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

THURSDAY, SEPTEMBER 22, 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 August 25, 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
      A. Consider Recommendation for OCC MAC Chair and Vice Chair

**VI.    CEO AND MANAGEMENT REPORTS**
       A.  Chief Executive Officer (CEO) Update
       B.  Chief Medical Officer Update

**VII.   INFORMATION ITEMS**
       A.  Program of All-Inclusive Care for the Elderly (PACE) Center Presentation
       B.  Federal and State Budget and Legislative Update
       C.  OneCare Connect Member Enrollment Update
       D.  OCC MAC Member Presentation on Legal Aid Society of Orange County
       E.  OCC MAC Member Updates

**VIII.  COMMITTEE MEMBER COMMENTS**

**IX.    ADJOURNMENT**

# MINUTES

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

August 25, 2016

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on August 25, 2016, at CalOptima, 505 City Parkway West, Orange, California.

## CALL TO ORDER
Chair Patty Mouton called the meeting to order at 3:07 p.m., and led the Pledge of Allegiance.

## ESTABLISH QUORUM

| | |
|---|---|
| Members Present: | Ted Chigaros, Christine Chow, Gio Corzo, Josefina Diaz, John Dupies, Donta Harrison, Sara Lee, Patty Mouton, OCC MAC Chair |
| Members Absent: | Sandy Finestone, Susie Gordee, Lena Berlove (non-voting), George Crits (non-voting), Jorge Sole (non-voting), Erin Ulibarri (non-voting) |
| Others Present: | 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; Tracy Hitzeman, Interim Executive Director, Clinical Operations |

## MINUTES

### Approve the Minutes of the June 23, 2016 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

> *Action:*     ***On motion of Member Gio Corzo, seconded and carried, the OCC MAC approved the June 23, 2016 minutes as submitted.***

## PUBLIC COMMENT
Theresa Boyd – Oral re: community resources.

## PRESENTATION

### The SCAN Foundation
Megan Juring, Program Officer, SCAN Foundation, presented an overview on the findings from waves 1-3 on the Coordinated Care Initiative (CCI) evaluation survey. The survey evaluated and tracked beneficiary transitions over time into Cal MediConnect (CMC). The SCAN Foundation

collaborated with the Department of Health Care Services (DHCS) and Field Research Corporation to conduct the rapid cycle polling project. Data collection periods were conducted in three separate waves starting in June 2015 and ending in April 2016. The three key measures included the following: confidence and satisfaction with health services; CMC enrollee comparison to opt-outs and others in non-participating counties; and characteristics of CMC opt-outs. Rapid cycle polling for wave four will be conducted in fall 2016.

## CEO AND MANAGEMENT TEAM DISCUSSION

### Chief Medical Officer (CMO) Update
Richard Bock, M.D., Deputy Chief Medical Officer, reported that CalOptima completed the Request for Proposal (RFP) process for a behavioral health vendor. CalOptima will forward the recommendation to the CalOptima Board for consideration at the September 1, 2016 Board meeting. Implementation of the behavioral health vendor is scheduled for January 1, 2017.

Dr. Bock updated the committee on the opioid epidemic in Orange County, noting that Medi-Cal beneficiaries are prescribed opioids at twice the rate of non- Medi-Cal beneficiaries. The Centers for Medicare & Medicaid Services (CMS) released an information bulletin on safe prescribing practices. DHCS provided information on quality improvement in health care, including an initiative on opioid related morbidity and mortality. CalOptima will review prescribing processes and will discuss with the State the possibility of pharmacy lock-in provisions for members receiving opioid prescriptions from more than three physicians.

## INFORMATION ITEMS

### Healthcare Effectiveness Data and Information Set (HEDIS) Update
Caryn Ireland, Executive Director, Quality and Analytics, presented a Healthcare Effectiveness Data and Information Set (HEDIS) update, which rates the care members receive by line of business on an annual basis. Ms. Ireland reported the ratings for Medi-Cal and OneCare, noting that OneCare Connect measures would be included in next year's report. For Medi-Cal, CalOptima's performance was as follows: met six goals; scored higher than last year on 14 goals; did not meet the goal on 27 measures; and performed below minimal performance level (MPL) on two measures. For OneCare, CalOptima's performance was as follows: met eight goals; scored higher than last year on nine measures; and did not meet the goal on 17 measures.

