

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

**THURSDAY, NOVEMBER 16, 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 October 26, 2017 Regular 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. PRESENTATION

- A. Whole Person Care Overview
- B. Community Referral Network Overview

VI. CEO AND MANAGEMENT REPORTS

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

VII. INFORMATION ITEMS

- A. OneCare Connect MAC Member Updates
- B. OCC MAC Member Presentation on Quarterly Ombudsman Update

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

MINUTES

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

October 26, 2017

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on October 26, 2017, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Gio Corzo called the meeting to order at 3:29 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Gio Corzo, Chair; Patty Mouton, Vice Chair; Ted Chigaros, Christine Chow, Josefina Diaz, Sandy Finestone, Sara Lee, Richard Santana, Erin Ulibarri (non-voting)

Members Absent: John Dupies; George A. Crits, M.D. (non-voting)

Others Present: Ladan Khamseh, Chief Operating Officer; Greg Hamblin, Chief Financial Officer; Dr. Bock, Chief Medical Officer; Sessa Mudunuri, Executive Director, Operations; Phil Tsunoda, Executive Director, Public Affairs; Candice Gomez, Executive Director, Program Implementation; Tracy Hitzeman, Executive Director, Clinical Operations; Dr. Fonda, Medical Director; Belinda Abeyta, Director; Becki Melli, Customer Service; Eva Garcia, Program Assistant

Ladan Khamseh, Chief Operating Officer, introduced CalOptima's new Chief Financial Officer, Greg Hamblin.

MINUTES

Approve the Minutes of the July 27, 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

Approve the Recommendation of Agency-Appointed Representatives from Social Services Agency (SSA) and Orange County In-Home Supportive Services Public Authority (IHSS PA)

Action: On motion of Member Patty Mouton, seconded and carried, the recommendation of agency-appointed representatives Jyothi Atluri (SSA) and Amber Nowak (IHSS PA) were approved.

Approve the Recommendation of the OneCare Connect Member/Family Member Representative

Action: On motion of Member Patty Mouton, seconded and carried, the recommendation of the OneCare Connect Member/Family Representative Kristin Trom was approved.

Approve Amendment to the OneCare Connect Member Advisory Committee Meeting Schedule for Remainder of Fiscal Year 2017/2018

Action: On motion of Member Patty Mouton, seconded and carried, the recommendation to amend the OneCare Connect Member Advisory Committee meeting schedule to bimonthly beginning in January 2018 for remainder of Fiscal Year 2017/2018 was approved.

Chair Gio Corzo reordered the agenda to hear item VIII.B.

POLST in Orange County Challenges and Best Practices

Dr. Nguyen, Palliative Program Director, Hoag Hospital, presented the challenges and best practices of Physician Orders for Life-Sustaining Treatment (POLST) in Orange County. Dr. Nguyen reported that most people do not have an Advanced Health Care Directive and less than 25% have committed their end of life wishes in writing. He added that the majority of health care expenditures are incurred in the last month of life. Dr. Nguyen reported that a pilot project comparing hospital utilization between those with non-completed vs. completed POLSTs showed decreased hospital admissions for those with a completed POLST. These findings led to a concerted community education effort from July 2015 to June 2016 to increase awareness of the need for advanced care planning. The POLST Coalition learned that increased awareness and discussion resulted in increased POLST action planning. Dr. Nguyen cited the following three lessons learned: 1) advanced care planning is a continuous process; 2) gaps in successful engagement can be narrowed through education, motivation and empowerment; and 3) support from healthcare systems, health leaders and community advocates is essential.

Member Patty Mouton requested an agenda item at the next OCC MAC meeting on how palliative care services are being delivered and what processes are in place for CalOptima members.

PRESENTATION

Orange County's Older Adult Health Improvement Plan

Dr. Calvet, Orange County Deputy Health Officer, Health Care Agency, presented on Orange County's efforts to improve older adult health. Dr. Calvet explained that the Orange County Healthy Aging Initiative (OCHAI), formed in 2013, is a collaboration of representatives from County agencies, universities, health care organizations and non-governmental organizations. OCHAI developed resources on older adult health and through community-based efforts developed the Orange County Community Health Improvement Plan (CHIP), Older Adult Health. The goal is to improve wellness and quality of life of older adults in Orange County through the following two objectives: to increase early identification of conditions and safety risks that commonly affect older adults by promoting the Annual Wellness Visit (AWV) and to reduce complications of chronic diseases by promoting chronic disease self-management.

CEO AND MANAGEMENT TEAM DISCUSSION

Chief Medical Officer (CMO) Update

Dr. Bock, Chief Medical Officer, reported that CalOptima is continuing the behavioral health transition plan integrating the administration of Medi-Cal covered behavioral health benefits into CalOptima internal operations, effective January 1, 2018. CalOptima will continue to work with Magellan for members with Medicare.

Dr. Bock reported that CalOptima received commendable accreditation from the National Committee for Quality Assurance (NCQA) and was rated the top Medi-Cal managed care plan in California.

Dr. Bock will be presenting on opioid usage at a forum at the University of California, Irvine. The presentation will address how CalOptima has reduced the use of opioids, including the number of prescriptions, the percent of CalOptima's population on opioids and the percent taking high dosages of opioids. In addition, CalOptima has restricted prescriptions given by dentists and restricted the quantity of pills in each prescription.

Dr. Bock reported that the results from Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) and member experience data will be shared with the health networks, including comparisons on how they rated to the other networks.

