

**NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
ONECARE CONNECT CAL MEDITCONNECT PLAN (MEDICARE-MEDICAID PLAN)
MEMBER ADVISORY COMMITTEE**

**THURSDAY, AUGUST 25, 2016
3:00 P.M.**

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

AGENDA

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

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

I. CALL TO ORDER

Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

A. Approve Minutes of the June 23, 2016 Meeting of the OneCare Connect Member Advisory Committee (OCC MAC)

IV. PUBLIC COMMENT

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

V. REPORTS

None

VI. PRESENTATIONS

- A. Presentation by The SCAN Foundation – Coordinated Care Initiative (CCI) Evaluation Survey Results

VII. CEO AND MANAGEMENT REPORTS

- A. Chief Executive Officer (CEO) Update
- B. Chief Medical Officer Update

VIII. INFORMATION ITEMS

- A. Healthcare Effectiveness Data and Information Set (HEDIS) Update
- B. Update on OneCare Connect Dental Benefit
- C. Federal and State Budget and Legislative Update
- D. OneCare Connect Member Enrollment Update
- E. OneCare Connect Update
- F. OCC MAC Member Presentation on Quarterly Ombudsman Update
- G. OCC MAC Member Updates

IX. COMMITTEE MEMBER COMMENTS

X. ADJOURNMENT

MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' ONECARE CONNECT CALMEDICONNECT PLAN (MEDICARE-MEDICAID PLAN) MEMBER ADVISORY COMMITTEE

June 23, 2016

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on June 23, 2016, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Patty Mouton called the meeting to order at 3:06 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Ted Chigaros, Christine Chow, Gio Corzo, Josefina Diaz, Susie Gordee, Donta Harrison, Sara Lee, Patty Mouton, George Crits, M.D., (non-voting), Jorge Sole (non-voting), Erin Ulibarri (non-voting)

Members Absent: Sandy Finestone, Lena Berlove (non-voting)

Others Present: Michael Schrader, Chief Executive Officer, Ladan Khamseh, Chief Operating Officer; Candice Gomez, Executive Director Program Implementation; Emily Fonda, M.D., Medical Director; Richard Bock, M.D., Deputy Chief Medical Officer; Caryn Ireland, Executive Director Quality Analytics; Phil Tsunoda, Executive Director Public Affairs; Albert Cardenas, Associate Director Customer Service; Belinda Abeyta, Director Customer Service; Becki Melli, Customer Service

MINUTES

Approve the Minutes of the May 26, 2016 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

Action: On motion of Member Susie Gordee, seconded and carried, the OCC MAC approved the May 26, 2016 minutes as submitted.

PUBLIC COMMENT

There were no requests for public comment.

CEO AND MANAGEMENT TEAM DISCUSSION

Chief Executive Officer (CEO) Report

Michael Schrader, Chief Executive Officer, provided an update on the Managed Care Organization Tax (MCO) approval. On May 17, 2016, the Centers for Medicare & Medicaid Services (CMS) signed off on California's MCO tax enabling the state to draw down additional

money to pay for the growing Medi-Cal program. The approval came after Governor Jerry Brown released the May Revision to his state budget proposal, which included revenue from the MCO tax. The tax will bring in an estimated \$1.1 billion for Medi-Cal in the coming fiscal year, as well as allocate more money for programs that serve people with developmental disabilities. The May Revision also authorizes continuation of the Coordinated Care Initiative (CCI), including CalOptima's OneCare Connect program, through January 1, 2018.

Chief Medical Officer (CMO) Update

Richard Bock, M.D., Deputy Chief Medical Officer, provided several brief medical updates. Dr. Bock reported that CalOptima has begun the Request for Proposal (RFP) process to identify a potential behavioral health vendor that could contract with CalOptima for all lines of business. He added that one vendor would be preferable, but is not a requirement. Dr. Bock reported that the Member Experience work group continues to work on improving patient satisfaction and member experience. The Pay for Value program, which is nearing completion, will offer physicians various incentives. Dr. Bock added that this program incorporates multiple lines of business and numerous health networks. CalOptima completed the pharmacy mock audit for the Pharmacy Benefit Management (PBM) and the process went smoothly with minimal changes.

INFORMATION ITEMS

Supplemental Transportation Benefits

Albert Cardenas, Associate Director, Customer Service, presented an overview of the OneCare Connect Supplemental Transportation Benefit. This supplemental benefit provides 30 one-way taxi trips per calendar year for health care related services. Trips are limited to a ten-mile radius from the OneCare Connect service area (Orange County line). Mr. Cardenas reported that approximately 2,158 OneCare Connect members, or 11.89%, utilized the transportation benefit as of May 31, 2016. The number of trips provided totaled 18,798, with members utilizing this service most frequently to go to their doctor's office and dialysis centers. The highest utilizers of the benefit were members between 70-79 years of age. Mr. Cardenas noted that American Logistics is the contracted vendor for this benefit.

Legislative Update

Phil Tsunoda, Executive Director, Public Affairs, provided an update on the 2016 Orange County open primary election results. As of Thursday, June 23, 2016, the Orange County Registrar of Voters had approximately 11,000 ballots remaining to be counted before officially certifying the election results. Mr. Tsunoda noted that several races were too close to call until all ballots were counted. The top two candidates in each race will move on to the November General Election. The Orange County Registrar of Voters anticipated finalizing the ballot count by June 24, 2016. After the final count, the candidates have five days to contest the results and ask for a recount. Any delay would prolong the period before we know who would advance to the General Election in November.

OCC Member Enrollment Update

Belinda Abeyta, Director, Customer Service, provided an update on the OneCare Connect member enrollment. As of June 16, 2016, OCC enrollment was 18,431 with an opt-out rate of

60.12%. The three health networks with the highest enrollment were Monarch, Prospect Medical, and CalOptima Community Network.

Candice Gomez, Executive Director, Program Implementation, updated the committee on the Long-Term Care (LTC) facility passive enrollment for OneCare Connect. There are 58 facilities remaining for passive enrollment for the month of July, which is the last month of passive enrollment. Many of these facilities have less than five members. The LTC opt-out rate for June is 69.75%.

OneCare Connect Update

Ms. Gomez reported on the state's dual Medicare and Medi-Cal beneficiaries survey for individuals enrolled in the Cal MediConnect (CMC) program. The survey measured the member's satisfaction with their transition to the new program and was conducted on behalf of the SCAN Foundation and in conjunction with the Department of Health Care Services (DHCS). The survey indicated that Cal MediConnect enrollees are expressing increased confidence in the program and increased satisfaction with their health care services over time. The most commonly cited problem was a member's physician not being available through the Cal MediConnect program. About two thirds of the members reported that having a main contact in the plan, such as a Care Navigator or Case Manager, has helped improve their care.

OCC MAC Member Presentation – Overview of the Orange County Social Services

Agency Adult Services Division

Member Jorge Sole, Deputy Director, Social Service Agency (SSA), provided an overview of the Orange County SSA Adult Services Division. The Adults Services division has responsibility for Adult Protective Services (APS) and In-Home Supportive Services (IHSS). APS is a state mandated program that responds to allegations of elder and dependent adult abuse. Mr. Sole explained that the incidence of elder abuse increases significantly with age, as seniors who are 85 years and over are almost six times more likely to be suffering from abuse as those between the ages of 64-69. IHSS is a state program that helps pay for services provided to low-income elderly, blind or disabled individuals so they can remain safely in their homes. IHSS is an alternative to out-of-home care, such as nursing homes or board and care facilities. Mr. Sole noted that 21,432 IHSS providers are in active status in Orange County and approximately 70% of these providers are relatives of the recipient. The IHSS Public Authority (PA) keeps a registry of about 5,000 providers for recipients looking for a care provider.

OCC MAC Member Updates

Chair Mouton announced that the Alzheimer's Orange County and Orange County Advance Care Planning Partners are sponsoring a leadership forum on end of life care that will be held August 4, 2016.

Member Sole announced that social workers in the APS division welcome donations for two charitable programs, including 'Senior Santa & Friends' and 'Operation Santa Claus'. He added that he would inquire about having a presentation on these programs at an upcoming OCC MAC meeting. Member Sole also said that he would try to arrange a presentation on Medi-Cal

eligibility to give OCC MAC committee members a better understanding of what the eligibility requirements are.

Member Erin Ulibarri will present on the Orange County Office on Aging at the July OCC MAC meeting and Member Sara Lee will present her Quarterly Ombudsman Update in August. Members Josefina Diaz and Susie Gordee volunteered to present at upcoming meetings.

Chair Mouton announced that the next OneCare Connect MAC meeting is July 28, 2016 at 3:00 p.m.

ADJOURNMENT

Hearing no further business, Chair Mouton adjourned the meeting at 4:35 p.m.

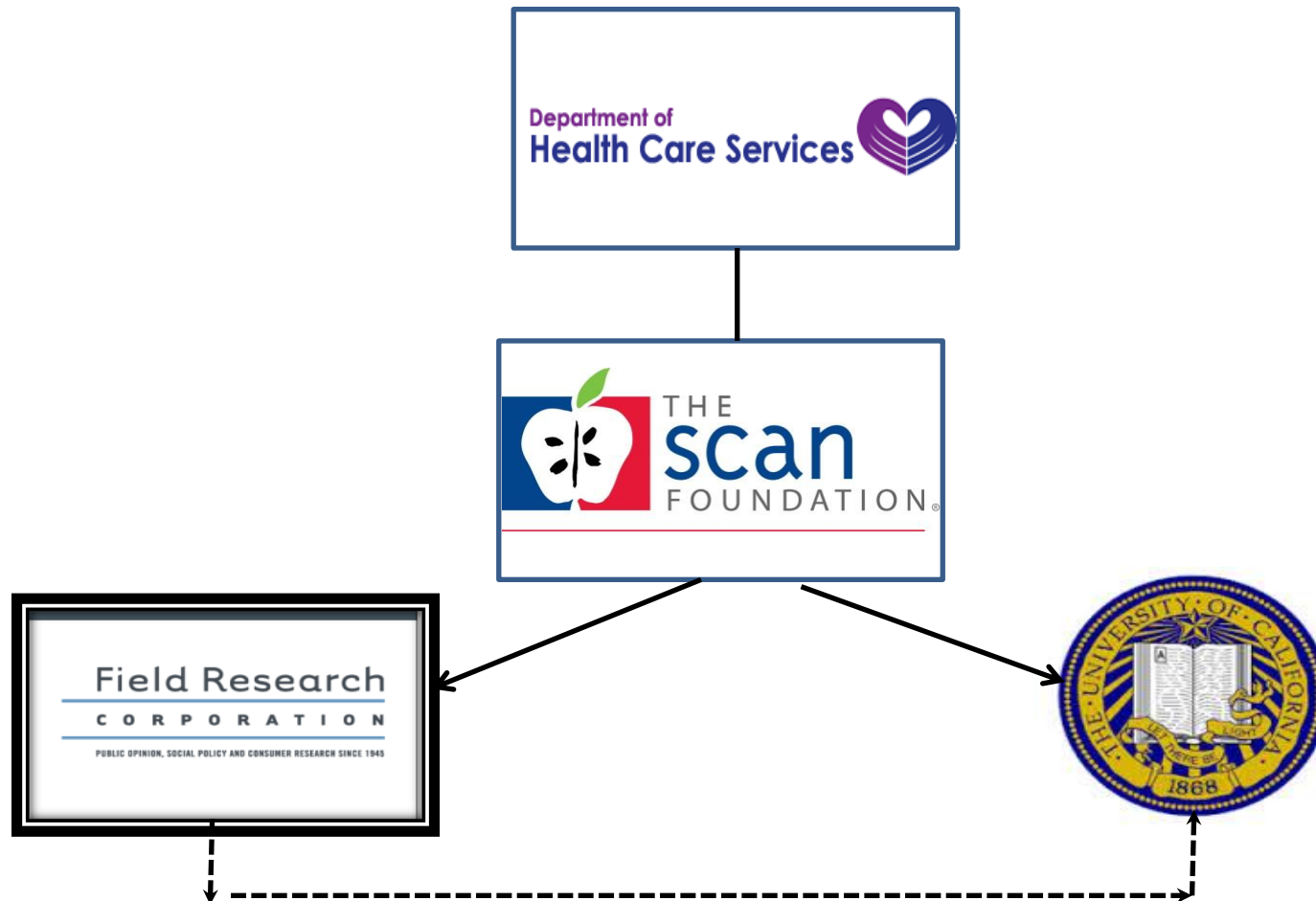
/s/ Cindi Reichert
Cindi Reichert
Program Assistant

Approved: 8.25.2016

Hearing from California's Dually-Eligible Individuals on the CCI:

Findings from Waves 1-3 of the Rapid Cycle Polling Project

Megan Juring
Program Officer



Rapid Cycle Polling Project

Objective: Capture Dual Eligible Experience (snapshot)

Project Timeframe: 2015 - 2016

Methods/Tools: Short survey

Evaluation of

California's Coordinated Care Initiative(CCI)

Objective: In-depth evaluation of California CCI

Project Timeframe: 2015 - 2017

Methods/Tools: Focus groups, longitudinal survey of dual eligibles, health system response study

Rapid Cycle Polling Objectives

***Evaluate and track beneficiary transition into
Cal MediConnect over time***

Key Measures:

- Confidence and satisfaction with health services
- CMC enrollee comparison to opt-outs & others in non-participating counties
- Characteristics of CMC opt-outs

Field Research Corporation Polling

Data collection periods

- Wave 3: February – April 2016
- Wave 2: October – November 2015
- Wave 1: June – September 2015

Populations surveyed

- All Waves: CMC enrollees & opt-outs in 5 counties (LA, Riverside, San Bernardino, San Diego, & Santa Clara), and two non-CMC counties (San Francisco & Alameda)
- Wave 3 expanded to include CMC enrollees & opt-outs in two additional counties (Orange & San Mateo)

CMC Enrollee Confidence & Satisfaction

	<u>% satisfied</u>		
	<u>W1</u>	<u>W2</u>	<u>W3</u>
▪ Amount of time doctor/other staff spends w/them	83	85	87
▪ Information health plan gives explaining benefits	76	73	84
▪ Choice of doctors	77	78	83
▪ Choice of hospitals	76	77	81
▪ Way different health providers work together	77	78	82
▪ How long to wait to see a doctor when needed	73	76	77

Perceived Impact of Care Managers* on the Quality of Care

	<u>CMC enrollees</u>	<u>CMC opt-outs</u>	<u>Non-CMC counties</u>
Has a single care manager	<u>36%</u>	<u>35%</u>	<u>38%</u>
<u>Has improved care...</u>			
A lot	24	23	26
A little	6	7	7
Not at all	3	2	3
Not reported	3	3	2

(n=1,704)

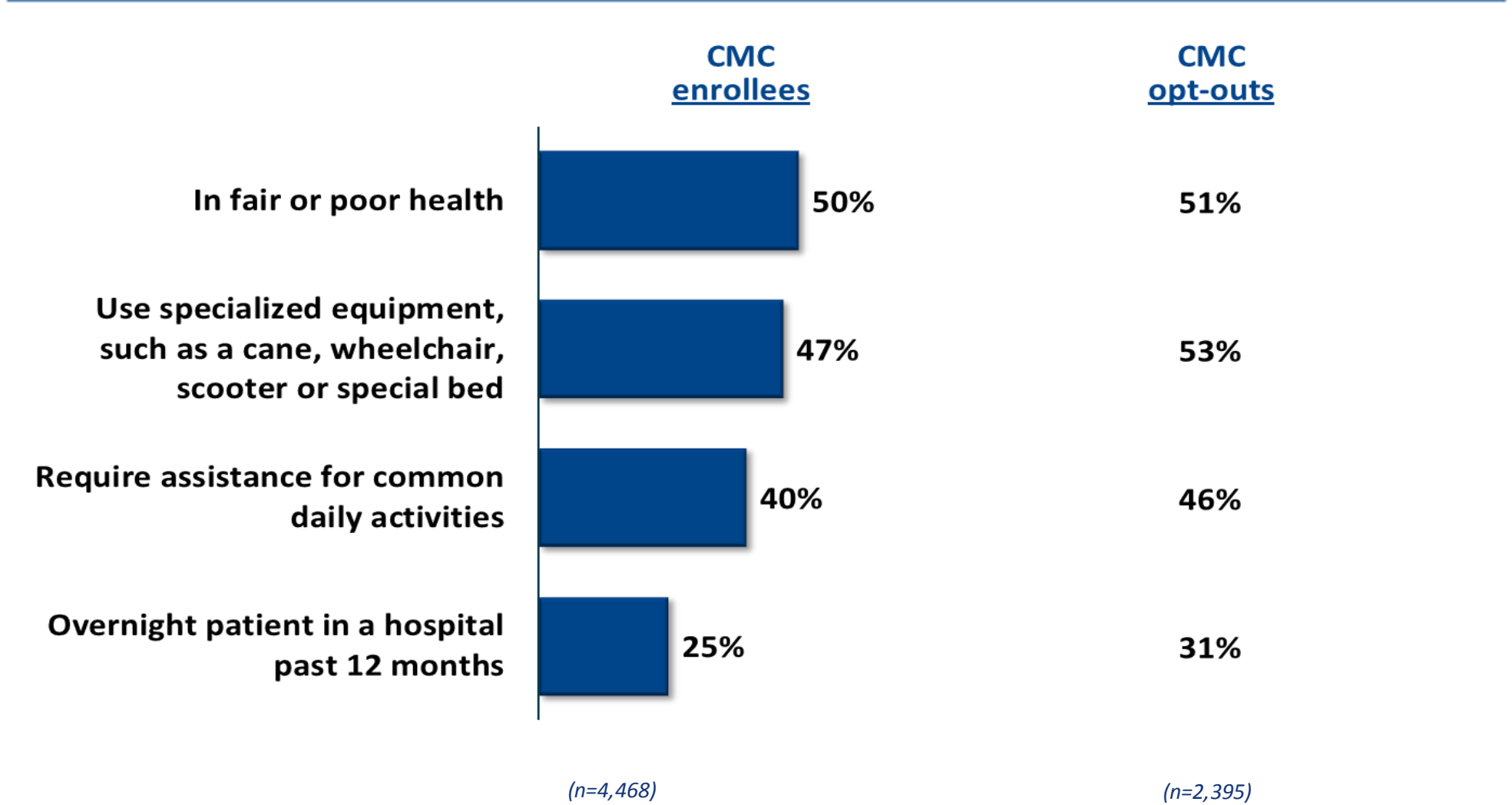
(n=1,026)

