THURSDAY, JANUARY 10, 2019
2:30 P.M.

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

AGENDA

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

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

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

II. **ESTABLISH QUORUM**

III. **APPROVE MINUTES**
     A. Approve Minutes of the September 13, 2018 Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee
     B. Approve Minutes of the November 8, 2018 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and the Whole-Child Model Family Advisory Committee

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

V.   CEO AND MANAGEMENT REPORTS
      A. Chief Executive Officer (CEO) Update
      B. Chief Medical Officer (CMO) Update
      C. Chief Operating Officer (COO) Update
      D. Federal and State Legislative Update
      E. Network Operations Update

VI.   INFORMATION ITEMS
      A. Member Advisory Committee Member Updates
      B. Whole-Child Model Update
      C. Vision Care Update

VII.   COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

MINUTES

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

September 13, 2018

A Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC) was held on Thursday, September 13, 2018, at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER
Vice Chair Mouton called the meeting to order at 2:38 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present:	Patty Mouton, Vice Chair; Elizabeth Anderson; Suzanne Butler; Diana Cruz-Toro; Connie Gonzalez; Jaime Muñoz; Ilia Rolon; Jacqueline Ruddy; Luisa Santa; Christine Tolbert; Mallory Vega
Members Absent:	Sally Molnar, Chair; Sandy Finestone; Donna Grubaugh; Sr. Mary Therese Sweeney
Others Present:	Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Gary Crockett, Chief Counsel; Greg Hamblin, Chief Financial Officer; Candice Gomez, Executive Director, Program Implementation; Phil Tsunoda, Executive Director, Public Affairs; Emily Fonda, MD, Medical Director; Michelle Laughlin, Executive Director, Network Operations; Sesha Mudunuri, Executive Director, Operations; Betsy Ha, Executive Director, Quality Analytics, Belinda Abeyta, Director, Customer Service; Le Nguyen, Associate Director, Customer Service; Cheryl Simmons, Interim Staff to the MAC; Eva Garcia, Customer Service

Vice Chair Mouton welcomed new members Elizabeth (Libby) Anderson, as the Long Term Services and Support Representative and Jacquelyn Ruddy, Consumer Representative.

MINUTES

Approve the Minutes of the July 12, 2018, Regular Meeting of the CalOptima Board of Directors' Member Advisory Committee

> *Action:* ***On motion of Member Vega, seconded and carried, the MAC approved the minutes as submitted. (Motion carried 11-0-0; Chair Molnar and Members Finestone, Grubaugh, and Sweeney absent)***

PUBLIC COMMENT
There were no requests for Public Comment.

REPORTS

Consider CalOptima Delivery System Overview

Greg Hamblin, Chief Financial Officer, provided an overview of the CalOptima Delivery System, including background on the provider network, comparable health plans, delivery system metrics, quality and financial metrics.

Consider Changes to the Member Auto-Assignment Limits for the CalOptima Community Network

Mr. Hamblin reviewed proposed changes to the member auto-assignment limits for the CalOptima Community Network (CCN).

Based on the Board's direction at the September meeting, CalOptima is to gather feedback from the MAC on CalOptima's delivery system and proposed changes to member auto-assignment to CCN. It was reported that the Provider Advisory Committee (PAC) requested that MAC, OneCare Connect Member Advisory Committee (OCC MAC) and PAC hold a joint meeting on October 11, 2018 at 8:00 a.m. to hear further discussion on the CalOptima delivery system and auto-assignment limits for the CalOptima Community Network (CCN) prior to making their individual committee recommendations.

Member Tolbert suggested that MAC participate in a joint meeting with PAC and OCC MAC on October 11, 2018 and hold an ad hoc meeting to discuss the agenda the joint meeting. Vice Chair Mouton and Member Tolbert will join Chair Molnar at the ad hoc meeting representing the MAC.

> *Action:* ***On motion of Member Tolbert, seconded and carried, the Committee approved participation in a Joint Meeting with the OCC MAC and the PAC to further discuss the CalOptima delivery system and auto-assignment limits for CalOptima Community Network. (Motion carried 11-0-0; Chair Molnar and Members Finestone, Grubaugh, and Sweeny absent)***

CEO AND MANAGEMENT REPORTS

Chief Executive Officer (CEO) Update

Michael Schrader, Chief Executive Officer, thanked the MAC for assisting in recruiting members for the Whole-Child Model Family Advisory Committee (WCM FAC).
Mr. Schrader provided an update on the Federal Mega Reg that all Medi-Cal providers and provider groups must be officially enrolled in the Medi-Cal program by January 1, 2019. Approximately 100 out of 1,600 CalOptima Community Network primary care providers are in the process of completing their enrollment process. CalOptima has been outreaching to non-

enrolled providers and groups who are not currently registered to educate them on the registration process.

Chief Medical Officer (CMO) Update
Emily Fonda, M.D., Medical Director, provided an update on the Whole-Child Model and noted that the Clinical Advisory Committee will have their first meeting September 25, 2018. The committee consists of five pediatric specialists, one primary care physician and the Orange County Medical Director. Dr. Fonda also noted that work continues on the Whole-Child Model policies and procedures.

Chief Operating Officer (COO) Update
Ladan Khamseh, Chief Operating Officer, reported that CalOptima is preparing to submit the Readiness Assessment for the Whole-Child Model which is scheduled to begin on January 1, 2019 to the Department of Health Care Services (DHCS). Ms. Khamseh also noted that the DHCS would be sending out a 90-day notice to members affected by the transfer to the Whole-Child Model and to CalOptima will be responsible of the 60 and 30-day member notices.

Network Operations Update
Michelle Laughlin, Executive Director, Network Operations provided an update on the on-going contracting initiative ensuring that all CalOptima providers are registered for Medi-Cal with the DHCS prior to the December 31, 2018 deadline.

INFORMATION ITEMS

MAC Member Updates
Vice Chair Mouton reminded the members that their compliance courses are due by November 9, 2018.

MAC members agreed that the joint meeting scheduled on November 8, 2018 at 2:30 p.m., should be held to discuss items of interest to the committees. The Whole-Child Model Family Advisory Committee members will be asked to attend as well as the OCC MAC and the PAC. A separate agenda planning ad hoc will be held in October.

Health Homes Program (HHP) Update
Candice Gomez, Executive Director, Program Implementation, reported that HHP was authorized at the Federal level through Affordable Care Act (ACA). One of the components through the Affordable Care Act (ACA) requires HHP to be available for dual eligible members, i.e., CalOptima's OneCare and OneCare Connect programs. The HHP program is scheduled to take effect July 1, 2019.

