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

THURSDAY, JUNE 25, 2020
3:00 P.M.

CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107-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.

To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged <u>not</u> to attend the meeting in person. As an alternative, members of the public may:

1) **Listen to the live audio at +1 (631) 992-3221 - Access Code: 699-620-884 or**

2) **Participate via Webinar at:**

   https://attendee.gotowebinar.com/register/8377332331755972620 rather than

   attending in person. Webinar instructions are provided below.

I. **CALL TO ORDER**
    Pledge of Allegiance

II. **ESTABLISH QUORUM**

III. APPROVE MINUTES
A. Approve Minutes of the April 23, 2020 Regular 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 OneCare Connect Member Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.

V. REPORTS
A. Approve FY 2020-21 OneCare Connect Member Advisory Committee Meeting Schedule
B. Approve FY 2019-20 OneCare Connect Member Advisory Committee Accomplishments
C. Consider Recommendation of OneCare Connect Member Advisory Committee Slate of Candidates
D. Consider Recommendation of Agency Appointed Orange County Health Care Agency Representative

VI. CEO AND MANAGEMENT REPORTS
A. Chief Executive Officer (CEO) Update
B. Chief Operating Officer (COO) Update
C. Chief Medical Officer (CMO) Update

VI. INFORMATION ITEMS
A. OneCare Connect Member Advisory Committee Member Updates
B. Coronavirus (COVID-19) Update
C. Federal and State Legislative Update
D. Ombudsman Report
E. CalOptima Members Experiencing Homelessness Update

VII. COMMITTEE MEMBER COMMENTS

VIII. ADJOURNMENT

MINUTES

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

April 23, 2020

A Regular Meeting of the CalOptima Board of Directors' OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) Member Advisory Committee (OCC MAC) was held via Webinar on April 23, 2020 at CalOptima, 505 City Parkway West, Orange, California.

CALL TO ORDER

Chair Patty Mouton called the meeting to order at 3:05 p.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present:	Patty Mouton, Chair; Gio Corzo, Vice Chair' Josefina Diaz; Sandra Finestone; Keiko Gamez; Sara Lee; Mario Parada; Donald Stukes; Jyothi Atluri (non-voting)
Members Absent:	Erin Ulibarri (non-voting)
Others Present:	Richard Sanchez, Interim Chief Executive Officer; Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Gary Crockett, Chief Counsel; Belinda Abeyta, Executive Director, Operations; Candice Gomez, Executive Director, Program Implementation; Betsy Ha, Executive Director, Quality and Population Health Management; Tracy Hitzeman, Executive Director, Clinical Operations; Miles Masatsugu, M.D., Medical Director; Albert Cardenas, Director, Customer Service; Carlos Soto, Manager, Cultural and Linguistics; Cheryl Simmons, Staff to the Advisory Committees; Samantha Fontenot, Program Assistant, Customer Service.

MINUTES

Approve the Minutes of the February 27, 2020 Regular Meeting of the CalOptima Board of Directors' OneCare Connect Member Advisory Committee (OCC MAC)

> *Action:*   ***On motion of Member Josefina Diaz, seconded and carried, the Committee approved the minutes of the February 27, 2020 meeting by a roll call vote. (Motion carried 8-0-0)***

PUBLIC COMMENT

There were no requests for public comment.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update
Richard Sanchez, Interim Chief Executive Officer, introduced himself to the Committee and thanked Michael Schrader for his guidance through the transition.

Chief Operating Officer Update
Ladan Khamseh, Chief Operating Officer, welcomed Richard Sanchez and provided a verbal update on the Qualified Medicare Beneficiary (QMB) Program outreach to the members. Ms. Khamseh noted that CalOptima has had a good success rate in reaching qualified Part A members.

Chief Medical Officer Update
David Ramirez, M.D., Chief Medical Officer, provided a verbal update on CalOptima's collaboration with the Orange County Health Care Agency and other stakeholders regarding the Coronavirus (COVID-19). He noted that the Health Homes Program phase two is still on schedule for roll-out July 1, 2020. Dr. Ramirez also discussed the CalAIM Pharmacy carve out and the Department of Health Care Services (DHCS) Behavioral Health initiatives.

INFORMATION ITEMS

OCC MAC Member Updates
Chair Mouton reminded the members that recruitment was extended until April 30, 2020. She noted that the following seats have terms expiring on June 30, 2020, Community Based Adult Services (CBAS) Provider, Long Term Services and Supports, Member Advocate, Member or Family Member and Seniors Representatives and noted that those members who do not reapply will not be considered for reappointment. Chair Mouton formed a nominations ad hoc committee to review and score the applications that are received for the vacant seats. The nominations ad hoc committee will consist of Mario Parada, Sara Lee, and Josefina Diaz.

Coronavirus (COVID-19) Presentation
Mile Masatsugu, M.D., Pace Medical Director, provided a comprehensive presentation on COVID-19. He discussed CalOptima's and Orange County's testing capabilities and noted that CalOptima's COVID-19 response was in educating members and ensuring their access to care, and CalOptima's status of temporary telework staff.

Trauma Informed Care and Proposition 56 (Tobacco Tax) ACE Screening Presentation
Betsy Ha, Executive Director, Quality and Population Health Management, presented on Trauma-Informed Care and Adverse Childhood Experiences (ACE) Screening. Ms. Ha discussed the impact of trauma on heath, evidence-based studies of ACE's and the impact to population health and trauma informed care. Ms. Ha also provided a handout from the California Surgeon General's Playbook regarding Stress Relief during COVID-19.

Federal and State Legislative Update
TC Roady, Director, Regulatory Affairs and Compliance, provided a verbal update on the State and Federal Government's COVID-19 response including the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) guidance.

Cultural and Linguistics Update
Carlos Soto, Manager, Cultural and Linguistics, provided a brief overview of the cultural and linguistic services available for the CalOptima members. Mr. Soto's discussion included member utilization data using telephonic, face to face interpreter & translation services and how Cultural & Linguistics utilizes both internal staff and contracted vendors to ensure members are provided with timely translation and interpretation services.

ADJOURNMENT
Chair Mouton announced that the next regular meeting would be held on Thursday, June 25, 2020 at 3:00 p.m.

There being no further business, the meeting adjourned at 5:10 p.m.

*/s/ Cheryl Simmons*_____
Cheryl Simmons
Staff to the Advisory Committees

Approved: June 25, 2020

OneCare Connect

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Cal MediConnect Plan (Medicare-Medicaid Plan)

OneCare Connect Member Advisory Committee
FY 2020-21 Meeting Schedule

August
Thursday, August 27, 2020
Conference Room 109-N

October
***Thursday, October 8, 2020 at 8:00 AM**
Conference Rooms 108-N and 109-N

Thursday, October 22, 2020
Conference Room 109-N

December
Thursday, December 17, 2020
Conference Room 109-N

February
Thursday, February 25, 2021
Conference Room 109-N

April
Thursday, April 22, 2021
Conference Room 109-N

June
Thursday, June 24, 2021
Conference Room 109-N

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

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

*Denotes Special Joint Meeting

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan)

**OneCare Connect Member Advisory Committee
FY 2019-20 Accomplishments**

During FY 2019-20 the OneCare Connect Member Advisory Committee (OCC MAC) of the CalOptima Board of Directors provided input to ensure that OneCare Connect members receive quality health care services. The following list highlights the accomplishments:

- OCC MAC members outreached to Orange County organizations and agencies to invite community stakeholders to present on member needs and concerns at OCC MAC meetings. Presentations included palliative care, end-of-life considerations, homelessness, mental illness, opioid/substance abuse and COVID-19.

- OCC MAC member, whose agency serves as Orange County's Cal MediConnect Ombudsman Program, provided updates and feedback from dual-eligible members and the community regarding the OneCare Connect program.

- An OCC MAC Nomination Ad Hoc Subcommittee convened to select the proposed slate of candidates. The OCC MAC reviewed the proposed candidates at its June 25, 2020 meeting and forwarded their recommendations to the Board for consideration and approval at their August 6, 2020 meeting.

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

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

- All OCC MAC members completed the annual Compliance Training.

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

- OCC MAC members contributed over 170 hours to CalOptima during FY 2019-20, including OCC MAC meetings, ad hoc meetings, and Board meetings. These hours do not account for the innumerable hours that OCC MAC members dedicate to members on a day-to-day basis which is equal to 21 business days.

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

M E M O R A N D U M

DATE:	May 27, 2020
TO:	CalOptima Board of Directors
FROM:	Richard Sanchez, Interim CEO
SUBJECT:	CEO Report — June 4, 2020, Board of Directors Meeting
COPY:	Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

California Proposed State Budget Would Significantly Alter Medi-Cal Program

On May 14, Gov. Gavin Newsom released a revised FY 2020–21 state budget proposal (May Revise) that accounts for the significant negative impact of COVID-19. The proposed budget totals $203.3 billion, with General Fund spending at $133.9 billion. This represents a decrease of $18.9 billion from the governor's January budget proposal. Below are summaries of key impacts:

- *Medi-Cal Cuts and Changes:* Regarding Medi-Cal, the May Revise increases the budget to $115.3 billion, compared with the January budget proposal of $107.4 billion. This is due to a projected Medi-Cal enrollment increase, peaking at 14.5 million beneficiaries.

  However, to balance the budget, the May Revise includes major Medi-Cal impacts through multiple program cuts and withdrawn or delayed initiatives. Among these are cutting Medi-Cal managed care plan rates by 1.5% for the 18-month bridge period of July 1, 2019– December 31, 2020, and further cuts for Calendar Year 2021; eliminating a dozen optional Medi-Cal benefits and two programs for seniors, Community-Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP); redirecting Proposition 56 funds away from supplemental payments and toward program growth; delaying California Advancing and Innovating Medi-Cal (CalAIM); and withdrawing the January proposal to expand Medi-Cal to undocumented seniors. These and other proposals are further summarized in the staff analysis that follows my CEO Report.

  In terms of next steps, the Legislature will hold budget hearings and has until June 15 to pass and submit a final state budget for the governor's approval. Furthermore, the proposals to eliminate the optional benefits, CBAS and MSSP will require federal approval before implementation and could potentially be avoided with an infusion of federal funding.

- *MSSP:* The proposed budget calls for eliminating MSSP no sooner than July 1, 2020, to save approximately $22.2 million statewide. CalOptima has approximately 450 members in MSSP and a staff of 18 dedicated to the program. To address the proposal's potential impact on CalOptima employees, medical and Human Resources leaders met virtually with the MSSP team. They explained that CalOptima is actively engaged in advocating to retain the program, but if a transition is necessary, the priority is retention and moving staff to other open positions at CalOptima as their skills and qualifications allow.

- *CBAS:* The state's proposal to eliminate the CBAS program by January 1, 2021, is generating response from affected organizations, including a request that CalOptima convey to the state that CBAS saves money while positively impacting members' health. CalOptima's state associations, the California Association of Health Plans and Local Health Plans of California,

are actively engaged in protecting the stability of the Medi-Cal program by advocating for federal funding that would curb the need to cut benefits and programs. In a May 24 hearing of the State Senate Budget and Fiscal Review Committee's health and human services subcommittee, there appears to be a level of support for retaining CBAS and MSSP, but the outcome will be unknown until the budget is approved.

