

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

**OCTOBER 24, 2019
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 August 22, 2019 Special Meeting of the CalOptima Board of Directors' 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 OCC 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 Operating Officer (COO Update)
- C. Chief Medical Officer (CMO) Update

VII. INFORMATION ITEMS

- A. [Homeless Health Update](#)
- B. [Ombudsman Report](#)
- C. [OneCare Connect Member 2020 Benefits Update](#)
- D. [Federal and State Legislative Update](#)
- E. OneCare Connect Member Advisory Committee Member Updates

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

MINUTES

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

August 22, 2019

The Special Meeting of the CalOptima Board of Directors' OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) Member Advisory Committee (OCC MAC) was held on August 22, 2019 at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

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

ESTABLISH QUORUM

Members Present: Gio Corzo, Chair; Patty Mouton, Vice Chair (at 3:12 p.m.); Adam Crits, M.D. (non-voting); Sandy Finestone; Keiko Gamez; Sara Lee; Donald Stukes.

Members Absent: Josefina Diaz; Mario Parada; Erin Ulibarri (non-voting), Jyothi Atluri (non-voting)

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Emily Fonda, M.D., Medical Director, Medical Management; Betsy Ha, Executive Director Quality and Population Health Management ; Shamiq Hussain, Sr. Policy Advisor Government Affairs; Irma Munoz, Project Manager, Quality Analytics; Dr. Edwin Poon, Director Behavioral Health Integration; Pallavi Patel, Director Process Excellence; Albert Cardenas, Director, Customer Service (Medicare); Samantha Fontenot, Program Assistant, Customer Service.

Chair Corzo reordered the agenda to hear CEO and Management Reports while waiting to achieve quorum.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Michael Schrader, Chief Executive Officer, provided a verbal update on the Board of Directors' Strategic Planning Session that was held on August 9, 2019 with Chapman Consulting. This planning session was to assist with the development of a three-year Strategic Plan for fiscal years 2020-2022. Mr. Schrader noted that in addition to Chapman Consulting, California Secretary of Health and Human Services Dr. Mark Ghaly attended the planning session. Mr. Schrader also reported that the outcome from the Strategic Planning Session identified five key areas CalOptima would be focusing on going forward and noted that the October 10, 2019 Joint Meeting of the Advisory Committees would allow for input on the draft Strategic Plan.

Chief Medical Officer Update

David Ramirez, M.D., Chief Medical Officer, provided a verbal update on the Homeless Health Initiative. Dr. Ramirez noted that at the August 1, 2019 Board of Directors' meeting the Board approved funding for Federally Qualified Health Clinics (FQHCs) to provide treatment to homeless members regardless of their health network assignment. Dr. Ramirez also reported that the Department of Health Care Services (DHCS) has released their telehealth guidelines which CalOptima is considering incorporating to improve access and member experience.

MINUTES

Approve the Minutes of the April 25, 2019 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee

Action: *On motion of Member Sandy Finestone, seconded and carried, the Committee approved the minutes of the April 25, 2019 meeting. (Motion carried 6-0-0; Members Diaz and Parada absent)*

PUBLIC COMMENT

There were no requests for public comment

REPORTS

Consider Approval of FY 2019-2020 OCC MAC Meeting Schedule

OCC MAC members reviewed the proposed FY 2019-20 meeting schedule. As proposed the OCC MAC would continue to meet on a bi-monthly basis the fourth Thursday of the month beginning at 3:00 P.M with the exception of the December meeting which will be held the third Thursday due to the upcoming holidays.

Action: *On motion of Vice Chair Mouton, seconded and carried, the Committee approved the FY 2019-2020 OCC MAC Meeting Schedule. (Motion carried 6-0-0; Members Diaz and Parada absent)*

Consider Recommendation of Chair and Vice Chair

A letter of interest was received from Vice Chair Patty Mouton, Seniors Representative for the Chair position. After no further nominations from the floor, Chair Corzo requested a motion to recommend Vice Chair Mouton as OCC MAC Chair for FY 2019-2020.

Action: *On motion of Member Sara Lee, seconded and carried, the OCC MAC approved the recommendation of Vice Chair Mouton for a one-year term as the OCC MAC Chair. (Motion carried 6-0-0; Members Diaz and Parada absent)*

A letter of interest from current OCC MAC Chair Gio Corzo, Community Based Adult Services Representative was received for the Vice Chair position. After no further nominations from the floor, Vice Chair Mouton requested a motion to recommend Chair Corzo as the OCC MAC Vice Chair for FY 2019-2020.

Action: *On motion of Vice Chair Mouton, seconded and carried, the OCC MAC approved the recommendation of Chair Corzo for a one-year term as the OCC MAC Vice Chair. (Motion carried 6-0-0; Members Diaz and Parada absent)*

INFORMATION ITEMS

Federal & State Legislative Update

Shamiq Hussain, Sr. Policy Analyst, Government Affairs provided a verbal update on the Federal and State Budgets. Mr. Hussain reported that Proposition 56's (Tobacco Tax) newly proposed supplemental payments would remain in their current form and current payment levels until December 1, 2021. Mr. Hussain also provided an update on the expansion of Medi-Cal services to undocumented persons starting with those people between the age of 19 and 25, which is expected to go into effect no sooner than January 1, 2020. He noted that the California Legislature anticipates that there will be approximately 90,000 new Medi-Cal enrollees across the state due to the expansion. Mr. Hussain also provided an update on the status of the pharmacy carve-out, which was initiated through Governor Newsom's Executive Order in January 2019.

Health Homes Program Update

Pallavi Patel, Director, Process Improvement, provided a verbal update on the Health Homes Program (HHP). Ms. Patel noted that OneCare Connect members could self-refer into the HHP or their provider could refer them into the program. She also noted that the HHP is focused on integrating physical and behavioral health services for CalOptima members and will begin January 1, 2020 for members with chronic conditions and July 1, 2020 for members with serious mental illness or without a chronic condition.

Behavioral Health Update

Edwin Poon, Ph.D., Director, Behavioral Health Services presented on the OneCare and the OneCare Connect Behavioral Health Implementation. Dr. Poon noted that at their May 2, 2019 meeting, the Board approved the behavioral health implementation for OneCare and OneCare Connect which will become effective January 1, 2020.

Annual Healthcare Effectiveness Data and Information Set (HEDIS) Report

Irma Munoz, Lead Project Manager, Quality Analytics, presented the updated annual HEDIS 2019 report for Medi-Cal, OneCare, and OneCare Connect. Ms. Munoz noted CalOptima's Medi-Cal results for all the DHCS Minimum Performance Levels (MPLs) have been met. For OneCare the measures performed higher than in 2018, and for OneCare Connect, the measures were also higher than 2018 results. Ms. Munoz also noted that there are opportunities for additional improvement in each category.

OCC MAC Member Updates

Chair Corzo also reminded the members that a joint meeting with the Member Advisory Committee, Provider Advisory Committee and the Whole-Child Model Family Advisory Committee would be held on October 10, 2019 at 8:00 a.m. to review the draft Strategic Plan as well as a presentation comparing the Health Homes and Whole-Person Care Programs.

ADJOURNMENT

Chair Corzo announced that the next regular meeting will be held on Thursday, October 24, 2019 at 3:00 p.m.

Hearing no further business, the meeting adjourned at 4:29 p.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: October 24, 2019



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Homeless Health Clinical Analysis

OneCare Connect Member Advisory Committee
October 24, 2019

David Ramirez, MD
Chief Medical Officer

Marie Jeannis
Enterprise Analytics Manager

Introduction

- Homeless population goals
 - Reduce health disparities
 - Improve outcomes
- In this session, we will review
 - Homeless identification methods
 - Homeless population volume, outcomes and disparities
 - Data alignment

Content Overview

- Homeless identification methods
 - Sources of homeless information and confidence scoring
- Homeless disparities
 - Diagnoses, Behavioral Health (BH)
 - Chronic conditions
 - Homeless utilization metrics
 - Emergency room (ED), inpatient (IP), primary care provider (PCP) and specialist visits
 - Cost comparisons
- Summary of disparities
- Data alignment

