CalOptima Health

**NOTICE OF A
REGULAR JOINT MEETING OF THE
CALOPTIMA HEALTH BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE AND
PROVIDER ADVISORY COMMITTEE**

**THURSDAY, DECEMBER 12, 2024**

**12:00 P.M.**

**CALOPTIMA HEALTH
505 CITY PARKWAY WEST, SUITE 109
ORANGE, CALIFORNIA 92868**

**AGENDA**

This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda. To speak on an item, complete a Public Comment Request Form(s) identifying the item(s) and submit to the Clerk. To speak on a matter not appearing on the agenda, but within the subject matter jurisdiction of the Board of Directors' Member Advisory and Provider Advisory Committees, you may do so during Public Comments. Public Comment Request Forms must be submitted prior to the beginning of the Approval of the Minutes portion of the agenda and/or the beginning of Public Comments. When addressing the Committee, it is requested that you state your name for the record. Address the Committee as a whole through the Chair. Comments to individual Committee Members or staff are not permitted. Speakers are limited to three (3) minutes per item.

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 Board of Directors' Regular Member Advisory and Provider Advisory Committees joint 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_tu4lCp6TRjOAda8O51wTWQ and Join the Meeting.**

**Webinar ID: 851 0366 9708**

**Passcode: 361950 – Webinar instructions are provided below.**

Notice of a Regular Joint Meeting of the CalOptima Health
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Provider Advisory Committee
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1. **CALL TO ORDER**
   *Pledge of Allegiance*

2. **ESTABLISH QUORUM**

3. **MINUTES**
   A. Approve Minutes from the October 10, 2024 Regular Joint Meeting of the Member and Provider Advisory Committees

4. **PUBLIC COMMENT**
   *At this time, members of the public may address the Member and Provider Advisory Committees on matters not appearing on the agenda, but within the subject matter jurisdiction of the Member or Provider Advisory Committees. Speakers will be limited to three (3) minutes.*

5. **REPORTS**
   A. Consider Recommendation to Appoint Two OneCare Members or Authorized Family Member Representatives on the Member Advisory Committee

6. **INFORMATIONAL ITEMS**
   A. Government Affairs Update
   B. Covered California Update
   C. Culturally and Linguistically Appropriate Services
   D. Grievance and Appeals Update
   E. Committee Member Updates

7. **MANAGEMENT REPORTS**
   A. Chief Operating Officer Update
   B. Chief Medical Officer Update
   C. Chief Executive Officer Update

8. **COMMITTEE MEMBER COMMENTS**

9. **ADJOURNMENT**

# Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on Thursday, December 12, 2024 at 12:00 p.m. (PST)

To **Register** in advance for this webinar:

**https://us06web.zoom.us/webinar/register/WN_tu4lCp6TRjOAda8O51wTWQ**
Join from a PC, Mac, iPad, iPhone or Android device

On day of meeting, please click this URL to join:

**https://us06web.zoom.us/s/85103669708?pwd=mzMmJE3Bwhq2a8R4XGuDJ97gRbUuSd.1**

 Passcode: **361950**

Or One tap mobile:
   +16694449171,,85103669708#,,,,*361950# US
   +13462487799,,85103669708#,,,,*361950# US (Houston)

Or join by phone:
   Dial(for higher quality, dial a number based on your current location):

   US: +1 669 444 9171  or +1 346 248 7799  or +1 719 359 4580  or +1 720 707 2699  or +1 253 205 0468  or +1 253 215 8782  or +1 646 931 3860  or +1 689 278 1000  or +1 301 715 8592  or +1 305 224 1968  or +1 309 205 3325  or +1 312 626 6799  or +1 360 209 5623  or +1 386 347 5053  or +1 507 473 4847  or +1 564 217 2000  or +1 646 558 8656

Webinar ID: **851 0366 9708**

Passcode: **361950**

# MINUTES

## REGULAR JOINT MEETING OF THE
## CALOPTIMA HEALTH BOARD OF DIRECTORS'
## MEMBER ADVISORY COMMITTEE,
## AND PROVIDER ADVISORY COMMITTEE

### October 10, 2024

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, October 10, 2024 at the CalOptima offices located at 505 City Parkway West, Orange, California.

## CALL TO ORDER
PAC Chair Dr. John Nishimoto called the meeting to order at 12:12 p.m. and led the Pledge of Allegiance.

## ESTABLISH QUORUM

### Member Advisory Committee
| | |
|---|---|
| Members Present: | Linda Adair; Josefina Diaz (Remote); Sandy Finestone; Keiko Gamez; Kim Goll; Hai Hoang; Dr. Junie Lazo-Pearson; Sara Lee; Lee Lombardo; Nicole Mastin; Margie Moore; Shirley Valencia; Alyssa Vandenberg |
| Members Absent: | Christine Tolbert, Chair; Meredith Chillemi, Vice-Chair |

### Provider Advisory Committee
| | |
|---|---|
| Members Present: | John Nishimoto, O.D., Chair; Gio Corzo, Vice Chair (12:15); Alpesh Amin, M.D.(12:14 p.m.); Lorry Belhumeur, Ph.D.; Tiffany Chou, NP; Andrew Inglis, M.D.; Morgan Mandigo, M.D.; Jacob Sweidan, M.D.; Christy Ward |
| Members Absent: | Ji Ei Choi, L.Ac; Jena Jensen; Timothy Korber, M.D.; Patty Mouton; Mary Pham, Pharm.D.; Alex Rossel; |
| Others Present: | Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Veronica Carpenter, Chief Administrative Officer; Zainab Dabbah, M.D., Ph.D., J.D., Deputy Chief Medical Officer; Marie Jeannis, Executive Director, Equity and Community Health; Janis Rizzuto, Director, Communications, Geoff Patino, Associate Director, Communications;  Troy Szabo, Outside Legal Counsel; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Ruby Nunez, Executive Assistant |

Regular Meeting of the
CalOptima Health Board of Directors'
Joint Meeting of the Member Advisory Committee
and the Provider Advisory Committee
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## MINUTES

### Approve the Minutes of the October 10, 2024 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

*MAC Action:*      ***On motion of MAC Member Sandy Finestone, seconded and carried, the Committee approved the minutes of the October 10, 2024 Regular Joint Meeting (Motion carried 13-0-0; Members Christine Tolbert, Chair; Meredith Chillemi, Vice-Chair absent)***

*PAC Action:*      ***On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the minutes of the June 13, 2024 Regular Joint Meeting (Motion carried 9-0-0; Members Ji Ei Choi, L.Ac; Jena Jensen; Timothy Korber, M.D.; Patty Mouton; Mary Pham, Pharm.D.; Alex Rossel)***

## PUBLIC COMMENTS
There were no public comments.

## INFORMATION ITEMS

### Improving Care for Families Affected by Perinatal Substance Use
Dianna Daly, Co-Lead, Family Support Task Force (FSTF) and Dr. Michele Cheung, Maternal Child Adolescent Health Medical Director, Orange County Health Care Agency (OCHCA) jointly presented on the Orange County Implementation of Family Wellness Plans. Ms. Daly discussed that in FY 2022-2023 the impact of perinatal substance use in Orange County was estimated to be approximately 2,280-5198 babies were born prenatally and had been exposed to substances out of 30,000 born. This resulted in approximately 339 calls to child welfare and 285 families investigated. 239 of those investigations substantiated which resulted in 176 infants removed from their families and placed into foster care. Ms. Daly reviewed the primary changes to the Child Abuse Prevention and Treatment Act (CAPTA) since 1974 and the best practices in prenatal plans for safe care. Dr. Cheung reviewed the provider resources available through the OCHCA and also reviewed the Family Wellness Plan. Both Ms. Daly and Dr. Cheung answered questions from members of both committees.

### CalAIM Population Health Management Program Update
Marie Jeannis, Executive Director, Equity and Community Health presented an update on the CalAIM Population Health Management (PHM) Program. She noted that CalOptima Health had implemented the CalAIM PHM program in January 2023 per the Department of Health Care Services (DHCS) requirements and reviewed the CalAIM PHM framework of the program as well as reviewing the new Public Health Needs Assessment requirements.

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## Communications Update

Janis Rizzuto, Director, Communications and Geoff Patino, Associate Director, Communications jointly presented an update on CalOptima Health's Website and Marketing Campaign which provided an overview of the CalOptima Health website redesign, a brand awareness campaign refresh, PACE marketing campaign and OneCare Marketing Campaign and the cancer screening awareness campaign. The committees were able to see videos of the commercials that were being broadcast in the Orange County area. Both Ms. Rizzuto and Mr. Patino answered questions from both committees.

## Committee Member Updates

Chair Nishimoto also reminded both committees that compliance courses needed to be completed by November 1, 2024.  He also noted that at the September 5, 2024 Board of Directors meeting the Board appointed himself as PAC Chair and Gio Corzo as PAC Vice-Chair.  Christine Tolbert was reappointed at the MAC Chair with Meredith Chillemi appointed as the MAC Vice-Chair. Dr. Nishimoto also notified the MAC that an ad hoc had been formed to review applicants for the OneCare Member or Authorized Family Member seats that were available and the MAC will be asked to make a recommendation of two applicants at the December meeting with the recommendation going to the Board on February 6, 2025 for final appointment.

## ADJOURNMENT

There being no further business before the Committees, PAC Chair Dr. John Nishimoto adjourned the meeting at 2:00 p.m.

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


*Approved by the Member Advisory Committee on December 12, 2024*
*To be approved by the Provider Advisory Committee on February 13, 2025*

# Government Affairs Update

**Joint Meeting of the Member Advisory Committee and Provider Advisory Committee**

December 12, 2024

Veronica Carpenter
Chief Administrative Officer

Donovan Higbee
Director, Public Policy

## Our Mission

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

## Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

# Agenda

- Covered California Update
  - Stakeholder Engagement
  - Market Entry Status Update
  - High-Level Implementation Timeline
- Legislative Update
  - 2023–24 State Legislative Session
  - Signed State Legislation
- 2024 General Election
  - Summary of Election Results
  - Next Steps
- Q&A/Discussion

# Covered California Update

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# Stakeholder Engagement

○ Gave presentations at the following stakeholder meetings:

- Community Network Virtual Learn — July 8
- Member Advisory Committee (MAC) and Provider Advisory Committee (PAC) Joint Meeting — August 8
- Health Network Forum — August 15
- Community Clinic Forum — August 26
- Whole-Child Model Family Advisory Committee Meeting — September 24

○ Hosted two (2) Community Listening Sessions:
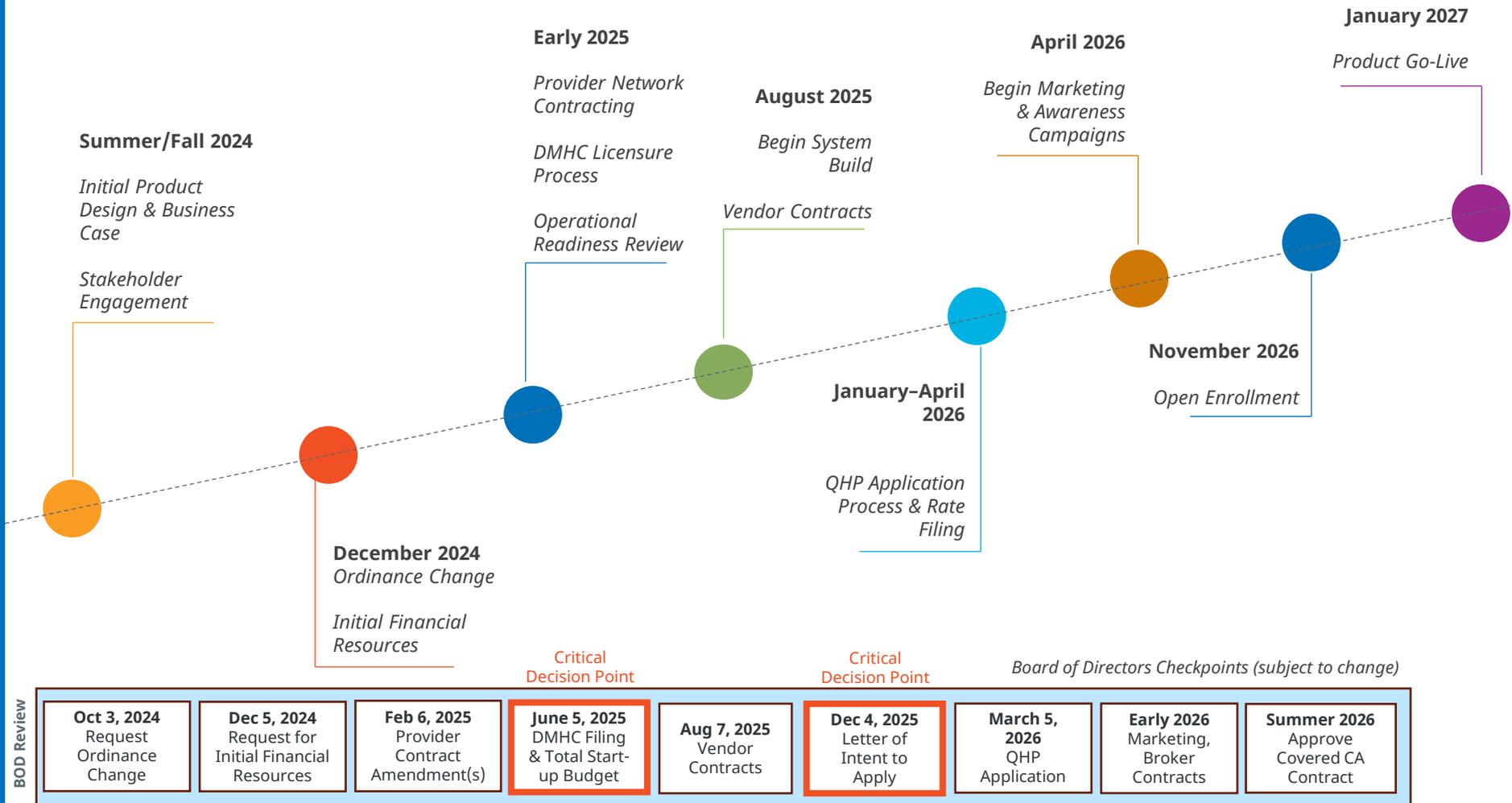
- August 14
- August 29

# Stakeholder Engagement (cont.)

- Convened four (4) Stakeholder Steering Committee Meetings:
  - August 29
  - September 16
  - September 24
  - November 15
- Shared written information with 9,200+ recipients, including via two Community Updates, a Provider Update, and a Government Affairs Update

# Market Entry Status Update

○ Stakeholder Steering Committee meetings will occur monthly

○ O.C. Board of Supervisors Ordinance Amendment

▪ **December 3** — First Reading

  • Unanimously approved (4-0)

▪ **December 17** — Second Reading and Adoption

○ CalOptima Health Board of Directors Meetings

▪ **December 5** — Request for initial start-up investment and consultant support

▪ **June 5** — Request for full start-up period budget

# High-Level Implementation Timeline

**Summer/Fall 2024**

*Initial Product Design & Business Case*

*Stakeholder Engagement*

**December 2024**
*Ordinance Change*

*Initial Financial Resources*

**Early 2025**

*Provider Network Contracting*

*DMHC Licensure Process*

*Operational Readiness Review*

**August 2025**

*Begin System Build*

*Vendor Contracts*

**January–April 2026**

*QHP Application Process & Rate Filing*

**April 2026**

*Begin Marketing & Awareness Campaigns*

**November 2026**

*Open Enrollment*

**January 2027**

*Product Go-Live*

**BOD Review**

*Board of Directors Checkpoints (subject to change)*

| | | | Critical Decision Point | | Critical Decision Point | | | |
|---|---|---|---|---|---|---|---|---|
| **Oct 3, 2024** Request Ordinance Change | **Dec 5, 2024** Request for Initial Financial Resources | **Feb 6, 2025** Provider Contract Amendment(s) | **June 5, 2025** DMHC Filing & Total Start-up Budget | **Aug 7, 2025** Vendor Contracts | **Dec 4, 2025** Letter of Intent to Apply | **March 5, 2026** QHP Application | **Early 2026** Marketing, Broker Contracts | **Summer 2026** Approve Covered CA Contract |

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# Legislative Update

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# 2023–24 State Legislative Session

○ On August 31, the California State Legislature adjourned its 2023–24 Legislative Session

○ On September 30, Gov. Gavin Newsom finished signing or vetoing all bills passed by the Legislature

  ▪ 15.7% veto rate — slightly higher than historical average

○ CalOptima Health identified 12 signed bills and 7 vetoed bills with potential impact

  ▪ Higher veto rate for Medi-Cal-related legislation

○ Next, the California Department of Health Care Services (DHCS) will issue guidance to Medi-Cal plans regarding the implementation of signed legislation

# Signed State Legislation

- **SB 1120 (Becker)**
  - Requires a health plan's algorithms, artificial intelligence (AI) and other software tools for utilization management to comply with fairness and equity requirements and to be based on individual clinical history and circumstances

- **SB 1180 (Ashby)**
  - Requires health plans to cover services provided by a community paramedicine program, triage to alternate destination program, or mobile integrated health program

- **AB 1936 (Cervantes)**
  - Requires health plans to provide maternal mental health screenings at least once during pregnancy, at least once during the first 6 weeks following birth, and additional necessary to improve treatment/referrals to other services

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# Signed State Legislation (cont.)

