NOTICE OF A
REGULAR MEETING OF THE
WHOLE-CHILD MODEL
FAMILY ADVISORY COMMITTEE

TUESDAY, AUGUST 26, 2025
9:30 A.M.

CalOptima Health
505 City Parkway West, Room 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. To speak on an item during the public comment portion of the agenda, please register using the Webinar link below. Once the meeting begins the Question-and-Answer section of the Webinar will be open for those who wish to make a public comment and registered individuals will be unmuted when their name is called. You must be registered to make a public comment.

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

The Regular Whole-Child Model Family Advisory Committee's meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org.

Register to Participate via Zoom at:
https://us06web.zoom.us/webinar/register/WN_3koEPFIeSLGgoFvWz5-idQ and Join the Meeting.

Webinar ID: 874 5764 9821

Passcode: 704078 -- Webinar instructions are provided below.

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

2. **ESTABLISH QUORUM**

3. **APPROVE MINUTES**
   Approve Minutes of the May 13, 2025 Regular Meeting of the Whole-Child Model Family Advisory Committee

4. **PUBLIC COMMENT**
   At this time, members of the public may address the Whole-Child Model Family Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.

5. **INFORMATIONAL ITEMS**
   A. California Children's Services (CCS) Update
   B. Getting the Most Out of a Well-Child Visit
   C. Member Population Health Needs Assessment
   D. Legislative Update
   E. Committee Member Updates

6. **MANAGEMENT REPORTS**
   A. Chief Operating Officer
   B. Deputy Chief Medical Officer
   C. Chief Administrative Officer
   D. Chief Executive Officer

7. **COMMITTEE MEMBER COMMENTS**

8. **ADJOURNMENT**

TO JOIN THE MEETING

Please register for the Regular Meeting of the Whole-Child Model Family Advisory Committee on August 26, 2025 at 9:30 a.m. (PDT)

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join.

https://us06web.zoom.us/webinar/register/WN_3koEPFIeSLGgoFvWz5-idQ

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+1 346 248 7799 US (Houston)
+1 719 359 4580 US
+1 646 558 8656 US (New York)
+1 646 931 3860 US
+1 689 278 1000 US
+1 301 715 8592 US (Washington DC)
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MINUTES

REGULAR MEETING OF THE CALOPTIMA HEALTH WHOLE CHILD MODEL FAMILY ADVISORY COMMITTEE

May 13, 2025

A Regular Meeting of the Whole-Child Model Family Advisory Committee (WCM FAC) was held on May 13, 2025 at CalOptima Health, 505 City Parkway West, Orange, California via in-person and teleconference (Zoom).

CALL TO ORDER

Chair Lori Sato called the meeting to order at 9:33 a.m. and led the Pledge of Allegiance.

ROLL CALL

Members Present: Lori Sato, Chair (remote); Erika Jewell, Vice-Chair; Jody Bullard (remote at 9:52 am); Jennifer Heavener; Sofia Martinez; Janis Price; Jessica Putterman

Members Absent: Cally Johnson; Monica Maier

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D., Chief Medical Officer; Veronica Carpenter, Chief Administrative Officer; Carmen Katsarov, Executive Director, Behavioral Health, Linda Lee, Executive Director, Quality Improvement; Dr. Michelle Laba, California Children's Services; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant;

MINUTES

Approve the Minutes of the May 13, 2025 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

Action: ***On motion of Member Jessica Putterman, seconded and carried, the WCM FAC Committee approved the minutes of the May 13, 2025, meeting. (Motion carried 6-0-0; Jody Bullard; Cally Johnson and Monica Maier absent)***

PUBLIC COMMENTS

There were no public comments.

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REPORT ITEMS

Approve the FY 2025-2026 Whole-Child Model Family Advisory Committee Quarterly Meeting Schedule

Action: ***On motion of Vice-Chair Erika Jewell, seconded and carried, the WCM FAC Committee approved FY 2025-2026 Whole-Child Model Family Advisory Committee quarterly schedule. (Motion carried 6-0-0; Jody Bullard; Cally Johnson and Monica Maier absent)***

INFORMATION ITEMS

California Children's Services Update

Michelle Laba, MD, MS, FAAP, Medical Services Deputy Director of the California Children Services (CCS) program in Orange County presented an update on the CCS CalAIM Monitoring and Oversight Program. She noted that this program's effective date which was to be on July 1, 2025 had been deferred and that a future day had not been determined and that CCS counties are not required to submit a signed Memorandum of Understanding at this time.

Dr. Laba also discussed CCS proposed legislation Assembly Bill (AB) 1450 proposed by Assemblyman Hoover and noted that the language as written conflicts with Title 22 regulations and CCS Numbered Letters that require a physician to see the patient. She noted that AB1450 would authorize the Department of Health Care Services (DHCS) to approve an advanced practice provider's, defined as a nurse practitioner, physician assistant, or certified registered nurse that meet specified qualifications, request to be CCS paneled. It would also require the following: eligible applicants to submit an application through the CCS internet website; require DHCS to acknowledge receipt of the application within 5 business days and approve, deny, or return the application for additional information within 10 business days of submission; Require the advanced practice provider to be paneled prior to providing care, and once paneled, would authorize the advanced practice provider to perform initial or continuing care without the need of a co-signature for specified professional services. It would also authorize those paneled providers enrolled in Medi-Cal to bill Medi-Cal directly for independent office and inpatient visits. She also noted that it would expand the meaning of a provider to include a physician certified by their respective specialty board, except when in the opinion of the specialist, treatment may be delegated or shared with a family physician and advanced practice providers, as defined, who meet specified criteria.

Dr. Laba also discussed CCS programmatic changes and noted that she would be overseeing the general medical program and that Diana Weber would be the new Interim Chief Therapist for the medical therapy program. Dr. Laba notified the committee that a hiring freeze at CCS continues and that the CCS priorities were workflow adjustment and monitoring due to staff downsizing with a focus on time-sensitive responsibilities (e.g., new referrals).

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Behavioral Health Update

Carmen Katsarov, LPCC, CCM, Executive Director, Behavioral Health presented a behavioral health update and discussed several topics of interest to the committee such as the Student Behavioral Health Incentive Program (SBHIP) implementation which concluded at the end of December 2024. Ms. Katsarov reported that five partners, Orange County Department of Education which included all 29 Orange County Public School Districts, Children's Hospital of Orange County, Western Youth Services, Hazel Health and the Orange County Health Care Agency worked diligently to get this program off the ground and reviewed the DHCS deliverables timeline with the committee and noted that funding had been received in the amount of $3,128,084 for meeting the DHCS deliverables. She noted that the partners would continue to play a crucial role in the post-phase of SBHIP by reporting utilization updates and future mental health program implementation opportunities through the quarterly SBHIP Partner meetings. As part of their ongoing collaboration, SBHIP partners would continue through their collaborative efforts to support the school district's preparedness for the Child and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Services billing and reimbursement. The collective approach will support the relationship required for effective care coordination for our Medi-Cal youth with the school districts.

Ms. Katsarov also provided an update on Adverse Childhood Experiences (ACEs). She noted that ACEs are stressful or traumatic events experienced in childhood that relate to abuse, neglect and/or household dysfunction and that research showed that individuals who experienced ACEs are at greater risk of nine of the 10 leading causes of death in the United States, including heart disease, stroke, cancer and diabetes. She noted that when a child experiences may ACEs without necessary supports, it can cause prolonged activation of the stress response system or toxic stress. Toxic stress can have damaging effects on learning, behavior and health across the lifespan. Ms. Katsarov discussed the ACEs Aware Initiative with the committee, noting that ACEs Aware is a first in the nation statewide effort to screen children and adults for ACEs in primary care and to treat the impacts of toxic stress with trauma-informed care and offers Medi-Cal providers training, clinical protocols and payments for screening children and adults for ACEs.

Voice of the Member/Access to Care

Linda Lee, Executive Director, Quality Improvement presented on Voice of the Member/Access to Care: Addressing Vaccine Hesitancy. She provided background and noted that CalOptima Health's quality data had indicated a decline in vaccination rates and increase in vaccine hesitancy and that CalOptima Health had recently met with the American Academy of Pediatrics Orange County Chapter and Rady Children's Health to discuss vaccine promotion. She also noted that a Dallas County Health and Human Services community assessment to identify vaccine concerns and barriers affecting declining childhood vaccination rates indicated that vaccine barriers were a bigger driver than vaccine hesitancy and noted that addressing barriers such as complex vaccine records, transportation needs and the lack of availability of vaccine appointments were contributors to improving vaccine compliance. She asked the members of the committee for feedback such as: Are vaccines safe? Why do vaccines start so early? Is there a link between vaccines and autism? Ms. Lee also asked what barriers had the committee members encountered in getting vaccines for their children and was it due to lack of transportation, lack of appointments, inconvenient appointment times, vaccine not available or confusion about vaccine schedules? Several of the members related

how they were hesitant to vaccinate their special needs children. Ms. Lee reviewed sample provider tools with the committee and also noted that the feedback received would be used by CalOptima Health to develop educational materials, tools and implement process improvements.

Committee Member Updates

Chair Lori Sato notified the committee that the committee recruitment which had begun in April would conclude on Friday, May 16, 2025 and asked the members to please assist with recruitment of new members.

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer thanked Chair Lori Sato for her inspiring talk to CalOptima Health employees at the first employees retreat. Ms. Kim also discussed the transportation benefit and how critical it was for the members to have this option as a benefit as members rely on getting to their appointments on time and that some of those appointments. She noted that 70-80K were being utilized by members on a monthly basis. She reviewed the various transportation modes that were available to the members as a Medi-Cal benefit. Ms. Kim also discussed how on an idea by Board member Maura Byron CalOptima Health started Come to the TABLE (Teaming to Align Benefits for Lifelong Equity). CalOptima Health, Regional Center of Orange County, Libertana and Access TLC have met to discuss what part each other play in providing services to special needs individuals in Orange County. CalOptima Health will continue to meet with these agencies and formulate a process that allows each agency and CalOptima health to work together for the benefit of the member.

Chief Medical Officer Report

Richard Pitts, D.O., Ph.D., Chief Medical Officer provided an update to his last measles presentation and shared a map that noted that Texas was ground zero for measles cases. He noted that Orange County had approximately 11 reported cases of measles. He recommended that those traveling outside of the United States make sure that their vaccinations are up-to-date.

Chief Administrative Officer Report

Veronica Carpenter, Chief Administrative Officer provided an update on the Federal and State Legislative matrix and noted that a long federal budget process is expected this Summer. She noted that she and several Government Affairs staff had been to Washington DC and met with approximately 15 congressional members and their staff sharing CalOptima Health's opposition to any Medicaid cuts and concerns around a work requirement and that CalOptima Health would continue these conversations with the Orange County congressional delegation. Ms. Carpenter also discussed the State budget process and noted that the May revise would be released on May 14, 2025. She noted that the State budget must be approved by June 15, 2025.

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer thanked the members on the committee for the advocacy on behalf of their children. He thanked the members for their frank discussion on vaccines and special needs children and noted that he could never fully appreciate the magnitude of what parents go through with this special needs children and how they dedicate their lives to managing very complex medical conditions in their children.

