THURSDAY, NOVEMBER 17, 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 October 27, 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.   CEO AND MANAGEMENT REPORTS
A. Chief Executive Officer (CEO) Update
B. Chief Medical Officer Update

VI.   **INFORMATION ITEMS**
   A. OCC MAC Member Updates
   B. OCC MAC Member Presentation on Quarterly Ombudsman Update
   C. Intergovernmental Transfer (IGT) Expenditure Update
   D. CalOptima Strategic Plan Update
   E. Update on Personal Care Coordinators (PCCs)
   F. Managed Behavioral Health Organization Update
   G. Federal and State Legislative Update

VII.   **COMMITTEE MEMBER COMMENTS**

VIII.   **ADJOURNMENT**

MINUTES

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

October 27, 2016

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on October 27, 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, John Dupies, Sandy Finestone, Susie Gordee, Sara Lee, Patty Mouton, Lena Berlove (non-voting), Jorge Sole (non-voting), Erin Ulibarri (non-voting)

Members Absent: Gio Corzo, Josefina Diaz, Donta Harrison, Adam Crits (non-voting)

Others Present: Ladan Khamseh, Chief Operating Officer; Dr. Richard Helmer, Chief Medical Officer; Candice Gomez, Executive Director, Program Implementation; Caryn Ireland, Executive Director, Quality Analytics; Belinda Abeyta, Director, Customer Service; Dr. Emily Fonda, Medical Director; Chet Uma, Chief Financial Officer; Tracy Hitzeman, Interim Executive Director, Clinical Operations; Arif Shaikh, Director Government Affairs; Becki Melli, Staff to OCC MAC

MINUTES

Approve the Minutes of the September 22, 2016 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

> *Action:*   ***On motion of Member Ted Chigaros, seconded and carried, the OCC MAC approved the September 22, 2016 minutes as submitted.***

PUBLIC COMMENT
There were no requests for public comment.

CEO AND MANAGEMENT Reports

Chief Medical Officer (CMO) Update
Dr. Richard Helmer, Chief Medical Officer, provided a brief update on the status of the Managed Behavioral Health Organization (MBHO). At the September 1, 2016 Board of Directors meeting, the Board authorized staff to enter into a contract with Magellan Health Inc. to provide

behavioral health services for CalOptima members, effective January 1, 2017. CalOptima has been working with Magellan on an implementation plan that includes ensuring the adequacy of the provider network so members may retain the same providers when possible and having a customer service center located in Orange County. Magellan is working to meet all expectations by the implementation date.

Dr. Helmer provided an update on OneCare members who are currently in a facility for custodial level long-term care. A proposal regarding a new payment methodology to change how their long-term care will be managed and enable these OneCare members to enroll in OneCare Connect will be presented for consideration at a future Board of Directors meeting.

INFORMATION ITEMS

Community-Based Adult Services (CBAS) Statistics and Trends

Cathy Osborn, CBAS Program Manager, presented an overview on CBAS statistics and trends. CalOptima began administering the CBAS benefit in July 2012 with an average of 2,077 members during the first quarter. Currently, the average number of CalOptima members receiving the CBAS benefit is 2,032. Ms. Osborn also noted that on average, CBAS members have more diagnoses and higher acuity levels than the general population. In addition, this population visits the emergency department more frequently and has higher inpatient utilization. CBAS members receive regular nursing oversight at the CBAS center. Ms. Osborn reported that CalOptima's Community Relations department provides outreach and awareness to the community regarding CBAS and the Long-Term Services and Supports department provides regular CBAS trainings to health networks, long-term care (LTC) facilities and other home and community-based service providers.

Hospice Benefit for OneCare Connect Members

Marsha Petersen, Manager, Long-Term Services and Supports, presented an overview on the hospice benefit for OneCare Connect members. If an OCC member elects the Medicare hospice benefit, the member may remain in the OCC program; however, the member will obtain the hospice services through the Medicare fee-for-service (FFS) benefit as a "carve out" and are reimbursed by Medicare not OCC. Election of hospice services does not change the Medi-Cal component. Ms. Petersen explained the hospice levels of care, including routine home care, continuous home care, respite and general inpatient care. In 2016, the hospice payment process changed, so that an authorization is no longer required for routine home care, continuous home care, and respite levels of care. OCC MAC requested additional presentations on hospice benefits in future meetings.

Chair Mouton reordered the agenda to hear item VI.F. OCC MAC Member Presentation on Orange County Aging Report and Strategic Plan.

OCC MAC Member Presentation on Orange County (OC) Aging Report and Strategic Plan

Members Christine Chow, Alzheimer's Orange County, and Erin Ulibarri, Orange County Office on Aging, co-presented on the 2016 Older Adult Profile and the OC Strategic Plan for Aging. Member Ulibarri provided an overview of the health and wellbeing of the older adult population in Orange County, highlighting key health, social, and economic indicators. She reported that by 2040, approximately one in four residents would be 65 or older. In addition, the physician workforce specializing in geriatrics is less than 25% of the recommended number. Member Chow explained that the purpose of the Strategic Plan for Aging is to prepare Orange County for the growing numbers of seniors and the issues they face. Using qualified data and assessments on the state of seniors, the strategy will focus on where seniors are the most vulnerable and in need, with concrete steps to address those needs over time. Member Chow reported that committees are meeting to review short-term plan recommendations and initial research for longer-term planning efforts, with plan finalization and implementation in the summer of 2017.

OneCare Connect Update

Candice Gomez, Executive Director, Business Integration, provided an update on the new OneCare Connect benefits that are retroactive to July 2016. The new benefits include two acupuncture visits per calendar month and continuity of care for Medi-Cal services, increasing the benefit from six months to 12 months. Ms. Gomez added that effective January 1, 2017, fitness benefit options will be added, including a health club membership, fitness classes, and home fitness kits. In addition, the transportation benefit will increase from 30 to 60 one-way taxi rides. Ms. Gomez stated that member notifications are scheduled.

