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

THURSDAY, DECEMBER 14, 2017
3:00 P.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 109-N
ORANGE, CALIFORNIA 92868

AGENDA
</div>

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 November 16, 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. 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 SeniorServ
      C. Palliative Care Update
      D. OCC Plan Enrollment Process

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**

November 16, 2017

The Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC) was held on November 16, 2017, at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER
Chair Gio Corzo called the meeting to order at 3:10 p.m., and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Gio Corzo, Chair; Christine Chow, Josefina Diaz, Sandy Finestone, Sara Lee, Richard Santana, Kristin Trom, Jyothi Atluri (non-voting), Amber Nowak (non-voting), Erin Ulibarri (non-voting)

Members Absent: Ted Chigaros, John Dupies, Patty Mouton, Vice Chair; George Crits (non-voting)

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Dr. Bock, Chief Medical Officer; Phil Tsunoda, Executive Director, Public Affairs; Candice Gomez, Executive Director, Program Implementation; Dr. Fonda, Medical Director; Sesha Mudunuri, Executive Director, Operations Customer Service; Albert Cardenas, Director, Customer Service, Medicare; Belinda Abeyta, Director, Customer Service, Medi-Cal; Becki Melli, Customer Service; Eva Garcia, Program Assistant

INTRODUCTION
Chair Gio Corzo introduced new members of OneCare Connect Member Advisory Committee (OCC MAC) Kristin Trom, OneCare Connect member representative; Jyothi Atluri, Social Services Agency representative and Amber Nowak, In-Home Supportive Services Public Authority representative.

MINUTES

Approve the Minutes of the October 26, 2017 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

> *Action:*   ***On motion of Member Richard Santana, seconded and carried, the OCC MAC approved the minutes as submitted.***

PUBLIC COMMENT
There were no requests for public comment.

INFORMATION ITEMS

Orange County Whole Person Care Overview
Melissa Tolbert, Orange County Health Care Agency, provided an overview on Whole Person Care (WPC), which is a coordinated effort by physical, behavioral health and social services to improve health and well-being of homeless Medi-Cal beneficiaries. Ms. Tober explained that several collaborative partners in Orange County provide services to the target populations that include persons who are homeless and persons who are homeless and living with a serious mental illness (SMI). WPC objectives include the following: 1) to reduce inappropriate or unnecessary emergency room visits/inpatient utilization; 2) to meet social, medical and behavioral needs in real-time; 3) to increase readiness for coordinated entry process; and 4) to improve/increase success in housing placement. In addition, WPC's services to the homeless and SMI populations include resources to seek out and secure housing opportunities, housing sustainability services, such as peer support, and outreach and engagement staff that work with WPC providers to link members to behavioral health services.

Community Referral Network Overview
Roseann Peters, Lestonnac Free Clinic, presented on the Community Referral Network (CRN), which is a web-based referral system designed to facilitate collaborative relationships with community clinics, hospitals, and social service agencies to provide holistic care for their clients. CRN facilitates referrals, allowing organizations to quickly and accurately refer clients for a variety of services including medical, dental, and more than 75 types of social services. Ms. Peters explained that CRN creates awareness of underutilized services that are available to underserved populations.

CEO AND MANAGEMENT TEAM DISCUSSION

Chief Executive Officer (CEO) Update
Michael Schrader, Chief Executive Officer, reported on CalOptima's efforts to expand the Program of All-Inclusive Care for the Elderly (PACE) into south county. Mr. Schrader explained that CalOptima is awaiting approval from the Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) to expand the service area. 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. CalOptima is actively working on meeting these objectives. PACE serves frail seniors who qualify for placement in a skilled nursing facility (SNF), but prefer to live at home with sufficient support. PACE combines the services of a Community Based Adult Services (CBAS) program with those of a primary care clinic. Mr. Schrader reported that PACE's enrollment is growing at approximately five (5) net members per month.