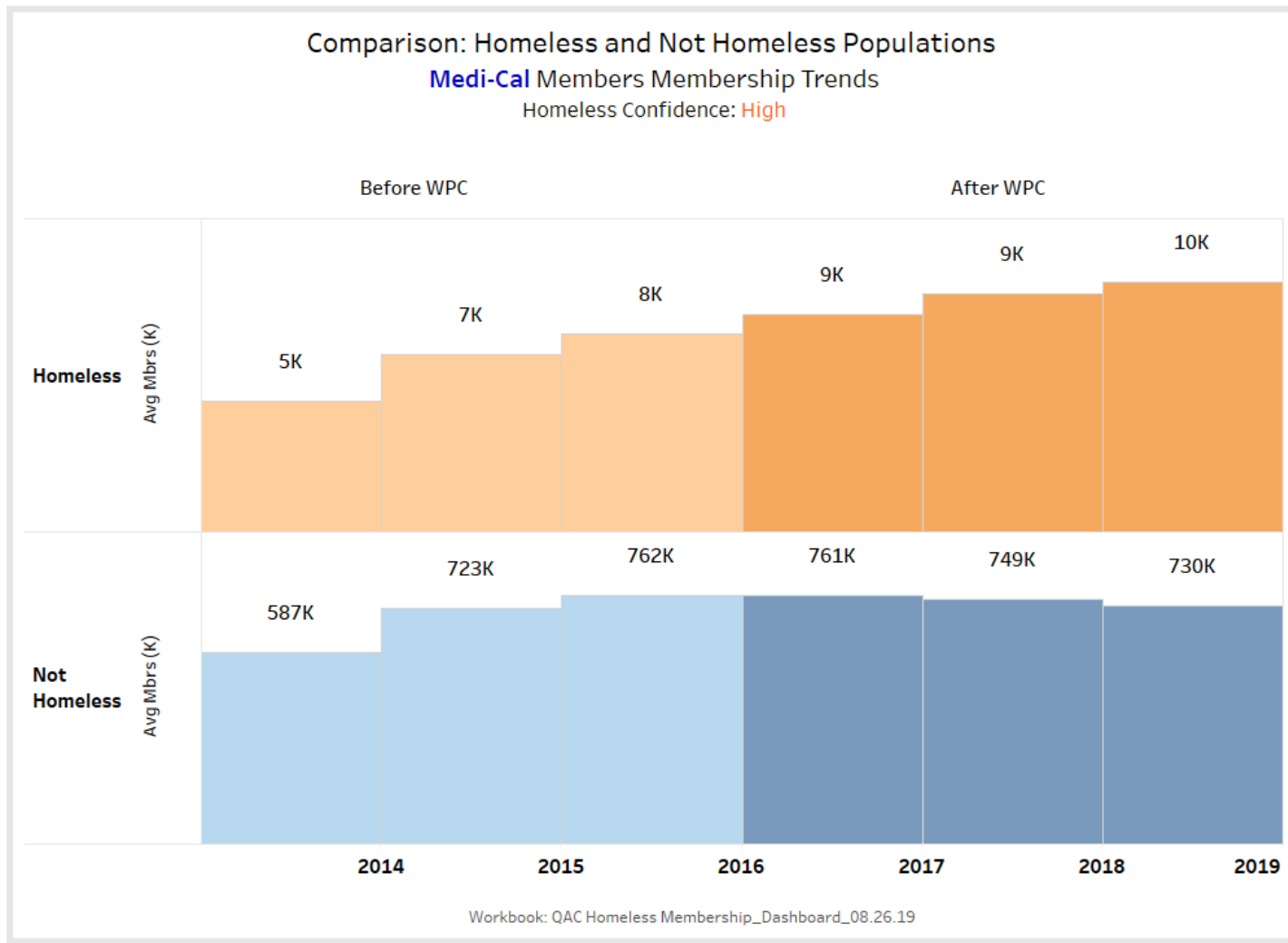
Homeless: Identification Methods

- Point In Time count: About 6,800
 - Measured in January 2019 over two days in the field
 - Uses the Department of Housing and Urban Development (HUD) unsheltered and sheltered homeless person definition
 - An unsheltered person residing in a place not meant for human habitation, such as a car, park, sidewalk, abandoned building or on the street
 - A sheltered person residing in an emergency shelter, homeless shelter, transitional housing or other temporary homeless housing
- CalOptima Population: Approximately 10,000
 - Identified with high confidence in the past 12 months
 - Based on demographic and claims criteria

Homeless: Identification Methods (cont.)

- CalOptima homeless identification process not limited by the HUD criteria
 - Addresses: Includes Social Services Agency Regional Office addresses as well as shelters and other indicators such as, “living in car,” “homeless” and “on the streets”
 - Direct: Includes directly identified homeless populations such as, Whole-Person Care (WPC), flood control channel, civic center and Illumination Foundation
 - ICD-10 Diagnosis: Specific homelessness diagnosis under Social Determinants of Health
- A confidence score is created by assigning a weight to each source and combination of sources
 - Uses a 12-month lookback period for address and diagnosis
 - The result is just under 10,000 with high confidence

Homeless Population Trend



- Number of homeless Medi-Cal members has doubled in the past five years

Source: CalOptima data

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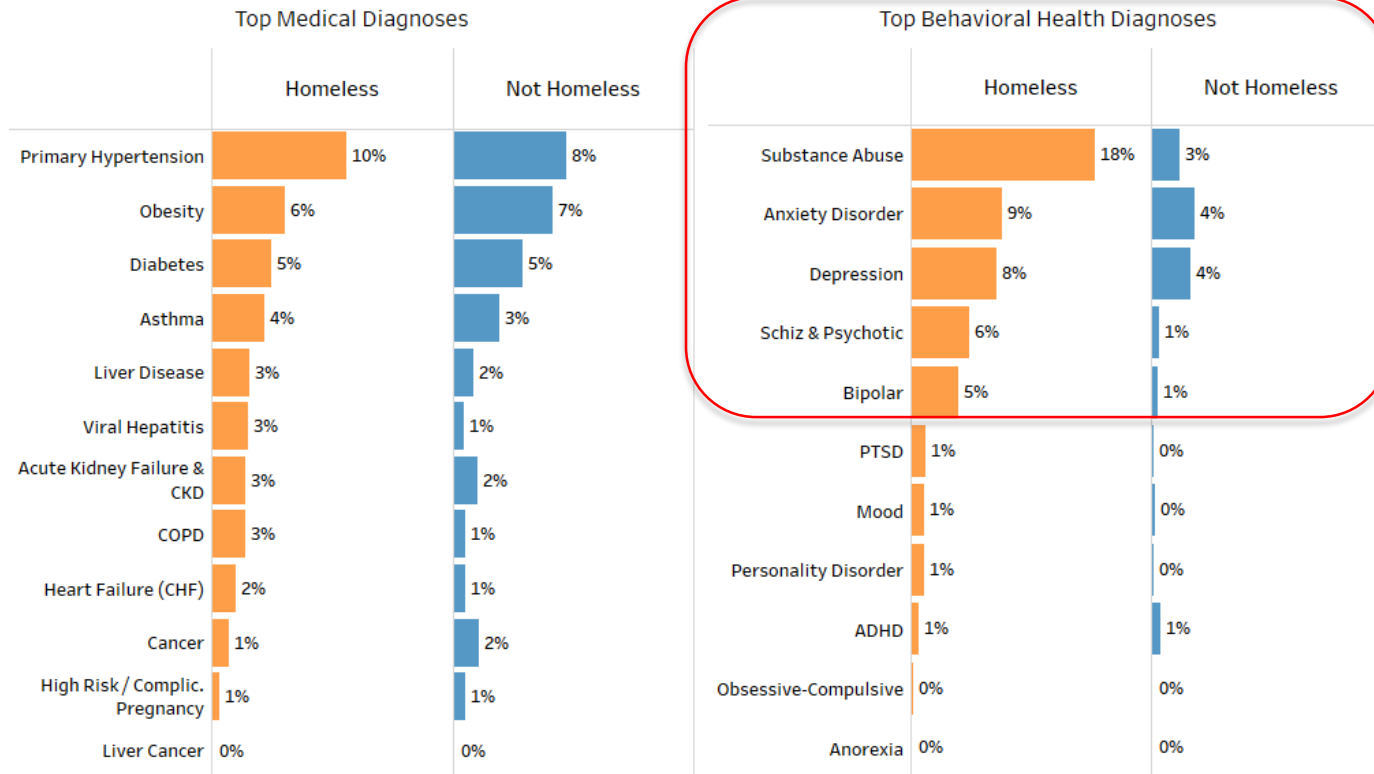
Disparities: Medical and BH Diagnoses

Comparison: Homeless and Not Homeless Populations

Medi-Cal Top Medical and Behavioral Health Diagnoses: Percent Members

All diagnoses in previous 12 months

Homeless Confidence: **High**



Workbook: QAC Homeless Membership_Dashboard_08.26.19

Source: CalOptima data

- Medical diagnoses are more or less equivalent in homeless and not homeless
- BH diagnoses for homeless range from two to six times higher than not homeless

Disparities: Serious Mental Illness/BH Treatment

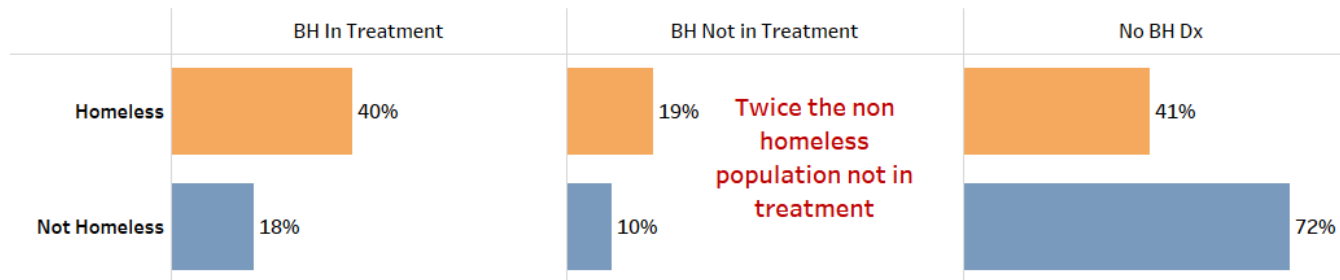
Comparison: Homeless and Not Homeless Populations

Medi-Cal BH Serious Mental Illness
Percent Total Members: Current Membership
Homeless Confidence: High



