

**NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
PROVIDER ADVISORY COMMITTEE**

**THURSDAY, AUGUST 9, 2018
8:00 A.M.**

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

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

I. CALL TO ORDER

Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

A. Approve Minutes of the June 14, 2018 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee.

IV. PUBLIC COMMENT

At this time, members of the public may address the Committee on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the PAC. When addressing the Committee, it is requested that you state your name for the record. Please address the Committee as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

V. REPORTS

None

VI. CEO AND MANAGEMENT REPORTS

- [A. Chief Executive Officer \(CEO\) Update](#)
- B. Chief Operating Officer (COO) Update
- C. Chief Medical Officer (CMO) Update
- [D. Chief Financial Officer \(CFO\) Update](#)
- E. Network Operations Update
- F. Federal and State Legislative Update

VII. INFORMATION ITEMS

- [A. Annual Healthcare Effectiveness Data and Information Set \(HEDIS\) and
Consumer Assessment of Healthcare Providers and Systems \(CAHPS\) Update](#)
- B. Health Homes Program Update
- C. Intergovernmental Transfer (IGT) Funds 5, 6 and 7 Update
- D. Provider Advisory Committee Member Updates

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' PROVIDER ADVISORY COMMITTEE

June 14, 2018

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on Thursday, June 14, 2018, at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

Teri Miranti, PAC Chair, called the meeting to order at 8:06 a.m., and Member Batra led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Teri Miranti, Chair; Suzanne Richards, MBA, FACHE, Vice Chair; Anjan Batra, M.D.; Donald Bruhns; Steve Flood; Jena Jensen; Craig G. Myers; Pamela Pimentel, R.N.; Jacob Sweidan, M.D.

Members Absent: Theodore Caliendo, M.D.; Pamela Kahn, R.N.; John Nishimoto, O.D.; George Orras, Ph.D., FAAP; Mary Pham, Pharm.D., CHC

Others Present: Michael Schrader, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Gary Crockett, Chief Counsel; Richard Bock, M.D., Deputy Chief Medical Officer; Candice Gomez, Executive Director, Program Implementation; Tracy Hitzeman, Executive Director, Clinical Operations; Michelle Laughlin, Executive Director, Network Operations; Phil Tsunoda, Executive Director, Public Policy and Public Affairs; Cheryl Simmons, Staff to the PAC

MINUTES

Approve the Minutes of the May 10, 2018 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee

Action: On motion of Vice Chair Richards, seconded and carried, the Committee approved the minutes of the May 10, 2018 meeting. (Motion carried 9-0-0; Members Caliendo, Kahn, Nishimoto, Orras and Pham absent)

PUBLIC COMMENTS

No requests for public comment were received.

CEO AND MANAGEMENT REPORTS

Federal and State Legislative Update

Phil Tsunoda, Executive Director, Public Policy and Public Affairs, provided a brief update on the local political candidates who have advanced to the November general election. Mr. Tsunoda updated the PAC on the Request for Proposal (RFP) for Intergovernmental Transfer Funds (IGT) 6 and 7. After discussion among the PAC, he agreed to provide additional information to the PAC at their August meeting. PAC members also discussed California Senate Bill (SB) 1152 Hospital Patient Discharge Process: Homeless Patients and asked Mr. Tsunoda to present on this topic at a future PAC meeting.

Chief Medical Officer Update

Richard Bock M.D, Deputy Chief Medical Officer, provided updates on the HEDIS 2018 submission, NCQA and Stars preliminary reports. Dr. Bock shared that preliminary results suggested that the data trending is similar to what was seen in the prior year. It is anticipated that the threshold for scoring will be announced in a couple of months. It was also noted that CalOptima will have its tri-annual NCQA on-site accreditation audit in July.

INFORMATION ITEMS

Direct Payments to Hospitals

Greg Hamblin, Chief Financial Officer, provided the PAC with a presentation on Directed Payments to Hospitals. He noted that CalOptima planned to use the Proposition 56 (Tobacco Tax) funds received to supplement and assist hospitals in four different ways. Mr. Hamblin explained that the four programs included: Proposition 56's Physician Supplemental Payments, Public Hospital Enhanced Payment Program (EPP), Public Hospital Quality Incentive Pool (QIP) and Provide Hospital Directed Payment (PHDP) topics. Mr. Hamblin committed to continuing to update the PAC as more information becomes available.

Whole-Child Model Update

Candice Gomez, Executive Director, Program Implementation, discussed the Whole-Child Model (WCM) and noted that CalOptima had received the All Plan Letter (APL) that was released on June 7, 2018. She also reviewed the division of WCM responsibilities, including the demographics of children in Orange County who are currently receiving California Children Services (CCS) and confirmed that 90% of the children were already CalOptima members. Ms. Gomez also discussed the planned meetings that would be held during a June – December timeframe which included a Community Based Organization (CBO) meeting in June and a general stakeholder meeting in July. Additional general and family events are being planned through the end of 2018 and invitations to some of these events will be sent to the PAC once the event schedule has been finalized.

Palliative Care Update

Tracy Hitzeman, Executive Director, Clinical Operations updated the PAC on the first quarter statistics for the Palliative Care Program. She noted that one of the barriers identified in this program is the members lack of knowledge about the program and unique cultural beliefs and norms. Plans are in process to hold ongoing community and provider education events. PAC will be informed when these events are scheduled.

PAC Member Updates

Chair Miranti notified the members that the Board had approved Brian S. Lee, L.Ac., Ph.D. as the new Allied Health Services Representative, Junie Lazo-Pearson, Ph.D., BCBA-D as the new Behavioral Health Representative, Pamela Pimentel as the new Nurse Representative and a second term for Teri Mirani as the Health Network Representative. The Board also approved Dr. Nishimoto as the new PAC Chair and Teri Miranti as the new Vice Chair. Chair Miranti introduced Dr. Lazo-Pearson who attended the meeting.

Chair Miranti reminded the members that the next PAC meeting is scheduled for August 9, 2018 at 8:00 a.m. and asked the members to forward any agenda items to the Staff to the PAC.

