

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

**THURSDAY, JUNE 22, 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](http://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 May 25, 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. CEO AND MANAGEMENT REPORTS**

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

C. Federal and State Legislative Update

**VI. INFORMATION ITEMS**

- A. OneCare Connect MAC Member Updates
- B. OCC MAC Member Presentation on the Orange County Strategic Plan on Aging Initiative
- C. Group Needs Assessment
- D. OCC Eligibility Aid Codes
- E. Veteran's Administration Benefits and Coordination
- F. OCC MAC Member Trend 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

May 25, 2017

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on May 25, 2017, at CalOptima, 505 City Parkway West, Orange, California.

### **CALL TO ORDER**

Chair Patty Mouton called the meeting to order at 3:08 p.m., and led the Pledge of Allegiance.

### **ESTABLISH QUORUM**

Members Present: Patty Mouton, Chair; Gio Corzo, Vice Chair; Ted Chigaros, Christine Chow, Josefina Diaz, Sandy Finestone, Sara Lee

Members Absent: John Dupies, Donta Harrison, George Crits, M.D. (non-voting); Erin Ulibarri (non-voting)

Others Present: Ladan Khamseh, Chief Operating Officer; Dr. Donald Sharps, Medical Director; Candice Gomez, Executive Director Program Implementation; Sesha Mudunuri, Executive Director, Operations; Belinda Abeyta, Director, Customer Service; Albert Cardenas, Associate Director, Customer Service; Becki Melli, Customer Service; Pamela Reichardt, Executive Assistant

### **MINUTES**

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

*Action: On motion of Member Sandy Finestone, seconded and carried, the OCC MAC approved the minutes as submitted.*

### **PUBLIC COMMENT**

There were no requests for public comment.

### **REPORTS**

#### **Consider Approval of Fiscal Year (FY) 2016-2017 OCC MAC Accomplishments**

Chair Mouton presented the OCC MAC's FY 2016-2017 Accomplishments for approval. The Accomplishments will be presented to the Board of Directors at the June 1, 2017 meeting.

**Action:**            *On motion of Member Sandy Finestone, seconded and carried, the MAC approved the FY 2016- 2017 OCC MAC Accomplishments as submitted.*

**Consider Approval of FY 2017-2018 OCC MAC Meeting Schedule**

Chair Mouton presented the FY 2017-2018 meeting schedule for approval. Member Ted Chigaros suggested revising the December 2017 meeting from December 28 to December 14, 2017. Upon discussion, OCC MAC members concurred with the suggested revision.

**Action:**            *On motion of Member Christine Chow, seconded and carried, the OCC MAC approved the FY 2017- 2018 OCC MAC Meeting Schedule as revised.*

**Consider Approval of FY 2017-2018 OCC MAC Goals and Objectives**

Member Christine Chow reported that the Goals and Objectives Ad Hoc, composed of Members Sara Lee, Erin Ulibarri and Christine Chow, met on March 16, 2017 to develop the OCC MAC goals and objectives for FY 2017-18.

**Action:**            *On motion of Member Ted Chigaros, seconded and carried, the OCC MAC approved the FY 2017- 2018 MAC Goals and Objectives.*

**Consider Recommendation of OCC MAC Slate of Candidates and FY 2017-2018**

**Chair/Vice Chair**

Member Chigaros reported on the Nomination Ad Hoc Subcommittee's recommended slate of candidates, Chair and Vice Chair. The ad hoc, composed of OCC MAC members Lena Berlove, Ted Chigaros and Patty Mouton, met on April 19, 2017 to evaluate each of the applications for the vacant seats, and for the Chair and Vice Chair for FY 2017-18. After reviewing the applications and selecting a candidate for each open seat, the Nominations Ad Hoc recommended the following slate of candidates: Sandy Finestone as the representative for Persons with Disabilities; Sara Lee as the representative for Persons from an Ethnic or Cultural Community; Richard Santana as the representative for the IHSS/Union Provider; and Josefina Diaz as the representative for a OCC Member/Family Member. There were no eligible applicants for the second vacant OCC MAC member/family member seat. OCC MAC is reopening recruitment for this seat.

**Action:**            *On motion of Member Sandy Finestone, seconded and carried, OCC MAC approved the Slate of Candidates as presented.*

The Nomination Ad Hoc recommended the appointment of Gio Corzo as the FY 2017-2018 OCC MAC Chair.

**Action:**            *On motion of Member Ted Chigaros, seconded and carried, OCC MAC approved the FY 2017-2018 Chair as recommended.*

The Nomination Ad Hoc recommended the appointment of Patty Mouton as the FY 2017-2018 OCC MAC Vice Chair.

**Action:**        *On motion of Member Ted Chigaros, seconded and carried, OCC MAC approved the FY 2017-2018 Vice Chair as recommended.*

The recommended nominations will be presented to the Board of Directors for consideration at the June 1, 2017 meeting.

## **PRESENTATIONS**

### **Cal MediConnect Evaluation Survey Results**

Megan Juring, Program Officer, The Scan Foundation, presented an update on waves one (1) through four (4) of the Cal MediConnect (CMC) Evaluation Survey Results. Ms. Juring explained that the objective of this survey was to track beneficiary transition into Cal MediConnect over time. Based on polling results, CMC enrollee satisfaction increased over the four polling cycles.

## **CEO AND MANAGEMENT TEAM DISCUSSION**

### **Chief Executive Officer Update**

Ladan Khamseh, Chief Operating Officer, reported that CalOptima's proposed budget will be considered by the Board of Directors at the June 1, 2017 Board Meeting. Ms. Khamseh provided an update on the deeming period for OCC Members. She explained that CalOptima's deeming period is currently one month; however, CalOptima is reviewing whether to change to a two-month deeming period.

### **Chief Medical Officer (CMO) Update**

Dr. Donald Sharps, Medical Director, Behavioral Health, reported that CalOptima is working with Magellan to improve behavioral health services. CalOptima has had site visits to Magellan's call center and provided feedback on improving call center metrics. In addition, Dr. Sharps provided a brief update on CalOptima's continuing efforts to mitigate the opioid problem, reporting that CalOptima introduced pharmacy-related programs, such as placing restrictions on the amount/length of opioid prescriptions and limiting members to a single prescriber or pharmacy for their opioid prescriptions.

## **INFORMATION ITEMS:**

### **OCC MAC Member Updates**

Chair Mouton asked for volunteers to present the OCC MAC member presentation at an upcoming meeting. Member Christine Chow volunteered to present an update on the strategic plan on aging at the June meeting.

In response to Chair Mouton's request for future agenda items, the following items were suggested: OCC aid code eligibility; coordination of veteran's health care/OCC benefits; and availability of geri-psych beds.

Chair Mouton announced that OCC MAC members are invited to the Community-Based Adult Services (CBAS) Center Open House on May 31, 2017 at 4:30pm in Garden Grove.

#### **Quarterly Ombudsman Update**

Member Sara Lee, Health Consumer Action Center of the Legal Aid Society of Orange County (LASOC), presented the Quarterly Ombudsman Update. Member Lee reported that LASOC continues to receive direct referrals from CalOptima regarding OneCare Connect members' eligibility issues. She explained that many of the cases involve Medi-Cal termination due to failure to complete the redetermination on time. Ms. Lee also discussed other OCC issues such as coordination of benefits between the veteran's health care and OCC, confusion about dental benefits and confusion about OCC aid codes.

#### **Community-Based Adult Services (CBAS) Eligibility Processes**

Cindy Osborn, Program Manager, Long-Term Support Services, provided an update on the CBAS eligibility process. Ms. Osborn explained that referrals are initiated from a variety of sources, such as a CBAS center, case manager or primary care provider. Potential CBAS members must complete a preliminary evaluation to determine eligibility. To be eligible, the member must be enrolled in CalOptima, must be 18 years of age or older and meet one of five categories of CBAS medical necessity.

Chair Mouton announced that the next OCC MAC Meeting is Thursday, June 22, 2017.

#### **ADJOURNMENT**

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

s/s Pamela Reichardt

Pamela Reichardt  
Executive Assistant

Approved: June 22, 2017

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## MEMORANDUM

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**DATE:** June 1, 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

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### May Revision Highlights

In releasing the May Revision of the FY 2017–18 budget, Gov. Brown made clear that California is experiencing worsening financial conditions that require careful attention to ensure the state does not again face large deficits. This environment influenced spending decisions in health care, including for Medi-Cal, which is projected to post a \$1.1 billion shortfall for FY 2016–17. Below are four elements in the proposed budget that affect CalOptima. A final budget is expected to be approved in June.

- **Cal MediConnect:** The May Revision reauthorizes through 2019 the duals demonstration pilot we call OneCare Connect in Orange County. The budget forecasts approximately \$8 million in General Fund savings based on the proposed continuation of the program. Cal MediConnect was previously included in the January draft budget, and we are optimistic that it will remain in the final budget as well.
- **Tobacco Tax:** Proposition 56 revenue will generate up to \$1.2 billion in revenue in FY 2017–18, up \$23.3 million compared with the January draft budget. Despite industry urging to use these funds to increase payment rates for Medi-Cal providers, the May Revision does not call for any such increases and instead uses the funding for general obligations.
- **Medicare Part A Recoupment:** The May Revision identifies an issue with beneficiaries who gained Medi-Cal coverage under the Affordable Care Act (ACA) while already being eligible for Medicare Part A. Funding for this group should not have been at the higher ACA rates. Enrollment systems were corrected in August 2016, and the state will now begin recouping \$365 million from Medi-Cal managed care plans, including CalOptima. While details about the recoupment methodology are not available from the state at this time, CalOptima will keep your Board informed about the potential financial impact.
- **Children’s Health Insurance Program (CHIP):** CHIP is a federal/state program that California uses to provide Medi-Cal coverage to children in families living at up to 266 percent of the Federal Poverty Level. The ACA increased the federal match to 88 percent, but given the uncertainty with that legislation, the May Revision assumes the federal match will be decreased to the previous 65 percent level. Therefore, after the change to 65/35, the impact to the state budget will be an additional \$536 million in CHIP spending. CalOptima has 109,000 members age 0–19 who are eligible because of CHIP.

### **Department of Health Care Services (DHCS) Medical Loss Ratio (MLR) Reconciliation**

DHCS continues to develop a draft methodology for the MLR calculation for Medi-Cal Expansion members. CalOptima expects to learn more at an upcoming All-Plan CFO meeting in mid-June. Still, it is our understanding that the state plans to perform the reconciliation in two phases. Phase 1 includes the first 18 months of Medi-Cal Expansion, from January 2014 to June 2015; Phase 2 is the next 12 months, from July 2015 to June 2016. I will share more information about the reconciliation process once it is available.