- **AB 2340 (Bonta)**
  - Requires informational materials regarding EPSDT services available under the Medi-Cal program to be standardized and distributed to beneficiaries and parents

- **AB 3275 (Soria)**
  - Beginning January 1, 2026, plans must reimburse, contest or deny a complete claim within **30 calendar days**
  - Plans must process *any* complaint by a member about a delayed or denied claim payment as a formal **grievance**
  - If a plan does not automatically pay any accrued interest at the current 15% rate, the penalty fee is increased from $10 to the **greater of $15 or 10% of accrued interest**

# 2024 General Election

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# Summary of Election Results

- **Federal**
  - President/VP: **Republican (Donald J. Trump / J.D. Vance)**
  - U.S. Senate: **Republican (53-47)**
  - U.S. House of Representatives: Republican (220-215)
- **State**
  - Governor: *Democratic (Gavin Newsom) — off-cycle*
  - California State Senate: Democratic supermajority (30-10)
  - California State Assembly: Democratic supermajority (60-20)
  - Proposition 35: **Approved** permanent Managed Care Organization (MCO) tax with strict Medi-Cal rate increases
- **County**
  - Orange County Board of Supervisors: Democratic (3-2)

Note: **Bolded** text indicates that party control changed

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# Next Steps

○ **Federal**

- Presidential Transition

  - President-elect Trump has announced key nominations that require U.S. Senate confirmation:

    – Robert F. Kennedy, Jr. — U.S. Secretary of Health & Human Services (HHS)

    – Dr. Mehmet Oz — Administrator of the Centers for Medicare & Medicaid Services (CMS)

  - Inauguration Day is on **January 20**

  - Health care policy priorities will be clearer in coming weeks

- United States Congress

  - Current 118th Congress operating in a "lame duck" session

  - Continuing Resolution (CR) for Fiscal Year (FY) 2024 appropriations will expire on **December 20**

  - New 119th Congress begins on **January 3**

# Next Steps (cont.)

○ **State**

- Governor's Office

  - Gov. Newsom advocating to Biden Administration to approve California's five Medi-Cal waivers pending at CMS, such as:

    - MCO tax amendments (including Proposition 35)

    - Transitional Rent

  - Gov. Newsom convening Special Session of the Legislature to bolster legal resources ahead of Trump Administration

- California State Legislature

  - New 2025–26 Legislative Session began on **December 2** for the swearing in of (re-)elected legislators and Special Session

  - Legislators will reconvene on **January 6** to resume business ahead of the **February 21** bill introduction deadline

  - Special election will be held in **early 2025** to fill the State Senate seat (SD-36) vacated by former Sen. Janet Nguyen

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# Q&A/Discussion
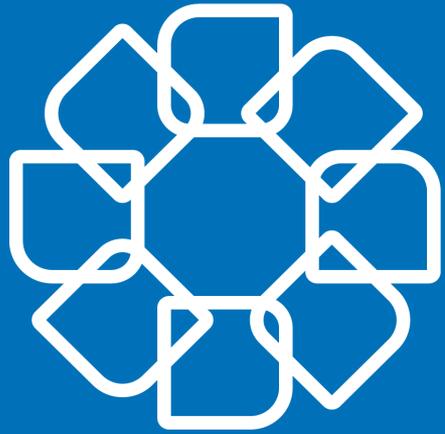
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# Culturally and Linguistically Appropriate Services (CLAS) Program Updates

December 11, 2024

Albert Cardenas, Director Customer Service

## Our Mission

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

## Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

# Culturally and Linguistically Appropriate Services (CLAS)

o As a health care organization in the diverse community of Orange County, CalOptima Health strongly believes in the importance of providing culturally and linguistically appropriate services to members to ensure effective communication regarding treatment, diagnosis, medical history and health education.

o CalOptima Health has a CLAS Program, a program that is a part of the Quality Improvement and Health Equity Transformation Program (QIHETP) that integrates culturally and linguistically appropriate services at all levels of the operation.

# Culturally and Linguistically Appropriate Services (CLAS)

**2024 CLAS Program/ Work Plan Goals:**

1. Implement a process to collect, store and retrieve member Race Ethnicity, Language, Sexual Orientation Gender Identity (REL/SOGI) data.

2. Implement a process to collect, store and retrieve practitioner race/ethnicity/languages (REL) data.

3. Evaluate language services experience from members and staff.

4. Increase well-child visit appointments for Black/African American members (0-15 months).

5. Increase in timely prenatal and postpartum appointments for CalOptima Health Black and Native American members.

6. Other Goals

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# Culturally and Linguistically Appropriate Services (CLAS)

**CLAS Goal #1:** Implement a process to collect, store and retrieve member Race, Ethnicity, Language, Sexual Orientation Gender Identity (REL/SOGI) data.

**Action:**

- Developed member surveys
- Updated systems to support the collection of REL/SOGI data
- Add member survey to the member Portal
- Developed member mailing packets
- Collection of member surveys began in September 2024

**Challenges:**

- Low response rate, 5% return rate.

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# Culturally and Linguistically Appropriate Services (CLAS)

**CLAS Goal #2:** Implement a process to collect, store and retrieve practitioner race/ethnicity/languages (REL) data.

**Action:**

- Developed provider satisfaction survey and launched in September 2024.
- Store provider responses in CalOptima Health core system.
- Publish data in the online provider directory.

**Challenges:**

- Response rate, 1% return rate

# Culturally and Linguistically Appropriate Services (CLAS)

**CLAS Goal #3:** Evaluate language services experience from members and staff. (In process)

**Action:**

- Obtain feedback from members who utilize interpreter services.
- Utilize findings to develop process improvements.
- Member and staff language service experience surveys are being developed.
- Target implementation of survey Q1 2025

BOARD

# Culturally and Linguistically Appropriate Services (CLAS)

**CLAS Goal #4:** Increase well-child visit appointments for Black/African American members (0-15 months).

**Action:**

- CalOptima Health assessed for parental knowledge as it relates to the importance of well-child visits and what should be expected at these visits.
  - 21% expressed having knowledge of the importance of the visits and 19% did ~~not~~ express <span style="color:red">not</span> having any understanding.
  - Some parents drew on the knowledge from their previous experiences with other children.
  - Inquired about the scheduling of the next well-child visit:
    - 68% responded not having a visit scheduled or being unsure.
    - 32% reporting that they had the next well-child visit scheduled with their PCP.

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# Culturally and Linguistically Appropriate Services (CLAS)

**2024 CLAS Goals (cont.):**

➢ All parents/guardians reach were offered care coordination but declined.

➢ Barriers to well-child visits included conflicts with parental work schedules, PCP schedules did not align with parents needs, lack of childcare and lack of transportation.

➢ Utilize findings to develop new interventions for 2025

**Challenges:**

○ Limitations with successfully being able to outreach to parents/guardians of child members.

○ Outreach rate: 40%

# Culturally and Linguistically Appropriate Services (CLAS)

**CLAS Goal #5:** Increase in timely prenatal and postpartum appointments for CalOptima Health Black and Native American members.

**Actions:**

○ Maternal Health Community Events

- October 19, 2024, at UCI Santa Ana
- October 16, 2024, at UCI Anaheim
- Members received services including flu vaccine, nutritional education, infant safety, postpartum appointments, breastfeeding education.

○ Outreach to Black and Native American members to offer Doula, ECM and infant health services.

- 52% of members reached accepted ECM and Doula services.
- 13% of members reached accepted infant health services.

# Culturally and Linguistically Appropriate Services (CLAS)

**CLAS Goal #5: cont.**

**Challenges:**

- ○ Outreach rate: 15%
- ○ Currently contracted with twelve (12) Doulas.
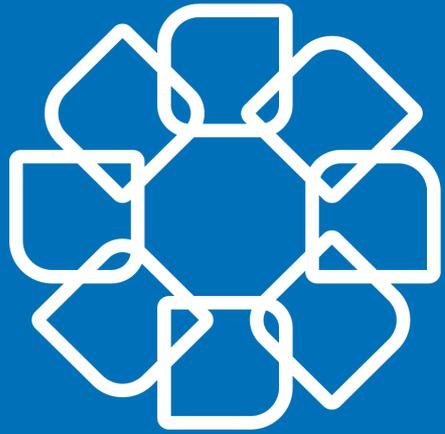
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# Culturally and Linguistically Appropriate Services (CLAS)

**Other Goals:**

o  Enhance interpreter and translation services.

- Evaluated CalOptima Health's contracted interpreter/translations services vendors.

- Improved turnaround time for alternative format requests (braille, audio, data cd).

- Improved availability of trending languages (I,e Khmer and Russian).

o  Improve practitioner support in providing language services.

- Members language preference is available in the CalOptima Health's provider portal.

- Inform providers of member's language preference during customer service interactions.

- Evaluated CalOptima Health's contracted health networks Cultural and Linguistics process to ensure member's language needs are being met.

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# Feedback

○ Requesting Committee feedback on possible reasons for the low response rate and recommendations to increase response rates.

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# Grievance and Appeals Resolution Services (GARS) Member Trend Report First and Second Quarter 2024

Member Advisory Committee, Provider Advisory Committee

December 12, 2024

Ladan Khamseh, Executive Director, Operations

## Our Mission

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

## Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

CalOptima Health, A Public Agency

# Agenda

○ Definitions

○ Executive Summary

○ Grievance Volume and Trends

○ Grievance Actions Taken

○ Appeals Volume and Trends

○ Appeals Actions Taken

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# Definitions

○ Grievance: An expression of dissatisfaction with any aspect of a CalOptima Health program, provider or representative.

○ Appeal: A request by the member or on the member's behalf for the review of any decision to deny, modify or discontinue a covered service.

# Executive Summary

○ Grievances

- Medi-Cal experienced an increase in grievances from 3,127 in first quarter to 4,170 in second quarter (33% increase). A portion of the increase was related to the transition of transportation service vendors. Other increases were related to delays in referrals and authorizations and the dissatisfaction with plan staff or providers.

- OneCare experienced a decrease in grievances from 469 in first quarter to 423 in second quarter (11% decrease), with the decrease related to access to care and billing services.

- The turnaround times for both grievances and appeals are compliant with regulatory standards, averaging a closure rate of 25 days (regulatory requirement is 30 days).

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# Executive Summary (Continued)

○ Appeals

- Medi-Cal received an increase in appeals from 320 in first quarter to ~~356~~ 359 in second quarter (~~11%~~ 12% increase), with an overturn rate increase (30% to 35%). The higher overturn rate is related to Applied Behavior Analysis (ABA) appeals (41% increase), tertiary level specialty care appeals and appeals for services related to continuity of care.

- OneCare experienced a slight decrease from 71 in first quarter to 67 in second quarter (6% decrease), with an overturn rate decrease (48% to 40%).

- The contributing factors for the overturn rate for both Medi-Cal and OneCare were continuity of care and tertiary level specialty care services.
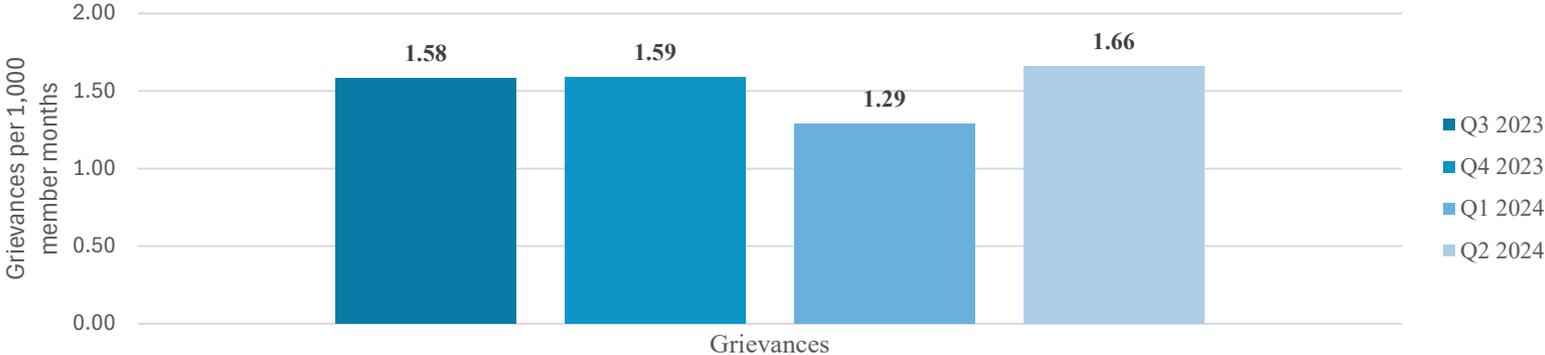
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# Grievances

# Grievance Volume and Compliance

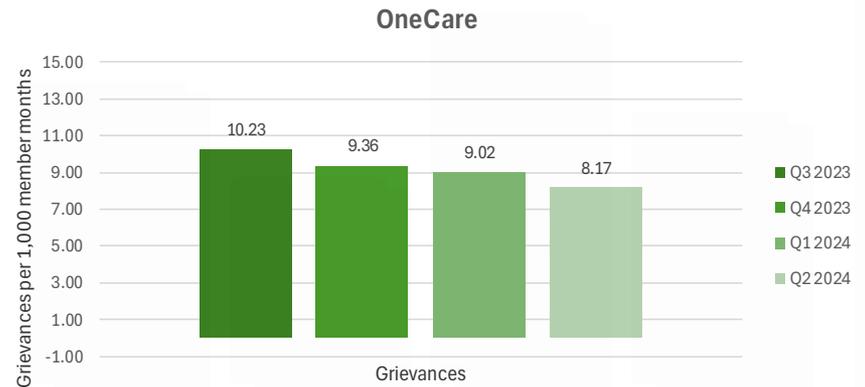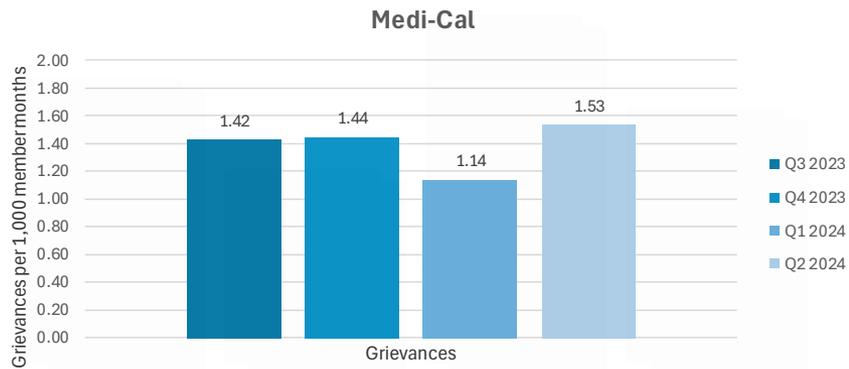| Timeframe | Total Grievances |
|-----------|------------------|
| Q3 2023 | 4,671 |
| Q4 2023 | 4,585 |
| Q1 2024 | 3,596 |
| Q2 2024 | 4,593 |

Grievance: Any expression indicating dissatisfaction with any aspect of a CalOptima Health program, provider or representative.