ADJOURNMENT

There being no further business before the Committee, Chair Miranti adjourned the meeting at 9:20 a.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the PAC

Approved: August 9, 2018

MEMORANDUM

DATE: August 2, 2018
TO: CalOptima Board of Directors
FROM: Michael Schrader, CEO
SUBJECT: CEO Report
COPY: Suzanne Turf, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee

Whole-Child Model (WCM) Planning Takes Priority as Transition Approaches

CalOptima is intensifying preparation for the January 2019 transition to the WCM for California Children's Services (CCS) in Orange County. Your August Board meeting will include several items to ensure our readiness to integrate care for medically vulnerable children. Please see below for updates about our proposed payment methodology, stakeholder outreach and engagement, and operational changes.

- ***Payment Methodology:*** CalOptima's Finance team has met twice in the past two months with the provider community to communicate our proposed approach to WCM reimbursement. Delegated health networks will receive one capitation rate for a child's CCS and non-CCS services, plus an administrative fee. CalOptima will also take several important steps to reduce financial risk for our partners, including carving out prescription drugs, managed long-term services and supports, transportation costs, and members with high-cost conditions. Further, CalOptima will offer cash flow protections for catastrophic cases on a quarterly basis and establish annual retrospective risk corridors to protect health networks and hospitals that incur high expenses above certain percentages of capitation. The goal is to have a stable provider network in the WCM's first year while data is collected and then adjust payment methods as needed in future years.
- ***Stakeholder Outreach and Engagement:*** In June, CalOptima welcomed more than 60 community-based organization representatives in focus groups to gather feedback on four topics: transition details, continuity of care, age-out process and member communication. The information has been valuable in guiding our implementation. In late July, more than 125 providers and member advocates attended CalOptima's stakeholder event at the Garden Grove Community Meeting Center offering general updates about our clinical and operational approach to the WCM.
- ***Operational Changes:*** The WCM transition is complex because it integrates systems and processes both inside and outside of CalOptima. A thorough review of affected policies and procedures has been completed, resulting in the modifications being brought to your Board this month for approval. In addition, CalOptima plans to learn from the three other County Organized Health Systems that transitioned July 1, 2018. Expressing generally positive results, CenCal Health, Central California Alliance for Health and Health Plan of San Mateo representatives shared their experiences at a July 11 CCS Advisory Group meeting I attended in Sacramento. Among all the counties transitioning to WCM, Orange County has the highest number of children with CCS conditions, at approximately 13,000.

CalOptima Meetings With Providers Ensure Understanding of New Directed Payments

The federal Medicaid Mega Reg has changed future supplemental payments for hospitals providing services to the uninsured and Medi-Cal population. In FY 2017–18, the former Quality Assurance Fee process will be replaced by directed payments. There are separate programs for public and private hospitals. CalOptima's Finance team reviewed the changes during the June 14 Provider Advisory Committee meeting and then again July 31 with hospital leaders who are members of the Hospital Association of Southern California. CalOptima wants to ensure our hospital partners are reporting all utilization data in order to retain access to the significant supplemental funding available.

National Committee for Quality Assurance (NCQA) Standards Review a Success

In early July, NCQA surveyors were on-site to review our quality standards, which are the clinical and operational guidelines we follow aimed at delivering quality health care. This comprehensive review of our quality standards happens every three years and is part of our accreditation and overall NCQA rating. At the end of their visit, surveyors stated that CalOptima's preliminary score was quite high. Our final score will be released in mid-August.

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

PACE recently welcomed Assembly Members Phillip Chen and Sharon Quirk-Silva. During separate tours, PACE Director Elizabeth Lee updated the elected officials on PACE expansion initiatives, including alternative care settings, service area expansion to South Orange County and community-based physicians. Both Chen and Quirk-Silva appreciated learning about PACE as an option for Orange County seniors, and they were happy to hear about the current success and growth of the center.

CalOptima Board Chair Elected Orange County Medical Association (OCMA) President

CalOptima Board Chair Paul Yost, M.D., an anesthesiologist, was installed this past month as president of the OCMA. His term is July 1, 2018, to June 30, 2019. In these times of change, CalOptima is fortunate to benefit from Dr. Yost's insight into the local physician community and from the OCMA's leadership in organized medicine statewide. Further, we appreciate our professional relationships with OCMA Board Member Dr. Nikan Khatibi, who is CalOptima Board Vice Chair, and OCMA Member Alexander Nguyen, M.D., a CalOptima Board member.

CalOptima Visionary and Former Chief Medical Officer Kenneth Bell, M.D., Passes Away

Obstetrician/gynecologist Kenneth Bell, M.D., who played a major role in CalOptima's formation and later became Chief Medical Officer, passed away July 14 at age 82. In 1994, Dr. Bell arranged funding through Kaiser Permanente that enabled the development of CalOptima as a solution to Orange County's Medi-Cal crisis at the time. From 2001 to 2007, he served as CalOptima Chief Medical Officer, overseeing a period of growth and the launch of OneCare, a Medicare program. Like so many of Dr. Bell's CalOptima colleagues past and present, I am saddened by his passing but honored to have known him and experienced his passionate advocacy and insightful leadership on behalf of Orange County's vulnerable population.



CalOptima
Better. Together.

Financial Summary

June 2018

Greg Hamblin
Chief Financial Officer

FY 2017-18: Consolidated Enrollment

- June 2018 MTD:

- Overall enrollment was 780,277 member months

- Actual lower than budget by 24,989 or 3.1%

- Medi-Cal: unfavorable variance of 24,056 members

- Temporary Assistance for Needy Families (TANF) unfavorable variance of 21,464 members

- Senior Persons with Disabilities (SPD) unfavorable variance of 4,678 members

- Medi-Cal Expansion (MCE) favorable variance of 1,928

- Long-Term Care (LTC) favorable variance of 157

- OneCare Connect: unfavorable variance of 930 members

- 2,097 decrease from prior month

- Medi-Cal: decrease of 1,927 from May

- OneCare Connect: decrease of 216 from May

- OneCare: increase of 38 from May

- PACE: increase of 8 from May

FY 2017-18: Consolidated Enrollment

- June 2018 YTD:

- Overall enrollment was 9,470,419 member months
 - Actual lower than budget by 171,567 or 1.8%
 - Medi-Cal: unfavorable variance of 165,609 members or 1.8%
 - TANF unfavorable variance of 175,116 members
 - SPD unfavorable variance of 26,951 members
 - MCE favorable variance of 34,392 members
 - LTC favorable variance of 2,066 members
 - OneCare Connect: unfavorable variance of 5,964 members or 3.2%
 - PACE: unfavorable variance of 52 members or 1.8%
 - OneCare: favorable variance of 58 or 0.4%