### **CHRONIC Care Act**

On May 18, the U.S. Senate Finance Committee unanimously passed the CHRONIC Care Act, which would permanently reauthorize Dual Eligible Special Needs Plans (D-SNPs), including CalOptima OneCare. (CHRONIC stands for Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care.) The bill now awaits further consideration and a vote by the full Senate. D-SNPs are currently set to expire on December 31, 2018, and have historically been reauthorized periodically by Congress. This bill would remove the need to continually reauthorize D-SNPs, providing continuity and assurance for CalOptima's OneCare program and its 1,300 members. CalOptima sent a letter of support to the bill's sponsor, Senate Finance Committee Chairman Sen. Orrin Hatch, to express the need for this important and bipartisan legislation.

### **Good Health Campaign**

CalOptima's Good Health wellness campaign debuted May 13. The campaign was purposely designed with an overarching "Good Health" theme so that it can be used across all CalOptima programs and adjusted to fit a variety of initiatives. The first focus was raising awareness about the importance of cervical cancer screenings, with a goal of boosting our HEDIS scores in this area. Just in time for Mother's Day, CalOptima aired 30-second and 60-second Spanish and Vietnamese radio commercials. These commercials will continue through the remainder of June. We plan to roll out the radio commercials to Korean language stations this summer. English language radio buys are cost prohibitive, but we have recorded English commercials for possible use on our website or "hold" messages. To continue building awareness, "Good Health" print ads, covering both cervical and breast cancer screenings, are also planned to run in English and ethnic media outlets starting mid-June.

### **Scholarship Winners**

For the second year in a row, CalOptima's Employee Activities Committee (EAC) sponsored a scholarship essay contest for members pursuing careers in health care or social services. The first place \$1,000 scholarship was awarded to a two-time cancer survivor now attending USC for her master's in social work. Second place (\$750) went to a single mom pursuing her bachelor's degree in nursing at Cal State Fullerton. Third place (\$500) was for a young woman headed to Cal State Long Beach to study nursing as well. In the same fashion as this past year, our first place winner moves on to the national Association for Community Affiliated Plans contest for a chance at a \$5,000 scholarship. EAC scholarship dollars are generated through fundraising events and voluntary donations; no public money was used.



## Media Coverage

- **Adolescent Depression Screenings Article:** CalOptima was included in a May 17 OC Weekly article about Kaiser's adolescent depression screenings and our new physician incentive program to do the same. The article quoted Donald Sharps, M.D., medical director of Behavioral Health Integration. The online version can be viewed [here](#).
- **Opioid Epidemic Radio Program:** For a program that aired May 28, Tammy Trujillo, host of the Community Cares program on Angels Radio AM 830, interviewed Deputy Chief Medical Officer Richard Bock, M.D., about the opioid epidemic. Dr. Bock provided a history of opioids as well as shared how Orange County is being impacted by the drugs and what CalOptima is doing to prevent overprescribing by physicians and curb abuse by members. Dr. Bock was also invited back this month to discuss another important subject — smoking cessation and the dangers of vaping.
- **New York Times Medicaid Article:** An [opinion article](#) in the May 3 edition of the New York Times directly addresses the experience and perspectives of a disabled Medicaid recipient. It provides an insight into the challenges that some of our members may face with Medi-Cal generally and In-Home Supportive Services in particular.

# California's Budget Act of 2017 Analysis and CalOptima Impacts

## Budget Act of 2017 — Overview

On Thursday, June 15, 2017, California's Budget Act of 2017, Assembly Bill (AB) 97, passed both houses of the Legislature and was sent to the Governor for his signature. The budget bill is the legislative vehicle for enacting the state's FY 2017-18 budget and sets funding levels for state programs for the upcoming fiscal year. The Governor has until July 1, the start of the new fiscal year, to sign the bill into law.

Similar to the Governor's January Budget proposal and May Revise, the budget bill, by and large, assumes the continuation of existing federal policy and does not speculate regarding the potential fiscal impacts of the American Health Care Act (H.R. 1628), currently under consideration in the United States Senate. An important exception to this is the budget line item related to the expiration of funding authorization for the Children's Health Insurance Program (CHIP). The budget bill funds CHIP under the assumption that the program's funding will be reauthorized, albeit at a lower federal match than under current law.

AB 120, a "junior budget bill," is legislation associated with the main budget bill and contains a major portion of Medi-Cal appropriations, including the Proposition 56 arrangement, an agreement between the Governor, Senate and Assembly on the expenditure of Medi-Cal funding generated through the state's recent tobacco tax increase.

These and other major issues pertinent to CalOptima are addressed below.

## Medi-Cal Budget

The Budget Act includes a spending plan of \$105.6 billion for Medi-Cal, which includes \$18.6 billion General Fund, \$18.8 billion in special funds, and \$68.3 billion in federal funding. The table below compares FY 17-18 and FY 16-17 overall and General Fund Medi-Cal spending.

	Medi-Cal Overall	Medi-Cal General Fund
<b>FY 17-18</b>	\$105.6 billion	\$18.6 billion
<b>FY 16-17</b>	\$90.1 billion	\$17.6 billion
<b>% Increase</b>	17.2%	5.7%

The Medi-Cal budget has increased \$15.5 billion, which represents a 17.2 percent increase from the 2016 Budget Act, based on an estimated enrollment of 14.3 million members. Much of the increase in Medi-Cal spending is related to increased funding from the Hospital Quality Assurance Fee, Managed Care Organizations tax, and

newly created Prop. 56 revenue. In addition, \$1.1 billion dollars was added to the 2017-18 Medi-Cal budget in order to account for an unanticipated shortfall in FY 2016-17.

Please note that the federal portion of the Medi-Cal budget is funded through several avenues. For original Medi-Cal, also known as Medi-Cal classic, there is a 50/50 federal match. For the Medi-Cal expansion (MCE) population, there is an enhanced federal match (95/5 for calendar year 2017 and 94/6 for calendar year 2018). The budget allocates approximately \$1.6 billion General Fund for the state's share of MCE costs in 2017-18, which is roughly a \$1.1 billion increase over the FY 2016-17 budget. For the Children's Health Insurance Program (CHIP) population, there is currently an 88/12 federal match. The 2017-18 budget assumes a greater state funding obligation, through a change in the federal match to a 65/35 ratio.

## CHIP Reauthorization

The budget proposal addresses one potential change at the federal level, the reauthorization of CHIP funding, which is currently set to expire on September 30, 2017. As of 2014, 36 million children nationally were covered under CHIP, which was known as the Healthy Families Program in California before its integration into Medi-Cal in 2013. California's federal-state match for CHIP-related funding is currently a 88/12 split. The budget proposal assumes that CHIP will be reauthorized, but that the enhanced ACA formula will not be continued and the state-federal match will revert to a 65/35 split. Consequently, the budget allocates an additional \$536.1 million General Fund to cover the anticipated additional state obligation. CalOptima has approximately 110,000 Medi-Cal/CHIP children.

## Continuation of Cal MediConnect

A trailer bill, legislation associated with the state budget act, will authorize the continuation of Cal MediConnect, which includes CalOptima's OneCare Connect — our coordinated health program for dual eligibles (members with both Medicare and Medi-Cal coverage) — even as the broader CCI is discontinued. CCI, which Cal MediConnect is part of, operates in seven counties and consists of two additional parts: the integration of Medi-Cal long-term services and supports into managed care (MLTSS), and changes to the management and financing of IHSS. In January 2017, DOF determined that CCI as a whole was no longer cost-effective and discontinued the program as of January 2018. CCI's discontinuation means that administration of In-Home Supportive Services (IHSS) will be transferred back to counties from managed care plans.

## California's Budget Act of 2017 Analysis and CalOptima Impacts (continued)

However, DOF determined that Cal MediConnect plans have shown the potential to improve the quality of care for duals and achieve long-term cost savings, and proposed that the program be continued. Cal MediConnect's extension means that CalOptima's OneCare Connect members will be able to continue enjoying access to the enhanced services and benefits available through the plan. The budget package proposes to extend Cal MediConnect until December 31, 2019 and also supports the continued integration of MLTSS into managed care. Though CalOptima will no longer be administering the IHSS benefit, OneCare Connect and OneCare members will still have access to the IHSS benefit.

### Prop. 56 Allocations

California voters approved Prop. 56 last November, which increased state taxes on tobacco products. A large portion of the revenue raised by Prop. 56 is designated for supplementing the state's Medi-Cal budget. Accordingly, the budget allocates approximately \$1.26 billion in Prop. 56-related funding for Medi-Cal for FY 2017–18. However, the Governor, Assembly, and Senate had differing views on how this money should be allocated.

The Governor proposed to designate all of the funding to current and anticipated increases in general Medi-Cal expenditures. Both the Assembly and Senate proposals would use the additional revenue for specific and, in some cases, different purposes within the Medi-Cal program. After weeks of negotiation, all three parties reached a deal memorializing the allocation of Prop. 56 dollars. \$325 million will be designated for supplemental payments to physicians and \$140 million for supplemental payments to dentists, for Medi-Cal beneficiaries in high need areas or providers in high need specialties. Most of the remainder will be allocated to general Medi-Cal expenditures. It is anticipated that the details of these supplemental payments will be available after July 31, 2017.

### Full Restoration of Adult Dental

As part of the Prop. 56 negotiations, both the Assembly and Senate advocated for a restoration of some optional benefits, including dental and optical. Ultimately, the Governor and the Legislature compromised on restoring dental benefits using General Fund dollars instead of Prop. 56 revenue. Beginning January 2018, the remaining adult dental benefits that were rescinded in 2009 will be restored using \$35 million General Fund. Full adult vision benefits will also be restored beginning in 2020.

### Medicare Part A Recoupment

From 2014 until late 2016 the state incorrectly enrolled some Medi-Cal beneficiaries that also have Medicare Part A as part of the Medi-Cal expansion population. The State received a higher match from the federal government (100 percent for 2014 through 2016), instead of the classic 50 percent match that the state should have received for these enrollees. The state discovered the error in November 2016 and is now planning to recoup \$365 million from health plans, including CalOptima, in order to repay the federal government. Though the state has yet to determine the exact recoupment amounts for each plan, CalOptima's Finance Department has estimated that the plan would be significantly impacted. Senate Bill 105, a bill associated with the budget package, requires DHCS to provide recoupment amounts to plans by July 31, 2017 and plans will have until June 30, 2018 to provide payment.

### Next Steps

The Governor has until June 30 to sign the Budget Act into law, veto the bill wholesale or use a line-item veto to reduce or eliminate specific appropriations.