Intergovernmental Transfer (IGT) Funds 5, 6 &7 Update
Cheryl Meronk, Director, Strategic Planning, provided an overview of the approved Intergovernmental Transfer (IGT) Funds for IGT 5, 6 and 7. IGT 5 has $14.4M available for

community grants with eight Requests for Information (RFI) that generated 93 responses. Staff is currently reviewing these responses and will present recommendations to the Board at the October 2018 Board meeting. CalOptima received an additional $8M of unanticipated funds related to IGT 6 and 7. On August 2, 2018, the Board approved an allocation of $10M in IGT funds from IGT 6 and 7 to the Orange County Health Care Agency (OCHCA) for the recuperative care services under the Whole-Person Care pilot program.

Annual Healthcare Effectiveness Data and Information Set (HEDIS) Update and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Update
Irma Munoz, Lead Project Manager, Quality Analytics, and Marsha Choo, Manager, Quality Analytics, presented the 2018 HEDIS and CAHPS results, and reported that CalOptima improved its performance levels from the previous year.

Cultural and Linguistics Overview
Carlos Soto, Manager, Cultural and Linguistic Services, presented on CalOptima's no cost translation services that are available to members which addresses the linguistic and cultural barriers that many members may face.

ADJOURNMENT
Vice Chair Mouton announced that the next meeting would be the Special Joint Meeting on October 11, 2018 at 8:00 a.m.

Hearing no further business, Vice Chair Mouton adjourned the meeting at 4:30 p.m.

/s/ Cheryl Simmons
Cheryl Simmons
Interim Staff to the MAC

Approved: January 10, 2019

MINUTES

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

November 8, 2018

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

CALL TO ORDER
Chair Molnar called the meeting to order at 2:35 p.m., and Chair Corzo led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee
Members Present:	Sally Molnar, Chair; Patty Mouton, Vice Chair; Sandy Finestone; Connie Gonzalez; Donna Grubaugh; Jacqueline Ruddy; Sr. Mary Therese Sweeney; Christine Tolbert
Members Absent:	Suzanne Butler, Diana Cruz-Toro, Jaime Munoz, Mallory Vega, Ilia Rolon

OneCare Connect Member Advisory Committee
Members Present:	Gio Corzo, Chair; Sandy Finestone; Keiko Gamez; Sara Lee; Patty Mouton; Erin Ulibarri (non-voting)
Members Absent:	Ted Chigaros; Christine Chow; Josefina Diaz; Richard Santana; Kristin Trom; George Crits (non – voting); Jyothi Atluri (non-voting) *OCC MAC did not achieve quorum*

Provider Advisory Committee
Members Present:	John Nishimoto, O.D., Chair; Donald Bruhns; Stephen Flood; Jena Jensen; Junie Lazo-Pearson Ph.D.; Teri Miranti; Craig Myers;
Members Absent:	Dr. Batra, Dr. Theodore Caliendo, Dre. Lee, Dr. Mary Pham, Pharm D.CHC, Suzanne Richards, MBA, FACHE, Jacob Sweidan M.D. *PAC did not achieve quorum.*

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Whole-Child Model Family Advisory Committee

Members Present:	Maura Byron, Chair; Pam Patterson, Vice Chair; Sandra Cortez; Kristen Rogers; Malissa Watson
Members Absent:	Melissa Hardaway, Diane Key, Grace Leroy-Loge *WCM FAC did not achieve quorum.*
Others Present:	Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Dr. David Ramirez, M.D. CMO; Candice Gomez, Executive Director, Program Implementation; Albert Cardenas, Director, OneCare Connect Customer Service; Belinda Abeyta Director Customer Service; Le Nguyen, Associate Director, Customer Service, Cheryl Simmons, Staff to the Advisory Committees, Samantha Fontenot, Program Specialist, and Kathi Porcho, Provider Relations

MINUTES

Approve the Minutes of the October 11, 2018 Special Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee, OneCare Connect (Cal MediConnect Plan) Member Advisory Committee, and Provider Advisory Committee

> *Action:*   ***On motion of Member Christine Tolbert, seconded and carried, the Member Advisory Committee approved the minutes of the October 11, 2018 Special Joint Meeting. (Motion carried 9-0-0, Members Butler, Cruz-Toro, Munoz, and Vega absent)***

PUBLIC COMMENT
There were no requests for public comment.

CEO MANAGEMENT REPORTS

Chief Executive Officer Update
Michael Schrader, Chief Executive Officer, introduced CalOptima's new Chief Medical Officer, David Ramirez, M.D. Mr. Schrader also reported that the Department of Health Care Services (DHCS) notified CalOptima of their intent to extend the Whole-Child Model transition date by six months, from January 1, 2019 to July 1, 2019. CalOptima will mail member notifications once the official letter from DHCS has been received.

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INFORMATION ITEMS

Whole-Child Model (WCM) Update
Candice Gomez, Executive Director, Program Implementation, provided a brief update regarding activities for WCM. CalOptima is currently in the process of updating member notices to inform them of the new implementation date of July 1, 2019. Ms. Gomez provided an update on the five family events recently held in the community.

Behavioral Health Presentation
PAC Behavioral Health Representative Junie Lazo-Pearson, Ph.D., BCBA-D, provided a comprehensive presentation regarding the Applied Behavioral Analysis (ABA) sector. Dr. Lazo-Pearson presented several principal factors including the crucial factors of early intervention and selecting an ABA partner.

Update on Board Response to MAC and PAC Recommendations on the Delivery System Request for Proposal (RFP)
Chair Molnar discussed the report submitted on behalf of the MAC and PAC to the CalOptima Board of Directors. Chair Molnar reported that after considerable discussion, the Board approved the RFP on the Delivery System Model.

Update on Board Response to MAC and PAC Recommendations on Auto Assignment Limits for the CalOptima Community Network (CCN)
Chair Molnar notified the members that the Board postponed consideration of this item indefinitely.

ADJOURNMENT
There being no further business before the Committees, Chair Molnar adjourned the meeting at 3:49 p.m.

/s/ Cheryl Simmons
Cheryl Simmons
Project Manager

Approved: January 10, 2019

MEMORANDUM

DATE:	December 6, 2018
TO:	CalOptima Board of Directors
FROM:	Michael Schrader, CEO
SUBJECT:	CEO Report
COPY:	Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

CalOptima Whole-Child Model (WCM) Transition Moves to July 2019

On November 9, the Department of Health Care Services (DHCS) changed the timing of Orange County's transition of the California Children's Service (CCS) program to WCM, delaying it six months to no sooner than July 1, 2019. Based on CalOptima's sizable CCS-eligible member population and the complexity of our delegated delivery system, DHCS officials determined that more time is needed to ensure effective preparation for WCM implementation. Until July, CCS-eligible members in CalOptima will continue to receive CCS services from the county CCS program. On November 21, DHCS released new health network adequacy standards that more explicitly establish the number and type of CCS-paneled providers required for a health network to participate in WCM. Based on these requirements, CalOptima has a number of networks that meet the standard, several very near the goal and a few needing more progress. We immediately informed individual networks of their status and are now working to ensure more networks comply with the new requirements. Health networks not meeting the adequacy standards will not be allowed to participate in July, but they can be included at a later date after they demonstrate compliance. To ensure all members and stakeholders are aware of the revised implementation date, CalOptima initiated a significant communications effort using multiple channels, from mailed notices and a call campaign for members to emails and meetings for providers and networks. Overall, CalOptima understands and shares the state's interest in a successful transition that fulfills the original goal — integrating CCS services into Medi-Cal managed care to deliver an improved member experience and more coordinated health care that meets the needs of the whole child.