Legislative Update

Arif Shaikh, Director, Government Affairs, provided an update on the status of California's Coordinated Care Initiative (CCI). Given that the FY 2017–18 State Budget is being formulated for January 2017, there is attention on whether CCI has delivered the anticipated financial savings. By statute, CCI can be terminated if the initiative does not realize cost savings. To demonstrate to the governor that broad interest in maintaining the CCI exists, an advocacy campaign engaged stakeholders to send letters of support. Mr. Shaikh reported that in less than a week, CalOptima stakeholders generated nearly 30 letters to the governor from key influencers, such as elected officials, provider groups, community-based organizations and associations. CalOptima appreciates the support from local stakeholders.

OCC MAC Member Updates

Chair Mouton reminded the committee members to complete the mandatory CalOptima annual Compliance Training required by the Centers for Medicare & Medicaid Services (CMS) and other regulatory agencies. The deadline for completion is November 4, 2016.

Chair Mouton announced that Member Sara Lee would present the quarterly report on the Ombudsman update at the November 17, 2016 meeting. At the December OCC MAC meeting, Chair Mouton will be presenting on the Orange County Advanced Care Planning Project.

Chair Mouton announced that the next OneCare Connect MAC meeting is November 17, 2016 at 3:00 p.m.

ADJOURNMENT
Hearing no further business, Chair Mouton adjourned the meeting at 5:01 p.m.

/s/ Cindi Reichert
Cindi Reichert
Program Assistant

Approved: 11.17.2016

MEMORANDUM

DATE: November 3, 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

Strategic Planning Session
As previously announced, CalOptima's November Board meeting will be abbreviated to allow time for your Board to participate in a session dedicated to the agency's next three-year strategic plan. Facilitator Bobbie Wunsch has asked that each Board member prepare for the discussion by bringing answers to the following questions:
- How can CalOptima be best prepared to respond to the evolving health care environment and strengthen our position as a valued asset in our community?
- What big ideas do you have that staff should consider as they move toward implementation of the new CalOptima strategic plan and priorities?

Thank you in advance for your insight and guidance on the 2016–19 Strategic Plan.

Information Security Matter
On October 14, CalOptima notified approximately 56,000 current and former members about a security matter involving their protected health information (PHI). In August, a departing employee downloaded data, including PHI, to an unencrypted USB flash drive. Shortly after leaving the agency, the former employee returned the drive. CalOptima is cooperating with local law enforcement and health plan regulators on the investigation of this matter. While we are still investigating, CalOptima does not believe the information was shared. The downloaded PHI included member names, demographic information and other health-plan related information. Social Security numbers were also included for some of the affected members. CalOptima established a toll-free number to respond to questions. In addition, CalOptima is offering no-cost, triple-bureau credit monitoring services to affected adult members and a separate free service for affected child members, so parents can monitor whether a fraudulent credit file exists in the child's name. To protect against this type of incident in the future, CalOptima immediately implemented several additional safeguards and security standards. CalOptima was also required to inform the media, and four publications wrote articles. At this time, members are beginning to respond by calling Customer Service or enrolling in credit monitoring. I will keep your Board informed as we work to resolve the matter and strengthen our member protections even further.

Real Estate Development Rights
On November 17, your Board's Finance and Audit Committee (FAC) will receive an informational update about CalOptima's real estate development rights. A consultant engaged via Request for Proposal, Glen Allen, president of Newport Real Estate Services Inc., will make

a detailed presentation regarding the options available to CalOptima with regard to developing the land currently in use as a parking lot for 505 City Parkway West. After the FAC vets the information, the next step will be for the full Board to hear the presentation in December.

California Association of Health Plans (CAHP)
In October, CAHP held its annual conference in Palm Desert to bring together nearly 50 public and private health plans that operate in California. The conference featured more than a dozen sessions covering key industry topics. I spoke as part of a three-person panel addressing the future of Medi-Cal. Inland Empire Health Plan CEO Brad Gilbert, M.D., discussed integrating behavioral and physical health and his plan's effort to administer behavioral health directly. Toby Douglas, the former director of the Department of Health Care Services (DHCS) and now the senior vice president of Medicaid solutions for Centene, spoke about Medicaid activities in other states. I shared my vision of where Medi-Cal is going by focusing on seniors. In the past, Medi-Cal was built for moms and babies. Currently, Medi-Cal is addressing high-acuity populations with multiple chronic conditions and behavioral health issues. But the future is seniors, and I emphasized that serving seniors may require moving beyond Medi-Cal. Because everyone ages differently and most people prefer to continue living at home, seniors need to have many options before long-term care, options such as Community-Based Adult Services, In-Home Supportive Services, Program for All-Inclusive Care for the Elderly and others.

Coordinated Care Initiative (CCI)
CalOptima continues to participate in the CCI Sustainability Workgroup, a collaborative effort among CCI health plans organized by CAHP. The workgroup remains focused on demonstrating the value of the CCI and its associated Cal MediConnect plans, including CalOptima's OneCare Connect. This is of particular importance now, given that the FY 2017–18 state budget is being formulated for January, and there is attention on whether the CCI has delivered the anticipated financial savings. By statute, the CCI can be terminated if it doesn't realize cost savings. The workgroup recently launched a statewide advocacy campaign, and I will be meeting with state officials in the coming weeks to share OneCare Connect success stories. In addition, to demonstrate to the governor that broad interest in maintaining the CCI exists, the advocacy campaign also engaged stakeholders to send letters of support. In less than a week, CalOptima stakeholders generated nearly 30 letters to the governor from key influencers, such as elected officials, provider groups, community-based organizations and associations.