Medi-Cal BH In Treatment and Not In Treatment

Homeless Confidence: High



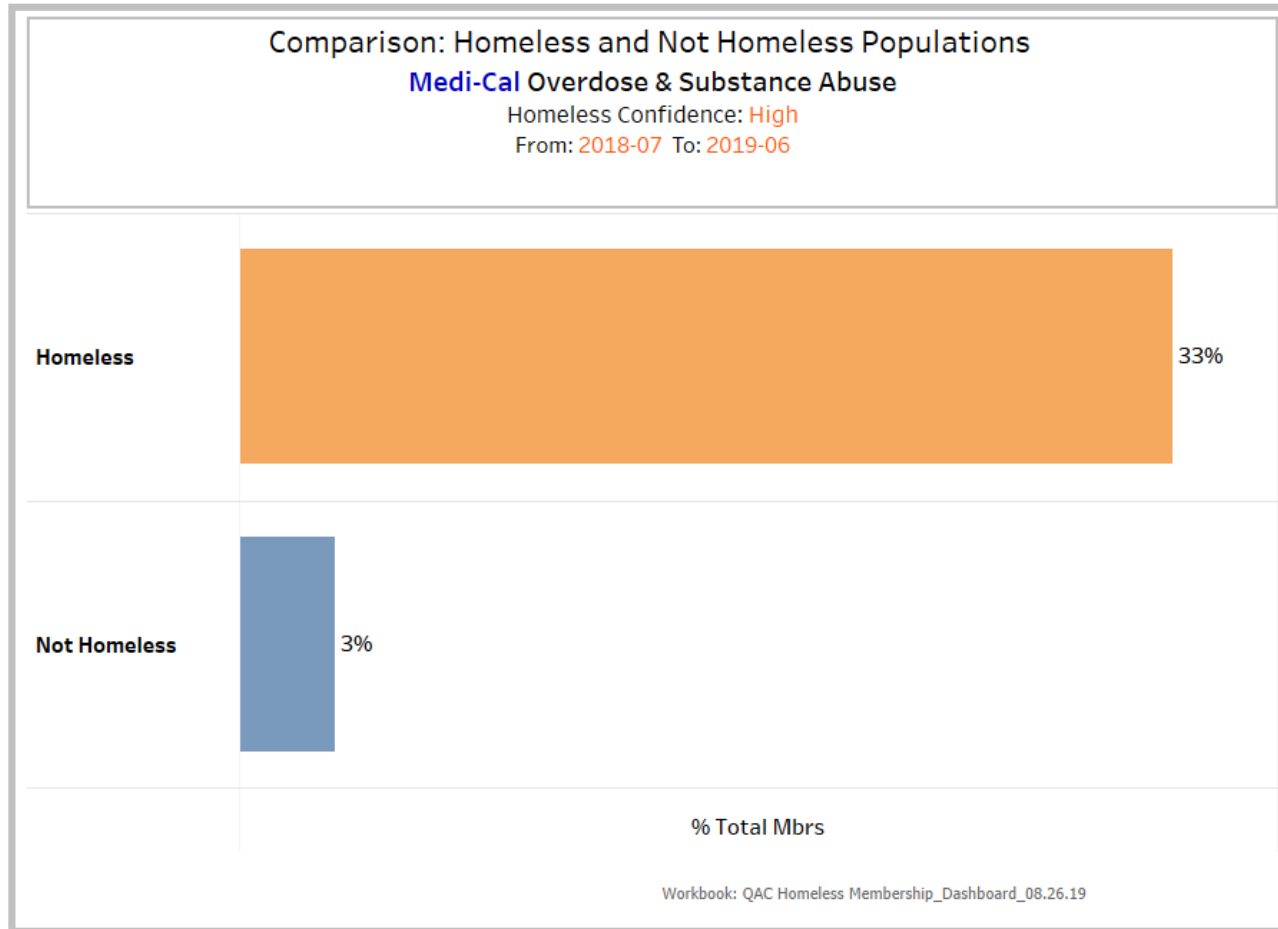
Workbook: QAC Homeless Membership_Dashboard_08.26.19

- Homeless are more than four times as likely to have an SMI condition
- Homeless are almost two times as likely to have a BH diagnosis and be without treatment

Source: CalOptima data

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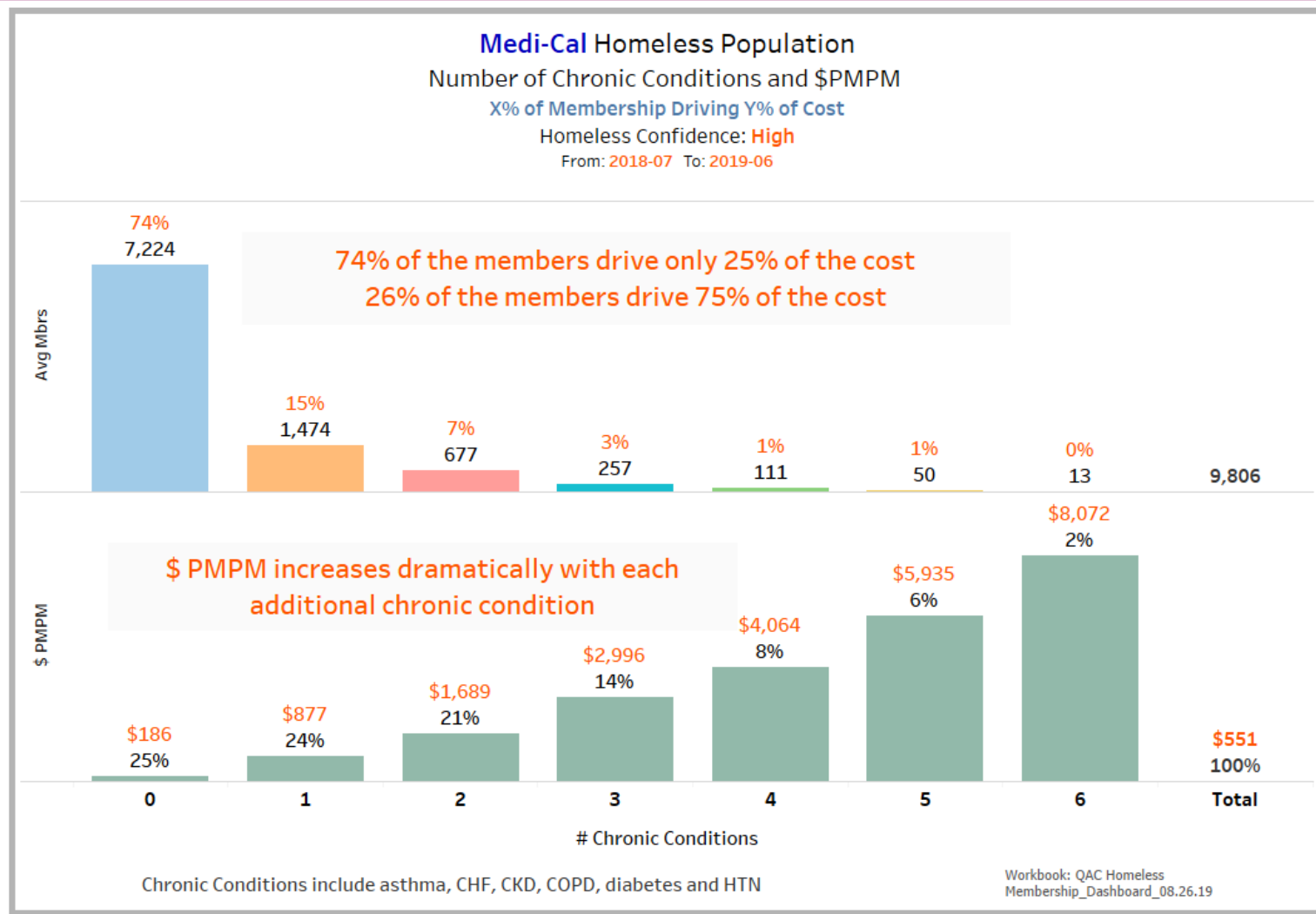
Disparities: Overdose and Substance Abuse