(n=571)

Perceived Impact of Personal Plan on the Quality of Care

	<u>CMC enrollees</u>	<u>CMC opt-outs</u>	<u>Non-CMC counties</u>
Has a personal care plan	<u>33%</u>	<u>38%</u>	<u>40%</u>
<u>Has improved care...</u>			
A lot	22	26	26
A little	7	7	8
Not at all	3	3	3
Not reported	1	2	3
	(n=1,704)	(n=1,026)	(n=571)

Characteristics of CMC Enrollees and Opt-outs in 7 Counties



Characteristics of CMC Enrollees in Orange County

CMC enrollees

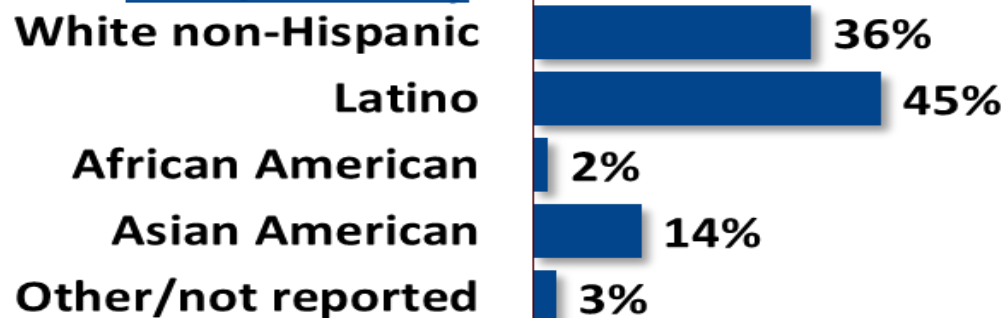
Gender



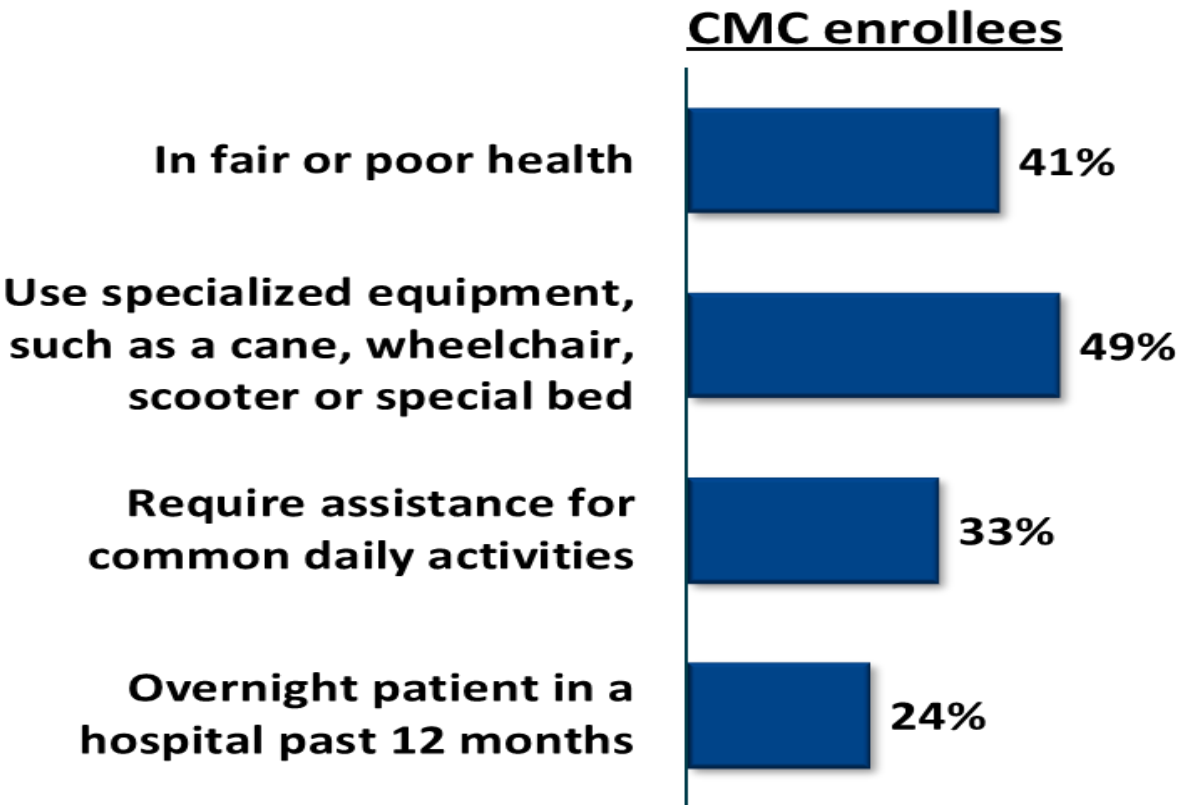
Age



Race/ethnicity

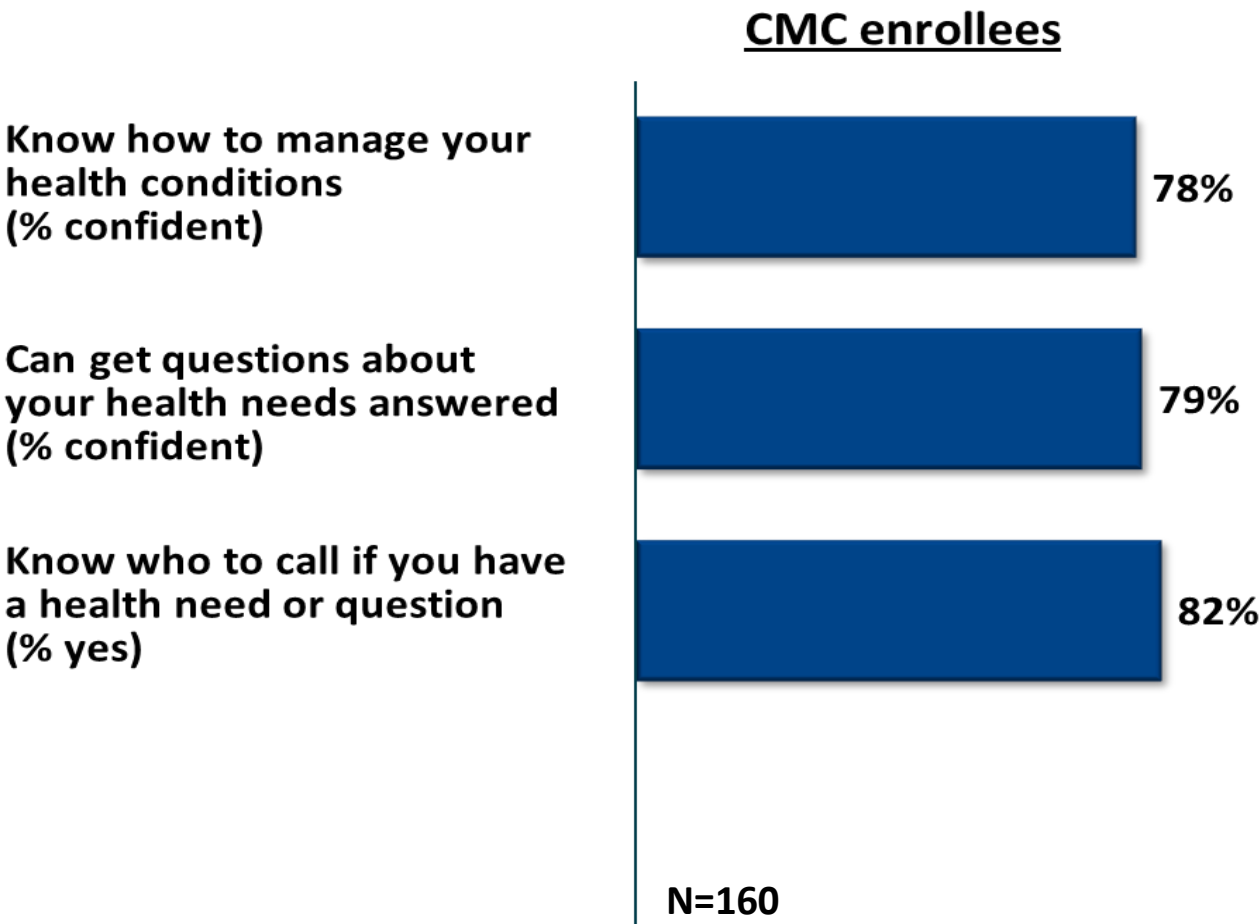


Characteristics of CMC Enrollees in Orange County

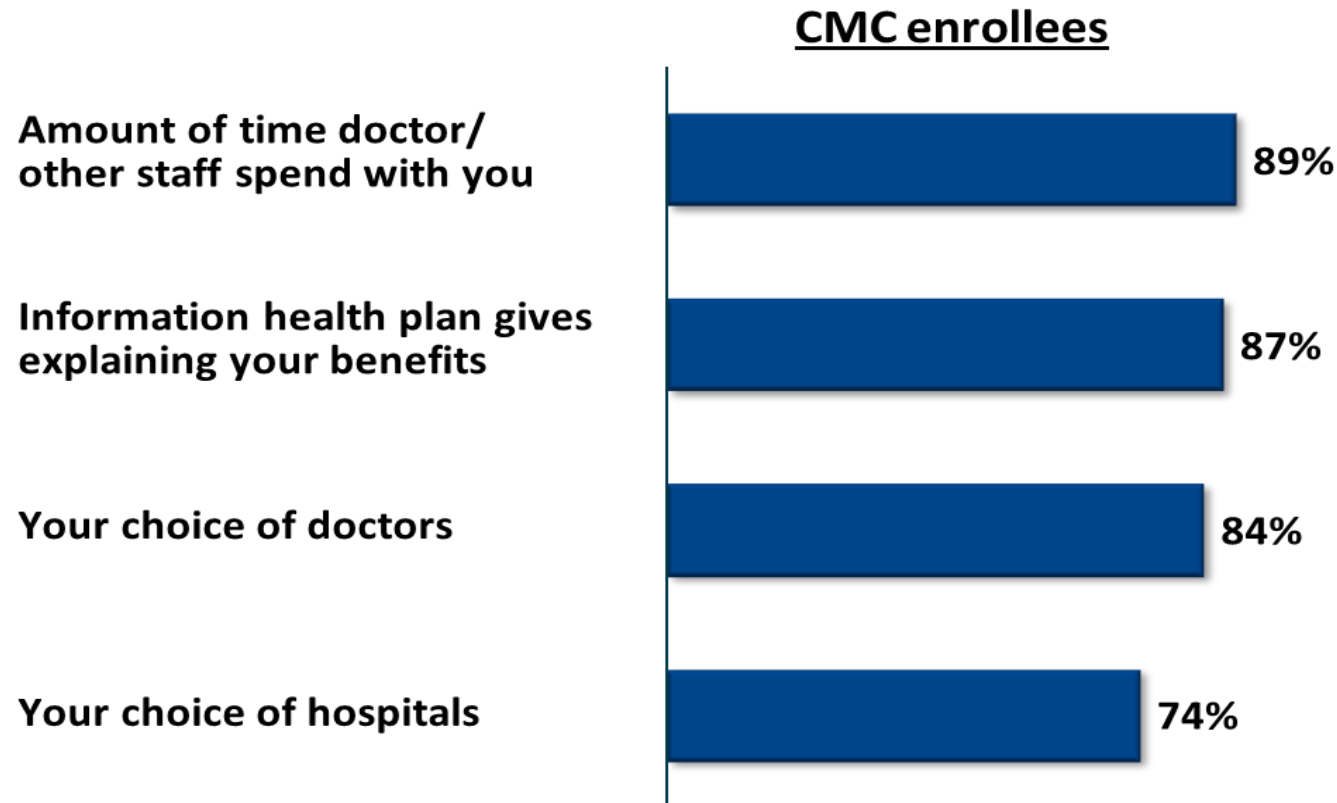


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How Confident Are CMC Enrollees in Orange County?

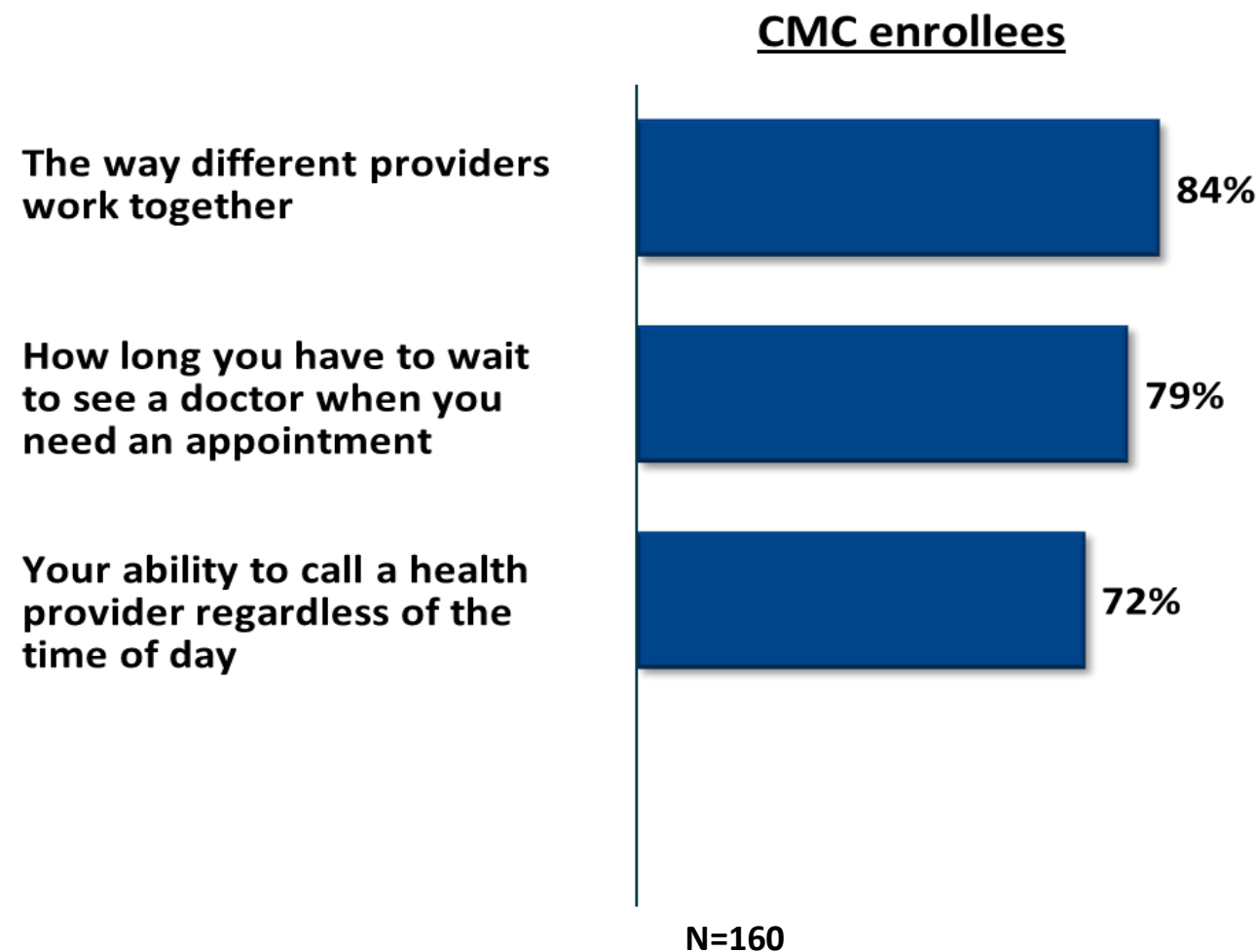


How Satisfied Are CMC Enrollees in Orange County?

