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

THURSDAY, MAY 25, 2017
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 March 23, 2017 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 Approval of FY 2016-17 OCC MAC Accomplishments
B. Consider Approval of FY 2017-18 OCC MAC Meeting Schedule

C. Consider Approval of FY 2017-18 OCC MAC Goals & Objectives
D. Consider Recommendation of OCC MAC Slate of Candidates and FY 2017-18 OCC MAC Chair and Vice Chair

VI. PRESENTATIONS

A. Presentation by The SCAN Foundation – Cal MediConnect Evaluation Survey Results

VII. CEO AND MANAGEMENT REPORTS

A. Chief Executive Officer (CEO) Update
B. Chief Medical Officer Update
C. Federal and State Legislative Update

VIII. INFORMATION ITEMS

A. OneCare Connect MAC Member Updates
B. OCC MAC Member Presentation on Quarterly Ombudsman Update
C. Community-Based Adult Services (CBAS) Eligibility Processes

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

March 23, 2017

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on March 23, 2017, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER
Vice Chair Gio Corzo called the meeting to order at 3:02 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present:	Ted Chigaros, Gio Corzo, Vice Chair; Josefina Diaz, John Dupies, Sandy Finestone, Sara Lee, Lena Berlove (non-voting), Jorge Solé (non-voting), Erin Ulibarri (non-voting)
Members Absent:	Christine Chow; Patty Mouton, Chair; Donta Harrison, George Crits, M.D. (non-voting)
Others Present:	Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Richard Bock, M.D., Deputy Chief Medical Officer; Candice Gomez, Executive Director Program Implementation; Belinda Abeyta, Director, Customer Service; Becki Melli, Customer Service; Phil Tsunoda, Executive Director, Public Policy and Public Affairs; Emily Fonda, M.D., Medical Director; Tracy Hitzeman, Executive Director, Clinical Operations

MINUTES

Approve the Minutes of the February 23, 2017 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

Action: ***On motion of member John Dupies, seconded and carried, the OCC MAC approved the minutes as submitted.***

PUBLIC COMMENT
No requests for public comment were received.

PRESENTATION
Vice Chair Gio Corzo recognized retiring Member Jorge Solé for his commitment and contributions to the OneCare Connect Member Advisory Committee (OCC MAC). Member

Solé, who is retiring from the Orange County Social Services Agency (SSA) at the end of March 2017, has been the SSA representative on the OCC MAC since 2015. Member Solé explained that the SSA seat on OCC MAC would remain vacant pending the SSA Executive Team's selection to fill his position.

CEO AND MANAGEMENT TEAM DISCUSSION

Chief Executive Officer (CEO) Update

Michael Schrader, Chief Executive Officer, reported that CalOptima is closely monitoring potential changes to the American Health Care Act (AHCA). Members of the House of Representatives may vote on an amended version of the AHCA, but its passage is not assured. Mr. Schrader noted that if AHCA were enacted in its current form, no changes would occur until 2020. In addition, there are significant changes proposed to the financing mechanisms that control who is eligible for Medicaid and who will finance it. Mr. Schrader explained that AHCA could change federal financing for Medi-Cal Classic members to a per capita model, adding that separate caps would be calculated for people in five different eligibility groups to align payment with expenses, such as paying more for elderly and less for children. California would pay the difference for any spending above the caps. For Medi-Cal Expansion members, California would continue to receive the enhanced federal payment rate until December 31, 2019, after which, a lower payment rate would be enacted. Mr. Schrader noted that CalOptima is actively engaged with our three trade associations to ensure we understand the proposals and provide feedback from Orange County.

Chief Medical Officer (CMO) Update

Richard Bock, M.D., Deputy Chief Medical Officer, reported that the Pharmacy department is upgrading its mainframe system to improve performance on authorizations and enhance CalOptima's ability to provide information in the members' language of choice.

Dr. Bock announced that the Board of Directors approved the Pay for Value program for physician and health network incentives, which are based on quality metrics, the Healthcare Effectiveness Data and Information Set (HEDIS) clinical measures and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. In addition, CalOptima is developing a Pay for Value program for the CalOptima Community Network (CCN). CCN physicians contract directly with CalOptima instead of the health networks.

Dr. Bock provided a brief update on the opioid epidemic, noting that CalOptima has been hosting physician education lectures in the community regarding the opioid problem.

INFORMATION ITEMS

Committee Member Updates

Vice Chair Corzo announced that one week remains in the recruitment for committee member seats that are expiring on June 30, 2017. The deadline to apply is March 31, 2017. Vice Chair Corzo also announced the need for volunteers to serve as Chair and Vice Chair for next year. The

OCC MAC Nomination Ad Hoc Subcommittee will meet to review the applications to select a slate of candidates for OCC MAC's consideration at the April 27, 2017 meeting. Member Ted Chigaros volunteered to serve on the subcommittee with members Patty Mouton and Lena Berlove.

The Goals & Objectives Ad Hoc Subcommittee, including OCC MAC members Christine Chow, Sara Lee and Erin Ulibarri, met on March 16, 2017 to propose activities for FY 2017-18. OCC MAC members will consider the proposed goals and objectives at April 27, 2017 OCC MAC meeting.

Member Jorge Solé suggested that the Social Services Agency present at a future OCC MAC meeting to report on any impact that the proposed AHCA changes would have on eligibility of Medi-Cal members.

Assisted Living Waiver

Tracy Hitzeman, Executive Director, Clinical Operations, provided an overview of the Home and Community-Based Services' Assisted Living Waiver (ALW) program. Established in 2007, the main goal of the ALW is to provide assisted living support to eligible Medi-Cal members who are at risk of institutionalization or to eligible Medi-Cal members who are transitioning from long- term care facilities to community home-like settings. Ms. Hitzeman explained that the ALW provides care coordination, assisted living services, nursing facility transition coordination, and environmental accessibility adaptations. She added that OneCare and OneCare Connect members are not eligible for this program.

CBAS and SNF Satisfaction Survey Results

Laura Guest, Supervisor, Quality Improvement, presented the results from the 2016 Community Based Adult Services (CBAS) and skilled nursing facilities (SNF) surveys. Ms. Guest reported that nearly 1,000 CBAS surveys were returned, noting that 100% of the centers had an overall satisfaction rate of over 90%. The main areas of concern included dissatisfaction with the meals, problems with transportation and physical and/or occupational therapy not meeting the members' needs. Ms. Guest reported that the SNF survey results had an overall satisfaction rate of 77%, noting that dissatisfaction with dietary services was the chief issue.

Federal and State Budget and Legislative Update

Phil Tsunoda, Executive Director, Public Affairs, provided information on the process for the proposed AHCA bill. Currently, the House is scheduled to vote on the proposed bill on March 24, 2017. Mr. Tsunoda explained that for the bill to pass the House, 216 votes are required. If it passes in the House, the Senate can fail the bill or impose amendments to the bill and pass the bill with those amendments. The bill would then return to the House for consideration of the amended version.

Vice Chair Corzo announced that the next OneCare Connect MAC meeting is April 27, 2017 at 3:00 p.m.

ADJOURNMENT
Hearing no further business, Vice Chair Corzo adjourned the meeting at 4:05 p.m.

s/s Pamela Reichardt
Pamela Reichardt
Executive Assistant

Approved: May 25, 2017

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect Member Advisory Committee
FY 2016-2017 Accomplishments

During FY 2016-2017, the OneCare Connect Member Advisory Committee (OCC MAC) of the CalOptima Board of Directors provided input to ensure that OneCare Connect members receive quality health care services. The following list highlights the accomplishments:

- A member of the OCC MAC participated on the request for proposal (RFP) committee that reviewed and selected Magellan Health, Inc. as CalOptima's managed behavioral health organization.