Federal and State Legislative and Budget Update

Cheryl Meronk, Director, Strategic Development, reported that CalOptima is requesting Letters of Interest (LOIs) from organizations to fund Community Grant Initiatives (Intergovernmental Transfers 6 and 7). As approved by the CalOptima Board of Directors, funding will address community needs in one or more of the following three priority areas, including: 1) opioid and other substance overuse; 2) homeless health; and 3) children's mental health. Information from the LOIs will help determine grant funding allocation amounts for the three priority areas. Each LOI should be no more than 1,600 words and must be received by 5 p.m., Monday, November 13, 2017.

INFORMATION ITEMS

MAC Member Updates

Chair Corzo reminded OCC MAC members to complete the required Compliance training by Friday, November 3, 2017. Member Sara Lee is scheduled to present the Quarterly Ombudsman update at the November 16, 2017 meeting.

CalOptima Cultural and Linguistics Services Overview

Carlos Soto, Manager, Cultural and Linguistics Services (C&L), explained that CalOptima's C&L provides and ensures effective communication to members in their language, including no-cost translation services in all threshold languages, member materials in alternative formats, such as Braille, large font or audio, and no-cost interpreter services. Mr. Soto reported that C&L provides communication services through the following goals and objectives: 1) conduct Awareness and Education Seminars on a quarterly basis; 2) provide staff with C&L in-service training regarding information and resources on cultural needs; 3) provide new staff with C&L training, including information on cultural concerns; 4) translate and review written member informing materials at no-cost in the members' preferred language to comply with mandated regulatory requirements; 5) translate the Annual Notice of Change member materials in all threshold languages; 6) provide no-cost, twenty-four hour access to interpretative services at key points of contact; and 7) publish C&L availability information in CalOptima's member newsletters.

ADJOURNMENT

Chair Corzo announced that the next OCC MAC meetings are scheduled for Thursday, November 16, 2017 and December 14, 2017.

Hearing no further business, the meeting adjourned at 4:36 p.m.

/s/ Eva Garcia

Eva Garcia

Administrative Assistant

Approved: November 16, 2017

MEMORANDUM

DATE: November 2, 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

Executive Team

CalOptima recently welcomed Greg Hamblin and Lori Shaw as Chief Financial Officer and Executive Director, Human Resources, respectively. Both were hired after national recruitments conducted over several months. Most recently, Mr. Hamblin was vice president of finance for Molina Healthcare Inc. Prior to that, he was CFO for Molina Healthcare of California, where he gained experience in lines of business like CalOptima's, including Medi-Cal plans, Dual Eligible Special Needs Plans (OneCare) and Medicare-Medicaid Plans (OneCare Connect). Ms. Shaw comes to us with nearly 20 years of HR leadership in a variety of health care organizations, including hospitals, clinics and health plans. Most recently, she was HR director for Alliance Healthcare Services in Irvine, and she also worked for Optum, the parent company for Monarch HealthCare. She has experience with training, coaching, employee engagement and organization culture. I look forward to their significant contributions to CalOptima and our mission.

Quality Recognition

CalOptima and our provider partners have much to celebrate! Our Better. Together. effort to deliver quality care for members was recognized twice in the past two months. First, in September, CalOptima was again rated California's top Medi-Cal plan, according to the NCQA's Medicaid Health Insurance Plan Ratings 2017–2018. It is the fourth year in a row that NCQA has named CalOptima best overall in the state. Second, at the Department of Health Care Services (DHCS) Quality Conference in October, CalOptima was honored with the Outstanding Performance Award for a Large Scale Medi-Cal Plan. The DHCS award is based on 2016 HEDIS results. These latest awards are objective measures that CalOptima is fulfilling our mission. Thanks to your Board for your ongoing support and guidance!

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

Progress continues in our effort to expand PACE into South Orange County, and staff is working on three initiatives in parallel. First, on October 16, CalOptima submitted a Notice of Intent to Apply for Service Area Expansion (SAE) to DHCS. This is the initial step for an SAE filing in fourth quarter of 2017. Once we submit the application, it can take six to nine months for review and approval by both DHCS and the Centers for Medicare & Medicaid Services (CMS).

Approval of an expanded service area is contingent upon strategies being in place to provide the PACE model of care countywide. The Board-approved strategies that will make expansion possible are the use of Alternative Care Setting (ACS) sites and community-based physicians,

which represent our second and third ongoing initiatives. Regarding ACS, CalOptima released a Request for Proposal (RFP) for ACS sites, and we anticipate that several Community-Based Adult Services centers will respond. Finally, regarding community-based physicians, CalOptima submitted a waiver in September to DHCS and CMS. Staff anticipate implementing the community-based physician strategy no sooner than the second quarter of 2018. Separately, in August, the state released a PACE draft policy letter and solicited comments. The draft letter: 1) Prohibits a PACE organization from delegating PACE operations to a separate entity, 2) Allows the use of ACS sites, and 3) Creates a process with multiple approvals for outside PACE operators to open in county organized health system (COHS) counties without oversight by the COHS plan. CalOptima submitted comments consistent with protecting the COHS model while allowing appropriate delegation of selected PACE services, but it is our understanding that the three principles in the draft are likely to remain when the final policy letter is released. In the meantime, I will continue updating your Board on PACE expansion activities, and staff will return to a future Board meeting to request authorization to contract with ACS sites and community-based physicians.