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## About CalOptima

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

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

#### **Phil Tsunoda**

*Executive Director, Public Policy and Public Affairs*  
714-246-8632; ptsunoda@caloptima.org

#### **Arif Shaikh**

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

#### **Shamiq Hussain**

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

#### **Sean McReynolds**

*Senior Policy Analyst, Government Affairs*  
657-900-1296; smcreynolds@caloptima.org

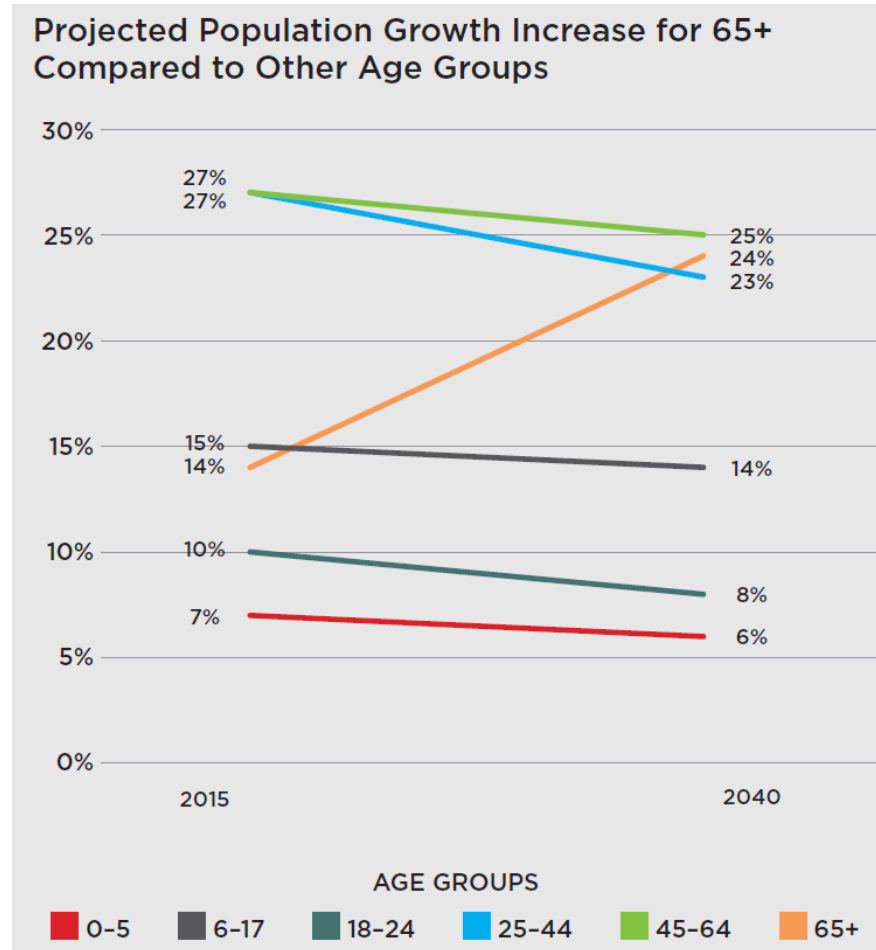


# ORANGE COUNTY **STRATEGIC PLAN** FOR AGING

## **Overview and Progress to Date**

CHRISTINE CHOW, MSG, DIRECTOR OF COMMUNITY RELATIONS,  
ALZHEIMER'S ORANGE COUNTY

# 2040 – Nearly 1 in 4 will be 65+



# OC Strategic Plan for Aging

**Purpose:** to prepare Orange County for the growing numbers of older residents and the issues they face.

**Strategy:** to bring together cities, the county, non-profits, foundations, and corporate entities to evaluate the issues faced by seniors and to create a structure to address those issues.

# Leadership Council Members



Advocacy. Action. Answers on Aging.



**Supervisor  
Lisa Bartlett,  
5<sup>th</sup> District**



**OC Senior Citizens  
Advisory Council**



Orange County United Way





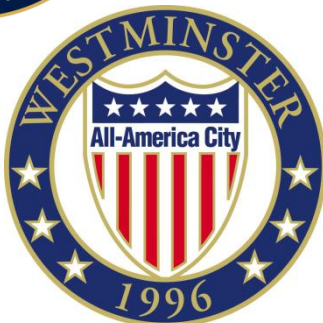
# 17 Participating Cities



ALISO VIEJO



GARDEN GROVE





# Game Plan

- **Short-Term:** Work together to “move the needle” in key areas over 18-months.
- **Long-Term:** Build a vehicle that will impact real change.

# 10 Initiatives Over 18 Months

## **Food Security:**

Increase food security for Orange County's older adults age 60+ by enrolling new participants in CalFresh and establishing new Commodity Supplemental Food Program (CSFP) and Senior Grocery distribution sites in South Orange County.

# 10 Initiatives Over 18 Months

## **Healthcare:**

Double the number of older adults who complete an evidence-based chronic disease and/or diabetes self-management education training workshop.

# 10 Initiatives Over 18 Months

## **Elder Abuse Prevention:**

Launch an education & awareness campaign regarding elder abuse awareness and prevention at two Orange County cities, targeting the general public, first responders, academic institutions, and mandated reporters.

# 10 Initiatives Over 18 Months

## **Social Engagement:**

Reinstitute the Friendly Visitor Program Coalition to support capacity building and increased information sharing among the existing service programs, resulting in better services to isolated/homebound seniors.

# 10 Initiatives Over 18 Months

## **Housing:**

Complete a gap analysis to identify the disparity between older adult housing needs in Orange County and housing availability. Release study findings to community leaders at a local Summit to identify solutions.

# 10 Initiatives Over 18 Months

## **Transportation:**

Conduct a data review to identify top transportation needs and explore innovative options. Present the findings at a local Summit to raise awareness and drive change.

# 10 Initiatives Over 18 Months

## **Technology:**

Enhance and accelerate the capacity of the digital platform, IrisOC, to create a local digital hub to distribute healthy aging information, provide connections to senior-focused community resources and people, and acquire pilot users of the platform.



# 10 Initiatives Over 18 Months

**Funding and Sustainability:** Develop funding avenues for the OC Strategic Plan for Aging initiatives, and identify funding streams for aging programs and resources.

# 10 Initiatives Over 18 Months

## **OC Successful Aging:**

Examine and research strategies and approaches to develop Orange County as a community that facilitates successful aging. The framework will guide long-term planning.

# 10 Initiatives Over 18 Months

## **Communications:**

Create an integrated high-impact awareness campaign highlighting the strategic initiatives and outcomes of the OC Strategic Plan for Aging.

# Exploring Longer-Term Strategies

- Keep current groups going, new 18-month goals
- Larger Funding Strategies:
  - Sales Tax
  - Property Tax
  - Special State Appropriations
  - Federal Funding Streams
  - Local Foundations
  - Point of Purchase Donations

# Contact

- **Christine Chow (staff lead)**  
949-757-3714  
christine.chow@alzoc.org
- **Jim McAleer**  
949-757-3715  
jim.mcaleer@alzoc.org
- **Website:** [www.ocagingplan.org](http://www.ocagingplan.org)



**CalOptima**  
Better. Together.

# **2016 Group Needs Assessment**

**Board of Directors' OneCare Connect Member  
Advisory Committee**

**June 22, 2017**

**Pshyra Jones**

**Director, Health Education & Disease Management**

# Background

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Health plans are required to conduct Group Needs Assessments (GNAs) to identify the needs of members, available health education and cultural and linguistic (C&L) programs and resources, and gaps in services.

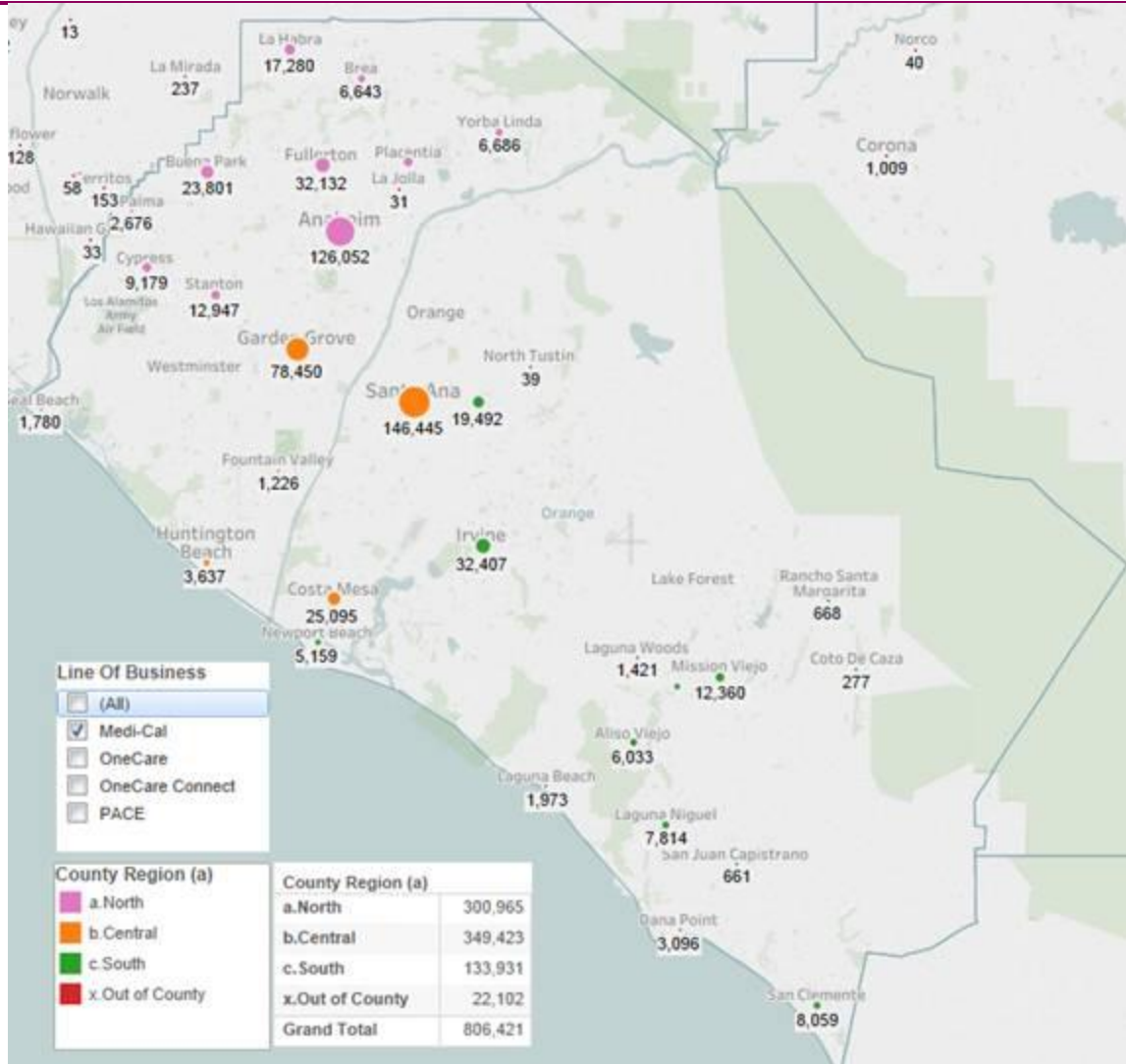
# Goal

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The goal of the GNA is to improve health outcomes for members enrolled in Medi-Cal managed care by evaluating member health risks, identifying health needs, and prioritizing health education, C&L services, and preventative health and quality improvement programs to improve member health outcomes.



