care Services (DHCS) to levy sanctions on both MCPs and Mental Health Plans.	10/02/2019 Signed into law 09/04/2019 Passed Senate floor 05/29/2019 Passed Assembly floor 02/22/2019 Introduced	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 503 Pan	Subcontracts: Would have required Medi-Cal managed care plans (MCPs) to conduct annual audits, with at least 10 percent being conducted as surprise audits, of subcontractors who perform delegated functions involving medical review and decision making. Would have required the Department of Health Care Services (DHCS) to establish an audit tool to be used by the MCP, beginning January 1, 2021. Audits of subcontractors would have begun no sooner than January 1, 2022 and would have required audit results to be reported to DHCS, including the identification of the subcontractor being audited. Additionally, if more than one MCP subcontract with the same subcontracted provider, those MCPs would have been able to conduct a joint audit.	10/13/2019 Vetoed 09/09/2019 Passed Assembly floor 05/22/2019 Passed Senate 02/21/2019 Introduced	CalOptima: Watch

MEMBER MATERIALS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 318 Chu	Materials for Medi-Cal Members: Would have required Medi-Cal managed care plans' (MCPs) specific written health education and information materials to be reviewed through "field testing" to ensure all materials meet readability and suitability standards. Materials required for field testing were to include: "Enrollment and disenrollment forms and information, new member welcome packets, member handbooks, appointment notices and reminders, forms and information regarding grievance or complaint procedures and information regarding external review of plan decisions, and notices of action." Field testing could have been conducted internally by the MCP or by an external entity, but must be done by a native speaker of the language being reviewed. The findings of the field testing were to be reported to the Department of Health Care Services (DHCS). Additionally, would have required DHCS to establish a workgroup of advocates and MCPs to measure the readability of member-facing materials used by MCPs, such as the <i>Rights and Responsibilities Form</i> and the <i>Medi-Cal Request for Information Form</i> .	10/13/2019 Vetoed 09/05/2019 Passed Senate floor 05/23/2019 Passed Assembly floor 01/30/2019 Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose

PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
ACR 131 Petrie-Norris	Programs of All-Inclusive Care for the Elderly (PACE) Month: Assembly Concurrent Resolution that recognizes September 2019 as PACE Month in California.	09/09/2019 Resolution adopted in the Senate 08/30/2019 Resolution adopted in the Assembly 08/19/2019 Introduced	CalOptima: Watch CalPACE: Support; Sponsor

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1128 Petrie-Norris	Programs of All-Inclusive Care (PACE) Licensing: Exempts a primary care clinic, adult day health care center, or home health agency from the Department of Public Health (DPH) licensing requirements. Applies to agencies solely serving PACE participants, effective upon agreement of the Department of Health Care Services (DHCS), but no later than January 1, 2021. This will streamline the licensing process by having the clinic licensing, adult day services licensing, or home health licensing under the responsibility of DHCS. Additionally, authorizes a primary care clinic, adult day health care center, or home health agency to provide services to a Medi-Cal beneficiary during the PACE enrollment eligibility period, for no more than 60 days, when that center solely serves PACE participants.	10/12/2019 Signed into law 09/10/2019 Passed Senate floor 05/28/2019 Passed Assembly floor 02/21/2019 Introduced	CalOptima: Watch CalPACE: Support; Sponsor

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 Moved to inactive file; Two-year bill 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: Support; Cosponsor

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: <ul style="list-style-type: none"> • 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

2019–20 Legislative Tracking Matrix (continued)

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: <ul style="list-style-type: none"> • 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

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

ACAP: Association for Community Affiliated Plans

AHIP: America's Health Insurance Plans

CAHP: California Association of Health Plans

CalPACE: California PACE Association

LHPC: Local Health Plans of California

NPA: National PACE Association

Last Updated: November 20, 2019

2019–20 Legislative Tracking Matrix (continued)

2019 Federal Legislative Dates

January 3	116 th Congress convenes 1st session
April 15–26	Spring recess
July 29–September 6	Summer recess
September 30–October 11	Fall recess