Behavioral Health (BH) Transition

Staff are making significant progress in preparation for the January 1, 2018, transition of the BH benefit from Magellan Healthcare to CalOptima. The development of the provider network is well underway. In September, we mailed contracts to 550 mental health services providers, conducting outreach to the 140 providers who collectively deliver 90 percent of the services. In October, CalOptima mailed contracts to 70 Applied Behavior Analysis (ABA) vendors. To remain transparent and collaborative, CalOptima held a meeting with ABA vendors on October 10, 2017, in part to discuss the rates, which are set for 2018 based on a fixed and limited ABA budget from the state. The next meeting with ABA vendors is scheduled for October 25, 2017.

California Children's Services (CCS)

One of DHCS's highest priorities for 2018 is the transition of critical components of the CCS program from counties to COHS plans, including CalOptima. This will be a major initiative for CalOptima in 2018, as we have the largest CCS population among the COHS plans included in the transition. The transition from the Orange County Health Care Agency to CalOptima becomes effective January 1, 2019. In the coming months, I will share information with your Board regarding our transition plan with the County and our engagement with CCS families and providers. Our goal across the transition is for these children to have continued access to the same PCPs, specialists, hospitals, durable medical equipment suppliers, and other providers essential to their care.

Funding Distributions

CalOptima made two significant funding distributions to health networks and hospitals in recent weeks. In September, health networks with shared risk group contracts received shared risk pool distributions totaling approximately \$160 million for FY 2015. On behalf of hospitals, CalOptima received from the state a \$271 million Quality Assurance Fee (QAF) payment covering FY 2015–16. As you know, the DHCS QAF program provides supplemental payments to hospitals through managed care plans. Following the Hospital Association of Southern

California distribution schedule, CalOptima released these funds to Orange County hospitals in late October.

Intergovernmental Transfers

Using funds from IGT 4, CalOptima's first comprehensive Member Health Needs Assessment is well underway. To date, staff has coordinated 28 member focus groups throughout Orange County. The focus groups have been conducted in all seven threshold languages (plus two additional languages), targeting a broad spectrum of member populations, including parents of children with autism, homeless members, older adults, teens, working adults, members with disabilities and other. In addition, CalOptima consultants have conducted 24 key stakeholder interviews with community leaders, service providers and members of your Board. The final assessment will also include data gathered from 5,542 completed member surveys, collected either by mail, online or telephone. Staff plans to share an executive summary with your Board next month. Separately, CalOptima received payment from DHCS for IGT 6, and CalOptima's share of these funds totals \$15.2 million. We expect to receive \$12.1 million from IGT 7 in early spring, bringing the anticipated cumulative IGT 6 and 7 funding total to \$27.3 million. Staff has developed an IGT 6 and 7 Expenditure Plan process, and the first step was executed on October 19, with the release of a solicitation for Letters of Interest from organizations interested in working on projects in three Board-approved areas: Opioid and Other Substance Overuse, Homeless Health, and Children's Mental Health. Due by November 13, the letters will be used to guide grant funding allocation amounts. Grant funding applications will be released in early 2018.

Key Meetings

- *Health Network CEO Meeting:* On September 13, CalOptima held our quarterly meeting with leadership of the health networks. The meeting covered various topics, including CalOptima administration of the Medi-Cal BH benefit starting on January 1, 2018; the Whole Person Care program's use of recuperative care; the state medical loss ratio (MLR) audit of CalOptima sometime in the future; CalOptima's MLR audits of health networks; CalOptima's risk-pool distributions to health networks with shared risk group agreements; and possible reductions to rates for Medi-Cal Expansion members starting July 1, 2018.
- *Joint Advisory Committee Meeting:* On September 14, CalOptima's Member and Provider Advisory Committees came together for a joint meeting. The agenda featured presentations that highlighted Orange County's impressive work in serving people who are homeless or who have substance use disorders. Orange County Director of Care Coordination Susan Price spoke about the growth in the homeless population and current interventions, while Sandra Fair, administrative manager of Behavioral Health Services at the Orange County Health Care Agency, covered the County's five-year pilot project to strengthen Drug Medi-Cal.
- *Local Health Plans of California (LHPC):* On October 9, I attended the LHPC Board meeting in Huntington Beach. Department of Managed Health Care Director Shelley Rouillard provided an update about the regulator's activities, including in the priority areas of provider directories, timely access to care and clinical quality improvement. Another key element of the meeting was the development of a document outlining the association's principles regarding universal coverage. Considering the passage of a single-payer bill in the California State Senate (before it was held in the Assembly) and the attention on Sen. Bernie

Sanders' bill in Washington, D.C., my fellow LHPC Board members and I think the best course of action is to set forth key principles that will be used to evaluate proposals in future state or federal legislative efforts. As a COHS, CalOptima has an interest in ensuring access to care. However, we believe that any reform efforts should build upon the success of Medi-Cal managed care plans in expanding coverage thus far. The current versions of the single-payer bills are based upon the fee-for-service delivery model.

- *California Association of Health Plans (CAHP)*: On October 10, as part of the CAHP Board meeting and separate dinner in the evening, I attended the CAHP Annual Conference in Huntington Beach. Among other topics, CAHP leaders highlighted the association's aggressive advocacy effort on prescription drug price transparency, which resulted in the passage of SB 17. The governor signed the bill, now requiring drug companies to give payers notice of major price increases and time to plan for the increases. SB 17 was sponsored by Sen. Ed Hernandez, who also spoke at the conference.
- *Annual Healthy Smiles Gala*: On October 21, a few CalOptima staff including myself attended the Annual Healthy Smiles Gala at the Bowers museum to receive the Community Partner of the Year award, on behalf of CalOptima. I spoke at the event and described how "Better. Together." CalOptima and Healthy Smiles serve many of the same children from low-income families in Orange County.