Full Board to Consider Revised Operating Budget With Reduced Administrative Costs
The May 21 Finance and Audit Committee (FAC) meeting included a robust discussion about CalOptima's FY 2020–21 operating budget, with a proposed consolidated deficit of approximately $61.7 million. This is heavily impacted by the May Revise's proposal to cut Medi-Cal capitation rates for the 18-month bridge period of July 1, 2019–December 31, 2020, as well as the upcoming Calendar Year 2021. CalOptima has proposed absorbing the revenue reductions from the May Revise instead of passing them to health networks and fee-for-service providers. However, CalOptima is moving forward with a rate rebasing effort that recommends cuts to Medi-Cal Classic capitation rates and continued right sizing of Medi-Cal Expansion capitation rates, as well as a reduction to OneCare Connect hospital capitation rates. FAC members asked staff to reexamine the proposed consolidated administrative expenses of $166.3 million and make reductions where possible. Therefore, FAC did not approve the operating budget and advised that the full Board consider the revised budget on June 4.

Ongoing COVID-19 Response Focuses on Communication, Collaboration
In the 10 weeks since CalOptima received confirmation of our first COVID-19 case, staff remains committed to the comprehensive, collaborative response required of us as the health plan that covers nearly 25% of all Orange County residents. As of May 26, CalOptima has received reports of 605 positive cases, 355 hospitalizations and 16 deaths among our members.

- *Member Communications:* CalOptima recently enhanced our COVID-19 member section on the website here. It was updated and reorganized for ease of use, and it is available in all seven threshold languages.
- *Provider Communications:* One of CalOptima's top priorities amid the pandemic is keeping providers informed about myriad regulatory changes and the latest news. CalOptima distributes material electronically and via fax. Dozens of updates were added in May. View the provider section here.
- *Orange County Nursing Home COVID-19 Prevention Team Program:* There is widespread concern about the heavy toll COVID-19 is having in nursing homes, and CalOptima is proudly promoting a new program to reduce infection rates. After your Board's May 7 approval of CalOptima's collaborative effort with UCI and Orange County Health Care Agency, we distributed a media release that garnered immediate attention. The Orange County Register ran articles on May 8 and May 22, while the Los Angeles Times published a piece on May 14. NBC's Vikki Vargas did a TV news segment on May 13 viewable here.
- *Komen Orange County Webinar:* On May 26, Executive Director of Quality and Population Health Betsy Ha participated in the Komen OC webinar educational series "Caring Through COVID-19 Together," along with Komen CEO Megan Klink. Ha discussed Medi-Cal coverage for breast health and cancer, including details about the Breast and Cervical Cancer Treatment Program and the importance of continuing to get mammograms.
- *Clinical Field Teams (CFTs):* CalOptima appreciates the ongoing partnership of our CFT organizations in serving individuals experiencing homelessness amid the pandemic. Data from mid-April to mid-May shows that activity remains constant. CFTs treated 40 patients,

and 24 were CalOptima members. Twenty referrals came from shelters, and the other half were from county and city outreach teams. COVID-19 drove a transition to telehealth visits with CFTs, and 16 visits have been completed using a telehealth approach since April.

- *Return to 505 Building:* With California beginning to relax the Stay-at-Home Order based on certain criteria, CalOptima is starting internal discussions regarding employees returning to the building. Currently, there is no specific timeframe for this, and we are gathering information shared by other health plans during collaborative calls. The executive team recognizes that significant short- and long-term modifications to our workspace will be necessary, including perhaps maintaining a higher percentage of teleworking staff. I will keep your Board informed as we develop a plan.

Mental Health Awareness Month Highlights Intensified Needs During Pandemic
May is national Mental Health Awareness Month, and CalOptima has amplified our longstanding support for this effort that promotes mental wellness. We have conducted a variety of activities to raise awareness among staff, members and the public. Internally, CalOptima has distributed many resources and engagement opportunities to staff via email. Our social media channels have carried regular messages about how to get help when needed and/or take action to boost wellness. On May 31, Edwin Poon, Ph.D., director of Behavioral Health Services, will be featured during a 30-minute interview about mental health during the COVID-19 pandemic on Tammy Trujillo's Community Cares program, on Angels Radio (KLAA-AM 830).

CalOptima Holds Key Meetings With Health Network Partners
The pace of change requires ongoing engagement with our health network partners, and this month, CalOptima invited their participation in two key meetings that provided information about financial, operational and medical topics.

- Health Network CEO Meeting — On May 19, CalOptima engaged health network leaders with updates about our Homeless Health Initiatives and COVID-19 response, but spent the majority of the time discussing detailed financial issues, including the Medi-Cal and OneCare Connect rate rebasing process, CalOptima's FY 2020–21 budget, and the OneCare Connect/OneCare risk adjustment overreporting reconciliation project.
- Health Network Forum — On May 21, CalOptima's health networks received a variety of updates essential to ongoing collaboration and operation. Staff addressed contracting changes, COVID-19's impact on quality reporting, the expanded office hours initiative, continuity of care for Whole-Child Model and Health Homes Program status. The forum also spent considerable time covering the May Revise and CalOptima's FY 2020–21 budget.

Board Ad Hoc Committee on Delivery System Evaluation Holds First Meeting
On May 18, the Board ad hoc committee formed to consider the delivery system evaluation met for the first time. Pacific Health Consulting Group and Milliman Inc. delivered a comprehensive final report that contained a variety of recommendations, and the ad hoc will be studying the various strategies to enhance CalOptima's delivery system. The ad hoc plans to meet every other week, with a goal of bringing selected recommendations back to the full Board for action and implementation. The final report is available as part of the February 6 Board materials here.

Prospect Medical Group to Acquire Additional Physician Practices to Expand Network
Contracted health network Prospect Medical Group announced it is expanding through the acquisition of three independent physician practices in Southern California. Prospect plans to buy certain assets of CalCare IPA, Los Angeles Medical Center IPA and Vantage Medical

Group. The transaction will double Prospect's network to more than 20,000 doctors. Prospect serves about 34,500 CalOptima Medi-Cal members and 2,200 OneCare Connect members.

CalOptima to Participate in Assemblywoman's Update on Homelessness
On May 29, Assemblywoman Sharon Quirk-Silva is hosting an interactive, virtual update on Orange County's homelessness issue in light of the pandemic. I will participate on behalf of the agency by sharing information regarding our Homeless Health Initiatives and services for the local homeless population.

Projects for Real Estate Consultant Reprioritized
Earlier this year, CalOptima engaged real estate consultant Newmark Knight Frank for work in three main areas: office space and parking assessment, Program of All-Inclusive Care for the Elderly (PACE) lease renewal, and CalOptima development rights evaluation. Due to the COVID-19 pandemic, CalOptima has reprioritized these tasks. While the consultant will continue to monitor the local commercial real estate market, management will reevaluate future office space and parking needs based on the changing conditions of increased employee telework and potential membership growth. Therefore, this aspect of the consultant's work has been postponed until after the internal review is complete. The consultant is moving forward with work on the PACE lease, which expires December 2021, by starting negotiations with the PACE landlord. The goal is to bring a proposal to the Board for review later this year. Regarding the development rights for the 505 City Parkway West property, CalOptima has already had an initial meeting with the City of Orange planning managers and identified a two-phase approach. First, we will seek an extension of the existing, unmodified development rights past the October 2020 expiration. In the second phase, with assistance from the consultant, staff will evaluate other development options and bring those recommendations to the Board for consideration.

Coronavirus Disease 2019 (COVID-19) Update

OneCare Connect Member Advisory Committee

June 25, 2020

Emily Fonda, MD MMM CHCQM

Deputy Chief Medical Officer

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COVID-19 Status as of June 23

	United States	California	Orange County	CalOptima
Cases	2,302,288	178,054	10,737	1,086
Deaths	120,333	5,515	273	53

Orange County COVID-19 Metrics

	May 24th - May 30th	May 31st - June 6th	June 7th- June 13th	June 14th- June 20th
Avg # of New Cases Per Day	134	174	143	253
Avg # of Tests Completed Per Day	3,444	3,771	3,671	4,233
Positivity Rate	3.89%	4.61%	3.89%	5.98%
Hospitalizations	277/day	291/day	315/day	351/day
ICU Beds	120 (5/30)	135 (6/6)	144 (6/13)	137 (6/20)

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COVID-19 Impact

- Significant short- and long-term impact on Orange County
  - Continued social distancing efforts
  - Vulnerable populations continue to be at increased risk
- Expanded testing
- Economic impact of COVID-19
  - Anticipated increase in Medi-Cal and CalOptima membership
  - Governor's revised budget

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COVID-19 Response: Governor's Resilience Roadmap

STAGE 1:
Safety and preparedness

STAGE 2:
Lower-risk workplaces

STAGE 3:
Higher-risk workplaces

STAGE 4:
End of Stay Home Order

source: https://covid19.ca.gov/roadmap/

COVID-19 Response

- California State Directives
  - Released Resilience Road Map
    - State approved further move into Stage 3 for Orange County
    - Opening of higher-risk workplaces with modifications
    - Reopening of religious institutions with modifications
    - Reopening of youth sports practices
  - California Connect contact tracing program
  - All facility letter requiring nursing home testing
  - Governor's Executive Order (N-70-20)

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COVID-19 Response

- Orange County Health Officer Orders
  - Cloth face-covering recommended in public and at work when not able to maintain at least 6 feet of distance from others
  - Self-isolation for COVID-19
    - Positive test or COVID-19 symptoms
    - Isolation required until 10 days after symptoms appeared and 3 after fever resolved and respiratory symptoms improved
    - May not leave place of isolation except to receive necessary medical care
  - Self-quarantine for exposure
    - Quarantine required until 14 days from last date of close contact with a person with COVID-19 or likely to have COVID-19
    - Includes contact 48 hours before symptoms started until isolation not required
    - Close contact is within 6 feet for 15 minutes or more
    - Does not apply to health care professionals and law enforcement

COVID-19 Response

- Recent CalOptima Board Actions
  - ➢ Expanded PIPQI
  - ➢ Funded UCI/OC HCA Nursing Home Infection and Prevention Initiative
  - ➢ Approved Virtual Care

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COVID-19 Next Steps

- California Stage 3
  - Phase in higher-risk workplaces with modifications
  - Travel for permissible activities related to open sectors
- California State 4
  - Gradually open larger gathering venues
  - Gradually resume remaining activities and travel
- CalOptima Staff
  - Continue current level of telework
  - Evaluate ability to maintain social distancing precautions with increased number of staff in CalOptima buildings
  - Recommendations regarding potential return to work in CalOptima buildings
  - Consider transition to permanent telework status