2019 State Legislative Dates

January 7	Legislature reconvenes
February 22	Last day for legislation to be introduced
April 26	Last day for policy committees to hear and report bills to fiscal committees
May 3	Last day for policy committees to hear and report non-fiscal bills to the floor
May 17	Last day for fiscal committees to report fiscal bills to the floor
May 28–31	Floor session only
May 31	Last day to pass bills out of their house of origin
June 15	Budget bill must be passed by midnight
July 12–August 9	Summer recess
August 30	Last day for fiscal committees to report bills to the floor
September 3–13	Floor session only
September 13	Last day for bills to be passed. Final recess begins upon adjournment
October 13	Last day for Governor to sign or veto bills passed by the Legislature
December 2	Convening of the 2020–21 session

Sources: 2019 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).

PROVIDER UPDATE

November 2019 Issue

PROVIDER RESOURCE LINE
714-246-8600

providerservices@caloptima.org

WHAT'S INSIDE. . .

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- Prop 56 Reimbursement Requirements
- Health Education: Trainings and Meetings
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- OneCare Connect Annual Notice of Change
- Policies and Procedures Monthly Update
- Joint Medi-Cal Audit
- FSR and MRR Survey Tools and Guidelines
- Important Meetings

NEMT and NMT Services

On November 8, 2019, the Department of Health Care Services (DHCS) sent a reminder to managed care plans (MCPs), like CalOptima, regarding the Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services. Upon review of CalOptima's data, DHCS has become aware that we are not properly authorizing NMT for members or that the services provided are adequate.

Effective October 1, 2017, CalOptima is required to authorize and provide NMT for all Medi-Cal services, including those not covered by contract. Services that are not covered under the CalOptima contract include, but are not limited to, specialty mental health, substance use disorder, dental, and any other benefits delivered through the Medi-Cal Fee-for-Service (FFS) delivery system. The NMT benefit also includes transportation to a pharmacy.

Additionally, there is no limit on mileage or total number of requested trips as the members' requests must be authorized if the services meet NMT criteria.

CalOptima is responsible for ensuring that contracted transportation vendors provide timely and high-quality services, and is required to oversee all delegated entities and subcontractors to ensure compliance with all applicable state and federal laws, contractual requirements and other requirements set forth in DHCS guidance.

For more information regarding CalOptima's responsibilities related to NEMT and NMT services, refer to <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-010.pdf>

PROVIDER UPDATE

News and Information

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Provider Code Updates

Based on the Medi-Cal bulletins, CalOptima has updated the procedure codes for the subjects listed below:

- Certain Induce Abortion Procedure Codes Exempt from Payment Reduction
- Hospice Recipients are Eligible for End of Life Option Act Services
- Scleral Contact Lens Is a Medi-Cal Benefit
- Rate Update for Certain Skin Substitute Products
- Evocative and Suppression Panel Tests Now Medi-Cal Benefits
- Office Consultations May Be Conducted at Urgent Care Facilities
- Microbiology Procedure Code Policy Updates
- Updated Medi-Cal Benefit for Cough Stimulating Device and Replacement Components

For detailed information regarding these changes, please refer to the October 2019 General Medicine bulletin on the Medi-Cal website at [Medi-Cal: Medi-Cal Update - General Medicine | October 2019 | Bulletin 544](#) or the DME and Medical Supplies bulletin at [Medi-Cal: Medi-Cal Update - DME and Medical Supplies | October 2019 | Bulletin 529](#). For CalOptima's prior authorization required list, refer to the CalOptima website at www.caloptima.org.

Prenatal Tdap

The Centers for Disease Control and Prevention (CDC) Vital Signs webpage has some interesting materials that managed care plans, like CalOptima, would like to share with providers as they are working to increase maternal vaccination rates. To view a complete copy of the draft visit <https://www.cdc.gov/vitalsigns/maternal-vaccines/>.