- The OCC MAC Member, who also serves as the Cal MediConnect Ombudsman, provided quarterly updates and feedback from the community regarding the OneCare Connect program.

- OCC MAC members recommended the addition of a Vice Chair position at its September 22, 2016 OCC MAC meeting to assist the Board-appointed OCC MAC Chair, ensuring smooth and streamlined committee administration. The Board approved the Vice Chair position at the October 6, 2016 meeting.

- OCC MAC members reviewed CalOptima's draft Strategic Plan for 2017-2019 and supported the Board of Directors' approval of the updated plan. The new strategic priorities include innovation, value, and partnerships and engagement.

- An OCC MAC Nomination Ad Hoc Subcommittee convened to select the proposed slate of candidates, Chair and Vice Chair for the positions expiring on June 30, 2017. The OCC MAC reviewed the proposed candidates at its April 27, 2017 meeting and forwarded their recommendations to the Board for consideration and approval at the June 1, 2017 meeting.

- An OCC MAC Goals and Objectives Ad Hoc Subcommittee convened to develop goals and objectives for FY 2017-18. Based on the Board-approved Strategic Plan, OCC MAC approved the FY 2017-18 OCC MAC Goals and Objectives on April 27, 2017 and submitted them to the Board as an informational item on June 1, 2017.

- OCC MAC members provided input on CalOptima's strategies to maximize enrollment, retention, and member outreach efforts to OneCare Connect members.

- An OCC MAC member volunteers to present an overview at each OCC MAC meeting on the agency or organization they represent.

- Several OCC MAC members attended CalOptima sponsored community education events, including Community Alliance Forums and Awareness and Education Seminars.

- All OCC MAC members completed the annual Compliance Training.

- OCC MAC Chair presented a monthly OCC MAC Report at CalOptima Board of Directors' meetings to provide the Board with input and updates on the OCC MAC's activities.

- OCC MAC members contributed at least 260 "official" hours to CalOptima during FY 2016-17, including OCC MAC meetings, ad hoc meetings, and Board meetings. These hours do not account for the innumerable hours that OCC MAC members dedicate to members on a day-to-day basis.

The OCC MAC thanks the CalOptima Board for the opportunity to provide updates on the OCC MAC's activities. The OCC MAC welcomes direction or assignment from the Board on any issues or items requiring study, research, and input.

OneCare Connect
CalOptima
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Better. Together.

Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect Member Advisory Committee
FY 2017-2018 Meeting Schedule

July
Thursday, 27, 2017

August
Thursday, August 24, 2017

September
Thursday, September 28, 2017

October
Thursday, October 26, 2017

November
Thursday, November 16, 2017*****

December
Thursday, December 14, 2017*

January
Thursday, January 25, 2018

February
Thursday, February 22, 2018

March
Thursday, March 22, 2018

April
Thursday, April 26, 2018

May
Thursday, May 24, 2018

June
Thursday, June 28, 2018

Regular Meeting Location and Time

CalOptima
505 City Parkway West, 1st Floor
Orange, CA 92868
Conference Room 109-N
3:00 p.m. – 5:00 p.m.
www.caloptima.org

All meetings are open to the public. Interested parties are encouraged to attend.

*****Revised meeting date due to holiday.

CalOptima Board of Directors'
OneCare Connect Member Advisory Committee
Goals and Objectives
FY 2017-2018

GOALS AND OBJECTIVES FY 2017-2018			
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**OCC MAC Activities**
I. Innovation	**Pursue innovative programs and services to optimize member access to care**	1. Delivery System Innovation - Utilize pay-for performance, creative partnerships, sponsored initiatives and technology to empower networks and providers to drive innovation and improve member access.	• Monitor CalOptima's pay-for-value program as well as member and provider incentive initiatives •Provide input to ensure member access to health care services. •Provide input to improve and streamline access between CalOptima and delegated networks.
		2. Program Integration - Implement programs and services that create an integrated service experience for members, including an integrated physical and behavioral health service model.	• Monitor and provide input on access and care coordination of behavioral health from Magellan. • Provide input on coordinating and integrating physical and behavioral health care for OCC members. •Outreach to community stakeholders to increase awareness of CalOptima behavioral health services.
		3. Program Incubation - Incubate new programs and pursue service approaches to address unmet member needs by sponsoring program pilots addressing areas such as substance abuse, behavioral health services, childhood obesity and complex conditions.	• Provide input on proposed pilot programs addressing areas of unmet needs (i.e. substance abuse, homelessness) •Provide input on IGT funding prior to Board approval. •Encourage OCC MAC participation as needed at CalOptima work groups, forums and meetings, etc. that address unmet needs.

CalOptima Board of Directors'
OneCare Connect Member Advisory Committee
Goals and Objectives
FY 2017-2018

GOALS AND OBJECTIVES FY 2017-2018			
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**OCC MAC Activities**
II. Value	**Maximize the value of care for members by ensuring quality in a cost effective way**	1. Data Analytics Infrastructure - Establish robust IT infrastructure and integrated data warehouse to enable predictive modeling, effective performance accountability and data-based decision making.	• Provide input, as needed, to improve efficiencies and systems/processes that affect OCC members.
		2. Pay for Value - Launch pay-for performance and quality incentive initiatives that encourage provider participation, facilitate accurate encouter data submissions, improved clinical quality and member experience outcomes, and the spread of best practices.	• Provide input on pay-for-value and quality incentive initiatives. • Provide input on findings from Member Experience program, CAHPS and HEDIS. • Provide input to improve member experience outcomes.
		3. Cost Effectiveness - Implement efficient systems and processes to facilitate better understanding of internal cost drivers, eliminate administrative redundancies, and promote effective and standardized internal practices.	• Provide input, as needed, to ensure OneCare Connect maximizes health care dollars.

CalOptima Board of Directors'
OneCare Connect Member Advisory Committee
Goals and Objectives
FY 2017-2018

GOALS AND OBJECTIVES FY 2017-2018			
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**OCC MAC Activities**
III. Partnership and Engagement	**Engage providers and community partners in improving the health status and experience of our members**	1. Provider Collaboration - Enhance partnerships with networks, physicians and the Provider Advisory Committee to improve service to providers and members, expand access, and advance shared health priorities.	• Work with CalOptima and the advisory committees to ensure members have access to providers.
		2. Member Engagement - Seek input from the Member Advisory Committee and plan's diverse membership to better understand member needs, and ensure the implementation of services and programs that strengthen member choice and experience and improve health outcomes.	•Ensure that the Board is informed of member issues and concerns prior to the Board's consideration or action upon major decisions or initiatives. • Ensure OCC MAC has strong representation when seats become vacant. • Provide input regarding OneCare Connect, especially to improve member experience and health outcomes.
		3. Community Partnerships - Establish new organizational partnerships and collaborations to understand, measure and address social determinants of health that lead to health disparities among the plan's vulnerable populations.	•OCC MAC members participate in community outreach to increase stakeholder awareness of OCC and its benefits. •Encourage OCC MAC members to attend CalOptima's educational events to increase awareness of issues among CalOptima's members (i.e. Awareness & Education Seminars, Informational Series and Community Alliance Forums).

CalOptima Board of Directors'
OneCare Connect Member Advisory Committee
Goals and Objectives
FY 2017-2018

GOALS AND OBJECTIVES FY 2017-2018			
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**OCC MAC Activities**
		4. Shared Advocacy - Utilize provider and community relationships to educate stakeholders about health policy issues impacting the safety-net delivery system and community members, and promote the value of CalOptima to members, providers, and the broader population health of the Orange County Community.	•Work with CalOptima and community stakeholders to advocate for continuation of OCC and CMC. •Work with CalOptima to inform stakeholders about health policy issues that impact CalOptima. •Promote OCC and its benefits to community by outreaching to colleagues, attending forums/events, distributing information, etc.