### Update on OneCare Connect Dental Benefit
Albert Cardenas, Associate Director, Customer Service, provided an overview of the dental plan for OneCare Connect members. He reported that OneCare Connect members have Denti-Cal as the primary carrier and Liberty Dental as the supplemental carrier. Upon enrollment, every member receives a list of benefits covered at no cost to the member and a fee schedule outlining the procedures that are not covered and have co-pays.

### Legislative Update
Phil Tsunoda, Executive Director, Public Affairs, reported that the State Legislature would adjourn on Wednesday, August 31, 2016. He also reported that CalOptima invited Sacramento

lobbyist Trent Smith to present at the September 1, 2016 Board of Directors meeting, and OCC MAC members are invited to attend to hear the Sacramento advocate report on the legislative session that ends on August 31.

### OCC Member Enrollment Update

Belinda Abeyta, Director, Customer Service, provided an update on the OneCare Connect member enrollment. As of August 2016, OCC enrollment was 18, 273 with an opt-out rate of 57.09%. The three health networks with the highest enrollment were Monarch, Prospect Medical, and CalOptima Community Network.

### OCC Update

Candice Gomez, Executive Director, Program Implementation, reported that the Long-Term Care (LTC) facility passive enrollment ended July 2016. Ms. Gomez provided the following OneCare Connect member enrollment demographics: language break down indicated that 44% speak English, 28% speak Spanish and 13% speak Vietnamese; and member break down by age indicated that 23% of the members are between 21-64 years of age, 21% are between 65-69 years of age, and 34% are between 70-79 years of age. The majority of OneCare Connect members reside in Anaheim, Santa Ana, Garden Grove and Westminster. In addition, the highest percentages of opt-outs within a language were Korean at 74%, Vietnamese at nearly 70% and Farsi at 56%.

### OCC MAC Member Presentation on Quarterly Ombudsman Update

Sara Lee, Supervising Attorney, Legal Aid Society of Orange County (LASOC), reported that LASOC receives less than five OCC referrals from CalOptima monthly regarding OneCare Connect enrollment issues. Member Lee provided a few examples of the types of calls LASOC receives, such as termination of Medi-Cal benefits when a member changes county of residence and prescription refill problems upon enrollment in OCC. She also reported there is still confusion about the supplemental dental benefits, as many members are not aware of the supplemental coverage and some members believe they must pay an additional premium for the supplemental dental benefits. In addition, LASOC discovered an error in the welcome dental letter issued by Liberty Dental regarding cleaning services for OCC members. CalOptima notified Liberty Dental and the letter was corrected. CalOptima will cover cleaning benefits for OCC members who tried to access services relying on the incorrect information.

### OCC MAC Member Updates

Chair Mouton announced that the Board approved the OCC MAC vice-chair position at the August 4, 2016 meeting with a directive to revisit the nomination of the committees' chairs at the same time as the committee is reviewing and selecting the vice-chair candidate. Chair Mouton indicated that the directive requires OCC MAC to reopen the nominations for the OCC MAC chair position and open nominations for the vice-chair position. OCC MAC members may apply for both positions simultaneously. The deadline to apply for either position is August 31, 2016. The OCC MAC Nominations Ad Hoc Subcommittee will be reconvened with members who have not indicated an interest in either position. The Ad Hoc will make a recommendation on its selection of the chair and vice-chair for full OCC MAC approval. Upon OCC MAC's approval, the Board will consider the recommendation at an upcoming Board meeting.

Chair Mouton reported that at the last meeting, the committee talked about doing a service project as a committee; however, this is outside the scope of this committee. In addition, the committee discussed a possible tour of the Program of All-Inclusive Care for the Elderly (PACE) Center at an upcoming meeting. A presentation on the PACE program will be provided at the next meeting. OCC MAC members who want to tour the PACE Center should contact Becki Melli, CalOptima Staff to the OCC MAC.

Member Josefina Diaz will present at the next OCC MAC meeting in September on the Legal Aid Society of Orange County, and Member Susie Gordee will present the OCC MAC presentation in October.

Chair Mouton requested agenda items for upcoming OCC MAC meetings. A suggestion was made for information on hospice care.

Chair Mouton announced that the next OneCare Connect MAC meeting is September 22, 2016 at 3:00 p.m.