Jennifer Heavener, Consumer Advocate on the WCM FAC thanked Mr. Hunn for his warm and encouraging words and his acknowledgement of how difficult it is to live a day-to-day life with special needs children and that most people did not understand or give the empathy that Mr. Hunn exhibits at these meetings and noted that behind every special needs child is an exhausted caregiver that's not going to give up, and it was nice to be acknowledged.

ADJOURNMENT

Hearing no further business, Chair Lori Sato adjourned the meeting at 11:02 a.m.

_____

Cheryl Simmons
Staff to the Advisory Committees

California Children's Services

August 2025 Updates

Michelle Laba, MD
CCS Medical Services Deputy Director

CCS Program Updates

- **CCS Program Annual Stats**
  - Children served: 11,253
  - Children in medical therapy served: 1,691
  - Total therapy visits: 35,445
  - Key Accomplishments: Outreach, education, and collaboration with intra-agency programs, community partners, and providers who have pivotal roles in the health and well-being of children and youth with special health care needs.
- **Medi-Cal Outpatient Rehabilitation Center (OPRC)**
  - Westminster Medical Therapy Unit (MTU)
    - Passed review/recertification survey – August 2025

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CCS Program Updates

- **CCS CalAIM Monitoring and Oversight Program Updates**
  - Effective date deferred (future date to-be-determined).
  - Existing program role and responsibilities will continue to be monitored by DHCS per California Code, Health and Safety Code section 123805.
    - Examples: Annual medical review and family participation completion, program eligibility determination timeliness, Service Authorization Request turnaround times, Medical Therapy Program chart audits, etc.
  - Additional Monitoring and Oversight activities are currently optional.
    - Examples: Grievance process, staff training, transition planning log completion, etc.

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Getting the Most out of a Well-Child Visit

Promoting Healthy Child Development & Early Identification and Intervention

Presentation to Whole Child Model Advisory Committee

August 26, 2025

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FIRST 5 ORANGE COUNTY

Importance of Well-Child Visits and Screenings

- Well-child visits, screening and linkage to services is a primary focus of our Strategic Plan
- Earlier identification of delays or needs provides opportunities for earlier intervention, leading to better outcomes for kids

FIRST 5 ORANGE COUNTY

Health care **a key platform** for identification and early intervention

The American Academy of Pediatrics (AAP) Bright Future Guidelines provide the standard of care today and recommend that by the time a child reaches 2 ½, he/she should have:

11 Well Child Visits

3 developmental screens using a validated screen

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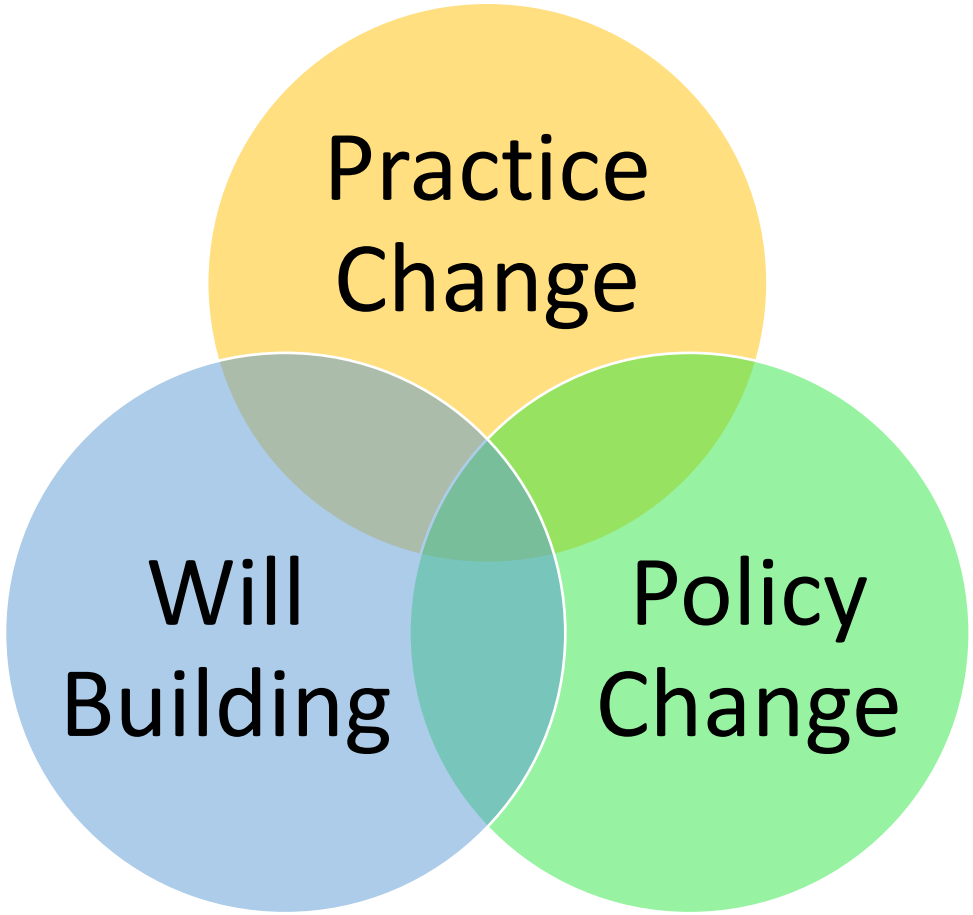
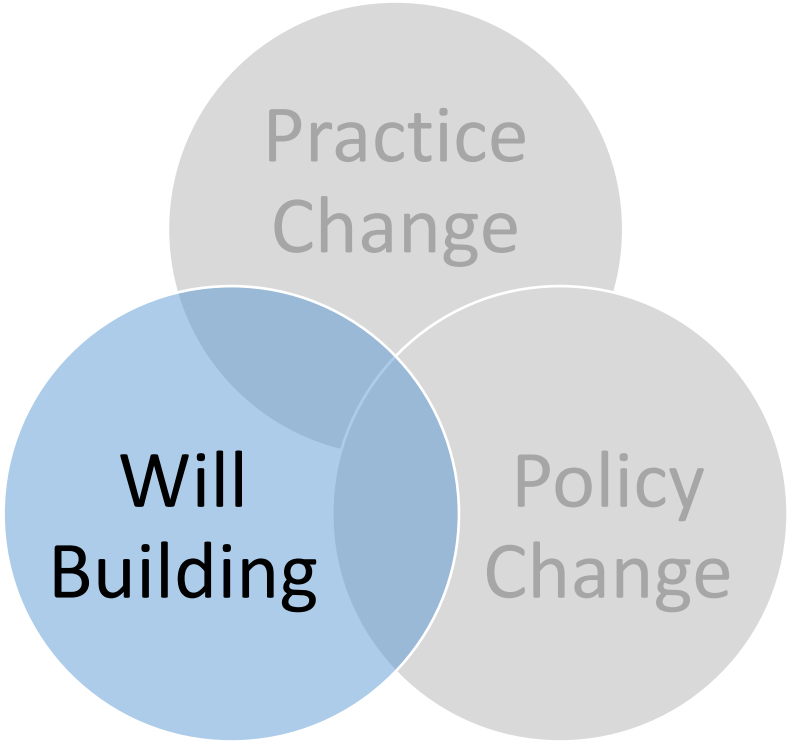
FIRST 5 ORANGE COUNTY

First 5 OC is promoting access through integrated strategies



Will Building

- Launched in 2019, Detect & Connect OC is a countywide, cross-sector, collaborative
  - CalOptima, SSA, HCA, First 5, CHOC, AAP-OC, Help Me Grow, Comfort Connection/Regional Center, Child Guidance Center, Pretend City, Healthy Steps Clinics and others
- Shared Vision
  - *Ensure all children in OC receive timely, well visits & developmental screenings in accordance with national, evidence-based guidelines, and are connected to a coordinated system of resources as early as possible.*



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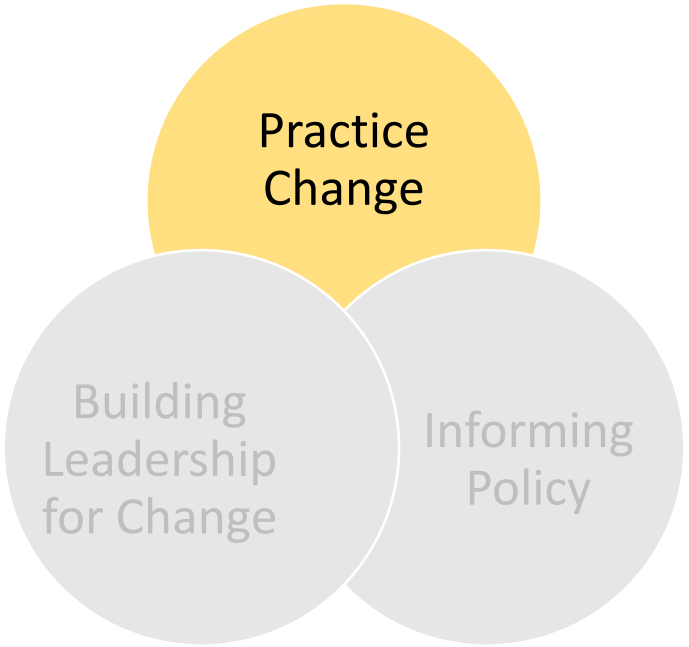
Targeted Practice Interventions

- Improving the quality of primary care practices to:
  - Improve families' engagement in well-child visits
  - Support providers in using validated developmental screening tools at well-child visits
- Through targeted interventions
  - HealthySteps national evidenced based model
  - Quality Improvement Advisors (QIAs)



HealthySteps

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FIRST 5 ORANGE COUNTY

HealthySteps Logic Model

HealthySteps
PEDIATRIC CARE • SUPPORTING • PARENTING
A Program of ZERO TO THREE

HealthySteps transforms the promise of pediatric care to improve the health and well-being of babies and young children so that they thrive in school and life. We set the standard by integrating a child development specialist into the primary care team to promote healthy relationships, foster positive parenting, strengthen early social and emotional development, and ensure access to services that address both child and family needs, with a particular emphasis on families living in low-income communities.