Chief Medical Officer (CMO) Update

Dr. Richard Bock, Chief Medical Officer, provided an update on the transition of the administration of Medi-Cal covered behavioral health benefits into CalOptima internal operations, effective January 1, 2018. He noted that the development of the provider network is well underway with CalOptima outreaching to providers who collectively deliver 90 percent of the services.

Dr. Bock reported that the Pharmacy department is working on the new CMS regulations regarding medication therapy management and the DHCS requirements for drug utilization review. CalOptima is continuing the opioid reduction initiatives. In addition, CalOptima is working with the Orange County Health Care Agency to get treatment for those who are already addicted to opioids through medication assisted treatment.

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.

Federal and Legislative Update

Philip Tsunoda, Executive Director, Government Affairs, reported that the House of Representatives voted to reauthorize the Children's Health Insurance Program (CHIP) for an additional five years. The CHIP program provides Medi-Cal coverage for children ages 0-19 years whose parents' incomes are up to 266% of the federal poverty level. CalOptima currently has approximately 109,000 children that are members through the CHIP program. Funding for the CHIP program expired at the end of September and congress has been working to reauthorize funding for the program. The bill is now in the US senate. Mr. Schrader sent a letter of support from CalOptima to California's two US senators urging their support to reauthorize funding for the CHIP program. CalOptima asked for OCC MAC's support to reach out to California's senators to ensure Senate passage.

INFORMATION ITEMS

Quarterly Ombudsman Update

Member Sara Lee presented the Quarterly Ombudsman update, reporting that the Ombudsman Service Program (OSP) at Legal Aid Society of Orange County continues to assist members with OneCare Connect (OCC) enrollment issues and potential OCC disenrollment. Member Lee explained that assistance given by OSP, includes the following: 1) assisting members to avoid a share of cost (SOC) and helping them maintain OCC coverage by placing them in a working disabled program; 2) educating members about the benefits of OCC, such as the role of the Personal Care Coordinator and supplemental dental benefits; and 3) advising members about the Limited Income Newly Eligible Transition Program – Humana (LINET) when they are disenrolled from OCC. Member Lee reported that the 60-day deeming process, effective September 1, 2017, helps members maintain enrollment allowing the OSP advocate to resolve the member's eligibility issues. In response to Member Lee's question about conflicting

Medicare and Medi-Cal appeal's decisions, Albert Cardenas, Director of Medicare Customer Service, responded that CalOptima follows the Medi-Cal regulations for Medicaid-based services and the Medicare regulations for Medicare-based services. In addition, per new law effective July 1, 2017, the member must exhaust the internal health plan appeal process before requesting a State Hearing for Medicaid based services.

ADJOURNMENT
Chair Corzo announced that the next OCC MAC Meeting is Thursday, December 14, 2017. In 2018, OCC MAC will begin meeting bimonthly with the first meeting on February 22, 2018.

Hearing no further business, Chair Corzo adjourned the meeting at 4:22 p.m.

/s/ Eva Garcia
Eva Garcia
Administrative Assistant

Approved: December 14, 2017

MEMORANDUM

DATE: December 7, 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

Behavioral Health (BH) Transition
In a short period of time, CalOptima has made good progress on our preparations for the transition of Medi-Cal BH services. As of this writing, CalOptima has contracted with 469 providers offering mental health (MH) and Applied Behavior Analysis (ABA) services, representing coverage for about 87 percent of the members receiving those services. This high percentage reflects our positive position when it comes to continuity of care and keeping members engaged with their current providers. Notices have been mailed to those remaining members who may need to select new providers, offering our support with making the change or requesting continuity of care arrangements. Under a continuity of care arrangement, a member may continue to see the same provider for up to a year if the provider agrees to accept the standard rate through a member-specific Letter of Agreement. To foster collaboration, CalOptima held four meetings in October and November with the ABA provider community, and a large orientation session is planned for December 20 to onboard all MH and ABA providers and share operational details, such as claims and authorization procedures. Finally, CalOptima has hired nearly all the necessary clinical and customer service staff needed to administer the BH benefits.