Whole Person Care (WPC) Pilot
In late October, DHCS approved Orange County's application to participate in the WPC pilot program, which aims to better coordinate health care and social services for the local homeless population. The program will be funded by the county, with matching federal dollars, for a total of $23.5 million in spending over the five-year pilot. The Orange County Health Care Agency (HCA) will be the lead entity on the program, and CalOptima will be a participating entity. HCA plans to convene a WPC Collaborative to begin implementation work after the county's agreement with the state is finalized.

Board of Supervisors Recognition
On October 25, CalOptima was honored by the Orange County Board of Supervisors for our National Committee for Quality Assurance (NCQA) rating as the top Medi-Cal plan in California for the third year in a row. I was pleased to accept a resolution that highlights our agency's achievement on behalf of the Orange County residents who are our members.

Legislative Luncheon
On October 28, CalOptima welcomed nearly 50 representatives from elected offices and other stakeholder groups to a Legislative Luncheon. At the luncheon, I was presented with a special joint State Senate and State Assembly Resolution in recognition of CalOptima's NCQA rating as the top Medi-Cal plan in California. During the program, I shared information that explained the background and significance of the NCQA honor. Further, since this was the first luncheon since your new Board was installed in August, I provided details about the structure of your new Board. The program concluded with Director of Government Affairs Arif Shaikh reviewing federal and state legislation that will impact CalOptima in the near future.

Joint Medical Audit
CalOptima received notice that DHCS and Department of Managed Health Care (DMHC) will audit Medi-Cal and OneCare Connect in February 2017. The regulators intend to audit Medi-Cal for Seniors and Persons with Disabilities services and OneCare Connect for Medicaid-based services. Both audits are triannual and will be conducted by DMHC on behalf of DHCS. DMHC also stated that its audit will coincide with DHCS' annual medical audit of Medi-Cal.

Key Meetings
- <u>CAHP Board Meeting and Dinner</u>: The CAHP Board of Directors gathered October 11 for a meeting with featured guests Sen. Ed Hernandez, chair of the Senate Health Committee, and Assemblyman Jim Wood, chair of the Assembly Health Committee. After the meeting at dinner, I interacted further with both elected officials who are likely to play important roles in future health policy-making. While I had met with them on other occasions, the CAHP dinner provided an opportunity to reinforce that CalOptima is a leader in the state's primary health plan association.
- <u>Hospital Association of Southern California (HASC)</u>: On October 19 at the final meeting of the HASC-sponsored Medi-Cal Task Force, the group narrowed down the priority issues to pursue at the local level. From among a list of 14 recommendations, five areas emerged as most important, including physical/behavioral health integration, workforce development, care coordination for high-acuity populations, data exchange/technology, and ongoing collaboration among hospitals, clinics, physician groups and health plans. As the next step, local HASC organizations will bring together community partners to identify areas of action, so we can expect to continue this valuable work through the Orange County HASC office.
- <u>Department of Managed Health Care (DMHC)</u>: DMHC Director Shelley Rouillard and her team visited CalOptima on October 21. The meeting was part of DMHC's effort to engage with health plans across the state to discuss its mission to protect consumers' health care rights and ensure a stable delivery system, and highlight regulatory priorities now and in the future. One main topic was DMHC's goal to better understand risk-sharing arrangements and improve oversight of risk-bearing organizations. My general presentation about CalOptima
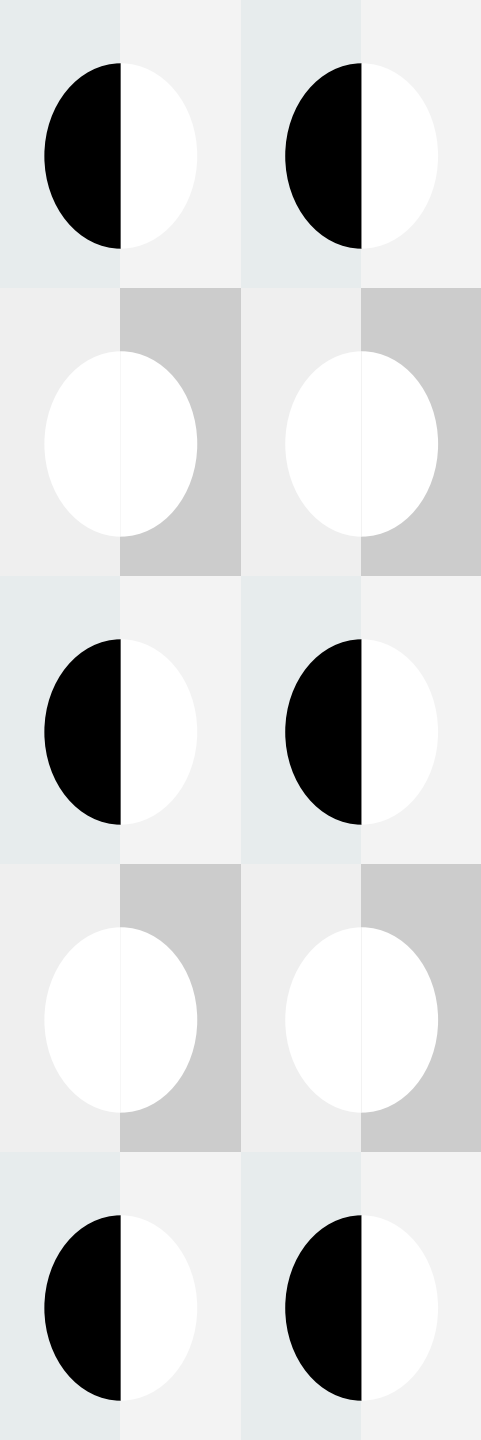
included discussion of our delegated model and contracting methods. I suggested that DMHC staff were welcome to learn more about our risk-sharing arrangements and oversight through on-site training, and Director Rouillard expressed interest in this opportunity. Further, she expressed appreciation for other elements of my presentation, including the discussion of the diverse backgrounds of our chief executives in areas ranging from commercial insurance and county government to regulatory agencies. In all, it was a positive meeting that positioned CalOptima as a strongly managed agency that puts quality care for members first.