INPUTS

- HealthySteps Specialist (HSS), families, Physician Champion, and clinic staff, all working as a team
- Training, technical assistance, and ongoing professional development from the National Office
- Diverse funding streams

APPROACH

- Preventive
- Family-centered
- Strengths-focused
- Interdisciplinary
- Relationship-based
- Culturally & linguistically attuned
- Well-coordinated

CORE COMPONENTS (SERVICES)

TIER 1. UNIVERSAL SERVICES

- ✓ Child developmental, social-emotional & behavioral screening
- ✓ Screening for family needs (i.e., maternal depression, other risk factors, social determinants of health)
- ✓ Child development support line (e.g., phone, text, email, online portal)

TIER 2. SHORT-TERM SUPPORTS (mild concerns)

All Tier 1 services plus…

- ✓ Child development & behavior consults
- ✓ Care coordination & systems navigation
- ✓ Positive parenting guidance & information
- ✓ Early learning resources

TIER 3. COMPREHENSIVE SERVICES (families most at risk)

All Tier 1 & 2 services plus…

- ✓ Ongoing, preventive team-based well-child visits (WCV)

KEY OUTPUTS

- Number of screenings for child/family concerns
- Number of support line inquiries
- Number of developmental & behavioral consults
- Number of preventive team-based WCV
- Number of referrals to needed services
- Number of families receiving positive parenting guidance & early learning resources

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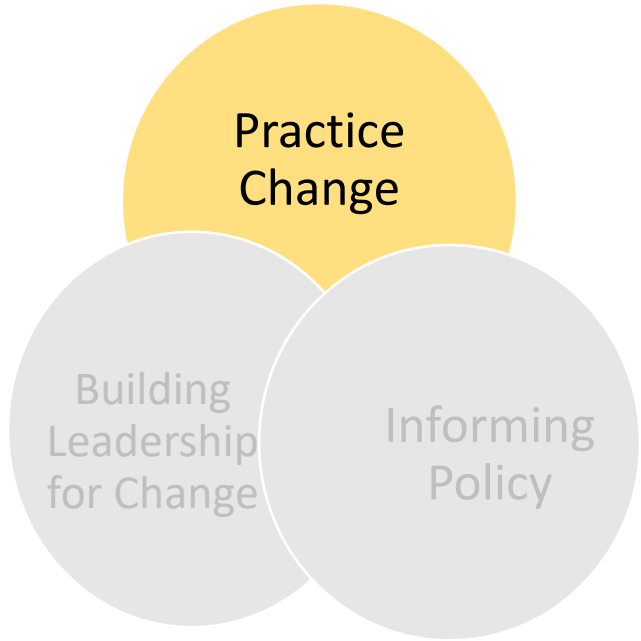
FIRST 5 ORANGE COUNTY

Practice and Workflow Changes

- Develop new policies, procedures, and processes for:
  - Care coordination and systems navigation
  - Preventive team-based well-child visits
  - Child development & behavioral health consults
- Provide training to all clinic staff
  - Developmental screening tools (ASQ, M-CHAT, etc.)
  - Child development support line
  - Social Determinants of Health screening including ACEs



14,000 OC Children Served by HealthySteps

Health Center	Number of Children
Share Our Selves (Costa Mesa)	1,638
University of California Irvine (Anaheim)	
University of California Irvine (Santa Ana)	2,993
Friends of Families (La Habra)	1,996
Families Together (Garden Grove)	701
Families Together (Tustin)	371
VM Medical (Westminster)	1,064
CHOC (Garden Grove)	607
AltaMed (Santa Ana Main St.)	1,520
AltaMed (Santa Ana Bristol)	1,350
AltaMed (Anaheim)	1,724
CHOICE Health Network (Anaheim)	239

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Quality Improvement Advisors

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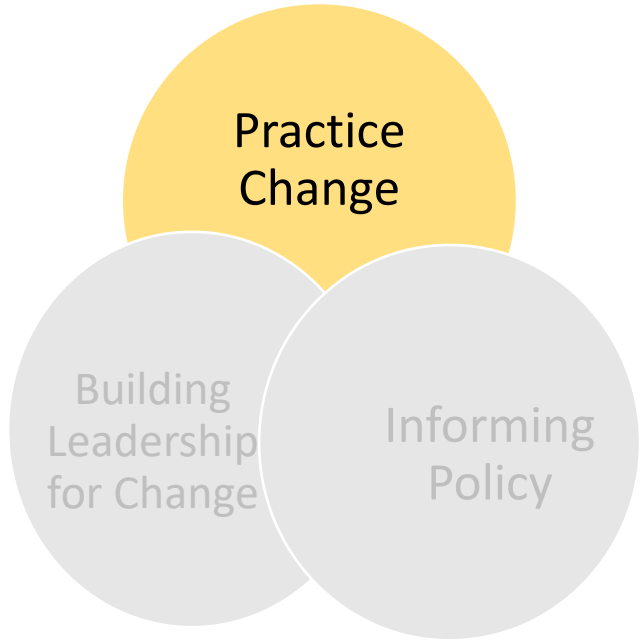
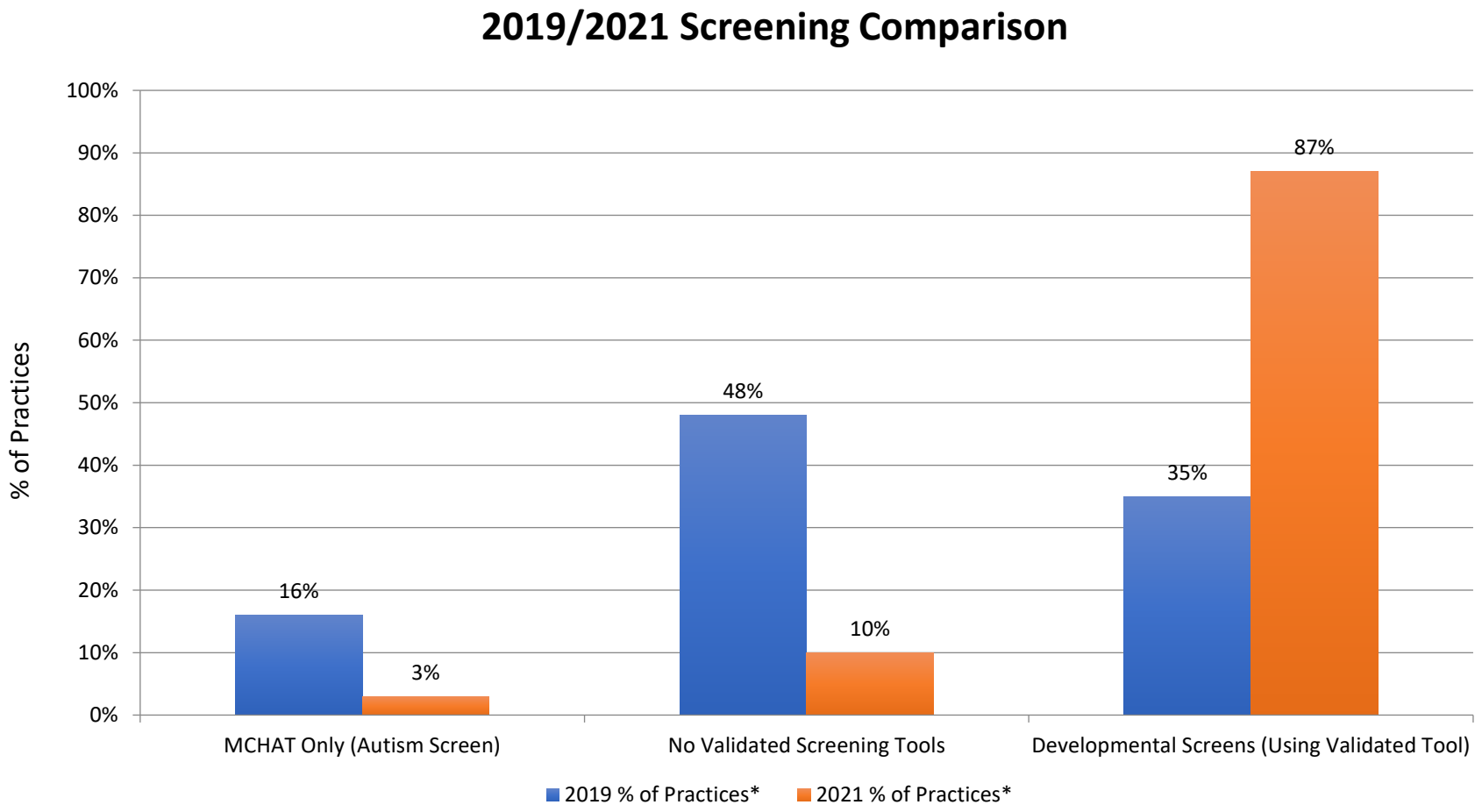
Practice and Workflow Changes

- Quality Improvement Advisors (QIAs) at CHOC Health Alliance work with 130+ practices
  - Incorporate developmental screening into workflow
  - Partner with Help Me Grow to train on use of validated tools
  - Train on use of OC Children's Screening Registry
  - Support connection to services when needed



Increased Developmental Screens



*2019: 158 Practices in Denominator; 2021: 134 Practices in Denominator

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FIRST 5 ORANGE COUNTY

Outcomes

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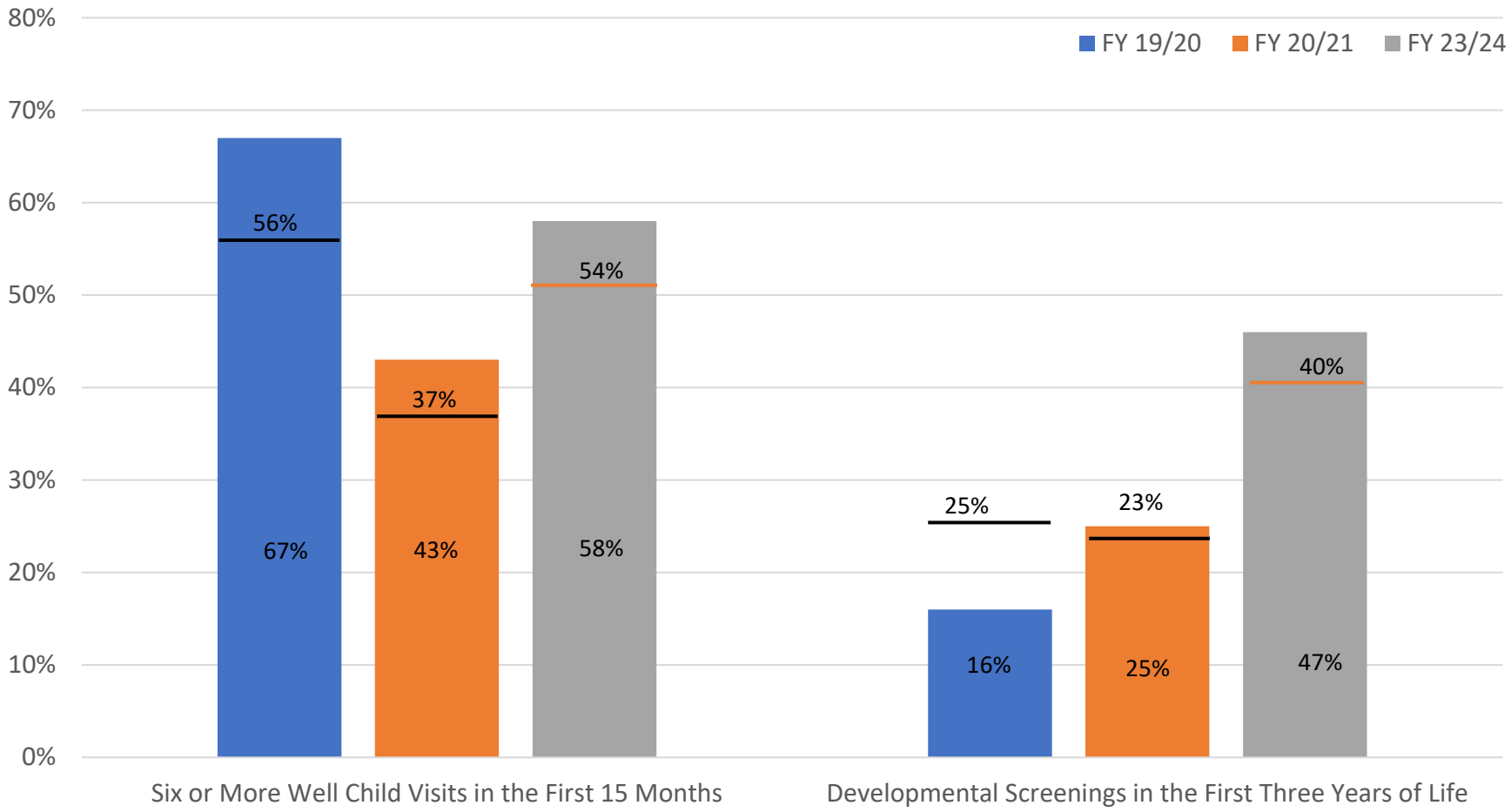
FIRST 5 ORANGE COUNTY