- Overdose and substance abuse rate is 11 times the rate for not homeless

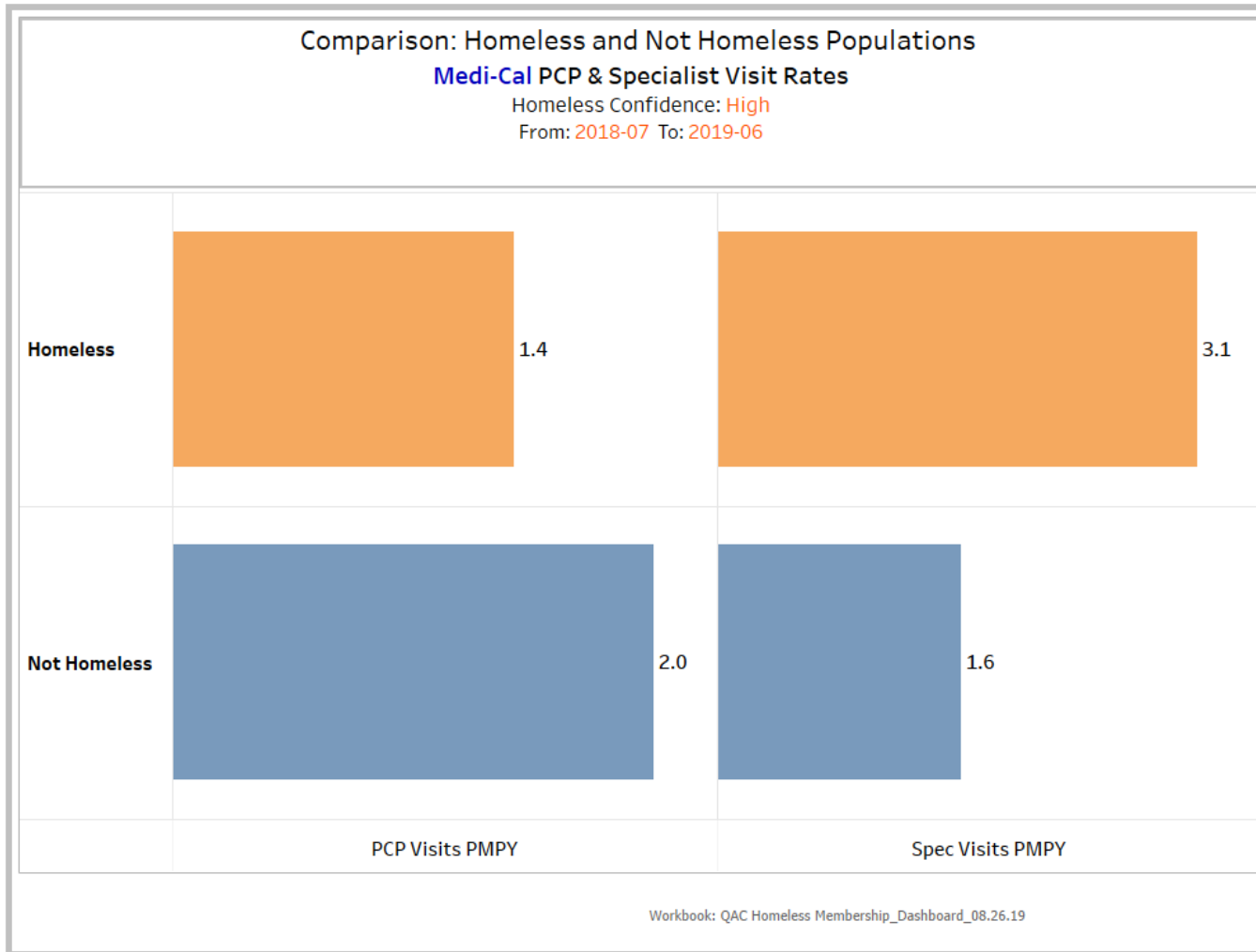
Source: CalOptima data

Chronic Conditions: Percent of Members vs. Percent of Costs



Source: CalOptima data

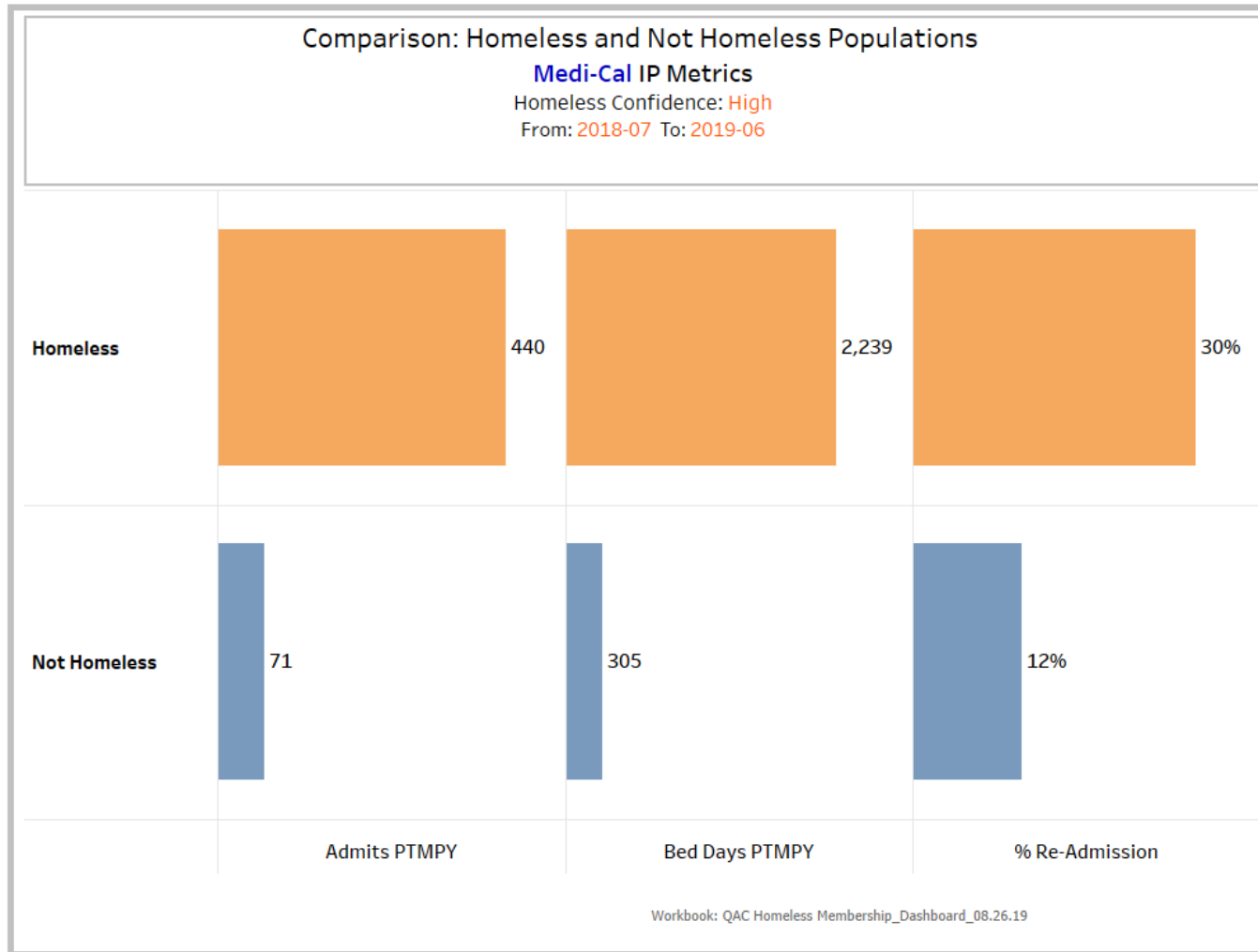
Disparities: PCP and Specialist Visits



- Specialty visit rate is two times the rate for not homeless

Source: CalOptima data

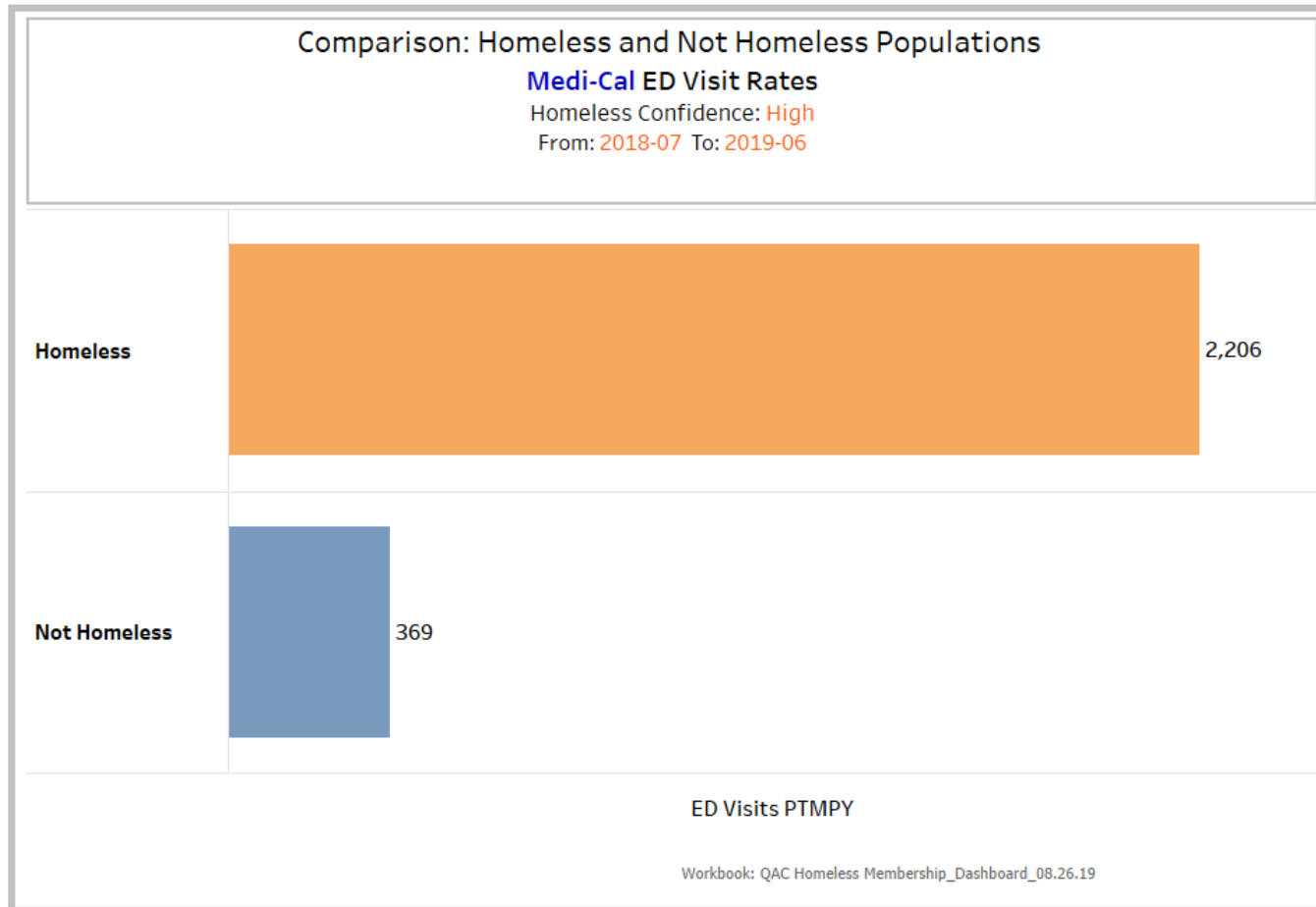
Disparities: Inpatient Metrics



- Inpatient bed day rate is seven times the rate for not homeless
- Readmission rates is more than two times the rate for not homeless