- <u>UCI Health</u>: On October 24, as part of a continuing series of meetings, Chet Uma, Ladan Khamseh, Richard Bock, M.D., and I met with the leadership team from UCI Health, including CEO Howard Federoff, CFO Jay Sial and others. UCI leaders are interested in collaborating with CalOptima to explore ideas that address the hospital's reimbursement and capacity for Medi-Cal members.

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 continues to receive direct referrals from CalOptima regarding losing Medi-Cal (per month) for mostly OCC members.

     -CASE EXAMPLE

- Medi-Cal termination proposed due to failure to comply with renewal process although beneficiary has submitted the requested information or renewal packet.

- LASOC able to assist with their eligibility issues during the deeming period.

Outreach Education

-LASOC continues to outreach and educate dual eligible consumers, including OCC consumers on OCC plan, its benefits, illegal balance billing, the importance of complying with the renewal process or resolving their Medi-Cal eligibility issue to retain OCC enrollment, and that Medi-Cal termination can cause disruption in services, and deduction of Medicare premium payment from their Social Security check.

-LASOC also educates beneficiaries on their rights and LASOC's role as the Ombudsman to assist with their issues.
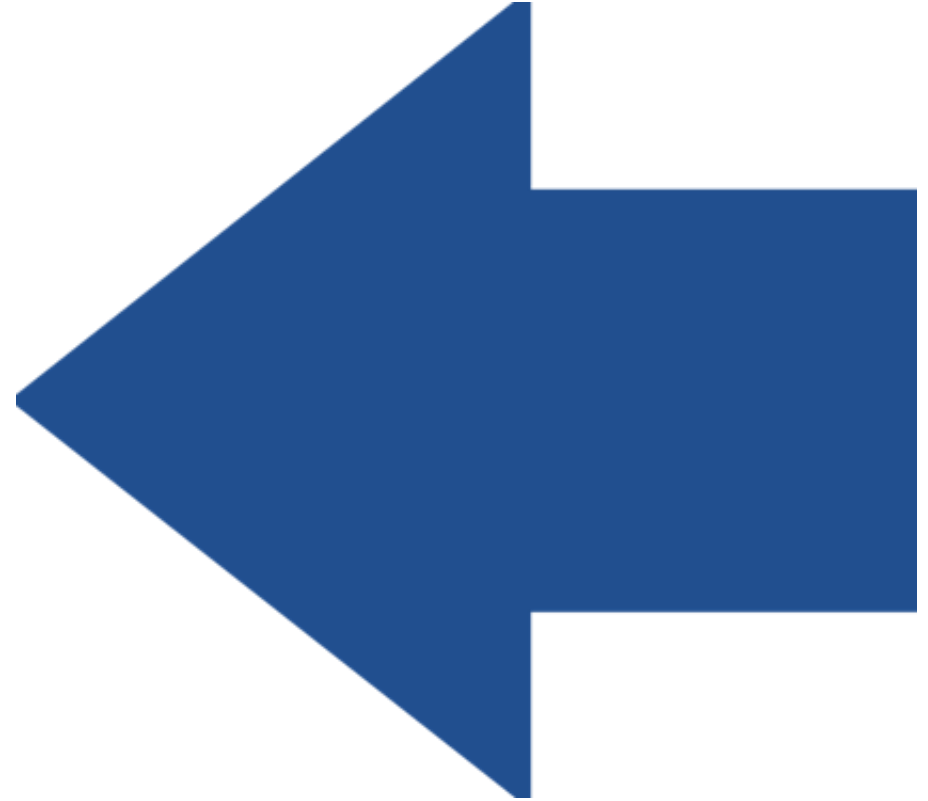
PCC Assignment and Role

-Most of the consumers served by LASOC do not know the role of the PCC and the name of their PCC.

-Education to consumers about PCC at the Health Network

IGT Update & Expenditure Plan

OneCare Connect Member Advisory Committee

November 17, 2016

Cheryl Meronk

Director, Strategic Development

Intergovernmental Transfers (IGT) Background

- Medi-Cal program is funded by state and federal funds

- IGT process enables CalOptima to secure additional federal revenue to increase California's low Medi-Cal managed care capitation rates

- Funds must be used to deliver enhanced services for the Medi-Cal population

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Low Medi-Cal Managed Care Rates