MediCal Performance Data



Statewide Average

Department of Health Care Services Minimum Performance

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https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEQRTR.aspx

FIRST 5 ORANGE COUNTY

Priorities for FY 2025/26

- Navigation Assistance
  - Redetermination required starting January 1, 2026
  - Deploy targeted resources to ensure families are prepared and 0-5 system of supports is focused
- Well Child Visits Attendance
  - Communication strategies- centering family experience, voice , and concerns
  - Examine all options for families (transportation, virtual visits, etc.)
- Expand HealthySteps to three additional sites
- Evaluation with QIA sites

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Member and Population Health Needs Assessment (MPHNA)

Whole-Child Model Family Advisory Committee

August 26, 2025

Michaell Silva Rose, DrPH, LCSW

Chief Health Equity Officer

Our Mission

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

Our Vision

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

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CalOptima Health Assessments

Population Needs Assessment (PNA)

- Extensive review of multiple data sources to understand the needs of our members
- Ongoing annual **NCQA** Requirement
- Completed April 2025 - Population Assessment Report

Community Health Assessment (CHA)

- Identify key community needs through the review of countywide data
- Managed Care Plan and local health jurisdiction collaboration required by **DHCS** (Alignment by 2028)

Member & Population Health Needs Assessment (MPHNA)

- Comprehensive assessment of members' needs
- Mapping community assets
- To inform interventions, strategies and investments that improve member health
- **CalOptima Health Board** initiative launched in Q1 2025

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MPHNA Overview

- Comprehensive assessment to inform health equity interventions, community investments, and strategic program development for CalOptima Health members

- CalOptima Health is partnering with the National Opinion Research Center (NORC) at the University of Chicago on a three-method approach:
  1. Member and provider surveys
  2. Key informant interviews
  3. Community focus groups

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MPHNA Overview (cont.)

- Assess community assets and barriers to develop focused interventions
- Support NCQA Accreditation, Community Health Assessment (CHA), and Community Health Improvement Plan (CHIP) mandates
- Final MPHNA report is anticipated by Q2 2026

NCQA: National Committee for Quality Assurance

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CalOptima Health

Stakeholder Engagement

- Member and Provider Advisory Committees (MAC/PAC)
  - Provided feedback on member and provider survey instruments in May 2025

- Stakeholder feedback session conducted with OC Health Care Agency
  - 18 Community-Based Organizations participated in July 2025

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CalOptima Health

Member Surveys

- Assessment of member needs, barriers to care, gaps in services, member experience and health status

- Outreach material and survey will be translated into threshold languages

- Survey takes approximately 12-15 minutes to complete

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Member Surveys (cont.)

- Survey distribution
  - Random sampling of approximately 25,000 members (will be mailed an invitation with a URL link to the survey)
  - Convenience sampling (postcard with QR code to survey to be distributed at PACE and CalOptima Health Community events)
  - Members will receive a gift card for participating

- Anticipated launch in September (pending DHCS approval)

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Provider Survey

- Evaluate provider perspectives on member needs, including social needs and access barriers

- NORC emailed CalOptima Health providers with a survey link from: MPHNA2025@norc.org
  - Survey takes approximately 8-10 minutes to complete

- Provider survey is open from July 21 through August 29, 2025
  - Presented at CalOptima Health's Provider Forum and Health Network Meetings
  - Announcements in CalOptima Health's weekly Health Network Communications and the monthly Provider Newsletter

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Who Should Respond to this Survey

- **Providers in our Health Networks:**
  - AltaMed Health Services - AHN
  - AltaMed Health Services
  - AMVI Care Health Network
  - CHOC Health Alliance
  - CalOptima Community Network
  - Family Choice Health Services
  - HPN-Regal Medical Group
  - Noble Mid-Orange County
  - Optum
  - Prospect Medical Group
  - United Care Medical Group
- **Providers of all types:**
  - Behavioral health professional
  - Case manager
  - Community health worker or promotor(a)
  - Doula
  - Midwife
  - Nurse practitioner
  - Peer advocate
  - Physician
  - Physician assistant
  - Registered nurse
  - Social worker

The individual provider only has to complete the survey once.

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Focus Groups and In-Depth Interviews

- Community Action Partnership of Orange County (CAP OC) is subcontracted to facilitate the focus groups and interviews
  - Anticipated to occur in Q4 2025
- Topics include *access to care and supports, member experience, health status and conditions, social determinants of health*
- Outreach will be via email or phone/text

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Focus Groups and In-Depth Interviews (cont.)

- Offered in threshold languages to CalOptima Health members or their caregivers
- Mix of in-person and virtual interviews to maximize accessibility
- Members will receive a gift card for participating

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Focus Groups and In-Depth Interviews (cont.)

Focus Groups (10)	In-Depth Interviews (8-10)
1. English-speaking adult members (North OC) 2. English-speaking adult members (South OC) 3. Black/African American adult members (English) 4. Spanish-speaking adult members (North OC) 5. Spanish-speaking adult members (South OC) 6. Vietnamese-speaking adult members 7. Parents of children in the Whole Child Model (WCM) (English) 8. Adults (aged 19-64) with disabilities (English)(physical, and/or intellectual, developmental disability) 9. Pregnant or up to 1-year postpartum women (English) 10. PACE enrollees or their caregivers	1. Members with behavioral health concerns 2. Members who are unhoused 3. Parents of children in WCM/with disabilities 4. Adults with disabilities 5. Pregnant or 1-year postpartum women 6. PACE enrollees or their caregivers

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Focus Group Recruitment Strategies

- Leverage existing community relationships to assist with hosting focus groups and recruiting members to participate

- We need your assistance:
  - Co-designing a focus group for WCM families (date TBA)
  - Promote and encourage others to participate in focus groups
  - Host a focus group or recommend a community partner to host

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Secondary Data Analysis

- Utilization of CalOptima Health de-identified member data and public Orange County health indicator data

County

- OC CHIP 2024-2026
- OC CHA 2023
- Comprehensive Economic Development Strategy Report (Orange County)
- Medi-Cal Managed Care External Quality Review Technical Report
- County Health Status Profiles
- First 5 OC Early Development Index
- OC Equity Profile 2025
- OC Community Indicators Report 2024-2025

State

- UCLA's California Health Interview Survey
- California Healthy Kids Survey
- Healthy Places Index
- Department of Social Services enrollment data

National

- American Community Survey 5-year combined files
- CDC Places
- Behavioral Risk Factor Surveillance System

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Building on Strengths - Developing a Health Equity Asset Map

- Digital mapping tool of Orange County's community assets to help identify and address health disparities
- Interactive dashboard for ongoing assessment and heat asset mapping reporting
- Guide Health Equity and Population Health Management programs and interventions

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2025 AAP Vaccination Recommendations – Key Updates

Whole-Child Model Family Advisory Committee

August 26, 2025

Zeinab Dabbah, MD – Deputy Chief Medical Officer

Our Mission

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

Our Vision

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

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What's New in 2025?

- Updated routine immunization schedule
- Expanded RSV prevention strategies
- New adolescent vaccine recommendations
- Catch-up guidance for special populations

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Routine Immunization Updates

- 💉 **COVID-19**: Annual dose ≥6 months, strain-matched
- 🦠 **Influenza**: Early fall, high-dose for high-risk ≥6 years
- 🧬 **HPV**: Start at age 9 for early completion
- 🧪 **Meningococcal B**: Routine at 16–18 years
- 🐒 **Mpox**: For adolescents at high risk

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Respiratory Syncytial Virus (RSV) Prevention

Nirsevimab (Beyfortus)

- For **all infants <8 months** during RSV season (Oct–Mar)
- **Single IM dose** protects for ~5 months
- **Second season dose** for high-risk infants 8–19 months:
  - Chronic lung disease
  - Congenital heart disease
  - Immunocompromised

Maternal RSV Vaccine (Abrysvo)

- For **pregnant individuals at 32–36 weeks gestation**
- Administer during RSV season
- Provides **passive immunity** to infants
- If given, **Nirsevimab not needed** unless infant is high-risk

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Tailored Schedules

- Updated catch-up for:
  - Interrupted series
  - Immunocompromised children
  - Refugees and immigrants
- Emphasis on **timely completion** and **EHR tracking**

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Improving Vaccine Uptake

- ✅ Co-administer vaccines when possible
- ✅ Use combination vaccines to reduce injections
- ✅ Enable EHR alerts and standing orders
- ✅ Educate caregivers on new RSV options

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Key Takeaways

- RSV prevention now includes **maternal and infant options**
- **Earlier HPV start** improves protection
- **New adolescent vaccines** added to routine schedule
- Focus on **equity and access** for all populations

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2025–26 Legislative Tracking Matrix