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CalOptima's Mission

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

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2019–20 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 266 McCollum	**Paycheck Protection Program and Health Care Enhancement Act:** Authorizes $483 billion to replenish segments of the CARES Act, expand coronavirus testing, and provide more support to hospitals and providers during this pandemic. Of the $483 billion, this bill includes: ■ $310 billion in funding for the Small Business Administration's PPP; ■ $10 billion for Economic Injury Disaster Loans; ■ $75 billion for the provider relief fund, managed by the Department of Health and Human Services, to cover treatment for COVID-19 patients and lost revenue from canceled elective procedures; and ■ $25 billion to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests.	**04/24/2020** Signed into law **04/23/2020** Passed the House **04/21/2020** Passed the Senate **01/08/2019** Introduced	CalOptima: Watch
H.R. 748 Courtney	**CARES Act:** Authorizes $2.2 trillion in spending for health care and employment-related interventions. This includes: ■ $1.5 billion to support the purchase of personal protective equipment, lab testing, and other activities; ■ $127 billion to provide grants to hospitals, public entities, and nonprofits, and Medicare and Medicaid suppliers and providers to cover unreimbursed health care related expenses or lost revenues due to COVID-19; ■ $1.32 billion in supplemental funding for community health centers; ■ $955 million to support nutrition programs, home and community-based services, support for family caregivers, and expanded oversight for seniors and individuals with disabilities; ■ $945 million to support research on COVID-19; and ■ $425 million to increase mental health services.	**03/27/2020** Signed into law **03/27/2020** Passed the House **03/25/2020** Passed the Senate **01/24/2019** Introduced	CalOptima: Watch
H.R. 6201 Lowey	**Families First Coronavirus Response Act:** Allocates billions of federal funding support related to COVID-19. Funds are to be utilized for an emergency increase in the Federal Medical Assistance Percentages (FMAP) for Medicaid of 6.2%, emergency paid sick leave and unemployment insurance, COVID-19 testing at no cost, food aid and other provisions. Of note, on March 6, 2020, President Trump signed into law an emergency supplemental funding package of $8.3 billion for treating and preventing the spread of COVID-19.	**03/18/2020** Signed into law **03/17/2020** Passed the Senate **03/14/2020** Passed the House **03/11/2020** Introduced	CalOptima: Watch
H.R. 6462 Cisneros, Gallegos	**Emergency Medicaid for Coronavirus Treatment Act:** Would expand Medicaid eligibility to any American diagnosed with COVID-19 or any other illness that rises to the level of a presidential national emergency declaration. Additionally, would require Medicaid coverage for all COVID-19 treatment and testing to continue even after the national emergency is over.	**04/07/2020** Introduced	CalOptima: Watch

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Orange County's
Community Health Plan

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 6666 Rush	**COVID-19 Testing, Reaching, and Contacting Everyone (TRACE) Act:** Would authorize the Centers for Disease Control and Prevention (CDC) to award grants for testing, contact tracing, monitoring, and other activities to address COVID-19. Those eligible to receive grant funding would include federally qualified health centers, nonprofit organizations, and certain hospitals and schools. Additionally, would allocate $100 billion for fiscal year 2020 for the disbursement of CDC grant funds.	**05/01/2020** Introduced	CalOptima: Watch
AB 89 Ting	**Emergency Budget Response to COVID-19:** Similar to SB 89, would appropriate $500 million General Fund by amending the Budget Act of 2019. Funds are to be allocated to any use related to Governor Newsom's March 4, 2020 State of Emergency regarding COVID-19. Additionally, would authorize additional appropriations related to COVID-19 in increments of $50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed $1 billion.	**03/16/2020** Amended and referred to the Senate Committee on Budget and Fiscal Review **12/03/2018** Introduced	CalOptima: Watch
AB 117 Ting	**Emergency Budget Response to COVID-19 at Schools:** Similar to SB 117, appropriate $100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds would be distributed by the Superintendent of Public Instruction.	**03/16/2020** Amended and referred to the Senate Committee on Budget and Fiscal Review **12/03/2018** Introduced	CalOptima: Watch
SB 89 Committee on Budget and Fiscal Review	**Emergency Budget Response to COVID-19:** Similar to AB 89, appropriates $500 million General Fund by amending the Budget Act of 2019. Funds will be allocated to any use related to Governor Newsom's March 4, 2020 State of Emergency regarding COVID-19. Additionally, authorizes additional appropriations related to COVID-19 in increments of $50 million, effective 72 hours following notification of the Director of Finance. Of note, the total amount appropriated to COVID-19 is not to exceed $1 billion.	**03/17/2020** Signed into law **03/16/2020** Enrolled with the Governor **01/10/2019** Introduced	CalOptima: Watch
SB 117 Committee on Budget and Fiscal Review	**Emergency Budget Response to COVID-19 at Schools:** Similar to AB 117, appropriates $100 million Proposition 98 General Fund to ensure schools are able to purchase protective equipment or supplies for cleaning school sites. Funds will be distributed by the Superintendent of Public Instruction.	**03/17/2020** Signed into law **03/16/2020** Enrolled with the Governor **01/10/2019** Introduced	CalOptima: Watch

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 910 Wood	**Mental Health Services Dispute Resolution:** Would provide the Department of Health Care Services (DHCS) more authority to resolve coverage disputes between the specialty mental health plan (MHP) and the Medi-Cal managed care plan (MCP) if the MHP and the MCP are unable to do so within 15 days. Would require the MHP and the MCP to continue to provide mental health services during the DHCS review period. DHCS would have no more than 30 days to resolve the dispute to determine which agency is responsible for that Medi-Cal beneficiary.	**01/30/2020** Passed Assembly floor; Referred to Senate floor **02/20/2020** Introduced	CalOptima: Watch
AB 2265 Quirk-Silva	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Similar to AB 2266, would authorize MHSA funds to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The authorization would apply across the state. Additionally, would require the county that elects to utilize MHSA funding for this purpose to report outcomes achieved to the Department of Health Care Services.	**05/05/2020** Re-referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2266 Quirk-Silva	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Similar to AB 2265, would authorize MHSA funds to be used for a pilot program to provide care for an individual experiencing a behavioral health-related issue that cooccurs with a substance use disorder. The pilot program would take place in 10 counties, including the County of Orange, beginning January 1, 2022 and ending on December 31, 2026.	**02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2576 Gloria	Mental Health Services Act (MHSA) Use of Funds for Homelessness: Would require counties utilizing MHSA funds for the provision of mental health services for those experiencing homelessness to report to the Legislature, each year, the number of individuals receiving services.	**05/05/2020** Re-referred to Committee on Health **02/20/2020** Introduced	CalOptima: Watch
SB 803 Beall	**Mental Health Services Act (MHSA) Funds for Cooccurring Conditions:** Would create the Certified Support Specialist (CSS) certificate program. Would allow parents, peers, and family, 18 years of age or older and who have experienced a mental illness and/or a substance use disorder, 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 to include CSS as a provider type, covered by Medi-Cal, no sooner than January 1, 2022. If federally approved, the peer-support program would be funded through Medi-Cal reimbursement.	**05/13/2020** Passed Committee on Health; Referred to Committee on Appropriations **01/08/2020** Introduced	CalOptima: Watch
SB 1254 Moorlach	**Capacity Determinations and Appointments of Guardians Ad Litem for Mentally Ill Adults Without a Conservator:** Would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety, hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency. The bill would authorize certain persons to petition the court for the appointment of a guardian ad litem under these provisions.	**05/22/2020** Hearing canceled at the request of the author. **05/11/2020** Referred to Committee on Judiciary **02/21/2020** Introduced	CalOptima: Watch

BLOOD LEAD SCREENINGS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2276 Reyes	**Blood Lead Screening Tests Age Guidelines:** Would require the Medi-Cal managed care plan (MCP) to conduct blood lead screening tests for a Medi-Cal beneficiary at 12 and 24 months of age. This would require the MCP to contract with providers qualified to conduct any blood level screening tests and for the MCP to notify the beneficiary's parent or guardian that the beneficiary is eligible for blood lead screening tests. Additionally, if a child two to six years of age does not have medical records stating the completion of a blood lead screening test, the MCP would be required to provide at least one blood lead screening test. The MCP would also be required to report to the Department of Health Care Services (DHCS) the number of beneficiaries aged one and two who have received a blood lead screening test and of any associated case management services provided.	**05/12/2020** Re-referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2277 Salas	**Blood Lead Screening Tests Contracted Providers:** Would require the Medi-Cal managed care plan (MCP) to identify beneficiaries who have missed a blood screening test at both 12 and 24 months of age and impose requirements of the contracted provider to conduct blood lead screenings tests for those eligible to receive such tests. Would require the MCP to remind the contracted provider to conduct blood lead screening tests and to notify the beneficiary's parent, parents, guardian, or other person responsible for their care that the beneficiary is eligible to receive a blood screening test.	**05/05/2020** Re-referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2278 Quirk	**Childhood Lead Poisoning Prevention Health Plan Identification:** Would require the name of the health plan financially liable for conducting blood lead screenings tests to be reported by the laboratory to the Department of Health Care Services once the screening test has been completed. The name of the health plan is to be reported for each Medi-Cal beneficiary who receives the blood lead screen tests.	**02/24/2020** Referred to Committee on Health **02/14/2020** Introduced	CalOptima: Watch
AB 2279 Garcia	**Childhood Lead Poisoning Prevention Risk Factors:** Would require the following risk factors be included in the standard risk factors guide, which are to be considered during each beneficiary's periodic health assessment: ■ A child's residency or visit to a foreign country ■ A child's residency in a high-risk ZIP Code ■ A child's relative who has been exposed to lead poisoning ■ The likelihood of a child placing nonfood items in the mouth ■ A child's proximity to current or former lead-producing facilities ■ The likelihood of a child using food, medicine, or dishes from other countries	**05/13/2020** Re-referred to Committees on Health; Environmental Safety and Toxic Materials **02/14/2020** Introduced	CalOptima: Watch
AB 2422 Grayson	**Blood Lead Screening Tests Medi-Cal Identification Number:** Would require the Medi-Cal identification number to be added to the list of patient identification information collected during each blood test. Would require the laboratory conducting the blood lead screening tests to report all patient identification information to the Department of Health Care Services.	**02/27/2020** Referred to Committee on Health **02/19/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 1008 Leyva	**Childhood Lead Poisoning Prevention Act Online Registry:** Would require the Department of Public Health to design, implement, and maintain an online lead information registry available to the general public. Would require the information registry to include items such as the location and status of properties being inspected for lead contaminants.	**03/05/2020** Referred to Committees on Health; Judiciary **02/14/2020** Introduced	CalOptima: Watch