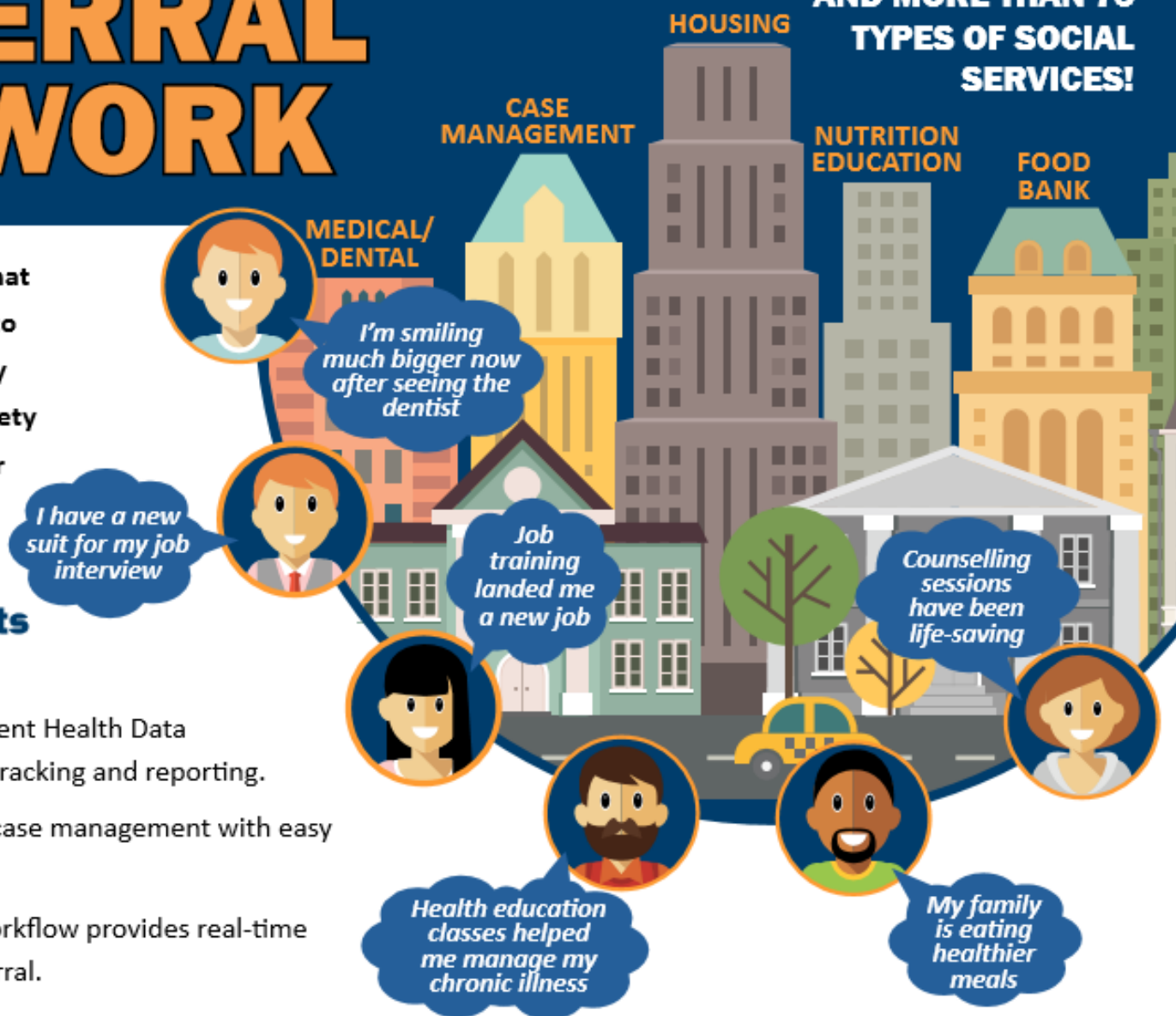
COMMUNITY REFERRAL NETWORK

**FACILITATE
REFERRALS FOR
MEDICAL, DENTAL
AND MORE THAN 75
TYPES OF SOCIAL
SERVICES!**

An easy-to-use tool that allows organizations to quickly and accurately refer clients for a variety of services in a matter of seconds.

System Benefits Include:

- ❖ Comprehensive Client Health Data Management, for tracking and reporting.
- ❖ Improved referral case management with easy user interface.
- ❖ Fully integrated workflow provides real-time status of each referral.



The **Community Referral Network (CRN)** is a web-centric referral system designed to facilitate synergistic relationships with community clinics, hospitals, and social service agencies in order to provide holistic care for their clients. Within the CRN there are five functionalities: eConsult, Specialty Care, Hospital Follow-Up, Surgery Waitlist and Social Services. This slide show will highlight the **Social Services Component**.

OUR MISSION IS TO BRIDGE SERVICE GAPS, CREATE A STRONGER NETWORK OF SERVICES, AND ACHIEVE A HEALTHY, EMPOWERED COMMUNITY. OUR NETWORK WILL CREATE AWARENESS OF UNDERUTILIZED SERVICES THAT ARE AVAILABLE TO UNDERSERVED POPULATIONS.