Program of All-Inclusive Care for the Elderly (PACE)
On October 27, the Department of Health Care Services (DHCS) released its final policy letter covering the PACE application process. The provisions in the final letter are largely consistent with the earlier draft, which was summarized in my November CEO Report. Importantly, the final letter supports your Board-directed PACE expansion approach, including allowing the use of Alternative Care Settings and community-based physicians. Seeking to expand PACE into South Orange County, CalOptima officially submitted its application for service area expansion on November 8. It can take six to nine months for review and approval by both DHCS and the Centers for Medicare & Medicaid Services (CMS).

Children's Health Insurance Program (CHIP)
CHIP provides health care coverage for children age 0–19 whose parents earn up to 266 percent of the Federal Poverty Level. This is an important population for CalOptima, representing approximately 112,000 of our Medi-Cal members. In California, CHIP receives approximately $3 billion in federal funding annually, yet all federal funding for CHIP nationwide expired on September 30, 2017. California is currently using reserve funding to pay for CHIP through

yearend. In the meantime, activity to reauthorize funding is ongoing in Washington, D.C. On November 3, the House approved a bill (242–174) that extends funding for five years and creates a phased reduction in federal funding from the current rate of 88 percent federal/12 percent state to 65 percent federal/35 percent state across those years. The bill is now in the U.S. Senate. CalOptima recently sent letters of support to California's two U.S. Senators, urging their support to reauthorize CHIP funding. Currently, there is no timetable for final action on CHIP in the Senate, as Congress is focusing now on tax reform and legislation to fund the federal government beyond December 8.

Intergovernmental Transfers (IGTs)
CalOptima plays a significant role in obtaining additional funding for the local health care system. With our community funding partners and through several transactions, CalOptima has helped bring Orange County $337 million, including CalOptima's portion of almost $75 million. This month, your Board is scheduled to consider approving our participation in an eighth IGT (IGT 8). Recent changes will affect the amount of federal money received and the approved use of IGT funds. For IGT 8, we can expect a higher return because the funding formula will now consider our Medi-Cal Expansion and CHIP populations, which are funded using different federal/state payment ratios than Medi-Cal Classic. The July 2017 implementation of the Mega Reg changed the permissible use of IGT dollars to fund only CalOptima-covered Medi-Cal services, perhaps by increasing provider rates, rather than funding enhanced services beyond Medi-Cal, such as school-based vision care or community health center grants. This change does not impact our current IGT plans:
- IGT 5: The results of the Member Health Needs Assessment will drive IGT 5 spending in five Board-approved categories: Adult Mental Health, Children's Mental Health, Childhood Obesity, Strengthening the Safety Net and Improving Children's Health.
- IGT 6 and 7: Letters of Interest will guide grant funding allocations in three Board-approved areas: Opioid and Other Substance Overuse, Homeless Health, and Children's Mental Health.

California Children's Services (CCS)
As 2018 approaches, CalOptima is already beginning the yearlong process of transitioning the CCS program from a Medi-Cal carve-out administered by the Orange County Health Care Agency to the fully integrated Whole-Child Model (WCM), overseen by CalOptima. This effort a major undertaking, as Orange County has more than 13,000 CCS children, all of whom have significant medical conditions. CalOptima has created a plan for engaging stakeholders and obtaining Board approval for all the necessary changes. Active collaboration with the CCS community is also expected via your Board's newly approved WCM Family Advisory Committee. Later this month and in January, CalOptima will host meetings for providers and health networks affected by the transition. In late January, we plan a general stakeholder event that will include a guest speaker from DHCS. Overall, CalOptima is committed to a smooth transition focused on ensuring that CCS children have continued access to the same primary care physicians, specialists, hospitals, durable medical equipment suppliers, and other providers essential to their care.