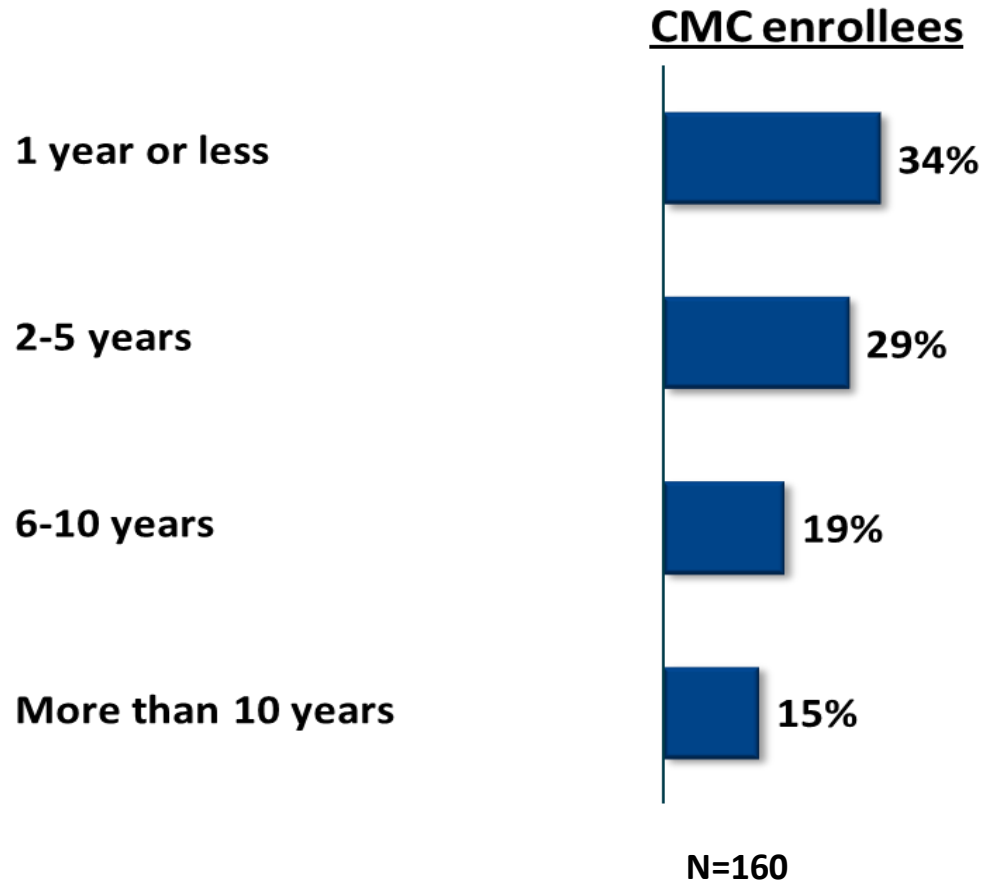


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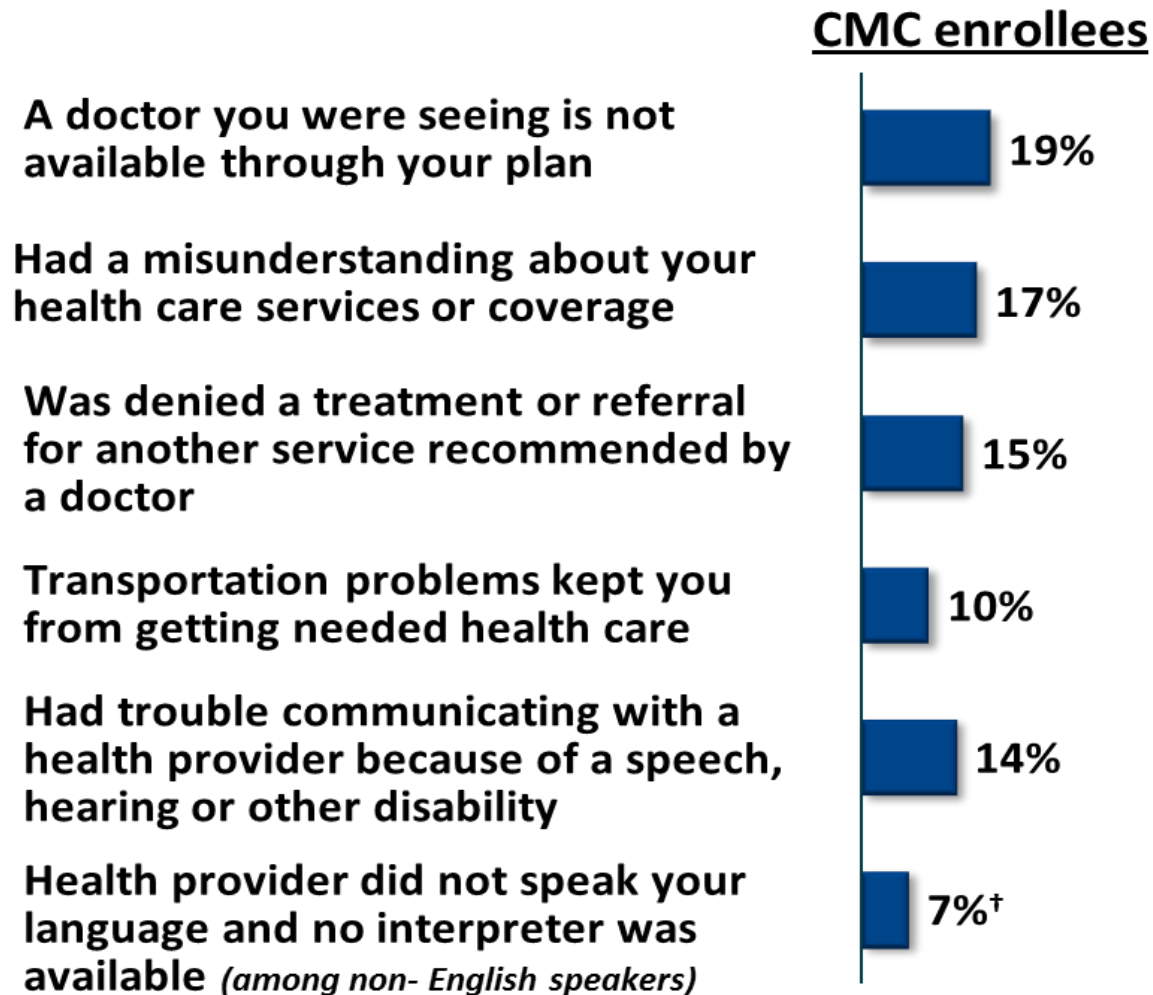
How Satisfied Are CMC Enrollees in Orange County?



How Long Have CMC Enrollees Been Seeing Their Doctor?



What Problems Have Orange County CMC Enrollees Had in the Past Year?



What's Next?

Rapid cycle polling from Field Research Corporation

- **Wave 4, Fall 2016**

UC evaluation

- **Health system response report, July 2016**
- **Telephone survey, August 2016**
- **Case studies, 2017**

Our Vision:

A society where older adults can access health and supportive services of their choosing to meet their needs.

Our Mission:

To advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

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MEMORANDUM

DATE: August 4, 2016
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

Medi-Cal Rates

At your Board's June meeting, CalOptima received approval of our FY 2016–17 Operating and Capital Budgets, which included rate adjustments for contracted providers in the Medi-Cal Classic and Medi-Cal Expansion (MCE) programs. However, staff had yet to propose a plan for implementing a budgeted 4 percent increase in Medi-Cal Classic rates for hospitals and professional services, including Community-Based Adult Services centers. Action was also continued on implementing MCE rate adjustments to specialists and aligning contract terms with the fiscal year. Further, an MCE rate adjustment is now being proposed for hospitals reimbursed using an All Patient Refined Diagnosis Related Group (APR-DRG) methodology to align their reimbursements with other contracted hospitals. Staff's recommended implementation plans for these rate changes will be presented to your Board this month. Medi-Cal Classic members represent three fourths of our overall membership, while our MCE population is one fourth.

Final FY 2016–17 State Budget

On June 27, Gov. Jerry Brown signed the state's FY 2016–17 budget into law. The budget is consistent with his overall focus on ensuring the state is prepared for a potential economic slowdown. As such, the budget transfers \$2 billion more than the required amount into the state's Rainy Day Fund and pays down some existing debts and liabilities. At the same time, as a reflection of the state's current financial health, the budget increases funding for education and programs that address homelessness and poverty. Related to health care, Medi-Cal spending has increased marginally to account for additional items included in the budget, such as the limitation of Medi-Cal estate recovery and the restoration of acupuncture as a Medi-Cal benefit.

Department of Health Care Services (DHCS) Audit

In July, CalOptima received the final report from the annual DHCS audit of our Medi-Cal plan conducted in February 2016. Auditors stated that they found significant improvements, reporting only three findings compared with 31 in the prior year. Approximately 12 auditors came on-site, and the audit spanned two weeks and covered CalOptima and our health networks. Six categories were reviewed: utilization management, continuity of care, access and availability, members' rights, quality management, and administrative and organizational capacity.

OneCare Connect (OCC)

This summer marks two milestones for OCC, a Cal MediConnect (CMC) plan authorized by California's Coordinated Care Initiative (CCI). July 2016 was the one-year anniversary of OCC operations and the completion of the passive enrollment process. As of August 2016, OCC has more than 19,000 members, which makes it the second largest CMC plan in California. Work continues within CalOptima and at the state level to enhance awareness of and enrollment in CMC plans. Below are updates about recent activities:

Direct Mail: Given that passive enrollment is complete, OCC is now focused on voluntary enrollment to continue its growth. To generate enrollment leads, CalOptima has launched a direct mail campaign, the marketing approach that proved successful with OneCare. Started in July, the campaign has two target audiences. First, individuals soon turning 65 will receive three notices over a 90-day period in advance of their birthdays, inviting these people "aging into" Medicare to consider OCC. CalOptima will mail to approximately 1,200 people a month. Second, all dual eligibles in Orange County will receive sales letters highlighting the benefits of the plan on a recurring basis.

Community Outreach: In partnership with the state's outreach contractor Harbage Consulting, CalOptima participated in an OCC Forum on July 20 for more than 40 stakeholders and other referral sources. I provided opening remarks, and a panel of stakeholders responded to questions. Other events are planned for the coming months to ensure awareness remains high.

Continuity of Care Provisions: As part of a broader CCI sustainability strategy, DHCS released in July a revised continuity of care policy designed to remove barriers between members and their current providers and encourage enrollment in CMC plans. Effective October 1, the continuity of care period for Medicare services will be increased from six months to 12 months to match the Medi-Cal continuity of care period, and the requirement to show an existing relationship with a specialist is just one visit within the prior 12 months, like it is with primary care providers. Continuity of care provisions allow members to receive care for a period of time from non-contracted providers with whom they have existing relationships while those providers enter into contracts with the plans.

Mental Health Services Act (MHSA) Funds

Orange County will have more options to support people experiencing a mental health crisis, thanks to Sen. John Moorlach's SB 1273 and new DHCS guidance. Supported by CalOptima, the legislation highlights the need to clarify the allowable uses for MHSA funds, and it passed unanimously in the Senate. With that impetus, DHCS took up the issue on the administrative side, issuing guidance in late July stating that counties may use MHSA funds to provide crisis stabilization services on a voluntary or involuntary basis. This will provide counties with more flexibility in funding outpatient care, which may help relieve emergency room overcrowding by people with mental health needs.

Whole-Person Care (WPC) Pilot

WPC pilots are part of the new five-year 1115 Medicaid Waiver. These pilots will be funded by county dollars, which are matched with federal funds through Intergovernmental Transfers (IGTs). On July 1, Orange County submitted an application to DHCS for a WPC pilot designed to better serve the homeless population. As the lead entity, OC Health Care Agency would contribute \$2.35 million a year for the next five years and receive matching federal dollars, and

program spending would total \$23.5 million. As the county's Medi-Cal plan, CalOptima is a required participating entity. Among the proposed elements of the pilot is WPC Connect, a system to alert participating entities when a person experiencing homelessness is treated in the emergency room. Those entities would then connect the individual to recuperative care or other supportive services. After reviewing WPC applications, the state will select counties in October.

SB 75: Medi-Cal for All Children

In the past few months, CalOptima has gained about 8,400 children members who are now eligible for full-scope Medi-Cal under SB 75, a bill that extends coverage to children under 19 regardless of immigration status. While the transition of about 9,800 Orange County children from limited-scope to full-scope Medi-Cal was originally supposed to occur June 1, the state encountered data issues that led to a phased transition process. About 6,000 children moved in June, another 2,400 transitioned in July, and the final group is expected in August.

Medical Loss Ratio (MLR) Audit Request for Proposal (RFP)

At your Board's request and through an RFP process, CalOptima will contract with a third-party auditor to verify the MLR for capitated entities, including health networks and hospitals. The RFP generated three responses, and an internal team is in the process of selecting a vendor. Upon selection, we will seek your Board's approval for funding the auditing engagement. The auditor will use the Centers for Medicare & Medicaid Services (CMS) definition of MLR to determine expenses included and excluded. The audit results will show MLR by line of business, including Medi-Cal Classic, MCE, Medi-Cal overall, OCC and CalOptima overall.

Behavioral Health RFP

CalOptima is in the midst of a Behavioral Health RFP process to engage a new vendor for Medi-Cal, OCC and OneCare. We received five proposals, which were evaluated by subject matter experts and then scored by a panel. The next steps are as follows:

- August 4: Panel discusses final scoring/ranking; selects finalists for on-site interview
- August 8–10: Panel conducts interviews
- September 1: Board receives presentation; considers approval of staff recommendation
- October 3: Implementation process begins
- January 1, 2017: Contract starts

Illumination Foundation Award

Thanks to a nomination by CalOptima, Illumination Foundation won the Association for Community Affiliated Plans (ACAP) Supporting the Safety Net Award for its innovative work in recuperative care for homeless Medi-Cal members. In July, Illumination Foundation CEO Paul Leon attended the ACAP CEO Summit in Washington, D.C., where he made a presentation. The award includes a \$500 donation to the Irvine-based organization.

Key Meetings

Below are brief summaries of key meetings during the past two months:

- *Hospital Association of Southern California (HASC) Medi-Cal Task Force*: In June and July, I participated in a new group convened by HASC called Medi-Cal Task Force: Promoting Accessibility and Sustainability of Medi-Cal in Local Communities. The meeting gathered

nearly 30 key leaders of hospitals, public managed care plans, community health centers and provider organizations from six Southern California counties. I represented Orange County along with Chairman Mark Refowitz, Suzanne Richards, CEO of KPC Health, and Joseph Ruggio, M.D., a cardiologist and former member of CalOptima's Provider Advisory Committee. The task force charter is to seek opportunities to support population health and improve the Medi-Cal delivery system across the state. (A similar group was also convened in Northern California.) Two additional meetings are planned, and the goal is to develop a common policy agenda for collaborative efforts across organizations and forge an advocacy platform for use at the state level.

- *UC Health:* In June, I participated in a regional meeting between leaders of Southern California Medi-Cal plans and executives from UC Health, the organization overseeing UC medical schools and centers statewide. The meeting included UC Health Executive Vice President John Stobo, M.D., L.A. Care CEO John Baackes, Inland Empire Health Plan CEO Brad Gilbert, M.D., along with consultants for UC Health. UC Health requested the meeting to update health plans about UC's Medi-Cal activities and to discuss their strategy to potentially develop a systemwide Medi-Cal agreement across all five medical centers. Historically, UC Health has limited its Medi-Cal line of business, but given the growth of Medi-Cal in California, UC is re-examining its approach. Additional meetings will be planned, which may lead to closer collaboration in the future.
- *Safety Net Summit:* The Coalition of Orange County Community Health Centers and CalOptima organize a quarterly Safety Net Summit to gather Orange County's community health center leaders, CalOptima staff and other stakeholders. The June meeting addressed several topics in which CalOptima is involved, including the WPC pilot, Health Homes Program, IGTs and Medi-Cal auto assignment to community clinics. The meeting was well attended by representatives from seven clinics: AltaMed Health Services, Hurtt Family Health Clinic, KCS Health Center, North Orange County Regional Health Foundation, St. Jude Neighborhood Health Center, Serve the People Community Health Center and Share Our Selves Community Health Center.
- *CMS Medicare Directors Meeting:* In June, I meet with senior Medicare staff at CMS, including Cheri Rice, director of the Medicare Plan Payment Group, and Kathryn Coleman, director of the Medicare Drug and Health Plan Contract Administration Group. I shared updates regarding CalOptima's Medicare programs (OCC, OneCare and PACE) and some of our innovative initiatives, such as the proposed incentive program for physicians serving members in long-term care facilities. The meeting was productive, and the CMS team was pleased to learn about CalOptima's recent successes, such as our quality rankings, membership growth, and increased access for members through new delegated and direct provider networks.
- *Healthy Smiles Meeting:* Healthy Smiles for Kids of Orange County invited me to present a CalOptima overview to its Board members. I shared details about our programs, provider network and employee base as well as our efforts with IGTs. Healthy Smiles received a two-year \$400,000 IGT grant to deliver dental services using a school-based model. In the first year, Healthy Smiles held 246 events at 93 schools and performed more than 13,500 dental screenings, which exceeded its goal of 10,000–12,000 screenings.

Studies, Reports and Surveys

Orange County and CalOptima are the subject of several recent publications. See summaries of and links to the relevant material below.

- *Regional Market Study*: California Health Care Foundation's California Health Care Almanac examines the health care market in Orange County. I was interviewed on a few occasions for the study, and a fair amount of the material addresses the changes to Medi-Cal since the implementation of the Affordable Care Act. Download the full study [here](#).
- *Community Indicators Report*: Co-sponsored by CalOptima and other agencies, the 2016 Orange County Community Indicators Report is now available on the county's website [here](#). The health section of the report highlights the increase in access and decrease in the uninsured population stemming from the expansion of Medi-Cal. The report also addresses several health trends, including obesity, chronic disease, mental health and substance abuse, as well as care for the elderly.
- *Duals Demonstration Report*: ACAP and the Center for Health Care Strategies released a report identifying innovations brought about by the duals demonstrations nationwide, as well as lessons for integrating care for dual eligible beneficiaries. It features the experiences of 14 ACAP plans, including CalOptima. OCC is favorably mentioned for our proactive enrollment strategy with long-term care facilities, recuperative care for homeless members and value-based purchasing. Read the report [here](#).
- *SCAN/Field Research Survey*: The SCAN Foundation released the third edition of its Field Research survey to measure member satisfaction with CMC plans, including — for the first time — OCC. View a summary [here](#). In general, members report an increasing level of satisfaction with CMC plans across six indicators, including the amount of time their doctor spends with them, information received from their health plan, their choice of doctors and hospitals, the way different health providers work together, and how long they have to wait for appointments.



CalOptima
Better. Together.