FY 2017-18: Consolidated Revenues

- June 2018 MTD:

- Actual higher than budget by \$191.2 million or 74.7%
 - Medi-Cal: favorable to budget by \$186.8 million or 82.1%
 - Unfavorable volume variance of \$6.9 million
 - Favorable price variance of \$193.8 million due to:
 - \$292.3 million of FY16 through FY18 Coordinated Care Initiative (CCI) revenue due to Department of Health Care Services (DHCS) reconciliation and payment
 - \$2.9 million of FY18 Proposition 56 revenue, offset by:
 - (\$69.7) million due to revenue reserve and PY Expansion's Medical Loss Ratio (MLR) reserve reconciliation
 - (\$32.7) million deferral of PY revenue
 - (\$2.1) million of PY Expansion dual's revenue due to updated rates
 - OneCare Connect: favorable to budget by \$4.1 million or 16.4%
 - Unfavorable volume variance of \$1.5 million
 - Favorable price variance of \$5.6 million

FY 2017-18: Consolidated Revenues (cont.)

- June 2018 MTD:
 - OneCare: favorable to budget by \$222.7 thousand or 15.0%
 - Favorable volume variance of \$1.0 thousand
 - Favorable price variance of \$221.6 thousand
 - PACE: favorable to budget by \$86.8 thousand or 4.7%
 - Unfavorable volume variance of \$27.0 thousand
 - Favorable price variance of \$113.8 thousand

FY 2017-18: Consolidated Revenues (cont.)

- June 2018 YTD:

- Actual higher than budget by \$258.5 million or 8.1%
 - Medi-Cal: favorable to budget by \$257.5 million or 9.1%
 - Unfavorable volume variance of \$49.8 million
 - Favorable price variance of \$307.3 million due to:
 - \$269.8 million of CCI Revenue
 - \$35.5 million of FY18 Proposition 56 revenue
 - \$24.7 million of FY18 Applied Behavioral Analysis (ABA) revenue
 - \$23.2 million of FY18 LTC revenue from non-LTC aid codes
 - \$30.8 million of PY LTC revenue from non-LTC aid codes
 - \$8.4 million of PY ABA revenue, offset by:
 - (\$63.0) million of revenue reserve and PY Expansion revenue
 - (\$19.6) million of Hepatitis C revenue

FY 2017-18: Consolidated Revenues (cont.)

- June 2018 YTD:

- OneCare Connect: favorable to budget by \$0.9 million or 0.3%
 - Unfavorable volume variance of \$10.0 million
 - Favorable price variance of \$11.0 million
- OneCare: Unfavorable to budget by \$1.2 million or 7.1%
 - Favorable volume variance of \$0.1 million
 - Unfavorable price variance of \$1.3 million
- PACE: favorable to budget by \$1.3 million or 6.7%
 - Unfavorable volume variance of \$0.3 million
 - Favorable price variance of \$1.7 million

FY 2017-18: Consolidated Medical Expenses

- June 2018 MTD:

- Actual higher than budget by \$176.6 million or 72.0%
 - Medi-Cal: unfavorable variance of \$178.4 million
 - Favorable volume variance of \$6.7 million
 - Unfavorable price variance of \$185.0 million
 - Managed Long Term Services and Supports (MLTSS) \$187.2 million due to reconciliation of In-Home Supportive Services (IHSS) expenses with DHCS reports
 - Facilities favorable variance of \$7.9 million due to Inpatient claims of \$6.3 million
 - Provider Capitation is unfavorable to budget by \$11.5 million due to Proposition 56 of \$15.0 million, offset by Kaiser capitation rate adjustment of \$3.1 million and Behavioral Health Treatment's (BHT) transition in-house
 - Professional Claims favorable variance of \$4.9 million due to reclassification of Proposition 56 to capitation expense of \$12.7 million, offset by BHT \$5.9 million and \$1.5 million from Crossover claims

FY 2017-18: Consolidated Medical Expenses (cont.)

- June 2018 MTD:
 - OneCare Connect: favorable variance of \$1.1 million or 4.4%
 - Favorable volume variance of \$1.4 million
 - Unfavorable price variance of \$0.4 million
 - OneCare: favorable variance of \$1.1 million
 - PACE: unfavorable variance of \$0.4 million

FY 2017-18: Consolidated Medical Expenses (cont.)

- June 2018 YTD:

- Actual higher than budget by \$242.0 million or 7.9%
 - Medi-Cal: unfavorable variance of \$237.5 million
 - Favorable volume variance of \$47.7 million
 - Unfavorable price variance of \$285.2 million
 - MLTSS expenses unfavorable variance of \$172.7 million
 - Professional Claims expenses unfavorable variance of \$73.8 million
 - Provider Capitation expenses unfavorable variance of \$43.6 million
 - Facilities expenses favorable variance of \$15.2 million
 - Prescription Drugs unfavorable variance of \$10.1 million
 - OneCare Connect: unfavorable variance of \$6.7 million
 - Favorable volume variance of \$9.4 million
 - Unfavorable price variance of \$16.1 million

- Medical Loss Ratio (MLR):

- June 2018 MTD: Actual: 94.4% Budget: 95.9%
- June 2018 YTD: Actual: 95.5% Budget: 95.7%

FY 2017-18: Consolidated Administrative Expenses

- June 2018 MTD:
 - Actual higher than budget by \$10.2 million or 86.1%
 - Salaries, wages and benefits: unfavorable variance of \$9.9 million
 - Other categories: unfavorable variance of \$0.4 million
- June 2018 YTD:
 - Actual lower than budget by \$14.4 million or 9.8%
 - Purchased Services: favorable variance of \$9.4 million
 - Salaries, wages and benefits: unfavorable variance of \$1.7 million
 - Other categories: favorable variance of \$6.6 million
- Administrative Loss Ratio (ALR):
 - June 2018 MTD: Actual: 4.9% Budget: 4.6%
 - June 2018 YTD: Actual: 3.8% Budget: 4.6%

FY 2017-18: Change in Net Assets

- June 2018 MTD:

- \$5.0 million surplus
- \$6.2 million favorable to budget
 - Higher than budgeted revenue of \$191.2 million
 - Higher than budgeted medical expenses of \$176.6 million
 - Higher than budgeted administrative expenses of \$10.2 million
 - Higher than budgeted investment and other income of \$1.8 million

- June 2018 YTD:

- \$44.4 million surplus
- \$49.9 million favorable to budget
 - Higher than budgeted revenue of \$258.5 million
 - Higher than budgeted medical expenses of \$242.0 million
 - Lower than budgeted administrative expenses of \$14.4 million
 - Higher than budgeted investment and other income of \$19.0 million

Enrollment Summary:

June 2018

Month-to-Date				Enrollment (By Aid Category)	Year-to-Date			
Actual	Budget	Variance	%		Actual	Budget	Variance	%
63,267	66,134	(2,867)	(4.3%)	Aged	758,690	767,897	(9,207)	(1.2%)
608	618	(10)	(1.6%)	BCCTP	7,380	7,416	(36)	(0.5%)
47,037	48,838	(1,801)	(3.7%)	Disabled	567,829	585,537	(17,708)	(3.0%)
315,457	328,570	(13,113)	(4.0%)	TANF Child	3,775,295	3,951,668	(176,373)	(4.5%)
94,939	103,290	(8,351)	(8.1%)	TANF Adult	1,245,239	1,243,982	1,257	0.1%
3,425	3,268	157	4.8%	LTC	41,282	39,216	2,066	5.3%
239,091	237,163	1,928	0.8%	MCE	2,874,418	2,840,026	34,392	1.2%
763,824	787,880	(24,056)	(3.1%)	Medi-Cal	9,270,133	9,435,742	(165,609)	(1.8%)
14,768	15,698	(930)	(5.9%)	OneCare Connect	180,951	186,915	(5,964)	(3.2%)
267	271	(4)	(1.5%)	PACE	2,870	2,922	(52)	(1.8%)
1,418	1,417	1	0.1%	OneCare	16,465	16,407	58	0.4%
780,277	805,266	(24,989)	(3.1%)	CalOptima Total	9,470,419	9,641,986	(171,567)	(1.8%)

Financial Highlights: June 2018

Month-to-Date					Year-to-Date			
Actual	Budget	\$ Variance	% Variance		Actual	Budget	\$ Variance	% Variance
780,277	805,266	(24,989)	(3.1%)	Member Months	9,470,419	9,641,986	(171,567)	(1.8%)
447,003,724	255,798,202	191,205,522	74.7%	Revenues	3,445,145,492	3,186,604,051	258,541,441	8.1%
421,949,696	245,360,028	(176,589,668)	(72.0%)	Medical Expenses	3,290,853,863	3,048,864,929	(241,988,934)	(7.9%)
22,086,631	11,870,220	(10,216,411)	(86.1%)	Administrative Expenses	131,637,723	146,015,229	14,377,506	9.8%
2,967,397	(1,432,046)	4,399,443	307.2%	Operating Margin	22,653,905	(8,276,107)	30,930,013	373.7%
2,041,389	231,157	1,810,231	783.1%	Non Operating Income (Loss)	21,768,155	2,816,659	18,951,496	672.8%
5,008,786	(1,200,889)	6,209,675	517.1%	Change in Net Assets	44,422,060	(5,459,449)	49,881,509	913.7%
94.4%	95.9%	1.5%		Medical Loss Ratio	95.5%	95.7%	0.2%	
4.9%	4.6%	(0.3%)		Administrative Loss Ratio	3.8%	4.6%	0.8%	
<u>0.7%</u>	<u>(0.6%)</u>	1.2%		Operating Margin Ratio	<u>0.7%</u>	<u>(0.3%)</u>	0.9%	
100.0%	100.0%			Total Operating	100.0%	100.0%		

Consolidated Performance Actual vs. Budget: June (in millions)

MONTH-TO-DATE				YEAR-TO-DATE		
<u>Actual</u>	<u>Budget</u>	<u>Variance</u>		<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
(2.6)	(0.4)	(2.1)	Medi-Cal	29.3	(1.9)	31.1
4.7	(1.0)	5.7	OCC	(7.8)	(5.1)	(2.7)
1.2	(0.1)	1.3	OneCare	0.4	(1.4)	1.8
<u>(0.3)</u>	<u>0.1</u>	<u>(0.4)</u>	<u>PACE</u>	<u>0.9</u>	<u>0.1</u>	<u>0.8</u>
3.1	(1.4)	4.6	Operating	22.7	(8.3)	31.0
<u>1.9</u>	<u>0.2</u>	<u>1.6</u>	<u>Inv./Rental Inc, MCO tax</u>	<u>21.7</u>	<u>2.8</u>	<u>18.9</u>
1.9	0.2	1.6	Non-Operating	21.7	2.8	18.9
5.0	(1.2)	6.2	TOTAL	44.4	(5.5)	49.9

Consolidated Revenue & Expense:

June 2018 MTD

	Medi-Cal Classic	Medi-Cal Expansion	Total Medi-Cal	OneCare Connect	OneCare	PACE	Consolidated
Member Months	524,733	239,091	763,824	14,768	1,418	267	780,277
REVENUES							
Capitation Revenue	\$ 374,778,161	\$ 39,600,949	\$ 414,379,109	\$ 29,000,139	\$ 1,709,300	\$ 1,915,175	\$ 447,003,724
Other Income	-	-	-	-	-	-	-
Total Operating Revenues	<u>374,778,161</u>	<u>39,600,949</u>	<u>414,379,109</u>	<u>29,000,139</u>	<u>1,709,300</u>	<u>1,915,175</u>	<u>447,003,724</u>
MEDICAL EXPENSES							
Provider Capitation	39,635,489	56,020,130	95,655,619	13,330,836	742,386	-	109,728,841
Facilities	17,038,956	17,760,425	34,799,380	1,794,830	(1,027,687)	407,837	35,974,360
Ancillary	-	-	-	707,913	16,066	-	723,979
Skilled Nursing	-	-	-	-	42,641	-	42,641
Professional Claims	9,969,693	(698,535)	9,271,159	-	-	542,617	9,813,776
Prescription Drugs	17,132,587	18,577,549	35,710,137	5,241,146	456,344	144,725	41,552,352
MLTSS Facility Payments	214,310,211	4,138,432	218,448,643	1,698,927	-	9,386	220,156,956
Medical Management	4,261,535	1,479,373	5,740,908	(33,388)	138,814	603,709	6,450,043
Reinsurance & Other	(1,418,949)	(1,505,031)	(2,923,980)	199,024	5,945	225,760	(2,493,252)
Total Medical Expenses	<u>300,929,522</u>	<u>95,772,344</u>	<u>396,701,866</u>	<u>22,939,288</u>	<u>374,508</u>	<u>1,934,034</u>	<u>421,949,696</u>
Medical Loss Ratio	80.3%	241.8%	95.7%	79.1%	21.9%	101.0%	94.4%
GROSS MARGIN	73,848,639	(56,171,395)	17,677,243	6,060,851	1,334,793	(18,859)	25,054,028
ADMINISTRATIVE EXPENSES							
Salaries, Wages & Benefits			16,028,283	800,023	20,131	106,185	16,954,622
Professional fees			348,054	17,142	13,000	17,300	395,496
Purchased services			1,098,700	267,834	25,724	71,900	1,464,157
Printing and Postage			533,564	47,336	3,138	0	584,037
Depreciation and Amortization			413,956	-	-	2,074	416,030
Other expenses			1,765,189	77,728	-	26,893	1,869,810
Indirect cost allocation, Occupancy expense			213,160	143,190	26,509	19,618	402,478
Total Administrative Expenses			<u>20,400,906</u>	<u>1,353,253</u>	<u>88,502</u>	<u>243,970</u>	<u>22,086,631</u>
Admin Loss Ratio			4.9%	4.7%	5.2%	12.7%	4.9%
INCOME (LOSS) FROM OPERATIONS			<u>(2,723,663)</u>	<u>4,707,598</u>	<u>1,246,291</u>	<u>(262,829)</u>	<u>2,967,397</u>
INVESTMENT INCOME							1,869,883
NET GRANT INCOME			121,506	-	-	-	121,506
OTHER INCOME			50,000	-	-	-	50,000
CHANGE IN NET ASSETS			<u>\$ (2,552,157)</u>	<u>\$ 4,707,598</u>	<u>\$ 1,246,291</u>	<u>\$ (262,829)</u>	<u>\$ 5,008,786</u>

Consolidated Revenue & Expense:

June 2018 YTD

	Medi-Cal Classic	Medi-Cal Expansion	Total Medi-Cal	OneCare Connect	OneCare	PACE	Consolidated
Member Months	6,395,715	2,874,418	9,270,133	180,951	16,465	2,870	9,470,419
REVENUES							
Capitation Revenue	\$ 1,857,893,132	\$ 1,235,286,392	\$ 3,093,179,525	\$ 315,219,443	15,943,378	\$ 20,803,146	\$ 3,445,145,492
Other Income	-	-	-	-	-	-	-
Total Operating Revenues	<u>1,857,893,132</u>	<u>1,235,286,392</u>	<u>3,093,179,525</u>	<u>315,219,443</u>	<u>15,943,378</u>	<u>20,803,146</u>	<u>3,445,145,492</u>
MEDICAL EXPENSES							
Provider Capitation	454,939,143	613,459,262	1,068,398,405	140,843,505	2,817,121	-	1,212,059,031
Facilities	255,590,271	246,771,028	502,361,299	40,576,471	4,474,995	4,024,679	551,437,443
Ancillary	-	-	-	7,588,751	647,907	-	8,236,658
Skilled Nursing	-	-	-	-	326,321	-	326,321
Professional Claims	179,180,816	63,674,525	242,855,341	-	-	4,674,899	247,530,240
Prescription Drugs	219,901,219	221,871,578	441,772,798	62,410,782	5,376,575	1,584,525	511,144,680
MLTSS Facility Payments	625,416,510	31,961,780	657,378,290	38,071,771	-	30,001	695,480,063
Medical Management	26,341,441	9,820,826	36,162,267	11,175,583	713,756	6,511,183	54,562,788
Reinsurance & Other	4,536,326	1,814,063	6,350,389	2,123,692	83,572	1,518,985	10,076,638
Total Medical Expenses	<u>1,765,905,727</u>	<u>1,189,373,063</u>	<u>2,955,278,790</u>	<u>302,790,555</u>	<u>14,440,247</u>	<u>18,344,271</u>	<u>3,290,853,863</u>
Medical Loss Ratio	95.0%	96.3%	95.5%	96.1%	90.6%	88.2%	95.5%
GROSS MARGIN	91,987,405	45,913,330	137,900,735	12,428,888	1,503,131	2,458,875	154,291,629
ADMINISTRATIVE EXPENSES							
Salaries, Wages & Benefits			76,936,415	9,257,469	276,042	979,576	87,449,503
Professional fees			1,899,793	281,153	172,349	77,200	2,430,496
Purchased services			9,136,451	2,188,985	233,618	199,527	11,758,581
Printing and Postage			3,951,077	705,225	73,980	41,965	4,772,247
Depreciation and Amortization			4,930,521	-	-	25,474	4,955,995
Other expenses			15,351,284	541,873	(578)	161,309	16,053,889
Indirect cost allocation, Occupancy expense			(3,510,236)	7,276,091	368,015	83,143	4,217,013
Total Administrative Expenses			<u>108,695,305</u>	<u>20,250,797</u>	<u>1,123,426</u>	<u>1,568,196</u>	<u>131,637,723</u>
Admin Loss Ratio			3.5%	6.4%	7.0%	7.5%	3.8%
INCOME (LOSS) FROM OPERATIONS			29,205,430	(7,821,909)	379,705	890,679	22,653,905
INVESTMENT INCOME							21,660,838
NET RENTAL INCOME							54,103
NET GRANT INCOME			1,309	-	-	-	1,309
OTHER INCOME			51,905	-	-	-	51,905
CHANGE IN NET ASSETS			<u>\$ 29,258,644</u>	<u>\$ (7,821,909)</u>	<u>\$ 379,705</u>	<u>\$ 890,679</u>	<u>\$ 44,422,061</u>

Balance Sheet:

As of June 2018

ASSETS

Current Assets

Operating Cash	\$368,089,847
Investments	580,298,948
Capitation receivable	296,225,733
Receivables - Other	24,925,283
Prepaid Expenses	6,297,346

Total Current Assets	<u>1,275,837,157</u>
-----------------------------	-----------------------------