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Behavioral Health			
SB 483 Stern	**Mental Health Diversion:** Would require that a court be satisfied that a recommended mental health treatment program is consistent with the underlying purpose of mental health diversion and meets the specialized treatment needs of the defendant. ***Potential CalOptima Health Impact*:** Increased oversight of behavioral health treatment for members.	**06/04/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch
SB 626 Smallwood-Cuevas	**Maternal Mental Health Screenings and Treatment:** Would require a licensed health care practitioner who provides perinatal care for a patient to screen, diagnose and treat the patient for a maternal mental health condition. ***Potential CalOptima Health Impact:*** Increased access to behavioral health services for eligible members.	**06/02/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Oppose
SB 812 Allen	**Qualified Youth Drop-In Center Health Care Coverage:** Would require a health plan to provide coverage for mental health and substance use disorders at a qualified youth drop-in center, defined as a center providing behavioral or primary health and wellness services to youth 12 to 25 years of age with the capacity to provide services before and after school hours and that has been designated by or embedded with a local educational agency or institution of higher education. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for CalOptima Health Medi-Cal youth members.	**05/28/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Concerns
AB 37 Elhawary	**Behavioral Health Workforce:** Would require the California Workforce Development Board to study how to expand the workforce of mental health service providers providing services to homeless persons. ***Potential CalOptima Health Impact*:** Increased access to behavioral health services for members experiencing homelessness.	**03/13/2025** Referred to Assembly Labor and Employment Committee	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 348 Krell	**Full-Service Partnership:** Would establish presumptive eligibility for Full-Service Partnership programs. ***Potential CalOptima Health Impact*:** Increased continuity of care for members with serious mental illness.	**05/12/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 384 Connolly	**Inpatient Prior Admission Authorization:** Would prohibit a health plan from requiring prior authorization for admission to medically necessary 24-hour care in inpatient settings, including general acute care hospitals and psychiatric hospitals, for mental health and substance use disorders (SUDs) as well as for any medically necessary services provided to a beneficiary while admitted for that care. ***Potential CalOptima Health Impact*:** Modified utilization management (UM) procedures for covered Medi-Cal benefits.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
AB 423 Davies	**Discharge and Continuing Care Planning:** Would mandate regulations for discharge and continuing care planning from a facility providing alcoholism or drug abuse recovery and treatment services, including the creation of a plan to help patients return to their home community and scheduled follow-up with a mental health or SUD professional no more than seven days after discharge. ***Potential CalOptima Health Impact*:** Increased continuity of care for members who have received SUD treatment.	**02/18/2025** Referred to Assembly Health Committee	CalOptima Health: Watch
AB 618 Krell	**Behavioral Health Data Sharing:** Would require each Medi-Cal managed care plan (MCP), county specialty mental health plan (MHP) and Drug Medi-Cal program to electronically share data for its members to support coordination of behavioral health services. Would also require the California Department of Health Care Services (DHCS) to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be published by January 1, 2027. ***Potential CalOptima Health Impact*:** Increased coordination between Medi-Cal delivery systems regarding behavioral health services.	**06/03/2025** Passed Assembly floor; referred to Senate	**05/07/2025** CalOptima Health: SUPPORT LHPC: Sponsor

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 877 Dixon	**Nonmedical SUD Treatment:** Would require DHCS and the California Department of Managed Health Care (DMHC) to send a letter to the chief financial officer of every health plan (including a Medi-Cal MCP) that provides SUD coverage in residential facilities. The letter must inform the plan that SUD treatment in licensed and certified residential facilities is almost exclusively nonmedical, with rare exceptions, including for billing purposes. These provisions would be repealed on January 1, 2027. ***Potential CalOptima Health Impact*:** Enhanced transparency and clarity around nonmedical treatment provided for SUDs.	**03/03/2025** Referred to Assembly Health Committee	CalOptima Health: Watch
AB 951 Ta	**Autism Diagnosis:** Would prohibit a health plan from requiring an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a diagnosis to maintain coverage for behavioral health treatment for their condition. ***Potential CalOptima Health Impact*:** Increased access to care for specific behavioral health treatments.	**07/14/2025** Assembly concurred in amendments; ordered to the Governor **07/10/2025** Passed Senate floor **05/07/2025** Passed Assembly floor	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Budget			
H.R. 1 Arrington (TX)	**One Big Beautiful Bill Act:** Makes substantial changes to Medicaid program funding and policies, including but not limited to the following: • Work, community service and/or education requirement of 80 hours per month for able-bodied adults without dependents (with exceptions for pregnant women, foster youth, medically frail, caregivers and others), effective December 31, 2026, or no later than December 31, 2028 • Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to every six months, effective December 31, 2026 • Emergency Medicaid services provided to all undocumented beneficiaries subject to the traditional Federal Medical Assistance Percentage (FMAP) — 50% in California — regardless of the FMAP for which those would otherwise be eligible, effective October 1, 2026 Cost-sharing for MCE enrollees with incomes of 100–138% Federal Poverty Level (FPL), not to exceed $35 per service and 5% of total income, and not to be applied to primary, prenatal, pediatric, or emergency care, effective October 1, 2028 • Prohibition on any new or increased provider taxes, effective immediately • Significant restrictions on current Managed Care Organization (MCO) taxes, which could effectively repeal California's MCO tax that was recently made permanent by Proposition 35 (2024), with a potential winddown period of up to three fiscal years (FYs) ***Potential CalOptima Health Impact*:** Reduced funding to CalOptima Health and contracted providers; decreased number of members; increased administrative costs; implementation of co-pay systems; increased financial and administrative burdens for some existing members; decreased health care utilization by some existing members; reduced benefits for some existing members.	**07/04/2025** Signed into law	**05/20/2025** CalOptima Health: OPPOSE
SB 101 Wiener **AB 102** Gabriel	**Budget Act of 2025:** Makes appropriations for the government of the State of California for FY 2025-26. Total spending is $321 billion, of which $228.4 billion is from the General Fund. ***Potential CalOptima Health Impact:*** A full analysis of the FY 2025-26 Enacted State Budget is forthcoming.	**06/30/2025** Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 100 Gabriel	**Budget Acts of 2023 and 2024:** Increases Medi-Cal's current FY 2024-25 General Fund appropriation by $2.8 billion and federal funds appropriation by $8.25 billion in order to solve a deficiency in the Medi-Cal budget. ***Potential CalOptima Health Impact:*** Continued funding for current Medi-Cal rates and initiatives through June 30, 2025.	**04/14/2025** Signed into law	CalOptima Health: Watch
AB 116 Committee on Budget	**Health Omnibus Trailer Bill:** Consolidates and enacts certain budget trailer bill language containing policy changes needed to implement health-related budget expenditures. Provisions related to the Medi-Cal program include but are not limited to the following: • Enrollment freeze for undocumented individuals 19 years or older, effective no sooner than January 1, 2026, with exceptions for pregnant individuals • Implementation of $30 monthly premiums for undocumented individuals ages 19-59, effective no sooner than July 1, 2027 • Reinstatement of the asset limit at $130,000 for individuals, adding $65,000 for each additional household member, capping at 10 members, effective January 1, 2026 • Enacts PACE provider sanctions, effective immediately ***Potential CalOptima Health Impact:*** A full analysis of the FY 2025-26 Enacted State Budget is forthcoming.	**06/30/2025** Signed into law	CalOptima Health: Watch
California Advancing and Innovating Medi-Cal (CalAIM)			
SB 324 Menjivar	**Enhanced Care Management (ECM) and Community Supports Contracting:** Would require a Medi-Cal MCP to give preference to contracting with community providers when covering the ECM benefit and/or Community Supports. In addition, would require DHCS to develop standardized templates to be used by MCPs. Would also require DHCS to develop guidance to allow community providers to subcontract with other community providers. ***Potential CalOptima Health Impact*:** Increased collaboration with community providers and standardized contracts.	**05/27/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Watch LHPC: Oppose

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 543 Gonzalez	**Street Medicine:** Would authorize a Medi-Cal MCP to elect to offer Medi-Cal covered services through a street medicine provider. MCPs that elect to do so would be required to allow a Medi-Cal beneficiary who is experiencing homelessness to receive those services directly from a contracted street medicine provider, regardless of the beneficiary's network assignment. Additionally, would require the MCP to allow a contracted street medicine provider enrolled in Medi-Cal to directly refer the beneficiary for covered services within the appropriate network. ***Potential CalOptima Health Impact*:** Continued access to street medicine services for members experiencing homelessness.	**06/02/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Watch
Covered Benefits			
SB 40 Wiener	**Insulin Coverage:** Would prohibit a health plan, effective January 1, 2026 (or a policy offered in the individual or small group market, effective January 1, 2027), from imposing a copayment or other cost sharing of more than $35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or any other cost sharing on an insulin prescription drug. Additionally, would require a health plan to cover all types of insulin without step therapy on and after January 1, 2026. ***Potential CalOptima Health Impact:*** Decreased out-of-pocket costs for future members enrolled in Covered California line of business; new UM procedures.	**05/28/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Oppose
SB 62 Menjivar **AB 224** Bonta	**Essential Health Benefits (EHBs):** Would express the intent of the Legislature to review California's EHB benchmark plan and establish a new benchmark plan for the 2027 plan year. Additionally, upon approval from the United States Department of Health and Human Services and by January 1, 2027, would require the new benchmark plan include certain additional benefits, including coverage for fertility services, hearing aids and exams, and durable medical equipment. ***Potential CalOptima Health Impact:*** New covered benefits for future members enrolled in Covered California line of business.	**05/27/2025** SB 62 passed Senate floor; referred to Assembly **05/29/2025** AB 224 passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Concerns
SB 535 Richardson **AB 575** Arambula	**Obesity Care Access Act:** Would require an individual or group health care plan that provides coverage for outpatient prescription drug benefits to cover at least one specified anti-obesity medication and bariatric surgery for the treatment of obesity. ***Potential CalOptima Health Impact:*** Expanded covered benefits for future members enrolled in Covered California line of business.	**05/28/2025** SB 535 passed Senate floor; referred to Assembly **02/24/2025** AB 575 referred to Assembly Health Committee	CalOptima Health: Watch CAHP: Oppose

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 242 Boerner	**Genetic Disease Screening:** Would expand statewide newborn screenings to include Duchenne muscular dystrophy by January 1, 2027. ***Potential CalOptima Health Impact:*** Expanded covered benefits for members.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 298 Bonta	**Cost-Sharing Under Age 21:** Effective January 1, 2026, would prohibit a health plan from imposing a deductible, coinsurance, copayment, or other cost-sharing requirement for in-network health care services provided to an individual under 21 years of age, with certain exceptions for high deductible health plans that are combined with a health savings account. ***Potential CalOptima Health Impact:*** Increased costs for CalOptima Health; decreased costs for future members enrolled in Covered California line of business under 21 years of age.	**02/10/2025** Referred to Assembly Health Committee	CalOptima Health: Watch
AB 350 Bonta	**Fluoride Treatments:** Would require a health plan to provide coverage for fluoride varnish in the primary care setting for children under 21 years of age by January 1, 2026. ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**06/02/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose
AB 432 Bauer-Kahan	**Menopause:** Would require a health plan to provide coverage for evaluation and treatment options for symptoms of perimenopause and menopause. Would also require a health plan to annually provide clinical care recommendations for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause. ***Potential CalOptima Health Impact:*** New covered benefits for members; increased communications to providers.	**06/03/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose
AB 636 Ortega	**Diapers:** Would add diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an appropriation by the Legislature: • Children greater than three years of age diagnosed with a condition that contributes to incontinence • Other individuals under 21 years of age to address a condition pursuant to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) standards ***Potential CalOptima Health Impact:*** New covered benefit for pediatric members.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch

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

Bill Number Author	Bill Summary	Bill Status	Position/Notes
Medi-Cal Operations and Administration			
SB 278 Cabaldon	**Health Data HIV Test Results:** Would permit additional disclosures to DHCS staff and Medi-Cal MCPs to improve care coordination and quality programs for HIV-positive beneficiaries. Would also update existing laws to enhance quality improvement efforts in HIV care under Medi-Cal. Would additionally require the development of a mechanism through which Medi-Cal beneficiaries can opt out of such disclosures. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive members.	**05/29/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch
SB 497 Wiener	**Legally Protected Health Care Activity:** Would prohibit a health care provider, health plan, or contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or mental health care in response to a criminal or civil action. Would also prohibit these entities from cooperating with or providing medical information to an individual, agency, or department from another state or to a federal law enforcement agency or in response to a foreign subpoena. ***Potential CalOptima Health Impact:*** Increased protection of medical information related to gender-affirming care; increased staff training regarding disclosure processes.	**06/02/2025** Passed Senate; referred to Assembly floor	CalOptima Health: Watch
SB 530 Richardson	**Medi-Cal Time and Distance Standards:** Would extend current Medi-Cal time and distance standards until January 1, 2029. In addition, would require a Medi-Cal MCP to ensure that each subcontractor network complies with certain appointment time standards and incorporate into reporting to DHCS, unless already required to do so. Additionally, the use of telehealth providers to meet time or distance standards would not absolve the MCP of responsibility to provide a beneficiary with access, including transportation, to in-person services if the beneficiary prefers. ***Potential CalOptima Health Impact:*** Increased oversight of contracted providers; increased reporting to DHCS.	**05/29/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 660 Menjivar	**California Health and Human Services Data Exchange Framework (DxF):** Would require the Center for Data Insights and Innovation within California Health and Human Services Agency (CalHHS) to absorb all functions related to the DxF initiative, including the data sharing agreement and policies and procedures, by January 1, 2026. Additionally, would expand DxF to include social services information. ***Potential CalOptima Health Impact:*** Increased care coordination with social service providers.	**06/02/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch
AB 40 Bonta	**Abortion as Emergency Service:** Would expand the definition of emergency services to include surgery and reproductive health services, including abortion, necessary to relieve or eliminate the emergency medical condition, within the capability of the facility. ***Potential CalOptima Health Impact:*** Expanded coverage of abortion services for members.	**04/21/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 45 Bauer-Kahan	**Reproductive Data Privacy:** Would prohibit the collection, use, disclosure, sale, sharing, or retention of the information of a person who is physically located at, or within a precise geolocation of, a family planning center, except any collection or use necessary to perform services or provide goods that have been requested. Would also authorize an aggrieved person to institute and prosecute a civil action against any person or organization in violation of these provisions. ***Potential CalOptima Health Impact:*** Increased safeguards regarding reproductive health information.	**06/03/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 257 Flora	**Specialty Telehealth Network Demonstration:** Would require the establishment of a demonstration project for a telehealth and other virtual services specialty care network designed to serve patients of safety-net providers. ***Potential CalOptima Health Impact:*** Expanded member access to telehealth specialists.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
AB 302 Bauer-Kahan	**Confidentiality of Medical Information Act:** Would prohibit a health care provider, health plan or contractor from complying with a court order that constitutes a foreign subpoena. Would also prohibit such entities from intentionally selling medical information or using medical information for marketing. ***Potential CalOptima Health Impact:*** Increased protection of medical information; increased staff training regarding disclosure processes.	**05/23/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 316 Krell	**Artificial Intelligence Defenses:** Prohibits a defendant that developed or used artificial intelligence from asserting a defense that artificial intelligence autonomously caused the alleged harm to the plaintiff. ***Potential CalOptima Health Impact:*** Increased liability related to UM procedures.	**05/19/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 403 Ortega	**Medi-Cal Community Health Service Workers:** Would require DHCS to annually review the Community Health Worker (CHW) benefit and present an analysis to the Legislature beginning July 1, 2027. The analyses would include an assessment of Medi-Cal MCP outreach and education efforts, CHW utilization and services, demographic disaggregation of the CHWs and beneficiaries receiving services, and fee-for-service reimbursement data. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**03/25/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 577 Wilson	**Prescription Drug Antisteering:** Would prohibit a health plan or pharmacy benefit manager (PBM) from engaging in specified steering practices, including requiring an enrollee to use a retail pharmacy for dispensing prescription oral medications and imposing any requirements, conditions or exclusions that discriminate against a physician in connection with dispensing prescription oral medications. Additionally, would require a health care provider, physician's office, clinic or infusion center to obtain consent from an enrollee and disclose a good faith estimate of the applicable cost-sharing amount before supplying or administering an injected or infused medication. ***Potential CalOptima Health Impact:*** Increased oversight of contracted PBM and referral processes.	**04/29/2025** Passed Assembly Health Committee; referred to Assembly Appropriatons Committee	CalOptima Health: Watch
AB 688 Gonzalez	**Telehealth for All Act of 2025:** Beginning in 2028 and every two years thereafter, would require DHCS to use Medi-Cal data and other data sources to produce analyses in a publicly available Medi-Cal telehealth utilization report. ***Potential CalOptima Health Impact:*** New reporting requirements to DHCS.	**06/02/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 980 Arambula	**Health Plan Duty of Care:** As it pertains to the required "duty of ordinary care" by a health plan, would define "medically necessary health care service" to mean legally prescribed medical care that is reasonable and comports with the medical community standard. ***Potential CalOptima Health Impact:*** Modified UM procedures.	**04/22/2025** Re-referred to Assembly Health Committee	CalOptima Health: Watch

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Bill Number Author	Bill Summary	Bill Status	Position/Notes
Older Adult Services			
SB 242 Blakespear	**Medicare Supplemental Coverage Open Enrollment Periods:** Would make Medicare supplemental benefit plans available to qualified applicants with end stage renal disease under the age of 64 years. Would also create an annual open enrollment period for Medicare supplemental benefit plans and prohibit such plans from denying an application or adjusting premium pricing due to a preexisting condition. Additionally, would authorize premium rates offered to applicants during the open enrollment period to vary based on the applicant's age at the time of issue, but would prohibit premiums from varying based on age after the contract is issued. ***Potential CalOptima Health Impact:*** Expanded Medicare coverage options for dual-eligible members.	**04/30/2025** Passed Senate Health Committee; referred to Senate Appropriations Committee	CalOptima Health: Watch CAHP: Oppose
SB 412 Limón	**Home Care Aides:** Would require a home care organization to ensure that a home care aide completes training related to the special care needs of clients with dementia prior to providing care and annually thereafter. ***Potential CalOptima Health Impact:*** New training requirements for PACE staff.	**05/08/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch
Providers			
SB 32 Weber Pierson	**Timely Access to Care:** Would require DHCS, DMHC and the California Department of Insurance to consult stakeholders for the development and adoption of geographic accessibility standards of perinatal units to ensure timely access for enrollees by July 1, 2027. ***Potential CalOptima Health Impact:*** Additional timely access standards; increased contracting with perinatal units.	**06/02/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch LHPC: Oppose
SB 250 Ochoa Bogh	**Medi-Cal Provider Directory — Skilled Nursing Facilities:** Would require a provider directory issued by a Medi-Cal MCP to include skilled nursing facilities as a searchable provider type. ***Potential CalOptima Health Impact:*** Modifications to CalOptima Health's online provider directory.	**05/29/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
SB 306 Becker	**Prior Authorization Exemption:** No later than January 1, 2028, would eliminate prior authorization for medical services that are approved 90% of the time, except in cases of fraudulent provider activity or clinically inappropriate care ***Potential CalOptima Health Impact:*** Implementation of new UM procedures to assess prior authorization approval rates; decreased number of prior authorizations; decreased care coordination for members.	**05/28/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
SB 504 Laird	**HIV Reporting:** Would authorize a health care provider for a patient with an HIV infection that has already been reported to a local health officer to communicate with a local health officer or the California Department of Public Health (CDPH) to obtain public health recommendations on care and treatment or to refer the patient to services provided by CDPH. ***Potential CalOptima Health Impact:*** Increased coordination of care for HIV-positive members.	**05/08/2025** Passed Senate floor; referred to Assembly	CalOptima Health: Watch
AB 29 Arambula	**Adverse Childhood Experiences (ACEs) Screening Providers:** Would require DHCS to include community-based organizations, local health jurisdictions and doulas as qualified providers for ACEs trauma screenings and require clinical or other appropriate referrals as a condition of Medi-Cal payment for conducting such screenings. ***Potential CalOptima Health Impact:*** Increased access to care for pediatric members with ACEs.	**04/01/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 50 Bonta	**Over-the-Counter Contraceptives:** Would allow pharmacists to provide over-the-counter hormonal contraceptives without following certain procedures and protocols, such as requiring patients to complete a self-screening tool. As such, these requirements would become limited to prescription-only hormonal contraceptives. ***Potential CalOptima Health Impact:*** Increased member access to hormonal contraceptives.	**04/28/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 55 Bonta	**Alternative Birth Centers Licensing:** Would remove the requirement for alternative birth centers to provide comprehensive perinatal services as a condition of CDPH licensing and Medi-Cal reimbursement. ***Potential CalOptima Health Impact:*** Decreased member access to comprehensive perinatal services; reduced operating requirements for alternative birth centers.	**04/28/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch LHPC: Support

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 220 Jackson	**Medi-Cal Subacute Care Authorization:** Would require a provider seeking prior authorization for pediatric subacute or adult subacute care services under the Medi-Cal program to submit a specified form. Additionally, would prohibit a Medi-Cal MCP from developing or using its own criteria for medical necessity and from requiring a subsequent treatment authorization request upon a patient's return from a bed hold for acute hospitalization. ***Potential CalOptima Health Impact:*** Modified UM procedures and forms.	**05/29/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 280 Aguiar-Curry	**Provider Directory Accuracy:** Would require health plans to maintain accurate provider directories, starting with minimum 60% accuracy by July 1, 2026, and increasing to 95% by July 1, 2029, or otherwise receive administrative penalties. If a patient relies on inaccurate directory information, would require the provider to be reimbursed at the out-of-network rate without the patient incurring charges beyond in-network cost-sharing amounts. Would also allow DMHC to create a standardized format to collect directory information as well as establish methodologies to ensure accuracy, such as use of a central utility, by January 1, 2026. Additionally, would require a health plan to provide information about in-network providers to enrollees upon request, including whether the provider is accepting new patients at the time, and would limit the cost-sharing amounts an enrollee is required to pay for services from those providers under specified circumstances. ***Potential CalOptima Health Impact:*** Increased oversight of CalOptima Health provider directory; increased coordination with contracted providers; increased penalty payments to DHCS.	**06/02/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose
AB 375 Nguyen	**Qualified Autism Service Paraprofessional:** Would expand the definition of "health care provider" to also include a qualified autism service paraprofessional. ***Potential CalOptima Health Impact:*** Increased access to autism services for eligible members; additional provider contracting and credentialing.	**04/08/2025** Passed Assembly Business and Professions Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 416 Krell	**Involuntary Commitment:** Would authorize a person to be taken into custody by an emergency physician under the Lanterman-Petris-Short Act and would exempt the emergency physician from criminal and civil liability. ***Potential CalOptima Health Impact:*** New legal standards for certain CalOptima Health providers.	**05/15/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 510 Addis	**Utilization Review Appeals and Grievances:** Would require that an appeal or grievance regarding a decision to delay, deny or modify health services be reviewed by a physician or peer health care professional matching the specialty of the service within two business days. In urgent cases, responses must match the urgency of the patient's condition. If these deadlines are not met, the authorization request would be automatically approved. ***Potential CalOptima Health Impact***: Expedited and modified UM, grievance and appeals procedures for covered Medi-Cal benefits; increased hiring of specialists to review grievances and appeals.	**04/22/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 512 Harabedian	**Prior Authorization Timelines:** Would shorten the timeline for prior or concurrent authorization requests to no more than 24 hours via electronic submission or 48 hours via non-electronic submission for *urgent* requests and three business days via electronic submission or five business days via non-electronic submission for *standard* requests, starting from plan receipt of the information reasonably necessary and requested by the plan to make the determination. ***Potential CalOptima Health Impact***: Expedited and modified UM procedures for covered Medi-Cal benefits.	**06/03/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended
AB 517 Krell	**Wheelchair Prior Authorization:** Would prohibit a Medi-Cal MCP from requiring prior authorization for the repair of a Complex Rehabilitation Technology (CRT)-powered wheelchair, if the cost of repair does not exceed $1,250. Would also no longer require a prescription or documentation of medical necessity, if the wheelchair has already been approved for use by the patient. Additionally, would require supplier documentation of the repair. ***Potential CalOptima Health Impact:*** Modified UM procedures for a covered Medi-Cal benefit.	**04/08/2025** Passed Assembly Health Committee; referred to Assembly Appropriations Committee	CalOptima Health: Watch
AB 539 Schiavo	**One-Year Prior Authorization Approval:** Would require a prior authorization for a health care service to remain valid for a period of at least one year, or throughout the course of prescribed treatment if less than one year, from the date of approval. ***Potential CalOptima Health Impact:*** Modified UM procedures for covered Medi-Cal benefits; decreased number of prior authorizations; increased costs.	**05/12/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose Unless Amended LHPC: Oppose Unless Amended