HEDIS® 2016 Results

OCC Member Advisory Committee
August 25, 2016

Caryn Ireland
Executive Director, Quality

HEDIS and Regulatory Reporting

- Department of Health Care Services (DHCS)
 - 15 External Accountability Set (EAS) Required Measures
 - 12 selected measures must achieve minimum performance level (MPL)
- Centers for Medicare & Medicaid Services (CMS)
 - Medicare/SNP Rates and Patient Level Data
 - CMS 2017 Star Rating
- National Committee for Quality Assurance (NCQA)
 - Accreditation score (HEDIS 37 points, CAHPS 13 points)
 - National Health Plan Ratings
 - Quality Compass

Medicaid and OneCare Measure Results :

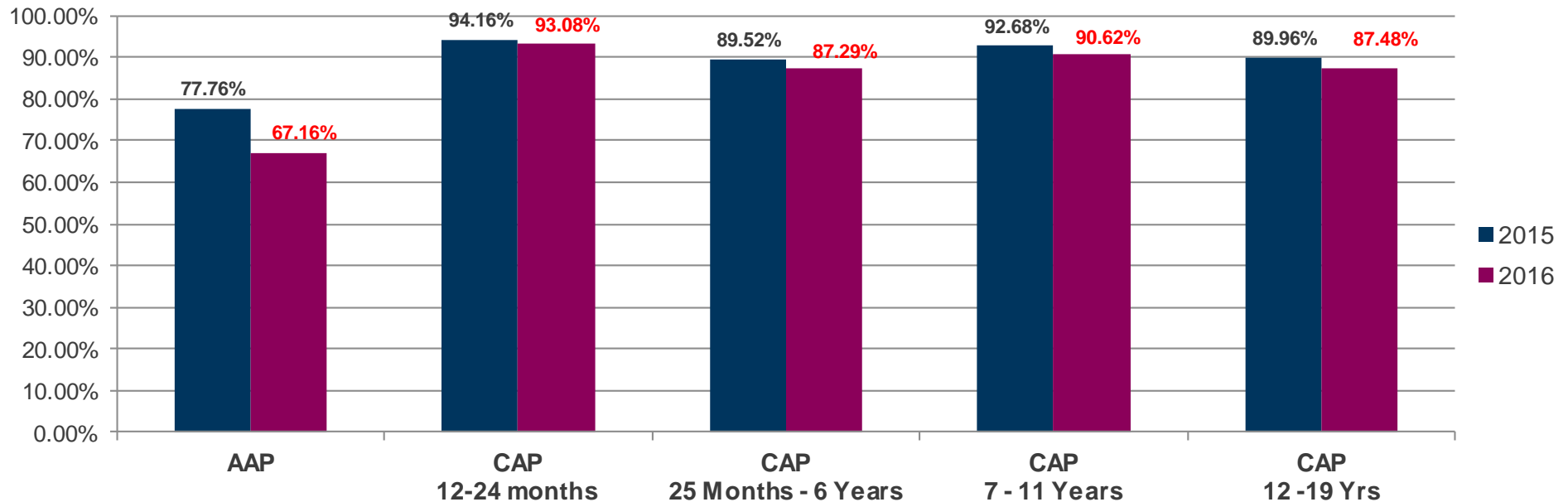
- Medi-Cal
 - 6 measures met goals
 - 14 measures are higher than last year
 - 27 measures didn't meet goals
 - 2 measures below MPL
- OneCare
 - 8 measures met the goals
 - 9 measures are higher than last year
 - 17 measures didn't meet goals

*Goals were “stretch goals” designed to move to the next highest NCQA percentile

Medi-Cal Results

HEDIS 2016 Results: Medi-Cal

Access/Availability of Care



HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	Reporting Requirements*
Adult's Access to Preventive/Ambulatory Health Services (AAP)	83.84%	86.91%	88.75%	P4V
Children's Access to Primary Care Practitioners (CAP)				
12 - 24 Months	96.28%	97.43%	98.17%	P4V
25 Months - 6 Years	88.46%	91.22%	92.93%	P4V
7 - 11 Years	91.42%	93.90%	95.88%	P4V
12 - 19 Years	90.06%	92.46%	94.91%	P4V

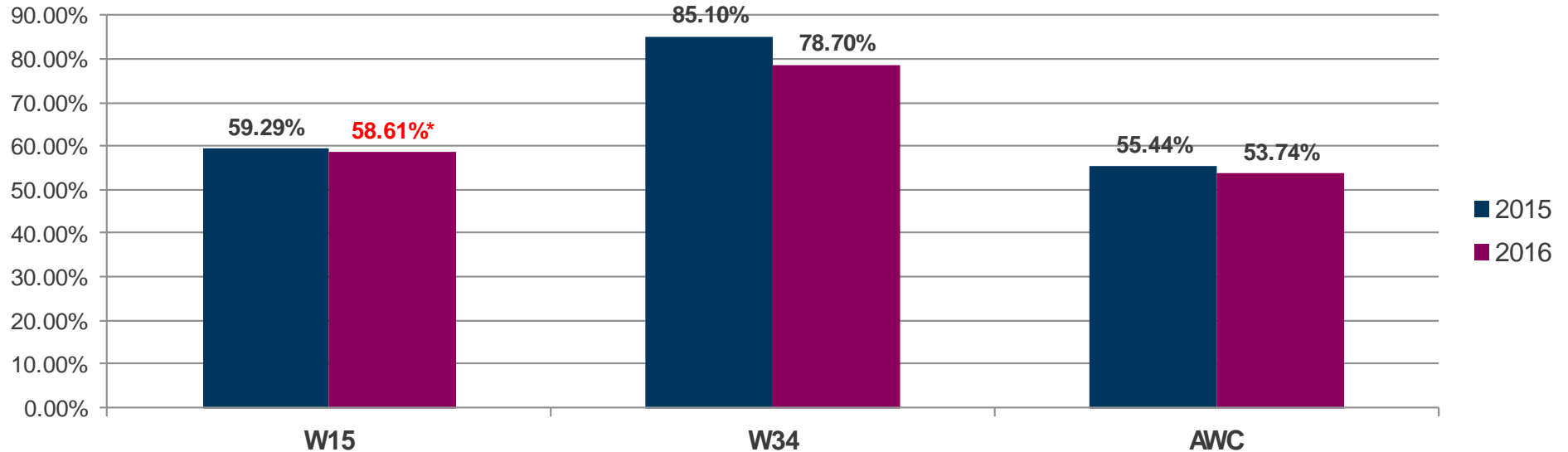
*Red = less than 50th percentile

**RS=Health plan ratings, MPL=DHCS Minimal Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

Children and Women's Health

HEDIS 2016 Results: Medi-Cal

Well Child Visits



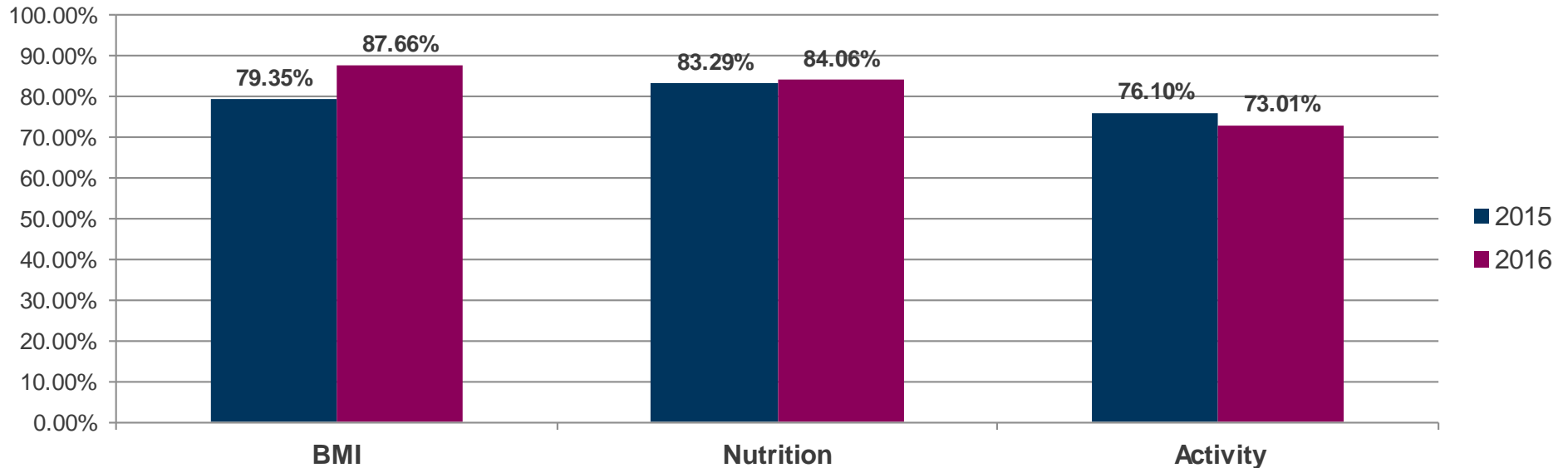
HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	Reporting Requirements**
Well-Child Visits in the First 15 Months of Life - Six Well Child Visits (W15)	62.86%	69.75%	76.92%	RS
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	72.02%	78.46%	83.75%	MPL, P4V, RS
Adolescent Well-Care Visits (AWC)	49.15%	59.98%	66.58%	P4V, RS

*Red = less than 50th percentile

**RS=Health plan ratings, MPL=DHCS Minimal Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

HEDIS 2016 Results: Medi-Cal

Weight Assessment and Counseling

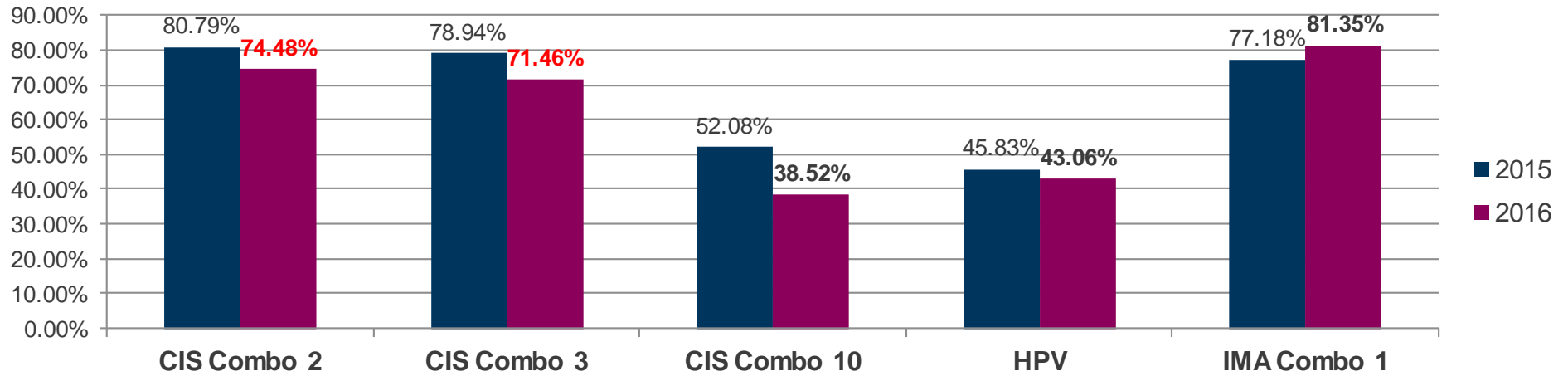


HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	Reporting Requirements* *
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/Adolescents (WCC)				
1. BMI Percentile	67.23%	77.98%	85.61%	ACC, MPL, RS
2. Counseling for Nutrition	61.44%	72.87%	79.56%	MPL, RS
3. Counseling for Physical Activity	53.89%	64.43%	71.53%	MPL, RS

*Red = less than 50th percentile

**RS=Health plan ratings, MPL=DHCS Minimal Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

HEDIS 2016 Results: Medi-Cal Immunizations

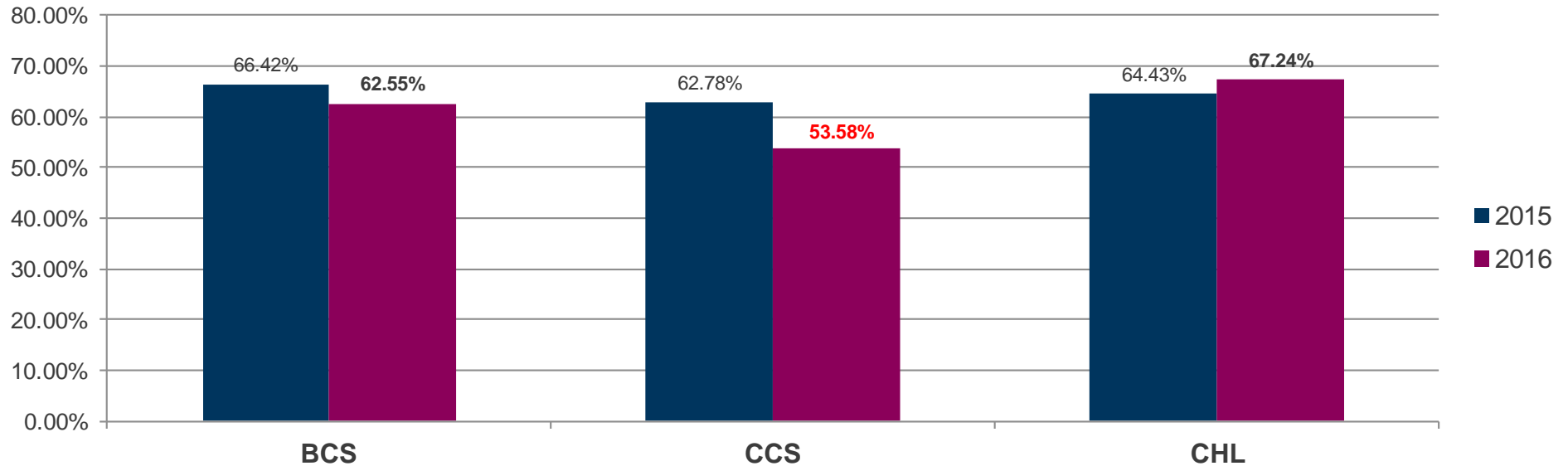


HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	Reporting Requirements**
Childhood Immunization Status (CIS)				
CIS - combo 2	75.47%	79.40%	82.78%	ACC
CIS - combo 3	71.53%	76.50%	81.25%	MPL
CIS - combo10 ++	35.88%	42.13%	49.63%	ACC, P4V, RS
Human Papillomavirus Vaccine for Female Adolescents (HPV) ++	21.90%	25.61%	31.43%	ACC, RS
Immunizations for Adolescents (IMA)				
IMA - Combo 1 ++	73.15%	81.51%	87.71%	ACC, MPL, RS

*Red = less than 50th percentile; ++ measure triple weighted for Health Plan Ratings

**RS=Health plan ratings, MPL=DHCS Minimal Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

HEDIS 2016 Results: Medi-Cal Women's Health

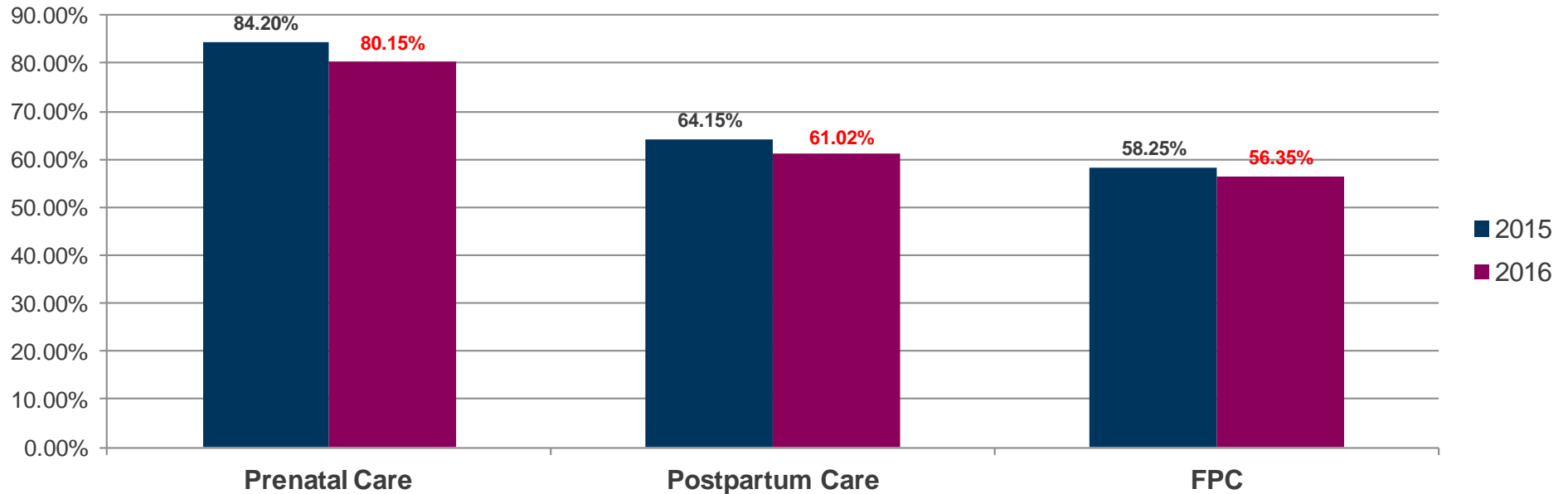


HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	Reporting Requirements**
Breast Cancer Screening (BCS)	58.34%	66.02%	71.41%	ACC, P4V, RS
**Cervical Cancer Screening (CCS) (Below DHCS MPL)	61.05%	67.88%	73.08%	ACC, MPL, P4V, RS
Chlamydia Screening (CHL)	54.40%	61.98%	68.60%	ACC, RS

*Red = less than 50th percentile

**RS=Health plan ratings, MPL=DHCS Minimal Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

HEDIS 2016 Results: Medi-Cal Prenatal and Postpartum Care



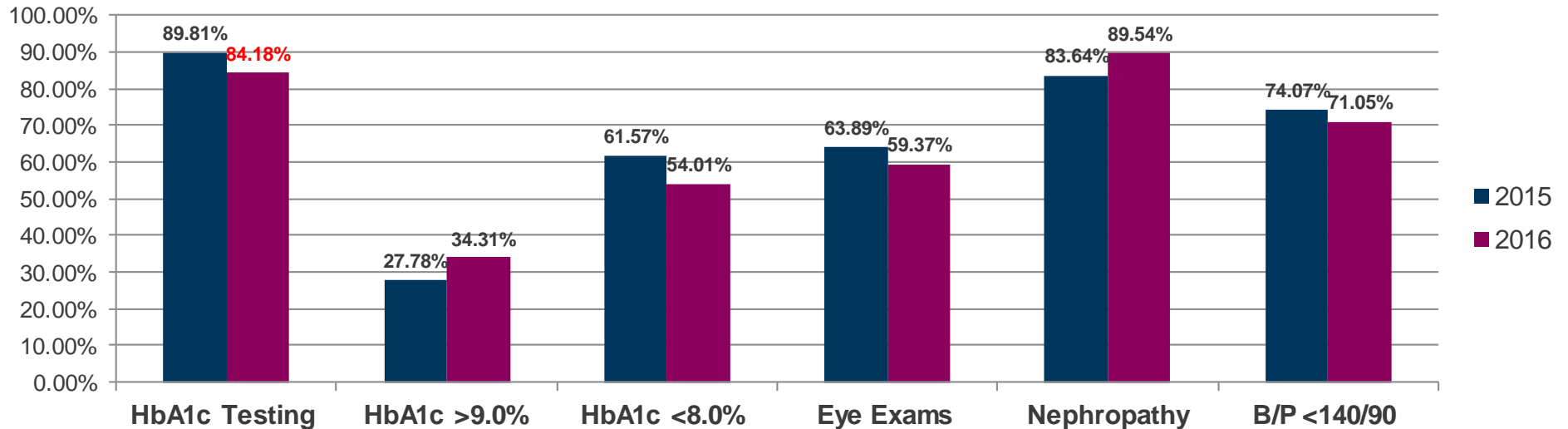
HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	Reporting Requirements**
Prenatal Care and Postpartum Care (PPC)				
Prenatal Care	85.19%	88.66%	91.73%	ACC, MPL, RS
Postpartum Care	62.77%	68.85%	72.43%	ACC, MPL, RS
Frequency of Prenatal Care (FPC) >=81%	59.49%	69.78%	75.35%	ACC, RS