State and Federal Advocates to Discuss Midterm Elections, Mega Reg

At the December 6 Board meeting, CalOptima's state and federal advocates will provide information about the impact of the midterm elections and other regulatory changes. Don Gilbert from Edelstein Gilbert Robson and Smith will discuss Orange County's state delegation, while Eli Tomar and Geoff Verhoff from Akin Gump will detail the shift in representation at the federal level. Akin Gump is also closely monitoring upcoming revisions to the Mega Reg, the sweeping federal rule affecting Medicaid. Tomar and Verhoff will provide an impact analysis for CalOptima and share their advocacy work alongside industry associations to prepare comments on the changes by the January 2019 deadline.

CalOptima Represented at the Top Levels of Key Industry Associations
Having access to industry association resources at a higher level will ensure CalOptima has an even greater voice and influence with policymakers. To that end, my role in three associations will be expanding. I was elected to the Board of Directors for America's Health Insurance Plans (AHIP), effective November 13. Combining public and commercial plans, AHIP is the nation's leading voice for health insurers. For Local Health Plans of California, I have moved from my role as vice chair to chair for a two-year term. Finally, on behalf of the Association for Community Affiliated Plans, I was approved as a member of the executive committee and will chair the Medicaid Policy committee on behalf of the 73 member plans for the next two years.

Program of All-Inclusive Care for the Elderly (PACE) Letter of Support Process Open
CalOptima is spreading awareness of the process for an independent PACE organization (PO) to request a letter of support, which is needed so the PO can apply to operate a PACE program in Orange County. CalOptima notified providers in a November fax blast and offered information to CalPACE, an association of PACE organizations in California. Further, we created a new page for our website and shared the link widely, including with the National PACE Association. The window to request a letter is from November 1, 2018–January 31, 2019.

Federal Regulator Considers Three-Year Extension for Cal MediConnect Program
In a November call with the Centers for Medicare & Medicaid Services (CMS), DHCS and Cal MediConnect plans, including CalOptima's OneCare Connect (OCC), learned that the federal regulator is exploring updates to the demonstration program, which are in draft form and subject to review. First is the possibility of extending Cal MediConnect beyond the December 31, 2019, end date for three years to 2022. During the extension period, CMS stated that it would likely increase the quality withhold to 4 percent rather than the current 3 percent, thus putting the plans at further risk. Also, CMS is considering a retrospective financial penalty on plans for high disenrollment rates. Finally, an experience rebate may be offered to plans as a profit-sharing mechanism if a plan achieves certain levels of cost savings. Again, these proposals are in the early stages, and health plan associations are organizing written feedback to CMS.

CalOptima Participates in Busy Medicare Marketplace With OCC Event
December is the height of open enrollment season for Medicare, and CalOptima's dual eligible members are likely receiving many messages and materials regarding enrollment in a Medicare Advantage plan. To engage our current OCC members and attract new ones, CalOptima held our first OCC Member Retention/Outreach Event at Delhi Community Center in November. We invited all OCC members as well as dual eligibles in concentrated Medi-Medi ZIP codes. Attendance at the event was good, with approximately 100 current and prospective members gathered to hear about 2019 benefits in a presentation by Maria Wahab, member outreach and education manager. This was followed by a Q&A session with CalOptima panelists specializing in customer service, pharmacy, case management and more. In addition, attendees had an opportunity to visit resource tables staffed by our health networks, vendors and community-based organizations. Based on this success, we will repeat the event next month.

Preparations Begin for Upcoming Medi-Cal Audit in February 2019
CalOptima's annual routine medical audit of Medi-Cal has been scheduled. DHCS will be on-site February 4–15, 2019, to review our compliance with contractual and regulatory requirements during the period of February 1, 2018, to January 31, 2019.

Orange County Legislative Delegation
November 6, 2018 Election Results

U.S. CONGRESS

Congressional District (7)	General Election Results
CD 38 – Linda Sánchez (D)	Linda Sánchez (D)
CD 39 – Ed Royce (R) *(Retiring)*	**Gil Cisneros (D)**
CD 45 – Mimi Walters (R)	**Katie Porter (D)**
CD 46 – Lou Correa (D)	Lou Correa (D)
CD 47 – Alan Lowenthal (D)	Alan Lowenthal (D)
CD 48 – Dana Rohrabacher (R)	**Harley Rouda (D)**
CD 49 – Darrell Issa (R) *(Retiring)*	**Mike Levin (D)**

STATE SENATE

Senate District (5)	General Election Results
SD 29 – Ling-Ling Chang (R)	Current term to 2020
SD 32 – Vanessa Delgado (D)	**Bob Archuleta (D)**
SD 34 – Janet Nguyen (R)	**Tom Umberg (D)**
SD 36 – Pat Bates (R)	Pat Bates (R)
SD 37 – John Moorlach (R)	Current term to 2020

STATE ASSEMBLY

Assembly District (7)	General Election Results
AD 55 – Phillip Chen (R)	Phillip Chen (R)
AD 65 – Sharon Quirk-Silva (D)	Sharon Quirk-Silva (D)
AD 68 – Steven Choi (R)	Steven Choi (R)
AD 69 – Tom Daly (D)	Tom Daly (D)
AD 72 – Travis Allen (R) *(Did not file for re-election)*	**Tyler Diep (R)**
AD 73 – William Brough (R)	William Brough (R)
AD 74 – Matthew Harper (R)	**Cottie Petrie-Norris (D)**

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Orange County's
Community Health Plan

ORANGE COUNTY BOARD OF SUPERVISORS

District (5)	General Election Results
DIS 1 – Andrew Do	Current term to 2020
DIS 2 – Michelle Steel	Michelle Steel
DIS 3 – Todd Spitzer	Elected as Orange County District Attorney *A special election for Dis. 3 will be held early next year to fill this seat for the remainder of the term, ending in 2020.*
DIS 4 – Shawn Nelson *(Termed out)*	**Doug Chaffee**
DIS 5 – Lisa Bartlett	Lisa Bartlett

Bold = Newly Elected

Last updated: December 3, 2018, 11:00 a.m.