# CalOptima Medicaid Membership by Region



# CalOptima Required Sample Size (English/Spanish)

Health Network	Target # Surveys	Health Network Proportion	Sample Size (4X)
1	200	9%	800
2	200	9%	800
3	200	9%	800
4	200	9%	800
5	200	9%	800
6	200	9%	800
7	200	9%	800
8	200	9%	800
9	200	9%	800
10	200	9%	800
11	200	9%	800
<b>Total</b>	<b>2200</b>	<b>100%</b>	<b>8800</b>

# CalOptima Required Sample Size (Other Languages)

Language	Target # Surveys	Membership Proportion	Sample Size (4X)
Vietnamese	180	10%	722
Korean	336	3%	1344
Farsi	368	2%	1472
Arabic	378	1%	1514
Chinese	384	1%	1536
Total	<b>1646</b>	<b>16%</b>	<b>6586</b>

# Sample Size Goals

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- Mailed 17,030 surveys
- Expect a minimum of 200 responses
  - Double-check we have Health Network coverage across regions
- With that we can compare
  - Language difference within or between regions
  - Health Network difference between regions
  - Health Network difference between languages
  - All within +/- 7% confidence interval

# GNA Areas of Focus

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- People Who Provide Health Care (Primary Care Provider)
- Medical Interpreters
- Member Health Perception and Health Plan Benefits
- Forms and Health Plan Materials
- Social Determinants of Health (Custom Questions)

# Social Determinants of Health

- Included custom questions to address categories representing social determinants of health.

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
<b>Health Outcomes</b> Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					



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# GNA Results

# GNA Results: Survey Response Rate

Language	North OC Responses	Central OC Responses	South OC Responses	Region Unknown	Total Response
Vietnamese	224	186	109	2	521
Korean	208	128	207	7	550
Farsi	35	13	132	2	182
Arabic	91	34	58	5	188
Chinese	167	62	184	4	417
English	209	200	178	6	593
Spanish	198	206	208	8	620
<b>Total*</b>	<b>1,132</b>	<b>829</b>	<b>1,076</b>	<b>34</b>	<b>3,071</b>

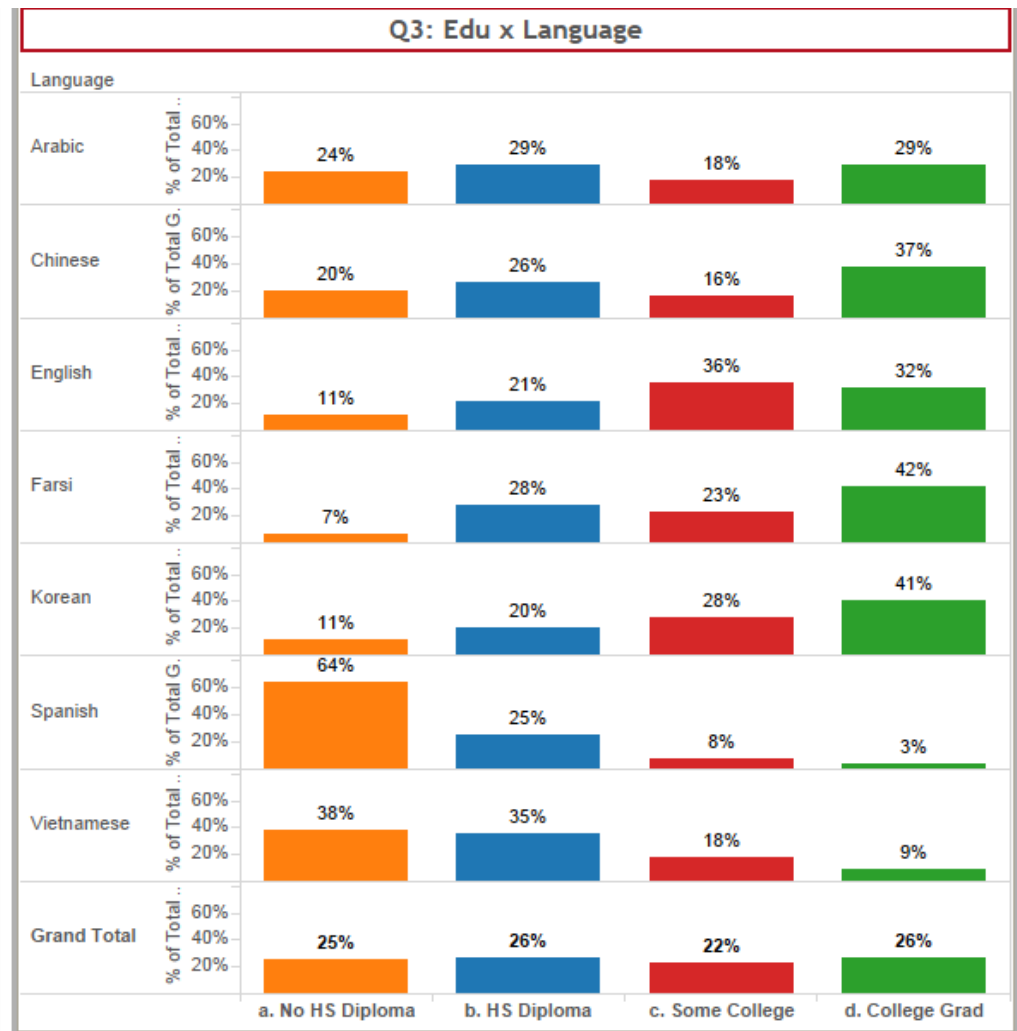
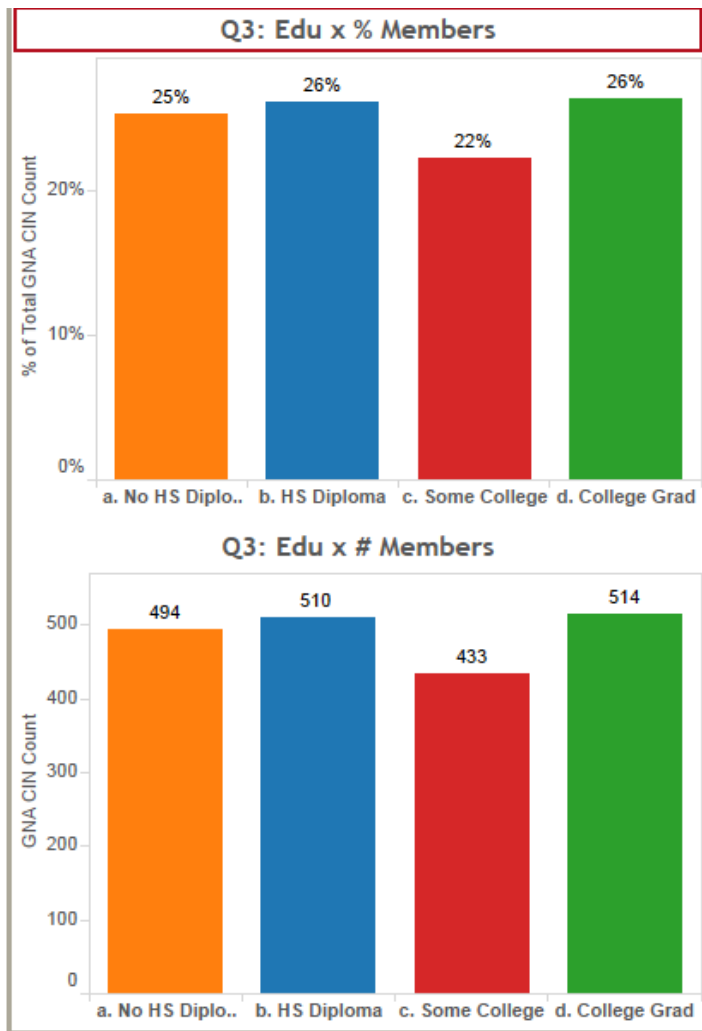


# GNA Results: Profiling Respondents

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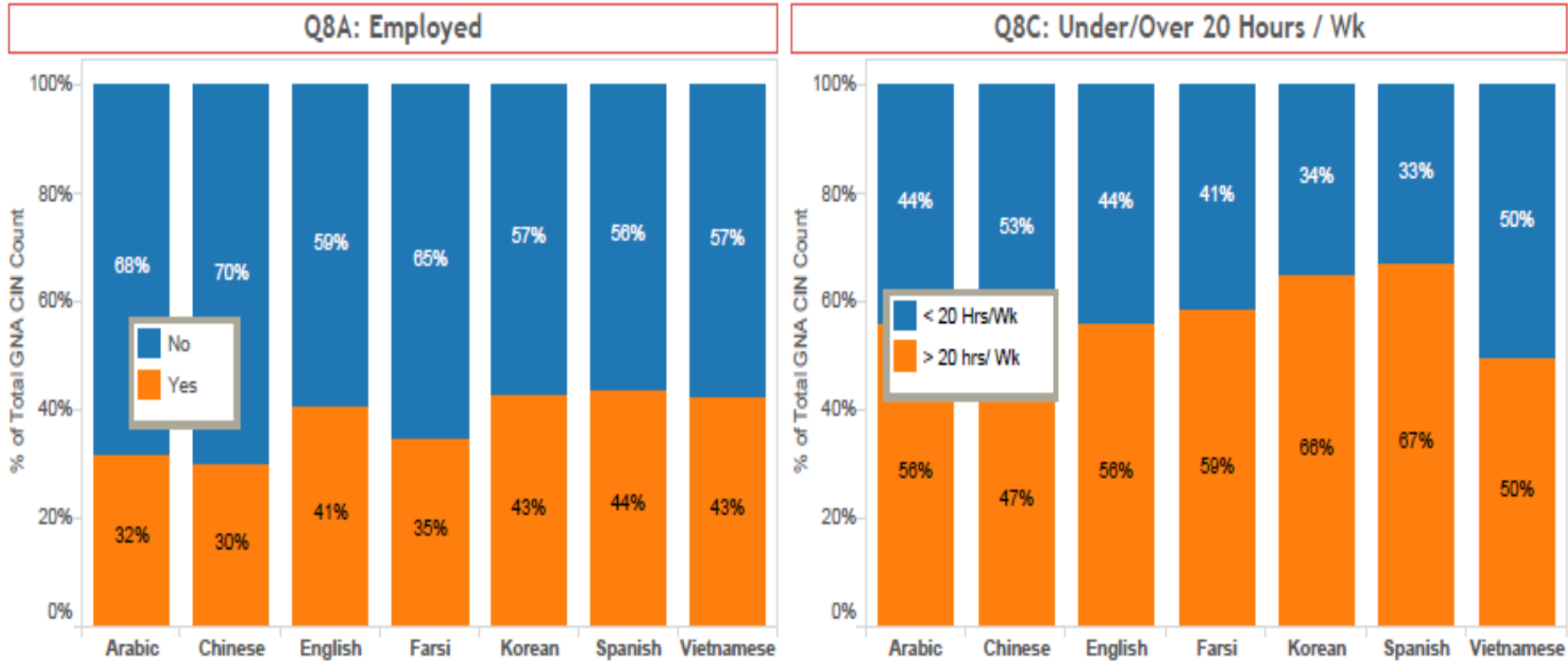
- 64% (1,979) of the completed surveys were from CalOptima adult Medi-Cal members.
- 36% (1092) were completed by adults for CalOptima children with Medi-Cal.
- 13% (400) of completed surveys respondents were received from our Seniors and Persons with Disabilities (SPD) population.