Note: Turnaround Time (TAT) Remains Compliant

| Complaint Type | Required TAT | CalOptima Average TAT | Compliance Percentage |
|----------------|--------------|-----------------------|-----------------------|
| Grievances | 30 Days | 25 Days | 99% |

# Grievance Volume by Line of Business



**Medi-Cal** (Grievances per 1,000 member months)

- Q3 2023: 1.42
- Q4 2023: 1.44
- Q1 2024: 1.14
- Q2 2024: 1.53

**OneCare** (Grievances per 1,000 member months)

- Q3 2023: 10.23
- Q4 2023: 9.36
- Q1 2024: 9.02
- Q2 2024: 8.17

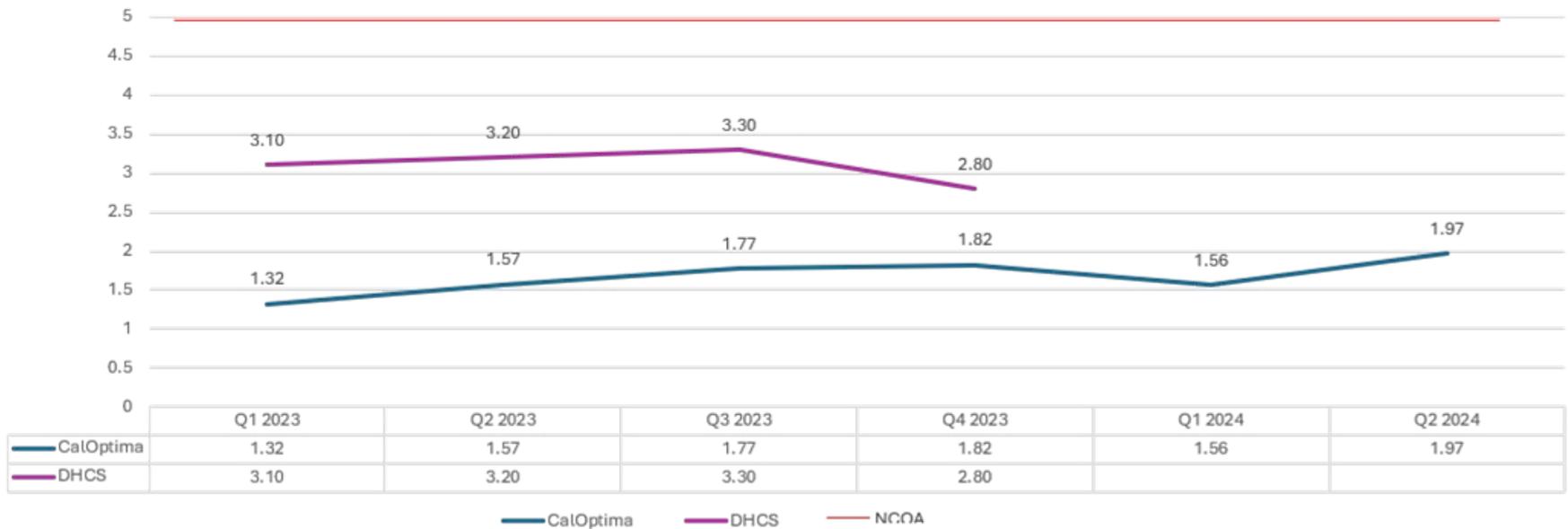| Medi-Cal | |
| --- | --- |
| Q2 2024 | 4,170 |
| Q1 2024 | 3,127 |
| Q4 2023 | 4,090 |
| Q3 2023 | 4,126 |

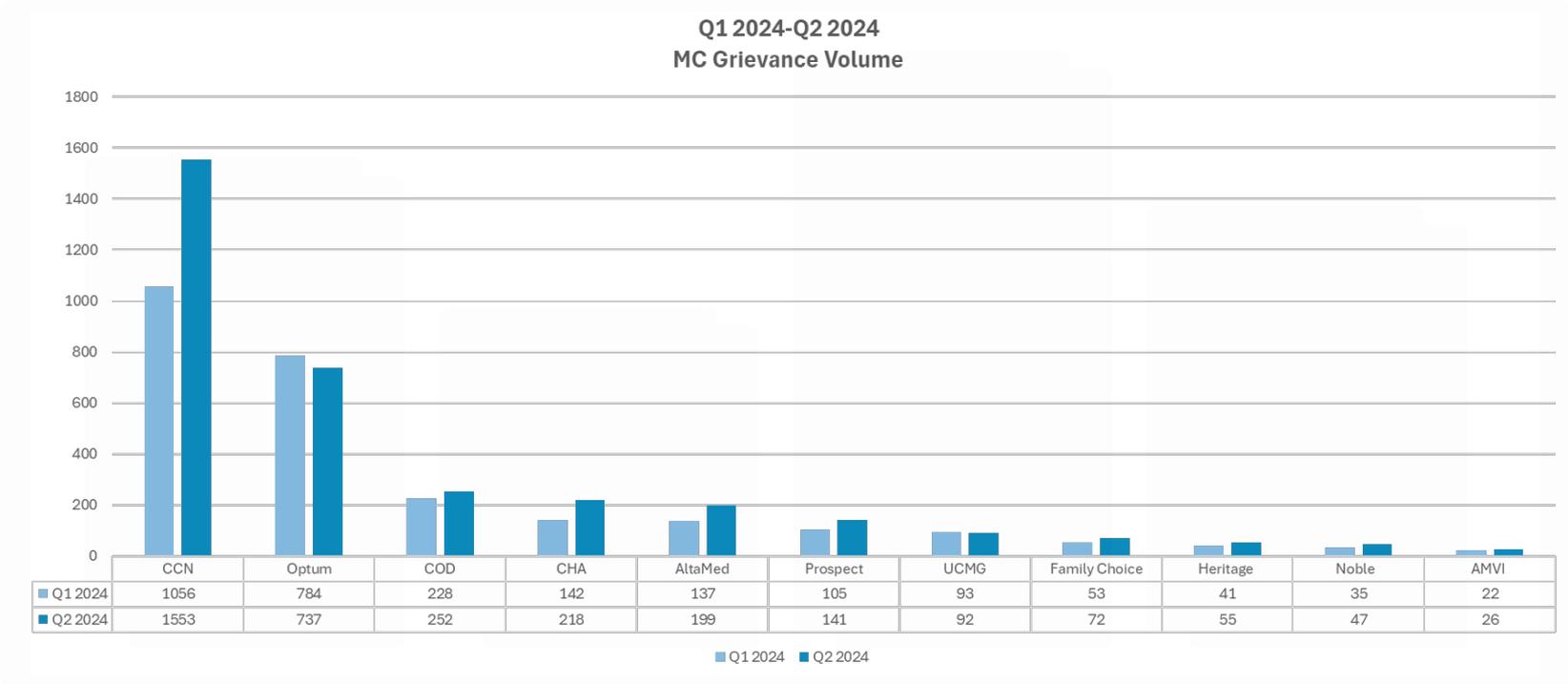| OneCare | |
| --- | --- |
| Q2 2024 | 423 |
| Q1 2024 | 469 |
| Q4 2023 | 495 |
| Q3 2023 | 545 |

# CalOptima Health Comparison

○ National Committee for Quality Assurance (NCQA) benchmark is 5, meaning we should receive less than 5 grievances per 1,000 member months

○ DHCS rolling average across all similar plans is 3.1 grievances per 1,000 member months. Please note that DHCS delays publication by two quarters

○ CalOptima Health remains below both the industry average and the NCQA benchmark at 1.97 grievances per 1,000 member months

# CalOptima Health Comparison (Continued)



Grievances per 1,000 Member Months

| | Q1 2023 | Q2 2023 | Q3 2023 | Q4 2023 | Q1 2024 | Q2 2024 |
|---|---|---|---|---|---|---|
| CalOptima | 1.32 | 1.57 | 1.77 | 1.82 | 1.56 | 1.97 |
| DHCS | 3.10 | 3.20 | 3.30 | 2.80 | | |

CalOptima — DHCS — NCQA

# Grievance Volume by Health Network (HN)



**Q1 2024-Q2 2024**
**MC Grievance Volume**

|          | CCN  | Optum | COD | CHA | AltaMed | Prospect | UCMG | Family Choice | Heritage | Noble | AMVI |
|----------|------|-------|-----|-----|---------|----------|------|---------------|----------|-------|------|
| Q1 2024  | 1056 | 784   | 228 | 142 | 137     | 105      | 93   | 53            | 41       | 35    | 22   |
| Q2 2024  | 1553 | 737   | 252 | 218 | 199     | 141      | 92   | 72            | 55       | 47    | 26   |

■ Q1 2024   ■ Q2 2024

# HN Grievances per 1,000 Member Months

**Q1 2024-Q2 2024**
**Grievances per 1,000 Member Months**

| | CCN | Heritage | Optum | Prospect | AltaMed | UCMG | COD | Noble | Family Choice | CHA | AMVI |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ■ Q1 2024 | 2.48 | 1.32 | 1.31 | 0.79 | 0.63 | 0.68 | 0.53 | 0.48 | 0.36 | 0.31 | 0.25 |
| ■ Q2 2024 | 3.43 | 1.58 | 1.26 | 1.02 | 0.88 | 0.67 | 0.67 | 0.61 | 0.49 | 0.48 | 0.30 |

■ Q1 2024　■ Q2 2024

# Overall Grievance Types (Medi-Cal and OneCare)

Received in Q2 2024



Billing
5%

Access
12%

Quality of
Care
18%

Quality of
Service
65%
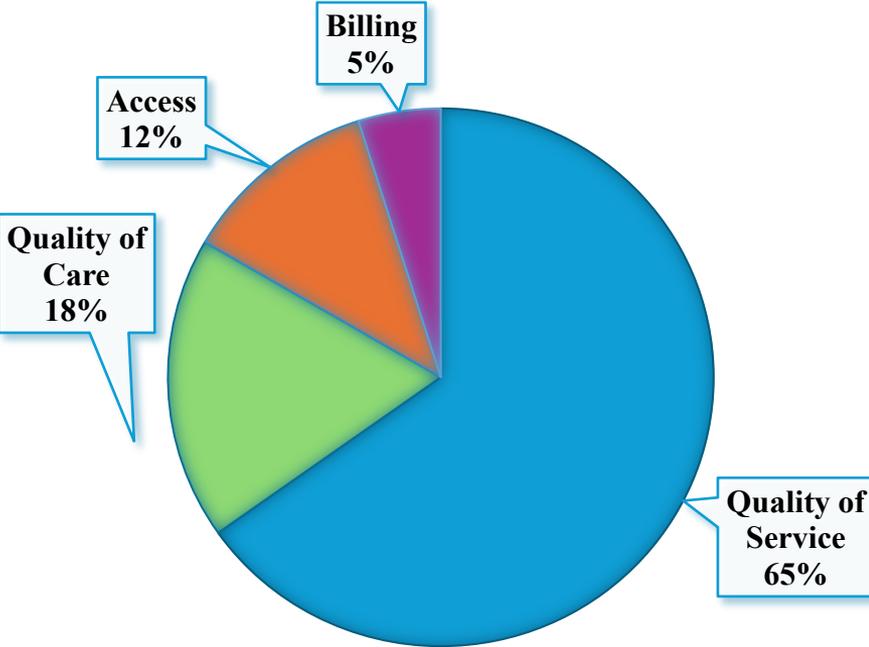
| Type | Volume |
|------|--------|
| Quality of Service | 2,994 |
| Quality of Care | 539 |
| Access | 836 |
| Billing | 224 |

**Quality of Service (QOS):** Issues that result in member inconvenience or dissatisfaction.
**Quality of Care (QOC):** Concerns regarding care the member received or feels should have been received.
**Access:** Concerns regarding accessing care. This includes physically accessing a provider, provider availability, timely access, language access and geographical location.
**Billing:** Concerns regarding direct member billing and provider balance billing for covered services.