## ADJOURNMENT
Hearing no further business, Chair Mouton adjourned the meeting at 4:43 p.m.


 */s/  Cindi Reichert*
Cindi Reichert
Program Assistant

*Approved:  9.22.2016*

# MEMORANDUM

| | |
|---|---|
| DATE: | September 1, 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 |

**Health Plan Associations and Advocates**

CalOptima benefits from our active participation in leading health plan associations at the state and national level. Typically, the Centers for Medicare & Medicaid Services (CMS) and the California Department of Health Care Services (DHCS) prefer to work on large initiatives with associations instead of individual health plans. In addition, we maintain productive relationships with federal and state advocates who represent CalOptima in legislative and regulatory matters. Below are brief descriptions of our associations and advocates as well as short summaries of selected recent accomplishments.

*STATE ASSOCIATIONS*

**California Association of Health Plans (CAHP)**: CAHP includes all 26 public and private health plans in California and has significant influence in Sacramento. Its mission is to create and sustain an environment that permits member plans to maintain or grow their organizations' ability to offer quality health care. In 2015, I was appointed to the CAHP Board of Directors, a position limited to only some CEOs of the member plans.

- Medi-Cal Rates: One of the major benefits of the association is to guide advocacy efforts with regard to Medi-Cal rates. Through its Rates Workgroup, CAHP works closely with DHCS to ensure that health plans receive adequate reimbursement rates to support access for members. While rates advocacy will continue to be a key issue for CalOptima, we are pleased with CAHP's efforts for FY 2016–17 to lessen Medi-Cal Expansion rate cuts and increase Medi-Cal Classic rates.
- Advocacy for Cal MediConnect: In his FY 2015–16 state budget proposal, Gov. Brown indicated that the Coordinated Care Initiative (CCI), which includes Cal MediConnect (OneCare Connect in Orange County), was not meeting financial benchmarks and could be eliminated by January 2017. CAHP took the lead in convening a CCI Workgroup of Cal MediConnect plans, associations and others to develop advocacy strategies and collect data. Reflecting the influence of the workgroup, the governor's FY 2016–17 budget proposal was more positive about the future of CCI, authorizing an extension through 2017. Under CAHP's leadership, the CCI Workgroup continues, and CalOptima actively participates by sharing data, attending meetings and providing information about OneCare Connect's success in Orange County.

**Local Health Plans of California (LHPC):** LHPC includes all 16 public, nonprofit plans that serve predominantly low-income individuals with Medi-Cal coverage. CEOs of all member plans are on the LHPC Board.

- CMS Medicaid Managed Care "Mega Reg": In April, CMS released a 1,425-page final rule that updates Medicaid managed care regulations. CMS' major goals in revising the regulations were to enhance beneficiary care and protections, strengthen payment provisions, promote quality of care, and support delivery system reform. LHPC plays a critical role for member organizations by providing analysis regarding the impact of the provisions. LHPC has convened meetings with DHCS to discuss implementation in California and set up a Mega Reg Workgroup, consisting of policy staff from plans.
- California Children's Services (CCS): In 2015, Sen. Ed Hernandez, with the support of the California Children's Hospital Association (CCHA), authored SB 586, a bill aimed at redesigning the CCS program. Funded by the state and administered by counties, CCS provides health care, case management and other services for children with episodic and chronic medical conditions, including cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer and traumatic injuries. LHPC continues to work closely with members of the Legislature, DHCS, CCHA and other entities to ensure that the bill language is in the best interest of the public plans and their members. LHPC has been involved in amendments to the bill and meetings with health plan CEOs and key influencers.

**CalPACE:** CalPACE is dedicated to the expansion of comprehensive health care for frail elderly and the promotion of PACE through education and advocacy. Members include 11 organizations that operate 30 PACE centers in California. CalOptima Director of Government Affairs Arif Shaikh is on the CalPACE Board of Directors.

- PACE Modernization Act: CalPACE was at the forefront of working with DHCS and the Legislature to draft the PACE Modernization Act, which is currently part of a state budget health trailer bill. The bill makes a variety of changes to improve the regulatory structure for PACE. Most notably, the bill would introduce a new process for calculating PACE reimbursement rates that is more likely to account for geographic rate disparity. First, reimbursement rates would be calculated taking into account actual cost data for each PACE center. Second, the rates would then be analyzed by a workgroup for actuarial soundness. Third, DHCS would be empowered to adjust the rates further to mitigate any remaining disparity. The act is especially important for CalOptima, since our Medi-Cal rates for PACE are among the lowest in the state.
- Enrollment Option in Cal MediConnect Materials: While Cal MediConnect and PACE are different programs, the target population they serve is the same — dual eligibles. When DHCS was developing an enrollment strategy for Cal MediConnect, CalPACE strongly advocated for inclusion of PACE as an option on the Cal MediConnect enrollment materials. During the OneCare Connect passive enrollment process, CalOptima was pleased that Orange County dual eligibles not only had an opportunity to enroll in that program but also in our PACE program. CalPACE's efforts in this initiative align with CalOptima's goal to ensure that members receive the right care for their needs.