Source: *https://vote.sos.ca.gov*

About CalOptima

CalOptima is a county organized health system that administers health insurance programs for low-income children, adults, seniors and people with disabilities. As Orange County's community health plan, our mission is to provide members with access to quality health care services delivered in a cost-effective and compassionate manner. We provide coverage through four major programs: Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan), OneCare (Medicare Advantage Special Needs Plan), and the Program of All-Inclusive Care for the Elderly (PACE).

If you have any questions regarding the above information, please contact:

Silver Ho
Compliance Officer, Office of Compliance
657-235-6997; sho@caloptima.org

Shamiq Hussain
Senior Policy Analyst, Government Affairs
714-347-3208; shussain@caloptima.org

Arif Shaikh
Director, Public Policy and Government Affairs
714-246-8418; ashaikh@caloptima.org

Whole-Child Model (WCM) Update

Member Advisory Committee Meeting

January 10, 2019

Candice Gomez, Executive Director, Program Implementation

Pallavi Patel, Director, Business Integration

Whole-Child Model (WCM) Update

- Department of Health Care Services (DHCS) notified CalOptima of delayed implementation
  - CalOptima to implement in Phase 3, beginning no sooner than July 1, 2019
  - Basis for the delay
    - Size of California Children's Services (CCS) population in Orange County
    - Complexity of CalOptima's delegated health network model
  - Goals of delay are to:
    - Ensure care is integrated and easier to navigate
    - Verify that a robust number of CCS-paneled providers are prepared to deliver quality care
  - Until WCM implementation, children enrolled in CalOptima and CCS will continue to receive CCS services through the local county CCS program

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Stakeholder Notification

- Members
  - Mailed notices and call campaign
- Providers
  - Fax blast, provider newsletter and targeted outreach
- Health Networks
  - Conference call, Health Network Forum and weekly updates
- Community-Based Organizations (CBO)
  - Community Connections newsletter and written notices
- General public
  - Website update

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DHCS Regulatory Updates

- The updated All Plan Letter (APL) 18-023: California Children's Services Program Whole-Child Model was released on December 23, 2018
    - Added revisions to provide clarification on some language
- APL includes managed care plan responsibilities specifically for:
    - Neonatal Intensive Care Unit (NICU) claims responsibility
    - High Risk Infant Follow-Up (HRIF) eligibility determination
- WCM Readiness Deliverables Checklist
- WCM Network Certification Requirements for delegated entities

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Network Certification Requirements

- On November 21, 2018, DHCS released WCM Network Certification Requirements and adequacy assessment of CalOptima's delegated entities
  - ➢ Updated requirements and assessment were released on December 17, 2018
- DHCS' assessment evaluated each health network based on adequacy of contracted CCS-paneled specialists by type
- CalOptima collaborated with health networks to review DHCS assessment and worked individually with those health networks to resolve adequacy findings

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Health Network Impact

- Health networks had to meet adequacy requirements by January 2, 2019 to be considered as participating
  - CalOptima attested to DHCS on behalf of health networks that will meet adequacy by March 1, 2019
- DHCS will notify CalOptima of any health networks that do not meet adequacy by March 15, 2019
  - Health networks will be excluded from participating in WCM, effective no sooner than July 1, 2019
  - A non-participating health network can participate at a later date once requirements are met and with approval from DHCS
- Members eligible with CCS can only receive services through a health network that meets CCS adequacy requirements

Network Adequacy Requirements

- ## CCS Core Specialties

Allergy and Immunology	Genetics	Neurology	Plastic Surgery
Cardiology	Hematology-Oncology	Ophthalmology	Pulmonology
Critical Care Medicine	Infectious Disease	Orthopedics	Rheumatology
Endocrinology	Nephrology	Otolaryngology	Surgery
Gastroenterology	Neurological Surgery	Physical Medicine and Rehabilitation	Urology

- ## CCS-Paneled Facilities
  - ➢ Contracts with pediatric hospitals, tertiary hospitals, NICUs, etc.

Network Adequacy: Health Network Status

- By December 19, 2018, health networks submitted all contracts (face sheets and signature pages) for all CCS core specialties and CCS-paneled hospitals
  - Letters of Intent (LOI) submitted if contracts were not available
- By February 15, 2019, submission of fully executed contracts are required to replace LOIs
- 12 participating health networks
  - 11 health networks at 100% compliant
  - 1 health network at 95% compliant
    - 1 deficiency = Infectious Disease
- CalOptima continues to work with health networks to obtain outstanding documentation

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WCM Network Adequacy Monitoring

- Quarterly monitoring of WCM network adequacy at the plan and health network level according to DHCS standards

- Network adequacy data will be reviewed quarterly by the Access and Availability Subcommittee and reported to the Member Experience Subcommittee

- Network adequacy deficiencies will be reported to the Compliance Committee and/or Audit & Oversight Committee and corrective action will be initiated, in accordance with CalOptima Policies:
  - ➢ HH.2005Δ: Corrective Action Plan and
  - ➢ HH.2002Δ: Sanctions

Member Impact

- CCS-eligible member assigned to a health network not participating in WCM
  - Prior to July 1, 2019, implementation or after
  - Existing member becomes CCS-eligible
- Assignment process
  - CalOptima sends the member notification and does telephonic outreach informing the member about the required change
  - Member is given the opportunity to select a participating health network, with the option to change health network monthly
  - If member does not choose, they will be assigned to a participating health network based on utilization and provider overlap
  - CalOptima will not assign members known to be CCS-eligible to a health network that is not eligible to participate in WCM

Member Impact (Cont.)

- New member to CalOptima who is CCS-eligible
  - CCS-eligibility confirmation in PEDI will initiate the assignment process

- Assignment process
  - CalOptima sends the member notification and does telephonic outreach informing the member about the required change
  - Member is given the opportunity to select a participating health network, with the option to change health network monthly
  - If member does not choose, will be assigned to a participating health network based on utilization and provider overlap
  - CalOptima will not assign members known to be CCS-eligible to a health network that is not eligible to participate in WCM

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Next Steps

- Review and update policies to incorporate regulatory and operational requirements

- Return to the Board in February and March

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CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

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How We Can Help - Optometry's Role in Patient Care

John Nishimoto, OD, MBA, Senior Associate Dean of Professional Affairs

Southern California College of Optometry at Marshall B. Ketchum University

How Optometrists Can Help - Currently

- Greater access for early detection and intervention
- Quality assurance
- Diabetic examinations: Increase HEDIS score
- Knowledge and professionalism
- Cost effective

Medi-Cal Managed Care Plans: Diabetes Care HEDIS Measures

Prepared for the California Optometric Association

California Health Policy Strategies, LLC

Revised July 17, 2016

Eye And Vision Care For All

Provide services for all ages; Infants to the elderly, including:

1. Primary eye care
2. Optical
3. Contact lenses (soft, hard and Prosthetics)
4. Pediatrics
5. Low vision rehabilitation
6. Vision therapy
7. Brain injury
8. Special populations
9. Therapeutic management of ocular disease (red eyes, glaucoma)
10. Urgent care

Diabetic Examinations

- Comprehensive eye examinations including diabetic eye examinations
- Latest technology to manage diabetic retinopathy
- Specialized ophthalmology care
- Medical laser treatment
- CalOptima - 63.89% of members received retinal/dilated eye exam in 2015.