Charge of the Advisory Committees pursuant to Resolution No. 2-14-95:

1. Provide advice and recommendations to the Board on issues concerning CalOptima as directed by the Board.
2. Engage in study, research and analysis on issues assigned by the Board or generated by the committees.
3. Serve as liaisons between interested parties and the Board.
4. Assist the Board in obtaining public opinion on issues related to CalOptima.
5. Initiate recommendations on issues of study to the Board for their approval and consideration.
6. Facilitate community outreach for CalOptima and the CalOptima Board.

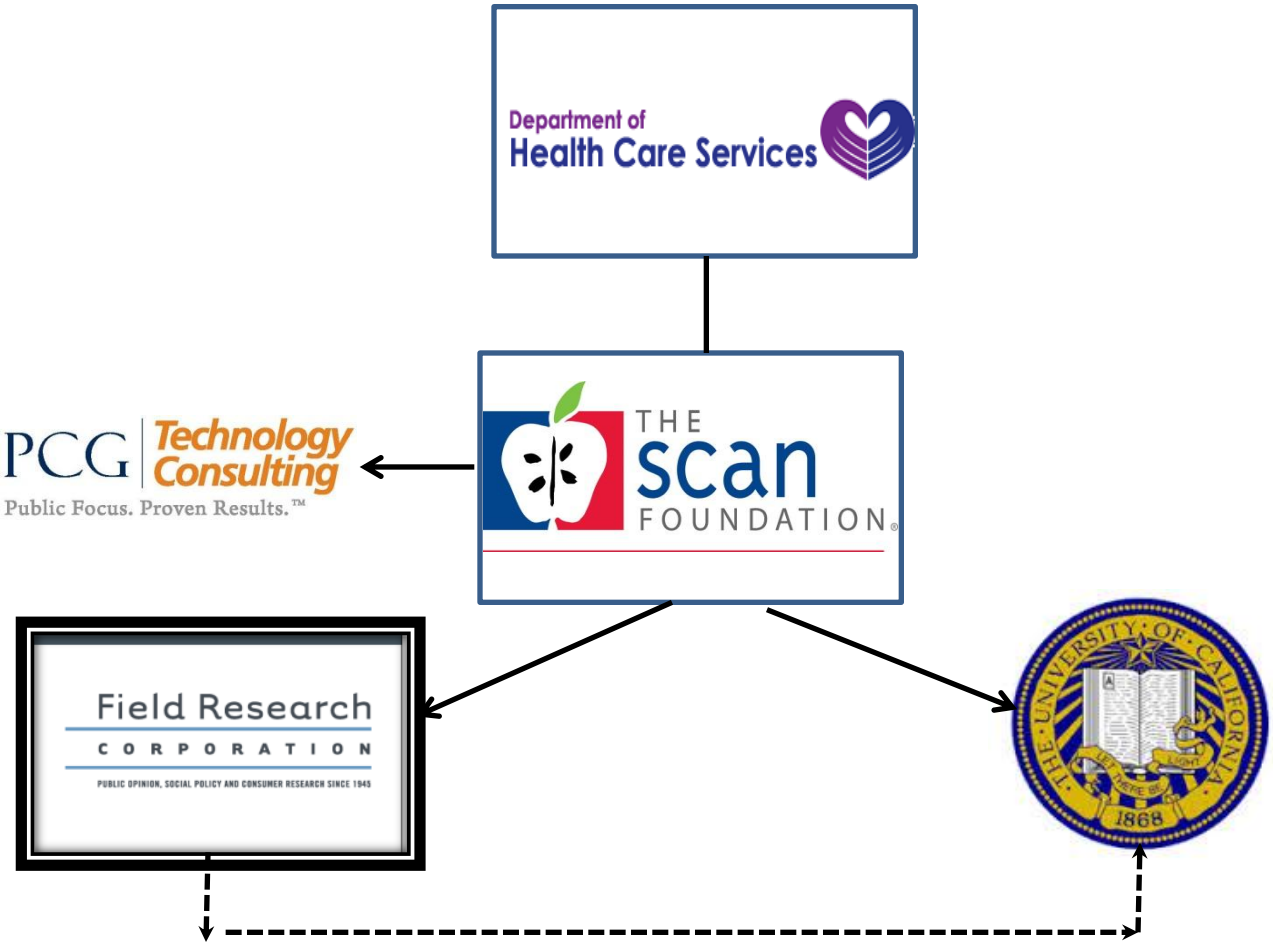
Cal Optima Member Advisory Committee
May 25, 2017

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

Findings from Waves 1-4 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 4 Survey: July – September 2016
- 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)

- Waves 3 & 4 expanded to include CMC enrollees & opt-outs in two additional counties (Orange & San Mateo)