*Red = less than 50th percentile

**RS=Health plan ratings, MPL=DHCS Minimal Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

Care for Chronic Conditions

HEDIS 2016 Results: Medi-Cal Comprehensive Diabetes Care

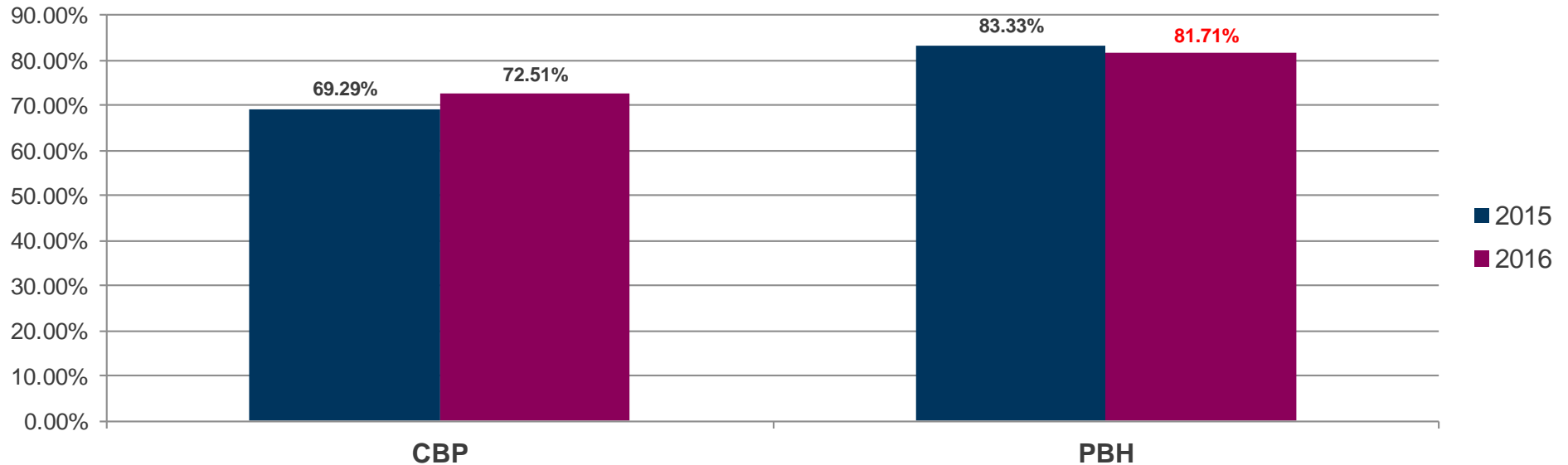


HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	Reporting Requirements**
Comprehensive Diabetes Care (CDC)				
1. HbA1c Testing	86.20%	89.55%	91.94%	ACC, MPL, P4V
2. HbA1c Poor Control (>9.0%) (Lower is better)	42.22%	34.66%	29.68%	ACC, MPL
3. HbA1c Adequate Control (<8.0%) ++	47.91%	54.01%	58.58%	ACC, MPL, RS
4. Eye Exams	54.74%	63.23%	67.74%	ACC, MPL, P4V, RS
5. Nephropathy Monitoring	81.75%	84.88%	87.70%	ACC, MPL, RS
6. B/P <140/90 ++	62.23%	69.16%	76.64%	ACC, MPL, RS

*Red = less than 50th percentile, ++ measure triple weighted for Health Plan Ratings

**RS=Health plan ratings, MPL=DHCS Minimal Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

HEDIS 2016 Results: Medi-Cal Cardiovascular Conditions



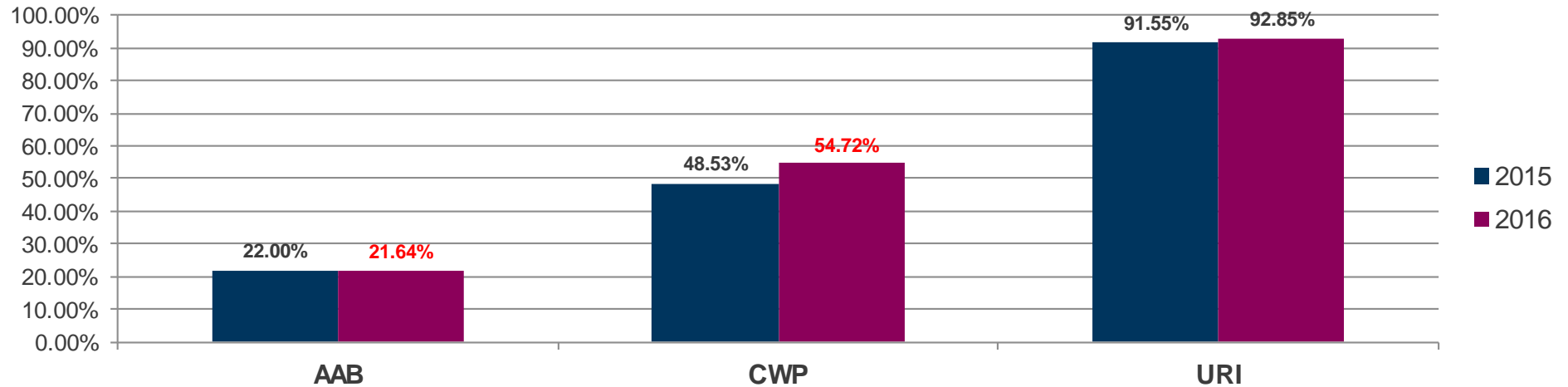
HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	Reporting Requirements**
Controlling High-Blood Pressure (CBP) ++	57.53%	65.49%	70.32%	ACC, MPL, P4V, RS
Persistence of Beta Blocker Treatment after a Heart Attack (PBH)	84.15%	89.33%	92.31%	RS

*Red =less than 50th percentile, ++ measure triple weighted for Health Plan Ratings

**RS=Health plan ratings, MPL=DHCS Minimal Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

HEDIS 2016 Results: Medi-Cal

Respiratory Conditions



HEDIS Measure	NCQA 50 th Percentile	NCQA 75 th Percentile	NCQA 90 th Percentile	Reporting Requirements*
** Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) (Below DHCS MPL)	26.30%	32.80%	40.38%	ACC, MPL, RS
Appropriate Testing for Children with Pharyngitis (CWP)	71.48%	79.83%	85.25%	ACC, P4V, RS
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	88.09%	92.51%	95.17%	ACC, P4V, RS

***Red = less than 50th percentile**

****RS=Health plan ratings, MPL=DHCS Minimal Performance Level, ACC=NCQA Accreditation P4V=Pay for Value**

Medicaid Quality Improvement Performance Measures Health Network Comparison - HEDIS 2016 Rates

Table 1: Appropriate Testing for Children with Pharyngitis

HEALTH NETWORK	2016 RATE
90th Percentile	85.25%
Kaiser Permanente	82.83%
75th Percentile	79.83%
Talbert Medical Group	73.58%
50th Percentile	71.48%
CHOC Health Alliance	63.49%
25th Percentile	62.98%
Noble Mid-Orange County	56.62%
Prospect Medical Group	45.75%
Monarch Family Healthcare	44.34%
Arta Western	40.31%
Family Choice	33.20%
AltaMed Health Services	29.57%
United Care Medical Group	16.13%
AMVI Care	N/A

Table 2: Breast Cancer Screening

HEALTH NETWORK	2016 RATE
AMVI Care	78.34%
90th Percentile	71.41%
75th Percentile	66.02%
Family Choice	65.28%
United Care Medical Group	62.89%
Talbert Medical Group	62.50%
Prospect Medical Group	60.44%
AltaMed Health Services	59.71%
Monarch Family Healthcare	58.44%
50th Percentile	58.34%
Arta Western	58.02%
Noble Mid-Orange County	57.50%
25th Percentile	51.59%
Kaiser Permanente	50.49%
CHOC Health Alliance	N/A

Table 3: Cervical Cancer Screening

HEALTH NETWORK	2016 RATE
90th Percentile	73.08%
75th Percentile	67.88%
50th Percentile	61.05%
Family Choice	55.36%
Prospect Medical Group	54.97%
Kaiser Permanente	54.53%
25th Percentile	54.33%
AMVI Care	51.90%
United Care Medical Group	51.14%
Monarch Family Healthcare	48.80%
Arta Western	48.36%
AltaMed Health Services	45.44%
Talbert Medical Group	45.44%
Noble Mid-Orange County	36.80%
CHOC Health Alliance	N/A

Table 4: Diabetes Care - HbA1c Screening

HEALTH NETWORK	2016 RATE
Kaiser Permanente	95.65%
90th Percentile	91.94%
75th Percentile	89.55%
United Care Medical Group	87.40%
Prospect Medical Group	86.79%
50th Percentile	86.20%
AltaMed Health Services	85.47%
AMVI Care	84.69%
Talbert Medical Group	84.58%
25th Percentile	83.19%
Arta Western	82.93%
Monarch Family Healthcare	82.01%
Noble Mid-Orange County	79.63%
Family Choice	77.69%
CHOC Health Alliance	N/A

Table 5: Diabetes Care - Eye Exams

HEALTH NETWORK	2016 RATE
90th Percentile	67.74%
75th Percentile	63.23%
Prospect Medical Group	61.83%
AltaMed Health Services	57.14%
50th Percentile	54.74%
AMVI Care	48.20%
Family Choice	47.60%
25th Percentile	47.06%
Monarch Family Healthcare	45.49%
Noble Mid-Orange County	41.38%
Talbert Medical Group	40.06%
Arta Western	40.04%
United Care Medical Group	37.92%
Kaiser Permanente	35.13%
CHOC Health Alliance	N/A

Table 6: Appropriate Treatment for Children with Upper Respiratory Infection *

HEALTH NETWORK	2016 RATE
Kaiser Permanente	98.93%
AltaMed Health Services	96.34%
Talbert Medical Group	95.42%
90th Percentile	95.17%
CHOC Health Alliance	93.80%
United Care Medical Group	92.93%
75th Percentile	92.51%
Noble Mid-Orange County	92.29%
Family Choice	90.30%
Monarch Family Healthcare	90.13%
Arta Western	89.49%
Prospect Medical Group	89.42%
50th Percentile	88.09%
AMVI Care	85.02%
25th Percentile	84.24%

* Inverted Rate. Reported as [1-(num/den)]



Medicaid Quality Improvement Performance Measures Pediatric Only PHC - HEDIS 2016 Rates

Table 1: Adolescent Well-Care Visits

HEALTH NETWORK	2016 RATE
90th Percentile	66.58%
75th Percentile	59.98%
CHOC Health Alliance	56.70%
50th Percentile	49.15%
25th Percentile	41.76%

Table 2: Childhood Immunization Status - Combo 10

HEALTH NETWORK	2016 RATE
90th Percentile	49.63%
75th Percentile	42.13%
50th Percentile	35.88%
25th Percentile	28.70%
CHOC Health Alliance	21.99%

Table 3: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

HEALTH NETWORK	2016 RATE
90th Percentile	83.75%
CHOC Health Alliance	79.58%
75th Percentile	78.46%
50th Percentile	72.02%
25th Percentile	65.54%

Table 4: Medication Management for People with Asthma

HEALTH NETWORK	2016 RATE
90th Percentile	43.38%
75th Percentile	34.84%
50th Percentile	29.60%
CHOC Health Alliance	25.85%
25th Percentile	23.72%

Table 5: Appropriate Testing for Children with Pharyngitis

HEALTH NETWORK	2016 RATE
90th Percentile	85.25%
Kaiser Permanente	82.83%
75th Percentile	79.83%
Talbert Medical Group	73.58%
50th Percentile	71.48%
CHOC Health Alliance	63.49%
25th Percentile	62.98%
Noble Mid-Orange County	56.62%
Prospect Medical Group	45.75%
Monarch Family Healthcare	44.34%
Arta Western	40.31%
Family Choice	33.20%
AltaMed Health Services	29.57%
United Care Medical Group	16.13%
AMVI Care	N/A

Table 6: Appropriate Treatment for Children with Upper Respiratory Infection *

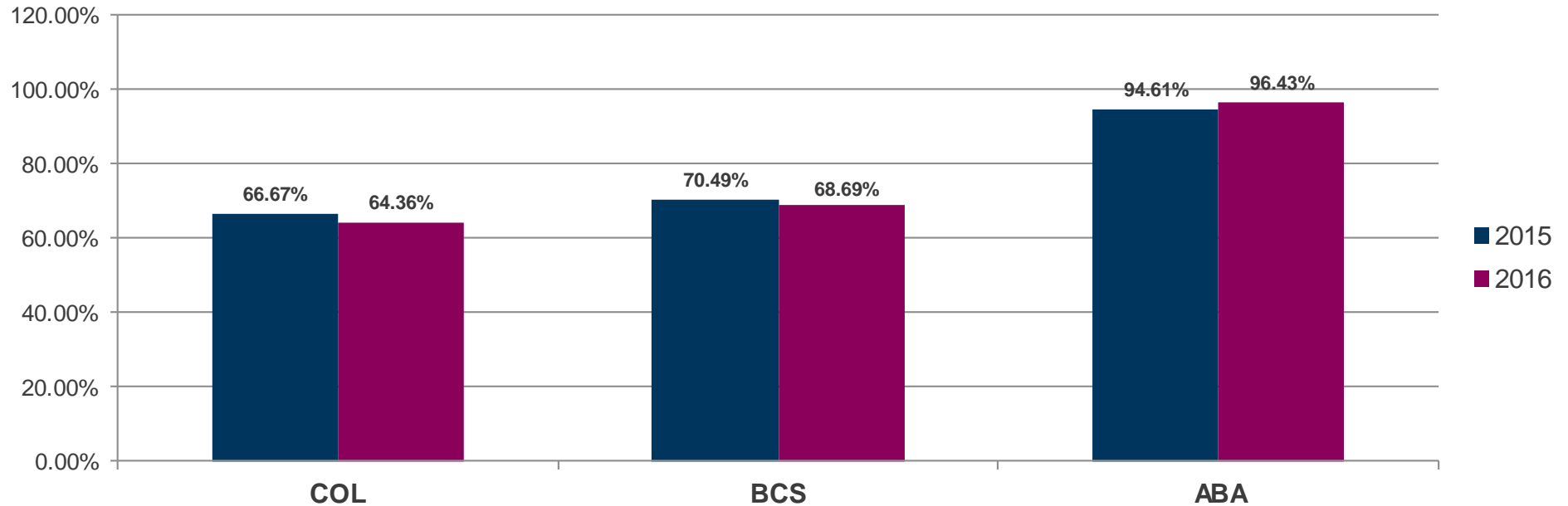
HEALTH NETWORK	2016 RATE
Kaiser Permanente	98.93%
AltaMed Health Services	96.34%
Talbert Medical Group	95.42%
90th Percentile	95.17%
CHOC Health Alliance	93.80%
United Care Medical Group	92.93%
75th Percentile	92.51%
Noble Mid-Orange County	92.29%
Family Choice	90.30%
Monarch Family Healthcare	90.13%
Arta Western	89.49%
Prospect Medical Group	89.42%
50th Percentile	88.09%
AMVI Care	85.02%
25th Percentile	84.24%

* Inverted Rate. Reported as [1-(num/den)]



OneCare Results

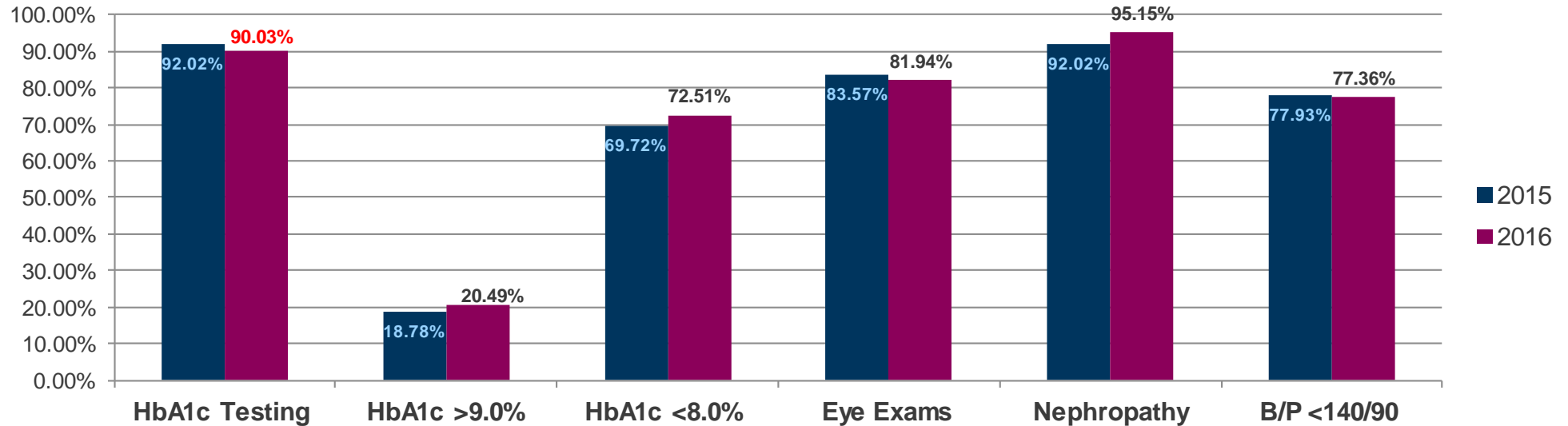
HEDIS 2016 Results: OneCare Prevention and Screening



HEDIS Measure	3-Star	4-Star	5-Star	Reporting Requirements*
Colorectal Cancer Screening (COL)	63%	71%	78%	Star
Breast Cancer Screening (BCS)	63%	74%	80%	Star, P4V
Adult BMI Assessment (ABA)	81%	90%	96%	Star