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2042 Wood	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to SB 916, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	**03/12/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
AB 2055 Wood	**CalAIM Drug Medi-Cal and Behavioral Health:** Would require the Department of Health Care Services to establish the Behavioral Health Quality Improvement Program. The Behavioral Health Quality Improvement Program would be responsible for providing support to entities managing the Drug Medi-Cal program as they prepare for any changes directed by the CalAIM initiative. Additionally, would establish a voluntary intergovernmental transfer (IGT) program relating to substance use disorder treatment provided by counties under the Drug Medi-Cal program. The IGT program would fund the nonfederal share of supplemental payments and to replace claims based on certified public expenditures.	**03/12/2020** Referred to Committee on Health **02/03/2020** Introduced	CalOptima: Watch
AB 2170 Blanco Rubio	**CalAIM Medi-Cal Eligibility for Juveniles Who are Incarcerated:** Would require the county welfare department to conduct a redetermination of eligibility for juveniles who are incarcerated so that, if eligible, their Medi-Cal would be reinstated immediately upon release.	**02/20/2020** Referred to Committee on Health **02/11/2020** Introduced	CalOptima: Watch
SB 910 Pan	**CalAIM Population Health Management:** Would require Medi-Cal managed care plans (MCPs) to implement the population health management program for those deemed eligible, effective January 1, 2022. Would require the Department of Health Care Services to utilize an external quality review organization (EQRO) to evaluate the effectiveness of the enhanced care management and in-lieu-of services provided to beneficiaries by each MCP. Additionally, would require each MCP to consult with stakeholders, including, but not limited to, county behavioral health departments, public health departments, providers, community-based organizations, consumer advocates, and Medi-Cal beneficiaries, on developing and implementing the population health management program.	**02/03/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 916 Pan	**CalAIM Enhanced Care Management and In-Lieu-Of Services:** Similar to AB 2042, would require enhanced care management as a covered benefit for Medi-Cal beneficiaries, including the coordination of all primary, acute, behavioral, oral, and long-term services and supports. Additionally, would require the Medi-Cal managed care plan to include a variety of in-lieu-of services as an optional benefit for beneficiaries posted on their website and in the beneficiary handbook.	02/03/2020 Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4618 McBath	**Medicare Hearing Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of hearing aids for Medicare beneficiaries. Hearing aids would be provided every five years and would require a prescription from a doctor or qualified audiologist.	**10/17/2019** Passed the Committee on Energy and Commerce **10/08/2019** Introduced	CalOptima: Watch
H.R. 4650 Kelly	**Medicare Dental Act of 2019:** Effective no sooner than January 1, 2022, would require Medicare Part B to cover the cost of dental health services for Medicare beneficiaries. Covered benefits would include preventive and screening services, basic and major treatments, and other care related to oral health.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
H.R. 4665 Schrier	**Medicare Vision Act of 2019:** No sooner than January 1, 2022, would require Medicare Part B to cover the cost of vision care for Medicare beneficiaries. Covered benefits would include routine eye exams and corrective lenses. Corrective lenses covered would be either one pair of conventional eyeglasses or contact lenses.	**10/17/2019** Passed the Committee on Energy and Commerce **10/11/2019** Introduced	CalOptima: Watch
AB 1904 Boerner Horvath	**Maternal Physical Therapy:** Would include pelvic floor physical therapy for women post-pregnancy as a Medi-Cal benefit.	**01/17/2020** Referred to Committee on Health **01/08/2020** Introduced	CalOptima: Watch
AB 1965 Aguiar-Curry	**Human Papillomavirus (HPV) Vaccine:** Would expand comprehensive clinical family planning services under the program to include the HPV vaccine for persons of reproductive age.	**01/30/2020** Referred to Committee on Health **01/21/2020** Introduced	CalOptima: Watch
AB 2258 Reyes	**Doula Care:** Would require full-spectrum doula care to be included as a covered benefit for pregnant and postpartum Medi-Cal beneficiaries. The program would be established as a 3-year pilot program in 14 counties, including the County of Orange, beginning July 1, 2021. Prior authorization or cost-sharing to receive doula care would not be required.	**02/20/2020** Referred to Committee on Health **02/13/2020** Introduced	CalOptima: Watch

DENTAL

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2535 Mathis	**Denti-Cal Education Pilot Program:** Would establish a 5-year pilot program to provide education and training to Denti-Cal providers providing care to individuals who attend a regional center and are living with a developmental disability. Additionally, Denti-Cal providers who participate in the pilot program and complete the required continuing education units would be eligible for a supplemental provider payment. The supplemental provider payment amount has yet to be defined by the Department of Health Care Services.	**02/27/2020** Referred to Committee on Health **02/19/2020** Introduced	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office projects this expansion would cost approximately $900 million General Fund (GF) in 2019-2020 and $3.2 billion GF each year thereafter, including the costs if In-Home Supportive Services.	**07/02/2019** Hearing canceled at the request of the author **06/06/2019** Referred to Senate Committee on Health **05/28/2019** Passed Assembly floor **12/03/2018** Introduced	CalOptima: Watch CAHP: Support LHPC: Support
AB 526 Petrie-Norris	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** Similar to SB 1073, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	**08/30/2019** Senate Committee on Appropriations; Held under submission **06/27/2019** Passed Senate Committee on Health **05/23/2019** Passed Assembly floor **02/13/2019** Introduced	CalOptima: Watch
AB 683 Carrillo	**Adjusting the Assets Test for Medi-Cal Eligibility:** Would eliminate specific assets tests, such as life insurance policies, musical instruments, and living trusts, when determining eligibility for Medi-Cal enrollment.	**05/16/2019** Committee on Appropriations; Hearing postponed at the request of the Committee **04/02/2019** Passed Committee on Health **02/15/2019** Introduced	CalOptima: Watch

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. The financial costs for In-Home Supportive Services is estimated to cost $13 million General Fund.	**09/13/2019** Held in Assembly **05/29/2019** Passed Senate floor **12/03/2018** Introduced	CalOptima: Watch
SB 1073 **Gonzalez**	**Women, Infants, and Children (WIC) to Medi-Cal Express Lane:** Similar to AB 526, would establish an "express lane" eligibility pathway for pregnant women and children from the California Special Supplemental Nutrition Program for WIC to Medi-Cal. WIC, within the Children's Health Insurance Program, is a federally funded program that provides supplemental food, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five. The bill intends to leverage the similarity between WIC and Medi-Cal eligibility rules, to ensure that uninsured children and pregnant women who are eligible for Medi-Cal are able to conveniently enroll in the program through the express lane. Of note, the express lane program was never implemented due to a lack of funding.	**02/18/2020** Introduced	CalOptima: Watch

HOMELESSNESS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 1978 **Correa/Lieu**	**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. 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.	**03/28/2019** Introduced; Referred to the House Committee on Financial Services	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
S. 923 Feinstein	**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. 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.	**03/28/2019** Introduced; Referred to Committee on Health, Education, Labor, and Pensions	CalOptima: Watch
AB 1907 Santiago, Gipson, Quirk-Silva	**California Environmental Quality Act (CEQA) Exemption for Emergency Shelters and Supportive Housing:** Would exempt the development of emergency shelters, supportive housing or affordable housing by a public agency from CEQA regulations, expiring on December 31, 2028.	**01/30/2020** Referred to Committees on Natural Resources; Housing and Community Development **01/08/2020** Introduced	CalOptima: Watch
AB 2295 Quirk-Silva	**Fairview Developmental Center:** Would require the State Legislature to enact legislation relating to the development of the Fairview Developmental Center (Center) located in Costa Mesa, CA. Of note, the Governor's Fiscal Year 2019-2020 budget included funds to utilize the Center temporarily to provide housing and services for those experiencing a severe mental illness. Additionally, AB 1199, signed into law in 2019, allows a public hearing to determine the use of the Center. This bill is still early in the legislative process. The pending legislation to define use of the Center is unknown at this time.	**02/14/2020** Introduced	CalOptima: Watch
AB 2746 Petrie-Norris, Gabriel	**Accountability of State Funds Used for Homelessness:** Would require an agency that receives state funds for programs related to homelessness, including, but not limited to, the Whole-Person Care pilot program, California Work Opportunity and Responsibility to Kids (CalWORKs), or the Housing and Disability Income Advocacy Program, to submit a report regarding the use of state funds. The report would be sent to the state agency granting funds for these programs. Additionally, would require the report to the state agencies to be submitted within 90 days of receiving program funds, or by April 1, 2021, if the recipient already received program funds as of January 1, 2021.	**05/05/2020** Referred to Committee on Housing and Community Development **02/20/2020** Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2848 Santiago	**Homelessness Reduction Plan:** Would require each city or county to develop a plan to reduce homelessness by no less than 10% each year through a state mandate. The plan would be effective no later than January 1, 2022 and would be under the direction of the state's Homeless Coordinating and Financing Council. Additionally, would authorize the Office of the Inspector General to enforce a state or local agency to be in compliance with the Homeless Reduction Plan.	**04/24/2020** Referred to Committee on Housing and Community Development **02/20/2020** Introduced	CalOptima: Watch
AB 3269 Chiu	**State and Local Homelessness Reduction Plan:** Would require state and local agencies aim at reducing homelessness by 90% by December 31, 2028. Would establish the Office of the Housing and Homelessness Inspector General to monitor the reduction plan and to bring action against a state and local agency that fails to adopt and implement a homelessness reduction plan within a reasonable time frame. Additionally, on or before January 1, 2022, each state and local agency shall develop an actionable plan to reduce homelessness and submit that plan to the Homeless Coordinating and Financing Council.	**05/05/2020** Referred to Committee on Housing and Community Development **02/21/2020** Introduced	CalOptima: Watch
AB 3300 Bloom, Bonta, Gipson, Quirk-Silva, Santiago, Wicks	**California Access to Housing and Services Act:** Would authorize the Department of Finance to allocate $2 billion General Fund to establish the California Access to Housing and Services Fund.	**05/05/2020** Referred to Committee on Housing and Community Development **02/21/2020** Introduced	CalOptima: Watch

MEDI-CAL MANAGED CARE PLANS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2625 Boerner Horvath	**Ground Emergency Medical Transportation (GEMT):** Would require managed care plans that offers coverage for GEMT services to include those services as in-network services.	**03/02/2020** Referred to Committee on Health **02/20/2020** Introduced	CalOptima: Watch
AB 2836 Chen	**Medi-Cal Emergency Medical Transportation Reimbursement Act:** Would impose a quality assurance fee (QAF) for each emergency medical transport provided by an emergency medical transport provider, beginning Fiscal Year 2021-2022. Would require the Department of Health Care Services to calculate the annual QAF to a specified program period at least 150 days before the start of the fiscal year. The bill would also redefine "emergency medical transport provider" to mean any provider of emergency medical transports, except during the entirety of any Medi-Cal managed care rating period.	**05/05/2020** Referred to Committee on Health **02/20/2020** Introduced	CalOptima: Watch
SB 936 Pan	**Medi-Cal Managed Care Plans Contract Procurement:** Would require the Department of Health Care Services Director to conduct a contract procurement at least once every five years with a contracted commercial Medi-Cal managed care plan providing care for Medi-Cal beneficiaries on a state-wide or limited geographic basis.	**02/20/2020** Referred to Committee on Health **02/06/2020** Introduced	CalOptima: Watch

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 1938 Low, Eggman	**340B Discount Drug Purchasing Program:** Would define a "designated entity" eligible for the 340B discount drug purchasing program as a nonprofit organization, including any subsidiary of that organization, that individually or collectively meets specific requirements. This would require: ■ The designated entity to be a licensed managed care organization that has previously contracted with the department as a primary care case management organization; ■ The designated entity to be contracted with the federal Centers for Medicare and& Medicaid Services (CMS) to provide services in the Medicare Program as a Medicare special needs plan; and ■ The designated entity to be an existing participant of the 340B program. Additionally, would prohibit a designated entity from using any revenue from a contract with the Department of Health Care Services, a contract with CMS, and from the 340B program for specific activities, such as: ■ Funding litigation under the California Environmental Quality Act; or ■ Influencing or funding any ballot measure actions related to housing.	05/05/2020 Re-referred to Committee on Health 01/17/2020 Introduced	CalOptima: Watch
AB 2100 Wood	**Pharmacy Carve-Out Benefit:** Would require the Department of Health Care Services to establish the Independent Prescription Drug Medical Review System (IPDMRS) for the outpatient pharmacy benefit, and to develop a framework for the system that models the requirements of the Knox-Keene Health Care Service Plan Act. Would require the IPDMRS to review disputed health care service of any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed or to a finding that the service is not medically necessary. Additionally, would establish prior authorization requirements, such as a 24-hour response, a 72-hour supply during emergency situations, and a minimum 180 days for continuity of care for medications regardless if listed on the Medi-Cal contract drug list.	02/20/2020 Referred to Committee on Health 02/05/2020 Introduced	CalOptima: Watch
AB 2348 Wood	**Pharmacy Benefit Management (PBM):** Would require a PBM, who contracts with a health care service plan, beginning on October 1, 2021, to report to the Department of Managed Health Care the PBM's revenue, expenses, health care service plan contracts, the scope of services provided to that plan, and the number of enrollees the PBM serves. The PBM would also be required to submit a report on all covered prescription drugs, including generic, brand name, and specialty drugs dispenses at a plan pharmacy, network pharmacy, or mail order pharmacy for outpatient use.	05/05/2020 Referred to the Committee on Health 02/18/2020 Introduced	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 852 Pan	**California Affordable Drug Manufacturing Act of 2020:** Would establish the Office of Drug Contracting and Manufacturing (Office) to reduce the cost of prescription drugs. No later than January 1, 2022, would require the Office to contract or partner with no less than one drug company or generic drug manufacturer, licensed by the United States Food and Drug Administration, to produce or distribute generic prescription drugs.	**01/13/2020** Introduced	CalOptima: Watch
SB 1084 Umberg	**Secure Dispensing of a Controlled Substance:** Would require a pharmacist who dispenses a controlled substance in a pill form to dispense the controlled substance in a lockable vial no sooner than June 30, 2021. Would require the manufacturer of the controlled substance to reimburse the pharmacy dispensing the medication the cost of using a lockable vial within 30 days of receiving a claim. Would also require the pharmacy to provide educational pamphlets to the patient regarding the use of a controlled substance.	**03/05/2020** Referred to Committees on Business, Professions and Economic Development; Judiciary **02/19/2020** Introduced	CalOptima: Watch