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# Grievance Type by Line of Business 2024

| | Medi-Cal Q1 2024 | Medi-Cal Q2 2024 | OneCare Q1 2024 | OneCare Q2 2024 |
|---|---|---|---|---|
| Quality of Service | 2,034 | 2,668 | 366 | 326 |
| Quality of Care | 320 | 505 | 27 | 34 |
| Access | 594 | 789 | 54 | 47 |
| Billing | 190 | 208 | 22 | 16 |
| TOTAL | 3,127 | 4,170 | 469 | 423 |

| Quarter 2 Total | 4,593 |
|---|---|
| Quarter 1 Total | ~~3,607~~ 3,596 |

# Medi-Cal Grievance Trends for Q2 2024

**Quality of Service**

| Trend | Percentage of Total Volume |
|---|---|
| Provider/Staff Attitude | 11% |
| Plan's Customer Service | 9% |
| Scheduling | 6% |

**Quality of Care**

| Trend | Percentage of Total Volume |
|---|---|
| Quality of Care | 7% |
| Inappropriate Care | 1% |
| Driver Punctuality | 1% |

**Access**

| Trend | Percentage of Total Volume |
|---|---|
| Provider Availability | 3% |
| Scheduling | 2% |
| Timely Access | 2% |

**Billing**

| Trend | Percentage of Total Volume |
|---|---|
| Provider Direct Member Billing | 3% |
| Reimbursement Request | 1% |
| Provider Balance Billing | 0.2% |

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# OneCare Grievance Trends for Q2 2024

**Quality of Service**

| Trend | Percentage of Total Volume |
|---|---:|
| Driver Punctuality | 23% |
| Provider/Staff Attitude | 16% |
| Scheduling | 7% |

**Quality of Care**

| Trend | Percentage of Total Volume |
|---|---:|
| Quality of Care | 3% |
| Inappropriate Care | 2% |
| Driver Punctuality | 1% |

**Access**

| Trend | Percentage of Total Volume |
|---|---:|
| Technology/Telephone | 2% |
| Timely Access | 2% |
| Referral Related | 1% |

**Billing**

| Trend | Percentage of Total Volume |
|---|---:|
| Provider Balance Billing | 1% |
| Provider Direct Member Billing | 1% |
| Reimbursement Request | 1% |

# Actions Taken in Response to the Trends

○ **Transportation**: Punctuality, Scheduling, Customer Service, Quality of Care

- Transportation vendor has terminated contracts with providers with consistent punctuality issues
- Addressing scheduling challenges (some confusion in April with services/trips available)
- Updated the interactive voice phone system
- Collaboration calls between vendor and CalOptima Health (weekly and as needed)

○ **Medically Tailored Meals**: Timely Access, Plan Customer Service

- Trending food providers were terminated
- Vendor hired additional staff to address the issues

○ **Provider Access**: Timely Access, Provider Availability, Scheduling, Technology/Telephone

- Network Management completed provider outreach to educate three provider clinics on access standards, securing commitments from the providers for improvement
- GARS continues to monitor for additional trending providers

# Appeals

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# Appeals Volume and Compliance

| Timeframe | Total Appeals |
|-----------|---------------|
| Q3 2023 | 343 |
| Q4 2023 | 490 |
| Q1 2024 | 391 |
| Q2 2024 | ~~423~~ 426 |

Appeal: A request by the member or on the member's behalf for the review of any decision to deny, modify or discontinue a covered service.
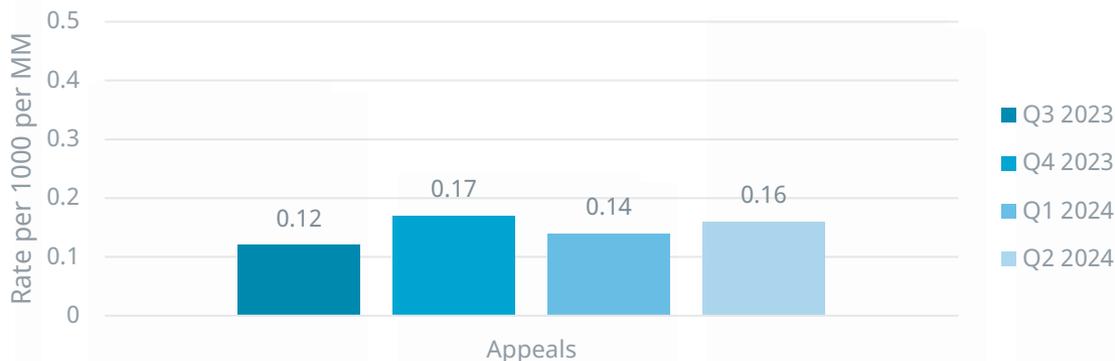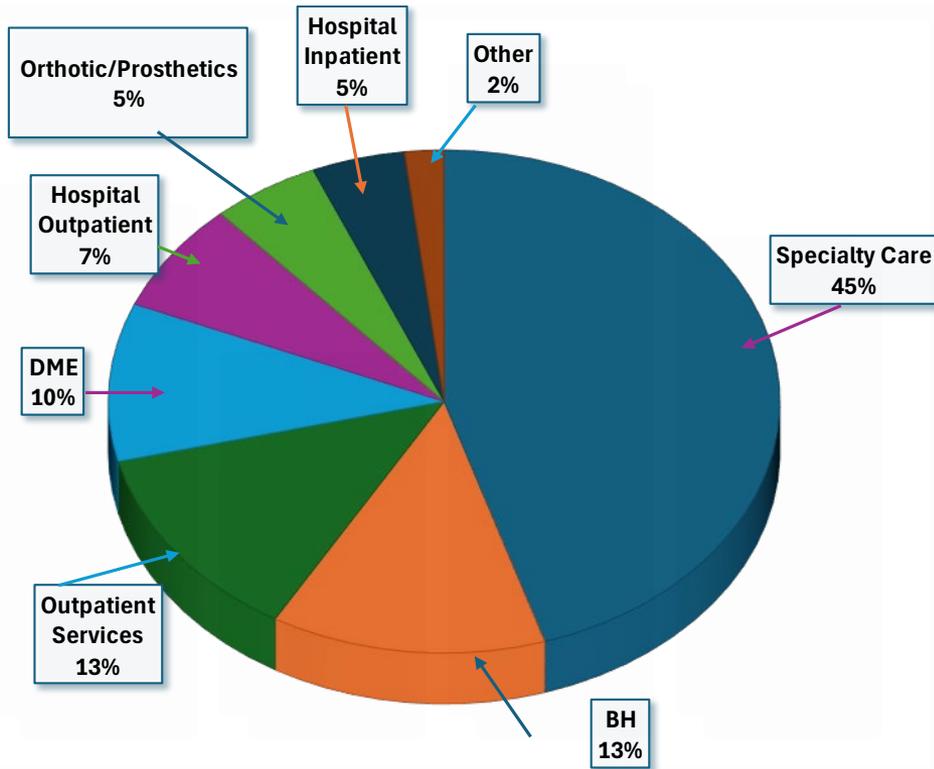


Note: Turnaround Time (TAT) Remains Compliant

| Complaint Type | Required TAT | CalOptima TAT | Compliance Percentage |
|----------------|--------------|---------------|------------------------|
| Appeals | 30 Days | 25 Days | 98 |

# Overall Appeal Types (Medi-Cal and OneCare)

## Received in Q2 2024



| Type | Volume |
|------|--------|
| Specialty Care | ~~191~~ 194 |
| Behavioral Health (BH) | 56 |
| Outpatient Services | 54 |
| DME | 43 |
| Hospital Outpatient | 30 |
| Orthotics/Prosthetics | 22 |
| Hospital Inpatient | 19 |
| Other | 8 |

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# Appeals Volume by Line Of Business (LOB)
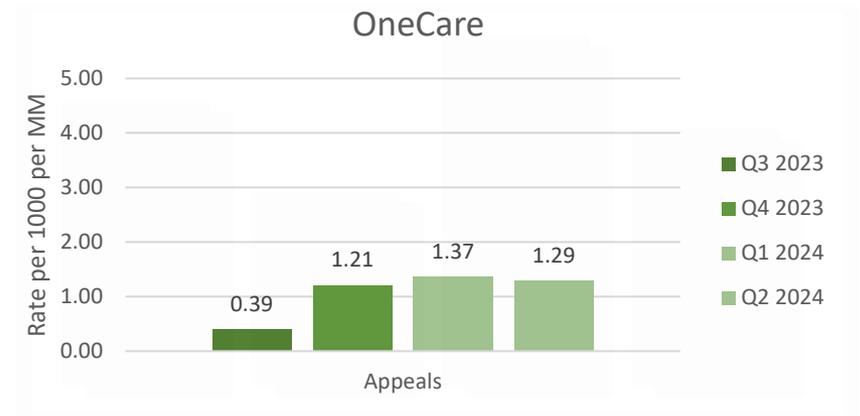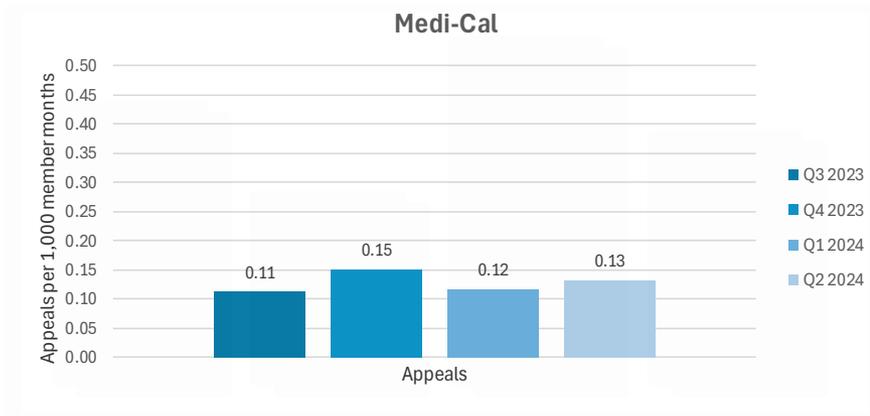


**Medi-Cal**

| Q2 2024 | ~~356~~ 359 |
| Q1 2024 | 320 |
| Q4 2023 | 426 |
| Q3 2023 | 322 |

**Total Appeals**

**OneCare**

| Q2 2024 | 67 |
| Q1 2024 | 71 |
| Q4 2023 | 64 |
| Q3 2023 | 21 |

**Total Appeals**

# Appeal Types by Line of Business Q2 2024

| Service Types | Medi-Cal Q2 2024 (Percentage of Total Volume) | OneCare Q2 2024 (Percentage of Total Volume) |
|---|---|---|
| Specialty Care | 45% (162) | ~~45% (29)~~ 48%(32) |
| Behavioral Health (BH) | 16% (56) | 0% (0) |
| Outpatient Services | 12% (43) | 16% (11) |
| DME | 9% (32) | 16% (11) |
| Hospital Outpatient | 8% (27) | 5% (3) |
| Orthotics/Prosthetics | 5% (17) | 7% (5) |
| Hospital Inpatient | 5% (18) | 2% (1) |
| Other | 1% (4) | 6% (4) |
| TOTAL | 359 | 67 |

| Quarter 2 Total | ~~423~~ 426 |
|---|---|

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# Appeals Volume by Health Network (HN)

**Q1 2024–Q2 2024**
**Medi-Cal Appeals Volume**



| | CCN | Optum | CHA | AltaMed | Family Choice | Prospect | COD | UCMG | Heritage | Noble | AMVI |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Q1 2024 | 146 | 88 | 33 | 6 | 6 | 9 | 11 | 8 | 5 | 3 | 4 |
| Q2 2024 | 138 | 96 | 67 | 13 | 13 | 10 | 9 | 6 | 3 | 3 | 1 |
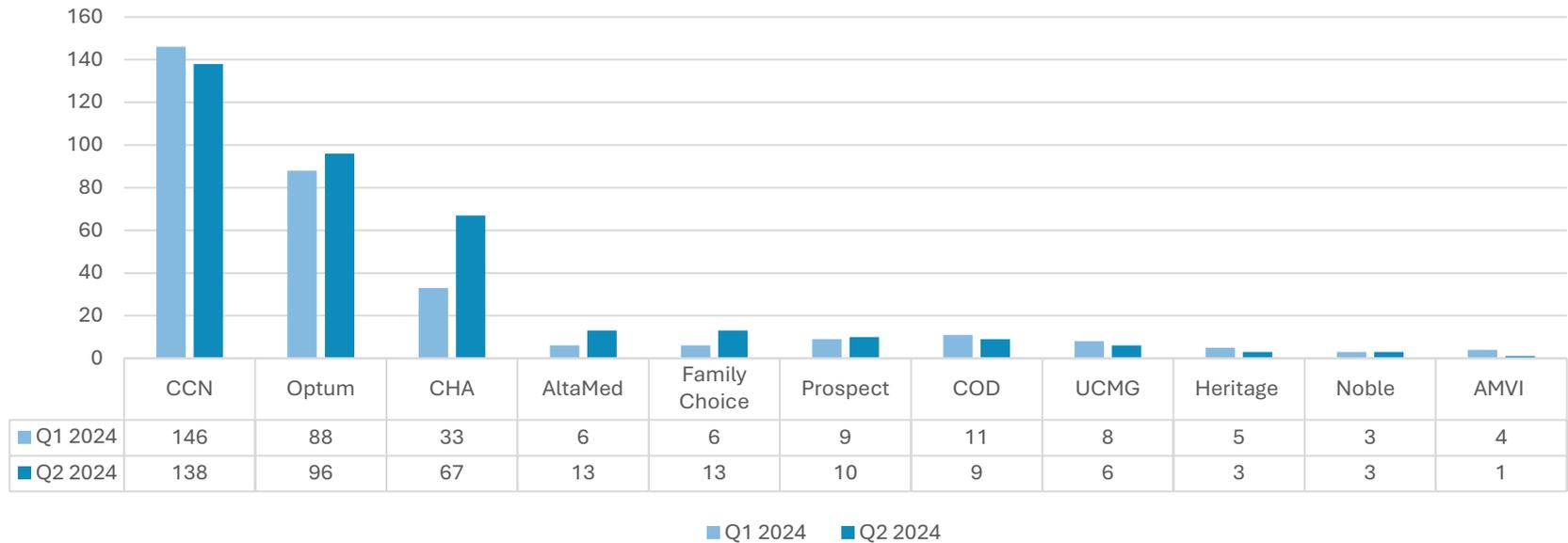
■ Q1 2024  ■ Q2 2024

# HN Appeals per 1,000 Member Months

**Q1 2024–Q2 2024**
**Medi-Cal Appeals per 1,000 Member Months**



| | CCN | Optum | CHA | Family Choice | Heritage | Prospect | AltaMed | UCMG | Noble | COD | AMVI |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Q1 2024 | 0.34 | 0.15 | 0.07 | 0.04 | 0.16 | 0.07 | 0.03 | 0.06 | 0.04 | 0.03 | 0.05 |
| Q2 2024 | 0.30 | 0.16 | 0.15 | 0.09 | 0.09 | 0.07 | 0.06 | 0.04 | 0.04 | 0.02 | 0.01 |
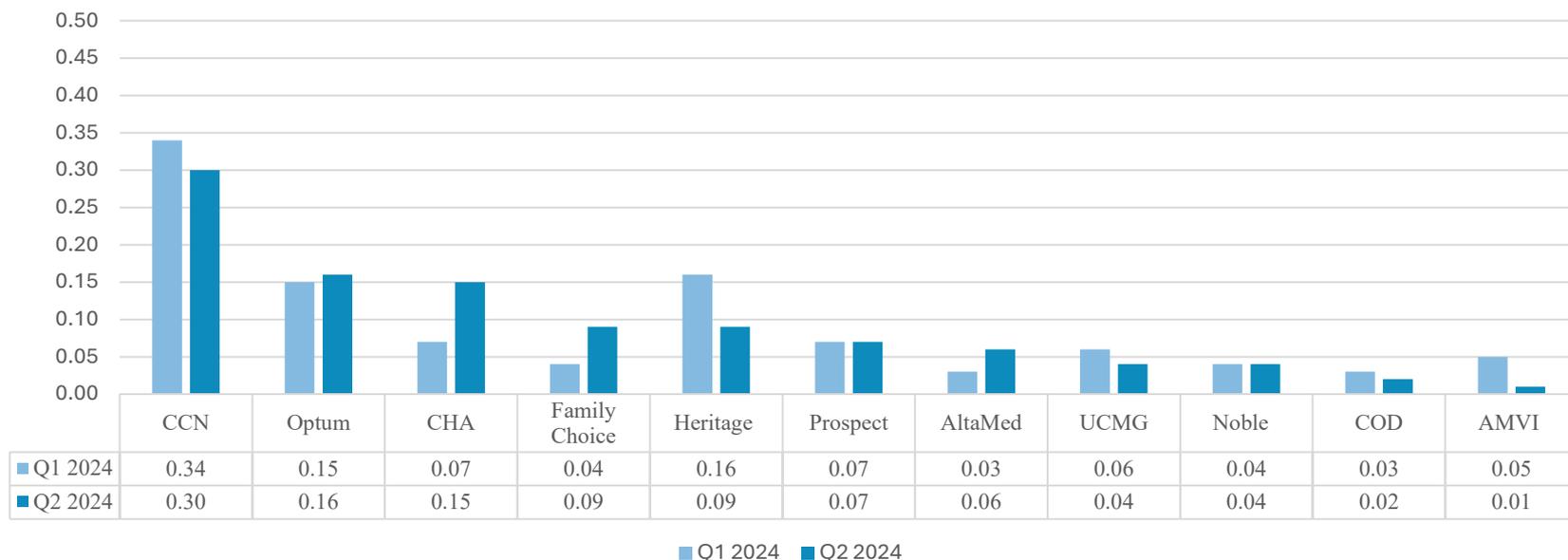
■ Q1 2024  ■ Q2 2024