- CMS approves a rate range for Medi-Cal managed care

- California pays near the bottom of the range
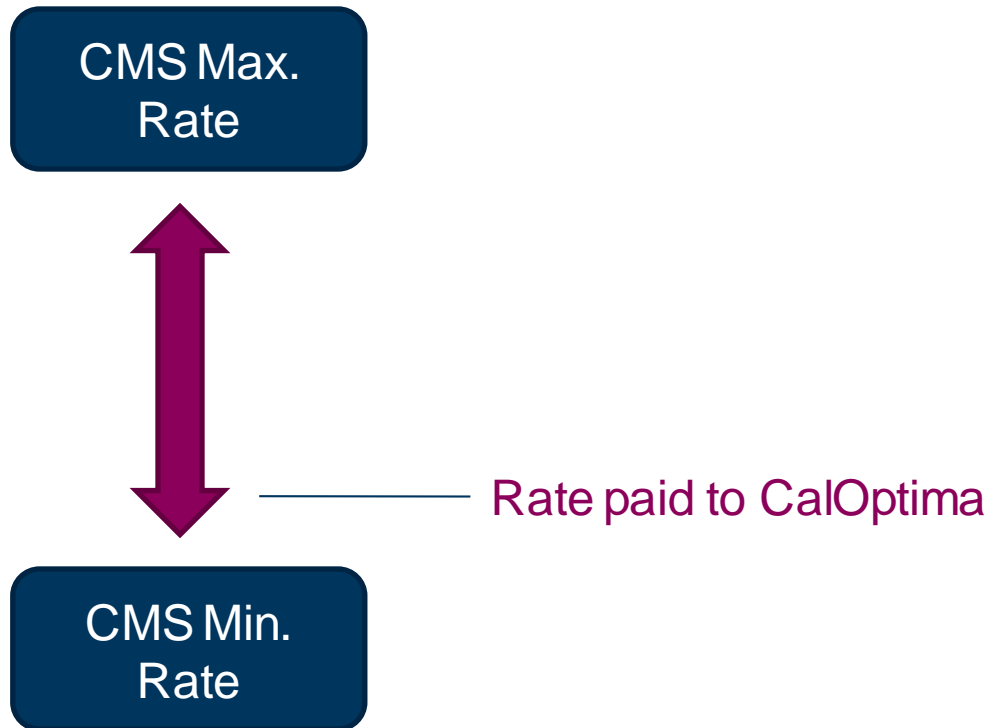
IGT Funds Availability and Process

- Available pool of dollars based on difference paid to CalOptima and the maximum rate

- Access to IGT dollars is contingent upon eligible government entities contributing dollars to be used as match for federal dollars

- Funds secured through cooperative transactions among eligible governmental funding entities, CalOptima, DHCS and CMS

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CalOptima Share Totals for IGT 1–5

IGTs	CalOptima Share
IGT 1	$12.52 M
IGT 2	$8.60 M
IGT 3	$4.88 M
IGT 4	$6.96 M
IGT 5	≈$15.00 M
Total	**$47.96 M***

*Estimated total

IGT 1 Status*

Project	Budget	Balance	Notes
Personal Care Coordinators	$3,850,000	$110,000	Complete by 2/28/2017
Case Management System	$2,099,000	$3,500	Completed
Strategies to Reduce Readmissions	$533,585	$443,000	Complete by 12/1/2016
Program for High-Risk Children	$500,000	$500,000	Complete by 10/31/2018
Telemedicine	$1,100,000	$1,100,000	To be reallocated
Case Management System Consulting	$866,415	$218,000	Complete by 12/31/2017
OCC PCC Program	$3,550,000	$2,085,000	Complete by 2/28/2017
Total	**$12.5 M**	**$4.4 M**	**Total Reallocation Amount: $1.1 M**

*As of 8/31/2016

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IGT 2 Status*

Project	Budget	Balance	Notes
Facets System Upgrade & Reconfiguration	$1,250,000	$265,000	Complete by 12/31/2016
Security Audit Remediation	$101,000	$0	Completed
Continuation of COREC	$1,000,000	$517,000	Complete by 6/30/2017
OCC PCC Program	$2,400,000	$2,400,000	Complete by 3/31/2018
Children's Health/ Safety Net Services	$1,300,000	$126,000	Complete by 5/31/2017
Wraparound Services	$1,400,000	$487,000	Complete by 11/1/2017
Recuperative Care	$500,000	$318,500	Complete by 3/1/2017
Provider Network Management Solution	$500,000	$500,000	To be reallocated
Project Management	$100,000	$17,000	Complete by 9/30/2016
PACE EHR System	$50,000	$1,000	Complete by 12/31/2016
Total	**$8.6 M**	**$4.6 M**	**Total Reallocation Amount: $0.5 M**

As of 8/31/2016

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IGT 3 Status*

Project	Budget	Balance	Notes
Pay for Performance for PCPs	$4,200,000	$4,200,000	To be reallocated
Recuperative Case (Phase 2)	$500,000	$500,000	Complete by 6/30/2018
Project Management	$165,000	$165,000	Complete by 12/31/2017
Total	**$4.8 M**	**$4.8 M**	**Total Reallocation Amount: $4.2 M**

*As of 8/31/2016

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IGT 4 Status*

Project	Budget	Balance	Notes
Unallocated Funds	$6,960,000	$6,960,000	To be allocated
Total	$6.9 M	$6.9 M	Total Allocation Amount: $6.9 M

As of 8/31/2016

IGT 5 Status*

Project	Budget	Balance	Notes
Unallocated Funds	≈$15,000,000	≈$15,000,000	To be allocated
Total	≈$15 M	≈$15 M	Total Allocation Amount: ≈$15 M

*Not yet received

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Total Funds to Reallocate or Allocate

IGT	Funds Available
IGT 1	$1.1 M
IGT 2	$0.5 M
IGT 3	$4.2 M
IGT 4	$6.9 M
IGT 5	≈$15.0 M
Total	**$27.7 M***