## NATIONAL ASSOCIATIONS

**Association for Community Affiliated Plans (ACAP):** Based in Washington, D.C., ACAP includes 61 community-based health plans in 24 states. ACAP has constructive and positive working relationships with federal legislators and regulators. ACAP conducts legislative advocacy with Congress on behalf of public plans in the Medicaid program and works well with CMS to support the efforts of plans operating Medicare programs. CalOptima is actively involved in ACAP programs, and I have been invited to speak at events on a regular basis.

- Medicare Rate Adjustment: ACAP was instrumental in CMS acknowledging that its risk-adjustment methodology under-predicts costs for dual eligibles in the various plans that provide Medicare benefits under managed care. CMS reviewed ACAP data (including some from CalOptima) that showed the payment methodology for dual eligibles resulted in payments that were too low given duals' medical conditions. Based on the new risk-adjustment methodology, CalOptima received a 7.4 percent Medicare base rate increase, retroactive to January 1, 2016, for OneCare Connect members. Beginning in 2017, the new risk-adjustment methodology will apply to both OneCare and OneCare Connect. In addition, ACAP is also asking CMS to reconsider its methodology for Star quality ratings in order to more fairly recognize the complexities of duals.
- Provider Directory Requirement: ACAP influenced a change related to a proposed CMS requirement regarding provider directories for Medicare plans. In light of findings that such directories were often inaccurate, CMS issued a letter stating that plans had to contact all providers monthly to verify the accuracy of information. CalOptima developed a presentation about the time and expense of that communication, which ACAP took to CMS. This resulted in CMS adjusting the frequency to quarterly — a major win in terms of eliminating a potentially burdensome requirement.

**National PACE Association (NPA):** Based in Alexandria, Va., NPA advances the efforts of PACE programs nationwide. Its membership includes 120 organizations in 31 states.

- Best Practices/Technical Assistance: On August 15, Peter Fitzgerald, NPA executive vice president of policy and strategy, toured CalOptima PACE and met with me, PACE Director Rena Smith and others. We had the opportunity to ask questions about operational best practices, and Mr. Fitzgerald made useful suggestions to boost efficiency and financial success. We also discussed our plan to use the Alternative Care Setting model to expand PACE, and he shared that a number of NPA members are pursuing this option because it has proven to be more flexible. Overall, we came away with renewed confidence that CalOptima PACE, at three years old, is performing consistent with national trends.
- CMS PACE Proposed Rule: CMS recently published a proposed rule to update PACE regulations. NPA is playing a critical role in helping organizations understand the regulation's impact and coordinating comments to CMS.

## FEDERAL AND STATE ADVOCATES

**James McConnell:** Based in Washington, D.C., Mr. McConnell has represented CalOptima for a number of years, maintaining strong relationships with the Orange County delegation in the U.S. Senate and House of Representatives. He provides regular updates regarding health care topics at the federal level, including the Affordable Care Act and other key legislation.

- Protection of the County Organized Health System (COHS) Model: As one of only six COHS in the United States, CalOptima is a unique, mission-centered organization focused on providing access to quality, cost-effective care for members. Since the COHS model was established by federal statute, it is critical that members of Congress understand CalOptima and our community commitment. Mr. McConnell provides frequent updates to legislators to ensure they support CalOptima and the COHS model for Medi-Cal in Orange County.

**Edelstein Gilbert Robson & Smith:** Based in Sacramento, Trent Smith and Don Gilbert, partners at Edelstein, Gilbert Robson & Smith, serve as CalOptima's advocates at the state level. They provide representation on a wide variety of health care issues addressed by the legislators.