The program is **FREE** to use thanks to contributions from:

Kaiser Permanente ❖ St. Joseph Health System ❖ Orange County Community Foundation ❖ United Healthcare
The County of Orange ❖ Coalition of Orange County Community Health Centers ❖ Tides Foundation



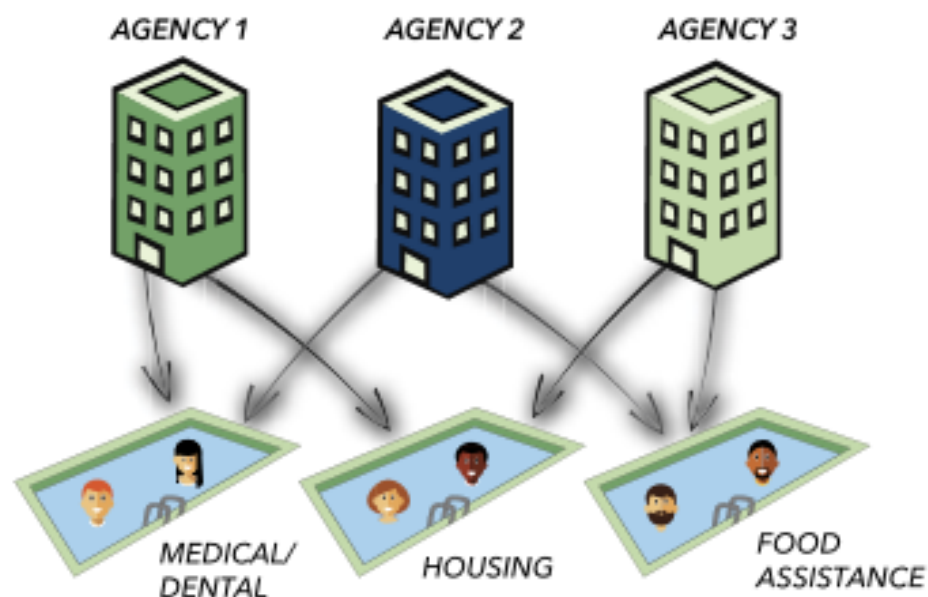
Funded in part by
Whole Person Care in
partnership with:



SOCIAL SERVICE REFERRALS

SOCIAL SERVICE POOL

When an agency creates a Social Service Referral, the client is placed in a Service Pool where a corresponding agency in the client's service area may pull the client from the Service Pool to provide them the service they requested.





CREATE A REFERRAL

(enter clients into the Service Pool)

Referral Type
☐ Specialty Care ☐ Consult ☐ Surgery Waitlist ☐ Hospital Follow-Up ☒ Social Svcs ☐ Clinical Trial

Demographic Services

Client Identification
First Name Middle Last Name Gender Date of Birth

Client Information
Home Phone () - x
Alternate Phone () - x
County CA
City
Language
Consent ☒ (Check to inform)
Veteran ☐
Homeless ☐
Reference #
Authorization #

SUBMIT UP TO **5** SOCIAL SERVICES AT A TIME!

Referral Type
☐ Referral ☐ Consult ☐ Surgery Waitlist ☐ Hospital Follow-Up

Demographic **Services**

Service Requested
Reason for Referral

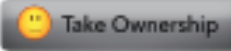
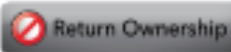
Service Requested
Reason for Referral