# GNA Results: Education



Total adult responses: 1,952

# GNA Results: Employment



# GNA Results: Number of Jobs

## Q8B: Number of Jobs (ws)

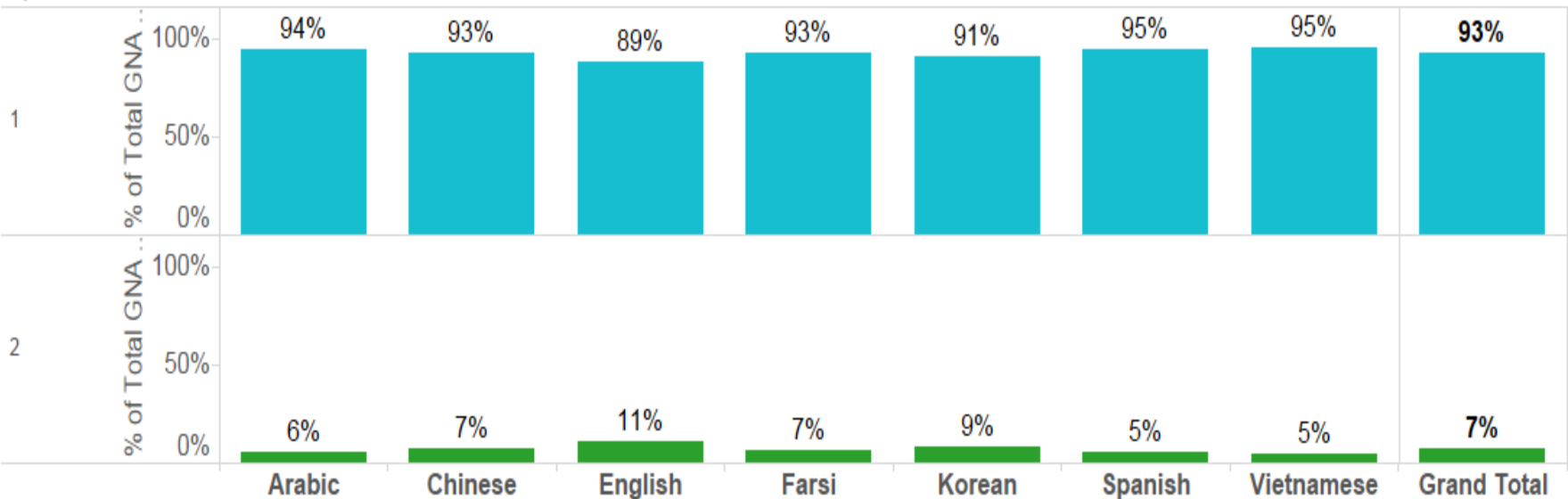
*Overall, 8% of our working members have more than 1 job*

*Volume-wise: 773K members x 40% (working) x 8% (> 1 job)*

*This comes to ~25K members*

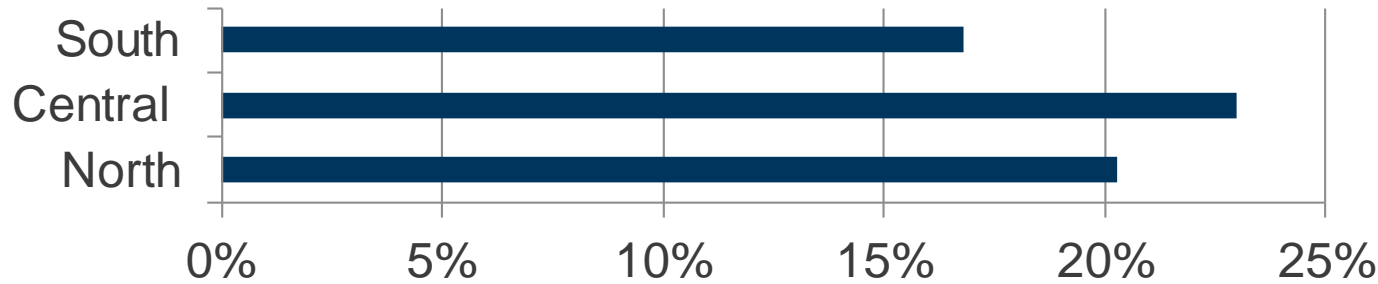
*for whom 8-5 PCP office hours are unlikely to be considered as 'readily accessible'*