In addition, the Department of Health Care Services (DHCS) hopes that the Value Based Payment Program, which includes a \$25 incentive payment for provision of the Tdap vaccine in pregnancy might help support increased vaccination rates. To view the details of this incentive visit https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx.

Prop 56 Hyde Reimbursement Requirements

The Department of Health Care Services (DHCS) recently distributed **All Plan Letter (APL) 19-013**, to provide MCPs, like CalOptima, with information funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) for the provision of specified state-supported medical pregnancy termination services. DHCS requires CalOptima, either directly or through its delegated entities, to use Prop 56 funding to pay individual rendering providers that are qualified to provide and bill for medical pregnancy termination services with a date of service (DOS) on or after July 1, 2017.

For additional information, please review **APL 19-013** in its entirety by visiting <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-013.pdf>.

PROVIDER UPDATE

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Health Education: Trainings and Meetings

Title	Description	Date and Time
Smoking Cessation for Pregnancy and Beyond	Learn about smoking cessation from experts in an informative, engaging and novel interactive format	12/2/2019 Available anytime
Smoking Cessation Leadership Center	Webinars, publications, toolkits, fact sheets and guides for providers	12/2/2019 Available anytime
Increasing Adolescent Immunization Coverage	Webinar intended for health professionals engaged in care of patients needing vaccinations	12/2/2019 Available anytime
"We Can" Program 90-Minute Online Training	Four Sessions: We Can! Energize Our Families: Parent Program	12/2/2019 Available anytime
Managed Health Care in California Archived Webinars	Multiple 90-minute webinars	12/2/2019 Available anytime
Available CME/CEU Recorded Webinars	Available recorded webinars with available CE/CME units from the Smoking Cessation Leadership Center	12/2/2019 Available anytime
Media-Smart Youth: Eat, Think and Be Active	Free 1-hour webinar for those interested in implementing youth programs	12/2/2019 Available anytime
Training Offered by Different Organizations	Various training opportunities offered by different organizations. Check specific trainings for dates and times	12/3/2019 Available anytime
Tobacco Dependence Treatment and Behavioral Health	Provides mental health and substance use disorder professionals the knowledge to assess and treat tobacco dependence in smokers with co-occurring psychiatric and/or addictive disorders	12/4/2019 Available anytime
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training	Virtual SBIRT learning webinar	12/4/2019 12–1 p.m.
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	12/11/2019 Available anytime
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	12/25/2019 Available anytime
The Resources for Integrated Care – Webinar Recordings	The Resources for Integrated Care website features recordings of webinars and additional resources and tools for providers and health plans	12/27/2019 12–1 p.m.

For more information regarding available trainings and meetings, contact our Health Education department by fax at **714-338-3127** or by email at healthpromotions@caloptima.org.

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Subcontractual Relationship and Delegation Requirement

On November 7, 2019, the Department of Health Care Services (DHCS) sent a reminder to managed care plans (MCPs), like CalOptima, regarding the subcontractual relationship and delegation requirement. On October 13, 2019, Governor Gavin Newsom vetoed Senate Bill 503 that would have required CalOptima to conduct annual medical audits of subcontractors. You may view a copy of this veto by visiting http://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=201920200SB503.

Accordingly, DHCS is reminding CalOptima of its contractual obligation to oversee all functions and responsibilities delegated to subcontractors. CalOptima is responsible for ensuring their subcontractors are in compliance with applicable state and federal laws and regulations, contractual requirements, and other DHCS guidance, including All Plan Letters (APLs). CalOptima is required to communicate these requirements downstream to all their network providers and subcontractors. CalOptima has the ultimate responsibility for adhering to, and fully complying with, all terms and conditions of its contract with DHCS. Failure to do so may result in corrective action, including monetary sanctions.

For more information on CalOptima's responsibilities in subcontractor relationships, please refer to **APL 17-004** located at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-004.pdf>.