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2492 Choi	**Program of All-Inclusive Care for the Elderly (PACE) Enrollment:** Would require the Department of Health Care Services to establish a maximum number of eligible participants each PACE center can enroll.	**03/12/2020** Referred to Committees on Aging; Long-Term Care **02/19/2019** Introduced	CalOptima: Watch CalPACE: Oppose
AB 2604 Carrillo	Pandemic and Health-Related Emergency Protocols for Health Facilities Act: During a health-related state of emergency or local emergency, would require a health facility to limit the possible introduction of a pathogen, infection, or illness that is related to a pandemic or emergency by: - Postponing non-emergency medical procedures or office visits; - Prohibiting or limiting visitors of patients to the health facility; - Ensuring all patients and staff are always wearing surgical masks or personal protective equipment; - Providing education and enforcing regarding hand hygiene and cough etiquette for patients and staff; - Regularly disinfecting the health facility at least three times per day; - Adding air cleaning equipment to ventilation systems; - Establishing contaminated, partially contaminated, and clean zones with buffers between each of the three zones; - Implementing outdoor triage stations; and - Considering all patients to have "suspected cases' of the pathogen, infection, or illness until ruled out or confirmed.	**05/07/2020** Re-referred to Committee on Labor and Employment **02/21/2020** Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 890 **Wood**	**Nurse Practitioners:** Would permit a nurse practitioner to practice without direct, ongoing supervision of a physician when practicing in an office managed by one or more physicians. Would create the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs to certify nurse practitioners wanting to practice without direct, ongoing supervision of one or more physicians.	**01/27/2019** Passed Assembly floor **02/20/2019** Introduced	CalOptima: Watch LHPC: Support

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** Carry-over bill; Moved to inactive filed 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: Co-Sponsor, Support
AB 2871 **Fong**	**Drug Medi-Cal Reimbursement Rates:** Would require the Department of Health Care Services to establish reimbursement rates for services provided through the Drug Medi-Cal program to be equal to rates for similar services provided through the Medi-Cal Specialty Mental Health Services program.	**03/05/2020** Referred to Committee on Health **02/21/2020** Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
H.R. 4932 Thompson	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019:** Similar to S. 2741, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also: ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes.	**10/30/2019** Introduced; Referred to the Committees on Energy and Commerce; Ways and Means	CalOptima: Watch AHIP: Support
S. 2741 Schatz	**Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019:** Similar to H.R. 4932, would expand telehealth services for those receiving Medicare benefits and remove restrictions in the Medicare program that prevent physicians from using telehealth technology. Would also: ■ Provide the Secretary of Health and Human Services with the authority to waive telehealth restrictions when necessary; ■ Remove geographic and originating site restrictions for services like mental health and emergency medical care; ■ Allow rural health clinics and other community-based health care centers to provide telehealth services; and ■ Require a study to explore more ways to expand telehealth services so that more people can access health care services in their own homes.	**10/30/2019** Introduced; Referred to the Senate Committee on Finance	CalOptima: Watch AHIP: Support
AB 1676 Maienschein	**Telehealth Mental Health Services for Children, Pregnant Women, and Postpartum Persons:** Would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than January 1, 2021. Consultation and treatment services, provided by a psychiatrist, would be accessible during standard business hours, with the option for evening and weekend hours. Would also require adequate staffing to ensure calls are answered within 60 seconds. Payment structure has yet to be defined.	**05/16/2019** Committee on Appropriations; Held under submission **04/24/2019** Passed Committee on Health **02/22/2019** Introduced	CalOptima: Watch CAHP: Oppose

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 2164 Rivas, Salas	**Telehealth Pilot Program and Expanding Access to Telehealth:** Would establish a five-year grant and pilot program, to establish the eConsult Services and Telehealth Assistance Program. The grant funding would be available to health centers and community clinics providing care in rural and underserved areas. The pilot program is projected to cost $7.5 million over five-years and would be use for: ■ Conducting infrastructure assessments, clinical objectives, and staffing plans; ■ Procuring technology and software and implementing eConsult services; and ■ Workforce training. Additionally, would no longer require the first visit at a federally qualified health clinic to be an in-person visit by authorizing telehealth appointments that occur by synchronous real time or asynchronous store and forward. This would allow the new patient the option to utilize telehealth services and become an established patient as their first visit.	**05/12/2020** Re-referred to Committee on Health **02/11/2020** Introduced	CalOptima: Watch
AB 2360 Maienschein	**Telehealth Mental Health Services for Children, Pregnant Women, and Postpartum Persons:** Similar to AB 1676, which was held under submission by the Assembly Committee on Appropriations in 2019, would create a telehealth program used to conduct mental health consultations and treatments for children, pregnant women, and postpartum persons, effective no sooner than January 1, 2021. Consultation and treatment services, provided by a psychiatrist, would be accessible during standard business hours, with the option for evening and weekend hours.	**05/11/2020** Re-referred to Committee on Health **02/19/2020** Introduced	CalOptima: Watch
SB 1278 Bradford	**Health Care Provider License for Telehealth:** Would require that accepted standards of practice applicable to a health care provider under the health care provider's license shall also apply to that health care provider while providing telehealth services.	**03/05/2020** Referred to Committee on Business, Professions and Economic Development **02/21/2020** Introduced	CalOptima: Watch

TRAILER BILLS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 2002918 Trailer Bill – Medi-Cal Expansion	**Medi-Cal Eligibility Expansion:** Would extend eligibility for full-scope Medi-Cal to eligible individuals 65 years of age or older regardless of their immigration status. The Governor's Fiscal Year 2020-2021 proposed budget anticipates the expansion of full-scope Medi-Cal will cost $80.5 million ($62.4 million General Fund) in 2021 and $350 million ($320 million General Fund) each year after, including the cost of In-Home Supportive Services.	**01/31/2020** Published on the Department of Finance website	CalOptima: Watch

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
RN 2003830 Trailer Bill: Drug Price Negotiations	**Med-Cal Drug Pricing Negotiations:** Would authorize the Department of Health Care Services negotiate "best prices" with drug manufacturers, both within and outside of the United States, and to establish and administer a drug rebate program in order to collect rebate payments from drug manufacturers for drugs furnished to California residents who are ineligible for full-scope Medi-Cal. Would authorize a Medi-Cal beneficiary to receive more than six medications without prior approvals. Additionally, this Trailer Bill would modify the current co-pay amount for a drug prescription refill.	01/31/2020 Published on the Department of Finance website	CalOptima: Watch
RN 2006526 Trailer Bill – Medication-Assisted Treatment	**Medication-Assisted Treatment (MAT):** Would expand narcotic treatment program services to include MAT under Drug Medi-Cal.	01/31/2020 Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Managed Care Savings and Efficiencies	**Managed Care Savings and Efficiencies:** In alignment with the 2020-2021 State Budget May Revise, would reduce Medi-Cal capitation rate increments by up to 1.5 percent for capitation rates associated with the July 1, 2019 through December 31, 2020 rate period. Additionally, the Department of Health Care Services (DHCS) would be able to apply these reduced capitation rates for rating periods starting on or after January 1, 2021 and to account for the impacts of the COVD-19 public health emergency. To ensure capitation rates are actuarily sound, DHCS would be required to evaluate the impact of the changes in the level of health care funding for health care services on capitation rates it develops and pays under any applicable managed care health plan contract with a Medi-Cal managed care plan.	05/14/2020 Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Federally Qualified Health Center and Rural Health Clinic Prospective Payment System Carve-Outs	**Elimination of Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Prospective Payment System (PPS) Carve-Outs for Pharmacy and Dental Services:** Would require all Medi-Cal covered services provided by an FQHC or RHC, including but not limited to pharmacy and dental services, to be reimbursed only through the clinic's PPS rate, effective January 1, 2021. If an FQHC or RHC is unable to revert to its prior base PPS rate, it would be required to adjust the FQHC or RHC PPS base rate through scope-of-service adjustments. Of note, this Trailer Bill language would exclude any payment changes for services related to specialty mental health and Drug Medi-Cal.	05/14/2020 Published on the Department of Finance website	CalOptima: Watch
Trailer Bill Proposition 56 Payments	**Sunset of Proposition 56 Value-Based Payments:** In alignment with the 2020-2021 State Budget May Revise, would eliminate the Proposition 56 Value-Based Payment Program for provider incentive payments, effective July 1, 2020.	05/14/2020 Published on the Department of Finance website	CalOptima: Watch

*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: May 18, 2020

2020 Federal Legislative Dates

April 4–19	Spring recess
August 10–September 7	Summer recess
October 12–November 6	Fall recess

2020 State Legislative Dates*

*Due to COVID-19, 2020 State Legislative dates have been modified

January 6	Legislature reconvenes
January 31	Last day for bills introduced in 2019 to pass their house of origin
February 21	Last day for legislation to be introduced
April 2–12	Spring recess
May 22	Last day for policy committees to hear and report bills to fiscal committees introduced in the Assembly
May 29	Last day for policy committees to hear and report bills to fiscal committees introduced in the Senate
May 29	Last day for policy committees to hear and report to the floor non-fiscal bills introduced in the Assembly
June 5	Last day for fiscal committees hear and report to the floor bills introduced in the Assembly
June 15	Budget bill must be passed by midnight
June 15–19	Assembly floor session only
June 19	Last day for the Assembly to pass bills in their house of origin
June 19	Last day for fiscal committees to hear and report to the floor bills introduced in the Senate
June 22–26	Senate floor session only
June 26	Last day for the Senate to pass bills in their house of origin
July 2–July 13	Summer recess
July 31	Last day for policy committees to hear and report fiscal bills to fiscal committees
August 7	Last day for policy committees to meet and report bills to the floor
August 14	Last day for fiscal committees to report bills to the floor
August 17–31	Floor session only
August 21	Last day to amend bills on the floor
August 31	Last day for bills to be passed. Final recess begins upon adjournment
September 30	Last day for Governor to sign or veto bills passed by the Legislature
November 3	General Election
December 7	Convening of the 2021–22 session

Sources: 2020 State Legislative Deadlines, California State Assembly: http://assembly.ca.gov/legislativedeadlines

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).