# Appeals Volume by HN — OneCare

**Q1 2024–Q2 2024**
**OC Appeals Volume**
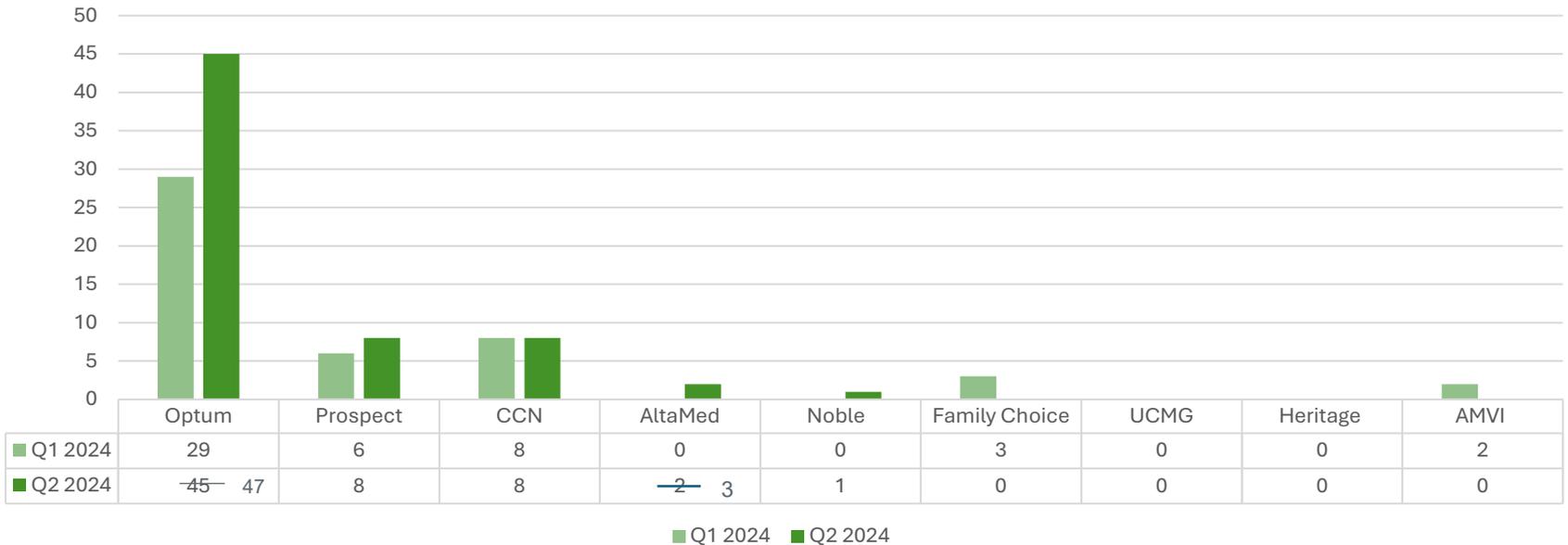


| | Optum | Prospect | CCN | AltaMed | Noble | Family Choice | UCMG | Heritage | AMVI |
|---|---|---|---|---|---|---|---|---|---|
| Q1 2024 | 29 | 6 | 8 | 0 | 0 | 3 | 0 | 0 | 2 |
| Q2 2024 | 45  47 | 8 | 8 | 2  3 | 1 | 0 | 0 | 0 | 0 |

■ Q1 2024  ■ Q2 2024

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# HN Appeals per 1,000 Member Months

**Q1 2024–Q2 2024**
**OC Appeals per 1,000 Member Months**



| | Optum | Prospect | CCN | AltaMed | Noble | Family Choice | AMVI |
|---|---|---|---|---|---|---|---|
| ■ Q1 2024 | 1.30 | 0.90 | 0.90 | 0.00 | 0.00 | 0.50 | 1.80 |
| ■ Q2 2024 | 2.80 | 1.80 | 1.20 | 1.00 | 1.00 | 0.00 | 0.00 |

■ Q1 2024   ■ Q2 2024

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# HN Appeals per 1,000 Member Months

**Q1 2024-Q2 2024**
**OC Appeals per 1,000 Member Months**



| | Optum | Prospect | CCN | AltaMed | Noble | FCMG | UCMG | Regal | AMVI |
|---|---|---|---|---|---|---|---|---|---|
| Q1 2024 | 1.30 | 0.90 | 0.90 | 0.00 | 0.00 | 0.50 | 0.00 | 0.00 | 1.80 |
| Q2 2024 | 2.08 | 1.20 | 0.90 | 1.02 | 1.00 | 0.00 | 0.00 | 0.00 | 0.00 |

■ Q1 2024  ■ Q2 2024

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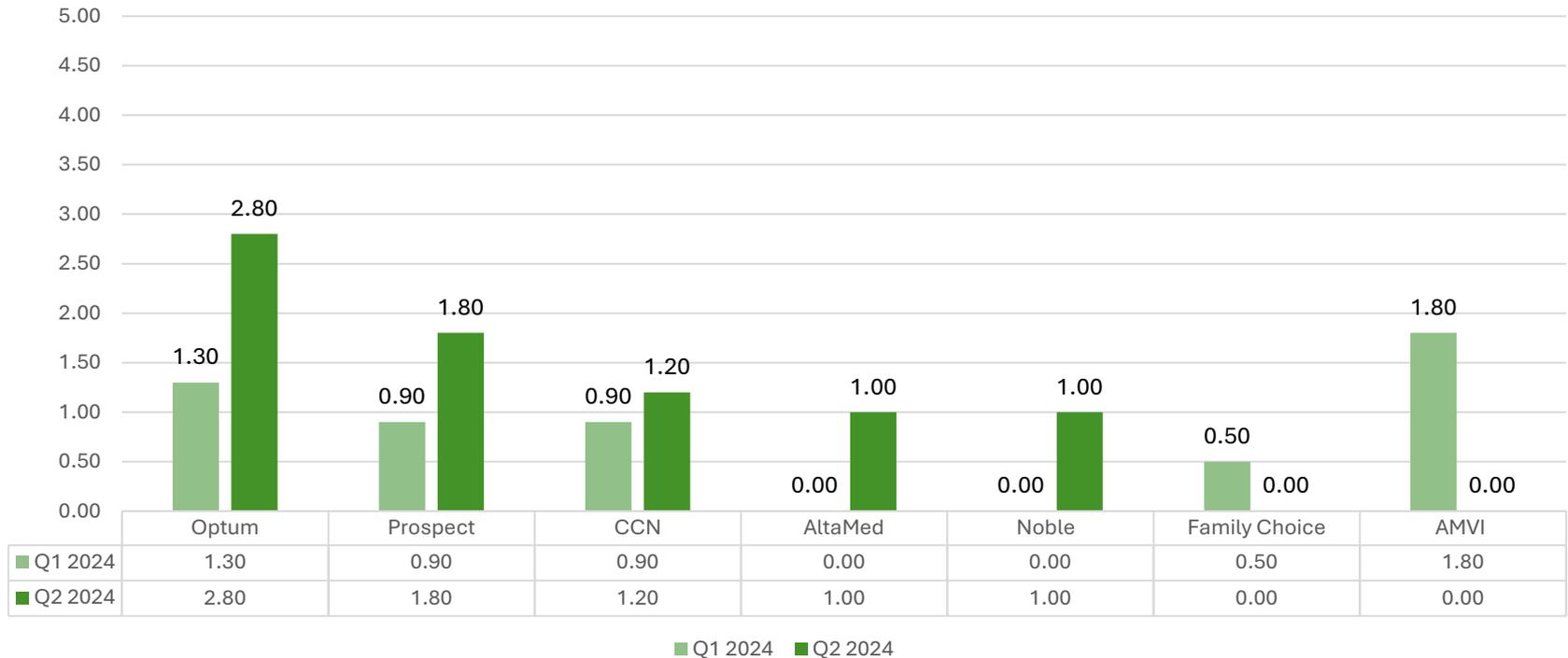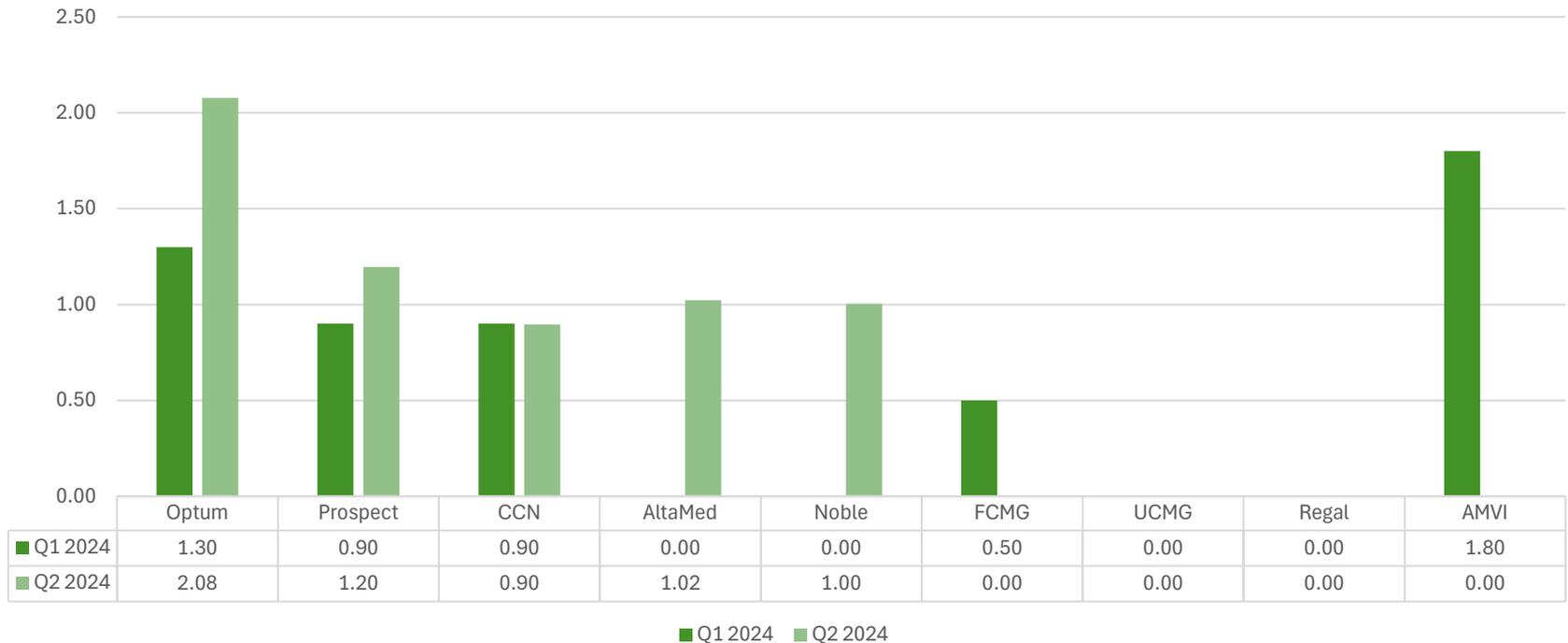
# Medi-Cal Appeals Trends for Q2

| Type | Upheld Count | Overturned Count | Total | Overturn % |
|------|------|------|------|------|
| Behavioral Health | 12 | 44 | 56 | 78.6% |
| Hospital Outpatient | 18 | 9 | 27 | 33.3% |
| DME | 21 | 11 | 32 | 34.4% |
| Orthotics/Prosthetics | 11 | 6 | 17 | 35.3% |
| Outpatient Services | 31 | 12 | 43 | 27.9% |
| Specialty Care | 123 | 39 | 162 | 24.1% |
| Hospital Inpatient | 15 | 3 | 18 | 16.7% |
| Other | 4 | 0 | 4 | 0% |

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# OneCare Appeals Trends for Q2

| Type | Upheld Count | Overturned Count | Total | Overturn % |
|------|:---:|:---:|:---:|:---:|
| Hospital Outpatient | 0 | 3 | 3 | 100% |
| Orthotics/Prosthetics | 2 | 3 | 5 | 60% |
| Other | 2 | 2 | 4 | 50% |
| DME | 6 | 4 | (1-dismissed) 11 | 40% |
| Specialty Care | ~~17~~ 19 | ~~12~~ 13 | ~~29~~ 32 | ~~41.4 %~~ 40.6% |
| Outpatient Services | 8 | 3 | 11 | 27.3% |
| Hospital Inpatient | 1 | 0 | 1 | 0% |

# Actions Taken

○ Behavioral Health Services

  ▪ Provider training completed to educate providers on the submission requirements for a complete review of Applied Behavior Analysis (ABA) services

○ Specialty Care: Related to Tertiary Level of Care and Continuity of Care

  ▪ Provider authorization requests are being redirected to available providers who can treat the condition and have appointment availability

  ▪ Providers are being educated on the tertiary level of care requirements

  ▪ Optum was reminded of the requirements regarding continuity of care among the providers previously contracted under Monarch, Talbert and Arta
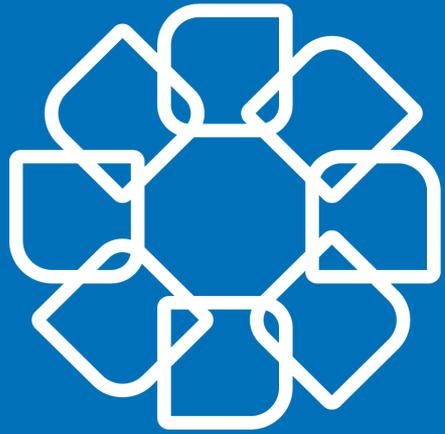
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# Chief Medical Officer Update