*Red = less than 3-Star or 50th percentile

HEDIS 2016 Results: OneCare Comprehensive Diabetes Care

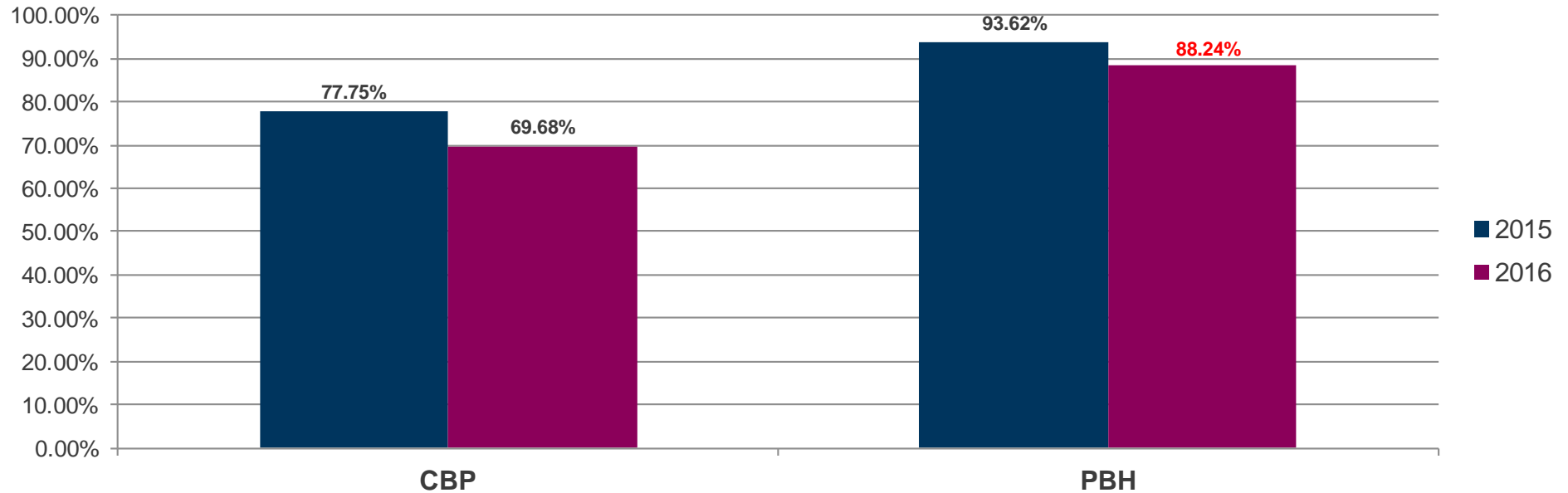


HEDIS Measure	3-Star/ 50th percentile	4-Star/ 75th percentile	5-Star/ 90th percentile	Reporting Requirements*
Comprehensive Diabetes Care (CDC)				
1. HbA1c Testing	93.50%	95.62%	97.16%	
2. HbA1c Poor Control (>9.0%) **	40%	29%	16%	Star
3. HbA1c Adequate Control (<8.0%)	67.42%	73.08%	77.74%	
4. Eye Exams	65%	75%	82%	Star
5. Nephropathy Monitoring	89%	93%	97%	Star
6. B/P <140/90	60%	71%	84%	Star

*Red = less than 3-Star or 50th percentile

**Triple weighted for STARS

HEDIS 2016 Results: OneCare Cardiovascular Conditions



HEDIS Measure	3-Star/ 50th percentile	4-Star/ 75th percentile	5-Star/ 90th percentile	Reporting Requirements*
Controlling High-Blood Pressure (CBP)**	62%	75%	82%	Star, P4V
Persistence of Beta Blocker Treatment after a Heart Attack (PBH)	91.20%	94.12%	96.31%	

*Red = less than 3-Star or 50th percentile

** Triple weighted for STARS

OneCare Quality Improvement Performance Measures Health Network Comparison - 2016 Rates

Table 1: Adult's Access to Preventive/Ambulatory Health Services - 65 Years and Older

HEALTH NETWORK	2016 RATE
90th Percentile	98.06%
75th Percentile	96.96%
50th Percentile	95.69%
Family Choice	95.28%
AltaMed Health Services	94.38%
25th Percentile	94.08%
AMVI/Prospect	94.00%
Talbert Physician Group	93.74%
Monarch Physician Group	92.57%
Arta Western	90.07%
United Care Medical Group	89.68%
Noble Mid-Orange County	N/A

Table 2: Breast Cancer Screening

HEALTH NETWORK	2016 RATE
90th Percentile	84.16%
75th Percentile	79.37%
Talbert Physician Group	75.56%
AMVI/Prospect	73.54%
50th Percentile	71.36%
Monarch Physician Group	68.61%
25th Percentile	66.00%
Family Choice	59.77%
AltaMed Health Services	N/A
Arta Western	N/A
Noble Mid-Orange County	N/A
United Care Medical Group	N/A

Table 3: Colorectal Cancer Screening

HEALTH NETWORK	2016 RATE
90th Percentile	79.17%
75th Percentile	73.48%
AltaMed Health Services	72.79%
50th Percentile	67.27%
AMVI/Prospect	66.31%
Arta Western	64.71%
Talbert Physician Group	63.03%
United Care Medical Group	60.58%
25th Percentile	59.85%
Monarch Physician Group	56.23%
Family Choice	37.10%
Noble Mid-Orange County	N/A

Table 4: Diabetes Care - HbA1c Screening

HEALTH NETWORK	2016 RATE
90th Percentile	97.16%
75th Percentile	95.62%
Talbert Physician Group	94.46%
50th Percentile	93.50%
Monarch Physician Group	91.70%
25th Percentile	90.96%
AMVI/Prospect	89.01%
Family Choice	72.36%
AltaMed Health Services	N/A
Arta Western	N/A
Noble Mid-Orange County	N/A
United Care Medical Group	N/A

Table 5: Diabetes Care - HbA1c Adequate Control

HEALTH NETWORK	2016 RATE
90th Percentile	77.74%
Talbert Physician Group	77.12%
75th Percentile	73.08%
50th Percentile	67.42%
Monarch Physician Group	66.70%
25th Percentile	58.33%
Family Choice	48.73%
AMVI/Prospect	31.73%
AltaMed Health Services	N/A
Arta Western	N/A
Noble Mid-Orange County	N/A
United Care Medical Group	N/A

Table 6: Diabetes Care - Nephropathy Screening

HEALTH NETWORK	2016 RATE
Talbert Physician Group	96.68%
90th Percentile	96.43%
Monarch Physician Group	95.12%
75th Percentile	94.68%
Family Choice	93.82%
AMVI/Prospect	93.70%
50th Percentile	92.66%
25th Percentile	90.02%
AltaMed Health Services	N/A
Arta Western	N/A
Noble Mid-Orange County	N/A
United Care Medical Group	N/A

Table 7: Diabetes Care-Retinal Eye Exams

HEALTH NETWORK	2016 RATE
90th Percentile	82.24%
75th Percentile	77.27%
AMVI/Prospect	74.32%
50th Percentile	69.93%
Monarch Physician Group	66.41%
Talbert Physician Group	65.31%
Family Choice	65.09%
25th Percentile	60.93%
Arta Western	N/A
AltaMed Health Services	N/A
Noble Mid-Orange County	N/A
United Care Medical Group	N/A

NCQA Ratings Timeline

	Date
HEDIS and CAHPS Submission	June 15, 2016
Projected Ratings Notification* *5 business days to confirm data	Early August
Final Ratings Notification Private Release of the final ratings to all health plans	Early September
NCQA Release Ratings Final Ratings posted on NCQA.org – Embargo on plan rating-related promotions ends 6:00 p.m. ET; plans may begin advertising their ratings at this point	September 20, 2016
Final ratings will appear at consumerreports.org and in the November issue of Consumer Reports magazine	Late September / Early October

Next Steps

- Implement strategies on low performing areas
 - Priority areas will include low areas of performance and areas related to strategic initiatives (DHCS MPL, NCQA Accreditation, NCQA Health Plan Ratings, OneCare STAR Rating)
 - Data driven Quality Improvement initiatives
 - Monthly measure-specific dashboard to drive action
 - Re-"launch" initiative work teams
- Analysis of measures below MPL; initiate corrective action plan

Mission Statement

The mission of CalOptima is to provide members with access to **quality health care** services delivered in a cost-effective and compassionate manner.

LEGISLATIVE TRACKING MATRIX

Bill No. Author	Bill Summary	Bill Status	CalOptima Position
<u>SB 586</u> <u>Hernandez</u>	Authorizes the Department of Health Care Services (DHCS) to establish a Whole Child Model program that would transition the California Children's Services (CCS) program from the fee-for-service (FFS) delivery model to Medi-Cal managed care in specified health plans, including CalOptima. Requires CalOptima to provide CCS benefits for 11,810 CCS-eligible children in Orange County.	08/11/2016 – Passed Assembly Committee on Appropriations, ordered to third reading	Watch
<u>SB 1010</u> <u>Hernandez</u>	Requires health plans or insurers, including CalOptima, to submit prescription drug rate information to the Department of Managed Health Care (DMHC) and the Department of Insurance (DOI). Requires drug manufacturers to justify their drug prices in these situations.	08/11/2016 – Removed from Assembly at the request of the author	Watch
<u>SB 1034</u> <u>Mitchell</u>	Prohibits health plans from denying medically necessary Behavioral Health Treatment (BHT) services for members with Autism Spectrum Disorder (ASD) based on setting, location, time of treatment, or lack of parent/caregiver participation. CalOptima already complies with the current provisions of this bill. Eliminates the sunset date on the health insurance mandate for plans to cover BHT services.	08/11/2016 – Held under submission	Watch
<u>SB 1135</u> <u>Monning</u>	Requires health plans, including Medi-Cal managed care plans, to provide information to both enrollees and providers regarding standards for timely access to care; specifically, wait times for specialty and primary care services, telephone screenings, and available interpreter services. CalOptima would be required by state law to provide the aforementioned information to contracted providers no less than annually, inform enrollees upon enrollment and no less than annually, and publish the information on our website.	08/19/2016 – Passed Assembly, re-referred to Senate with amendments	Watch
<u>SB 1273</u> <u>Moorlach</u>	Clarifies that Mental Health Services Act (MHSA) funds may be used by county mental health programs to provide outpatient crisis stabilization services (CSS) for eligible individuals. This bill does not directly impact CalOptima, but clarifies that individuals (including CalOptima members) in need of CSS can receive outpatient care funded by MHSA.	08/19/2016 – Removed at the request of the author	Support
<u>SB 1308</u> <u>Nguyen</u>	Prohibits County Organized Health Systems (COHS), including CalOptima, from utilizing funds for staff retreats, promotional giveaways, or excessive executive	04/06/2016 – Removed from Senate Committee on Health hearing	Oppose

Bill No. Author	Bill Summary	Bill Status	CalOptima Position
	compensation. Prohibits COHS from purchasing media campaigns that feature elected public officials.	agenda at the request of the author	
<u>SB 1361</u> <u>Nielsen</u>	Restores Medi-Cal coverage to provide one pair of eyeglasses every two years to a beneficiary over 21 years old whose vision is equal to or poorer than 20/40. Makes changes to vision benefits for CalOptima members.	05/27/2016 – Held under submission	Watch
<u>SB 1377</u> <u>Nguyen</u>	Appropriates \$3.3 million from the General Fund to DHCS for allocation to contract with 11 non-profit Caregiver Resource Centers statewide, including one in Orange County. May potentially benefit caregivers that support cognitively impaired CalOptima members.	05/27/2016 – Held under submission	Watch
<u>SB 1436</u> <u>Bates</u>	Requires that final action on a local public agency's executive salary, salary schedule, or compensation paid in the form of fringe benefits be made a separate discussion item and not placed on the agency's consent calendar. Makes a procedural change to require an oral summary report of the merit increases for the specified executives before final action is taken.	08/04/2016 – Passed Assembly, presented to Governor	Watch
<u>AB 1051</u> <u>Maienschein</u>	Appropriates \$200 million from the General Fund to the DHCS for the Denti-Cal program, and requires DHCS to allocate these funds to increase funding for preventative care and case management services. Members who receive Denti-Cal benefits outside of CalOptima may be affected by the potential funding increase for the Denti-Cal program.	08/11/2016 – Held under submission	Watch
<u>AB 1696</u> <u>Holden</u>	Expands tobacco cessation benefits for Medi-Cal managed care plans, including increasing the number of quit attempts, expanding the list of approved medication types, and eliminating the care authorization requirement.	08/16/2016 – Passed Senate, referred to the Assembly	Watch
<u>AB 1795</u> <u>Atkins</u>	Increases funding and expands benefits of the Breast and Cervical Cancer Treatment Program (BCCTP) by extending treatment services from 18 to 24 months to the total duration of service needed for the individual, so long as the individual continues to meet eligibility requirements. May affect up to approximately 650 CalOptima members who currently receive BCCTP benefits.	08/17/2016 – Passed Senate, referred to the Assembly	Watch
<u>AB 2077</u> <u>Burke</u>	Establishes procedures to ensure that beneficiaries who move between Medi-Cal and Covered California do not experience any breaks in coverage, and prohibits Medi-	08/11/2016 – Passed Senate Committee on Appropriations,	Watch

Bill No. Author	Bill Summary	Bill Status	CalOptima Position
<u>Bonilla</u>	Cal benefits from being terminated until at least 20 days after a Notice of Action (NOA) is sent to the beneficiary from the county social services department. Under current law, NOAs are sent to Medi-Cal beneficiaries to notify them of any changes to their eligibility 10 days prior to the termination of Medi-Cal benefits.	ordered to third reading	
<u>AB 2084</u> <u>Wood</u>	Requires comprehensive medication management (CMM) services to be a covered benefit under Medi-Cal, and requires plans that administer CMM services include the development and implementation of a written medication treatment plan.	05/27/2016 – Held under submission	Watch
<u>AB 2207</u> <u>Wood</u>	Adds performance measures for the Denti-Cal FFS program and seeks to improve access to care for Denti-Cal beneficiaries by increasing the number of providers. May affect CalOptima members receiving Denti-Cal services.	08/18/2016 – Passed Senate, referred to the Assembly	Watch
<u>AB 2394</u> <u>Garcia</u>	Requires Medi-Cal health plans to provide non medical transportation (NMT) services for Medi-Cal beneficiaries. Expands NMT benefits for any form of public or private transportation, as well as mileage reimbursement. Makes changes to transportation benefits for CalOptima members.	08/11/2016 — Passed Senate, referred to the Assembly	Watch
<u>AB 2507</u> <u>Gordon</u>	Adds video and telephone communications to the definition of telehealth. Provides that the required consent from beneficiaries for telehealth services may be digital, oral, or written. As currently drafted, this bill will not change CalOptima's services or policies, as these benefits are already provided. However, it may relax restrictions for beneficiaries to approve the use of telemedicine.	05/27/2016 – Held under submission	Watch
<u>AB 2670</u> <u>Hernández</u>	Requires DHCS to annually administer the Consumer Assessment of Health Care Providers and Systems (CAHPS) Health Plan survey, which is developed for all Medi-Cal managed care plans. Increases the frequency of the survey, and requires it to be administered in all threshold languages. Requires the survey to show detailed information on how factors such as location, ethnicity, and gender play into quality of health care.	05/27/2016 – Held under submission	Watch
<u>AB 2752</u> <u>Nazarian</u>	Requires health plans to notify members if a prescription drug is no longer covered by the plan, or if the plan changes its policy to no longer offer a specific drug. Requires plans to annually update their provider directory with prescription drug information and to inform members through annual renewal materials if a	05/27/2016 – Held under submission	Watch

Bill No. Author	Bill Summary	Bill Status	CalOptima Position
	prescription drug is no longer covered by their provider.		
<u>AB 2821</u> <u>Chiu</u>	Requires the Department of Housing and Community Development (HCD) to coordinate with DHCS to establish a housing program for Medi-Cal beneficiaries and award grants to government agencies participating in a Whole Person Care (WPC) pilot program. Allows HCA to be eligible to receive these grant funds which may affect up to approximately 7,300 homeless CalOptima members.	08/11/2016 – Passed Senate Committee on Appropriations, ordered to third reading	Watch

The CalOptima Legislative Tracking Matrix includes information regarding legislation that directly impacts CalOptima and our members. These bills are closely followed and analyzed by CalOptima’s Government Affairs Department throughout the legislative session. All official “Support” and “Oppose” positions are approved by the CalOptima Board of Directors. Bills with a “Watch” position are monitored by staff to determine the level of impact.

UPCOMING LEGISLATIVE DEADLINES

August Deadlines

Aug. 1: Legislature reconvenes from Summer Recess

Aug. 12: Last day for fiscal committees to meet and report bills

Aug. 15-31: Floor Session only. No committee may meet for any purpose except the Rules Committee

Aug. 19: Last day to amend on the Floor

Aug. 31: Last day for each house to pass bills. Final Recess begins upon adjournment

Final Recess Deadlines

Sept. 30: Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1

Oct. 2: Bills enacted on or before this date take effect Jan. 1, 2017

Nov. 8: General Election

Nov. 30 Legislature officially adjourns at midnight

Dec. 5: 2017-18 Regular Session convenes for Organizational Session at 12:00 p.m.