Capital Assets

Furniture and equipment	34,328,849
Building/Leasehold improvements	7,575,179
505 City Parkway West	<u>49,743,943</u>

	91,647,970
--	------------

Less: accumulated depreciation	<u>(40,889,720)</u>
Capital assets, net	<u>50,758,250</u>

Other Assets

Restricted deposit & Other	300,000
----------------------------	---------

Board-designated assets

Cash and cash equivalents	26,698,940
Long term investments	<u>511,548,732</u>
Total Board-designated Assets	<u>538,247,672</u>

Total Other Assets	<u>538,547,672</u>
---------------------------	---------------------------

Deferred outflows of Resources - Pension Contributions	393,907
Deferred outflows of Resources - Difference in Experience	1,365,903
Deferred outflows of Resources - Excess Earnings	1,017,387
Deferred outflows of Resources - Changes in Assumptions	<u>7,795,853</u>

TOTAL ASSETS & OUTFLOWS	<u>1,875,716,129</u>
------------------------------------	-----------------------------

LIABILITIES & FUND BALANCES

Current Liabilities

Accounts payable	\$8,332,830
Medical claims liability	831,573,386
Accrued payroll liabilities	10,753,145
Deferred revenue	113,702,949
Deferred lease obligations	120,817
Capitation and withholds	<u>96,448,891</u>

Total Current Liabilities	<u>1,060,932,019</u>
----------------------------------	-----------------------------

Other employment benefits liability

30,674,457

Net Pension Liabilities

25,100,820

Long Term Liabilities

100,000

TOTAL LIABILITIES

<u>1,116,807,297</u>

Deferred inflows of Resources - Excess Earnings

-

Deferred inflows of Resources - Changes in Assumptions

1,028,380

Tangible net equity (TNE)

89,151,394

Funds in excess of TNE

668,729,058

Net Assets

<u>757,880,452</u>

TOTAL LIABILITIES, INFLOWS & FUND BALANCES

<u>1,875,716,129</u>

Board Designated Reserve and TNE Analysis

As of June 2018

Type	Reserve Name	Market Value	Benchmark		Variance	
			Low	High	Mkt - Low	Mkt - High
Board-designated Reserve	Tier 1 - Payden & Rygel	147,242,819				
	Tier 1 - Logan Circle	147,220,310				
	Tier 1 - Wells Capital	146,584,002				
		441,047,131	319,708,887	494,934,722	121,338,244	(53,887,591)
TNE Requirement	Tier 2 - Logan Circle	97,200,541	89,151,394	89,151,394	8,049,147	8,049,147
Consolidated:		538,247,672	408,860,281	584,086,116	129,387,391	(45,838,444)
<i>Current reserve level</i>		1.84	1.40	2.00		

HN Enrollment Summary - Medi-Cal

Health Network Name	JULY 2018	% of Total MCAL	% of HN Enrollment
CHOC Health Alliance (PHC20)	146,549	19.4%	22.5%
Monarch Family HealthCare (HMO16)	81,235	10.7%	12.4%
CalOptima Community Network (CN)	75,618	10.0%	11.6%
Arta Western Health Network (SRG66)	65,592	8.7%	10.1%
Alta Med Health Services (SRG69)	46,335	6.1%	7.1%
Family Choice Health Network (SRG81)	46,227	6.1%	7.1%
Kaiser Permanente (HMO04)	45,659	6.0%	7.0%
Prospect Medical Group (HMO17)	33,989	4.5%	5.2%
United Care Medical Network (SRG67)	32,334	4.3%	5.0%
Noble Mid-Orange County (SRG64)	24,798	3.3%	3.8%
Talbert Medical Group (SRG65)	23,889	3.2%	3.7%
AMVI Care Health Network (PHC58)	22,386	3.0%	3.4%
Heritage - Regal Medical Group (HMO15)	5,863	0.8%	0.9%
OC Advantage (PHC35)	2,126	0.3%	0.3%
Total Health Network Capitated Enrollment	652,599	86.2%	100.0%
CalOptima Direct (all others)	104,533	13.8%	
Total Medi-Cal Enrollment	757,132	100.0%	

HN Enrollment Summary – OneCare Connect

Health Network Name	JULY 2018	Percentage
Monarch HealthCare (HMO16DB)	4,803	32.3%
Prospect Medical Group (HMO17DB)	2,661	17.9%
Family Choice Medical Group (SRG81DB)	1,818	12.2%
CalOptima Community Network (CN)	1,712	11.5%
Talbert Medical Group (SRG52DB)	1,137	7.6%
Arta Western Health Network(SRG66DB)	564	3.8%
United Care Medical Group (SRG67DB)	508	3.4%
Alta-Med (SRG69DB)	506	3.4%
Noble Mid Orange County (SRG64DB)	460	3.1%
AMVI Care Health Network (PHC58DB)	421	2.8%
Heritage - Regal Medical Group (HMO15)	210	1.4%
OC Advantage (PHC35DB)	63	0.4%
Total OneCare Connect Enrollment	14,863	100.0%

HN Enrollment Summary - OneCare

Health Network Name	JULY 2018	Percentage
Monarch HealthCare (PMG53DE)	720	49.8%
AMVI/Prospect Medical Group (PMG27DE)	294	20.3%
Talbert Medical Group (PMG52DE)	121	8.4%
Arta Western Health Network (PMG66DE)	89	6.2%
Family Choice Medical Group (PMG21DE)	88	6.1%
Alta-Med (PMG69DE)	70	4.8%
United Care Medical Group (PMG67DE)	37	2.6%
Noble Mid Orange County (PMG64DE)	27	1.9%
Total OneCare Enrollment	1,446	100.0%





CalOptima
Better. Together.