Member Advisory and Provider Advisory Committees

December 12, 2024

Zeinab Dabbah, MD, JD, MPH, FACP
Deputy Chief Medical Officer

## Our Mission

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

## Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

# Agenda

- ○ Immunization Update

- ○ New Asthma Treatment Guidelines

CalOptima Health

# Table 2 — Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).

| Vaccine and other immunizing agents | Birth | 1 mo | 2 mos | 4 mos | 6 mos | 9 mos | 12 mos | 15 mos | 18 mos | 19–23 mos | 2–3 yrs | 4–6 yrs | 7–10 yrs | 11–12 yrs | 13–15 yrs | 16 yrs | 17–18 yrs |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Respiratory syncytial virus (RSV-mAb [Nirsevimab]) | 1 dose depending on maternal RSV vaccination status, See Notes | | | | | 1 dose (8 through 19 months), See Notes | | | | | | | | | | | |
| Hepatitis B (HepB) | 1st dose | ←---- 2nd dose ----→ | | | ←-------------------- 3rd dose --------------------→ | | | | | | | | | | | | |
| Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series) | | | 1st dose | 2nd dose | See Notes | | | | | | | | | | | | |
| Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs) | | | 1st dose | 2nd dose | 3rd dose | | ←---- 4th dose ----→ | | | | | 5th dose | | | | | |
| Haemophilus influenzae type b (Hib) | | | 1st dose | 2nd dose | See Notes | | 3rd or 4th dose, See Notes | | | | | | | | | | |
| Pneumococcal conjugate (PCV15, PCV20) | | | 1st dose | 2nd dose | 3rd dose | | ←---- 4th dose ----→ | | | | | | | | | | |
| Inactivated poliovirus (IPV <18 yrs) | | | 1st dose | 2nd dose | ←-------------------- 3rd dose --------------------→ | | | | | | | 4th dose | | | | | See Notes |
| COVID-19 (1vCOV-mRNA, 1vCOV-aPS) | | | | | 1 or more doses of updated (2023–2024 Formula) vaccine (See Notes) | | | | | | | | | | | | |
| Influenza (IIV4) | | | | | Annual vaccination 1 or 2 doses | | | | | | | | | Annual vaccination 1 dose only | | | |
| or | | | | | | | | | | | | | | | | | |
| Influenza (LAIV4) | | | | | | | | | | | Annual vaccination 1 or 2 doses | | | Annual vaccination 1 dose only | | | |
| Measles, mumps, rubella (MMR) | | | | | | See Notes | ←---- 1st dose ----→ | | | | | 2nd dose | | | | | |
| Varicella (VAR) | | | | | | | ←---- 1st dose ----→ | | | | | 2nd dose | | | | | |
| Hepatitis A (HepA) | | | | | | See Notes | 2-dose series, See Notes | | | | | | | | | | |
| Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs) | | | | | | | | | | | | | | 1 dose | | | |
| Human papillomavirus (HPV) | | | | | | | | | | | | | | See Notes | | | |
| Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years) | | | | See Notes | | | | | | | | | | 1st dose | | 2nd dose | |
| Meningococcal B (MenB-4C, MenB-FHbp) | | | | | | | | | | | | | | | See Notes | | |
| Respiratory syncytial virus vaccine (RSV [Abrysvo]) | | | | | | | | | | | | | | Seasonal administration during pregnancy, See Notes | | | |
| Dengue (DEN4CYD; 9-16 yrs) | | | | | | | | | | | | | Seropositive in endemic dengue areas (See Notes) | | | | |
| Mpox | | | | | | | | | | | | | | | | | |

Legend:
- Range of recommended ages for all children
- Range of recommended ages for catch-up vaccination
- Range of recommended ages for certain high-risk groups
- Recommended vaccination can begin in this age group
- Recommended vaccination based on shared clinical decision-making
- No recommendation/ not applicable

https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html

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# Table 1 — Recommended Adult Immunization Schedule by Age Group, United States, 2024

| Vaccine | 19–26 years | 27–49 years | 50–64 years | ≥65 years |
|---|---|---|---|---|
| COVID-19 | 1 or more doses of updated (2023–2024 Formula) vaccine (See Notes) | | | |
| Influenza inactivated (IIV4) or Influenza recombinant (RIV4) | 1 dose annually | | | |
| Influenza live, attenuated (LAIV4) | 1 dose annually | | | |
| Respiratory Syncytial Virus (RSV) | Seasonal administration during pregnancy. See Notes. | | | ≥60 years |
| Tetanus, diphtheria, pertussis (Tdap or Td) | 1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes) | | | |
| | 1 dose Tdap, then Td or Tdap booster every 10 years | | | |
| Measles, mumps, rubella (MMR) | 1 or 2 doses depending on indication (if born in 1957 or later) | | | For healthcare personnel, see notes |
| Varicella (VAR) | 2 doses (if born in 1980 or later) | | 2 doses | |
| Zoster recombinant (RZV) | 2 doses for immunocompromising conditions (see notes) | | 2 doses | |
| Human papillomavirus (HPV) | 2 or 3 doses depending on age at initial vaccination or condition | 27 through 45 years | | |
| Pneumococcal (PCV15, PCV20, PPSV23) | | | | See Notes / See Notes |
| Hepatitis A (HepA) | 2, 3, or 4 doses depending on vaccine | | | |
| Hepatitis B (HepB) | 2, 3, or 4 doses depending on vaccine or condition | | | |
| Meningococcal A, C, W, Y (MenACWY) | 1 or 2 doses depending on indication, see notes for booster recommendations | | | |
| Meningococcal B (MenB) | 19 through 23 years | 2 or 3 doses depending on vaccine and indication, see notes for booster recommendations | | |
| Haemophilus influenzae type b (Hib) | 1 or 3 doses depending on indication | | | |
| Mpox | | | | |

Legend:
- Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity
- Recommended vaccination for adults with an additional risk factor or another indication
- Recommended vaccination based on shared clinical decision-making
- No recommendation/Not applicable

https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html

CalOptima Health

# Global Initiative for Asthma Update

o    Use of Inhaled Corticosteroid- long-acting beta agonist (ICS-formoterol)(e.g. Symbicort) as the reliever reduces the risk of exacerbations compared with using a Short Acting Beta Agonist (SABA)reliver.

- For acute asthma attacks use ICS-formoterol instead of using short acting beta agonist (e.g. albuterol) by itself for 12 yrs and over for every category of asthma including intermittent asthma
- Use of short acting beta agonist (albuterol) in tandem with ICS or alternatively a low dose ICS-formoterol combo as reliever for ages: 5 to 11 years.
- For children less than 5, use short acting (Albuterol) alone as reliever but start ICS at onset of viral infection

o    Home nebulization of albuterol is no longer recommended. Instead Pressurized Metered Dose Inhalers (pMDI) with spacer are more effective and associated with less Emergency Room use

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https://ginasthma.org/2024-report/

CalOptima Health

**Box 11-2. Personalized management of asthma in children 5 years and younger**

## GINA 2024 – Children 5 years and younger

**Personalized asthma management:**
Assess, Adjust, Review response

REVIEW — ASSESS — ADJUST (cycle)

**ASSESS**
- Exclude alternative diagnoses
- Symptom control & modifiable risk factors
- Comorbidities
- Inhaler technique & adherence
- Child and parent/caregiver preferences and goals

**REVIEW**
- Symptoms
- Exacerbations
- Side-effects
- Risk factors
- Comorbidities
- Child and parent/caregiver satisfaction

**ADJUST**
- Treat modifiable risk factors and comorbidities
- Non-pharmacological strategies
- Asthma medications
- Education & skills training

**Asthma medication options:**
Adjust treatment up and down for individual child's needs

| | STEP 1 (Insufficient evidence for daily controller) | STEP 2 Daily low dose inhaled corticosteroid (ICS) (see Box 11-3 for ICS dose ranges for pre-school children) | STEP 3 Double 'low dose' ICS (See Box 11-3) | STEP 4 Continue controller & refer for specialist assessment |
|---|---|---|---|---|
| **PREFERRED CONTROLLER CHOICE** | | | | |
| Other controller options (limited indications, or less evidence for efficacy or safety) | Consider intermittent short course ICS at onset of viral illness | Daily leukotriene receptor antagonist (LTRA†), or intermittent short course of ICS at onset of respiratory illness | Low dose ICS + LTRA† Consider specialist referral | Add LTRA†, or increase ICS frequency, or add intermittent ICS |
| **RELIEVER** | As-needed short-acting beta2-agonist | | | |
| **CONSIDER THIS STEP FOR CHILDREN WITH:** | Infrequent viral wheezing and no or few interval symptoms | Symptom pattern not consistent with asthma but wheezing episodes requiring SABA occur frequently, e.g. ≥3 per year. Give diagnostic trial for 3 months. Consider specialist referral. Symptom pattern consistent with asthma, and asthma symptoms not well-controlled or ≥3 exacerbations per year. | Asthma diagnosis, and asthma not well-controlled on low dose ICS | Asthma not well-controlled on double ICS |
| | | | Before stepping up, check for alternative diagnosis, check inhaler skills, review adherence and exposures | |

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# ASTHMA TREATMENT STEPS FOR CHILDREN 6–11 YEARS

Box 4-12. Personalized management for children 6–11 years to control symptoms and minimize future risk



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GINA 2024 – Adults & adolescents 12+ years

**Personalized asthma management**
Assess, Adjust, Review
for individual patient needs

**ASSESS**
Confirmation of diagnosis if necessary
Symptom control & modifiable risk factors (see Box 2-2)
Comorbidities
Inhaler technique & adherence
Patient preferences and goals

**REVIEW**
Symptoms
Exacerbations
Side-effects
Lung function
Comorbidities
Patient satisfaction

**ADJUST**
Treatment of modifiable risk factors and comorbidities
Non-pharmacological strategies
Asthma medications including ICS (as below)
Education & skills training

**TRACK 1: PREFERRED CONTROLLER and RELIEVER**
Using ICS-formoterol as the reliever* reduces the risk of exacerbations compared with using a SABA reliever, and is a simpler regimen
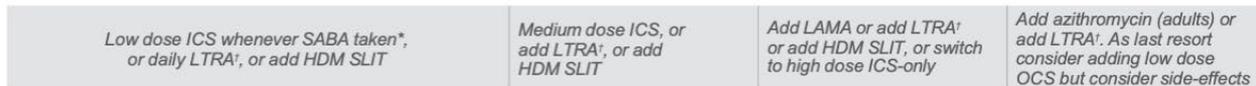
**STEPS 1 – 2**
As-needed-only low dose ICS-formoterol

**STEP 3**
Low dose maintenance ICS-formoterol

**STEP 4**
Medium dose maintenance ICS-formoterol

**STEP 5**
Add-on LAMA
Refer for assessment of phenotype. Consider high dose maintenance ICS-formoterol, ± anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP

RELIEVER: As-needed low-dose ICS-formoterol*
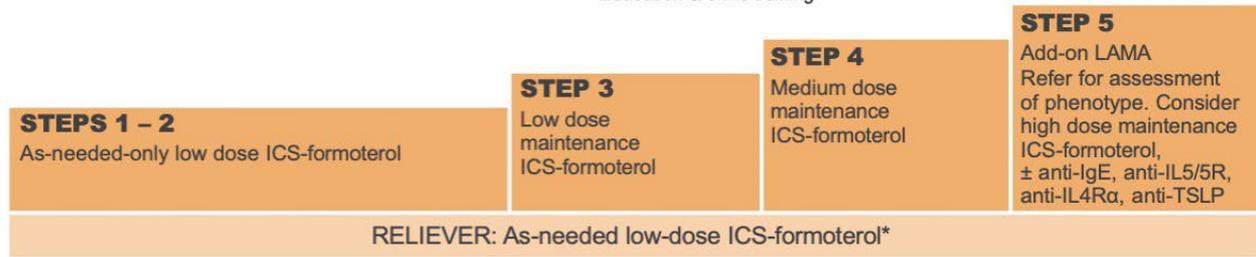
See GINA severe asthma guide

**TRACK 2: Alternative CONTROLLER and RELIEVER**
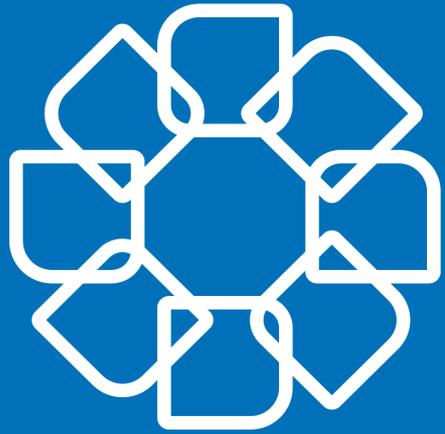Before considering a regimen with SABA reliever, check if the patient is likely to adhere to daily controller treatment

**STEP 1**
Take ICS whenever SABA taken*

**STEP 2**
Low dose maintenance ICS

**STEP 3**
Low dose maintenance ICS-LABA

**STEP 4**
Medium/high dose maintenance ICS-LABA

**STEP 5**
Add-on LAMA
Refer for assessment of phenotype. Consider high dose maintenance ICS-LABA, ± anti-IgE, anti-IL5/5R, anti-IL4Rα, anti-TSLP

RELIEVER: As-needed ICS-SABA*, or as-needed SABA
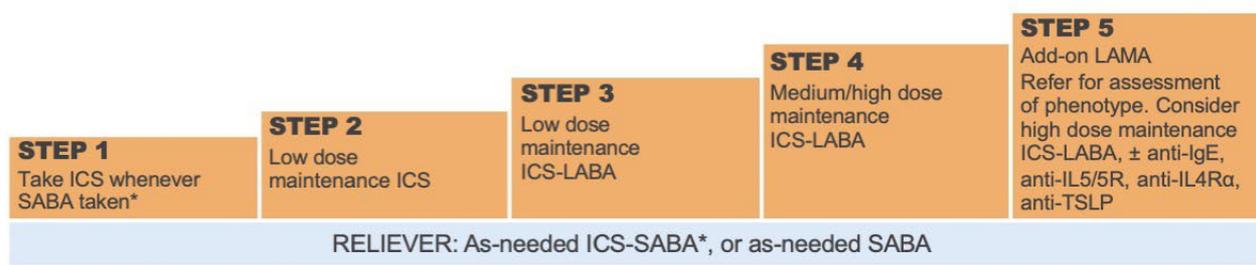
*Other controller options (limited indications, or less evidence for efficacy or safety – see text)*

| Low dose ICS whenever SABA taken*, or daily LTRA†, or add HDM SLIT | Medium dose ICS, or add LTRA†, or add HDM SLIT | Add LAMA or add LTRA† or add HDM SLIT, or switch to high dose ICS-only | Add azithromycin (adults) or add LTRA†. As last resort consider adding low dose OCS but consider side-effects |

*Anti-inflammatory reliever; †advise about risk of neuropsychiatric adverse effects

GINA 2024 Box 4-6

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# 90-Day Countdown: Pediatric Integration of Members 21 Years of Age and Younger
October 31, 2024

## Background

The purpose of this alert is to inform pharmacy providers and prescribers that Medi-Cal Rx will reinstate claim edits and prior authorization (PA) requirements for members 21 years of age and younger on January 31, 2025.

As part of Pediatric Integration, Medi-Cal Rx will implement the California Children's Services (CCS) Panel Authority policy in which CCS Panel Providers will have prescribing authority for a limited list of medications and supplies under a set of utilization management (UM) policies selected for this authority. The CCS Panel Authority policy will apply to specific CCS Panel Providers only and for members younger than 21 years of age.

## What Pharmacy Providers and Prescribers Need to Know

Beginning January 31, 2025, claim edits and PA request requirements will apply to all Medi-Cal Rx covered pharmacy claims for members 21 years of age and younger. For more information on claim and PA request requirements, refer to the *Medi-Cal Rx Provider Manual*.

In recognition of the training and experience required by CCS Panel Providers to care for pediatric members with complex medical conditions, Medi-Cal Rx will implement the CCS Panel Authority policy for specific CCS Panel Providers. CCS Panel Authority policy will apply to PA request requirements for select drugs, enteral nutrition products, and medical supplies when the following conditions are met:

- The member is younger than 21 years of age.
- The prescription is written by a CCS Panel Provider who has been given CCS Panel Authority by the Department of Health Care Services (DHCS).

## What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers and prescribers should review the resources posted on the new Pediatric Integration tab on the Medi-Cal Rx Web Portal. To access this tab, navigate to the Education & Outreach page on the Medi-Cal Rx Web Portal and select the **Pediatric Integration** tab.

Beginning January 17, 2025, Medi-Cal Rx will host a weekly webinar about Pediatric Integration to support stakeholder readiness. Pharmacy providers and prescribers should plan to attend a webinar prior to implementation on January 31, 2025.

Pharmacy providers and prescribers are also encouraged to review the following resources to learn more about Medi-Cal Rx and Pediatric Integration.