Bill Number Author	Bill Summary	Bill Status	Position/Notes
AB 787 Papan	**Provider Directory Disclosures:** Would require a health plan to include at the top of its provider directory a statement advising an enrollee to contact the plan for assistance in finding an in-network provider. Would also require the plan to respond within one business day if contacted for such assistance and to provide a list of in-network providers confirmed to be accepting new patients within two business days. ***Potential CalOptima Health Impact:*** Expanded customer service support and staff training; technical changes to CalOptima Health's provider directory.	**05/05/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch
AB 1041 Bennett	**Provider Credentialing:** Would require a health plan to credential a provider within 90 days from the receipt of a completed application, or otherwise conditionally approve the credential. A plan would be required to notify the provider whether the application is complete within 10 days of receipt. Additionally, would require a health plan to use the standardized credentialing form on and after January 1, 2028, or six months after the form is developed, whichever is later. ***Potential CalOptima Health Impact:*** Expedited and modified credentialing procedures for interested providers.	**06/03/2025** Passed Assembly floor; referred to Senate	CalOptima Health: Watch CAHP: Oppose LHPC: Oppose Unless Amended
Rates & Financing			
SB 339 Cabaldon	**Medi-Cal Laboratory Rates:** Would require Medi-Cal reimbursement rates for clinical laboratory or laboratory services to *equal* the lowest of the following metrics: 1. the amount billed; 2. the charge to the general public; 3. 100% of the lowest maximum allowance established by Medicare; or 4. a reimbursement rate based on an average of the lowest amount that other payers and state Medicaid programs are paying. For any such services related to the diagnosis and treatment of sexually transmitted infections on or after July 1, 2027, the Medi-Cal reimbursement rates shall not consider the rates described in clause (4) listed above. ***Potential CalOptima Health Impact*:** Increased payments to contracted clinical laboratories.	**04/29/2025** Passed Senate Judiciary Committee; referred to Senate Appropriations Committee **04/23/2025** Passed Senate Health Committee	CalOptima Health: Watch

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

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

Last Updated: July 22, 2025

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2025 Federal Legislative Dates

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

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

2025 State Legislative Dates

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

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

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About CalOptima Health

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

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MEMORANDUM

DATE:	July 31, 2025
TO:	CalOptima Health Board of Directors
FROM:	Michael Hunn, Chief Executive Officer
SUBJECT:	CEO Report — August 7, 2025, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. Covered California Monthly Update

CalOptima Health continues to prepare for the launch of a Covered California line of business, effective January 1, 2027. Following the Board's approval on June 5, staff submitted an initial filing on June 16 to expand the scope of CalOptima Health's current Knox-Keene Act license with the California Department of Managed Health Care (DMHC), which is required to offer a commercial insurance product. Since then, DMHC has provided comments and we are in the process of responding and updating our exhibits. Deloitte Consulting LLP also recently completed its operational gap analysis, prompting the initiation of several new workstreams to discuss and implement solutions in order to achieve operational readiness over the next year. Lastly, CalOptima Health continues to negotiate provider contracts and execute amendments with several existing vendors to include Covered California in their scopes of service.

B. Medicaid Data Sharing Confirmed

On July 17, the Associated Press confirmed that U.S. Immigration and Customs Enforcement (ICE) officials will be given access to the personal data of the nation's 79 million Medicaid enrollees, including home addresses and ethnicities, to locate immigrants who may not be living legally in the United States, according to an agreement signed on July 14 between the U.S. Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Homeland Security (DHS), which oversees ICE. The full agreement has not yet been made public. In response to earlier reports, California Attorney General Rob Bonta previously announced that the California Department of Justice is leading a 20-state lawsuit against the federal government, alleging that such actions violate federal privacy laws. The lawsuit requests the federal district court to block the transfer of new data from CMS to DHS as well as the use of current data by DHS for immigration enforcement purposes. CalOptima Health continues to support members during these difficult times in the following ways:

- **Webpage With Resources**
  To help our members who may be hesitant to seek care in person, CalOptima Health created an Access to Care webpage that shares a list of providers who offer telehealth, our nurse advice phone line, medicine home delivery options and virtual mental health services. We also included local immigration resources. The new webpage has been promoted broadly with

members and the community through a mailing, social media postings and electronic newsletter alerts to community-based organizations, stakeholders and providers.

- **Texting Outreach**
  In early July, CalOptima Health launched a multilingual texting campaign to promote the new Access to Care webpage described above. The campaign reached nearly 300,000 members' cell phones (many representing multiple members in a household) and achieved an aggregate engagement rate of 19.72%, aligning with other successful member benefit campaigns.

C. CalOptima Health Contracted Hospital KPC Orange County Global Medical Center Update

On July 12, the OC Register published an article that outlined operations and clinical issues at Orange County Global Medical Center (OCGMC), as cited by a February 2025 California Department of Public Health (CDPH) report and a lawsuit being brought by a former stroke patient. CalOptima Health contacted CEO Peter Baronoff to discuss our concerns. We have also discussed the matter with OC Health Care Agency Director Dr. Veronica Kelley related to Orange County Emergency Medical Services' use of OCGMC as a stroke receiving center. In short, the hospital is in compliance with its CDPH licensure and is meeting the Conditions of Participation for Medicare and its Accreditation by the Joint Commission. We will continue to monitor their compliance. OCGMC did fail to notify CalOptima Health of the CDPH Survey and its findings, as they are required to do per their contract. Our team will meet with OCGMC on a weekly basis to ensure ongoing compliance, consistent with the action plan filed with CDPH. We will monitor the hospital weekly for the next 90 days and longer if necessary. Please note that we have always had and will continue to have routine weekly clinical rounds on all inpatients (CalOptima Health Community Network and health network members) during which we address any clinical issues. On average, OCGMC has ~1,200 ED visits/month and ~300 acute admissions/month of CalOptima Health members (direct and health networks combined).

D. Grants Support Efforts to Expand Affordable Housing Options

- **Eli Commons Groundbreaking**
  On June 25, CEO Michael Hunn spoke at a groundbreaking for Eli Commons, a new permanent supportive housing development in Anaheim. The Eli Home for Abused Children is a faith-based organization that serves more than 1,000 abused children and their mothers, at-risk youth and families by providing them with shelter, counseling and other services. CalOptima Health provided a foundational $5 million grant through the Department of Health Care Services' Housing and Homelessness Incentive Program.
- **La Veta Village Dedication**
  On July 16, Chief Operating Officer Yunkyung Kim spoke at a dedication ceremony for the newly completed La Veta Village, a 20-bed affordable housing development featuring three refurbished historic homes in the City of Orange. Developed by HomeAid Orange County/Los Angeles, a nonprofit leader in housing development for those in crisis, the project leveraged building industry relationships to transform the property. CalOptima Health contributed $1.4 million to the project that will serve vulnerable seniors and families facing homelessness.

E. CalOptima Health Implements Improvement Strategy for Annual Health Outcomes Survey

CalOptima Health prepared for the annual Health Outcomes (HOS) Survey, conducted annually with Medicare members between July and November. The survey assesses the physical and mental health of a patient over a two-year period. The results are used to improve care delivery, support quality improvement efforts for better patient health outcomes and are used for Medicare Advantage Star Ratings. We've completed the following to support the HOS measure outcomes:

- Created several patient-facing materials (brochures, conversation starters and posters) related to the HOS measures. Our ask to PCPs is that they discuss these topics with their patients during their annual exam/Annual Wellness Visit (AWV) and other preventive visits as applicable.
- Provided a copy of the materials to health network partners and reviewed them during our July Quality Update meetings.
- Provided talking points to Provider Relations staff, who are meeting with the high-volume OneCare provider groups to review the materials.
- Presented the topic at the June Community Clinic Forum.
- Multiple teams at CalOptima Health have partnered to contact CalOptima Health Community Network members telephonically and via email. We are using HRA response data to provide targeted education and support.

The survey results are used to improve care delivery, support quality improvement efforts for better patient health outcomes and for Medicare Advantage Star Ratings.

F. President Signs Federal Budget Reconciliation Bill

On July 4, U.S. President Donald Trump signed into law a Fiscal Year 2025 budget reconciliation package, known as H.R. 1: One Big Beautiful Bill Act, following final passage by the U.S. Senate and U.S. House of Representatives earlier in the week. **Attached** is a one-page highlight of key Medicaid provisions that were included in the enacted legislation and that will likely be of significant impact to CalOptima Health.

Now that this legislation has become law, CalOptima Health will focus on further understanding the specific implementation requirements and working with federal and state officials to minimize disruption to our members and providers. While we didn't achieve the outcome we hoped for in Congress, our advocacy efforts were not in vain. The relationships we built and the concerns we raised will be crucial as federal agencies — particularly the U.S. Centers for Medicare and Medicaid Services (CMS) — now begin the regulatory process to effectuate these new policies over the coming months and years. CalOptima Health will continue to coordinate advocacy and implementation efforts with our Congressional delegation, trade associations, lobbyists, and local providers and stakeholders. We will also engage closely with our state counterparts as the California State Legislature and the California Department of Health Care Services (DHCS) respond to the forthcoming CMS regulations through amended state budgets and Medi-Cal policy guidance.