HEDIS® 2018 Results (MY 2017 Performance)

PAC

August 9, 2018

**Kelly Rex-Kimmet
Director, Quality Analytics**

**Paul Jiang
Manager, Quality Analytics (HEDIS)**

Agenda

- CalOptima HEDIS 2018 Results
- Member Experience Results
- Next Steps

HEDIS Submissions

- Six reports submitted to National Committee for Quality Assurance (NCQA) /Centers for Medicare & Medicaid (CMS)/Department of Health Care Services (DHCS) for regulatory reporting, star rating, accreditation, and national health plan ratings
- Three Patient Level Detail (PLD) files submitted to CMS/DHCS
- 10,320 chart chases
 - Medical record retrieval rate is 98.25 percent **This is excellent!**
 - Thank you to all offices for your support of the medical record review process

Summary Results by Product Line Compared to CalOptima Goals*

- Medi-Cal
 - **All DHCS MPLs have been met !!**
 - 35 out of 62 (56 percent) measures met goal (vs. 44 percent last year)
 - 48 out of 62 (76 percent) measures are better than last year (vs. 72 percent last year)
 - Opportunities for Improvement: Respiratory, cardiovascular, and access of care measures
- OneCare
 - 15 out of 27 (56 percent) measures met goal (vs. 62 percent last year)
 - 20 out of 27 (74 percent) measures are better than last year (vs. 67 percent last year)
 - Opportunities for Improvement: Diabetes nephropathy and breast cancer screening
- OneCare Connect
 - 13 out of 39 (33 percent) measures met goal
 - 29 out of 39 (74 percent) measures are better than last year
 - Opportunities for Improvement: Diabetes and behavioral health measures

*Goals were set to the next higher NCQA percentile based on previous performance. Some goals were “stretch goals”.

NCQA Percentiles Achievement

		Number of Measures at NCQA National Medicaid/Medicare Percentiles										Total # of measures*	Percent of measures at National 50th percentile or higher
LOB	HEDIS	90 th Percentile		75 th Percentile		50 th Percentile		25 th Percentile		<=10 th Percentile			
		# of measures	% of total measures	# of measures	% of total measures	# of measures	% of total measures	# of measures	% of total measures	# of measures	% of total measures		
Medi-Cal	2018	13	21%	17	27%	15	24%	9	15%	8	13%	62	73%
	2017	6	10%	12	19%	22	35%	13	21%	9	15%	62	65%
OneCare	2018	1	4%	5	19%	11	41%	5	19%	5	19%	27	63%
	2017	0	0%	5	19%	7	26%	8	30%	7	26%	27	44%
OneCare Connect	2018	2	5%	1	3%	12	31%	16	41%	8	21%	39	38%
	2017	1	3%	1	3%	11	28%	15	38%	11	28%	39	33%

*reported measures in the domains of Effectiveness of Care and Access/Availability of Care only

HEDIS 2018 Medi-Cal Measures

	2017 Percentile	2018 Percentile
Adult BMI Assessment	75th	90th
Weight Assessment and Counseling for Children/Adolescents (BMI)	75th	90th
Weight Assessment and Counseling for Children/Adolescents (Nutrition)	90th	90th
Weight Assessment and Counseling for Children/Adolescents (Physical Activity)	90th	90th
Childhood Immunization Status (combo 3)	50th	90th
Immunization for Adolescents (HPV)	90th	90th
Immunization for Adolescents (combo 2)	90th	90th
Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)	75th	90th
Comprehensive Diabetes Care - HbA1c Control (<8.0%)	75th	90th
Diabetes Monitoring for People with Diabetes and Schizophrenia	50th	90th
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	90th	90th
Metabolic Monitoring for Children and Adolescents on Antipsychotics	75th	90th
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	75th	90th

Eight measures moved up to 90th percentile

[Back to Agenda](#)

* Green=higher than last year; Red=lower than last year

HEDIS 2018 Medi-Cal Measures

	2017 Percentile	2018 Percentile
Childhood Immunization Status (comb10)	50th	75th
Immunization for Adolescents (comb1)	50th	75th
Chlamydia Screening in Women	75th	75th
Medication Management for People with Asthma (5-64 yr) - 75%	50th	75th
Controlling High-Blood Pressure	90th	75th
Statin Therapy for Patients with Cardiovascular Disease - Adherence	75th	75th
Comprehensive Diabetes Care (HbA1c Testing)	25th	75th
Comprehensive Diabetes Care (Eye Exam)	75th	75th
Comprehensive Diabetes Care (Medical Attention for Nephropathy)	50th	75th
Comprehensive Diabetes Care (Blood Pressure Controlled <140/90 mm Hg)	75th	75th
Statin Therapy for Patients with Diabetes (therapy)	75th	75th
Statin Therapy for Patients with Diabetes (adherence)	75th	75th
Antidepressant Medications Management (Continuation Phase Treatment)	50th	75th
Cardiovascular Monitoring for People with Cardiovascular and Schizophrenia	25th	75th
Non-Recommended Cervical Cancer Screen in Adolescent Females	50th	75th
Appropriate Treatment for Children with URI	50th	75th
Prenatal and Postpartum Care (Postpartum Care)	50th	75th

10 measures moved up to 75th percentile. One measure moved down to 75th percentile.

HEDIS 2018 Medi-Cal Measures

	2017 Percentile	2018 Percentile
Lead Screening in Children	50th	50th
Breast Cancer Screening	50th	50th
Cervical Cancer Screening	25th	50th
Asthma Medication Ratio (5-64 years)	50th	50th
Statin Therapy for Patients with Cardiovascular Disease (Therapy)	25th	50th
DMARD Therapy in Rheumatoid Arthritis	50th	50th
Antidepressant Medications Management (Acute Phase Treatment)	50th	50th
Follow-up Care for Children Prescribed ADHD Medication (Continuation Phase)	25th	50th
Annual Monitoring for Patients on Persistent Medications (ACE)	50th	50th
Annual Monitoring for Patients on Persistent Medications (Diuretics)	50th	50th
Annual Monitoring for Patients on Persistent Medications (Total)	50th	50th
Use of Imaging Studies for Low Back Pain	50th	50th
Use of Multiple Concurrent Antipsychotic Medications in Children and Adolescents	25th	50th
Prenatal and Postpartum Care (Timeliness of Prenatal Care)	50th	50th
Adolescent Well-Care Visits	50th	50th

Four measures moved up to 50th percentile

[Back to Agenda](#)

HEDIS 2018 Medi-Cal Measures

	2017 Percentile	2018 Percentile
Pharmacotherapy management of COPD exacerbations (Corticosteroid)	25th	25th
Pharmacotherapy management of COPD exacerbations (Bronchodilator)	50th	25th
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic medications	25th	25th
Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis	<=10th	25th
Adults' Access to Preventive/Ambulatory Health Services (65+)	<=10th	25th
Children and Adolescents' Access to Primary Care Practitioners (12-24months)	25th	25th
Children and Adolescents' Access to Primary Care Practitioners (12-24months)	25th	25th
Children and Adolescents' Access to Primary Care Practitioners (7 - 11 years)	25th	25th
Children and Adolescents' Access to Primary Care Practitioners (12 - 19 years)	25th	25th