OMBUDSMAN UPDATE
June 25, 2020

Sara Lee, Supervising Attorney

Health Consumer Action Center (HCAC) of CLA SoCal

OSP Toll Free: 1-855-501-3077

Hotline: 1-800-834-5001

Korean Hotline: 714-489-2796

-CLA SoCal receives warm transfer calls from CalOptima re: Medi-Cal eligibility and Proposed OCC termination.

- Due to the Covid-19 crisis, there is no negative action on Medi-Cal eligibility (including being assessed with Share of Cost) and suspension in processing of annual renewals through the duration of the executive order.

- As a result, there are far less cases with Medi-Cal termination and OCC disenrollment

-In addition, Medi-Cal programs with premiums are waived, but it needs to be requested.

- OCC members in Working Disabled Program with premium payments can be waived.

Community
Legal Aid SoCal
Advocates for Justice in Orange and Los Angeles Counties

Back to Agenda

Obtaining Gloves and Disinfectants through CalOptima

- Members may not be aware of this benefit

- <u>Barriers</u>

  * Some Providers and Network PCC may not be aware of this additional coverage due to Covid-19

  *Also encountered some OCC CSRs who are not aware of coverage of these specific items (notified CalOptima management)

  * Some Pharmacies stating items not covered and/or unable to bill CalOptima (no appropriate code/not showing in their system)

  *OCC and Networks stating to contact Convey for Over the Counter (OTC) benefits, but they do not carry masks and coverage for gloves and disinfectants is separate from OCC OTC $50 benefit

  *May be told they need an Authorization Request when only need a prescription

Community Legal Aid SoCal
Advocates for Justice in Orange and Los Angeles Counties

Questions for CalOptima

- Inquire on OCC plans re: involvement in managing member's care, care coordination involving facility residents, and residents who decided to go home due to Covid-19.

- Are there any additional support or services being provided?

- What specialized services are provided for members diagnosed with Dementia (especially with behavioral concerns)?

- Request update on the status of whether all facility residents are tested per the recent AFL 20-53

OCC Member Appeals

Issues that may arise during a member's appeal and clarification on process and timing:

- There may be a lag time from CalOptima or the network to provide the service once ALJ has decided (what is the timeframe for a response and providing the service)

- There may be a lag time to contact member to obtain how they are receiving the service (what is the timeline to contact member and continue with coordination of member's care)

- What is the point of escalation if member does not receive the service

- Under what circumstances can CalOptima appeal a decision by Medicare

- What is the follow up with member if the Medicare decision is appealed by CalOptima

- Under what circumstances does the Medicare appeal hearing get postponed

- What is the follow up with member if the hearing is pending

CLA SoCal as the Ombudsman for the OCC plan

- CLA SoCal as the Ombudsman for the OCC plan assists members in completing the renewal process.

- CLA SoCal assists dual eligible consumers with SOC affordability issues such as:
  - 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 Issues, Service denials, and Termination

- CLA SoCal assists consumers with accessing services under the CMC plan, as well as assisting with grievances and appeals.
- CLA SoCal provides outreach presentation on its services and an Ombudsman role for the OCC Plan
- CLA SoCal also assists with balance billing or billing matters.

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Advocates for Justice in Orange and Los Angeles Counties

Members Experiencing Homelessness Update

Board of Directors'

OneCare Connect Member Advisory Committee

June 25, 2020

Dr. David Ramirez

Mary Botts, RN, Manager, Enterprise Analytics

Marie J. Jeannis, RN, MSN, Director, Enterprise Analytics (Interim)

Content Overview

- Goals
- CalOptima Homeless Population Clinical Report Card
- Homeless Enrollment Trends
- Homeless Utilization Trends
  - Primary Care Provider (PCP) Visit Trends
  - Specialist Visit Trends
  - Telehealth Service Trends
  - Inpatient (IP) Trends
  - Emergency Department (ED) Trends
- Disparities: Medical and Behavioral Health (BH) Diagnoses
- Coroner's Report Monthly Cases
- Summary

Goals

- Homeless population clinical analysis goals
  - ➢ Define and understand the population
  - ➢ Improve the quality and scope of data collection
  - ➢ Improve data integrity
  - ➢ Increase data sources
  - ➢ Assess current interventions
  - ➢ Identify opportunities for change or improvements

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CalOptima Homeless Report Card

- CalOptima's Homeless Population Clinical Report Card is reported quarterly and monitors key performance measures for this vulnerable population

- Homeless Population Clinical Report Card trends:
  - ➢ Enrollment
  - ➢ Utilization metrics
  - ➢ Metrics for homeless initiatives
    - Clinical Field Team (CFT) Visits
    - Mobile Clinic Visits

CalOptima Homeless Population Clinical Report Card

Enrollment Per Year
From: 2015 To: 2020-02

	2015	2016	2017	2018	2019	2020 YTD
Total Homeless Members	6,825	7,643	9,106	10,871	11,568	11,347
Enrolled in Whole Person Care			3,597	5,060	5,241	4,769
Enrolled in Health Homes Progam						245

Telehealth Services
Last 12 months by Quarters

	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2
Telehealth Visit Ct	0	0	2	179	676

Clinical Field Team (CFT) Visits
From: 2019-04 To: 2020-03 (3/31/20)

	2019 Q2	2019 Q3	2019 Q4	2020 Q1	Total
# Calls Dispatched	91	179	223	166	659
% Treated	81%	85%	88%	95%	88%
% CalOptima Members (Treated)	64%	57%	64%	72%	64%
% Recuperative Care Referrals (Treated)	11%	23%	23%	22%	20%

CFT Mobile Clinic Visits
From: 2019-04 To: 2019-12

Place Of Service	Q2 2019	Q3 2019	Q4 2019	Total
Homeless Shelter	2		5	7
Mobile Unit	5	4	2	11
Temporary Housing		4	5	9
Other Unlisted Facility	0	13	7	20
Grand Total	7	21	19	48

Utilization Metrics
From: 2015-01 To: 2019-12

PCP and Specialist Visit Rates

	2015	2016	2017	2018	2019
Number of PCP Visits	9,899	9,813	13,178	15,949	16,614
PCP Visits Per Member	1.5	1.3	1.4	1.5	1.4
% With PCP Visit	29%	28%	30%	33%	36%
Number of Specialist Visits	12,584	15,779	25,289	34,212	37,726
Spec Visits Per Member	1.8	2.1	2.8	3.1	3.3

Inpatient Metrics

	2015	2016	2017	2018	2019
Admits	1,736	2,219	3,529	4,616	5,080
Admits PTMPY	254	290	387	425	439
Bed Days	8,520	9,432	17,075	22,840	27,775
Bed Days PTMPY	1,248	1,234	1,875	2,101	2,401
% Readmit	21%	24%	26%	28%	31%

Emergency Department Rates

	2015	2016	2017	2018	2019
ED Visits	10,774	12,654	18,346	22,965	26,392
ED Visits PTMPY	1,579	1,656	2,015	2,113	2,282

Workbook: Quarterly QIC Reporting Tableau Workbook_Final_v2_05.15.20   Report Date: 6/9/2020

Source: CalOptima data

Homeless Enrollment Trends

- Number of homeless Medi-Cal members has increased significantly, especially after the start of the Whole Person Care (WPC) Program
  - WPC enrollment began in 2017
  - Heath Homes program began in 2020

Enrollment Per Year
From: 2015 To: 2020-02

	2015	2016	2017	2018	2019	2020 YTD
Total Homeless Members	6,825	7,643	9,106	10,871	11,568	11,347
Enrolled in Whole Person Care			3,597	5,060	5,241	4,769
Enrolled in Health Homes Progam						245

Source: CalOptima data

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Primary Care Provider Visit Trends

- Percent of homeless members with at least one annual PCP visit has been increasing

Percent of PCP Visit in the Last Year
from 2015 to 2019-12

Year	Percent
2015	29%
2016	28%
2017	30%
2018	33%
2019	36%

Source: CalOptima data

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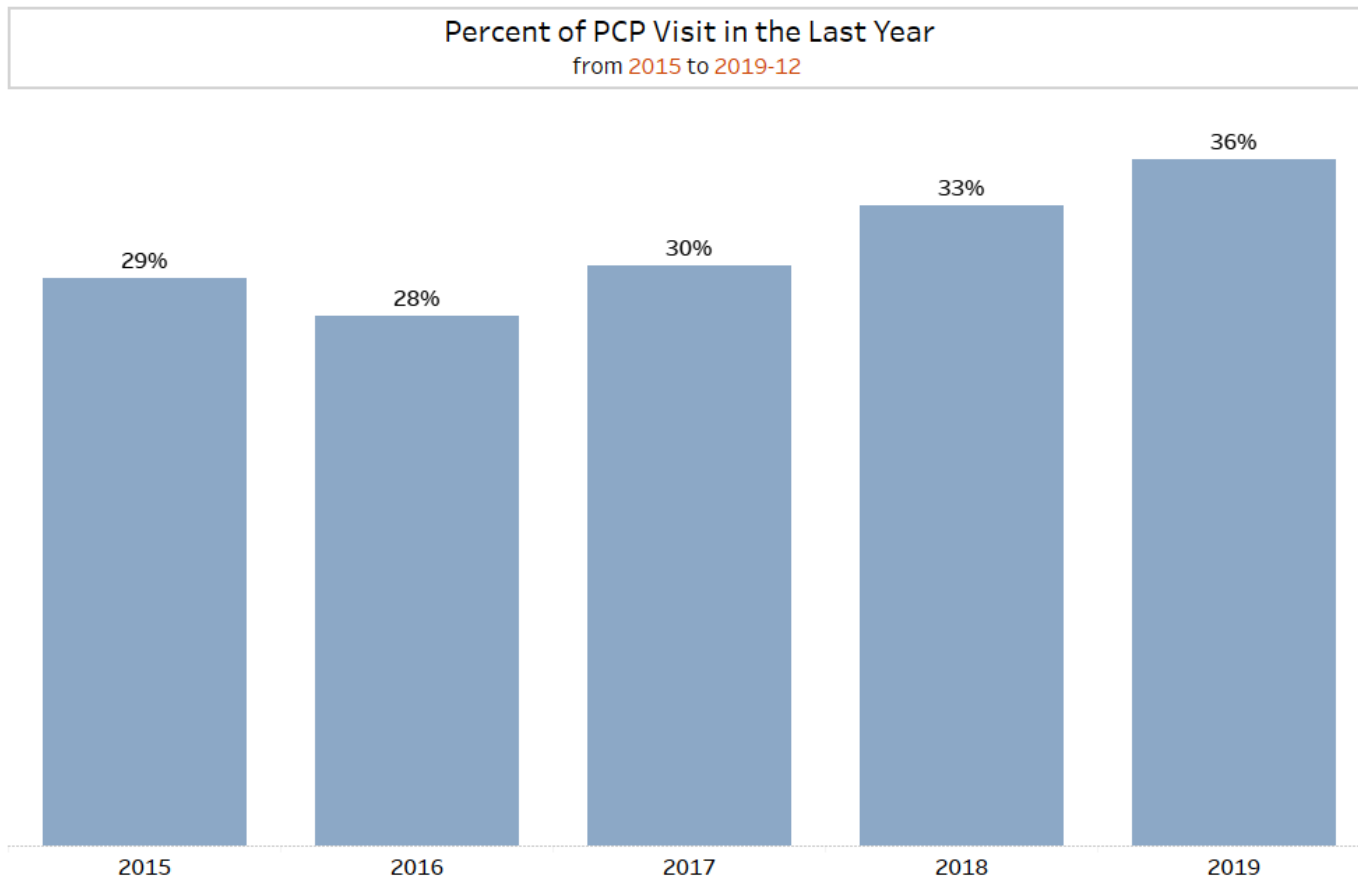
Specialist Visit Trends