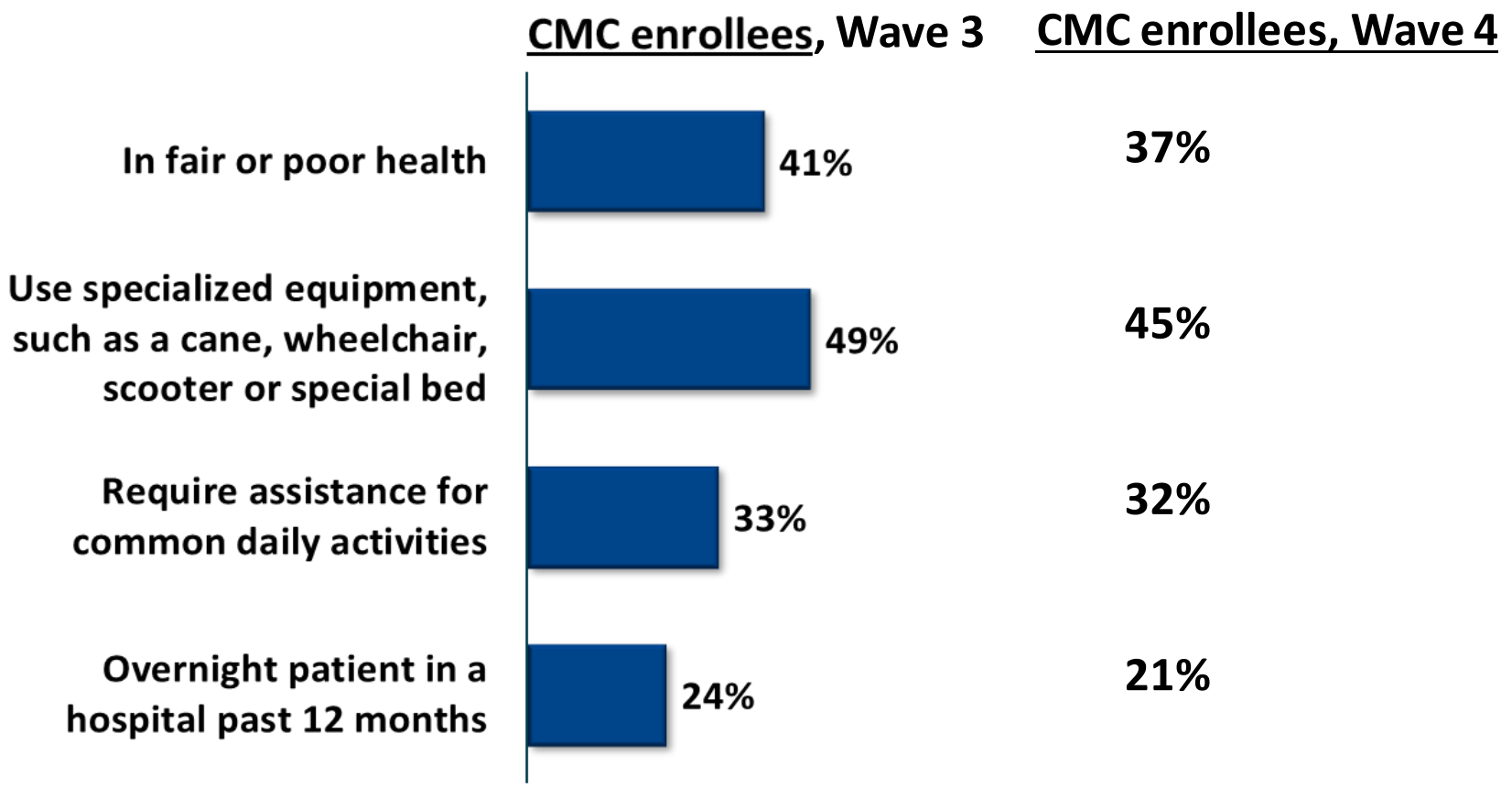
CMC Enrollee Confidence & Satisfaction

	% satisfied			
	W1	W2	W3	W4
▪ Amount of time doctor/other staff spends w/them	83%	85%	87%	86%
▪ Information health plan gives explaining benefits	76%	73%	84%	81%
▪ Choice of doctors	77%	78%	83%	83%
▪ Choice of hospitals	76%	77%	81%	79%
▪ Way different health providers work together	77%	78%	82%	83%
▪ How long to wait to see a doctor when needed	73%	76%	77%	78%

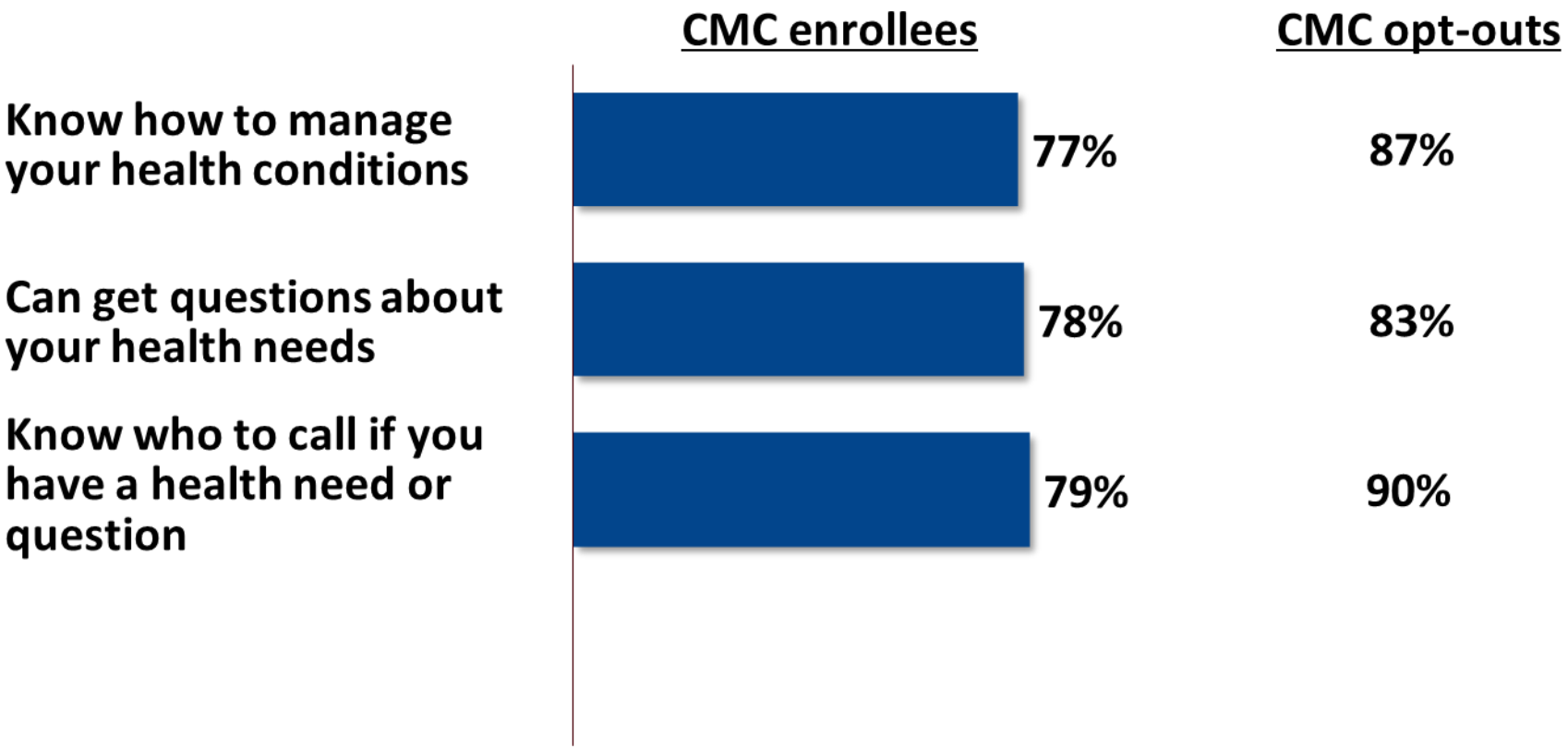
Characteristics of CMC Enrollees in Orange County

	2016 OC enrollees	Statewide
Gender		
▪ Male	44%	46%
▪ Female	56%	54%
Age		
▪ Under 65	21%	33%
▪ 65 – 74	30%	34%
▪ 75 or older	49%	33%
Race/Ethnicity		
▪ White non-Hispanic	36%	26%
▪ Latino	45%	44%
▪ African American	2%	12%
▪ Asian American	14%	11%
▪ Other/Not reported	3%	7%