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Palliative Care

OneCare Connect Member Advisory Committee

12/14/2017

Tracy Hitzeman, RN, CCM

Executive Director Clinical Operations

Legislative Background

- Senate Bill 1004 requires the Department of Health Care Services (DHCS) to establish standards and provide technical assistance to ensure delivery of palliative care services by Managed Care Plans

- DHCS standards (All Plan letter for Palliative Care) are specific to Medi-Cal only beneficiaries

- Implementation no later than 1/1/18

- Not a new benefit

Palliative Care Defined

"Patient and family centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and facilitating patient autonomy, access to information and choice." – www.CMS.gov
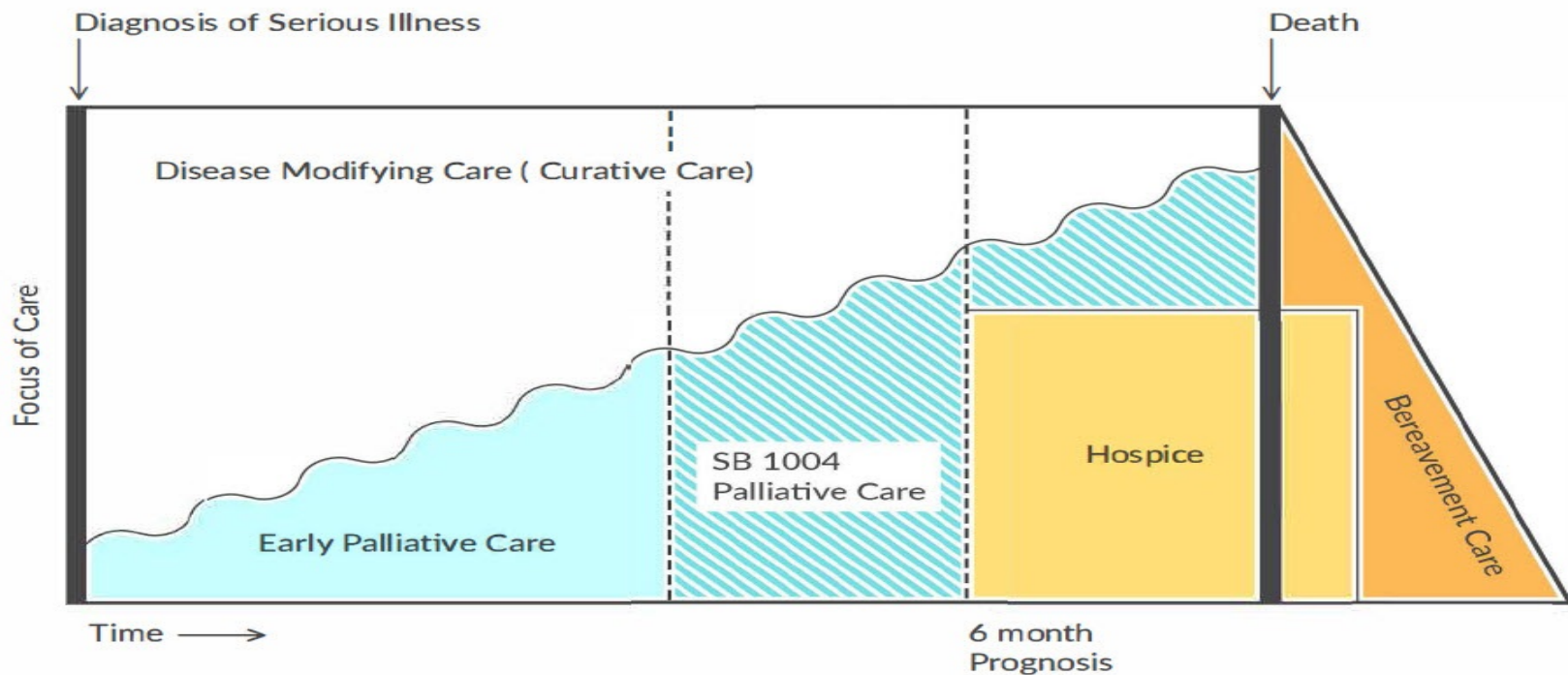
DHCS Palliative Care Goals