G. Governor Signs Final State Budget Bills

In late June, Governor Gavin Newsom and leadership of the California State Legislature reached a final FY 2025–26 state budget agreement following nearly two weeks of negotiations to reconcile the governor's May Revision proposal and the Legislature's counterproposal. Subsequently, the State Senate and State Assembly passed a "budget bill junior" and several "trailer bills" that incorporated the final agreement into the Legislature's previously passed counterproposal. Governor Newsom finished signing these budget bills into law on June 30 ahead of the start of FY 2025–26 on July 1. A detailed analysis regarding impacts to CalOptima Health will be shared in a future update.

H. CalOptima Health Gains Media Coverage

- On June 5, Chief Medical Officer Richard Pitts, D.O., Ph.D., was featured in a KNX radio segment on the new COVID-19 variant and summer surge. Since the segment first aired, it has been widely syndicated.

- On June 27, the Capistrano Dispatch ran a profile of a recent graduate and recipient of CalOptima Health's stipend program supporting Master of Social Work students at California State University, Fullerton. CalOptima Health is investing $5 million over five years to expand the number of social workers serving Medi-Cal members in Orange County.
- On July 14, Spectrum TV aired a feature-length segment about our Street Medicine Program. Reporter Jo Kwan rode along with the Costa Mesa care team to see firsthand the life-changing interactions and compassionate care given to those living on the streets. The segment also featured an interview with Kelly Bruno-Nelson, DSW, Executive Director of Medi-Cal/CalAIM.
- On July 21, NewSantaAna ran an article on CalOptima Health's $1.5 million grant to Orangewood Foundation and Orange County Probation to support temporary housing for justice-involved teens as they transition back to their families and daily responsibilities.
- On July 12, KQED, one of the largest NPR affiliates in the country, interviewed CEO Michael Hunn for a digital piece titled "On Medi-Cal? When to Expect New Rules, Higher Costs and Enrollment Freezes" on the upcoming changes to Medi-Cal.
- On July 22, the Voice of OC published an article regarding CalOptima Health and our reserves.
- On July 22, KNX Radio ran a feature-length piece including an interview with Kelly Bruno-Nelson, DSW, Executive Director of Medi-Cal/CalAIM, talking about CalOptima Health's role in investing in affordable housing projects like the newly opened La Veta Village in Orange.

CalOptima Health

Fast Facts
August 2025

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

Membership Data* (as of June 30, 2025)

Total CalOptima Health Membership

904,213

Program	Members
Medi-Cal	886,034
OneCare (HMO D-SNP)	17,664
Program of All-Inclusive Care for the Elderly (PACE)	515

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

Key Financial Indicators (for 12 months ended June 30, 2025)

	Dashboard	YTD Actual	Actual vs. Budget ($)	Actual vs. Budget (%)
Operating Income/(Loss)	●	$251.8M	$514.8M	195.7%
Non-Operating Income/(Loss)	●	$103.7M	$39.1M	60.7%
Bottom Line (Change in Net Assets)	●	$355.5M	$554.0M	279.1%
Medical Loss Ratio (MLR) *(Percent of every dollar spent on member care)*	●	89.8%	---	(9.3%)
Administrative Loss Ratio (ALR) *(Percent of every dollar spent on overhead costs)*	●	5.2%	---	1.8%

Notes:
- For additional financial details, refer to the financial packages included in the Board of Directors meeting materials.
- Adjusted MLR (without the estimated provider rate increases funded by reserves) is 85.6%.

Reserve Summary (as of June 30, 2025)

	Amount (in millions)
Board Designated Reserves*	$1,584.4
Statutory Designated Reserves	$132.4
Capital Assets (Net of depreciation)	$98.6
Unspent Balance of Allocated Resources	$404.5
Unspent Balance of Board Approved Provider Rate Increase**	$315.7
Unallocated Resources*	$265.0
Total Net Assets	$2,800.6

* Total of Board-designated reserves and unallocated resources can support approximately 168 days of CalOptima Health's current operations.

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

Total FY 2026 Annual Budgeted Revenue **$4.7 Billion**

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

CalOptima Health Fast Facts

August 2025

Personnel Summary (as of July 12, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,352.25	85	40%	60%	5.91%
Supervisor	83	4	0%	100%	4.60%
Manager	113	14	14.29%	85.71%	11.02%
Director	73	10.5	33.33%	66.67%	12.57%
Executive	22	0	---%	---%	---%
Total FTE Count	1,642.25	114.5	47.89%	52.11%	6.52%

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

Provider Network Data (as of July 23, 2025)

	Number of Providers
Primary Care Providers	1,308
Specialists	7,535
Pharmacies	607
Acute and Rehab Hospitals	43
Community Health Centers	68
Long-Term Care Facilities	207

Treatment Authorizations (as of May 31, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	37.27 hours
Prior Authorization – Urgent	72 hours	15.33 hours
Prior Authorization – Routine	5 days	1.89 days

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

Member Demographics (as of June 30, 2025)

Member Age

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

Language Preference

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

Medi-Cal Aid Category

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

CalOptima Health

Provider Network Trend

August 2025

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

CHCN and Health Networks

Total Providers [1]

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP [2]	1,296	1,308	1,313	1,312	1,301	5
Specialist (Physicians)	6,878	7,056	7,017	7,070	7,479	601
Hospitals [3]	41	41	41	41	41	0
Community Health Centers [4]	64	65	65	65	68	4
Long Term Care	200	206	206	207	207	7
Behavioral Health [5]	2,220	2,256	2,273	2,529	2,579	359
ECM	32	32	32	31	32	0
Community Support	99	102	103	102	103	4

Medi-Cal

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP [2]	1,099	1,084	1,087	1,087	1,076	-23
Specialist (Physicians)	6,211	6,435	6,420	6,464	7,173	962
Hospitals [3]	37	37	37	37	37	0
Community Health Centers [4]	63	63	63	63	66	3
Long Term Care	196	202	202	203	203	7
Behavioral Health [5]	2,123	2,176	2,177	2,436	2,495	372
ECM	32	32	32	31	32	0
Community Support	99	102	103	102	103	4

OneCare

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP [2]	1,091	1,098	1,099	1,096	1082	-9
Specialist (Physicians)	5,208	5,407	5,437	5,488	5,844	636
Hospitals [3]	36	36	36	36	36	0
Community Health Centers [4]	57	58	58	58	62	5
Long Term Care	200	206	206	203	207	7
Behavioral Health [5]	599	613	649	668	713	114

PACE

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP [2]	5	5	3	3	4	-1
Specialist (Physicians)	3,253	3,405	3,457	3,549	4,033	780
Hospitals [3]	29	29	29	29	29	0
Community Health Centers [4]	0	0	0	0	0	0
Long Term Care	65	65	66	67	69	4
Behavioral Health [5]	97	96	103	106	116	19

Provider Network Trend

August 2025

CHCN Only

Total Providers [1]

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP [2]	673	680	678	677	671	-2
Specialist (Physicians)	6,216	6,418	6,335	6,384	6,841	266
Hospitals [3]	37	37	37	37	37	0
Community Health Centers [4]	56	56	56	56	58	2
Long Term Care	196	202	202	203	203	7
Behavioral Health [5]	2,198	2,234	2,247	2,500	2,541	343
ECM	32	32	32	31	32	0
Community Support	99	102	103	102	103	4

Medi-Cal

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP [2]	652	657	656	653	650	-2
Specialist (Physicians)	5,804	6,041	5,988	6,026	6,791	987
Hospitals [3]	34	34	34	34	34	0
Community Health Centers [4]	56	56	56	56	58	2
Long Term Care	196	202	202	203	203	7
Behavioral Health [5]	2,104	2,157	2,155	2,411	2,471	367
ECM	32	32	32	31	32	0
Community Support	99	102	103	102	103	4

OneCare

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP [2]	564	572	569	571	565	1
Specialist (Physicians)	4,470	4,691	4,706	4,746	5,136	666
Hospitals [3]	31	31	31	31	31	0
Community Health Centers [4]	46	46	46	46	48	2
Long Term Care	196	202	202	203	203	7
Behavioral Health [5]	584	598	634	652	699	115

PACE

Provider Type	2024 – Q2	2024 – Q3	2024 – Q4	2025 – Q1	2025 – Q2	YOY Net Δ
PCP [2]	5	5	3	3	4	-2
Specialist (Physicians)	3,253	3,405	3,457	3,549	4,033	780
Hospitals [3]	29	29	29	29	29	0
Community Health Centers [4]	0	0	0	0	0	0
Long Term Care	65	65	66	67	69	4
Behavioral Health [5]	97	96	103	106	116	19

Footnotes:

[1] Unique count of Provider by NPI (does not include count of each practice location per provider)

[2] Includes Primary Care Physicians, FQHCs and Long Term Care facilities acting as Primary Care Providers

[3] Includes Acute, Rehab and Long Term Acute Care Hospitals

[4] Community Health Centers includes FQHCs, FQHC look-alike and Community Clinics

[5] Includes Practitioners and Behavioral Health Groups

H.R. 1: One Big Beautiful Bill Act

Fiscal Year 2025 Federal Budget Reconciliation

As signed into law on July 4, 2025

Please note that H.R. 1 includes several distinct implementation dates over the coming years, but there are no major immediate impacts to Medicaid beneficiaries until 2026.

In addition, most Medicaid provisions of H.R. 1 still require federal rulemaking by the U.S. Centers for Medicare and Medicaid Services (CMS) and subsequent state implementation by the California State Legislature and/or the California Department of Health Care Services (DHCS).

MEDICAID HIGHLIGHTS
Eligibility
Work, community service and/or education requirement of **80 hours per month** for able-bodied adults ages 19–64 (with exceptions for short-term hardship, parents with dependents under age 14, pregnant women, medically frail, caregivers and others), effective **December 31, 2026** (or no later than **December 31, 2028**, at the discretion of the U.S. Secretary of Health and Human Services [HHS])
Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to **every six months**, effective **December 31, 2026**
Financing
Prohibition on any new or increased provider taxes, effective **immediately**
Existing provider taxes (except those related to nursing or intermediate care facilities) would be gradually reduced from the current maximum **6.0%** hold harmless threshold to a new **3.5%** hold harmless threshold by **0.5% annually** from **October 1, 2027, through October 1, 2031**
Significant restrictions on current Managed Care Organization (MCO) taxes, which could effectively **repeal** California's MCO tax that was recently made permanent by Proposition 35 (2024), with a potential winddown period of up to **three fiscal years** at the discretion of the HHS Secretary
Cap on new state-directed payments (SDPs) at **100%** of the Medicare payment rate, effective **immediately**; gradually reduces existing SDPs to that cap by **10% annually**, starting **January 1, 2028**
Emergency Medicaid services provided to all undocumented beneficiaries would be subject to the traditional Federal Medical Assistance Percentage (FMAP) — **50%** in California — regardless of the FMAP for which those would otherwise be eligible, effective **October 1, 2026**
Access
Cost-sharing for MCE enrollees with incomes of **100–138%** Federal Poverty Level (FPL), not to exceed **$35** per service and **5.0%** of total income, and not to be applied to primary, prenatal, pediatric, behavioral or emergency care, effective **October 1, 2028**
Temporary **one-year** prohibition on all Medicaid funding to Planned Parenthood, effective **immediately**