## Medi-Cal Rx Resources

- *Medi-Cal Rx Provider Manual*
- *Medi-Cal Rx Billing Tips*
- *Claim Submission Reminders*
- *Medi-Cal Rx Web Claims Submission User Guide*
- Contract Drugs & Covered Products Lists page on the Medi-Cal Rx Web Portal
- *Medi-Cal Rx CDL and Approved NDC List Navigation* YouTube video
- *Five Ways to Submit a Prior Authorization Request*
- *Prior Authorization Submission Reminders*
- *Submitting a Prior Authorization (PA) Request via the Medi-Cal Rx Secured Provider Portal* YouTube video
- *How To Resolve Reject Code 76 – Plan Limitations Exceeded*
- *How to Resolve Claim Reject Code 78: Cost Exceeds Maximum*
- *NCPDP Reject Code 83 – Duplicate Paid/Captured Claim*

## CCS Paneled Providers

- California Children's Services
- Becoming a California Children's Services Provider
- CCS Panel Application on the California Children's Services (CCS) Provider Paneling Portal
- California Children's Services Provider Lists
- *California Children's Services (CCS) – Frequently Asked Questions (FAQs)*
- *California Children's Services (CCS) Program and Genetically Handicapped Persons Program (GHPP)* section in the *Medi-Cal Rx Provider Manual*

## Enteral Nutrition and Medical Supplies

- Refer to the *Covered Products Lists* section in the Contract Drugs & Covered Products Lists page on the Medi-Cal Rx Web Portal to review the *List of Contracted Enteral Nutrition Products*.
- Refer to the *Enteral Nutrition Products* section in the *Medi-Cal Rx Provider Manual* for additional information and criteria guidelines.
- Refer to the Bulletins & News and Forms & Information pages on the Medi-Cal Rx Provider Portal for guidance to successfully submit PA requests.

# Contact Information

You can call the Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, which is available 24 hours a day, 7 days a week, 365 days per year.

For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@primetherapeutics.com.

# M E M O R A N D U M

| | |
|---|---|
| DATE: | November 27, 2024 |
| TO: | CalOptima Health Board of Directors |
| FROM: | Michael Hunn, Chief Executive Officer |
| SUBJECT: | CEO Report — December 5, 2024, 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. State Audit Recommendations Fully Implemented; Audit Closure Now Published Online

On October 22, the California State Auditor (CSA) confirmed that CalOptima Health has fully implemented all audit recommendations and officially closed the audit with no further responses or actions required. CSA formally published the final audit status on its website here. We also distributed a press release announcing the news here.

## B. Covered California Ordinance Goes to Board of Supervisors

County staff have confirmed that the Orange County Board of Supervisors (BOS) will consider amending CalOptima Health's governing ordinance to allow our participation in Covered California. The first reading of the amended ordinance is scheduled for December 3, and the second and final reading is scheduled for December 17. Staff and I are meeting with all supervisorial offices to discuss CalOptima Health's value proposition for entering Covered California in support of our members and the Orange County community.

## C. CalOptima Health Hosts First Thanksgiving Meal Distribution for Members

More than 1,300 members' Thanksgiving holiday was brighter thanks to CalOptima Health's first-ever Thanksgiving meal distribution event on Saturday, November 23 at our 505 building. Members were invited via text to reserve a turkey, ham or Northgate Market gift card. Because we recognize that "food is health," and members can boost their food security by joining CalFresh, we included enrollers from the County of Orange Social Services Agency to help with applications at the event. Currently, approximately 322,000 Orange County residents are enrolled in CalFresh.

## D. Election Updates

- ### 2024 Election Recap Includes Some Races Still Too Close to Call
  On November 5, general elections were held across the United States for federal, state, county and local offices as well as state and local ballot propositions. Many of these offices have jurisdiction over legislation, regulations or partnering agencies that impact CalOptima Health. Results are still preliminary, and a few races are still too close to call, as ballots continue to be tabulated ahead of the December 13 certification deadline by the California Secretary of State.

At the federal level, former U.S. President Donald J. Trump has been elected president, and the Republican Party has gained control of the U.S. Senate and maintained control of the U.S. House of Representatives. At the state level, Proposition 35 was approved by a wide margin to make permanent the existing Managed Care Organization (MCO) tax with strict funding allocations for Medi-Cal rate increases to a range of provider types. In addition, the Democratic Party will maintain supermajorities in both the California State Senate and California State Assembly. At the local level, the Democratic Party will maintain a majority on the Orange County Board of Supervisors.

- **2024 Signed and Vetoed State Legislation Analysis Available**
  As previously shared, Gov. Gavin Newsom finished signing or vetoing legislation passed this year by the California State Legislature on September 30. Following review by staff, 12 policy bills with potential impact to CalOptima Health were signed into law, and seven were vetoed. Staff have prepared the 2024 Signed and Vetoed State Legislative Analysis (see Page 7) with both executive and full summaries of the identified bills. Next, the California Department of Health Care Services (DHCS) will release further guidance regarding the implementation of signed legislation, and the next 2025–26 legislative session will commence on December 2 with the swearing-in of newly elected and re-elected state legislators resulting from the November 5 election. Legislators will then reconvene on January 6 to begin conducting business, including authoring new legislation ahead of the February 21 bill introduction deadline.

- **Presidential Transition Activity Includes Key Appointments**
  President-elect Trump has nominated Robert F. Kennedy, Jr., as U.S. Secretary of Health & Human Services (HHS) and Dr. Mehmet Oz as Administrator of the Centers for Medicare & Medicaid Services (CMS), which oversees the Medicaid and Medicare programs. Both positions will be subject to confirmation by the incoming Republican-controlled U.S. Senate. CalOptima Health's federal associations and lobbyists are currently analyzing the health care policy positions of these nominees to prepare for engagement and advocacy opportunities. Relatedly, Gov. Gavin Newsom traveled to Washington, D.C., this month to meet with Biden Administration officials to advocate for urgent CMS approval of California's five pending Medicaid waiver requests — including Transitional Rent and MCO tax amendments following the recent passage of Proposition 35 — which may not be as favorably considered by the Trump Administration. Gov. Newsom also announced that he will convene a special session of the California State Legislature on the December 2 swearing-in day to bolster California's legal resources to "protect civil rights, reproductive freedom, climate action and immigrant families" in anticipation of potential actions by the incoming administration. CalOptima Health's state associations and lobbyists are monitoring any developments and outcomes.

## E. DHCS Visits CalOptima Health for a Listening Session

On October 30, at the request of DHCS, CalOptima Health hosted a half-day listening session that included leadership staff, several departments from the County of Orange and external community partners. This session was a part of DHCS' listening tour across the state to better understand health plan perspectives, implementation experiences and future opportunities for Medi-Cal program reform. Specific topics discussed included Enhanced Care Management, Community Supports, Justice-Involved Initiative, Behavioral Health Transformation, Transitional Rent and data sharing. DHCS also requested to meet with several members of CalOptima Health's Member Advisory Committee and Whole Child Model Family Advisory Committee to learn about their priority areas, with a particular focus on CalAIM access and care coordination.

**F. OneCare Annual Election Period Nears Closure**

The annual election period (AEP) for CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, opened October 15 and runs through December 7. To be eligible for OneCare a member must be:

- Age 21 and older
- Living in Orange County
- Enrolled in Medicare Parts A and B
- Receiving Medi-Cal benefits

As you know, there are two OneCare plan options to select from for 2025:

- CalOptima Health OneCare Complete — Our original plan offers $0 copays on medical and hospital services and all covered prescription drugs. It includes many extras, such as a fitness benefit, comprehensive dental, more vision care, a flex card for over-the-counter (OTC) items and groceries, and more.
- CalOptima Health OneCare Flex Plus — Our new low-cost plan is designed for flexibility, offering $0 doctor visits and hospital stays. It also includes generous extras, such as a larger flex card allowance for OTC items, more vision care, comprehensive dental, a fitness benefit, and more.

To promote OneCare in a highly competitive Medicare Advantage marketplace, CalOptima Health launched in October a new, integrated marketing campaign with the tagline "Medicare + Medi-Cal Built Around You." It emphasizes that OneCare is the only plan in Orange County that integrates Medicare and Medi-Cal into one plan, meaning it's specifically designed for duals in our community. All campaign messaging is rooted in research from focus groups in three languages with former and prospective members as well as an additional online and phone research survey. More information is available at www.caloptima.org/OneCare.

**G. Estrella Springs in Santa Ana Celebrates Grand Opening**

Recently, I spoke at the Grand Opening of Estrella Springs, a permanent supportive housing development in Santa Ana. CalOptima Health contributed $4.7 million in funding through the Housing and Homelessness Incentive Program (HHIP) to Jamboree Housing to adapt the Budget Inn Motel, resulting in 89 units. At the event, I was joined by Supervisor and CalOptima Health Board Vice Chair Vicente Sarmiento, who also provided remarks.

**H. At-Home Cologuard Tests Will be Sent to Members**

CalOptima Health Community Network (CHCN) members who are due for colorectal cancer screening will soon receive an at-home Cologuard test. The easy-to-use screening test is covered by CalOptima Health at no cost to our members. Results are usually ready within two weeks, and the member's primary care provider will receive a copy of the results and consult with the member. Our Quality Initiatives team is also sending Member Health Reward Program mailings promoting colorectal cancer screenings to eligible Medi-Cal and OneCare members. The goal is to bring awareness to the importance of colorectal cancer screening and inform members about the reward they may be eligible for after completing their screening.

**I. CalOptima Health Removes Prior Authorization for Select Screenings for OneCare Members**

Because timely screenings are crucial for preventing serious health conditions for our members, we have removed prior authorizations for OneCare members for the following services:

- Colon cancer screening — Colon cancer is the second most common cause of cancer deaths in
  . .                                    15                                              .
  colorectal polyps can be found and removed before they become cancerous.

- Breast cancer screening — Breast cancer is the most common type of cancer in women. One in every eight women in the U.S. will be diagnosed with breast cancer, and more than 300,000 people in the U.S. are diagnosed annually. Women who receive regular breast cancer screenings have a 26% lower breast cancer death rate than women who aren't regularly screened.
- Diabetic eye exam — Diabetic retinopathy is the leading cause of blindness in working-age adults, and, if left untreated, it can cause permanent vision loss. Early treatment can prevent or delay blindness from diabetic retinopathy in more than 90% of diabetics. The annual eye exam is the only way to monitor changes in the eyes of diabetic members.

**J.  Press Release Distributed on Behavioral Health Workforce Grant Funding**

On November 13, CalOptima Health distributed a press release announcing $5.1 million in grant funding to increase the behavioral health workforce as part of our ongoing Provider Workforce Development Initiative. This funding builds on the initial $24.6 million CalOptima Health awarded in April 2024 as part of the five-year, $50 million Provider Workforce Development Initiative aimed at enhancing the health care workforce across Orange County. The initiative is focused on increasing access to care by supporting the recruitment, training and retention of qualified health professionals. With the distribution of the remaining $20.3 million still ahead, CalOptima Health will consider areas of greatest need to ensure equitable and accessible health care for our diverse membership.

# CalOptima Health

## Fast Facts
### December 2024

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

## Membership Data* (as of October 31, 2024)

**Total CalOptima Health Membership**

# 910,063

| Program | Members |
|---|---|
| Medi-Cal | 892,392 |
| OneCare (HMO D-SNP) | 17,173 |
| Program of All-Inclusive Care for the Elderly (PACE) | 498 |

*Based on unaudited financial report and includes prior period adjustment

## Operating Budget (for four months ended October 31, 2024)

| | YTD Actual | YTD Budget | Difference |
|---|---|---|---|
| Revenues | $1,623,301,815 | $1,422,996,834 | $200,304,981 |
| Medical Expenses | $1,586,004,481 | $1,424,725,597 | ($161,278,884) |
| Administrative Expenses | $79,207,551 | $96,381,292 | $17,173,741 |
| Operating Margin | ($41,910,218) | ($98,110,055) | $56,199,837 |
| Medical Loss Ratio (MLR) | 97.7% | 100.1 % | (2.4%) |
| Administrative Loss Ratio (ALR) | 4.9% | 6.8% | 1.9% |

Notes:
- Totals may not add due to rounding
- Adjusted MLR is 93.4%, excluding estimated provider rate increases funded by reserves

## Reserve Summary (as of October 31, 2024)

| | Amount (in millions) |
|---|---|
| Board Designated Reserves | $1,030.5* |
| Statutory Designated Reserves | $135.1 |
| Capital Assets (Net of depreciation) | $103.6 |
| Resources Committed by the Board | $481.4 |
| Board Approved Provider Rate Increases | $456.0 |
| Resources Unallocated/Unassigned | $268.6* |
| Total Net Assets | $2,475.2 |

*Total of Board-designated reserves and unallocated resources can support approximately 122 days of CalOptima Health's current operations.

## Total Annual Budgeted Revenue

# $4 Billion

**NOTE:** CalOptima Health receives its funding from state and federal revenues only. CalOptima Health does <u>not</u> receive any of its funding from the County of Orange.

# CalOptima Health Fast Facts
## December 2024

## Personnel Summary (as of November 16, 2024, pay period)

|  | Filled | Open | Vacancy % Medical | Vacancy % Administrative | Vacancy % Combined |
|---|---|---|---|---|---|
| Staff | 1,318.5 | 73.15 | 44.82% | 55.18% | 5.26% |
| Supervisor | 82 | 0 | 0% | 0% | 0% |
| Manager | 114 | 7 | 28.57% | 71.43% | 5.79% |
| Director | 68.25 | 2.5 | 60% | 40% | 3.53% |
| Executive | 20 | 2 | 0% | 100% | 9.09% |
| Total FTE Count | 1,602.8 | 84.7 | 47.89% | 52.11% | 5.02% |

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

## Provider Network Data (as of November 20, 2024)

|  | Number of Providers |
|---|---|
| Primary Care Providers | 1,318 |
| Specialists | 6,999 |
| Pharmacies | 525 |
| Acute and Rehab Hospitals | 40 |
| Community Health Centers | 70 |
| Long-Term Care Facilities | 207 |

## Treatment Authorizations (as of September 30, 2024)

|  | Mandated | Average Time to Decision |
|---|---|---|
| Inpatient Concurrent Urgent | 72 hours | 35.25 hours |
| Prior Authorization – Urgent | 72 hours | 16.58 hours |
| Prior Authorization – Routine | 5 days | 2.11 days |

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

## Member Demographics (as of October 31, 2024)

| Member Age | | Language Preference | | Medi-Cal Aid Category | |
|---|---|---|---|---|---|
| 0 to 5 | 8% | English | 54% | Temporary Assistance for Needy Families | 37% |
| 6 to 18 | 23% | Spanish | 31% | Expansion | 38% |
| 19 to 44 | 35% | Vietnamese | 10% | Optional Targeted Low-Income Children | 8% |
| 45 to 64 | 20% | Other | 2% | Seniors | 11% |
| 65 + | 14% | Korean | 1% | People With Disabilities | 5% |
|  |  | Farsi | 1% | Long-Term Care | <1% |
|  |  | Chinese | <1% | Other | <1% |
|  |  | Arabic | <1% |  |  |

CalOptima Health, A Public Agency
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![CalOptima Health]

# 2024 Signed and Vetoed State Legislation
## *Executive Summary*

On September 30, 2024, Governor Gavin Newsom finished signing or vetoing all legislation that had been passed by the California State Legislature in 2024 — the second and final year of its 2023–24 legislative session, which had adjourned on August 31.