*Estimate dependent on total IGT 5 amount

IGT Approved Funding Categories*

Adult Mental Health

Children's Mental Health

Childhood Obesity

Strengthening the Safety Net

Improving Children's Health

Pilot Program Planning & Implementation

*IGTs 4 and 5 only

Purpose of IGT Funds

- Funds must be used to deliver enhanced services for the Medi-Cal population

Community Grants

$15 M

CalOptima Internal Projects

$12.7 M

$27.7 M
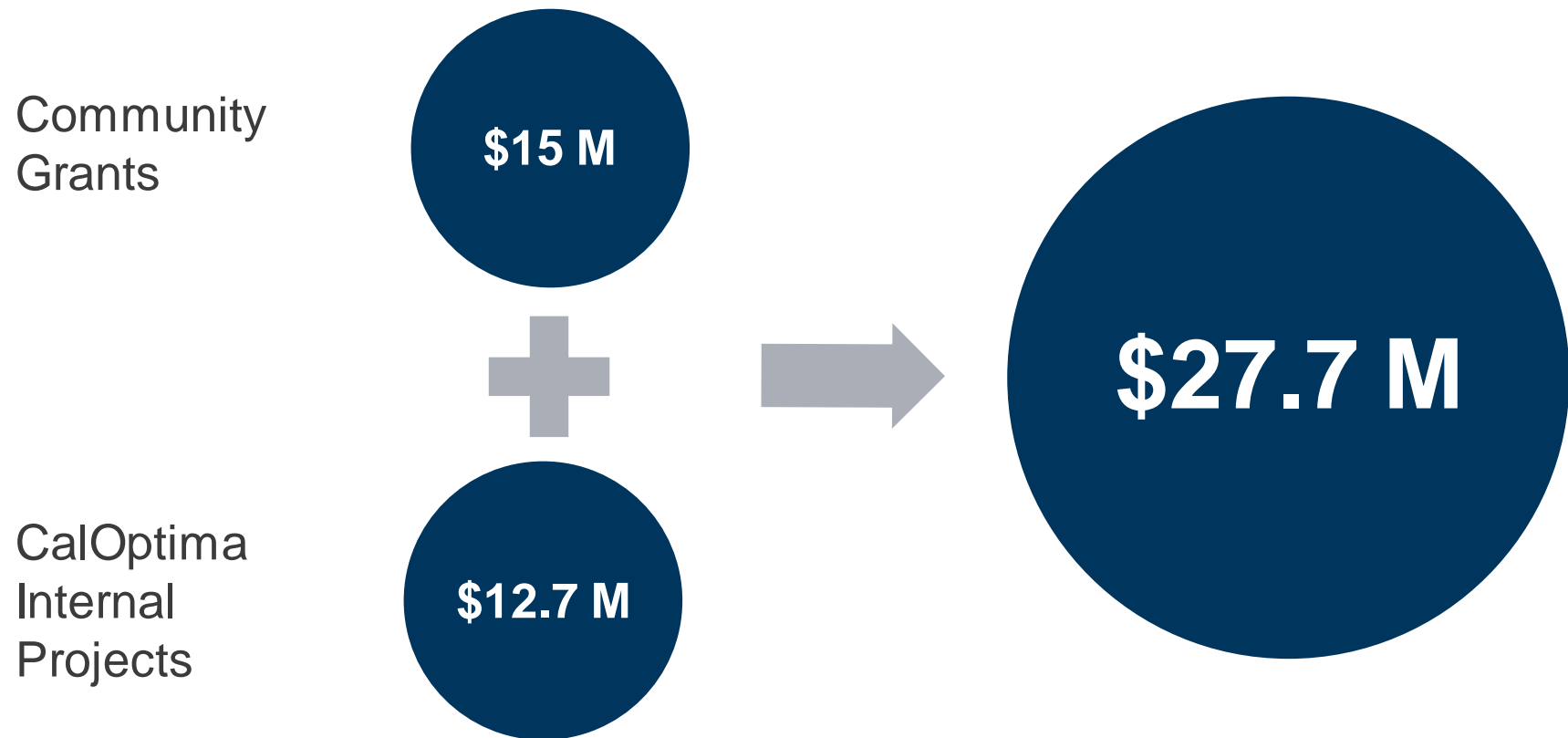
External Community Grant Support

- Orange County's Medi-Cal delivery system relies heavily on safety net system
  - ➤ Community health centers
  - ➤ Community-based organizations

- Support helps to fill gaps in services and improve health outcomes for CalOptima members
  - ➤ Improve health equity
  - ➤ Address social determinants of health
  - ➤ Improve access to services

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Recommended External Community Grants Expenditure and RFP Process

Funding Category	Amount	RFP Project Examples
Adult Mental Health	$3 M	Expand access to rehabilitation/day services; promote substance use prevention; increase homeless support services in the community; improve coordination of services
Children's Mental Health	$3 M	Advance screening and assessment of mental health; broaden community-based education and support; expand access to services
Strengthening the Safety Net	$3 M	Improve quality through expanded access to services and prevention screenings (e.g., breast/cervical cancer, HPV, etc.); improve data integration and reporting for clinics; expand access to specialty care
Childhood Obesity	$3 M	Promote nutrition education, prevention and intervention services as well as physical activity through school-based programs, parent education and provider offices; provide healthy food access
Improving Children's Health	$3 M	Increase vaccinations; launch asthma management programs; increase nutrition education; provide healthy food access

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IGT Timeline

Date	Activity
September 15	FAC Update and Review
September 21	QAC Update and Review
November 10 and 17	PAC/MAC/OCC MAC Review
November 14	IGT Ad Hoc
December 1	Board of Directors IGT Anticipated Expenditure Plan Presentation
January–June 2017	Development and Release of Community Grant RFPs

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CalOptima's Mission

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

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Medi-Cal

CalOptima

A Public Agency

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OneCare (HMO SNP)

CalOptima

A Public Agency

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OneCare Connect

CalOptima

A Public Agency

Better. Together.