Source: CalOptima data

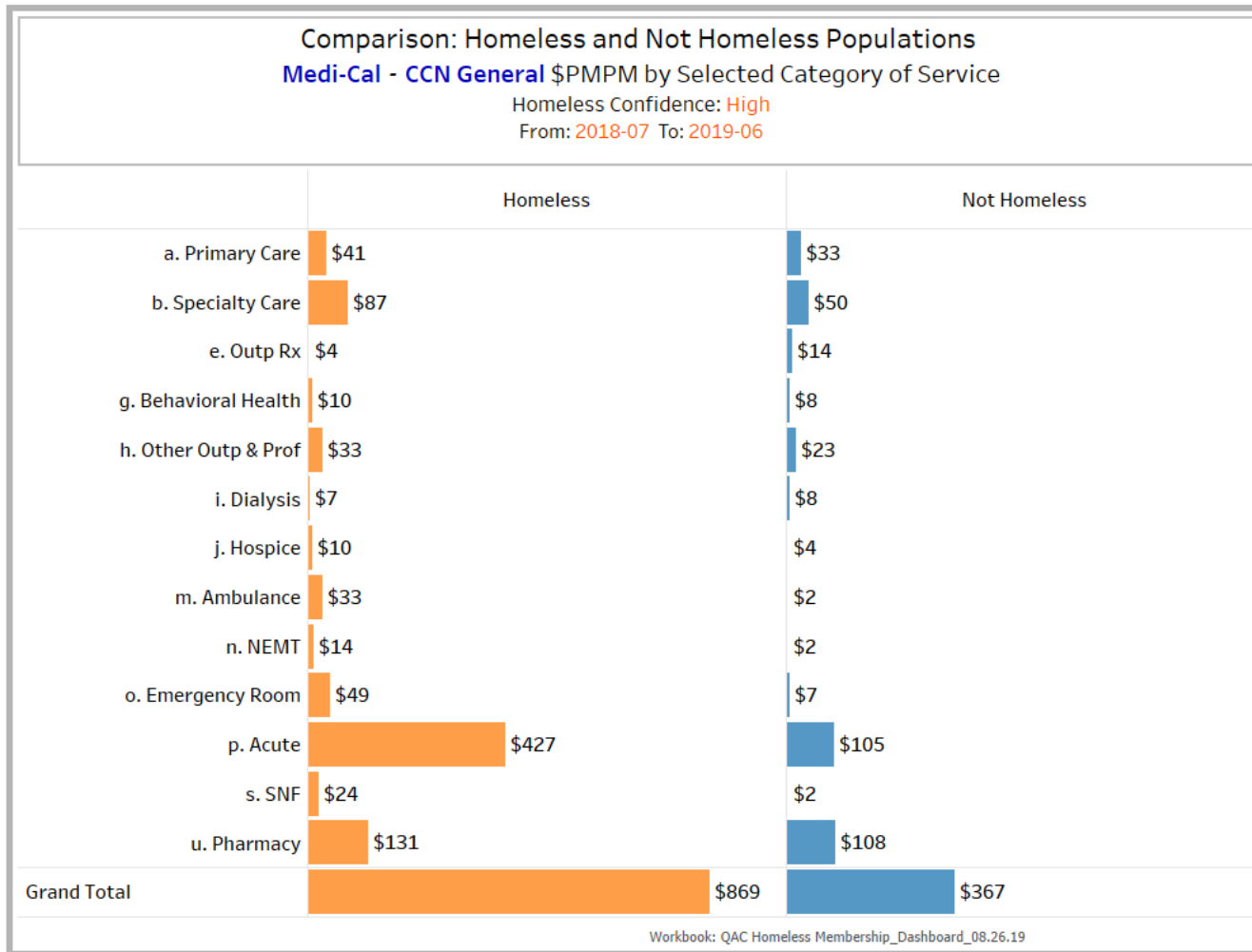
Disparities: ED Visit Rates



- Emergency department visit rate is five times the rate for not homeless

Source: CalOptima data

Disparities: Cost Comparison



\$PMPM Homeless:
 ~\$870

- Two times higher than not homeless

Estimated Spending:

~\$100 million/year

- \$870 PMPM x
 12 months x
 10,000 members

Note: Using CalOptima Community Network General as representative sample to avoid capitation complexity in cost estimates

Source: CalOptima data

Disparities Summary

- Members who are homeless, compared to those who are not homeless, are:
 - 2x as likely to have a BH diagnosis and be without treatment
 - 2-6x higher rate of top BH diagnoses
 - 4x as likely to have an SMI condition
 - 11x more likely to have an overdose and substance abuse diagnosis
 - 5x-6x more likely to have an ED visit
 - 7x more likely to have an IP stay
 - 2x as expensive per member per month (\$PMPM)

Source: CalOptima data

Data Alignment

- Information sharing with partnering organizations
 - County data from Department of Health Care Services
 - WPC provides membership and outcomes data
 - 2-1-1 Orange County provides homeless shelter addresses
 - Sherriff's/Coroner's office provides notification of deceased members
 - Homeless Management Information System (HMIS)
 - Includes Point in Time data
 - County-owned
 - Ongoing efforts for CalOptima access to data

CalOptima's Mission

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



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Medi-Cal

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OneCare (HMO SNP)

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OneCare Connect

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PACE

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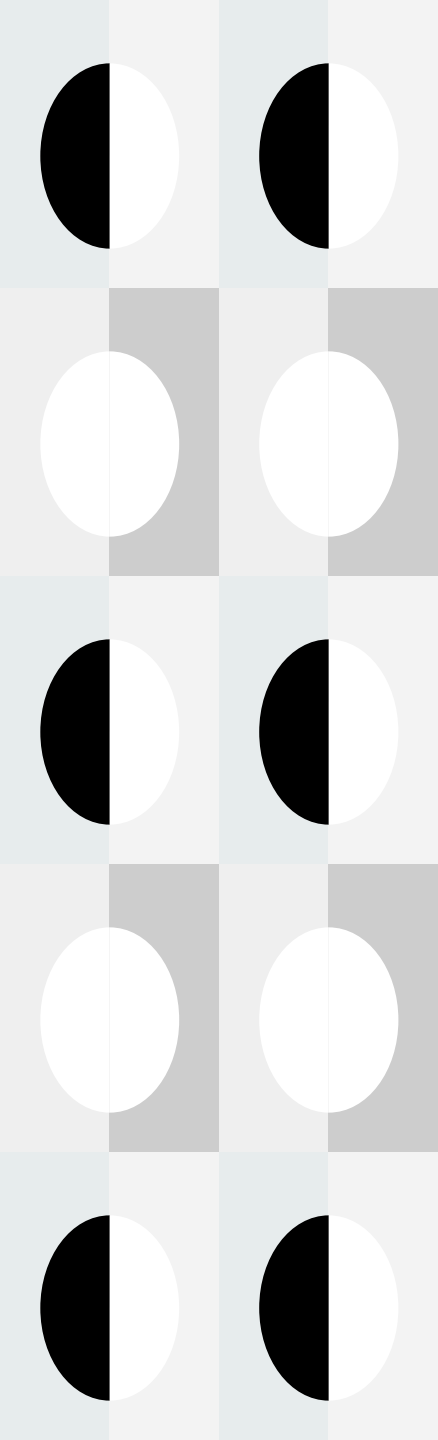
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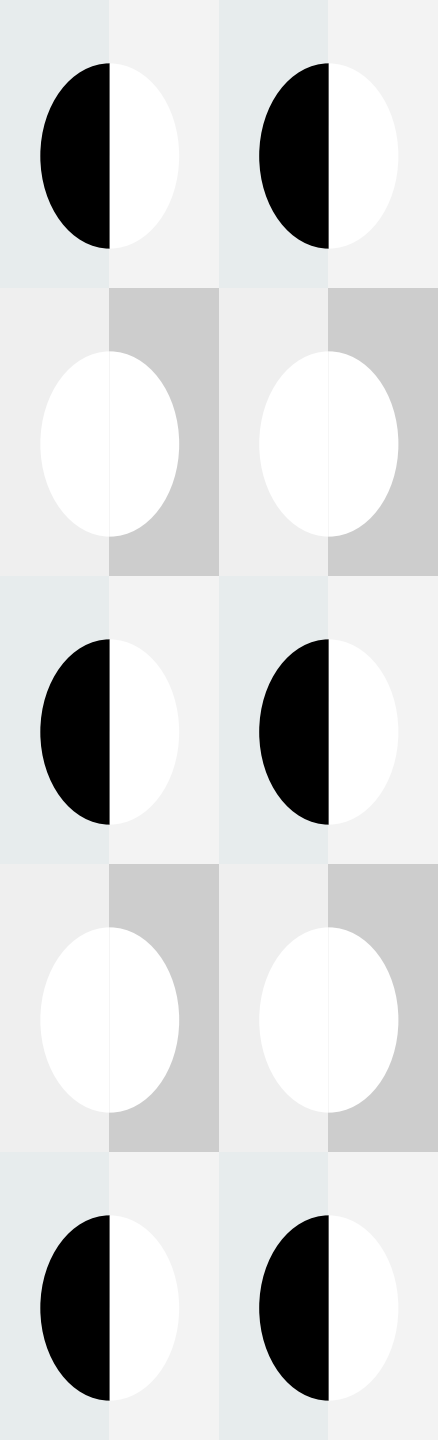
**Health Consumer Action Center (HCAC)
of the
Legal Aid Society of Orange County**