2017

Jan. 1: Statutes take effect

* Holiday schedule subject to final approval by Rules Committee

About CalOptima

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

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

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Sources: Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislativedeadlines>



OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect Enrollment Update

August 25, 2016

Candice Gomez, Executive Director, Program Implementation

Belinda Abeyta, Director, Customer Service

Enrollment by Health Network

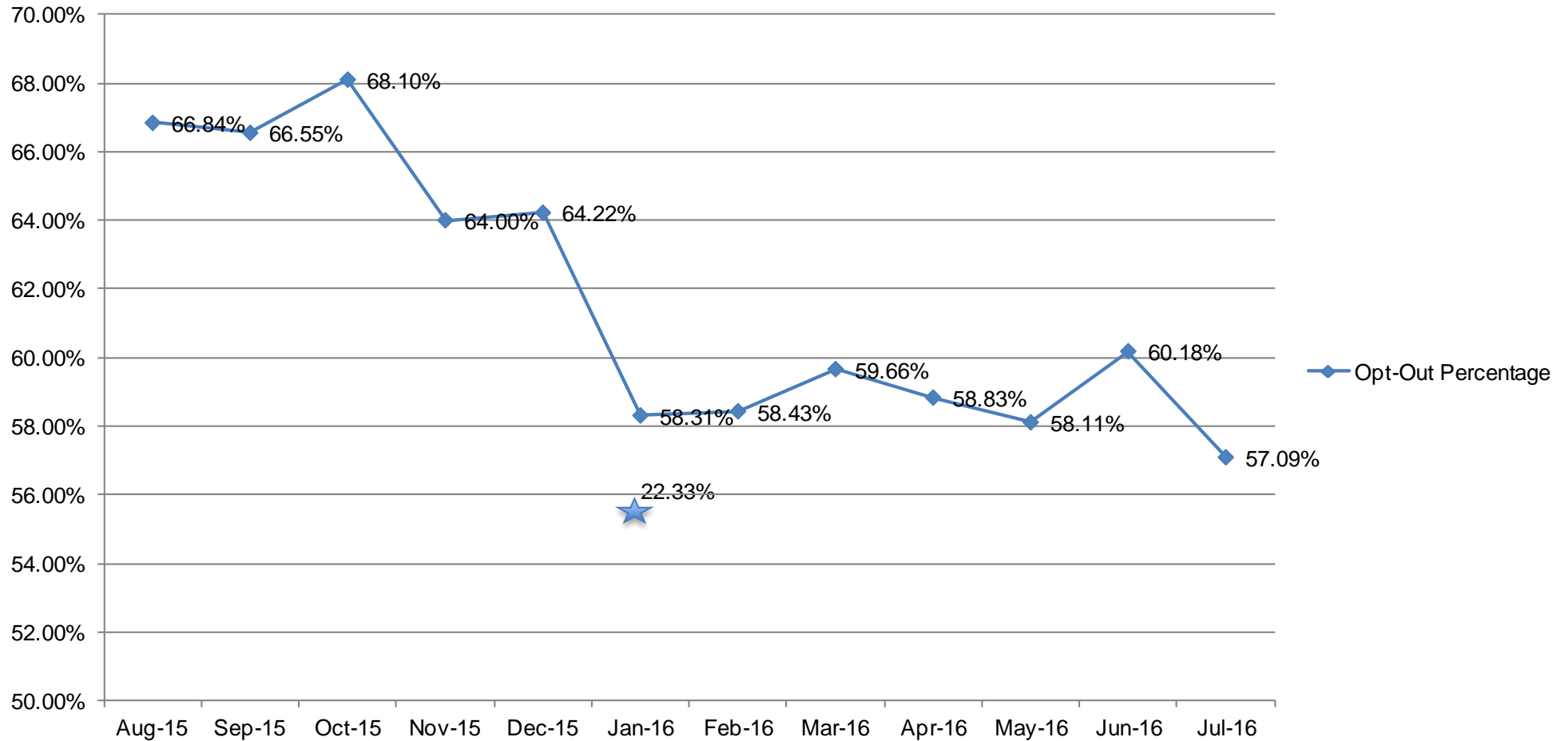
Health Network	Total Membership
Monarch	5,676
Prospect Medical Group	3,491
CalOptima Community Network	2,095
Family Choice Medical Group	2,014
Talbert	1,298
AMVI Care	733
UCMG	733
ARTA	720
Alta Med	592
Noble	529
Heritage – Regal	190
OC Advantage	132
Heritage – ADOC	70
Total	18,273
Source: CORE Report CS0020 Pulled 8/15/2016	

Enrollment as of 8/15/2016

Month	End of Prior Month Enrollment	Passive Enrollment	Voluntary Enrollment	Reinstated/ Re-Enrolled Enrollment	Beginning of Month Members	Disenrollment - Involuntary	Disenrollment - Voluntary	Ending Enrollment
July 2015	0	0	2	0	2	0	1	1
August 2015	1	868	83	0	952	4	185	763
September 2015	763	829	71	0	1663	14	229	1420
October 2015	1420	943	119	0	2482	9	322	2151
November 2015	2151	892	145	0	3188	30	278	2880
December 2015	2880	1338	218	1	4437	34	556	3847
January 2016	3847	12203	291	3	16344	136	737	15471
February 2016	15471	1258	176	3	16908	139	727	16042
March 2016	16042	1241	128	13	17424	164	780	16480
April 2016	16480	1136	121	17	17754	164	704	16886
May 2016	16886	1083	133	22	18124	171	649	17304
June 2016	17304	987	85	18	18394	168	588	17638
July 2016	17638	1200	76	18	18932	198	585	18149
August 2016	18149	0	95	29	18273			

Source: CORE Report OC0111 Pulled 8/15/2016

OneCare Connect Opt-Out Rate



Source: CORE Report CC0136 Pulled 8/15/2016

* January 2016 excludes OneCare Crosswalk & LIS membership. Opt-Out Rate with OneCare & LIS included is 22.33%

OCC Deeming as of 8/15/2016

	In Deeming	Regained OCC eligibility at the end of Deeming	Termed OCC at the end of Deeming	Regained Medi-Cal eligibility 1 month after termed OCC	Regained Medi-Cal eligibility 2 months after termed OCC	Has not regained Medi-Cal eligibility after termed OCC
Nov-15	20	5	15	7	3	5
Dec-15	23	4	19	3	9	7
Jan-16	85	21	64	0	29	35
Feb-16	81	23	58	2	20	36
Mar-16	104	30	74	7	20	47
Apr-16	88	24	64	1	13	50
May-16	108	31	77	3	20	54
Jun-16	105	55	50	3	8	39
Jul-16	158	51	107	2	N/A	105
Aug-16	207	N/A	N/A	N/A	N/A	N/A

Source: CORE Report OC0102 Pulled 8/15/2016

Long-Term Care Passive Enrollment

	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016
Number of LTC Facilities Onboarded:	4	6	5	6	5	5	6	13	58
Number of LTC Passive Enrollment notifications:	82	269	167	191	167	183	164	281	280
Number of LTC Passive Enrollment members excluded:	6	21	17	16	16	21	19	45	54
Number of LTC members who opted out:	44	180	85	101	97	144	84	197	157
Total number of LTC members enrolled:	32	68	65	74	54	18	61	39	69
LTC Opt-Out Rate for Passive Enrollment:	53.70%	66.90%	50.90%	52.90%	58.10%	78.70%	51.20%	70.1%	56.10%

Source: CORE Report OC0102 Pulled 8/16/2016

LTC Disenrollment & Voluntary Enrollment

Disenrollment										
	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Total
Number of passively enrolled LTC members who are currently disenrolled	2	26	13	24	22	33	23	21	32	196

Voluntary Enrollment										
	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	Total
Number of voluntarily enrolled LTC members	0	1	4	0	0	0	1	0	1	7

Source: CORE Report OC0105 & OC0106 Pulled 8/15/2016

LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility (November 2015) Total:	82	6	32	44	53.66%
La Habra Convalescent Hospital	11	0	1	10	90.91%
Lake Forest Nursing Center	34	4	13	17	50.00%
New Orange Hills	7	0	7	0	0.00%
Orangethorpe Rehabilitation Hospital	30	2	11	17	56.67%

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility (December 2015) Total:	269	21	68	180	66.91%
Anaheim Healthcare Center	78	7	18	53	67.95%
French Park Care Center	50	3	34	13	26.00%
Garden Park Care Center	43	6	1	36	83.72%
Gordon Lane Care Center	33	1	5	27	81.82%
Park Regency Care	33	2	4	27	81.82%
Sun Mar Nursing Center - Anaheim	32	2	6	24	75.00%

Source: CORE Report OC0102 Pulled 8/16/2016

LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility (January 2016) Total:	167	17	65	85	50.90%
Alta Gardens Care Center	70	2	8	60	85.71%
Anaheim Terrace Care Center	22	5	11	6	27.27%
Carehouse Healthcare Center	32	3	24	5	15.63%
Fountain Care Center	26	4	17	5	19.23%
St Elizabeth Healthcare and Rehabilitation Ctr	17	3	5	9	52.94%

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility (February 2016) Total:	191	16	74	101	52.88%
Buena Vista Care Center	35	0	8	27	77.14%
Country Villa Plaza Healthcare Center	42	5	6	31	73.81%
Laguna Hills Health & Rehabilitation Center	40	3	10	27	67.50%
Mesa Verde Post Acute Care Center	12	2	6	4	33.33%
Orange Healthcare and Wellness Center	33	5	21	7	21.21%
St Edna Subacute and Rehabilitation Center	29	1	23	5	17.24%

Source: CORE Report OC0102 Pulled 8/16/2016

LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility (March 2016) Total:	167	16	54	97	58.08%
Palm Terrace Healthcare & Rehabilitation Center	6	0	1	5	83.33%
Park Anaheim Care Center	51	5	19	27	52.94%
Sea Cliff Healthcare Center	45	8	21	16	35.56%
South Coast Post Acute	43	2	0	41	95.35%
Victoria Healthcare Center	22	1	13	8	36.36%

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility (April 2016) Total:	183	21	18	144	78.69%
Capistrano Beach Care Center	23	1	8	14	60.87%
Flagship Healthcare Center	33	3	4	26	78.79%
Garden Grove Convalescent Hospital	52	5	2	45	86.54%
Leisure Court Nursing Center	48	7	0	41	85.42%
Seal Beach Health & Rehabilitation Center	27	5	4	18	66.67%

Source: CORE Report OC0102 Pulled 8/16/2016

LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility (May 2016) Total:	164	19	61	84	51.22%
Fullerton Healthcare and Wellness Centre	39	6	17	16	41.03%
Knott Avenue Care Center	25	4	15	6	24.00%
Pacific Haven Subacute and Healthcare Center	26	4	4	18	69.23%
Parkview Healthcare Center	9	0	5	4	44.44%
Stanley Healthcare Center	17	1	3	13	76.47%
Windsor Gardens of Anaheim	48	4	17	27	56.25%

Source: CORE Report OC0102 Pulled 8/16/2016

LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility (June 2016) Total:	281	45	39	197	70.11%
Advanced Rehab Center of Tustin	29	5	3	21	72.41%
Anaheim Crest Nursing Center	27	5	1	21	77.78%
Buena Park Nursing Center	19	2	0	17	89.47%
Chapman Care Center	17	2	8	7	41.18%
Extended Care Hospital of Westminster	23	2	0	21	91.30%
Greenfield Care Center of Fullerton	30	3	5	22	73.33%
Harbor Villa Care Center	26	6	0	20	76.92%
Huntington Valley Healthcare Center	28	5	3	20	71.43%
La Palma Nursing Center	16	3	3	10	62.50%
ManorCare Health Services - Fountain Valley	14	3	9	2	14.29%
Mission Palms Healthcare Center	28	4	5	19	67.86%
Newport Subacute Healthcare Center	23	5	2	16	69.57%
Pacific Haven Subacute and Healthcare Center	1	0	0	1	100.00%

Source: CORE Report OC0102 Pulled 8/16/2016

LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility (July 2016) Total:	280	54	69	157	56.10%
Advanced Rehab Center of Tustin	2	0	0	2	100.00%
Alamitos West Convalescent Hospital	13	4	1	8	61.54%
Alta Gardens Care Center	3	0	0	3	100.00%
Anaheim Crest Nursing Center	1	0	0	1	100.00%
Anaheim Healthcare Center	9	2	5	2	22.22%
Anaheim Terrace Care Center	3	0	2	1	33.33%
Beachside Nursing Center	5	0	0	5	100.00%
Buena Park Nursing Center	1	0	0	1	100.00%
Buena Vista Care Center	2	0	0	2	100.00%
Capistrano Beach Care Center	1	1	0	0	0.00%
Carehouse Healthcare Center	5	0	4	1	20.00%
Chapman Global Medical Center	4	0	1	3	100.00%
Country Villa Plaza Healthcare Center	8	0	3	5	62.50%
Coventry Court Health Center	14	2	3	9	64.29%
Crystal Cove Care Center	8	1	1	6	75.00%

Source: CORE Report OC0102 Pulled 8/16/2016

LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility Cont. (July 2016) cont.:					
Extended Care Hospital of Westminster	2	0	0	2	100.00%
Flagship Healthcare Center	4	1	0	3	75.00%
Fountain Care Center	6	0	6	0	0.00%
Freedom Village Healthcare	3	0	2	1	33.33%
French Park Care Center	7	3	3	1	14.29%
Fullerton Healthcare and Wellness Centre	5	1	3	1	20.00%
Garden Park Care Center	1	0	0	1	100.00%
Gordon Lane Care Center	6	1	2	3	50.00%
Greenfield Care Center of Fullerton	1	0	1	0	0.00%
Harbor Villa Care Center	1	0	0	1	100.00%
La Habra Convalescent Hospital	5	1	1	3	60.00%
Laguna Hills Health & Rehabilitation Center	3	1	0	2	66.67%
Lake Forest Nursing Center	6	0	4	2	33.33%
Leisure Court Nursing Center	7	0	0	7	100.00%
ManorCare Health Services - Fountain Valley	1	0	0	1	100.00%

Source: CORE Report OC0102 Pulled 8/16/2016

LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility Cont. (July 2016) cont.:					
Mesa Verde Post Acute Care Center	2	0	1	1	50.00%
Mission Palms Healthcare Center	1	0	0	1	100.00%
New Orange Hills	1	0	0	1	100.00%
Newport Subacute Healthcare Center	1	0	0	1	100.00%
Orange Healthcare and Wellness Centre	4	0	3	1	25.00%
Orangethrough Rehabilitation Hospital	5	1	1	3	60.00%
Pacific Haven Subacute and Healthcare Center	1	0	0	1	100.00%
Palm Terrace Healthcare & Rehabilitation Center	1	0	1	0	0.00%
Park Anaheim Health Care Center	6	1	3	2	33.33%
Park Regency Care	1	1	0	0	0.00%
Park West Care & Rehabilitation Center	1	0	0	1	100.00%
Regents Point-Windcrest	7	0	1	6	85.71%

Source: CORE Report OC0102 Pulled 8/16/2016

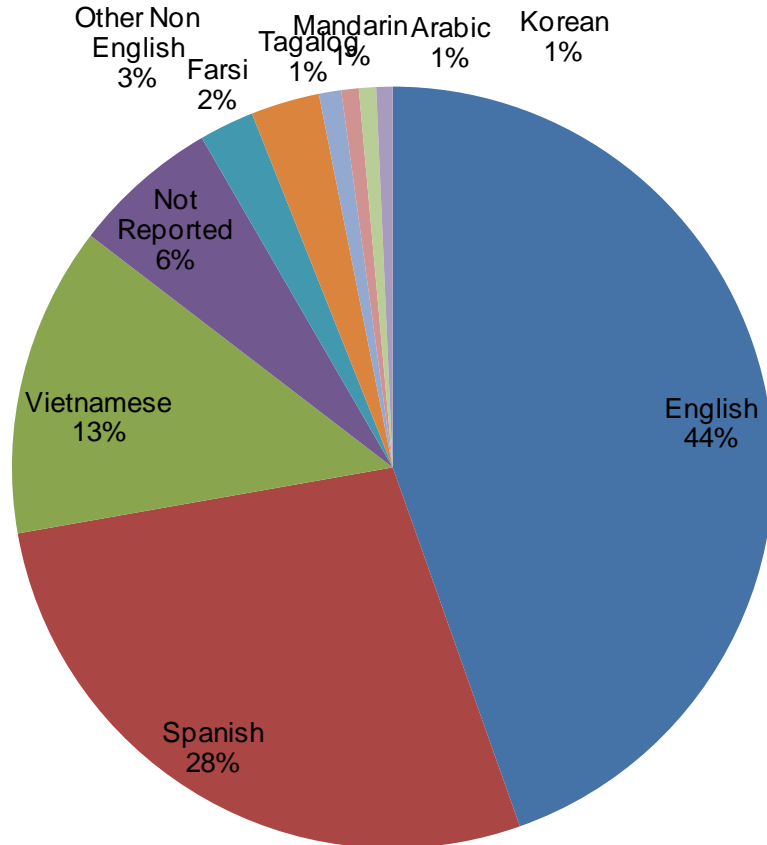
LTC Passive Enrollment by Facility

Facility Name	Volume of LTC PE notifications	Volume of LTC PE excluded	Total number of LTC enrolled	Opt Out volume	Opt Out %
Enrollment by Facility Cont. (July 2016) cont.:					
Sea Cliff Healthcare Center	4	1	3	0	0.00%
South Coast Global Medical Center	13	0	0	13	100.00%
South Coast Post Acute	1	0	1	0	0.00%
St Edna Subacute and Rehabilitation Center	3	0	3	0	0.00%
St Elizabeth Healthcare and Rehabilitation Ctr	1	1	0	0	0.00%
Stanley Healthcare Center	2	0	0	2	100.00%
Sun Mar Nursing Center - Anaheim	3	0	1	2	66.67%
Terrace View Care Center	6	2	2	2	33.33%
Town & Country Manor	9	1	0	8	88.89%
Tustin Care Center	21	21	0	0	0.00%
Victoria Healthcare Center	4	1	2	1	25.00%
Walnut Village Rehabilitation and Care Center	19	2	1	16	84.21%
West Anaheim Extended Care	5	0	0	5	100.00%
Windsor Gardens Care Center of Fullerton	20	4	4	12	60.00%
Windsor Gardens of Anaheim	1	0	0	1	100.00%

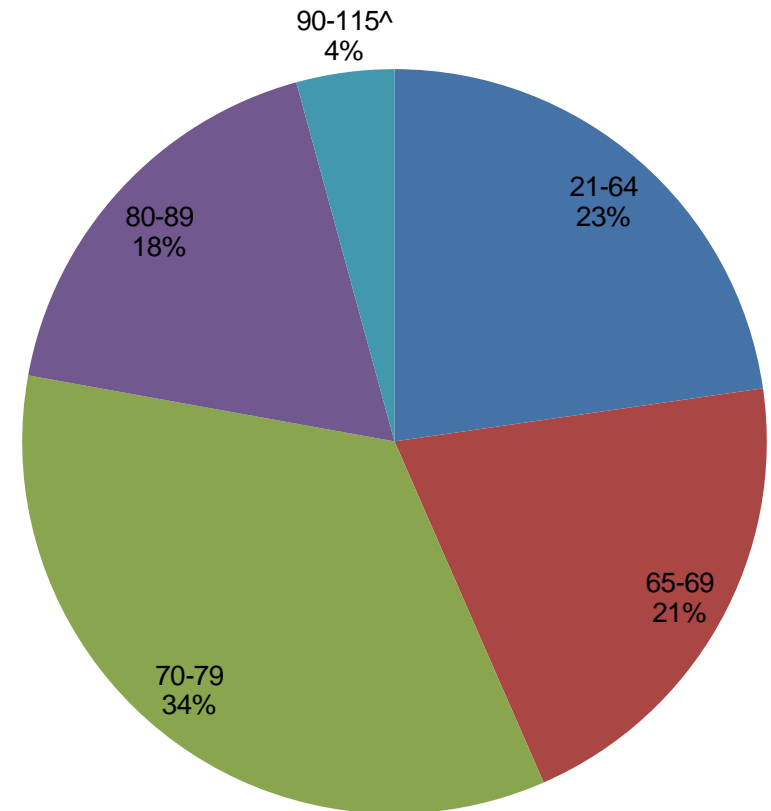
Source: CORE Report OC0102 Pulled 8/15/2016