PACE

CalOptima

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Strategic Planning Update

OneCare Connect Member Advisory Committee Meeting

November 17, 2016

Cheryl Meronk

Director, Strategic Development

Mission and Vision Remain Constant

Mission

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

Vision

To be a model public agency and community health plan that provides an integrated and well-coordinated system of care to ensure optimal health outcomes for all our members

2017–19 Strategic Planning Timeline

Oct 2015	Nov 2015	Dec 2015	Oct 2016	Nov 2016	Dec 2016
Strategic Plan facilitation for executives and directors	**Strategic Priorities and Framework drafted; input sought from managers/ directors**	**Draft Framework shared; MAC/PAC/ OCC MAC input**	Board update and review draft Strategic Framework	Board input and review of draft Strategic Plan	Final Strategic Plan for Board approval Strategic Plan rollout and implementation plan

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2017–19 Strategic Planning Inputs

Enrollment Data by Network, LOB

Advisory Committee Feedback (Ad Hoc)

Employee Engagement Data

Leadership Input (SWOT)

Community Needs Assessment

Current Mission, Vision, Values and Plan

Health Care Environment (payment reform, growth, care delivery changes)

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Ad Hoc Feedback

- Collaborate directly with providers, including considering direct pay- for-performance initiatives where appropriate

- Ensure the Provider Advisory Committee (PAC) is considered a key stakeholder in the objectives on provider collaboration

- Ensure that "expanding access" is incorporated into objectives for provider/plan collaboration

- Ensure CalOptima is a thought partner in the evaluation of community-based or provider pilots by sharing data to support evaluation and impact analysis

- Continue to seek direct member engagement and input into proposed pilots, programs and services

- Collaborate with community-based organizations on advocacy issues impacting members, providers and the community

Draft Strategic Framework

Innovation	**Value**	**Partnerships and Engagement**
Pursue innovative programs and services to optimize member access to care	Maximize the value of care for members by ensuring quality in a cost effective way	Engage providers and community partners in improving the health status and experience of our members
1. Delivery System Innovation 2. Program Integration 3. Program Incubation	1. Data Analytics 2. Pay for Value 3. Cost Effectiveness	1. Provider Collaboration 2. Member Engagement 3. Community Partnerships 4. Shared Advocacy

BUILDING BLOCKS

Workforce Performance	**Financial Strength**
Attract and retain an accountable and high performing workforce capable of strengthening systems and processes	Provide effective financial management and planning to ensure long-term financial strength

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Board Discussion

- How can CalOptima be best prepared to respond to the evolving health care environment and strengthen our position as a valued asset in our community?

- What big ideas do you have that staff should consider as they move toward implementation of the new CalOptima strategic plan and priorities?

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2017–19 Strategic Planning Timeline

Oct 2015	Nov 2015	Dec 2015	Oct 2016	Nov 2016	Dec 2016
Strategic Plan facilitation for executives and directors	Strategic Priorities and Framework drafted; input sought from managers/ directors	Draft Framework shared; MAC/PAC/ OCC MAC input	**Board update and review draft Strategic Framework**	**Board input and review of draft Strategic Plan**	**Final Strategic Plan for Board approval** **Strategic Plan rollout and implementation plan**

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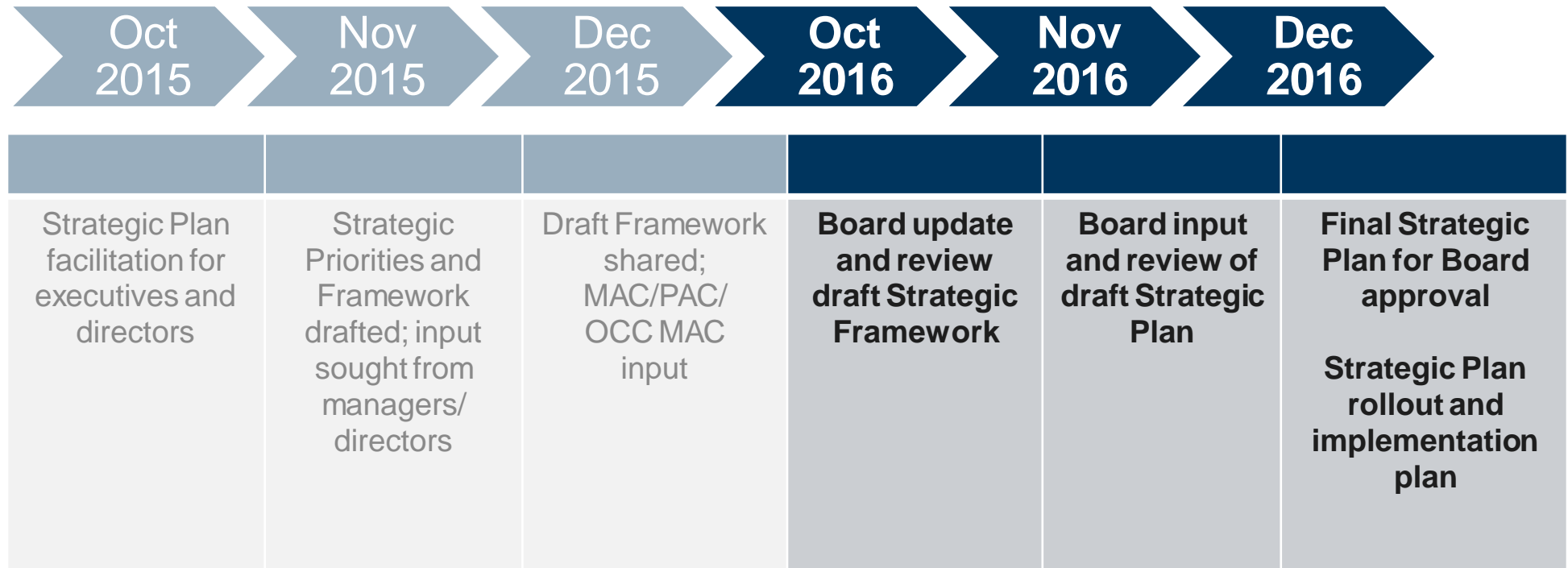
Next Steps

- Board approval of final Strategic Plan
- Staff development of Year 1 implementation plan
- Communication and rollout

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

Personal Care Coordinator Roles and Responsibilities

OCC Member Advisory Committee

November 17, 2016

Sloane Petrillo, RN, BSN, PHN, CCM

Interim Director, Case Management

OneCare Connect (OCC) Model of Care (MOC)