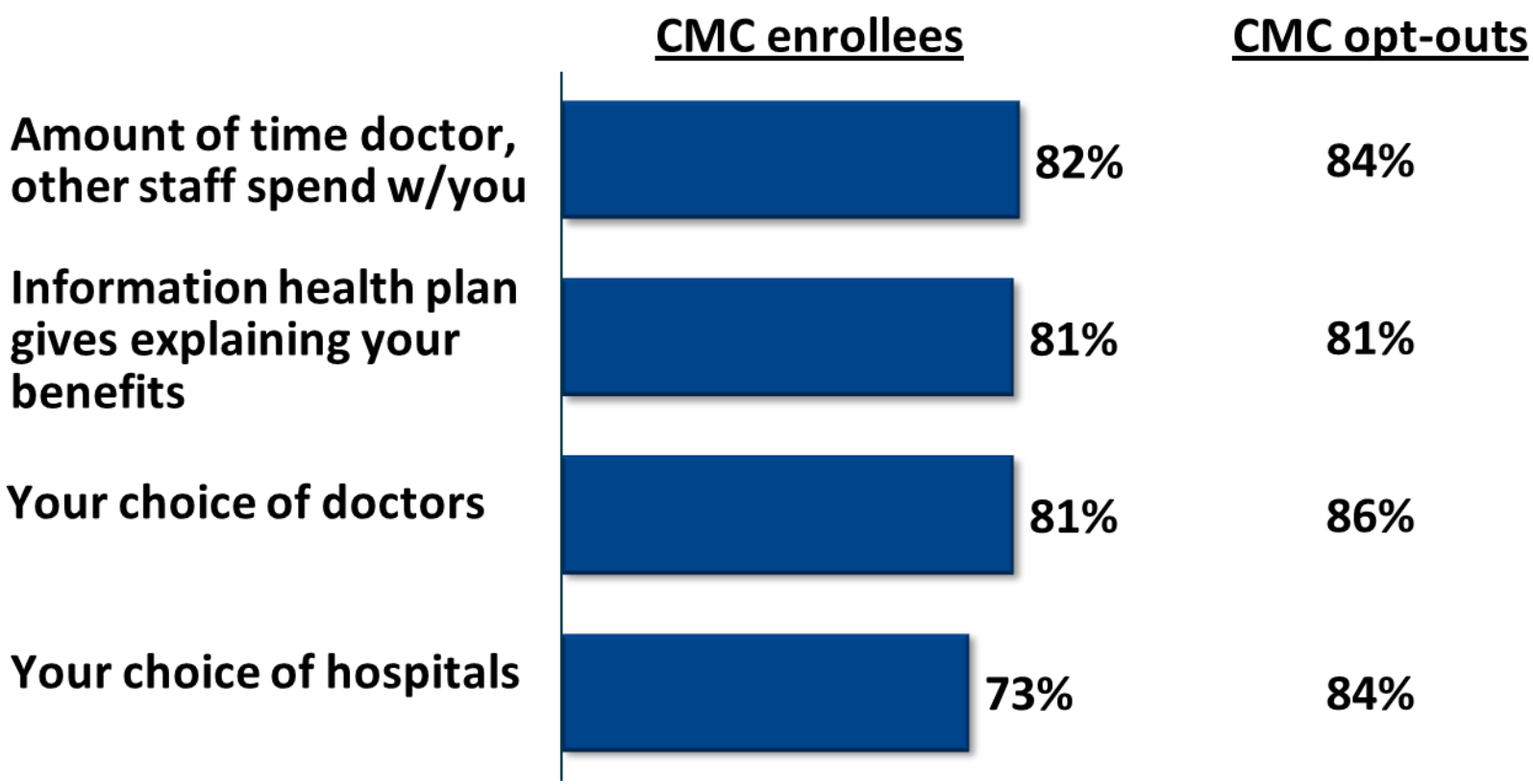
Characteristics of CMC Enrollees in Orange County



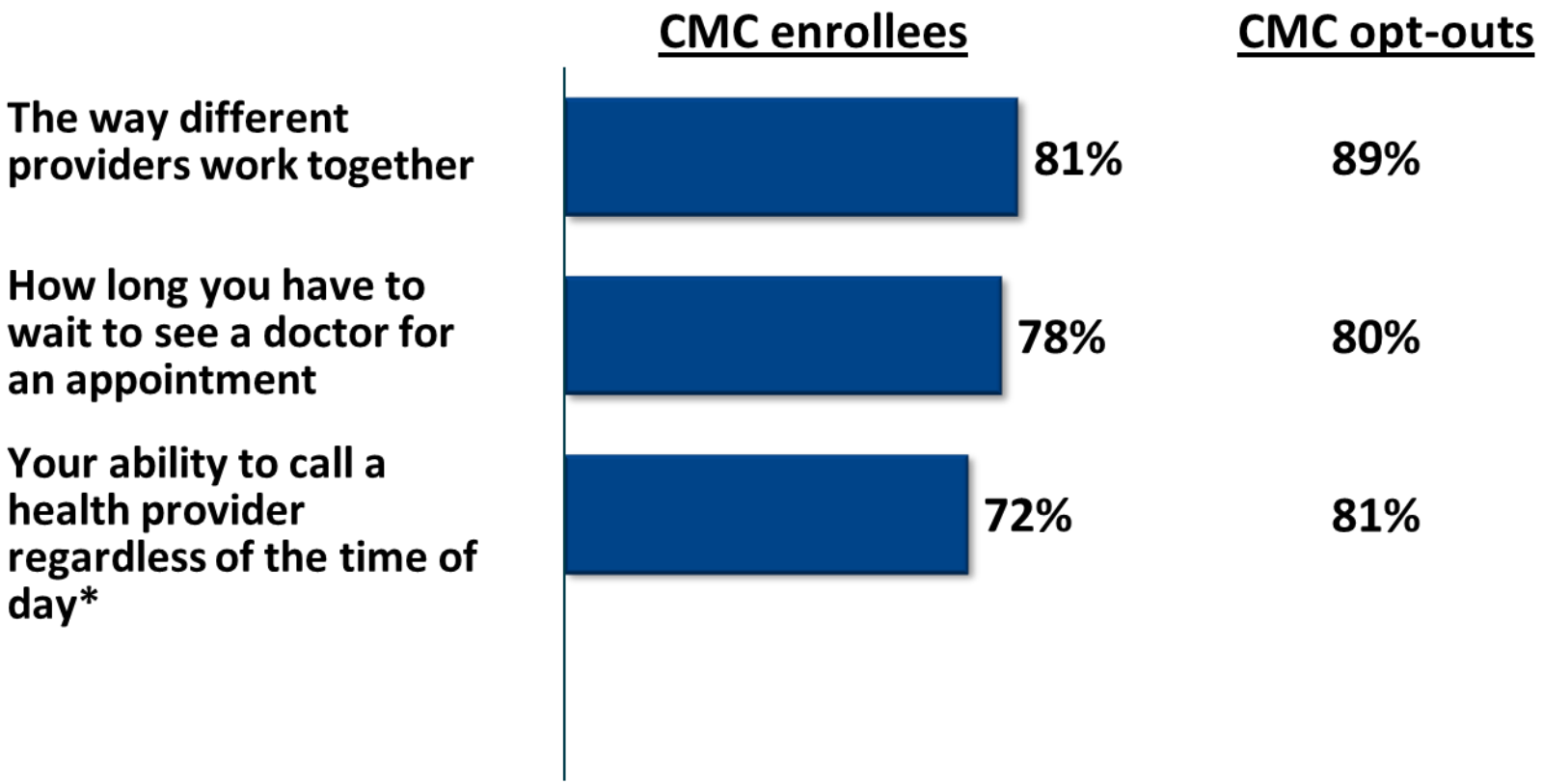
How Confident Are CMC Enrollees in Orange County?