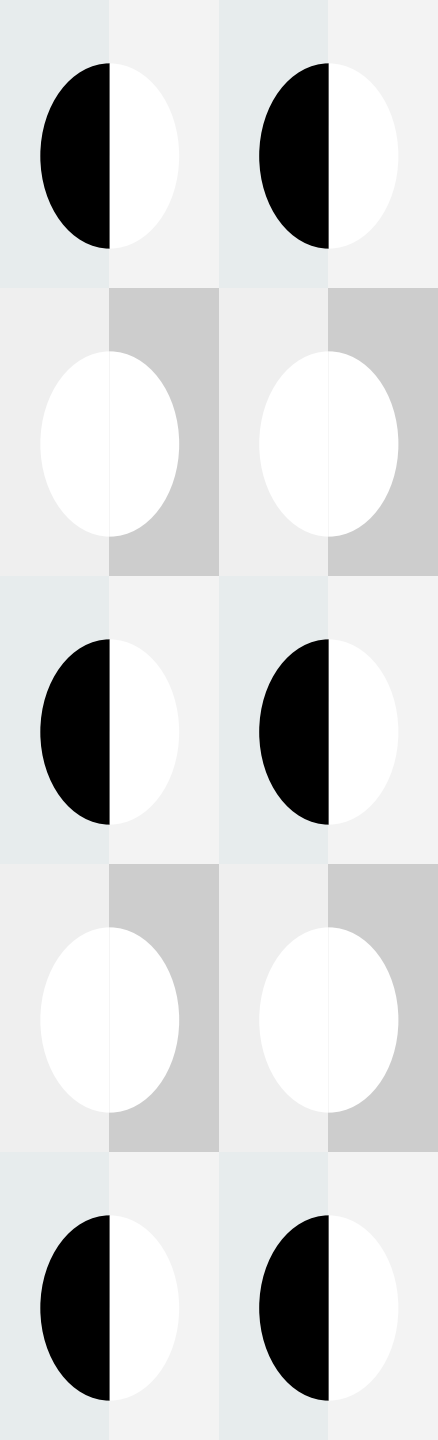
OMBUDSMAN UPDATE

October 24, 2019

**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**

- 
- **Continue to receive warm transfer calls from CalOptima re: Medi-Cal eligibility and Proposed OCC termination**
 - **If terminated from Medi-Cal or assessed with Share of Cost Medi-Cal then not eligible for OCC coverage**
 - **Most of the Medi-Cal terminations due to not completing the renewal process**
 - **If over income for No Share of Cost Medi-Cal or assessed with Share of Cost, CLA SoCal evaluates whether can be eligible for other Medi-Cal programs such as Working Disabled Program to retain OCC**

- 
- **CLA SoCal as the Ombudsman for OCC plan assists with members complete the renewal process**
 - **CLA SoCal assists dual eligible consumers with SOC affordability issues and whether the SOC determination is correct, whether they were placed in the correct Medi-Cal Aid Code which will not be a barrier for OCC enrollment**
 - **CLA SoCal represents members in State Fair Hearing appeals on Medi-Cal eligibility issue**

- 
- **CLA SoCal assist consumers access services under the CMC plan, also assists with grievances and appeals**
 - **Currently assisting OCC member with network adequacy issue**
 - **CLA SoCal continues to provide education on the CMC plan benefits at outreach events**
 - **CLA SoCal also assists with balance billing or billing matters**
 - **CLA SoCal partner with Harbage (DHCS Consultant) to provide monthly webinars to providers and community advocates on illegal balance billing**



DEEMING PERIOD for OCC members due to Medi-Cal issues

- **MEDI-CAL ELIGIBILITY (Medi-Cal termination)
2 months Deeming period**
- **Medi-Cal SOC : 3 months Deeming Period =
Members not need to meet SOC during the
deeming period**
- **Members can access covered services under
OCC until the end of deeming period**



OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

Customer Service

**OneCare Connect Member Advisory Committee
October 24, 2019**

**Andrew Tse
Manager, Customer Service**

What Is ANOC?

- **The Annual Notice of Change (ANOC) is a Centers for Medicare and Medicaid Services (CMS) required mailing. It is one of the most important mailings a member will receive.**
 - Informs members of the changes to their benefits that will be effective on January 1st and give them an opportunity to review the changes and compare with those of other plans.
 - All health plans must ensure the ANOC is in the members hands and on the plan's website no later than September 30th of each year.



What is in the ANOC Packet?

- Annual Notice of Changes
- Member Handbook Insert
- Multi-Language Insert
- Nondiscrimination Notice and Language Taglines
- Notice of Privacy Practices
- Pre-Enrollment Checklist
- Provider Directory — Formulary Insert
- Summary of Benefits

Changes to OCC

D. Changes to benefits and costs for next year

	2019 (This Year)	2020
<i>Over-the-Counter (OTC) Allowance</i>	Supplemental OTC allowance is not covered	You pay a \$0 copay. \$50 benefit allowance per quarter (every 3 months) to purchase OTC products and supplies available through the OTC mail-order catalog. The quarterly allowance does not roll over to the following quarters.
<i>Hearing Services</i>	\$0 copay for hearing services. For hearing aids, our plan pays up to \$500 above the Medi-Cal limit. This benefit may only be used once during the year.	\$0 copay for hearing services. For hearing aids, our plan pays up to \$1,000 above the \$1,510 Medi-Cal limit. This benefit may only be used once during the year.

Changes to OCC (cont.)

D. Changes to benefits and costs for next year

	2019 (This Year)	2020
<i>Vision care</i>	Our plan pays up to \$150 above the Medi-Cal limit, every 2 years for contact lenses or eyeglasses (frames and lenses).	Our plan pays up to \$300 above the Medi-Cal limit, every 2 years for contact lenses or eyeglasses (frames and lenses).
<i>Worldwide Emergency/ Urgent Coverage</i>	You pay for your emergency and urgent care outside of the U.S. and we will reimburse you up to \$25,000 per year.	You pay for your emergency and urgent care outside of the U.S. and we will reimburse you up to \$50,000 per year.

Changes to OCC (cont.)

D2. Changes to prescription drug coverage

There are two payment stages for your Medicare Part D prescription drug coverage under OCC. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. <i>Your share is called the co-pay.</i></p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2020.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

Changes to OCC (cont.)

D2. Changes to prescription drug coverage

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$6,350. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. See Chapter 6 for more information about how much you will pay for prescription drugs.

	2019 (This Year)	2020
Drugs in Tier 1 (<i>generic drugs</i>) Cost for a 1-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your co-pay for a 1-month (30-day) supply is \$0 per prescription .	Your co-pay for a 1-month (30-day) supply is \$0 per prescription until your total drug costs reach \$2,750 , then your co-pays will be \$0, \$1.30, or \$3.60 per prescription
Drugs in Tier 2 (<i>brand-name drugs</i>) Cost for a 1-month supply of a drug in Tier 2 that is filled at a network pharmacy	Your co-pay for a 1-month (30-day) supply is \$0 per prescription until your total drug costs reach \$3,820, then your copays will be \$0, \$3.80 or \$8.50 per prescription .	Your co-pay for a 1-month (30-day) supply is \$0 per prescription until your total drug costs reach \$2,750, then your co-pays will be \$0, \$3.90 or \$8.95 per prescription .
Drugs in Tier 3 (<i>non-Medicare drugs</i>) Cost for a 1-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your co-pay for a 1-month (30-day) supply is \$0 per prescription .	Your co-pay for a 1-month (30-day) supply is \$0 per prescription .

Changes to OCC (cont.)

E. Administrative changes

	2019 (This Year)	2020
Mental Health Specialty Services – Non-Physician	Referral requirements apply	Will not require a referral
Opioid Treatment Program services	Not applicable for 2019	\$0 co-pay for Medicare covered services Requires authorization
Psychiatric Services	Requires prior authorization and a referral	Will not require prior authorization or a referral
Non-Medical Transportation	Requires a referral	Does not require a referral
Dialysis	Requires a prior authorization	Does not require a prior authorization
Colorectal cancer screening	Does not require a referral	Requires a referral

Changes to OCC (cont.)

F. How to choose a plan

- F1. How to stay in our plan

- You do not have to do anything to stay in your health plan. If you do not change to a Medicare Advantage Plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2020.

- F2. How to leave OCC

- You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan or moving to Original Medicare.
- If you leave OCC and do not join a Medicare Advantage Plan, you will go back to getting your Medicare and Medi-Cal services separately.
- You will continue to get your Medi-Cal services through CalOptima. Your Medi-Cal services include most long-term services and supports and behavioral health care.