- Optimize member quality of life by anticipating, preventing and treating suffering

- Address physical, intellectual, emotional, social and spiritual needs

- Facilitate patient autonomy, access to information and choice

Target Population

General Eligibility Criteria

- Using/likely to use hospital or ED to manage disease

- Advanced stage of illness

- Death within 1 year would not be unexpected

- Willing to participate in advanced care planning discussions

- Not eligible for or declines hospice

- Received appropriate desired medical therapy or therapy is no longer effective

- Willing to receive disease management/palliative care

Has One of Four Diagnoses

- Advanced Cancer

- Chronic Obstructive Pulmonary Disease (COPD)

- Congestive Heart Failure (CHF)

- Liver Disease

Notes:

- *Each diagnosis has specific criteria, which may require file review*

- *Plans/HNs may chose to offer Palliative Care based on broader clinical criteria.*

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CalOptima Direct/ CalOptima Community Network

- Considers Palliative Care an approach to care

- Leverage SB 1004 target population

- Contract with providers for service delivery
  and care coordination

- Standard provider credentialing criteria

Health Network (HN) Members

- HNs will be responsible for all SB 1004 Palliative Care services for their assigned members

  ➢ HNs currently provide and coordinate primary, specialty and ancillary care

  ➢ Many HNs have well established programs already in in place

  ➢ Oversight of HN Palliative Care services will be performed by CalOptima

Next Steps

- CalOptima working closely with HNs to ensure timely implementation

- DHCS draft reporting guidance received by CalOptima and feedback provided

- CalOptima to contract with palliative care providers for CCN/COD members

- Develop reporting metrics per DHCS requirements

- Implement oversight protocols for the HNs

Resources

- DHCS' Palliative Care website
  - http://www.dhcs.ca.gov/provgovpart/Pages/Palliative-Care-and-SB-1004.aspx

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)

OneCare Connect Enrollment Process

Maria Wahab
Manager, Outreach and Education

What Is CalOptima?

- CalOptima administers Medi-Cal in Orange County.
- Members with Medicare and Medi-Cal already receive Medi-Cal services through CalOptima.
- 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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OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

REGULATOR

Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS)

ENROLLMENT (Voluntary)

15,316

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ELIGIBILITY

Medi-Cal members who are also covered by Medicare, age 21+

SERVICES

- Comprehensive health
- Prescriptions
- Dental
- Care coordination
- Transportation
- Fitness
- Vision

Membership data as of December 1, 2017

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CalOptima Sales and Marketing

- Sales and Marketing department responsible for voluntary enrollment into OneCare Connect
  - Michelle Laughlin, Executive Director Network Operations
  - Maria Wahab, Member Outreach and Education Manager
    - Shradha Patel, Project Specialist
    - Nine Community Partners:
      1. Alexes Valentine
      2. Angie Saucedo
      3. Annie Pruitt
      4. Astrid Sanchez
      5. Carlos Jacobo
      6. Linda Baltierra
      7. Lucie Nguyen
      8. Sally Menchaca
      9. Ronald Roberto

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OCC Marketing and Advertising Campaign

- <u>Print advertising</u> in 14 publications (including ethnic publications in Spanish and Vietnamese)
- <u>Radio advertising</u> in La Ranchera (96.7 FM)
- Key monthly <u>direct mailers/business reply cards</u> (BRCs) to dual eligible households:
  - ➢ OneCare Connect (OCC) eligible not enrolled in OneCare (OC) and OCC
  - ➢ Aging-in members
- Member marketing materials:
  - ➢ OCC booklets
  - ➢ OCC brochure
  - ➢ OCC FAQs

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CalOptima's Outreach Campaign