- Defeat of SB 260: Last year, Sen. Bill Monning, with the support of Western Center on Law & Poverty, authored a bill that would have required COHS plans to obtain a Knox-Keene license from the California Department of Managed Health Care. Knox-Keene licenses are for private health plans competing in a commercial marketplace. COHS plans are public entities and do not compete for Medi-Cal members. CalOptima and other COHS plans opposed SB 260, and Mr. Smith was extremely effective in lobbying against the bill. First, he set up multiple meetings between the COHS plans and Sen. Monning and his staff to ensure they understood the COHS model and clarify any misconceptions. However, once it was clear that Sen. Monning was moving forward with his bill, our advocates worked diligently to educate other legislators about the negative impacts of the bill, resulting in a defeat on the Assembly floor.
- Defeat of SB 1308: Introduced earlier this year, SB 1308 would have imposed financial restrictions on COHS plans, limiting spending on promotional giveaways, staff retreats, lobbying activities, certain media campaigns and other areas. COHS plans opposed SB 1308 because it undermined local control for the respective governing bodies of the health plans and oddly focused on spending when, in fact, COHS have among the lowest administrative costs of any Medi-Cal managed care model. Our advocates met with the bill's author, Sen. Ed Hernandez, chair of the Senate Health Committee, and other committee members to address concerns regarding the bill. As a result of this sustained lobbying effort, the author decided to drop the bill.

**Program of All-Inclusive Care for the Elderly (PACE)**
CalOptima PACE may soon be impacted by new legislation and regulation pending at the state and federal levels. A California budget health trailer bill contains the PACE Modernization Act. The act would make an adjustment to the PACE reimbursement process that is likely to significantly benefit our program by better accounting for geographic rate disparities. At the federal level, CMS published a proposed rule to update PACE regulations and build on the program's success. In releasing the rule, CMS stated that PACE programs have grown significantly in recent years yet the rules governing the programs have not changed in a decade. Therefore, CMS' proposal is designed to revise the requirements for PACE, aiming to provide organizations with more administrative and operational flexibility while strengthening protections and improving care for participants.

**PACE**

# PACE

**Program of All-Inclusive Care
for the Elderly**

## PRESENTATION TO OCC MAC – Sept. 22, 2016

**Rena Smith, MPA
Director**

# What is PACE

- Community-based program that provides all necessary medical and social services to seniors

- A "one-stop shop" that makes health care easier

- First and only PACE program in Orange County
  - Located at 13300 Garden Grove Blvd., Garden Grove

- California has 13 PACE programs, serving approximately 5,790 individuals

- Nationally, there are 119 PACE programs in 31 states

PACE

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# Eligibility

- To be eligible, a person must:

    ➢ Be age 55 or older

    ➢ Reside in our PACE service area

    ➢ Meet California nursing facility level of care requirements, after an assessment by CalOptima PACE staff and state approval

    ➢ Be able to live safely in community

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# PACE in the continuum of care