### Q8B Jobs

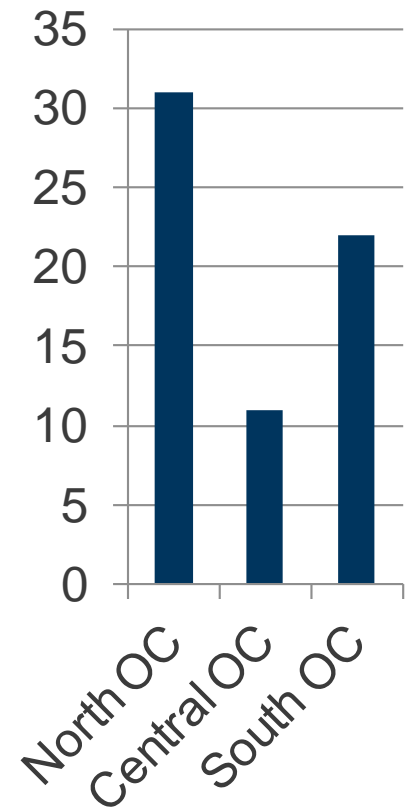


# GNA Results: Living Situation

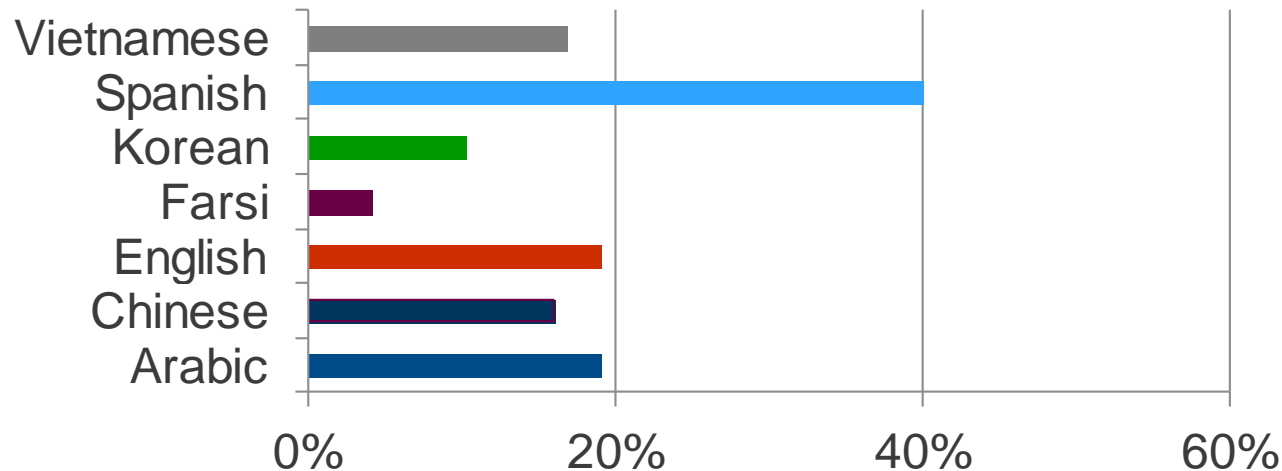
## Living with > 5 People



## Homeless Individuals



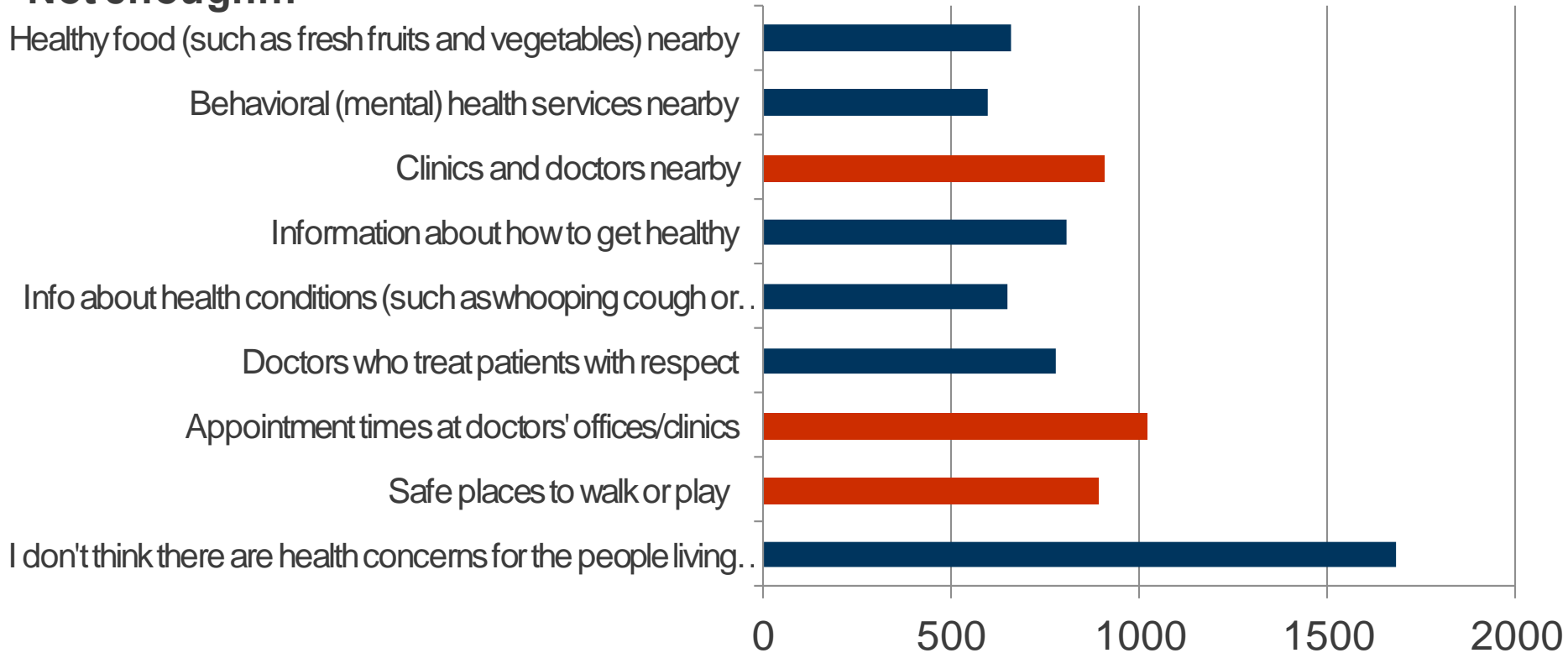
## Living with > 5 People



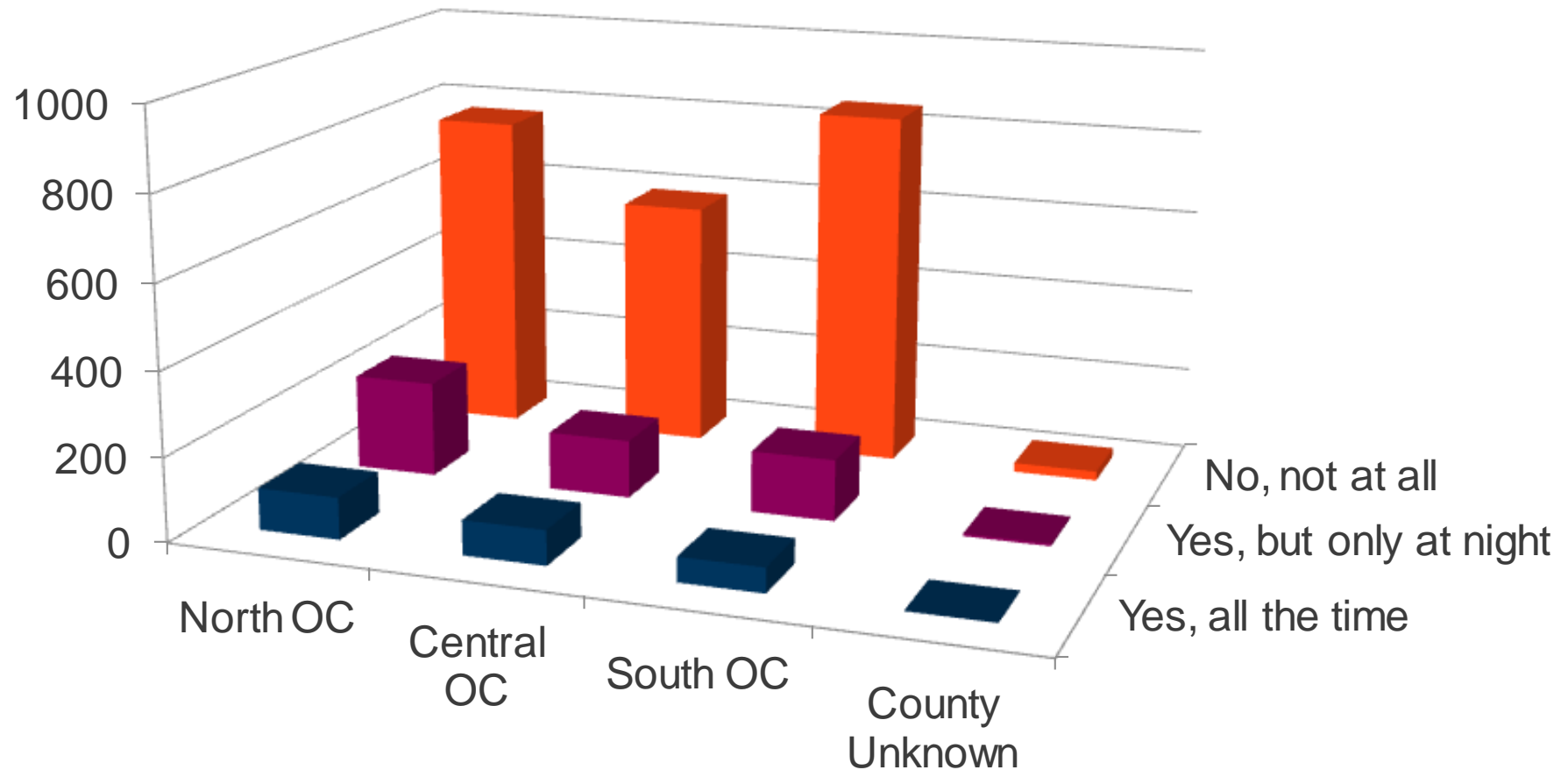
# GNA Results: Health Concerns in Area

What do you think are important health concerns or issues for people living in your area? Check all that apply.

## Not enough...



# GNA Results: Worried About Being a Victim of Crime in Neighborhood



# GNA Results: Time to Primary Care Provider

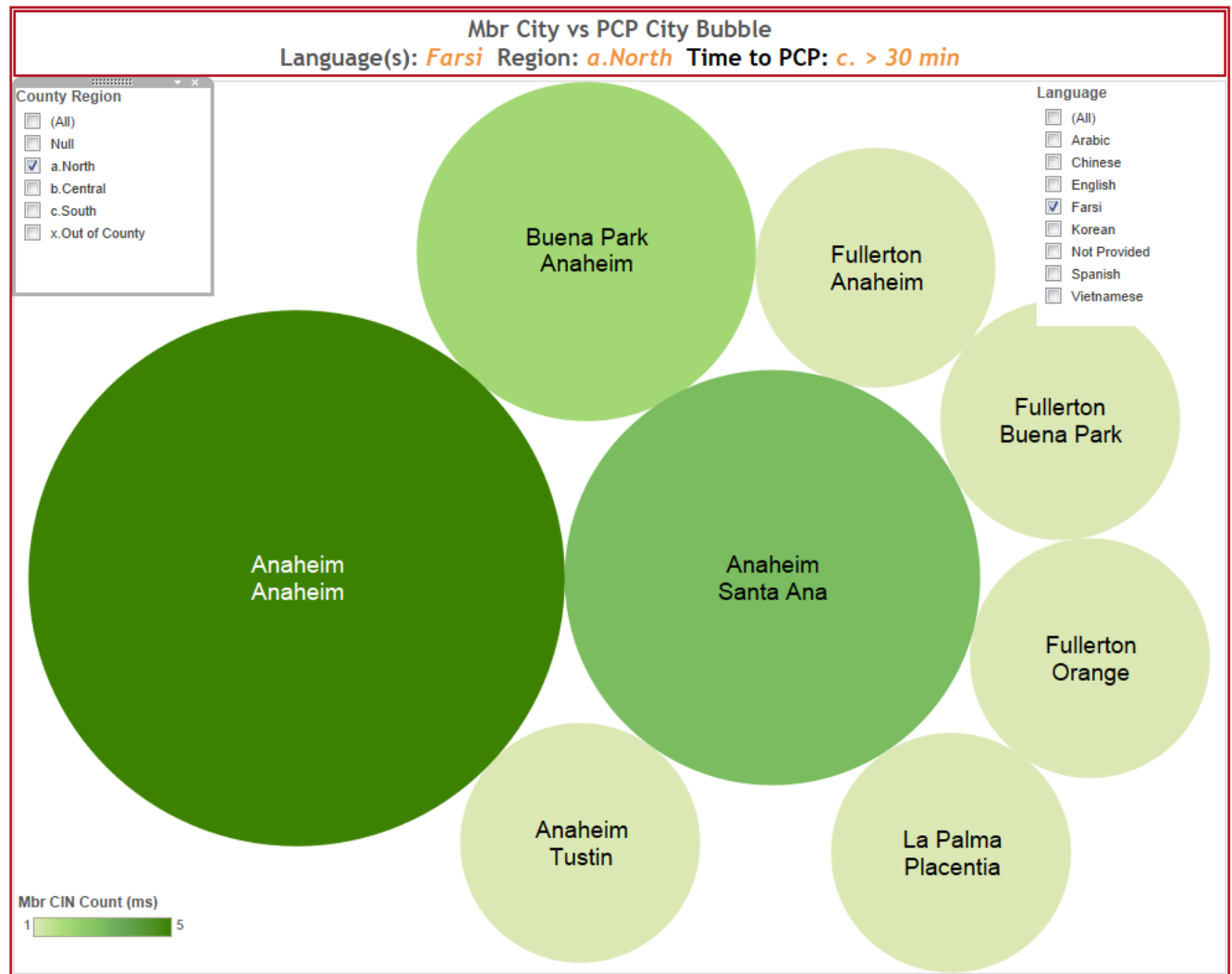
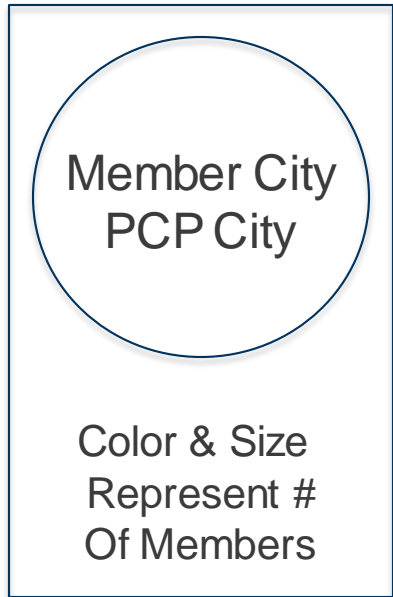
		a. ≤ 15 min	b. 15 - 30 min	c. > 30 min
Arabic	a.North	● 37%	● 51%	● 12%
	b.Central	● 19%	● 69%	● 11%
	c.South	● 26%	● 44%	● 30%
Chinese	a.North	● 26%	● 62%	● 12%
	b.Central	● 34%	● 52%	● 14%
	c.South	● 21%	● 60%	● 18%
English	a.North	● 45%	● 45%	● 9%
	b.Central	● 48%	● 44%	● 8%
	c.South	● 43%	● 46%	● 11%
Farsi	a.North	● 21%	● 35%	● 44%
	b.Central	● 8%	● 75%	● 17%
	c.South	● 22%	● 60%	● 17%
Korean	a.North	● 41%	● 48%	● 12%
	b.Central	● 46%	● 49%	● 5%
	c.South	● 37%	● 55%	● 8%
Spanish	a.North	● 36%	● 46%	● 18%
	b.Central	● 42%	● 46%	● 12%
	c.South	● 40%	● 45%	● 15%
Vietnamese	a.North	● 40%	● 50%	● 9%
	b.Central	● 38%	● 56%	● 7%
	c.South	● 20%	● 63%	● 17%