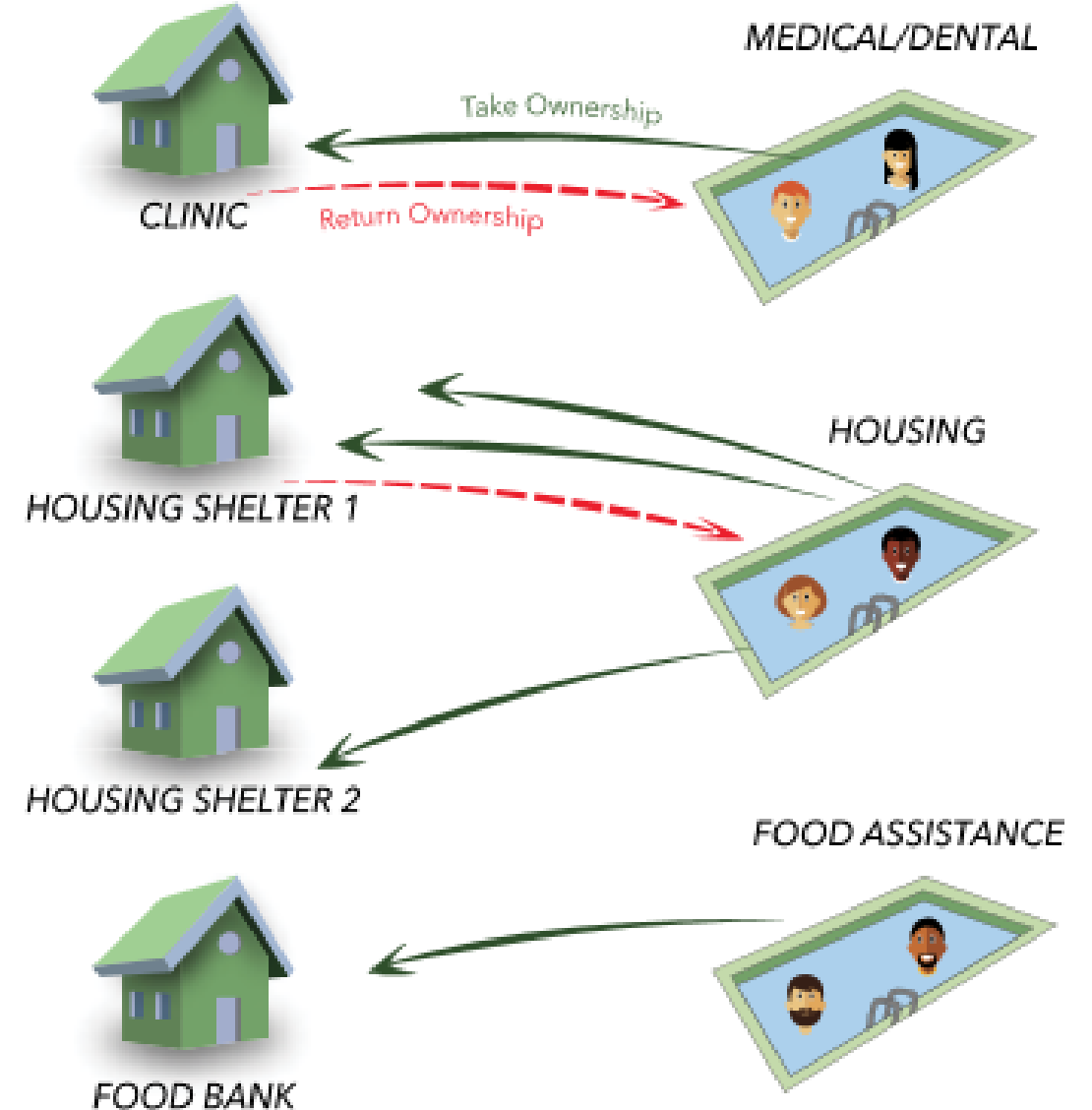
Service Requested
Reason for Referral



RECEIVE A REFERRAL

(remove clients from the Service Pool)

In order to  of a referral, the agency must pull the client out of the Service Pool. Once that happens, the client will no longer appear in the Service Pool. If for any reason the agency is unable to assist the client, they may  therefore sending the client back into the Service Pool for another agency to help.



Assign Status to Referral to track results

Referral Information

+ New ✕ Cancel Referral ✕ Delete Activity ↺ Reopen Referral 📄 Transfer

● D **Social Svcs for Health, Medical Assistance - Adult,** from: Lestonnac - Orange to:

Referral Information

Activity

Activity Date	Referral Step	Comment	Create User	Create Facility	Create Date
04/08/2017	Submitted		marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: kcole@lestonnacfreeclinic.org; rpete...	marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: JuanaPantoja@nocrhf.org	marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: dcarbajal@servethepeoplechc.org	marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: languyen@thevncoc.org	marisol ortiz MA	Lestonnac - Orange	04/08/2017
04/08/2017	Submitted	eMail Notification Sent to: kathy.nguyen@nhanhhoa.org; dung....	marisol ortiz MA	Lestonnac - Orange	04/08/2017

Referral Activity

💾 Save ✕ Cancel 🔍 Help

Activity Date

04/20/2017

Referral Step

Referral Reviewed by Provider

Appointment Set

Appointment was Cancelled

Referral was Completed

Referral was Cancelled

Referral was Declined

Misc Note

Comment

Different status options are available depending on the status of the visit. Additional case management notes may be added to this section.

Each Agency may set up an **Unlimited** Number of Users

AXEIUM Referral Service - Build 1.0.6302.21497 User - ADMIN - Remote ARS

Main Menu

- Referrals
- Common
- Maintenance

Resource Schedule

User Setup

Facility Setup

Facility CONFIG

Specialty CONFIG

User Setup

Users | Preferences | Notification | Specialties

Scope: Clinic: ALL USERS

User General Maintenance

Save User | Reset Password | Cancel

User 0

Account Status: ☒ Active ☐ Disabled

Clinic: Select a clinic

First:

Last:

Login:

Professional Designation: Is a Medical Provider ☐ ?

Email:

Phone Number:

Created:

Updated:

Provider Code:

Provider Comment:

External Source Code:

External Source Value:

Is Deleted ☐

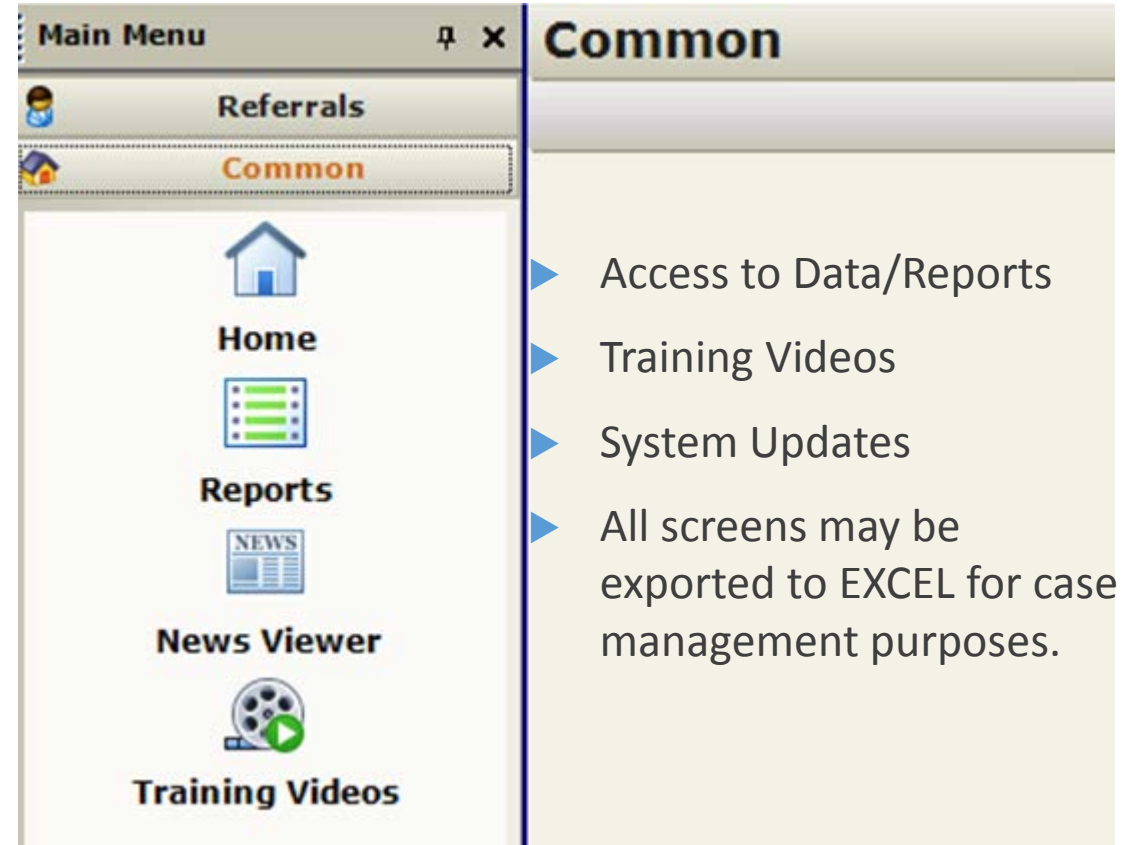
UserRole	
Selected	Text
<input type="checkbox"/>	!Common Access
<input type="checkbox"/>	Admin, Facility
<input type="checkbox"/>	Admin, Resource Schedule
<input type="checkbox"/>	Admin, User
<input type="checkbox"/>	Inbound, All Referrals
<input type="checkbox"/>	Inbound, Hospital Follow-up Appts
<input type="checkbox"/>	Inbound, Hospital Follow-up Referrals
<input type="checkbox"/>	Inbound, Medical Consult
<input type="checkbox"/>	Outbound, Create Referral
<input type="checkbox"/>	Outbound, Set Referral Priority
<input type="checkbox"/>	Queue, Social Services
<input type="checkbox"/>	Queue, Surgery Waitlist
<input type="checkbox"/>	Reports

Each agency has 1 Master User "admin" who may add an unlimited number of additional users

PP20-dlgUser

Current Available Services & Additional System Benefits

- **85** Specialty Care Services
- **10** eConsult Services
- **109** Types of Surgeries
- Emergency Room and Discharge Follow Up
- **115** Distinct Social Services
- **110** AGENCIES CURRENTLY IN THE SYSTEM



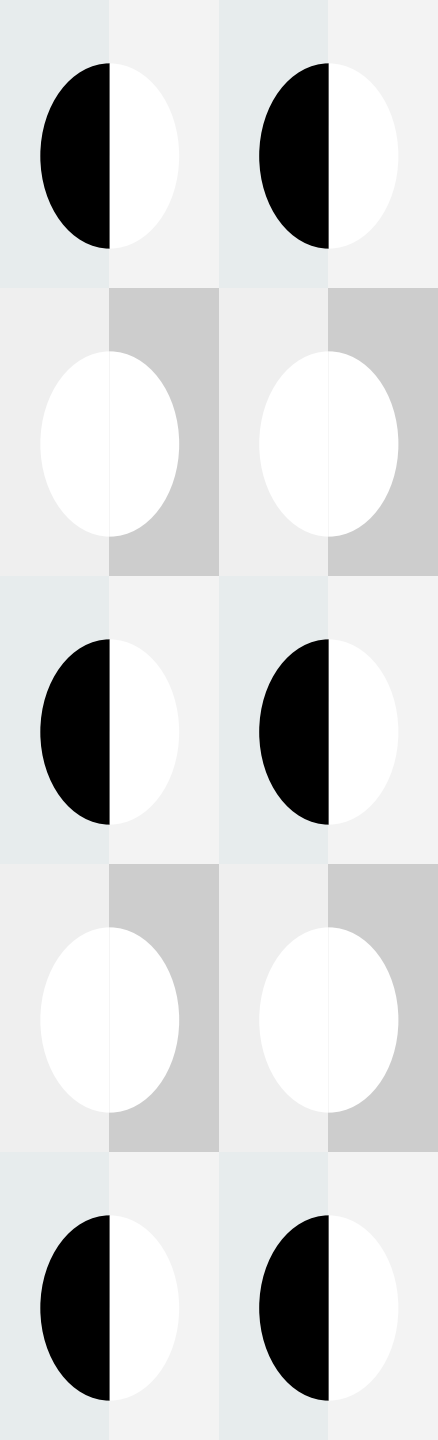
TO GET STARTED, PLEASE CONTACT: Roseann Peters, Program Manager