CalOptima's Mission

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



2019–20 Legislative Tracking Matrix

BUDGET BILLS

Bill Number	Bill Summary	Bill Status	Position/Notes*
H.R. 3877	Bipartisan Budget Act of 2019: Will enact a two-year framework for the federal budget (through fiscal year 2021). This bill gives a broad blueprint for federal spending and prevents the implementation of automatic spending cuts – also known as sequestration – that are triggered, generally, when Congress misses budget deadlines. Of note, the passing of the Bipartisan Budget Act of 2019 removed proposed spending cuts to Medicaid.	08/02/2019 Signed into law	CalOptima: Watch
AB 74	FY 2019-20 California State Budget: Will enact a \$214.8 billion spending plan for FY 2019-20, with General Fund (GF) spending at \$147.8 billion. The following included within the state budget will have a direct impact to Medi-Cal: <ul style="list-style-type: none"> ■ Updates on the Pharmacy Services carve-out ■ Revisions to the expansion of Medi-Cal ■ Proposition 56 supplemental payment funding ■ Funding to respond to the homelessness crisis 	06/30/2019 Signed into law	CalOptima: Watch
AB 101	Housing Development and Financing Budget: Will enact housing trailer bills in the California 2019-2020 budget. Housing Development and Financing budget trailer bills include policy changes related to the housing and homeless services budget, including: <ul style="list-style-type: none"> ■ \$650 million in grant funding for homeless services ■ Bypassing certain California Environmental Quality Act (CEQA) regulations to expedite the establishment of homeless shelters 	07/31/2019 Signed into law	CalOptima: Watch
SB 104	Health Budget: Will enact health care trailer bills in the California 2019-2020 budget. <ul style="list-style-type: none"> ■ Expansion of full-scope Medi-Cal ages 19-25 regardless of immigration status ■ Eligibility expansion for low-income seniors (122% FPL to 138% FPL) ■ Extension of maternal-mental health Medi-Cal coverage ■ Implementation of a PACE rate adjustment 	07/09/2019 Signed into law	CalOptima: Watch
SB 78	Health Budget: Will enact health care trailer bills in the California 2019-2020 budget. <ul style="list-style-type: none"> ■ Prop 56 Value Based Payment (VBP) Behavioral Health integration program ■ Optional benefit restoration (optician and optical services, audiology, speech therapy, podiatry, and incontinence creams) ■ Health Homes Program (HHP) funding extension until 7/1/2024 ■ State-based Individual Mandate ■ Managed Care Organization (MCO) Tax renewal intent language 	06/27/2019 Signed into law	CalOptima: Watch



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Orange County's
Community Health Plan

2019–20 Legislative Tracking Matrix (continued)

Bill Number	Bill Summary	Bill Status	Position/Notes*
AB 115	Managed Care Organization (MCO) Tax Renewal: Proposes a renewal of, until 12/31/2022, and new structure for the MCO tax, which would be effective retroactive to 7/1/2019.	09/17/2019 Enrolled with the Governor 09/12/2019 Passed Senate floor 09/12/2019 Passed Assembly floor 12/03/2018 Introduced	CalOptima: Watch CAHP: Support LHPC: Support

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 577 Eggman	Maternal Mental Health Care Services: Would extend eligibility for an individual to receive maternal mental health care services through the Medi-Cal Access Program for women below 138% federal poverty level from 60 days post-pregnancy to 12 months post-pregnancy or the diagnosis of a maternal mental health condition. Medi-Cal postpartum care services are covered for any individual who was pregnant and experienced child birth, delivery or miscarriage.	09/06/2019 Enrolled with the Governor 09/03/2019 Passed Senate floor 05/24/2019 Passed Assembly floor 02/14/2019 Introduced	CalOptima: Watch
AB 1175 Wood	Medi-Cal Mental Health Services Data Sharing: Would require the monthly exchange of member data between a County Specialty Mental Health Plan (MHP) and a Medi-Cal Managed Care Plan (MCP) for any member that has received or is receiving specialty mental health services. The use of a data exchange system would be mutually agreed upon between the MHP and MCP. Data collected would be used to improve care coordination for those with mild, moderate or severe mental health needs. Any disputes regarding covered mental health services between the MHP and MCP would be required to be resolved by the Department of Health Care Services within 30 calendar days.	09/12/2019 Enrolled with the Governor 09/04/2019 Passed Senate floor 05/28/2019 Passed Assembly floor 02/21/2019 Introduced	CalOptima: Watch
SB 10 Beall	Mental Health Support Services Certificate: Would create the Certified Support Specialist (CSS) certificate program, which would allow parents, peers, and family to become a CSS. A CSS would be able to provide non-medical mental health and substance abuse support services. Additionally, would require the Department of Health Care Services (DHCS) to include CSS as a provider type, covered by Medi-Cal. The certificate program would be funded through Mental Health Services Act funds and, if federally approved, the peer-support program would be funded through Medi-Cal reimbursement.	09/11/2019 Enrolled with the Governor 09/05/2019 Passed Assembly floor 05/21/2019 Passed Senate floor 12/03/2018 Introduced	CalOptima: Watch LHPC: Support

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 163 Portantino	Autism Spectrum Disorder (ASD) Treatment: Would revise and expand the definitions of those providing care and support to individuals with Autism Spectrum Disorder (ASD) and redefine the minimum qualifications of autism service professionals. Additionally, ASD treatment such as the Developmental Individual-differences, and Relationship-based model (DIR), or "DIRFloortime," not currently covered by Medi-Cal, may be provided at any time or location, in an unscheduled and unstructured setting, by a qualified autism provider. The authorization of ASD treatment services would not be denied or limited if a parent or caregiver is unable to participate.	09/13/2019 Enrolled with the Governor 09/09/2019 Passed Assembly floor 05/22/2019 Passed Senate floor 01/24/2019 Introduced	CalOptima: Watch CAHP: Oppose AHIP: Oppose

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 678 Flora	Podiatric Services as a Medi-Cal Covered Benefit: Would modify authorizations of services so that a podiatrist would no longer be required to submit prior authorization for services during the patient's visit if a physician and surgeon providing the same services would not be required to submit prior authorization. Additionally, removes the limit on how many visits the patient can make to a podiatrist. Permits a podiatrist to bill Medi-Cal the same rate that a physician or surgeon would bill for the same services.	09/03/2019 Enrolled with the Governor 08/15/2019 Passed Senate floor 05/23/2019 Passed Assembly floor 02/15/2019 Introduced	CalOptima: Watch
AB 781 Maienschein	Pediatric Day Health Care (PDHC) Services: Expands PDHC service hours to any day of the week and at any time of the day, so long the number of respite hours allocated are available. Would allow no more than 23 hours per calendar day of covered services. Currently, a parent or guardian may seek PDHC services up to 30 calendar days each year and for no more than 24 hours at a time. PDHC services are required to be provided by a facility licensed through the Department of Public Health and include both physical and social services.	07/09/2019 Signed into law 06/27/2019 Passed Senate floor 06/17/2019 Passed Assembly floor 02/19/2019 Introduced	CalOptima: Watch
AB 848 Gray	Continuous Medi-Cal Coverage for Glucose Monitors: Would include continuous glucose monitors as a Medi-Cal covered benefit. Cost of the glucose monitoring devices is unknown at this time. The Department of Health Care Services estimates this will cost \$100.8 million total funds (\$31.9 million General Fund (GF), \$68.9 million Federal Fund (FF)) the first year and \$92.7 million total funds (\$29.4 million GF, \$63.3 million FF) the second year.	09/13/2019 Enrolled with the Governor 09/04/2019 Passed Senate floor 05/22/2019 Passed Assembly floor 02/20/2019 Introduced	CalOptima: Watch

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1004 McCarty	Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Developmental Screening Services: Would include developmental screenings services as part of the EPSDT program for children 0-3 years of age. Would recommend developmental screenings take place for children at the age of 9 months, 18 months, and 30 months. All screenings are to be in compliance with developmental screening guidelines set in place by the American Academy of Pediatrics. Additionally, would allow DHCS to adjust capitation rates for providers, with the use of value-based purchasing, as an incentive to improve EPSDT outcomes.	09/13/2019 Enrolled with the Governor 09/05/2019 Passed Senate floor 05/23/2019 Passed Assembly floor 02/21/2019 Introduced	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1839 Ruiz	Medicaid Services Investment and Accountability Act of 2019: Extends spousal impoverishment protections when a spouse is receiving skilled nursing care, provides states the ability to provide coordinated care for children with special needs through the use of health home services, and would require drug manufacturers to disclose drug product information and pay a fine for the misclassification of prescribed medications.	04/18/2019 Signed into law 04/02/2019 Passed the Senate 03/25/2019 Passed the House 03/21/2019 Introduced	CalOptima: Watch
AB 1088 Wood	Medi-Cal Eligibility without a Share-of-Cost: Effective July 1, 2021 through the use of a State Plan Amendment or Waiver, would eliminate the "Share of Cost (SOC)" and maintain eligibility for Medi-Cal, for individuals who are aged, blind, or disabled, once the Department of Health Care Services (DHCS) begins to pay for the individual's Medicare Part B premium. Currently, individuals in this eligibility category with income levels above 100 percent FPL are only eligible for Medi-Cal if they pay an added out of pocket expense known as SOC. Under SOC, beneficiaries must take full responsibility for health care expenses up to a predetermined amount for the month in which they receive services or risk losing Medi-Cal eligibility. This bill aims to ensure that individuals have access to Medi-Cal without incurring extra financial burdens.	09/13/2019 Enrolled with the Governor 09/05/2019 Passed Senate floor 05/29/2019 Passed Assembly floor 02/21/2019 Introduced	CalOptima: Watch CAHP: Support LHPC: Support