Diabetic Retinopathy
Mild - peripheral
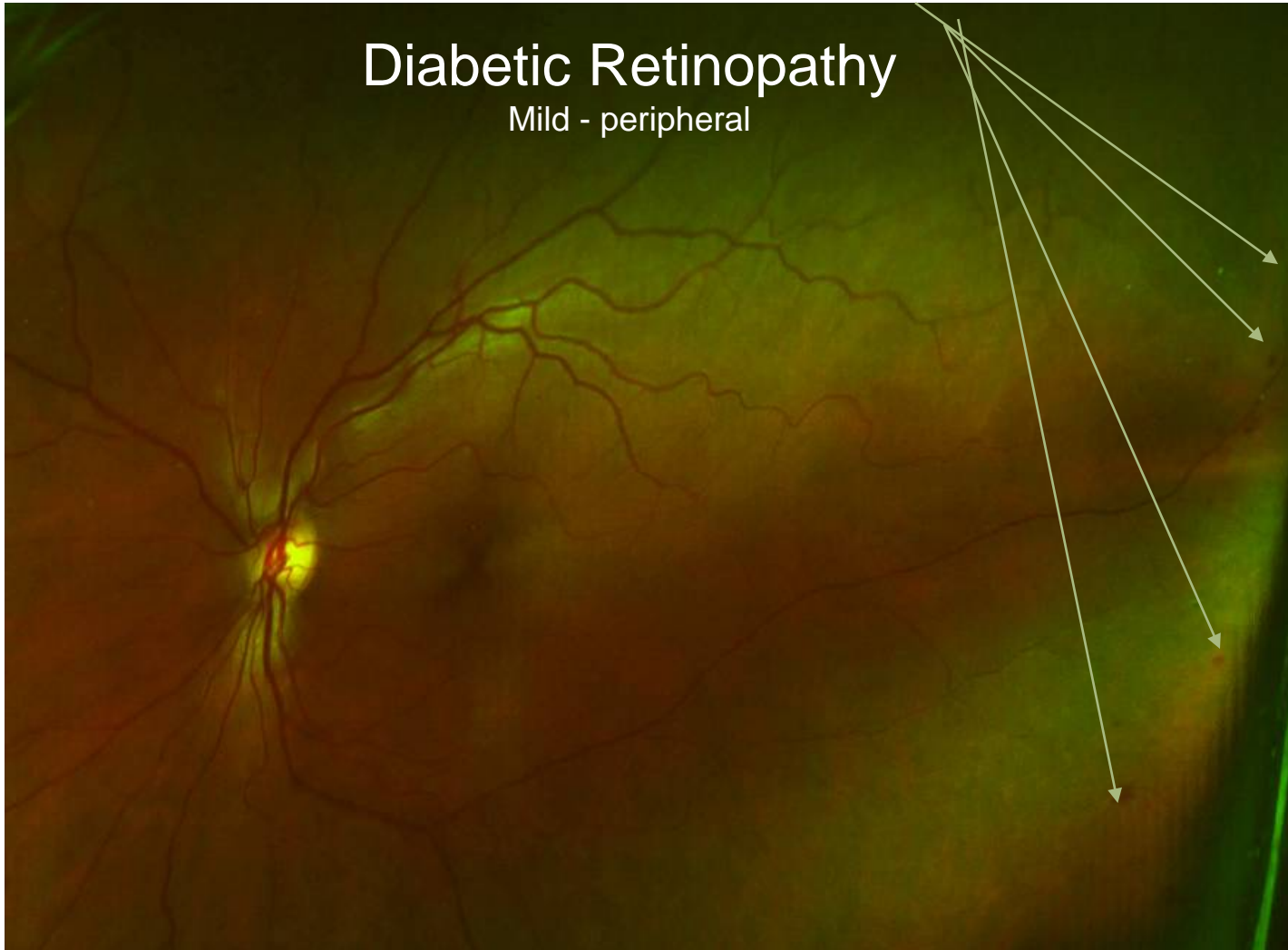
optomap image courtesy of Marshall B. Ketchum University