- Outreach Activities:
  - ➤ Partnership with delegated OCC networks
  - ➤ Partnership with Harbage Consulting (HC)
  - ➤ Community events:
    - Senior centers
    - Senior residences
  - ➤ Provider outreach and education
  - ➤ Outbound calls:
    - New Medi-Medi members
    - Aging-in members
    - OC eligible for OCC

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CalOptima
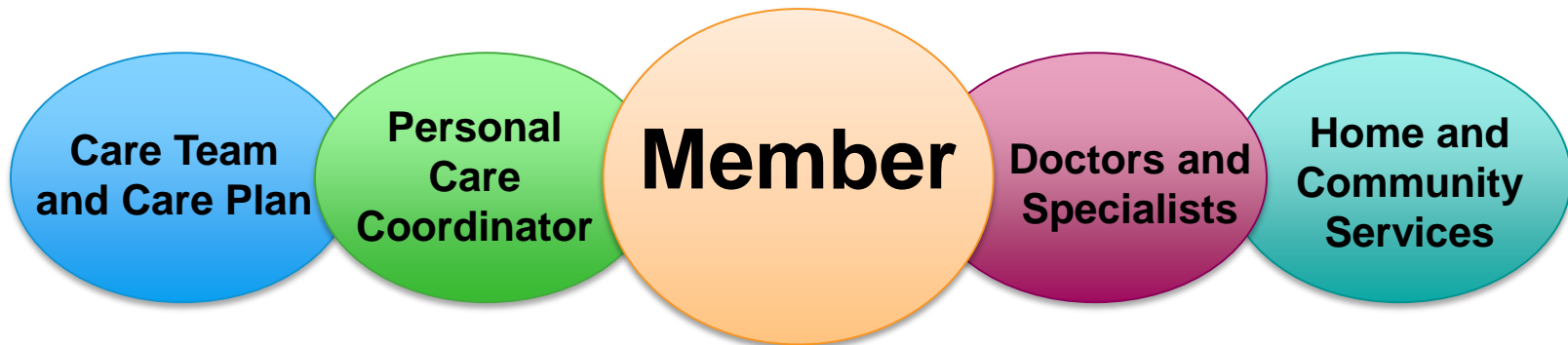A Public Agency
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OCC Enrollment Methods

- OCC enrollment methods:
  - In-person via a paper application or E-App:
    - At CalOptima's offices by appointment or walk-in
    - Home
    - Senior center or residences
    - Shelters, etc.
  - Over the phone via E-App
    - Via inbound calls only

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Member's Choice

- Members can choose their doctor.
  - ➢ OneCare Connect has more than 4,500 doctors.
  - ➢ Members can change doctors every month throughout the year.
- Members can choose how much they want to be involved in their care team and care plan.
- Members can choose who can help with their health care decisions, such as family members, friends or others.
- If OneCare Connect is not working for a member, he/she can ask to leave the plan.

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Summary

Care Team and Care Plan — **Personal Care Coordinator** — **Member** — **Doctors and Specialists** — **Home and Community Services**

- We hope you enjoyed today's presentation.
- Please feel free to ask questions.
- For more information or to refer your patients, call OneCare Connect enrollment services:
  - ➤ Toll Free: **1-800-960-9070**
  - ➤ TDD/TTY users can call **1-800-735-2929**.
  - ➤ Enrollment appointments at CalOptima: Monday through Friday, from 9 a.m. to 4 p.m.

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OneCare Connect Resources

General Description	Link
OneCare Connect Plan Details for Members	www.caloptima.org/onecareconnect
CalDuals website (general info from state on Cal MediConnect)	www.calduals.org

OneCare Connect Customer Service
1-855-705-8823
Monday through Friday, 8 a.m. to 8 p.m.