# GNA Results:

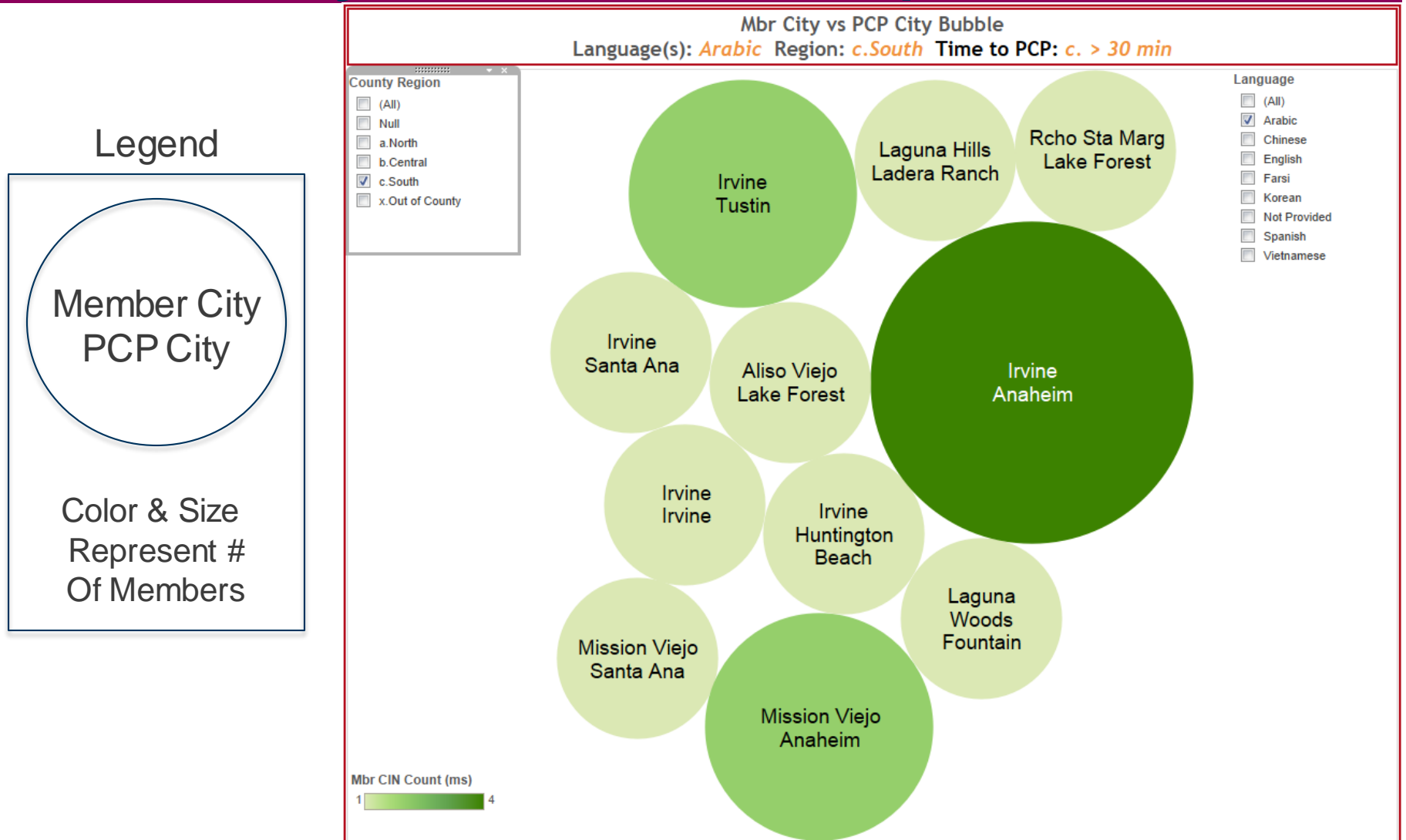
## Member City vs. PCP: Farsi Population

### Legend



# GNA Results:

## Member City vs. PCP: Arabic Population



# GNA Results:

## Appt Times x ER Visits and PCP Visits

### Q25b Appt Times x ER Visits

*In the aggregate, those who thought there were **NOT enough** appointment times have a **higher ER visit rate***

Language	Appt Times Ok				Agreed, Not Enough			
	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language
Arabic	0.3	36	111	63%	0.4	25	65	37%
Chinese	0.1	39	317	82%	0.1	4	68	18%
English	0.3	120	394	72%	0.5	72	155	28%
Farsi	0.3	38	112	67%	0.3	16	55	33%
Korean	0.2	44	247	49%	0.1	19	257	51%
Spanish	0.3	107	351	61%	0.4	97	228	39%
Vietnamese	0.1	35	359	76%	0.1	10	116	24%
Grand Total	0.2	419	1,891	67%	0.3	243	944	33%

### Q25b Appt Times x PCP Visits

*In the aggregate, those who thought there were **NOT enough** appointment times have a **lower PCP visit rate***

Language	Appt Times Ok				Agreed, Not Enough			
	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language
Arabic	1.9	54	28	68%	2.6	34	13	32%
Chinese	2.2	195	87	87%	1.7	22	13	13%
English	2.4	286	120	79%	2.3	70	31	21%
Farsi	2.2	35	16	53%	2.5	35	14	47%
Korean	2.3	147	64	54%	1.9	102	54	46%
Spanish	2.4	288	122	65%	2.5	165	67	35%
Vietnamese	2.6	142	55	82%	1.9	23	12	18%
Grand Total	2.3	1,147	492	71%	2.2	451	204	29%

# GNA Results:

## Support x ER Visits and PCP Visits

### Q13 Support Friends / Relatives x ER Visits

*In the aggregate, those who said they have support from relatives & friends have a lower ER visit rate*

Language	Don't have support				Have support			
	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language	ER Visits / GNA Mbr	Er Visit Count	GNA CIN Count	% of Language
Arabic	0.6	16	25	22%	0.3	24	90	78%
Chinese	0.0	0	20	8%	0.1	16	222	92%
English	0.6	33	56	15%	0.3	108	310	85%
Farsi	0.2	5	29	20%	0.3	34	113	80%
Korean	0.2	20	109	30%	0.1	20	255	70%
Spanish	0.6	37	57	24%	0.3	52	184	76%
Vietnamese	0.1	18	192	48%	0.1	30	207	52%
Grand Total	0.3	129	488	26%	0.2	284	1,381	74%

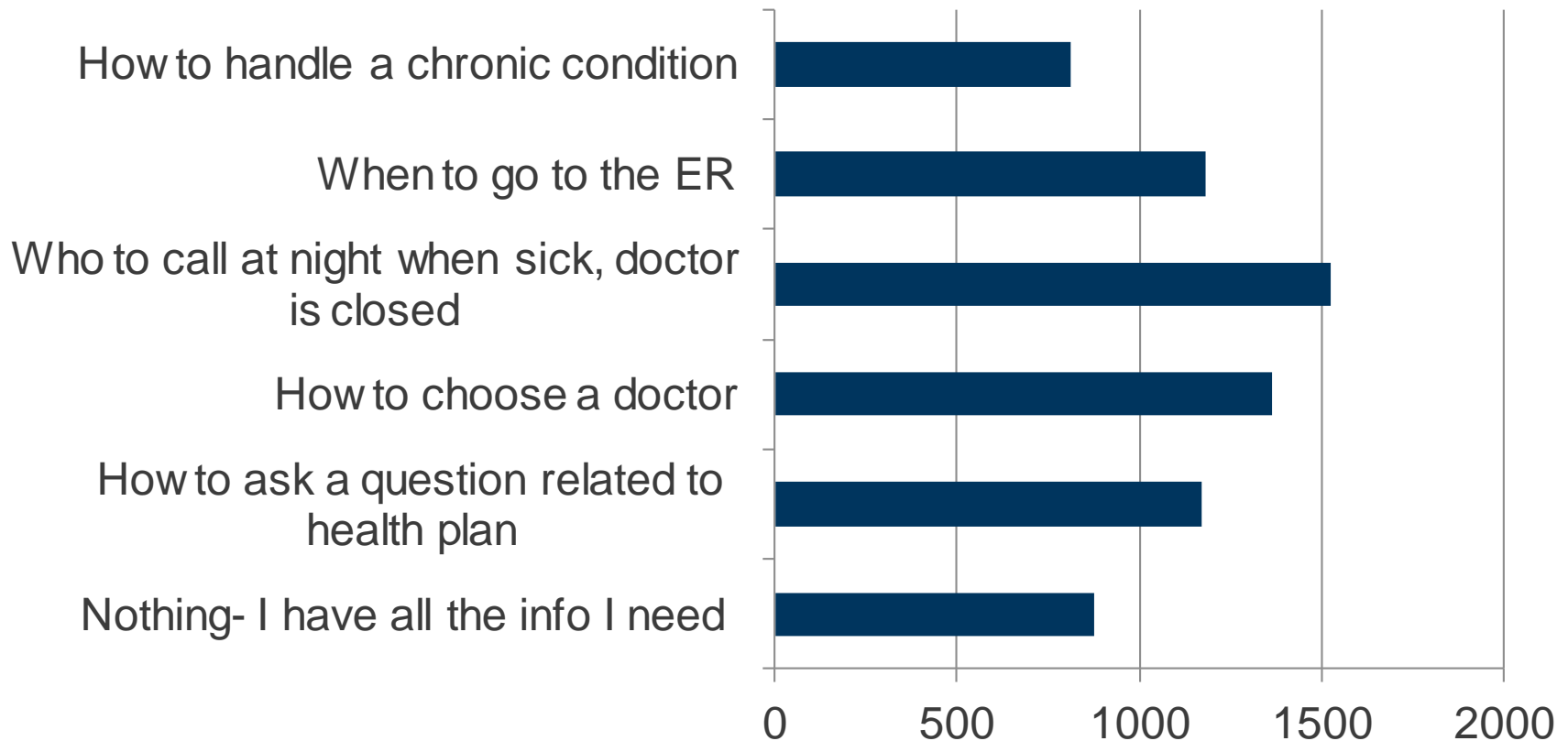
### Q13 Support Friends / Relatives x PCP Visits

*In the aggregate, those who said they have support from relatives & friends have a higher PCP visit rate*

Language	Don't have support				Have support			
	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language	Visits / GNA Mbr	Visit Count	GNA CIN Count	% of Language
Arabic	3.0	6	2	18%	3.3	30	9	82%
Chinese	4.0	12	3	10%	3.6	101	28	90%
English	2.2	20	9	14%	3.3	186	56	86%
Farsi	2.0	6	3	25%	3.4	31	9	75%
Korean	3.4	27	8	28%	3.0	62	21	72%
Spanish	3.6	50	14	29%	5.1	172	34	71%
Vietnamese	1.8	21	12	48%	3.8	50	13	52%
Grand Total	2.8	142	51	23%	3.7	632	170	77%

# GNA Results: Helpful information

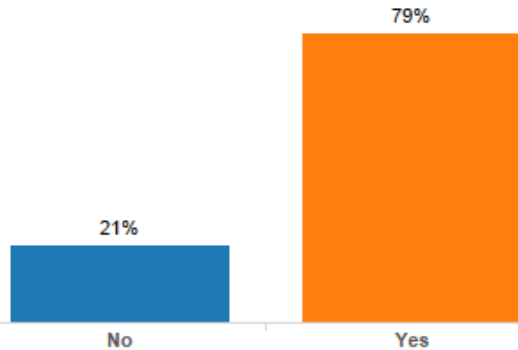
**What information would be helpful to you on how to use CalOptima? Check all that apply.**



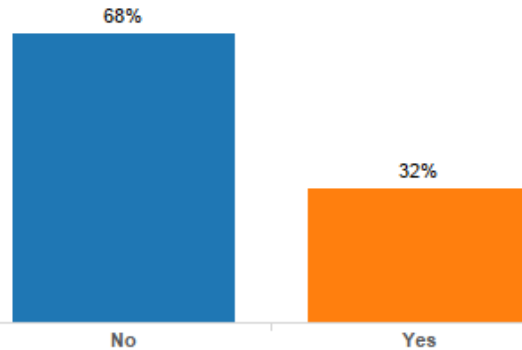
# GNA Results: How members like to get information from CalOptima

GNA Survey, Fall 2016  
Question 31: How would you like to get information from CalOptima?