Annual Notice of Change

OneCare Connect Cal MediConnect
Plan (Medicare-Medicaid Plan)

New and Supplemental Benefits for 2020

Fitness (Includes Gym Membership or Home Fitness Kits)

Vision Care (\$300 Every Two Years)

Worldwide Emergency Coverage (\$50,000 a Year)

Hearing Services (\$1000 Annual Allowance)

Over-the-Counter Drugs (\$50 Quarterly Allowance)

The 2020 Annual Notice of Change provides you with important information regarding modifications to CalOptima's OneCare Connect benefits, coverages, rules and cost.

To download your copy of the CalOptima OneCare Connect Annual Notice of Change, visit:

www.caloptima.org/onecareconnect
(and navigate to the Member Documents page)

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Policies and Procedures Monthly Update

The following is a list outlining changes made to CalOptima policies and procedures during **October 2019**. The full description of the policies below are finalized and available on CalOptima's website at www.caloptima.org.

Policy #	Policy Title, Description and Revisions	Policy Last Review and/or Last Revision Date
CalOptima Administrative		
AA.1250△	Disability Awareness and Sensitivity, and Cultural Competency Staff Training	10/01/19
CMC.1003	CalOptima OneCare Connect Staff Education and Training	10/01/19
GA.3202	CalOptima Signature Authority	10/03/19
Medi-Cal		
AA.1208	Non-Monetary Member Incentives	10/01/19
AA.1270	Certification of Document and Data Submissions	07/01/19
DD.2004	CalOptima Member Orientation	10/01/19
DD.2010	Health Network Request to Disenroll Member	10/01/19
FF.1007	Health Network Reinsurance Coverage	10/01/19
FF.1009	Health-based Risk Adjusted Capitation Payment System	10/01/19
FF.4000	Whole-Child Model – Financial Reimbursement for Capitated Health Networks	10/03/19
GG.1203	Individual Health Education Behavioral Assessments	10/01/19
GG.1517	Transgender Services	08/01/19
HH.1101	CalOptima Provider Complaint	10/01/19
Multiple Lines of Business		
FF.3001	Financial Reporting	10/01/19
FF.3003	Minimum Medical Loss Ratio	10/01/19
GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center	10/01/19
GG.1119	Direct Access to OB/GYN Practitioner Service	10/01/19
GG.1120	Inpatient Length of Stay for Obstetrical Delivery	10/01/19
GG.1211	Health Appraisals and Self-Management Tools	10/01/19
GG.1507	Notification Requirements for Covered Services Requiring Prior Authorization	10/01/19
GG.1531	Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair	10/01/19
GG.1535	Utilization Review Criteria and Guidelines	10/01/19
GG.1620	Quality Improvement Committee	10/03/19
GG.1634	Quality and Performance Improvement Projects	10/01/19
GG.1638	Performance Indicators	10/01/19
GG.1805	Distinct Part Nursing Facility	10/01/19
HH.1104	Complaints of Discrimination	10/01/19
HH.1109	Complaints Decision Matrix	10/01/19
MA.3101	Claims Processing	10/03/19

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Policies and Procedures Monthly Update (cont.)

Policy #	Policy Title, Description and Revisions	Policy Last Review and/or Last Revision Date
OneCare		
MA.1004	Low Income Cost-Sharing Subsidy Based on Best Available Evidence	09/01/19
MA.4002	Cultural and Linguistic Services	10/01/19
MA.4004	Member Disenrollment	10/01/19
MA.4010	Health Network and Primary Care Provider Selection, Assignment, and Notification	10/01/19
MA.4011	Notice of Change in Location and Availability of Covered Services	10/01/19
MA.4015	Medicare Secondary Payer (MSP)/Part D Coordination of Benefits (COB)	10/01/19
OneCare Connect		
CMC.1818	Treatment in Place (TIP) for CalOptima Community Network (CCN) Members Residing in Long-Term Care Facilities	10/01/19
CMC.6033	Behavioral Health Assessment, Referral, Coordination, and Information Sharing for OneCare Connect Members	10/01/19
PACE		
PA.5111	After Hours Care	10/01/19
PA.5204	Emergency Medication	10/01/19
PA.8001	Reporting of Events Involving Participant Health and Safety Occurring at the PACE Center	10/01/19
PA.9001	Medicare Part D Benefit Information Tracking and Reporting	10/01/19
PA.9002	Pharmacy Claims Processing	10/01/19

Joint Medi-Cal Audit: January 27 Through February 7, 2020

CalOptima was formally engaged by the Department of Health Care Services (DHCS) for its annual Medi-Cal audit, scheduled from January 27–February 7, 2020.