- Rate of specialist visits has increased
  - Most significantly after 2017

Specialist Visit Per Member
from 2015 to 2019-12 YTD

Year	Rate	Visits
2015	1.8	12,584 Visits
2016	2.1	15,779 Visits
2017	2.8	25,289 Visits
2018	3.1	34,212 Visits
2019	3.3	37,726 Visits

Source: CalOptima data

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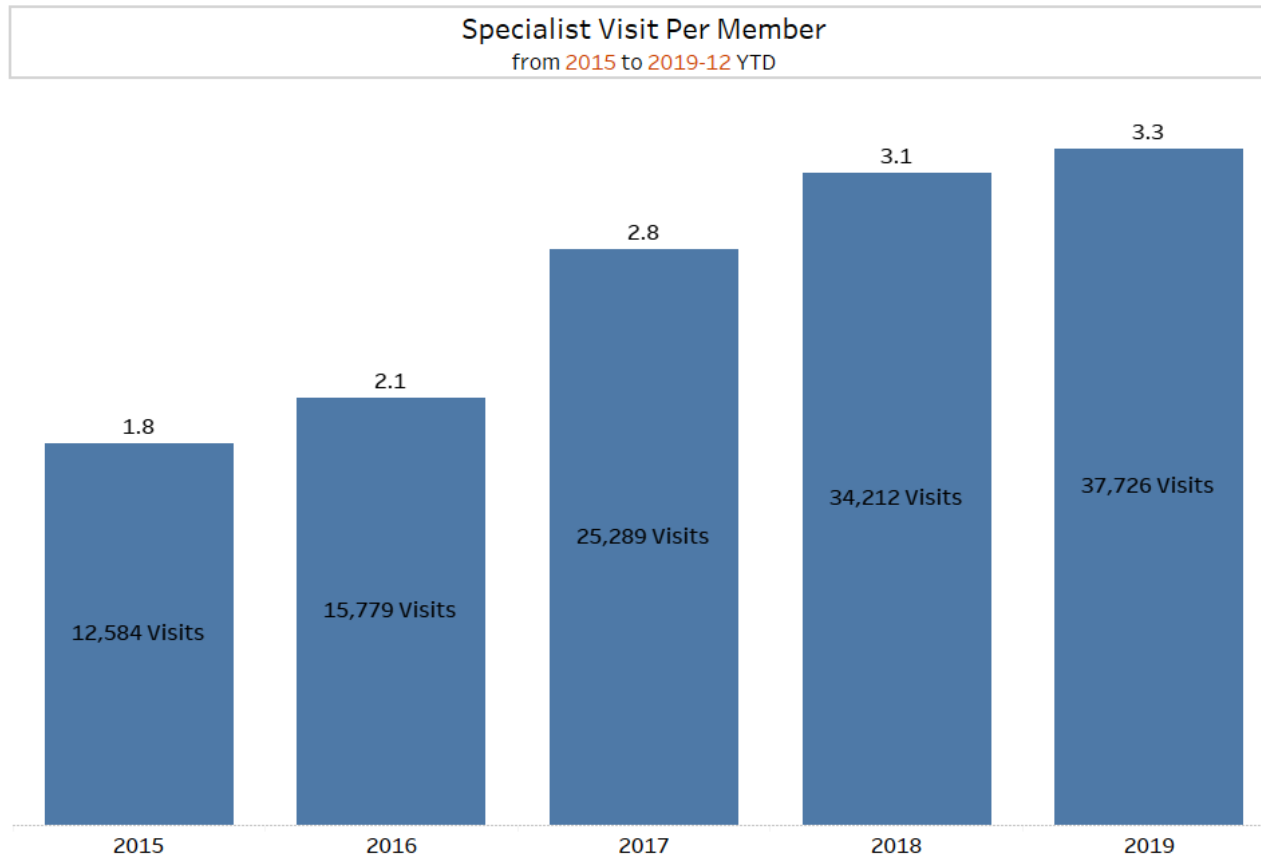
Telehealth Service Trends

- Telehealth services increased substantially
  - To support social distancing implemented during the COVID-19 pandemic
  - First case Jan 2020
  - Declared a global pandemic March 2020

Telehealth Services by Quarter
From: 2019 To: 2020 (YTD)

Telehealth Detail

	2019 Q1	2019 Q2	2019 Q4	2020 Q1	2020 Q2	Grand Total
BH	0	0	1	50	128	179
Med	0	0	1	129	548	678
Grand Total	0	0	2	179	676	857

676

179

0   0   0   2

| 2019 Q1 | 2019 Q2 | 2019 Q3 | 2019 Q4 | 2020 Q1 | 2020 Q2 |

Source: CalOptima data

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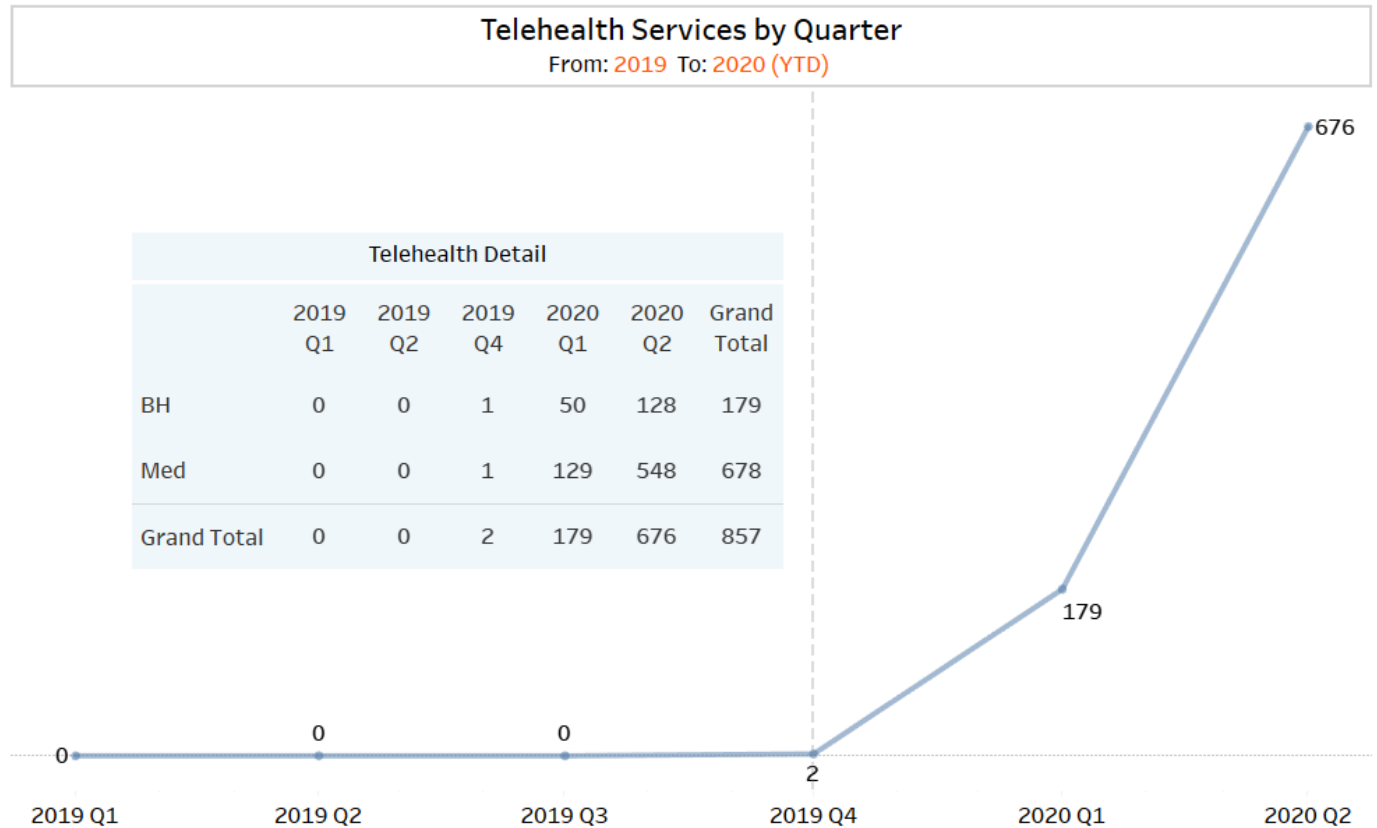
Emergency Department Trends

- ED visit rates have increased

Emergency Department Visits PTMPY
from 2015 to 2019-12 YTD

Year	PTMPY	Visits
2015	1,579	10,774 visits
2016	1,656	12,654 visits
2017	2,015	18,346 visits
2018	2,113	22,965 visits
2019	2,282	26,392 visits

Source: CalOptima data

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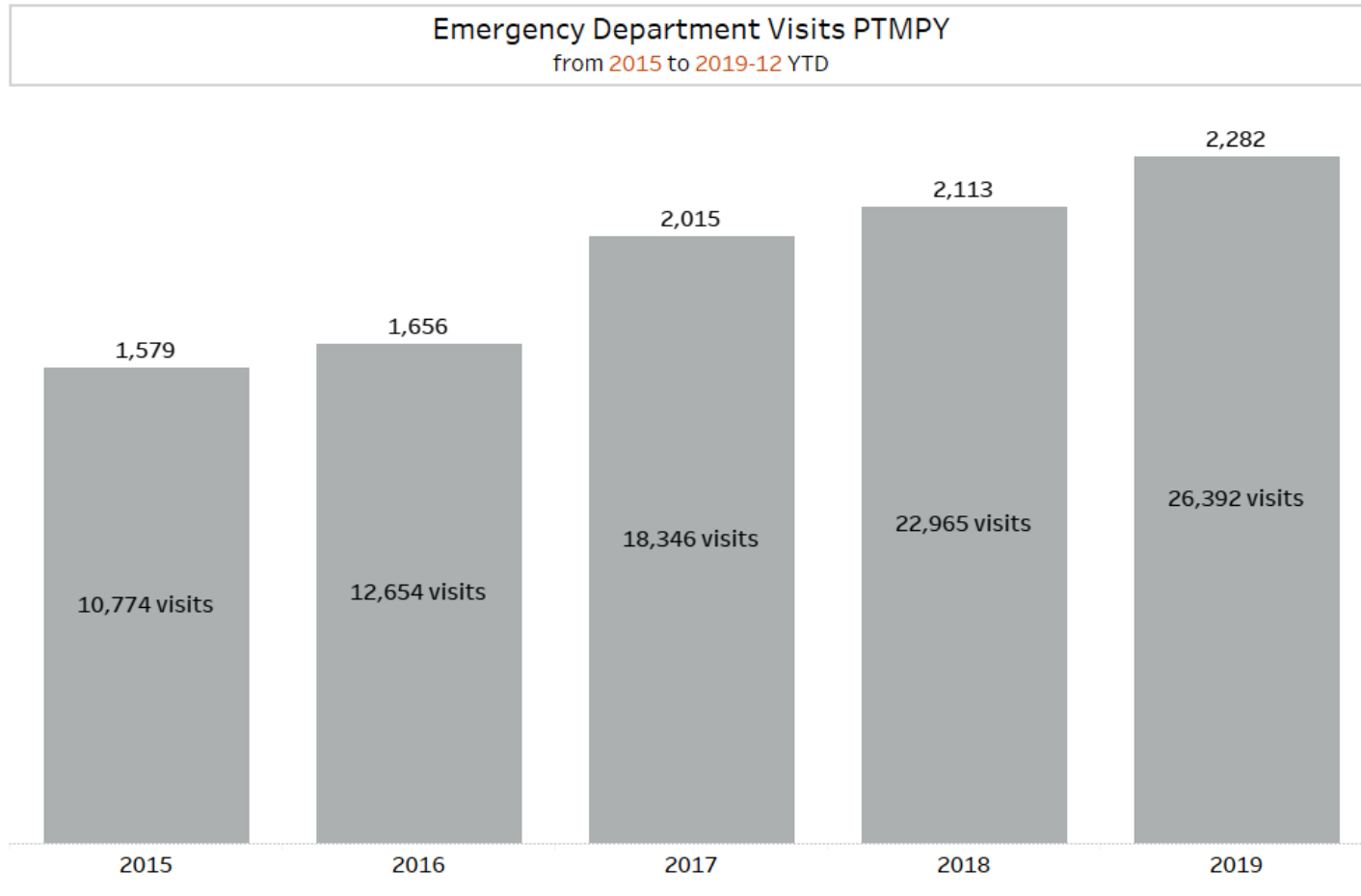
Inpatient Trends