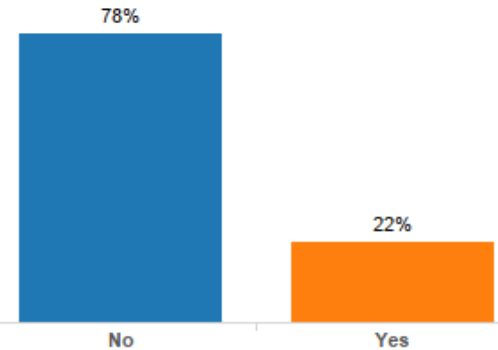
Q31E: U.S. Mail



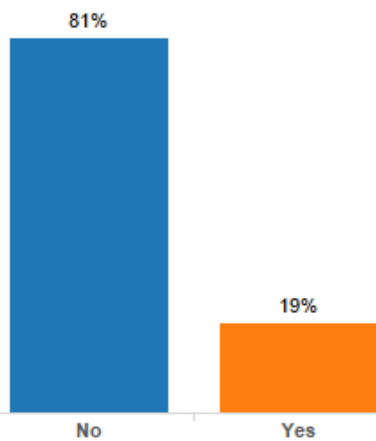
Q31F: Email



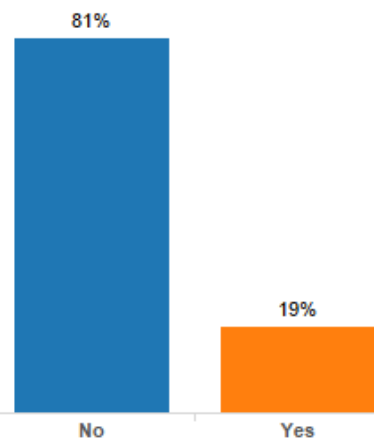
Q31B: Texting



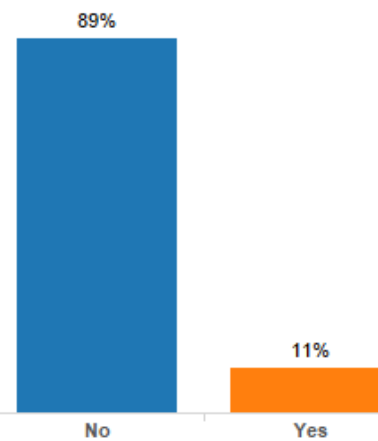
Q31A: Website



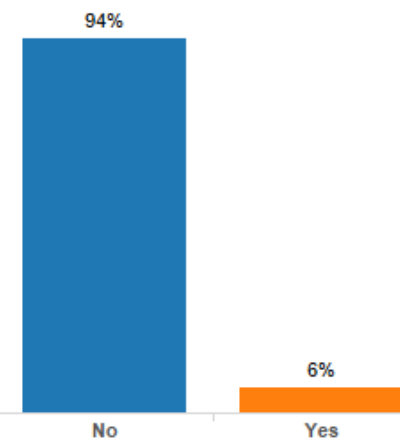
Q31C: V-Mail



Q31D: In Person



Q31G: Soc Media



**CalOptima**  
A Public Agency  
Better. Together.

# After the survey...

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- Collaboration with:
  - Member Health Needs Assessment
  - Access & Availability
  - Member Experience
  - Providers
  - Community Agencies
  - Members

# CalOptima's Mission

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







OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

# **OneCare Connect Cal Medi Connect Aid Codes**

**Albert Cardenas**  
**Associate Director, Customer Service**  
**June 22, 2017**

# Assignment of Aid Codes

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When a beneficiary applies for Medi-Cal coverage:

- A county eligibility worker determines if he or she qualifies for Medi-Cal and assigns an Aid Code to the Medi-Cal recipient.

# Aid Codes

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- Developed by the State of California to facilitate the Administration of Medi-Cal.
- Describe the level of benefit for which a recipient is eligible
- Beneficiaries receiving coverage are assigned an aid code according to their qualified status (aged, blind, part of a family with dependent children, or has a disability).
- Allows providers to determine which services a recipient qualifies for and what the provider may claim under Medi-Cal regulations
- Consists of two fields, either 2 numbers or a number and a letter (examples are: 10, 18, 20 or 6J, 7A, C4)

# Aid Codes Master Chart

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- The Aid Codes Master Chart was developed for use in conjunction with the Medi-Cal Automated Eligibility Verification System (AEVS).
- There are more than 200 Aid Codes
- Providers must verify the Medi-Cal recipient's eligibility status on a monthly basis prior to rendering services each calendar month.
- Eligibility is valid for one calendar month, beginning on the first of the month.
- There are two types of Aid Codes: Full Scope and Restricted/Limited benefits.
- The chart provides information on type of benefits, Share of Cost and coverage description.

# Examples in Master Aid Code Chart

Example of Full Scope Benefits (Qualify for OCC)			
Code	Benefits	SOC	Program/Description
6J	Full	No	SB 87 Pending Disability. Covers with no SOC beneficiaries ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability.
2E	Full	No	<u>Craig v. Bonta</u> Blind – Pending SB 87 Redetermination. Covers former SSI/SSP recipients who are blind, until the county redetermines their Medi-Cal eligibility.
10	Full	No	Aid to the Aged – SSI/SSP.
Example of Restricted/Limited Scope Benefits (Does not qualify for OCC)			
Code	Benefits	SOC	Program/Description
3T	Restricted to pregnancy and/or emergency services	No	Initial Transitional Medi-Cal (TMC). Provides six months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services
G6	Restricted; Limited	No	JCWP (Title XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.
N0	Limited	No	ACIP (Title XIX). Adult inmates 19 through 64 years of age enrolled in the Low Income Health Program on December 31, 2013, with income 0 percent to 138 percent FPL. Limited to inpatient hospital services and inpatient mental health services off the grounds of the correctional facility.

# OCC Qualifying Aid Codes

Qualifying Aid Codes for OCC					
1E	1H	1X	32	33	34
1Y*	10	13 (LTC)	35	36	37*
14	16	17*	38	39	4M
2E	2H	20	53 (LTC)	54	59
23 (LTC)	24	26	6A	6C	M7
27*	3E	3G	6E	6G	6H
3H	3L	3M	6J	6N	6P
3N	3P	3R	60	63 (LTC)	64
3U	3W	30	66	67	M3

**\*SOC aid codes are applicable only for members with IHSS or MSSP Aid Codes.**

<http://www.medi-cal.ca.gov>

# Questions?

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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





OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

# **Veterans Administration Healthcare Coordination of Benefits**

**June 22, 2017**

**Belinda Abeyta, Director, Customer Service**

# Veterans Administration (VA) Healthcare

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- Veterans have to apply for enrollment to receive VA Healthcare
  - Enrollment is reviewed to determine level of benefits
    - Must disclose other health insurance coverage
    - Enrollment can be denied
  - Priority Groups
- VA healthcare only covers services related to conditions or injuries received while serving in the military and provided by a VA facility
- Coverage for over-the counter medications
  - Medication copays will apply
- Can not pay for services received at a Medicare certified facility

# VA Billing and Reimbursement

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- Does not bill Medicare or Medicaid
- May be willing to bill a Medigap policy
- Will bill and accept reimbursement from High Deductible Health Plans for care related to non-service related conditions
- May also accept reimbursement from Health Reimbursement Arrangements for care related to non-service related conditions

# Medicare Advantage

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- Veterans can be enrolled in both a Medicare Advantage plan and VA Healthcare
- Will not pay for any care received at a VA facility
- Will not pay for any cost sharing such as, copayments related to services provided at a VA facility





# Member Trend for CalOptima Community Network 2016

**Member Advisory Committee, OneCare Connect**  
**June 22, 2017**

**Ana Aranda**  
**Manager, Grievance and Appeals**



# CalOptima Community Network (CCN)

## Top Grievance Issues

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- Quality of Service
  - Provider Services (PCP or Specialist Demeanor)
  - Delay in service (Referral Submission and Authorization Process)
  - Rudeness (Provider and Staff)
  - CalOptima Staff (Unprofessional Service)
- Quality of Care
  - Question treatment
    - Provider didn't take time with member/didn't listen to member's concern(s)
    - Member didn't agree with Provider's treatment plan

# Interventions

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- All quality of care concerns are referred to the Quality Improvement department for investigation.
- CalOptima works with all our networks (by sharing the grievance and appeals data specific to each network) and providers to improve in these areas including Quality of Service and Quality of Care concerns.

# OneCare Connect Enrollment Update

## Enrollment by Health Network

Report for: 6/1/2017

Health Network		6/1/17
Alta Med Health Services - OCC	SRG69DB	527
AMVI Care - OCC	PHC58DB	506
ARTA Western Health Network - OCC	SRG66DB	537
CalOptima Community Network - OCC	CODCNDB	1,746
Family Choice Physician Group - OCC	SRG81DB	1,872
HPN - Regal Medical Group	HMO15DB	237
Monarch Family HealthCare	HMO16DB	4,918
Noble Mid-Orange County - OCC	SRG64DB	449
OC Advantage - OCC	PHC35DB	118
Prospect Medical Group Inc - OCC	SRG63DB	2,993
Talbert Physician Group - OCC	SRG52DB	1,136
United Care Medical Group - OCC	SRG67DB	550
<b>Total</b>		<b>15,589</b>

## **Enrollment/Disenrollment by Month**

<b>Month</b>	<b>Voluntary Enrollment</b>	<b>Involuntary Disenrollment  Other*</b>	<b>Involuntary Disenrollment  Loss of Demonstration</b>	<b>Voluntary Disenrollment</b>
December 2016	142	93	151	364
January 2017	162	102	130	154
February	190	82	119	146
March	164	78	110	145
April	189	93	218	123
May	145	74	205	160
June	179			

\*Death, Disenrollment - No Part A/B/C, Disenrollment – Out of Area

## **OCC Member Deeming Status**

<b>Deeming Period</b>	<b>In Deeming</b>	<b>Regained OCC at the end of Deeming</b>	<b>Termed OCC at the end of Deeming</b>	<b>Regained Medi-Cal 1 Month</b>	<b>Regained Medi-Cal 2 Month</b>	<b>Has not regained Eligibility</b>
12/2016	209	58	151	1	73	77
01/2017	210	68	142	1	47	94
02/2017	180	57	123	3	57	63
03/2017	189	73	116	2	42	72
04/2017	276	102	174	2	34	138
05/2017	289	97	192	2	0	190
06/2017	288	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](mailto:babeyta@caloptima.org)