- Member-centric approach to care
  - ➢ Health Risk Assessment (HRA) — Member's health status information, which is used to improve the care process and offer providers actionable information
  - ➢ Personal Care Coordinator (PCC) — Specialized staff assigned to assist with the completion of HRAs and serve as a point of contact for members
  - ➢ Interdisciplinary Care Team (ICT) — Team where all participants coordinate their efforts to benefit the member
  - ➢ Individual Care Plan (ICP) — "Actionable" plan of care developed by the ICT with a focus on cultural differences, language, alternative formats and health literacy

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PCC

All OCC members have an assigned PCC

- ➢ Liaison between member, providers, health network and CalOptima
- ➢ Experienced in working with seniors or people with disabilities.
- ➢ Knowledgeable about health care service delivery and managed care:
  - Medicare and Medi-Cal benefits
  - Community resources
  - OCC
- ➢ Communicates effectively, both verbally and in writing, with individuals from varying cultural and ethnic backgrounds
- ➢ Licensure is not required.

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PCC (cont.)

- Staffing
  - ➤ PCC service ratio — one PCC to 400 members
  - ➤ PCCs directly supervised by licensed nurse
  - ➤ All PCCs must initially complete a mandatory training
  - ➤ PCCs attend quarterly training to boost skills and continuously improve the program.

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PCC (cont.)

- PCC training includes:
  - ➢ Overview of Model of Care process
  - ➢ Role and responsibilities of the PCC
  - ➢ Motivational interviewing
  - ➢ Health literacy
  - ➢ Member satisfaction
  - ➢ Impact of key performance indicators
- Leaders from key departments such as Case Management, Long-Term Services and Supports, Health Education and Disease Management present on how each department relates to the actions and accountabilities of PCCs.

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The PCC Experience

- HRA PCC
  - ➢ Assists members in completing HRA in person, telephonically or through data input from mailed in HRAs.
  - ➢ Remains a CalOptima function and is not delegated to health network providers
  - ➢ HRA is reviewed by a registered nurse and assigned a care management level
    - Basic
    - Care Coordination
    - Complex
  - ➢ Electronically transferred to the delegated health network

The Direct PCC Experience

- Essential duties
  - Guide members in understanding and accessing the benefits they are entitled to under Medicare and Medi-Cal through OCC.
  - Schedule and participate in ICT meetings, as appropriate
  - Assist the member with:
    - Preventive care goals
    - Scheduling of appointments
    - Facilitate referrals to LTSS, behavioral health and community resources
  - Assist with coordination of member's health care needs.
  - Notify member's care team of key events.
  - Facilitate communication of initial care plan to the primary care provider and mail a member-friendly care plan to the member.

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The PCC Experience

- Insert movie Rosa Ledezma

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PCC Scope

- Assists RN case manager but does not replace him/her.
- Does not recommend any treatments
- Does not review or analyze any medical information or medical records
- Does not recommend PCPs or specialists
- Does not oversee or monitor any treatment
- Does not give legal advice

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Summary

- PCCs assist in identifying potential barriers to needed medical and community services by screening members through the HRA process.

- They help facilitate medical appointments and communication between primary care and specialty providers and assist with community referrals.

- They work under the constant guidance of licensed clinical professionals with the goal of establishing a warm yet professional connection with each member they encounter.

- They are a significant resource for the ongoing coordinated effort to improve basic health promotion and elimination of barriers to health care.

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CalOptima's Mission

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

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Managed Behavioral Health Organization Update

OneCare Connect Member Advisory Committee

November 17, 2016

Donald Sharps, MD

Medical Director, Behavioral Health Services

Status Update

- On September 1, 2016, the CalOptima Board approved Magellan as the selected managed behavioral health organization (MBHO).

- On October 3, 2016, after the contract was signed, implementation began.

- On January 1, 2017, Magellan will go live.

Key Implementation Steps

- Network development
- Continuity of care
- CalOptima Behavioral Health Line

Network Development

- Magellan has an existing Medicare provider network and a commercial Autism provider network in Orange County.

- **Medi-Cal Network Development progress**

Continuity of Care (COC)

- Most members are anticipated to be able to retain their existing providers.

- CalOptima is committed to pursuing COC for all members who meet the criteria as outlined in DPL 16-002 and CalOptima Policy GG.1325.

- Honor all existing/ongoing COC agreements that are already in place.

- Beneficiary notice will be mailed to those who might need to change providers at least 30 days prior to January 1, 2017

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CalOptima Behavioral Health (BH) Line

- New single toll-free number for all CalOptima members

  ➢ 855-877-3885

- Process to call for referrals will remain the same

- Calling toll-free number is a one-step process for eligibility verification, screening, and referral to providers

- No change in BH benefits for Medi-Cal or Duals

- Magellan will establish a dedicated call center in Orange County which will include care management support for CalOptima members and providers

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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect Enrollment Update

November 17, 2016

Belinda Abeyta, Director, Customer Service

Enrollment by Health Network

Health Network	Total Membership
Monarch	5,469
Prospect Medical Group	3,239
Family Choice Medical Group	1,925
CalOptima Community Network	1,892
Talbert	1,252
UCMG	669
ARTA	630
AMVI Care	624
Alta Med	575
Noble	456
Heritage – Regal	179
OC Advantage	119
Heritage – ADOC	68
Total	*17,097*

Source: CORE Report CS0020 Pulled 11/16/2016

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Voluntary Enrollment/Disenrollment

Month	Voluntary Enrollment	Disenrollment - Involuntary	Disenrollment - Voluntary
August 2016	95	260	404
September 2016	124	207	283
October 2016	187	215	261
November 2016	148		

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OCC Deeming

Month	Members in a Deeming Status	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
August 2016	207	55	152	22	18	112
September 2016	181	49	132	20	0	112
October 2016	215	70	143	1	0	142
November 2016	205					

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