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Community Resources

- Health Insurance Counseling and Advocacy Program
  - 1-714-560-0424; TTY: 1-800-735-2929
  - Monday through Friday, 8 a.m. to 4 p.m.
- Council on Aging Ombudsman (Long-term care advocate)
  - 1-714-479-0107; TTY: 1-800-735-2929
  - Monday through Friday, 8 a.m. to 5 p.m.
- Cal MediConnect Ombudsman
  - Legal Aid Society of Orange County
    - 1-714-571-5200; 1-800-834-5001; TTY: 1-855-847-7914
    - Monday through Friday, 9 a.m. to 5 p.m.

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Q&A

GOALS AND OBJECTIVES FY 2017-2018				
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**OCC MAC Activities**	**OCC MAC Progress**
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.	• discussed health network performance at August 24 meeting** discussed pay-for-value member incentive initiatives at Nov. 16 meeting **no quorum
		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.	Regular updates have been presented on Magellan and behavioral health at all OCC MAC meetings, including the July 27, August 24**, September 28** and Nov. 16 meetings. OCC MAC will receive an update on the status to move the administrative services from Magellan to CalOptima effective 1/1/18.
		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.	• discussed substance abuse epidemic on August 24** and Nov 16 meetings discussed palliative care at Nov. 16 meeting • OCC MAC member invited to Joint MAC/PAC meeting on homelessness at Sept 14 meeting • discussed homelessness and Whole Person Care at November 16 meeting • presented update on IGT at July 27 meeting and Oct. 26

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**	**OCC MAC Progress**
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.	discussed pay-for-value member incentive initiatives at Nov. 16 meeting received Medi-Cal and OneCare HEDIS 2017 results for 2016 data at the August 24** meeting. OneCare Connect baseline results were also presented. Next steps were discussed to implement strategies of low performing results.
		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.	

GOALS AND OBJECTIVES FY 2017-2018				
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**OCC MAC Activities**	**OCC MAC Progress**
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.	proposed joint MAC/OCC MAC/PAC advisory committee meeting in Mar. 2018
		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.	• OCC MAC Chair reports monthly to Board regarding input and activities • Group Needs Assessment, including identifying and understanding members' needs and perception of quality discussed at July 27 meeting
		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).	discussed homelessness (homeless clinic) and Whole Person Care at November 16 meeting

GOALS AND OBJECTIVES FY 2017-2018				
CalOptima Strategic Priority	**CalOptima Goals**	**CalOptima Objectives**	**OCC MAC Activities**	**OCC MAC Progress**
		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.	OCC MAC receives regular updates on policy and legislative issues that impact CalOptima. OCC MAC members are encouraged to share policy issues with community advocates.

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.

OneCare Connect

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Cal MediConnect Plan (Medicare-Medicaid Plan)

Revised
OneCare Connect Member Advisory Committee
FY 2017-2018 Meeting Schedule

November
Thursday, November 16, 2017*

December
Thursday, December 14, 2017*

February
Thursday, February 22, 2018

April
Thursday, April 26, 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.

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Cal MediConnect Plan (Medicare-Medicaid Plan)