Diabetic Retinopathy

Hypertensive Changes to Retina

Marshall B. Ketchum University
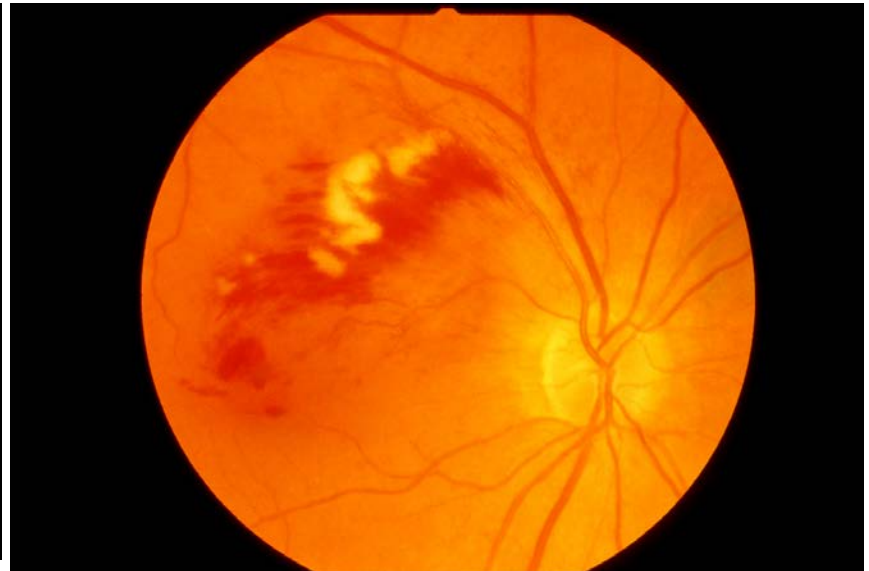
Malignant Choroidal Melanoma
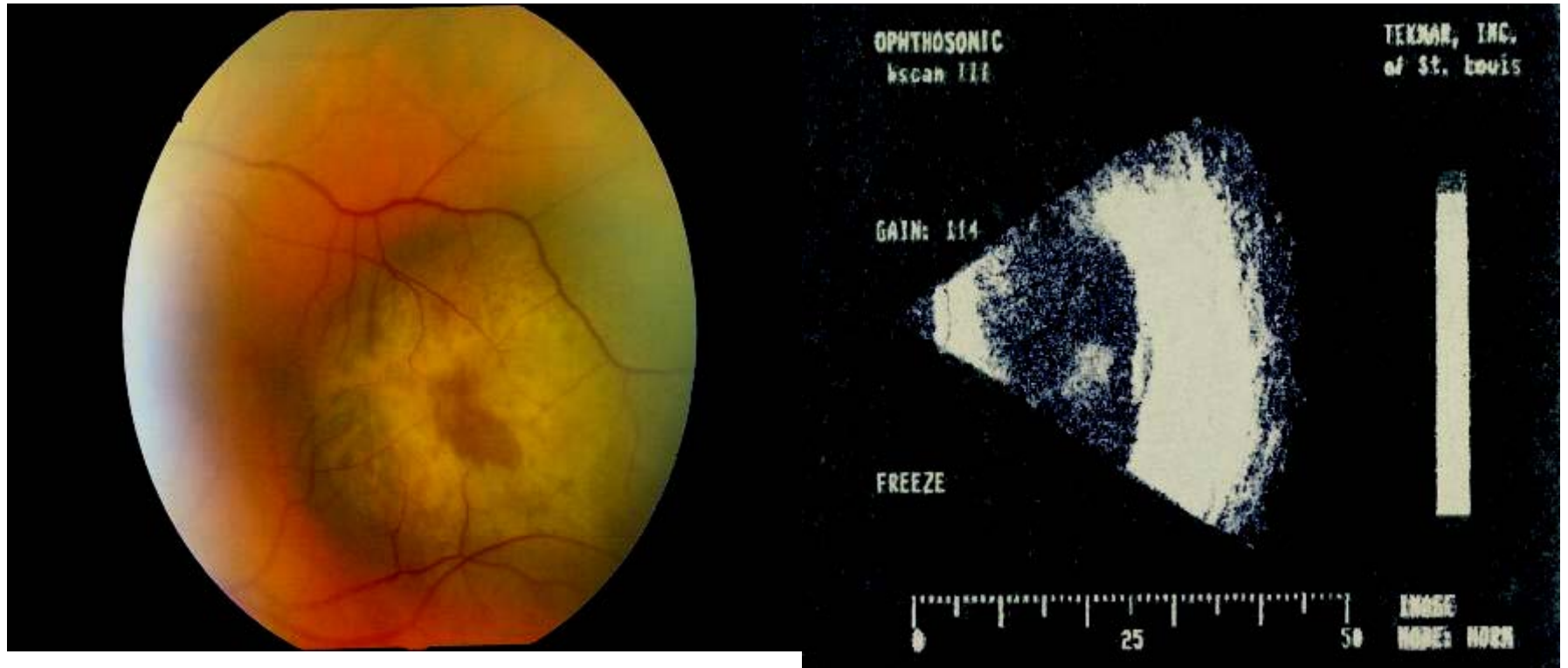
Retinal Detachment
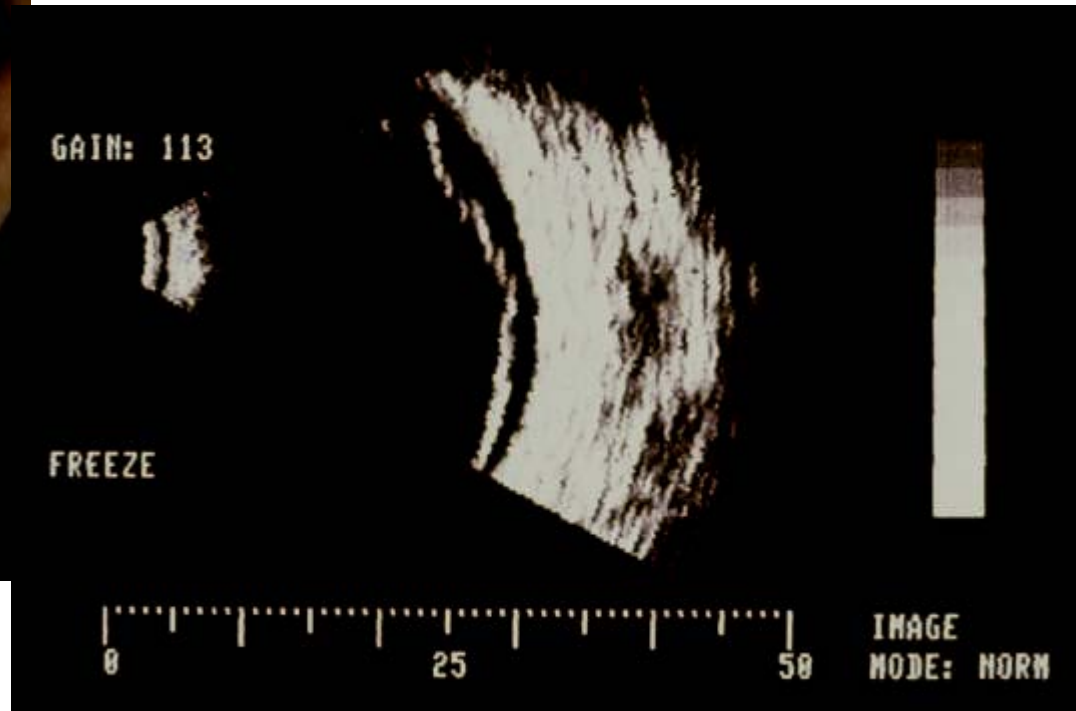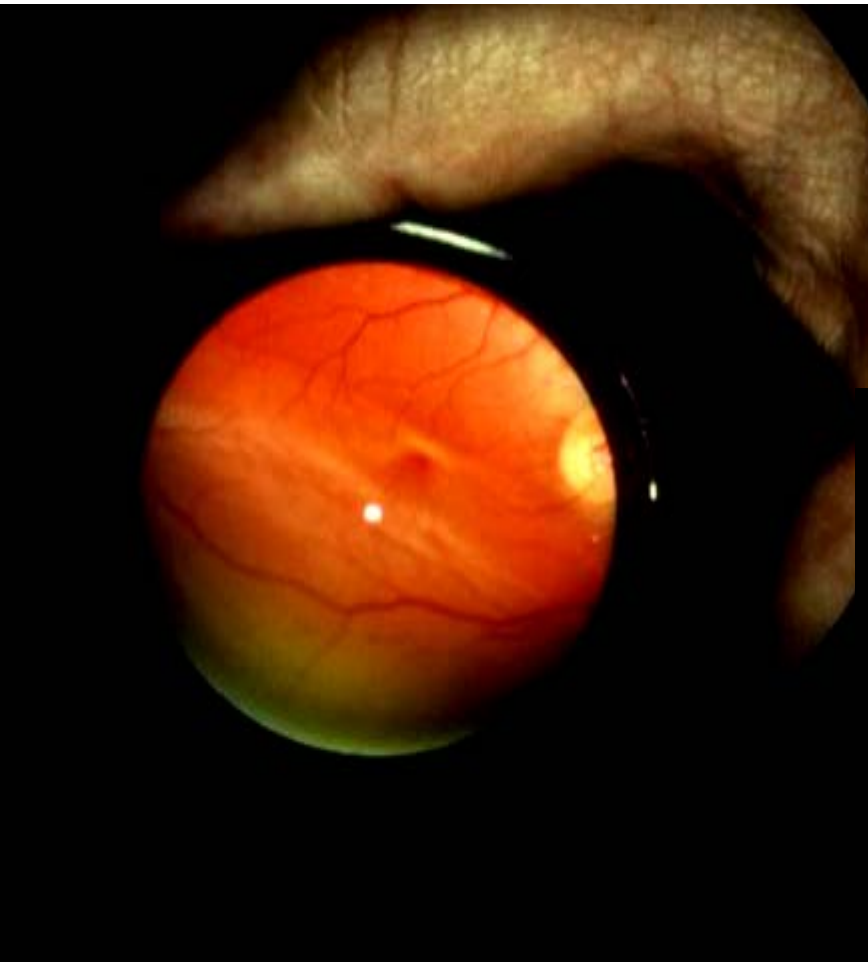
Acute Bacterial Conjunctivitis
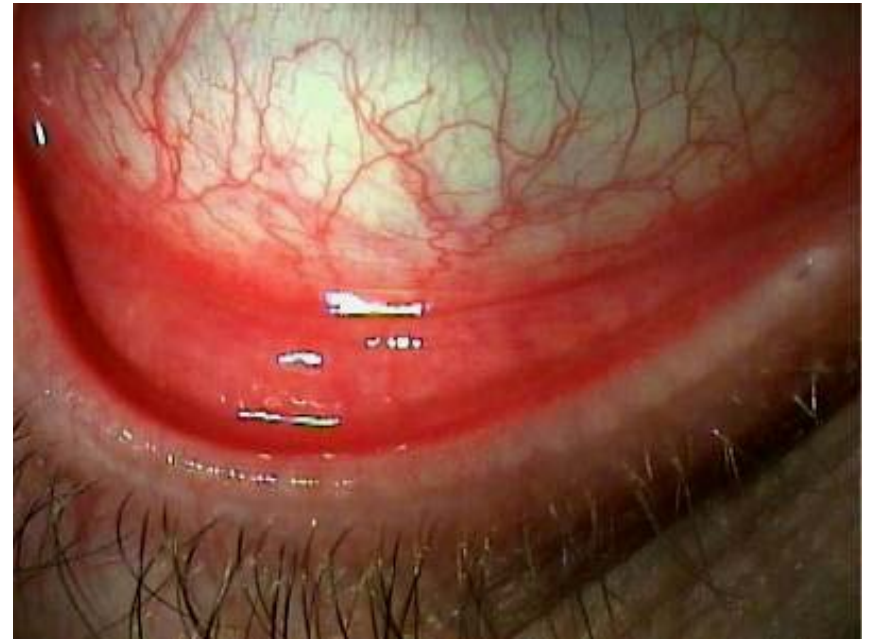
Bacterial Corneal Ulcer and Corneal Abrasion