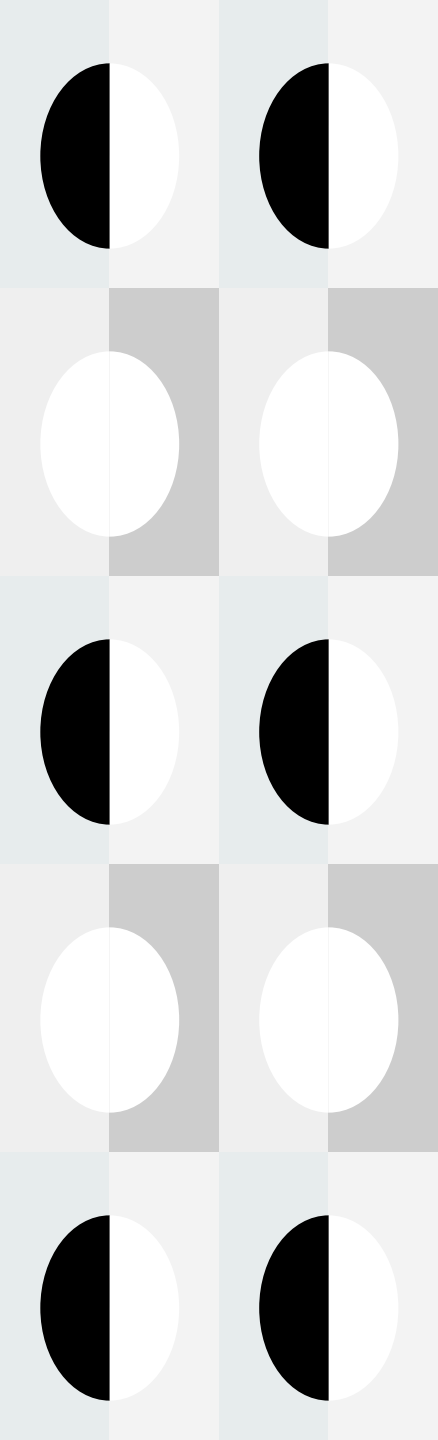
Phone: 714.583.6433 ✦ Email: rpeters@lestonnacfreeclinic.org ✦ www.CommunityReferralNetwork.org

**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**

- 
- The Ombudsman Service Program/LASOC (OSP) continues to assist members with CMC enrollment issues and proposed CMC disenrollment due to their Medi-Cal eligibility issues.
 - The 60-day deeming process effective 9/1/17 helps maintain member's enrollment while the OSP advocates resolve clients eligibility issues.
 - The OSP assists dual eligible consumers with SOC affordability issues and whether they were placed in the correct Medi-Cal Aid Code which will not be a barrier for OCC enrollment or prevent disenrollment.

- 
- OSP assisted members avoid SOC by placing them in Working Disabled Program and maintain OCC coverage
 - OSP was notified that OCC members with full scope Medi-Cal assessed with SOC should not be disenrolled from OCC plan until further written guidance by DHCS.
 - OSP continues to educate members about the benefits of OCC including the role of the PCC and supplemental dental benefits.
 - OSP advises consumers about LINET when they are disenrolled from OCC. ([Limited Income Newly Eligible Transition Program – Humana](https://www.humana.com)
<https://www.humana.com>)



▪OCC Appeals

- Per the new law effective July 1, 2017, the member must exhaust the internal health plan appeal process before requesting agency appeal/State Fair Hearing.

- For OCC members, they can pursue both Medicare and Medi-Cal appeal routes for covered services under both coverages or they can pursue either route.

- However, if pursue both routes and have conflicting decision from Medicare and Medi-Cal, which decision will CalOptima follow?

OneCare Connect Enrollment Update

Enrollment by Health Network

Counts for OneCare Connect

Report for: November 2017

Health Network	Count
AMVI Care - OCC	468
ARTA Western Health Network - OCC	535
Alta Med Health Services - OCC	519
CalOptima Community Network - OCC	1,752
Family Choice Physician Group - OCC	1,874
HPN - Regal Medical Group, OCC	221
Monarch Family HealthCare, OCC	4,888
Noble Mid-Orange County - OCC	448
OC Advantage - OCC	105
Prospect Medical Group - OCC	2,835
Talbert Physician Group - OCC	1,137
United Care Medical Group - OCC	517
Health Network Total:	15,299

Enrollment/Disenrollment by Month for 2017

Month	Voluntary Enrollment	Re-Enrolled Enrollment	Total Enrollment	Disenrollment - Involuntary**	Disenrollment - Voluntary
January 2017	162	43	205	240	153
February 2017	190	41	231	200	147
March 2017	164	49	213	192	144
April 2017	189	43	232	310	122
May 2017	145	46	191	286	154
June 2017	179	47	226	250	160
July 2017	194	52	246	158	133
August 2017	164	44	208	132	146
September 2017	200	54	254	131	113
October 2017	193	49	242	120	152
November 2017	233	50	283	8	31

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

OCC Deeming for 2017

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
01/2017	210	68	142	1	59	82
02/2017	180	57	123	3	63	57
03/2017	189	73	116	2	54	60
04/2017	274	102	172	2	74	96
05/2017	287	98	189	2	70	117
06/2017	286	101	185	0	53	132
07/2017	198	95	103	3	26	74
08/2017	181	69	112	2	67	112
09/2017	172	87	86	1	87	86
10/2017	193	0	0	77	0	0
11/2017	155	0	0	0	0	0

If you have, any question related to OCC enrollment please contact Albert Cardenas, Director, Customer Service at 714-246-8878 or acardenas@calptima.org