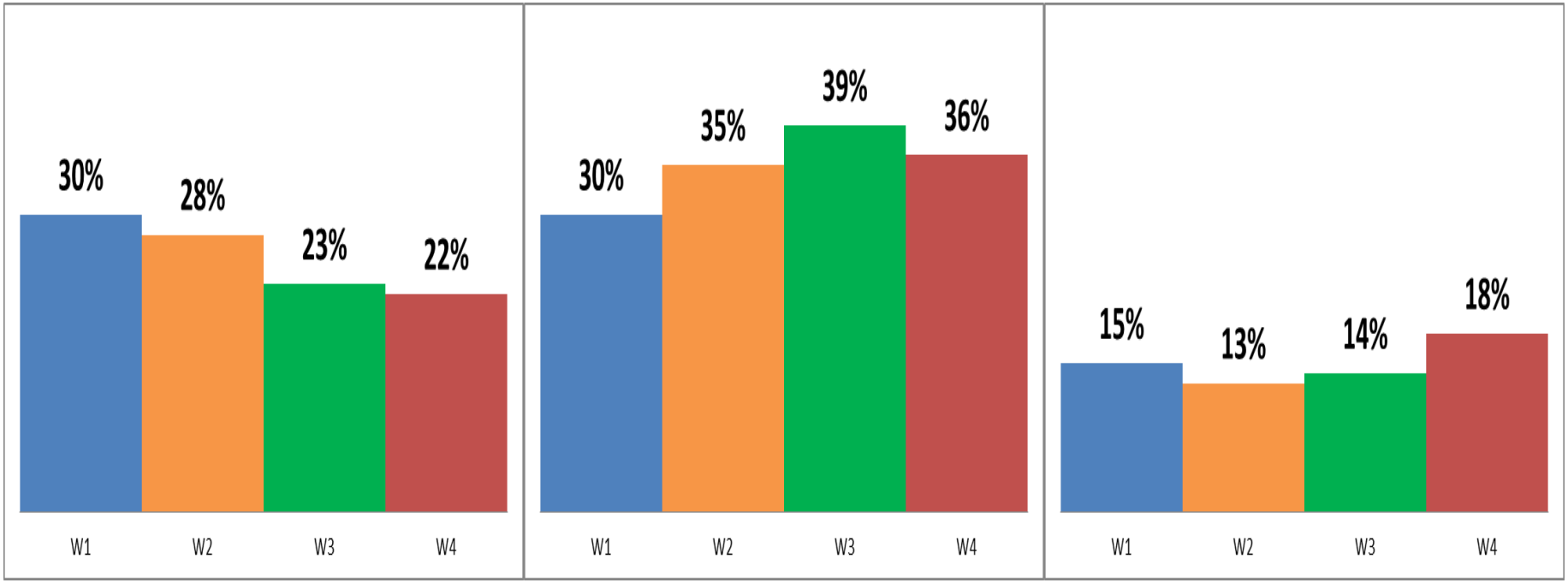
How Satisfied Are CMC Enrollees in Orange County?



How Satisfied Are CMC Enrollees in Orange County?

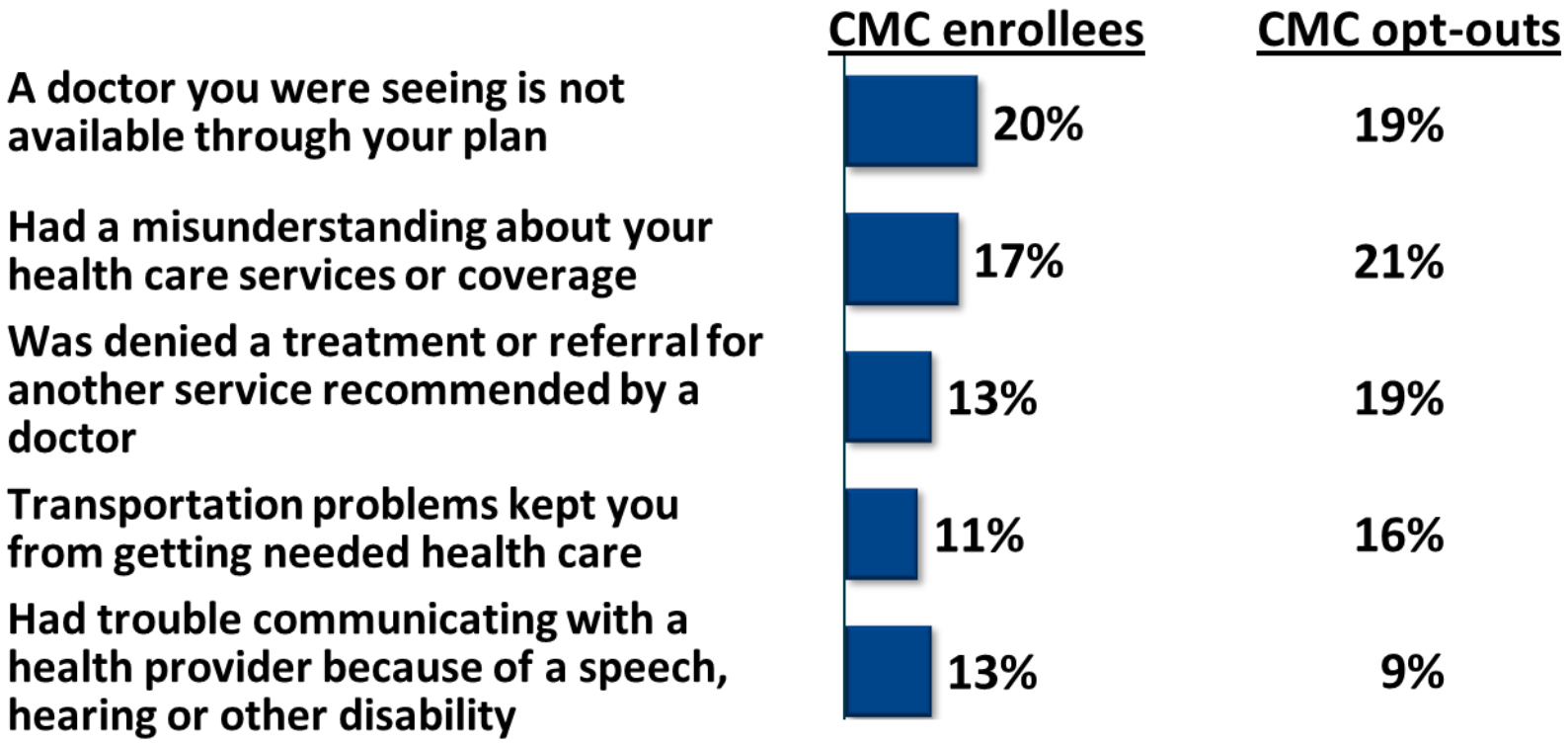


How Long Have CMC Enrollees Been Seeing Their Doctor?



1 year or less | **2 - 5 years** | **More than 10 years**

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



What's Next?

UC evaluation

- **Health system response:**
  - **Transitions Report**
  - **Behavioral Health Report**
- **Follow-up telephone survey, 2016 cohort**
- **Additional polling in 2017 and 2018**

THE scan FOUNDATION

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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The SCAN Foundation

MEMORANDUM

DATE:	May 4, 2017
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

American Health Care Act (AHCA)
On April 25, Congress reconvened after the two-week spring recess, with passing a Continuing Resolution as the priority to avoid a government shutdown. Alongside this effort, negotiations on the AHCA continued. As of April 26, the conservative House Freedom Caucus expressed support for a proposed amendment to AHCA by the moderate Tuesday Group's co-chairman Rep. Tom MacArthur (R-N.J.) The MacArthur amendment would not change AHCA provisions that significantly impact CalOptima related to Medicaid financing, such as the move to per capita rates or the provisions affecting Medicaid Expansion, but it would provide compromises in other areas so as to generate more support across Congress. Developments on AHCA are happening daily, and our associations and federal advocate are tracking the legislation to ensure CalOptima has the latest information available.

Medicaid Mega Reg
In April 2016 under the Obama Administration, the Centers for Medicare & Medicaid Services (CMS) issued a final regulation that significantly revises Medicaid managed care rules. Due to its comprehensive nature, the regulation became known as the Mega Reg. As a whole, the Mega Reg aims to standardize the administration of Medicaid across the states. However, the new Administration has indicated that it favors flexibility for states as opposed to wide-ranging regulations imposed by the federal government. As a result, CalOptima has learned through our associations that the Mega Reg may be delayed or even reworked. Yet since the first major provisions go into effect July 1, 2017, we are obligated to operate as if it will be implemented as planned. At the state level, on the legislative front, Assembly Bill 205 (Wood)/Senate Bill 171 (Hernandez) have been introduced to direct certain aspects of Mega Reg implementation. Two of the bills' provisions have the potential to affect CalOptima's payments to hospital partners. Under consideration are changing the administration of the Quality Assurance Fee and having the Department of Health Care Services (DHCS) set annual percentage increases in payment rates for public hospitals, including University of California medical centers. We are expecting a contract amendment from DHCS to implement provisions of the Mega Reg. Separately, on the regulatory front, DHCS is working on new requirements and administrative processes for Rate Range Intergovernmental Transfers (IGTs). The Mega Reg will allow IGTs to continue, but requires that the transactions be prospective. At this point, our understanding is that IGTs may need to be arranged before the beginning of the fiscal year to which they apply. We will continue

to work with DHCS and our associations as Mega Reg implementation moves forward and additional details become available.