Traditional Provider

Home & Community Services
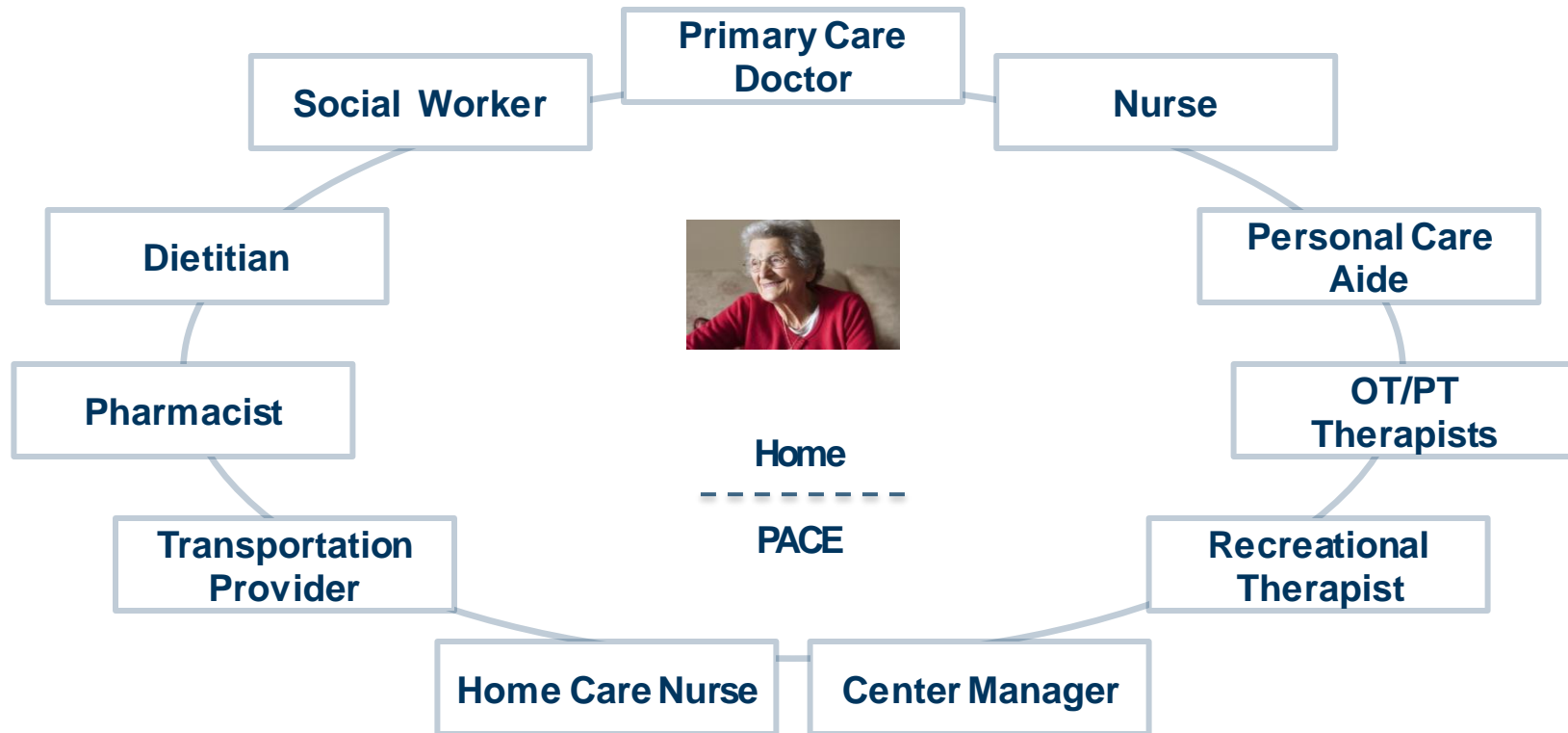
Nursing Home

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# What can PACE offer

- CalOptima PACE offers an option to help keep seniors in their homes and maintain their independence.

- CalOptima PACE changes the way care is delivered.

  ➢ Seniors can come to the CalOptima PACE center and get their medical and social needs met.

  ➢ An Interdisciplinary Team (IDT) of health care professionals provides individualized care.

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# What is CalOptima IDT?

- CalOptima PACE IDT is a team of health care professionals that provides services for each PACE participant.

# What services does PACE cover

- ✓ Onsite Medical Clinic
- ✓ Activity/Day Center
- ✓ Transportation (*Home to Center to Home*)
- ✓ Rehabilitation (*Physical/Occupational Therapy*)
- ✓ Meals and Healthy Eating Tips
- ✓ Home Care
- ✓ Medicines
- ✓ Medical Equipment
- ✓ Hospital Care
- ✓ Long-Term Care

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# Our PACE Center

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# Miscellaneous

➢ Opened October 1, 2013 with 2 participants

➢ As of July 1, 2016, we have 176 participants
  ▪ Net growth of approximately 5 new participants monthly

➢ Diagnoses include Stroke, Diabetes, Parkinson's, Mental Health

➢ Average age is 73 years old

➢ Languages spoken include Vietnamese, Spanish, Tagalog, Chinese, Korean, English, and others

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# How Much Does PACE cost

- For those with Medicare and Medi-Cal (with no Share of Cost), all CalOptima PACE services are covered at no cost.

- Those with Medicare and Medi-Cal (with a Share of Cost) must pay their own Share of Cost monthly.

- Those who have only Medicare pay a monthly premium to take part in CalOptima PACE. They will also be responsible for a premium for Medicare Part D drugs.

- For those who have Medi-Cal only (with no Share of Cost), all CalOptima PACE services are covered at no cost.

**PACE**

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# Further Information

- CalOptima PACE Information
  - General Information
    - 714-468-1100
  - Enrollment Coordinator
    - 714-468-1070

- CalOptima PACE Center Hours
  - Monday–Friday, 8 a.m. to 4:30 p.m.