DHCS nurse evaluators will contact providers selected for the audit site visit and medical record reviews directly to schedule the on-site visit.

For more information, call CalOptima's Provider Relations department at **714-246-8600**.

PROVIDER UPDATE

FSR and MRR Survey Tools and Guidelines

On July 5, 2019, the Department of Health Care Services (DHCS) released the updated Facility Site Review (FSR) and Medical Record Review (MRR) Survey Tools and Guidelines to Medi-Cal managed care plans (MCPs), like CalOptima, for implementation.

As previously communicated, these draft tools are updates to Attachment A and Attachment B of the **Policy Letter (PL) 14-004 Site Reviews: Facility Site Review and Medical Record Review**. The Attachments were updated to align with applicable state and federal regulations, current clinical guidelines and contractual requirements, and other state programs that have site review requirements. The Regulatory Affairs and Compliance (RAC) department previously distributed a CalOptima-specific summary of the PL 14-004 on June 6, 2014.

By **August 1, 2019**, CalOptima is required to use the updated Tools and Guidelines for FSRs and train providers to understand the new requirements of these updated documents. During this provider training phase, CalOptima will have two options to ensure providers' compliance with these new requirements:

Option 1:

CalOptima may elect to establish Corrective Action Plans (CAPs) for their providers based on the scores of the *new* tools. If CalOptima chooses to issue CAPs based on the updated tools, CalOptima will need to submit the aggregated results of the updated tools (one set of scores) and the CAP information based on the updated Tools to DHCS during the usual FSR data submission process.

Option 2:

CalOptima may elect to continue establishing CAPs for their providers based on the results of the **previous** version of the tools. If CalOptima chooses to implement this approach, CalOptima would still need to complete the updated tools as part of the FSR process and use the results of the updated tools for training providers. Also, if CalOptima elects to proceed with this approach, CalOptima would submit the aggregated results of **both** the previous and updated tools (two sets of scores) and the CAP information based on the previous tools to DHCS.

By **July 1, 2020**, CalOptima will be required to use the new tools and guidelines for FSRs and utilize the results of the new tools to establish CAPs for their providers. With the new tools and guidelines, DHCS will expect CalOptima to submit more detailed data than previously reported.

For questions regarding FSR and MRR Survey Tools and Guidelines, call the Provider Relations department at **714-246-8600** or email providerservices@caloptima.org.

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Important Meetings

CalOptima Board of Directors Meeting:

December 5, 2 p.m.

CalOptima Whole-Child Model Family Advisory Committee Meeting:

December 3, 9:30 a.m.

CalOptima Provider Advisory Committee Meeting:

December 12, 8 a.m.

CalOptima Member Advisory Committee Meeting:

December 12, 2:30 p.m.

CalOptima OneCare Connect (OCC) Member Advisory Meeting:

December 19, 3 p.m.

Visit the Provider Events section of the CalOptima website to view the provider activities calendar and download registration forms. CalOptima's office is located at: 505 City Parkway West, Orange, CA 92868.

Unless otherwise specified, meetings are held at CalOptima.

Visit the CalOptima Website

Visit the CalOptima website at www.caloptima.org to view the Provider Manuals, Policies and Guides section for information regarding:

- Member Rights and Responsibilities
- QI Program and Goals
- Privacy and Confidentiality
- Pharmaceutical Management Procedures
- Cultural and Linguistic Services
- Changes to the Approved Drug List (Formulary)
- Clinical Practice Guidelines
- Complex Case Management
- Disease Management Services
- Utilization Management

Request hard copies by calling **714-246-8600**.