Program of All-Inclusive Care for the Elderly (PACE)

- **Nurse Practitioner Waiver**
  On March 30, CMS approved our nurse practitioner waiver application submitted in December 2016. This flexibility expands the nurse practitioner's scope of practice within the on-site PACE clinic and allows the nurse practitioner to complete initial assessments and reassessments, which will be recognized by CMS. CalOptima is working to finalize the policies in order to move forward with implementation.
- **Health and Wellness Event**
  On March 25, PACE hosted a Senior Health and Wellness Event, drawing more than 50 seniors and their families/caregivers. Attendees received a tour of the center, met key program staff and learned more about how CalOptima PACE can help them continue living independently.

Children's Health Insurance Program (CHIP) Reauthorization

CHIP covers children in families living at up to 250 percent of the Federal Poverty Level under Medi-Cal. CHIP is due for reauthorization on October 1, 2017. DHCS Director Jennifer Kent stated that California is planning for a decrease in the federal funding level for this program. Currently, the federal/state match rate is 88/12, and it is expected to change to 65/35 starting in October. The draft FY 2017–18 state budget includes provisions for this higher outlay. No changes in eligibility have been proposed.

Medicare Star Rating

On April 3, CMS released final 2018 updates to the Medicare Advantage and Part D Prescription Drug Programs, affecting OneCare Connect, OneCare and PACE. One area of concern for CalOptima has been the way CMS develops its Star rating system. The current Star system fails to adequately account for socioeconomic and disability status, producing a structural and financial disadvantage for plans such as CalOptima that exclusively serve dual-eligible beneficiaries. CalOptima's position is that CMS should develop a solution that accurately measures and compares the quality of care for plans that disproportionately serve dual-eligible beneficiaries. CalOptima worked with the Association for Community Affiliated Plans (ACAP) on a recent letter to CMS that expressed appreciation for CMS' implementation of the Categorical Adjustment Index for 2017 as an interim fix. The letter also encouraged CMS to consider an Office of the Assistant Secretary for Planning and Evaluation (ASPE) report found that dual-eligible status is a significant predictor of poor Star ratings. CMS appears to have taken note, stating in its 2018 materials that it is "carefully considering" recommendations from the ASPE report for Star ratings in the future. CalOptima will continue to work with ACAP and CMS to advocate for a long-term solution.

Opioid Opinion Article

To raise awareness and extend our work on combating the opioid epidemic, CalOptima submitted an opinion article by Deputy Medical Director Richard Bock, M.D., to the Orange County Register. The piece ran April 21 in print and online. View the article here.

Key Meetings

- **California Children's Services (CCS) Advisory Group Meeting**
  On April 12, I attended the quarterly CCS Advisory Group Meeting, which addresses the transition of CCS to the Whole Child Model (WCM). Of note was a new discussion about the possibility of carving in neonatal intensive care unit (NICU) services to the health plans, whereas NICU was previously to continue being carved out and administered by the counties and state. Care coordination, which is one goal of WCM, could potentially be easier if plans were overseeing NICU services as well. Currently, the counties/state authorize and pay for some NICU days, and the plans pay for other days. A NICU Technical Workgroup has formed to discuss eligibility, authorization and payment issues. Ultimately, the group suggested that the decision on NICU could be left up to the various counties implementing WCM. I will keep your Board informed about impact to CalOptima and Orange County.
- **Kaiser Permanente**
  On April 14, I participated in a meeting between executives from Southern California public health plans and Julie Miller-Phipps, new president of Kaiser Foundation Hospitals and Health Plan, and her executive team. The health plans represented included CalOptima, L.A. Care, Inland Empire Health Plan and Kern Health Systems. Ms. Miller-Phipps oversees the Southern California region, with 14 hospitals and 241 medical offices, serving 4.2 million Kaiser members.
- **Orange County Leadership Forum on Aging**
  Held April 21, the Forum on Aging featured opening remarks by Supervisor Do and included me on a panel with four other speakers. Sponsored by the Orange County Aging Services Collaborative, the event drew a large crowd of more than 300 attendees and focused on the latest news and trends in aging policy. I spoke about the potential impacts to Medi-Cal if the ACA is changed and about our continuum of programs for seniors.
- **Medicaid Health Plans of America Board Meeting**
  On April 28, CalOptima was pleased to host in our offices the Medicaid Health Plans of America Board of Directors meeting, welcoming CEOs from commercial and public health plans across the nation. As you know, CalOptima joined the association this year to ensure our agency was well connected to the latest information available about national health policy. The productive meeting addressed key topics including Medicaid reform, the per capital cap model proposed in the AHCA and managed long-term services and supports.

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.
- Many of the cases involve proposed Medi-Cal and OCC termination and/or other issues related to OCC coverage (ex: continuity of care, benefits questions, billing issue, enrollment questions)

Medi-Cal termination due to failure to complete the redetermination

- *Case Examples*

  - Consumers timely submitted the requested documents for the redetermination process before the Medi-Cal termination dates but they were not processed.

  - Consumers stated that they didn't receive the notice from CalOptima and/or County and found out about OCC termination through the provider.

  - Consumers did not timely submit the requested information to complete the redetermination process.

Questions/OCC Issues

- *Coordination of VA with OCC:* How can consumer best utilize the services under both coverage. How does the coordination work?

- *OC consumers who were not cross walked to OCC:* Why are they still enrolled in OC and not transitioned to OCC?

- *Aid code Issue:* Consumer in LTC met SOC but was dropped from OCC due to the wrong aid code (aid code should be for LTC) per CalOptima but it does not make sense since she was in the same aid code in the past and was still enrolled in OCC. It may be due to the fact that a SOC was erroneously reflected in the system although she met her SOC.

Questions/OCC Issues - Continued

- *Confusion about Dental Benefits:* Regarding out of pocket costs for consumers . The Welcome Letter with explanation of covered benefits state that, for certain services with upgrades, consumers will pay a lab costs.