- PACE Information
  - www.caloptima.org

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

# OneCare Connect Enrollment Update

**September 22, 2016**

**Belinda Abeyta, Director, Customer Service**

# Enrollment by Health Network

| Health Network | Total Membership |
|---|---|
| Monarch | 5,598 |
| Prospect Medical Group | 3,380 |
| CalOptima Community Network | 2,005 |
| Family Choice Medical Group | 1,972 |
| Talbert | 1,267 |
| UCMG | 711 |
| ARTA | 681 |
| AMVI Care | 680 |
| Alta Med | 585 |
| Noble | 507 |
| Heritage – Regal | 186 |
| OC Advantage | 116 |
| Heritage – ADOC | 62 |
| *Total* | *17,750* |

Source: CORE Report CS0020 Pulled 9/14/2016

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# Enrollment by Month

| Month | End of Prior Month Enrollment | Voluntary Enrollment | Reinstated/ Re-Enrolled Enrollment | Beginning of Month Members | Disenrollment - Involuntary | Disenrollment - Voluntary | Ending Enrollment |
|---|---|---|---|---|---|---|---|
| **August 2016** | 18,138 | 95 | 29 | 18,262 | 256 | 404 | 17,599 |
| **September 2016** | 17,599 | 124 | 27 | 17,750 | | | |

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# OCC Deeming

| | 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 |
|---|---|---|---|---|---|---|
| **Aug-16** | 207 | 55 | 152 | 12 | N/A | 140 |
| **Sept-16** | 181 | N/A | N/A | N/A | N/A | N/A |

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# The Legal Aid Society of Orange County

Josefina Diaz, Litigation Paralegal

2101 N. Tustin Ave., Santa Ana, CA 92705

Hotline: 800/834-5001

Website: www.legal-aid.com

# Our Mission:

**To provide civil legal services to low income individuals and to promote equal access to the justice system through advocacy, in-depth legal representation, innovative self-help services, economic development and community education.**

- Providing free civil legal services to low income residents of Orange County who are at or below the poverty level since 1958. LASOC is a non-profit corporation funded by the Legal Services Corporation in Washington, D.C. & by public & private sources.

# Types of Cases We Handle:

- **Family Cases**: divorces, paternity, child custody disputes, guardianship & domestic violence.
- **Housing and Landlord/Tenant Cases:** Eviction defense, tenant assistance, advice on substandard housing, security deposits, unlawful discrimination, affordable housing issues, foreclosures and home improvement fraud.
- **Government Benefits:** welfare, social security, general relief, SSI, veteran's benefits, CalWORKs, Medi-Cal, Medicare, food stamps, unemployment benefits and medical benefits for the indigent.
- **Education**: Assistance to special needs students, vocational school issues, suspensions, expulsion and enrollment issues.
- **Consumer Problems:** consumer fraud, vocational school fraud, contracts & warranties, loans & installation purchase agreements, unfair sale practices, discriminatory banking practices, debt collection harassment, repossessions & wage garnishments.
- **Bankruptcy:** legal counsel & advice. Bankruptcy assistance is provided through a self-help clinic.
- **Health Advocacy**

# **Matters We Do Not Handle:**

- Criminal Cases
- Business Related Issues
- Estates/Wills
- Worker's Compensation
- Fee Generating Cases
- Plaintiff's Civil Actions for Damages

# Services and Special Programs

- **Senior Citizens Legal Advocacy Program:** For people age 60 and older, we offer help with housing problems, evictions, landlord/tenant issues, government benefits, consumer fraud & elder abuse.

- **Asian-American Outreach Program:** We provide multilingual services & we understand the special needs of Korean & Vietnamese residents.

- **Homeless Outreach Program:** Legal services to the homeless include housing, health, government benefits, family law & other matters.

- **Health Consumer Action Center:** We provide outreach, education and assists with healthcare, issues such as eligibility, service denials/barriers and billing problems.

- **Low Income Taxpayer Clinic:** We help low income people with IRS tax controversies and other related matters.

# The Legal Resolutions Center

- **Lawyers Referral Service (LRS):** Attorney referrals are available for all cases that fall outside our scope of services. LRS attorneys provide free consultations.

- **Self-Help Center:** We help prepare legal documents for a variety of legal matters, including evictions, divorce, child custody, child support & spousal support.

- **Small Claims Advisory Program:** Small Claims advice and clinics are offered to the public at no charge.

# The Legal Hotline

provides legal counseling & advice on wide range of legal problems, referrals, scheduling of appointments for more in-depth legal assistance, and information about Legal Aid clinics, workshops & self-help services.

- Toll free: 800/834-5001 or 714/571-5200

- Lawyer Referral: 714/571-5204

- Small Claims Help: 714/571-5277