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 29 Durazo	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately \$134 million each year (\$100 million General Fund, \$21 federal funds) by expanding full-scope Medi-Cal to approximately 25,000 adults who are undocumented and 65 years of age and older.	09/13/2019 Held in Assembly 08/30/2019 Passed Assembly Committee on Appropriations 05/29/2019 Passed Senate floor 12/03/2018 Introduced	CalOptima: Watch

HOMELESSNESS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1978 Correa/Lieu	<p>Fighting Homelessness Through Services and Housing Act: Similar to S. 923, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of \$750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of \$100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to \$25 million each year for up to five years.</p> <p>Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.</p>	03/28/2019 Introduced; Referred to the House Committee on Financial Services	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 923 Feinstein	<p>Fighting Homelessness Through Services and Housing Act: Similar to H.R. 1978, would establish a federal grant program within the Health Resources and Services Administration to fund comprehensive homeless support services through the appropriation of \$750 million each year for five years, beginning in FY 2020. Included would be a one-time grant of \$100,000 to support program planning for existing programs serving those who are homeless or at risk of being homeless. Each eligible entity would be able to receive up to \$25 million each year for up to five years.</p> <p>Government entities eligible to apply for grant funding would include counties, cities, regional or local agencies, Indian tribes or tribal organizations. Each agency would be able to enter partnerships to meet eligibility status. Additionally, comprehensive homeless support services, such as mental health services, supportive housing, transitional support, and case management must be provided by the agency to be considered to receive grant funding. Individuals eligible to receive comprehensive homeless support services through this program include persons who are homeless or are at risk of becoming homeless, including families, individuals, children and youths.</p>	<p>03/28/2019 Introduced; Referred to Committee on Health, Education, Labor, and Pensions</p>	CalOptima: Watch
AB 143 Quirk-Silva	<p>Homeless Shelter Crisis: Would extend existing law, AB 932 (2017), until January 1, 2023, allowing designated cities or counties to establish a shelter crisis that exempts the construction of a homeless shelter from the California Environmental Quality Act (CEQA). Would add to the list of designated municipalities the County of Alameda, the County of Orange, and the City of San Jose. Would require transition plans for permanent housing for participants within the operational plans of each shelter. Additionally, this exemption would only apply to the construction of a homeless shelter owned by either a state agency, city, county, or government-owned land.</p>	<p>09/10/2019 Enrolled with the Governor</p> <p>09/05/2019 Passed Senate floor</p> <p>05/09/2019 Passed Assembly floor</p> <p>12/13/2018 Introduced</p>	CalOptima: Watch County of Orange: Support
AB 1199 Petrie-Norris	<p>Use of Fairview Developmental Center: Would require public hearing and public comments regarding the use of the Fairview Developmental Center in Costa Mesa, CA.</p>	<p>09/09/2019 Enrolled with the Governor</p> <p>09/05/2019 Passed Senate floor</p> <p>05/16/2019 Passed Assembly floor</p> <p>02/21/2019 Introduced</p>	CalOptima: Watch

2019–20 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 450 Umberg	Motel Conversion for Supportive and Transitional Housing: Would exempt developers from following California Environmental Quality Act (CEQA) steps in order to expedite the development of motel rooms into supportive and transitional housing units.	09/12/2019 Enrolled with the Governor 09/09/2019 Passed Assembly floor 05/06/2019 Passed the Senate 02/21/2019 Introduced	CalOptima: Watch County of Orange: Support

MEDI-CAL MANAGED CARE PLAN OVERSIGHT

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1642 Wood	Medi-Cal Managed Care Plans: Would require Medi-Cal managed care plans (MCPs) to provide assistance with transportation services for long-distance medical appointments and scheduling for out-of-network providers that may be necessary due to network adequacy deficiencies. Would also broaden and clarify the authority of the Department of Health Care Services (DHCS) to levy sanctions on both MCPs and Mental Health Plans.	09/12/2019 Enrolled with the Governor 09/04/2019 Passed Senate floor 05/29/2019 Passed Assembly floor 02/22/2019 Introduced	CalOptima: Watch
SB 503 Pan	Subcontracts: Would require Medi-Cal managed care plans (MCPs) to conduct annual audits, with at least 10 percent being conducted as surprise audits, of subcontractors who perform delegated functions involving medical review and decision making. Would require the Department of Health Care Services (DHCS) to establish an audit tool to be used by the MCP, beginning January 1, 2021. Audits of subcontractors would begin no sooner than January 1, 2022 and would require audit results to be reported to DHCS, including the identification of the subcontractor being audited. Additionally, if more than one MCP subcontract with the same subcontracted provider, those MCPs may choose to conduct a joint audit.	09/12/2019 Enrolled with the Governor 09/09/2019 Passed Assembly floor 05/22/2019 Passed Senate 02/21/2019 Introduced	CalOptima: Watch

MEMBER MATERIALS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 318 Chu	Materials for Medi-Cal Members: Would require Medi-Cal managed care plans' (MCPs) specific written health education and information materials to be reviewed through "field testing" to ensure all materials meet readability and suitability standards. Materials required for field testing include: "Enrollment and disenrollment forms and information, new member welcome packets, member handbooks, appointment notices and reminders, forms and information regarding grievance or complaint procedures and information regarding external review of plan decisions, and notices of action." Field testing may be conducted internally by the MCP or by an external entity, but must be done by a native speaker of the language being reviewed. The findings of the field testing will then be reported to the Department of Health Care Services (DHCS). Additionally, would require DHCS to establish a workgroup of advocates and MCPs to measure the readability of member-facing materials used by MCPs, such as the <i>Rights and Responsibilities Form</i> and the <i>Medi-Cal Request for Information Form</i> .	09/10/2019 Enrolled with the Governor 09/05/2019 Passed Senate floor 05/23/2019 Passed Assembly floor 01/30/2019 Introduced	CalOptima: Watch CAHP: Oppose LHPC: Oppose

PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
ACR 131 Petrie-Norris	Programs of All-Inclusive Care for the Elderly (PACE) Month: Assembly Concurrent Resolution that recognizes September 2019 as PACE Month in California.	09/09/2019 Resolution adopted in the Senate 08/30/2019 Resolution adopted in the Assembly 08/19/2019 Introduced	CalOptima: Watch CalPACE: Support; Sponsor
AB 1128 Petrie-Norris	Programs of All-Inclusive Care (PACE) Licensing: Would exempt a primary care clinic, adult day health care center, or home health agency from the Department of Public Health (DPH) licensing requirements. Would apply to agencies solely serving PACE participants, effective upon agreement of the Department of Health Care Services (DHCS), but no later than January 1, 2021. This would streamline the licensing process by having the clinic licensing, adult day services licensing, or home health licensing under the responsibility of DHCS. Additionally, would authorize a primary care clinic, adult day health care center, or home health agency to provide services to a Medi-Cal beneficiary during the PACE enrollment eligibility period, for no more than 60 days, when that center solely serves PACE participants.	09/16/2019 Enrolled with the Governor 09/10/2019 Passed Senate floor 05/28/2019 Passed Assembly floor 02/21/2019 Introduced	CalOptima: Watch CalPACE: Support; Sponsor

REIMBURSEMENT RATES

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 66 Atkins/ McGuire	Federally Qualified Health Center (FQHC) Reimbursement: Would allow an FQHC to be reimbursed by the state for a mental health or dental health visit that occurs on the same day as a medical face-to-face visit. Currently, California is one of the few states that do not allow an FQHC to be reimbursed for a mental or dental and physical health visits on the same day. A patient must seek mental health or dental treatment on a subsequent day for an FQHC to receive reimbursement for that service. This bill would distinguish a medical visit through the member's primary care provider and a mental health or dental visit as two separate visits, regardless if at the same location on the same day. As a result, the patient would no longer have to wait a 24-hour time period in order to receive medical and dental or mental health services, while ensuring that clinics are appropriately reimbursed for both services. Additionally, acupuncture services would be included as a covered benefit when provided at an FQHC.	09/13/2019 Moved to inactive file; Two-year bill at the request of the author 08/30/2019 Passed Assembly Committee on Appropriations 05/23/2019 Passed Senate floor 01/08/2019 Introduced	CalOptima: Watch CAHP: Support LHPC: Support; Cosponsor

*Information in this document is subject to change as bills are still going through the early stages of the legislative process.

CAHP: California Association of Health Plans

CalPACE: California PACE Association

LHPC: Local Health Plans of California

NPA: National PACE Association

Last Updated: September 23, 2019

2019 Federal Legislative Dates

January 3	116 th Congress convenes 1st session
April 15–26	Spring recess
July 29–September 6	Summer recess
September 30–October 11	Fall recess

2019 State Legislative Dates

January 7	Legislature reconvenes
February 22	Last day for legislation to be introduced
April 26	Last day for policy committees to hear and report bills to fiscal committees
May 3	Last day for policy committees to hear and report non-fiscal bills to the floor
May 17	Last day for fiscal committees to report fiscal bills to the floor
May 28–31	Floor session only
May 31	Last day to pass bills out of their house of origin
June 15	Budget bill must be passed by midnight
July 12–August 9	Summer recess
August 30	Last day for fiscal committees to report bills to the floor
September 3–13	Floor session only
September 13	Last day for bills to be passed. Final recess begins upon adjournment
October 13	Last day for Governor to sign or veto bills passed by the Legislature
December 2	Convening of the 2020–21 session

Sources: 2019 State Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislative deadlines>

About CalOptima

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