Enrollment: Demographics

Enrolled: Language*



Enrolled: Age*



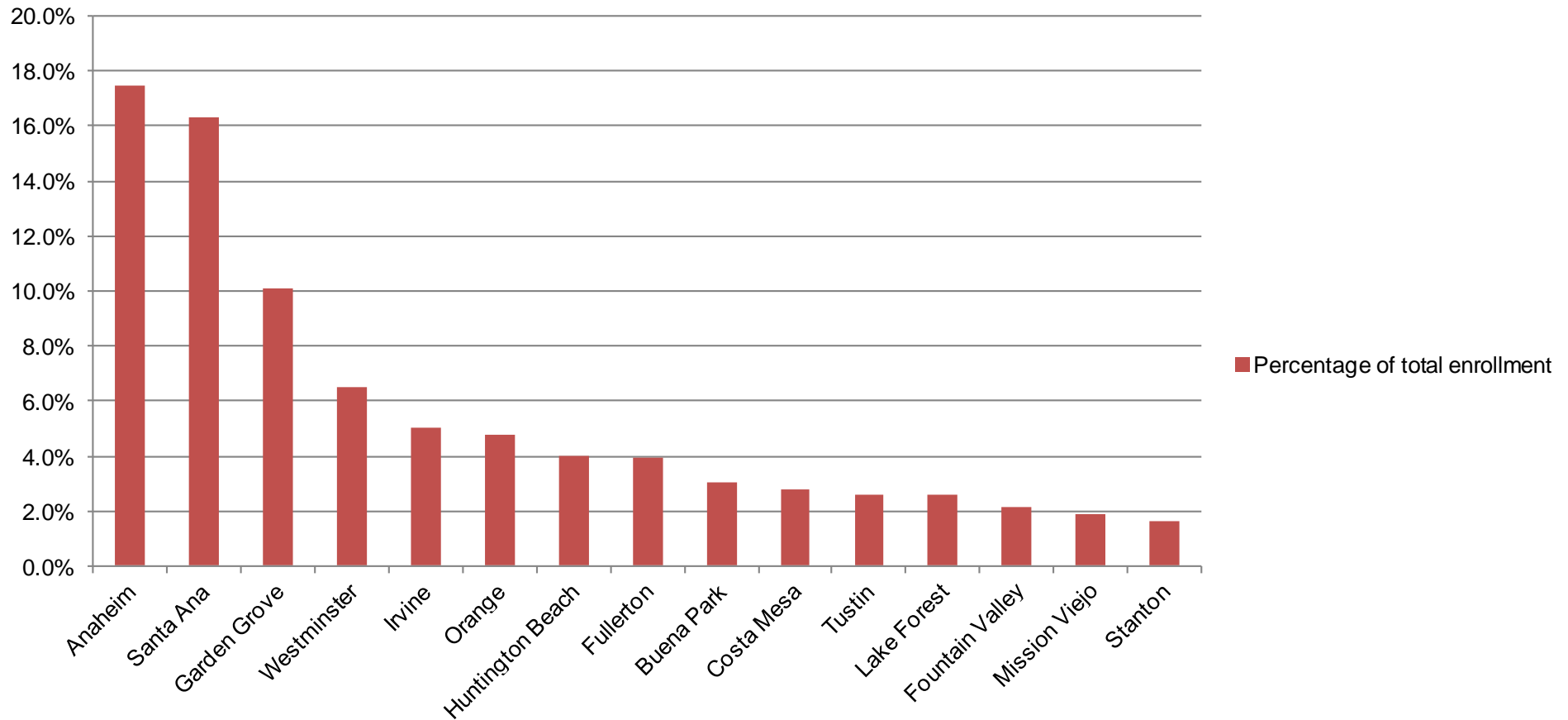
[^]41 members are 100 years old & over

Source: Facets on August 5, 2016 (DHCS Submission)

*Percentage of total enrolled population

Enrollment: Demographics (cont.)

Enrolled: Location*

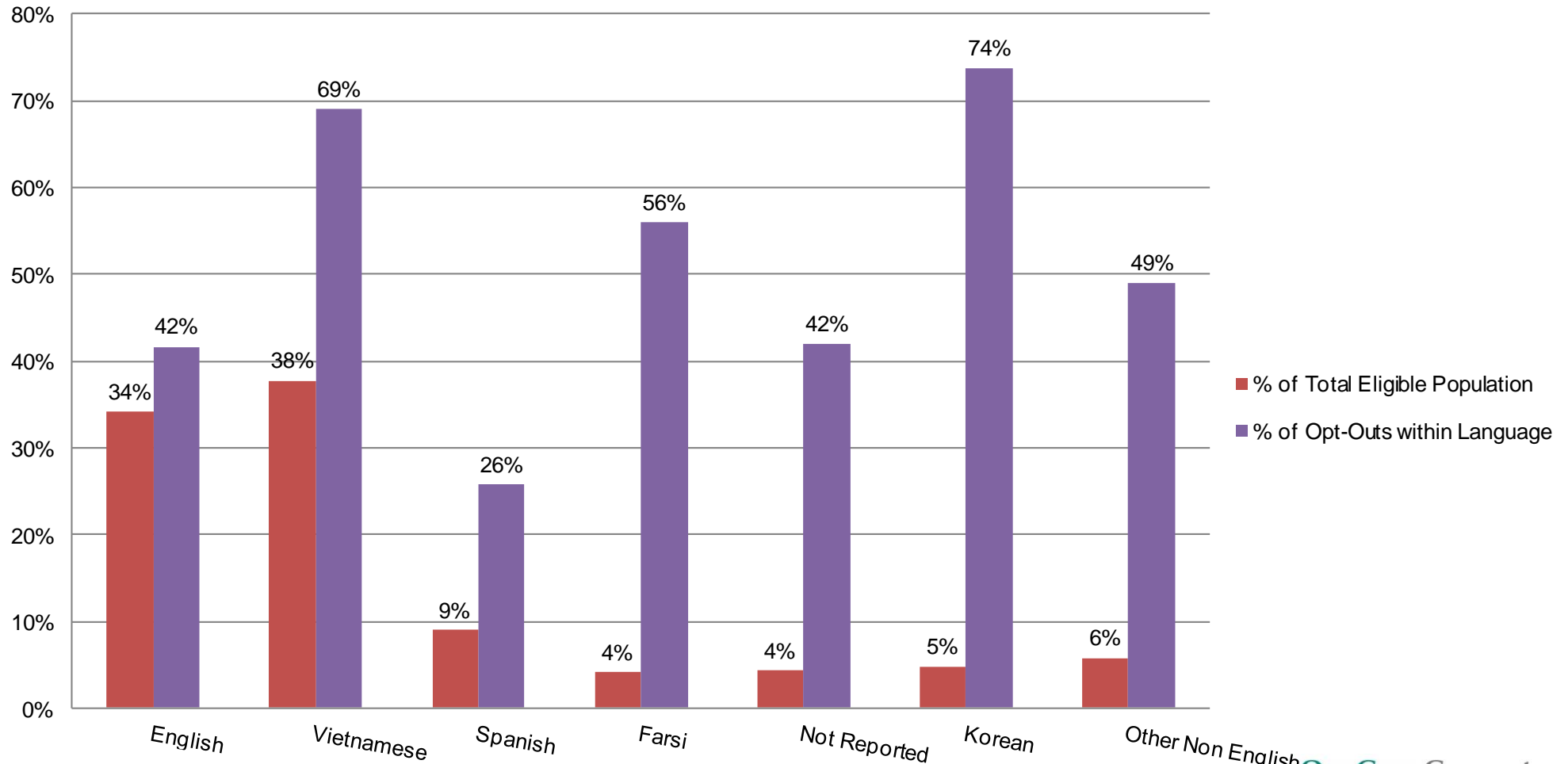


Source: Facets on September 5, 2016 (DHCS Submission)

* Top 15 cities with active enrollment

Opt-Out: Demographics

Opt-Out: Language

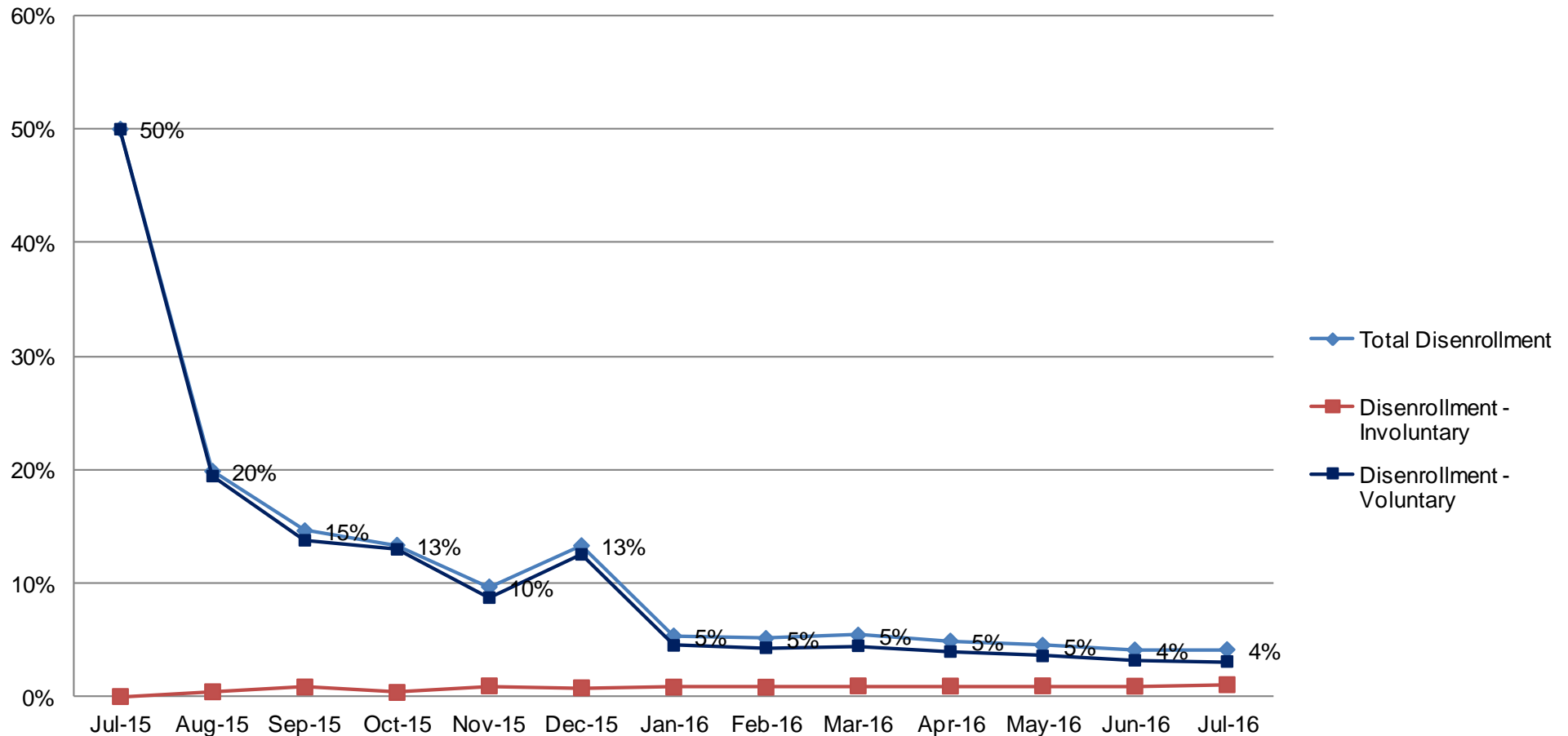


Source: Facets on August 5, 2016 (DHCS Submission)



OneCare Connect
CalOptima
A Public Agency
Better. Together.

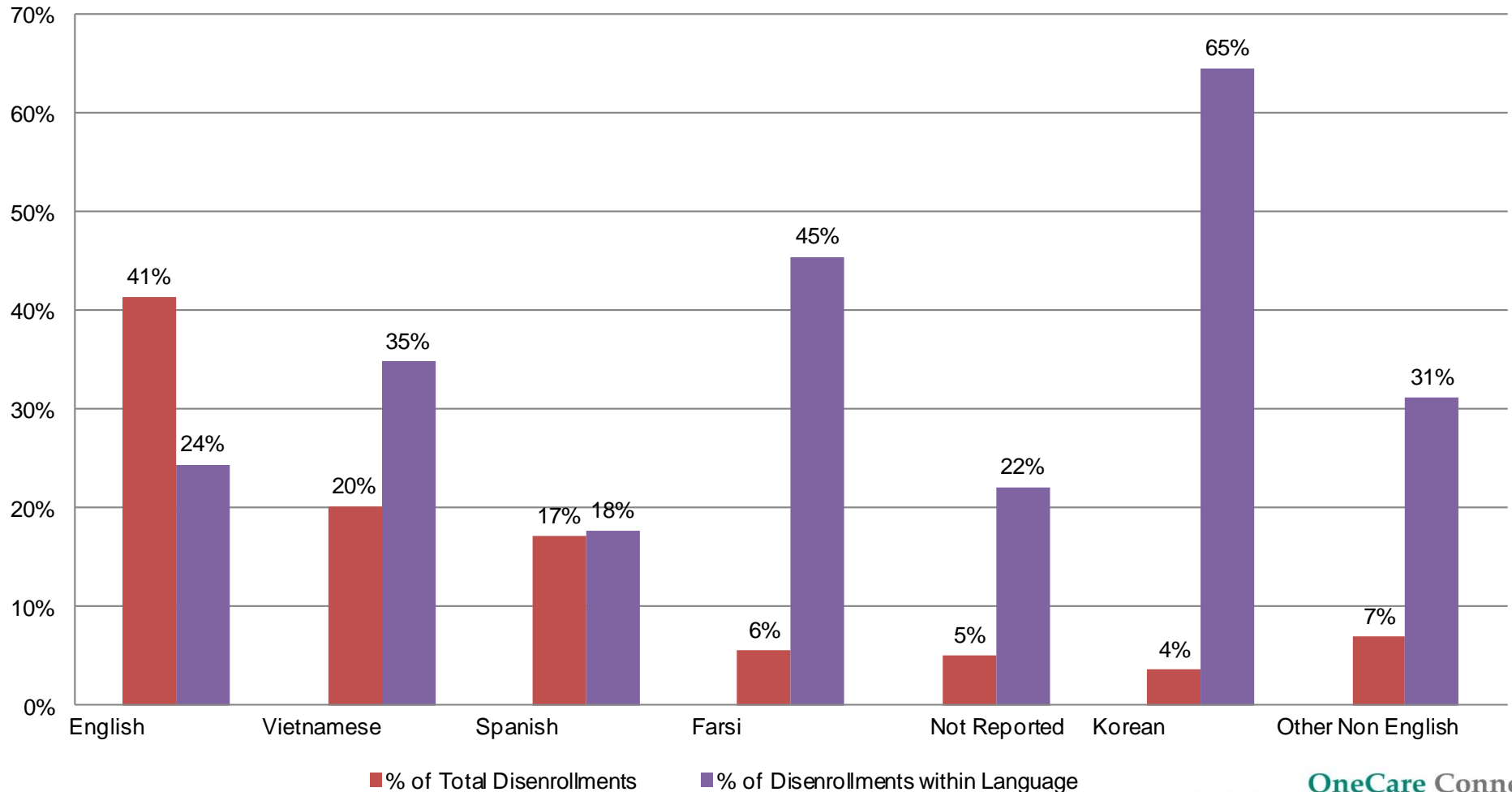
Disenrollment as of 8/15/2016



Source: CORE Report OC0111 Pulled 8/15/2016

Disenrollment: Demographics

Disenrollment: Language



Source: Facets on August 5, 2016 (DHCS Submission)

*Percentage of total enrolled population



Health Consumer Action Center
(HCAC) of the Legal Aid Society of
Orange County

OMBUDSMAN UPDATE

Sara Lee, Supervising Attorney

OSP Toll Free 1-855-501-3077

Legal Aid Society of Orange County Hotline

1-800-834-5001

Korean Hotline : 714-489-2796

LASOC Receives less than five OCC Referrals from CalOptima regarding losing Medi-Cal (per month)

■ CASE EXAMPLE

- An Orange County consumer with SSI and health insurance of CMC plan was informed by CMC plan via phone that her Medi-Cal would be terminated by the end of the month. CMC plan referred the consumer to LASOC. Her income had not changed, and she did not receive any written notice of termination. LASOC contacted OC Social Services to identify the issue. OC Social Services responded that her address was showing her old LA address, which she needed to update with Social Security because her Medi-Cal was granted through SSI. However, Social Security confirmed that her address was already changed to OC address. LASOC reached out to the Medi-Cal County Liaison. Per County Liaison, consumer's LA address was showing because her QMB case was not transferred from LA County. LASOC contacted consumer's case worker in LA County Social Services on this issue. Soon after, the case worker immediately updated consumer's address. In the meantime, LASOC also filed a state hearing on the Medi-Cal termination and requested aid paid pending to avoid gap of coverage. When the address issue was resolved and her Medi-Cal eligibility was confirmed, LASOC withdrew the hearing request.
- Consumer also encountered prescription refill problem after she was enrolled in the CMC plan. She did not receive her CMC plan card so she could not present to the pharmacy her new insurance information. LASOC contacted CMC plan and as a result, the CMC plan sent the approval of the five types of medication that consumer needed directly to the pharmacy. Consumer got the refill the following day.

Dental Benefits for OCC

LASOC still receive calls from OCC consumers not aware of supplemental benefits and some consumers thought they had to pay additional or a premium for supplemental benefits.

LASOC discovered an error on the Welcome Letter Dental regarding cleaning services for OCC members through a case. LASOC notified CalOptima and was notified that Liberty Dental will issue a new letter with the correction. Also, CalOptima will cover the cleaning benefits for OCC consumers who tried to access services relying on the incorrect information.

OCC members are entitle to one cleaning per year but the welcome letter implied 2 cleanings per year by stating “Prophylaxis, adult, once every six months”

Disenrollment

Consumers contacted LASOC to request disenrollment since they were not aware they would be passively enrolled in the OCC plan and wanted to continue seeing their providers.

Consumers not aware how to disenroll from the OCC plan and that they need to choose a Part D plan. Consumers think that they would automatically be enrolled in their previous Part D plan which is not the case. Also, consumers may not be able to enroll in the same Part D plan.

COC and Disenrollment Process complex for consumers .