Emergency Department Visits

Eye Care in EDs

Of the top 10 most common eye-related, non-injury diagnoses that are seen in EDs, the most prevalent are conjunctivitis, hemorrhagic conjunctivitis, and hordeolum.[1]

Using data from the California Office of Statewide Planning and Development (OSHPD), we can isolate ED visits associated with these three eye-related, non-injury diagnoses and analyze by payer.

1. Nash EA, Margo CE. Patterns of Emergency Department Visits for Disorders of the Eye and Ocular Adnexa. Arch Ophthalmol.1998;116(9):1222-1226. doi:10.1001/archopht.116.9.1222

California **H**ealth **P**olicy **S**trategies, LLC

Emergency Department Visits

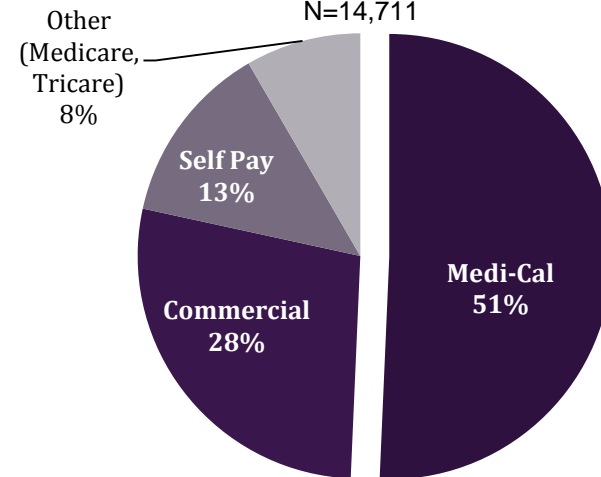## Los Angeles – All Diagnoses vs. Only Conjunctivitis

LA - All ED Diagnoses
N=2.8 million

Other (Medicare, Tricare) 17%
Self Pay 14%
Commercial 30%
Medi-Cal 39%
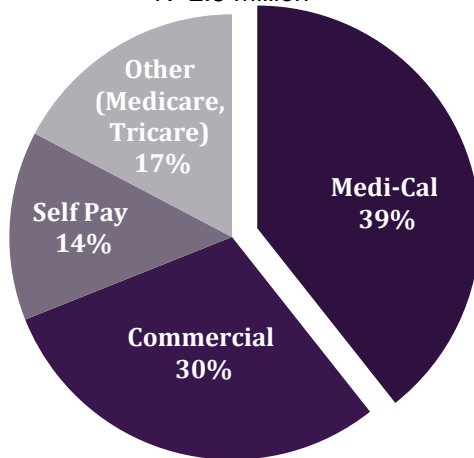
LA - Conjunctivitis Only
N=14,711

Other (Medicare, Tricare) 8%
Self Pay 13%
Commercial 28%
Medi-Cal 51%

Take Away:
When analyzing the diagnosis of conjunctivitis in EDs, the proportion of Medi-Cal increases drastically. Regardless of why this is occurs, there may be cost-savings from redirecting inappropriate eye-related ED visits to Optometrists.