ONECARE CONNECT MEMBER ADVISORY COMMITTEE MEMBERS
FY 2017–2018

CONSTITUENCY REPRESENTED/TERM	MEMBER NAME and ADDRESS	CONTACT INFORMATION
Community-Based Adult Services (CBAS) Provider Term: 7/1/16–6/30/18 Member since 2015	**Chair** **Gio Corzo** Vice President, Home & Care Services SeniorServ 1200 N. Knollwood Circle Anaheim, CA 92801	**Work Phone:** 714-823-3285 **Fax:** 714-220-1406 **Email:** gcorzo@seniorserv.org
Representing Seniors Term: 7/1/16–6/30/18 Member since 2015	**Vice Chair** **Patty Mouton** Vice President, Outreach & Advocacy Alzheimer's Orange County 2515 McCabe Way Irvine, CA 92614	**Work Phone:** 949-757-3713 **Cell Phone:** 714-349-5517 **Email:** patty.mouton@alzoc.org
Representing Members with Disabilities Term: 7/1/17–6/30/19 Member since 2015	**Dr. Sandra Finestone** Executive Director Association of Cancer Patient Educators 18025 Sky Park Circle, Ste. A Irvine, CA 92614	**Work Phone:** 949-261-6020 **Cell Phone:** 714-401-6495 **Fax:** 949-261-2001 **Email:** sandyfinestone@aol.com
Representing Members from Ethnic or Cultural Community Term: 7/1/17–6/30/19 Member since 2015	**Sara Lee** Supervising Attorney Health Consumer Action Center/ Legal Aid Society of OC 2101 N. Tustin Ave. Santa Ana, CA 92705	**Work Phone:** 714-571-5263 **Fax:** 714-571-5270 **Email:** slee@legal-aid.com
In Home Supportive Services (IHSS) or Union Provider	**Richard Santana** Organizer UDWA 333 Civic Center Dr., West	**Work Phone:** 714-478-3732 **Email:** rsantana@UDWA.org

Term: 7/1/17–6/30/19 Member since 2017	Santa Ana, CA 92791	
Long-Term Care (LTC) Facility Term: 7/1/16–6/30/18 Member since 2015	**Ted Chigaros** Senior Vice President, Managed Care Rockport Healthcare Services 5900 Wilshire Blvd., Ste. 1600 Los Angeles, CA 90036	**Work Phone:** 323-330-6558 **Cell Phone:** 323-326-6186 **Email:** tchigaros@rockporthc.com
Member Advocate Term: 7/1/16–6/30/18 Member Since 2015	**Christine Chow** Director of Community Relations Alzheimer's Orange County 2515 McCabe Way Irvine, CA 92614	**Work Phone:** 949-757-3714 **Email:** christine.chow@alzoc.org
OneCare Connect Member/Family Member Term: 7/1/17–6/30/19 Member Since 2016	**Josefina Diaz** OneCare Connect Family Member 2101 N. Tustin Ave. Santa Ana, CA 92705	**Work Phone:** 714-571-5251 **Cell Phone:** 714-363-8444 **Fax:** 714-571-5270 **Email:** jdiaz@legal-aid.com
OneCare Connect Member/Family Member Term: 11/2/17-6/30/19 Member Since 2017	**Kristin Trom** OneCare Connect Member 505 City Parkway West Orange, CA 92868	**Phone:** 949-201-6621 **Email:** kktlaw@yahoo.com
OneCare Connect Member/Family Member Term: 7/1/16–6/30/18 Member Since 2016	**John Dupies** OneCare Connect Member 505 City Parkway West Orange, CA 92868	**Cell Phone:** 714-305-6562 **Email:** jedcsdhb@yahoo.com

Agency Representatives		
Orange County Health Care Agency Behavioral Health	**George A. Crits, M.D.** Associate Medical Director Health Care Agency-Behavioral Health	**Work Phone:** 714-834-6753 **Email:** gcrits@ochca.com

	405 W. 5ᵗʰ St. Santa Ana, CA 92701	
Member since 2015		
Orange County **IHSS** **Public Authority** Member since 2017	**Amber Nowak** Program Manager IHSS Public Authority 1505 E. Warner Ave. Santa Ana, CA 92705	**Work Phone:** 714-825-3226 **Email:** Amber.Nowak@ssa.ocgov.com
Orange County **Office on Aging** Member since 2015	**Erin Ulibarri, MPH** Manager, Information & Assistance Orange County Office on Aging 1300 S. Grand Ave., Bldg. B Santa Ana, CA 92705	**Work Phone:** 714-480-6455 **Email:** Erin.Ulibarri@occr.ocgov.com
Orange County **Social Services** **Agency** Member since 2017	**Jyothi Atluri** Deputy Director Social Services Agency 500 N. State College Blvd., Ste. 100 Orange, CA 92868-1673	**Work Phone:** 714- 245-6014 **Email:** Jyothi.Atluri@ssa.ocgov.com