This *Executive Summary* includes the final outcomes and brief summaries of policy (non-budget) bills that were signed (12) or vetoed (7) by the governor and have been identified for potential impacts to CalOptima Health. In addition, *Full Summaries and Potential Impacts* of the identified legislation are included on subsequent pages.

| Bill Number | Bill Title/Summary |
|---|---|
| **SIGNED INTO LAW** ||
| SB 339 | **Human Immunodeficiency Virus (HIV) Preexposure Prophylaxis (PrEP) and Postexposure Prophylaxis (PEP):** Increases Medi-Cal coverage of PrEP and PEP furnished by a pharmacist from a 60-day maximum course to a 90-day maximum course. |
| SB 819 | **Medi-Cal Mobile Health Care Site Enrollment:** Exempts mobile health care sites from enrolling in Medi-Cal as a separate provider if a part of a government-operated clinic that is exempt from licensure by the California Department of Public Health (CDPH). |
| SB 1120 | **Artificial Intelligence (AI) in Utilization Review:** Requires a health plan's algorithms, AI and other software tools for utilization management to comply with specified fairness and equity requirements and to be based on individual clinical history and circumstances. |
| SB 1180 | **Emergency Medical Services:** Requires Medi-Cal to cover services provided by a community paramedicine program, triage to alternate destination program, or mobile integrated health program. |
| SB 1289 | **Medi-Cal Call Center Data:** Requires county Medi-Cal centers to collect and submit monthly data metrics to the Department of Health Care Services (DHCS) starting January 1, 2026. |
| AB 1316 | **Psychiatric Emergency Medical Conditions:** Requires Medi-Cal to cover emergency services and care necessary to treat a psychiatric emergency medical condition. |
| AB 1936 | **Maternal Mental Health Screenings:** Requires health plans to provide maternal mental health screenings at least once during pregnancy, at least once during the first six weeks following birth, and additional necessary to improve treatment and referrals to other services. |
| AB 2105 | **PANDAS and PANS:** Requires health plans to cover prophylaxis, diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS). |
| AB 2129 | **Immediate Postpartum Contraception:** Authorizes a provider to separately bill for devices, implants and/or professional services associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or licensed birth center. |
| AB 2340 | **Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Informational Materials:** Requires informational materials regarding EPSDT services available under the Medi-Cal program to be standardized and distributed to beneficiaries and their parents. |

| | |
|---|---|
| **AB 2843** | **Rape and Sexual Assault Care:** Requires health plans to cover emergency room medical care and follow-up treatment following a rape or sexual assault. |
| **AB 3275** | **Claim Reimbursement:** Requires health plans to reimburse, contest or deny a complete claim within 30 calendar days after receipt beginning January 1, 2026. Also requires plans to treat any complaint from a beneficiary about a claims payment to be treated as a grievance. |
| **VETOED** | |
| **SB 1423** | **Rural Hospital Technical Advisory Group:** Would have required DHCS to convene an advisory group to analyze the ability of small, rural and critical access hospital to remain financially viable under existing Medi-Cal reimbursement methodologies. |
| **AB 1470** | **Behavioral Health Documentation Standards:** Would have required DHCS to standardize data elements relating to documentation requirements including medically necessary criteria. |
| **AB 1975** | **Medically Supportive Food:** Would have added medically supportive food and nutrition intervention plans as covered Medi-Cal benefits. |
| **AB 2250** | **Social Determinants of Health (SDOH) Screenings:** Would have added SDOH screenings as a covered Medi-Cal benefit on or after January 1, 2027. |
| **AB 2339** | **Medi-Cal Asynchronous Telehealth:** Would have expanded telehealth to include asynchronous electronic transmission initiated by patients, including via mobile applications. |
| **AB 2428** | **Community-Based Adult Services (CBAS) Rates:** Would have required Medi-Cal managed care plans (MCPs) to reimburse contracted CBAS providers at an amount equal to or greater than the Medi-Cal fee-for-service (FFS) rate. |
| **AB 2446** | **Diapers:** Would have added diapers as a covered Medi-Cal benefit for children under 21 years of age diagnosed with certain conditions, including those over three years old with incontinence. |

DHCS and/or other state agencies are expected to issue further guidance regarding the implementation of signed legislation. Staff will monitor developments and share any updates from DHCS that may impact CalOptima Health.

On December 2, 2024, the California State Legislature will convene the new 2025–26 legislative session with the swearing-in of newly elected and re-elected legislators resulting from the November 5 election. Legislators will then reconvene on January 6 to begin conducting business, including authoring new legislation ahead of the February 21 bill introduction deadline. The vetoed bills outlined above are more likely to be re-introduced due to their support from legislators, as evidenced by their successful passage by the Legislature this year.

**[Continued]**

# *Full Summaries and Potential Impacts*

| Bill Number Author | Bill Summary/Impact | Bill Status | Position/Notes |
|---|---|---|---|
| **SIGNED INTO LAW** | | | |
| <u>SB 339</u><br>Wiener | **HIV PrEP and PEP:** Increases Medi-Cal coverage of PrEP and PEP furnished by a pharmacist from a 60-day maximum course to a 90-day maximum course, which could be further extended under certain conditions.<br><br>***Potential CalOptima Health Impact:*** Expanded Medi-Cal Rx benefit for CalOptima Health Medi-Cal members. | **02/06/2024**<br>Signed into law | CalOptima Health: Watch<br>CAHP: Oppose |
| <u>SB 819</u><br>Eggman | **Medi-Cal Mobile Health Care Site Enrollment:** Exempts intermittent or mobile health care sites from enrolling in Medi-Cal as a separate provider if operated by a government-operated clinic that is exempt from licensure by CDPH.<br><br>***Potential CalOptima Health Impact:*** Expansion of intermittent and mobile health care sites; increased access to care for CalOptima Health members. | **9/22/2024**<br>Signed into law | CalOptima Health: Watch |
| <u>SB 1120</u><br>Becker | **AI in Utilization Review:** Requires a health plan's use of algorithms, AI, and other software tools for utilization management (UM) purposes to comply with specified fairness and equity requirements and to be based on individual clinical history and circumstances.<br><br>***Potential CalOptima Health Impact:*** Implementation of new UM procedures. | **09/28/2024**<br>Signed into law | CalOptima Health: Watch |
| <u>SB 1180</u><br>Ashby | **Emergency Medical Services:** Adds services provided by a community paramedicine program, triage to alternate destination program, or mobile integrated health program as covered Medi-Cal benefits, subject to an appropriation by the Legislature.<br><br>***Potential CalOptima Health Impact:*** Expanded covered benefits for CalOptima Health Medi-Cal members. | **09/28/2024**<br>Signed into law | CalOptima Health: Watch |
| <u>SB 1289</u><br>Roth | **Medi-Cal Call Center Data:** Beginning on January 1, 2026, requires county Medi-Cal call centers to collect and submit monthly data metrics to DHCS. Beginning on May 15, 2026, requires DHCS to prepare a publish online a quarterly report on submitted call center.<br><br>***Potential CalOptima Health Impact:*** Increased resources for CalOptima Health members; increased number of CalOptima Health members as a result of additional new enrollments and fewer disenrollments. | **09/27/2024**<br>Signed into law | CalOptima Health: Watch |

| Bill Number Author | Bill Summary/Impact | Bill Status | Position/Notes |
|---|---|---|---|
| AB 1316 Irwin | **Psychiatric Emergency Medical Conditions:** Requires the Medi-Cal program to cover emergency services and care necessary to treat a psychiatric emergency medical condition, including post-stabilization care services, emergency room professional services, and facility charges for emergency room visits — regardless of whether the beneficiary was voluntarily or involuntarily admitted.<br><br>*Potential CalOptima Health Impact:* Increased scope of behavioral health services for CalOptima Health Medi-Cal members. | **09/27/2024** Signed into law | CalOptima Health: Watch |
| AB 1936 Cervantes | **Maternal Mental Health Screenings:** Requires a health plan's maternal mental health program to consist of at least one maternal mental health screening during pregnancy, at least one additional screening during the first six weeks of the postpartum period, and additional postpartum screenings, if determined medically necessary and clinically appropriate, to improve treatment and referrals to other maternal mental health services, including coverage for doulas.<br><br>*Potential CalOptima Health Impact:* Expanded Medi-Cal benefit for CalOptima Health Medi-Cal members. | **09/28/2024** Signed into law | CalOptima Health: Watch |
| AB 2105 Lowenthal | **PANDAS and PANS:** Beginning January 1, 2025, requires a health plan to provide coverage for prophylaxis, diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS), prescribed or ordered by a provider as medically necessary.<br><br>*Potential CalOptima Health Impact:* Continued covered benefit for pediatric CalOptima Health Medi-Cal members. | **09/28/2024** Signed into law | CalOptima Health: Watch CAHP: Oppose |
| AB 2129 Petrie-Norris | **Immediate Postpartum Contraception:** No later than January 1, 2025, authorizes a provider to separately bill for devices, implants or professional services, or any combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or licensed birth center.<br><br>*Potential CalOptima Health Impact:* Modified Claims procedures for a covered Medi-Cal benefit. | **09/29/2024** Signed into law | CalOptima Health: Watch |

| Bill Number Author | Bill Summary/Impact | Bill Status | Position/Notes |
|---|---|---|---|
| AB 2340 Bonta | **EPSDT Informational Materials:** Requires DHCS to standardize informational materials that effectively explain and clarify the scope and nature of EPSDT services that are available under the Medi-Cal program, including content designed for youth. Requires a Medi-Cal MCP to provide the informational materials to EPSDT-eligible beneficiaries and their parents within a certain period (as determined by DHCS) of initial enrollment into the MCP and annually thereafter.<br><br>*Potential CalOptima Health Impact:* Standardization and increased number of mailings to certain CalOptima Health Medi-Cal members. | **09/25/2024** Signed into law | CalOptima Health: Watch |
| AB 2843 Petrie-Norris | **Rape and Sexual Assault Care:** Beginning July 1, 2025, requires a health plan to provide coverage without cost-sharing for emergency room medical care and follow-up treatment following a rape or sexual assault. Also prohibits a health plan from requiring members to provide a police report or press charges for rape or sexual assault in order to receive care.<br><br>*Potential CalOptima Health Impact:* Expanded covered benefits for CalOptima Health Medi-Cal members. | **09/29/2024** Signed into law | CalOptima Health: Watch |
| AB 3275 Soria | **Claim Reimbursement:** Beginning January 1, 2026, requires health plans to reimburse, contest or deny a complete claim within 30 calendar days after receipt of the claim, or otherwise be subject to current 15% per annum interest requirements. If a plan does not automatically include any accrued interest in its payment, this bill increases the penalty fee from $10 to the greater of $15 or 10% of accrued interest.<br><br>In addition, requires health plans to treat a complaint from an enrollee about the delay or denial of a claim payment to be treated as a grievance, regardless of whether the term grievance is used.<br><br>*Potential CalOptima Health Impact:* Decreased claim review time for CalOptima Health staff; increased number of member grievances; increased interest and penalty payments to CalOptima Health contracted providers. | **09/27/2024** Signed into law | CalOptima Health: Watch LHPC: Oppose CAHP: Oppose |

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| **VETOED** | | | |
| <u>SB 1423</u><br>Dahle | **Rural Hospital Technical Advisory Group:** Would have required DHCS to convene a Rural Hospital Technical Advisory Group — including representatives from Medi-Cal MCPs and their state associations — to analyze the ability of small, rural and critical access hospitals to remain financially viable under existing Medi-Cal reimbursement methodologies and to provide related recommendations by March 31, 2026.<br><br>*Potential CalOptima Health Impact:* CalOptima Health representation on DHCS committee; consideration of modified payments to CalOptima Health contracted critical access hospitals. | **09/22/2024** Vetoed due to new costs for duplicative efforts *(see full **veto message**)* | CalOptima Health: Watch |
| <u>AB 1470</u><br>Quirk-Silva | **Behavioral Health Documentation Standards:** Would have required DHCS to standardize data elements relating to documentation requirements, including medically necessary criteria and develop standard forms containing information necessary to properly adjudicate claims. No later than July 1, 2025, regional personnel training on documentation would have needed to be completed along with the exclusive use of the standard forms.<br><br>*Potential CalOptima Health Impact:* New data requirements; additional training for CalOptima Health behavioral health staff on new documentation. | **09/14/2024** Vetoed due to duplicative efforts in place *(see full **veto message**)* | CalOptima Health: Watch |
| <u>AB 1975</u><br>Bonta | **Medically Supportive Food:** No sooner than July 1, 2026, and subject to an appropriation by the Legislature, would have added medically supportive food and nutrition intervention plans as covered Medi-Cal benefits, when determined to be medically necessary to a patient's medical condition by a provider or plan. The benefit would have been based in part on the following Community Support offered through CalAIM: Medically Tailored Meals.<br><br>*Potential CalOptima Health Impact:* Formalization and expansion of certain Community Support services as covered benefits for eligible CalOptima Health Medi-Cal members. | **09/25/2024** Vetoed due to state budget constraints *(see full **veto message**)* | CalOptima Health: Watch<br>LHPC: Support<br>CAHP: Support |

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|---|---|---|---|
| **AB 2250**<br>Weber | **SDOH Screenings:** Would have added SDOH screenings as a covered Medi-Cal benefit on or after January 1, 2027, contingent upon an appropriation by the Legislature. Would have also required health plans to provide primary care providers with adequate access to community health workers, social workers and peer support specialists. In addition, would have required Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to be reimbursed for these services at the Med-Cal FFS rate.<br><br>*Potential CalOptima Health Impact:* New covered benefits for CalOptima Health Medi-Cal members. | **09/22/2024** Vetoed due to duplicative efforts at the state and federal level and difficulty in operationalization *(see full **veto message**)* | CalOptima Health: Watch<br>LHPC: Support |
| **AB 2339**<br>Aguiar-Curry | **Medi-Cal Asynchronous Telehealth:** Would have expanded telehealth capabilities to include asynchronous electronic transmission initiated directly by patients, including through mobile telephone applications. Would also have authorized a health care provider to establish a new patient relationship using asynchronous store and forward when the visit is related to sensitive services.<br><br>*Potential CalOptima Health Impact:* Expanded telehealth capabilities for CalOptima Health Medi-Cal members. | **09/20/2024** Vetoed due to lack of consumer protection in prescribing and treating reproductive and behavioral health disorders *(see full **veto message**)* | CalOptima Health: Watch |
| **AB 2428**<br>Calderon | **CBAS Rates:** Would have required Medi-Cal MCPs to reimburse contracted CBAS provider at an amount equal to or greater than the Medi-Cal FFS rate.<br><br>*Potential CalOptima Health Impact:* Increased payments to CalOptima Health contracted CBAS providers. | **09/14/2024** Vetoed due to existing payment increases and hesitancy to create precedent in law for one provider type *(see full **veto message**)* | CalOptima Health: Watch |
| **AB 2446**<br>Ortega | **Diapers:** Would have added diapers as a covered Medi-Cal benefit for the following individuals, contingent upon an appropriation by the Legislature:<br><br>• Children greater than three years of age diagnosed with a condition that contributes to incontinence<br>• Other individuals under 21 years of age to address a condition pursuant to EPSDT standards<br><br>*Potential CalOptima Health Impact:* New covered benefit for pediatric CalOptima Health Medi-Cal members. | **09/27/2024** Vetoed due to state budget constraints *(see full **veto message**)* | CalOptima Health: Watch |

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