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Digital Photos of Retina - courtesy of Optos, Inc

Early signs of disease can be present in the periphery of your retina and remain undetected for a long time when using traditional methods.

The **opto**map ultra-widefield retinal image is a unique technology that captures more than 80% of your retina in one panoramic image while traditional imaging methods typically only show 15% of your retina at one time.

Benefits of an optomap

The benefits of having an **opto**map ultra-widefield retinal image taken are:

- **opto**map facilitates early protection from vision impairment or blindness

- Early detection of life-threatening diseases like cancer, stroke, and cardiovascular disease

The unique **opto**map ultra-widefield view helps your eye care practitioner detect early signs of retinal disease more effectively and efficiently than with traditional eye exams

Early detection means successful treatments can be administered and reduces the risk to your sight and health.

200° 80%
with **opto**map ultra-widefield retinal imaging

45° 15%
without **opto**map
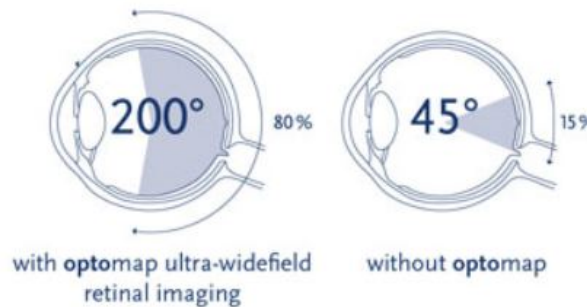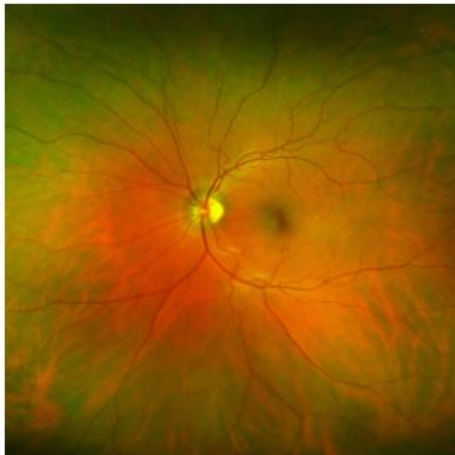
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Diabetic Retinopathy – **opto**map image courtesy of Optos, Inc. and Professor Paulo Stanga; OCT image courtesy of Dr. Raman Bhakhri
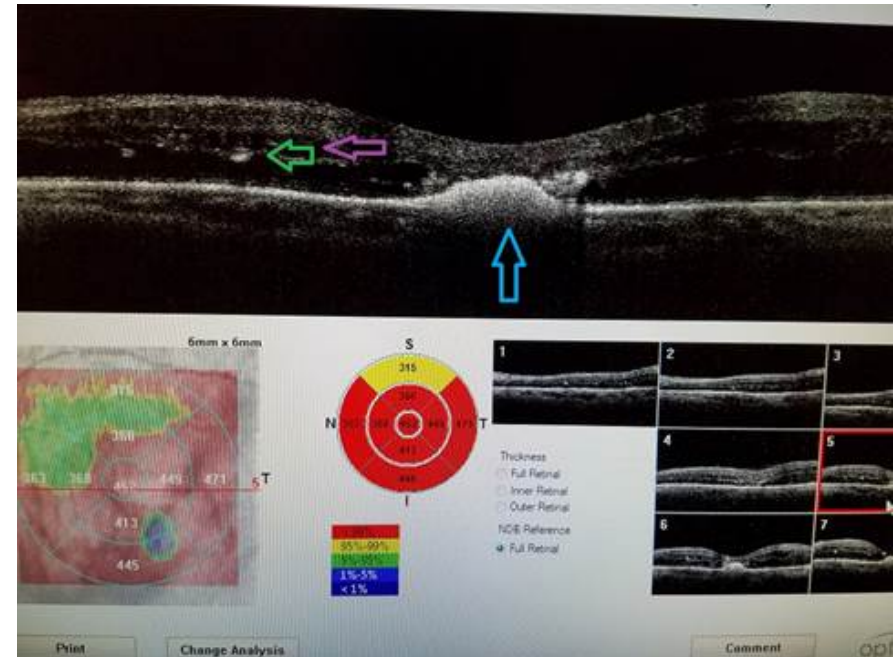
Challenges

Lack of integration between vision plan and health plan can prevent patients from receiving essential eye care:

- Patient inconvenience

- Lost opportunity for intervention

- Prescription medications not covered

- Lack of data sharing – HEDIS measures impacted

About Marshall B Ketchum University

Regionally and Professionally Accredited, not for profit Health Sciences University

1. Southern California College of Optometry
2. School of Physician Assistant Studies
3. College of Pharmacy

Ketchum Health – Patient Care Facility

1. Clinic facility in Anaheim, CA

2. 61 examination rooms

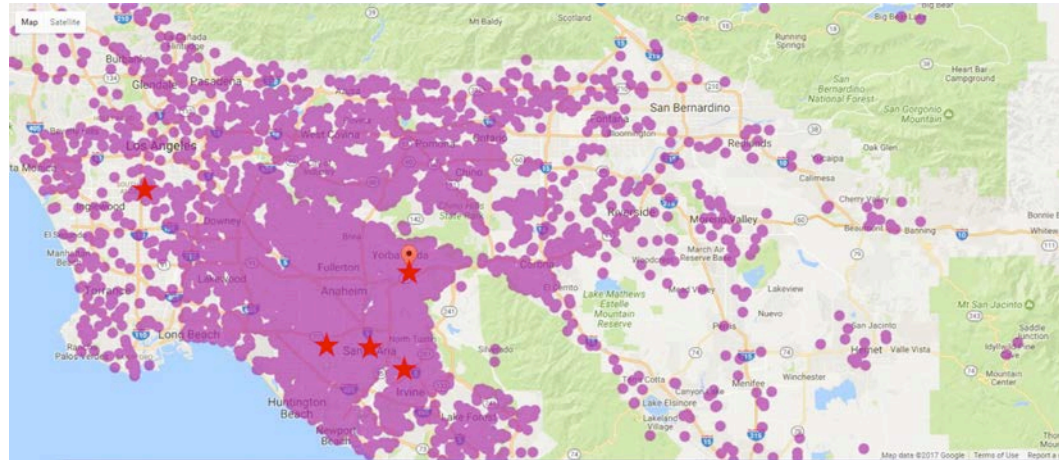3. Open six days a week, including Saturdays and evenings

Our Network and Where Do Our Patients Come From?

Ketchum Health - Anaheim, Los Angeles

Boys and Girls Club, Arches Clinic - Garden Grove

Hurtt Family Health Clinic

How Can We Help – Latest Addition

Medical care – Interprofessional collaborative practice/medical home

Questions?