- Admits per member have increased
  - Percent readmissions continues to rise

Inpatient Admits PTMPY and Percent Readmissions
from 2015 to 2019-12 YTD
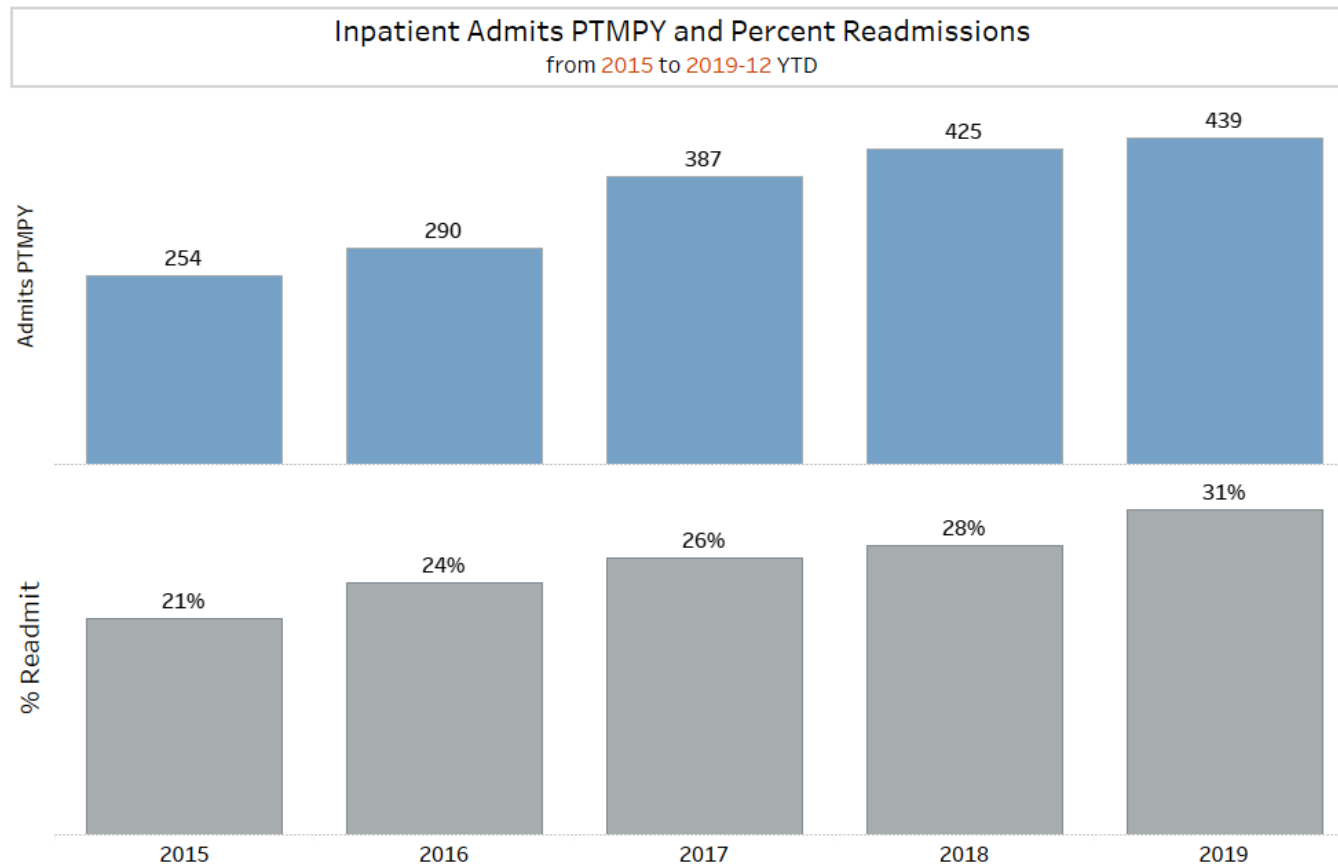
Source: CalOptima data

Disparities: Medical and BH Diagnoses

Comparison: Homeless and Not Homeless Populations
Top Medical and Behavioral Health Diagnoses
Prevalence diagnoses in previous 12 months

Top Medical Diagnoses

	Homeless	Not Homeless
Primary Hypertension	11%	8%
Obesity	6%	7%
Diabetes	5%	5%
Asthma	4%	3%
Acute Kidney Failure & CKD	3%	2%
Liver Disease	2%	1%
Viral Hepatitis	2%	1%
COPD	3%	1%
Heart Failure (CHF)	2%	1%
Cancer	1%	2%
High Risk / Complic. Pregnancy	1%	1%
Liver Cancer	0%	0%

Top Behavioral Diagnoses

	Homeless	Not Homeless
Substance Use Disorder	18%	3%
Anxiety Disorder	9%	4%
Depression	8%	4%
Bipolar	4%	1%
Schizophrenia	3%	0%
PTSD	2%	0%
Mood	1%	0%
Personality Disorder	1%	0%
ADHD	1%	1%
Obsessive-Compulsive	0%	0%
Eating Disorders	0%	0%

- Medical diagnoses are not significantly different in homeless and not homeless

- BH diagnoses for homeless range from two to six times higher than not homeless

Source: CalOptima data

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Summary: 2015–2019

- The number of members who are experiencing homelessness has continued to increase year over year, although at a slower rate

- Members experiencing homelessness utilize significant amounts of health care services through CalOptima

- Increase in annual PCP visit rates, specialist, emergency department, and inpatient utilization
  - Current interventions including WPC support increased member engagement with the health care system
- BH and substance abuse conditions are significantly more common in the homeless population
  - Substance abuse appears to be a factor in the majority of deaths

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Coroner's Report Monthly Cases

- Overall 50%–65% of reported coroner cases were CalOptima members
  - ➢ COVID-19 reported as contributing cause of death for 1 CalOptima member in March
  - ➢ 22 of 34 were members in April

- 48% increase in reported cases from March to April
  - ➢ Mode of death still pending for more than 60% of April cases
  - ➢ Reported modes not different than typical

All Coroners Cases: Month by Month Trend
From: January 2018 To: May 2020
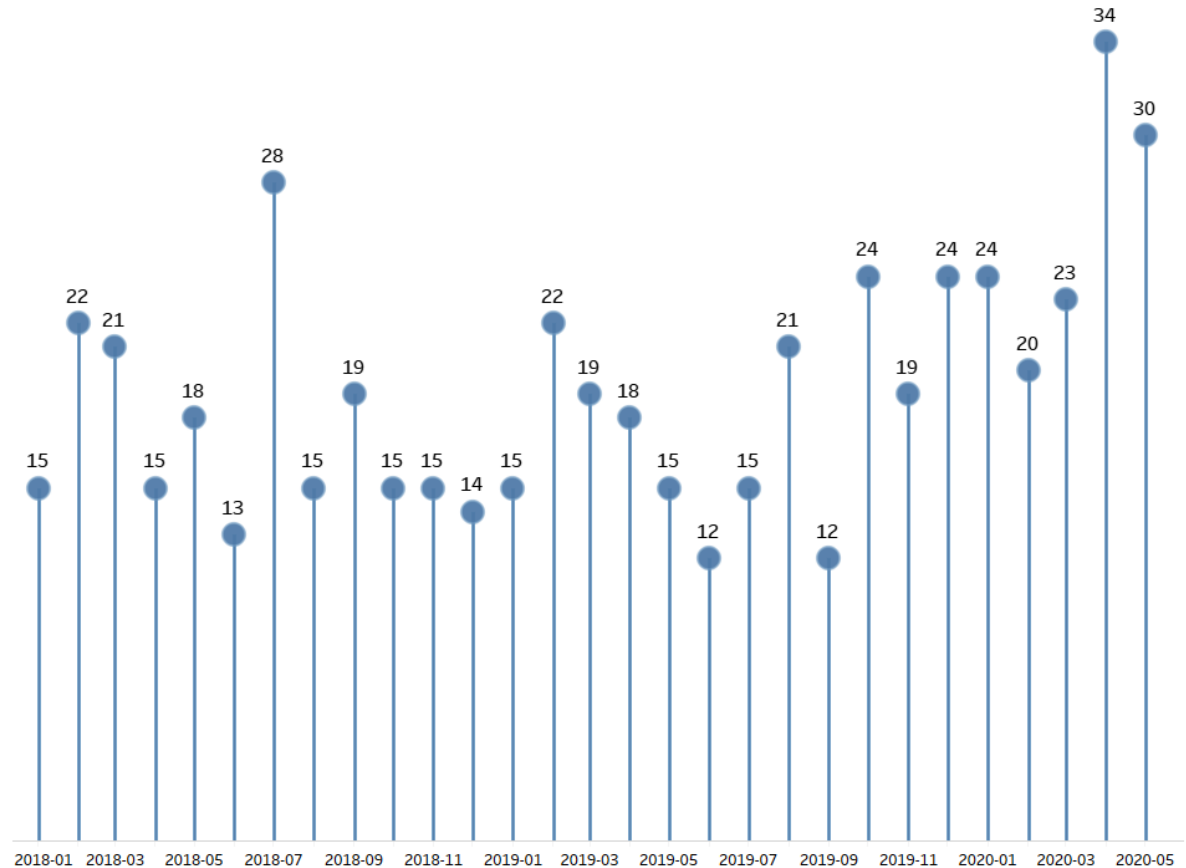
Source: Coroner's Report

Summary: 2020

- Orange County has substantially increased shelter beds and locations

  - County is providing COVID-19 testing and tracking results
  - Individuals with symptoms or positive tests are isolated to prevent spread

- CalOptima Board approved expansion of Homeless Clinical Access Program (HCAP) incentives to include CFT services and telehealth visits

  - CFT's continue to be available 6 days and 48 hours per week

- Utilization of telehealth services has increased measurably due to COVID-19 pandemic and social distancing

- Coroner's case reporting frequency has been increased to weekly (from monthly) to facilitate identification of trends

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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