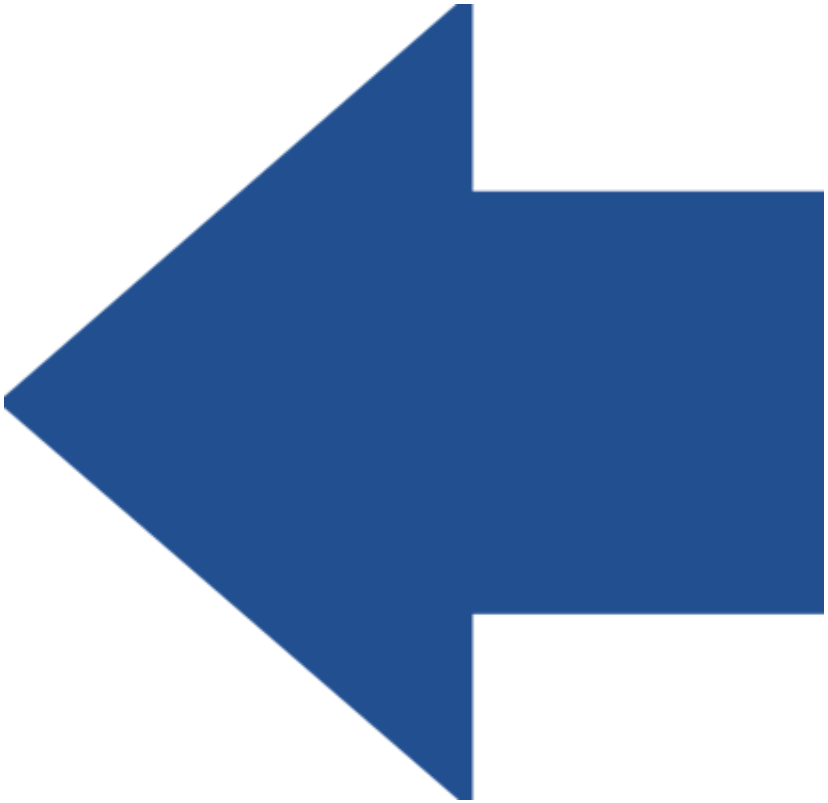
- *Consumer without coverage due to possible system glitch:* AEVS shows consumer with OCC but per CalOptima he is not with OCC . He can't access benefits under OCC or Medi-Cal. LASOC needs to address with DHCS. As a result, consumer can't access transportation service for dialysis.

Per Dialysis Center Staff:

- Dialysis patients can't receive timely authorization under OCC to treat the blocked vein which is their lifeline, as a result their dialysis patients opt out of OCC since they are able to quickly see providers to treat the issue under Medicare fee for service.

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 during the deeming period, 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.

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Community-Based Adult Services (CBAS) Eligibility Processes

OCC MAC Meeting

May 25, 2017

Cathy Osborn, MSRC

Program Manager, Senior

Long-Term Support Services

Agenda

- CBAS Referral Process
- CBAS Eligibility Determination Process
- CBAS Eligibility Criteria: Five Categories
  - Meet Nursing Facility-A (NF-A) level of care or above
  - Have an organic, acquired or traumatic brain injury and/or chronic mental disorder
  - Have moderate to severe cognitive disorder, such as Alzheimer's disease, or other dementia
  - Have mild cognitive impairment, including moderate Alzheimer's disease or other dementia
  - Have developmental disabilities that meet Regional Center criteria and eligibility.

Referral Process

- Referrals may be received from a variety of sources:
  - CBAS center
  - Internal or health network case manager
  - Member/member's authorized representative
  - Primary care provider (PCP)
  - Nursing facility
  - Other community resources

Referral Process (cont.)

- Referrals may be received via:
  - Fax: **714-481-6423**
  - Phone: **855-227-1314**
- CBAS centers are required to use the CBAS Benefit Inquiry Form:
  - The CBAS Benefit Inquiry Form can be found at www.caloptima.org under “Common Forms”

Referral Process (cont.)

- CalOptima will complete a pre-screen eligibility review to ensure individual is a CalOptima member and at least 18 years old.
- CalOptima CBAS social worker will contact member by phone to complete a preliminary assessment and schedule CBAS Eligibility Determination Tool (CEDT) evaluation.

CEDT Process

- CalOptima is responsible for completion of CEDT per Department of Health Care Services (DHCS).
- CEDT is completed by a CalOptima registered nurse (RN) or contracted home health agency RN.
- CEDT may be completed in one of two ways:
  - Face-to-face interview with the member
  - Data review when sufficient data is available to make a determination of eligible

CEDT Process (cont.)

- Eligibility determination shall be completed within 30 days of receipt of Benefit Inquiry.
- Once eligibility is determined, CalOptima will notify the CBAS center of authorization to complete a multidisciplinary team assessment and Individual Care Plan (IPC) within one business day.
- If not eligible for CBAS, CalOptima will notify the CBAS center/member in writing
  - CBAS Center shall be notified in one business day
  - Member shall be notified within two business days

Eligibility for CBAS

- Must be enrolled in CalOptima
- Must be at least 18 years of age or older
- Must meet the CBAS medical necessity criteria for any one or more of the following five categories:

Category 1:

- Meet NF-A level of care or above and the eligibility and medical necessity criteria contained in Welfare and Institutions Code, sections 1425(a), (c), (d), and (e); 14526.1(d)(1), (3), (4) and (5); and 14526(e).

Eligibility for CBAS (cont.)

Category 2:

- Have an organic, acquired, or traumatic brain injury, and/or chronic mental disorder, and demonstrate a need for assistance or supervision with at least:
  - Two of the following activities of daily living/instrumental activities of daily living (ADLs/IADLs): bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management, and hygiene; or
  - One ADL/IADL listed above, and one of the following: money management, accessing community and health resources, meal preparation or transportation.

Eligibility for CBAS (cont.)

Category 3:

- Have moderate to severe cognitive disorder, such as Alzheimer's disease, or other dementia characterized by the following stages:
  - Stage 5: Moderately severe cognitive decline — major gaps in memory and deficits in cognitive function emerge with some assistance with day-to-day activities becoming essential
  - Stage 6: Severe cognitive decline — memory difficulties that continue to worsen, significant personality changes emerging and requiring extensive assistance with daily activities
  - Stage 7: Very severe cognitive decline — this is the final stage of the disease when individuals lose the ability to respond to their environment, the ability to speak and, ultimately, to control movement.

Eligibility for CBAS (cont.)

Category 4:

- Have mild cognitive impairment, including moderate Alzheimer's disease or other dementia, characterized by the descriptors of stage 4 Alzheimer's disease as follows:
  - Manifest one or more of the following conditions:
    - Decreased knowledge of recent events
    - Impaired ability to perform challenging arithmetic
    - Decreased capacity to perform complex tasks
    - Reduced memory of personal history
    - The affected individual may seem subdued and withdrawn, especially in socially or mentally challenging situations.
  - Member also requires assistance or supervision with two of the following ADLs/IADLs:
    - Bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management and hygiene.

Eligibility for CBAS (cont.)

Category 5:

- Have developmental disabilities that meet Regional Center criteria and eligibility.

Questions?

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
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OneCare (HMO SNP)
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OneCare Connect
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PACE
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OneCare Connect Enrollment Update

Enrollment by Health Network

Report Date: 5/1/2017

OneCare Connect	
Alta Med Health Services - OCC	541
AMVI Care - OCC	526
ARTA Western Health Network - OCC	550
CalOptima Community Network - OCC	1,756
Family Choice Physician Group - OCC	1,866
HPN - Regal Medical Group, OCC	243
Monarch Family HealthCare, OCC	4,977
Noble Mid-Orange County - OCC	454
OC Advantage - OCC	117
Prospect Medical Group Inc - OCC	3,058
Talbert Physician Group - OCC	1,151
United Care Medical Group - OCC	565
Total	**15,804**

Enrollment/Disenrollment by Month

Month	Voluntary Enrollment	Involuntary Disenrollment	Voluntary Disenrollment
December 2016	142	238	364
January 2017	162	219	154
February	190	193	146
March	164	184	145
April	189	307*	123
May	145		

*217 Members Involuntary Disenrolled – Loss of Demonstration

OCC Member Deeming Status

Deeming Period	In Deeming	Regained OCC at the end of Deeming	Termed OCC at the end of Deeming	Regained Medi-Cal 1 Month	Regained Medi-Cal 2 Month	Has not regained Eligibility
12/2016	209	58	151	1	63	87
01/2017	210	68	142	1	42	99
02/2017	180	57	123	3	36	84
03/2017	191	73	118	1	0	117
04/2017	276	0	0	0	0	0

If you have, any question related to OCC enrollment please contact Belinda Abeyta, Director, Customer Service at 657-235-6755 or babeyta@caloptima.org