Two measures moved up to 25th percentile. One measure moved down to 25th percentile

HEDIS 2018 Medi-Cal Measures

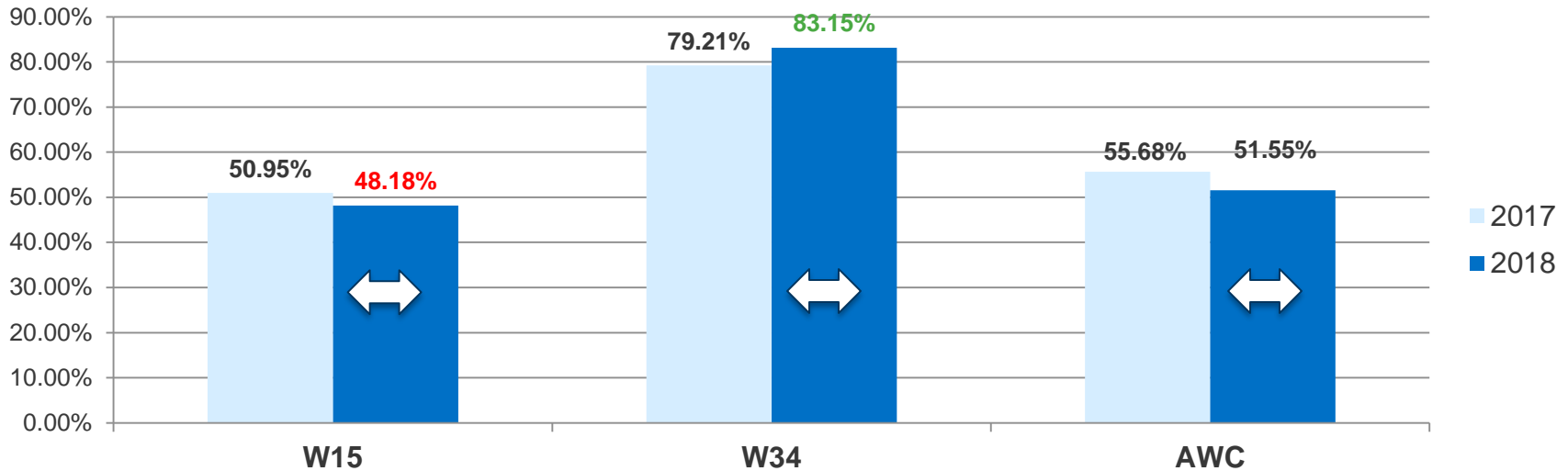
	2017 Percentile	2018 Percentile
Appropriate Testing for Children with Pharyngitis	<=10th	<=10th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	<=10th	<=10th
Persistence of Beta Blocker Treatment after a Heart Attack	25th	<=10th
Follow-up Care for Children Prescribed ADHD Medication (Initiation Phase)	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (20-44)	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (45-64)	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (Total)	<=10th	<=10th
Well-Child Visits in the First 15 Months of Life (6+ visits)	<=10th	<=10th

One measure moved down to <=10th percentile

Medi-Cal Measure Results

Children and Women's Health

HEDIS 2018 Results: Medi-Cal Well Child Visits



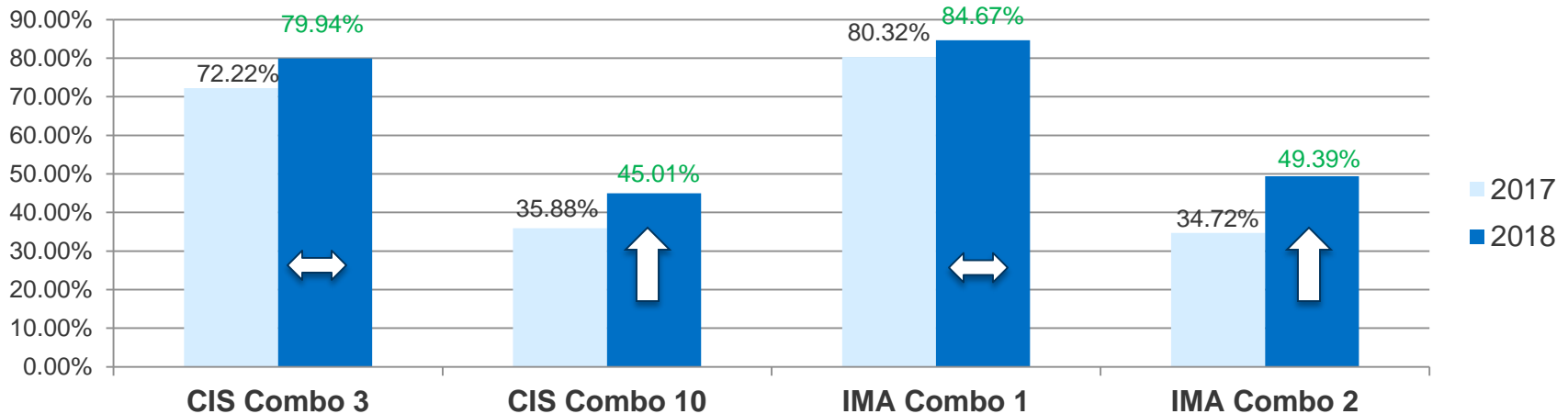
HEDIS Measure	NCQA 50th Percentile	NCQA 75th Percentile	NCQA 90th Percentile	Goal	Reporting Requirements**
Well-Child Visits in the First 15 Months of Life - Six Well Child Visits (W15)	62.06%	68.66%	72.46%	56.11%	
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	72.45%	78.51%	82.77%	80.64%	MPL, P4V
Adolescent Well-Care Visits (AWC)	50.12%	59.72%	68.06%	55.96%	P4V

*Red = less than 50th percentile, Green= met goal, MPL met

↑ ↓ statistically higher or lower ↔ statistically no difference

**RS=Health plan ratings, MPL=DHCS Minimum Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

HEDIS 2018 Results: Medi-Cal Immunizations

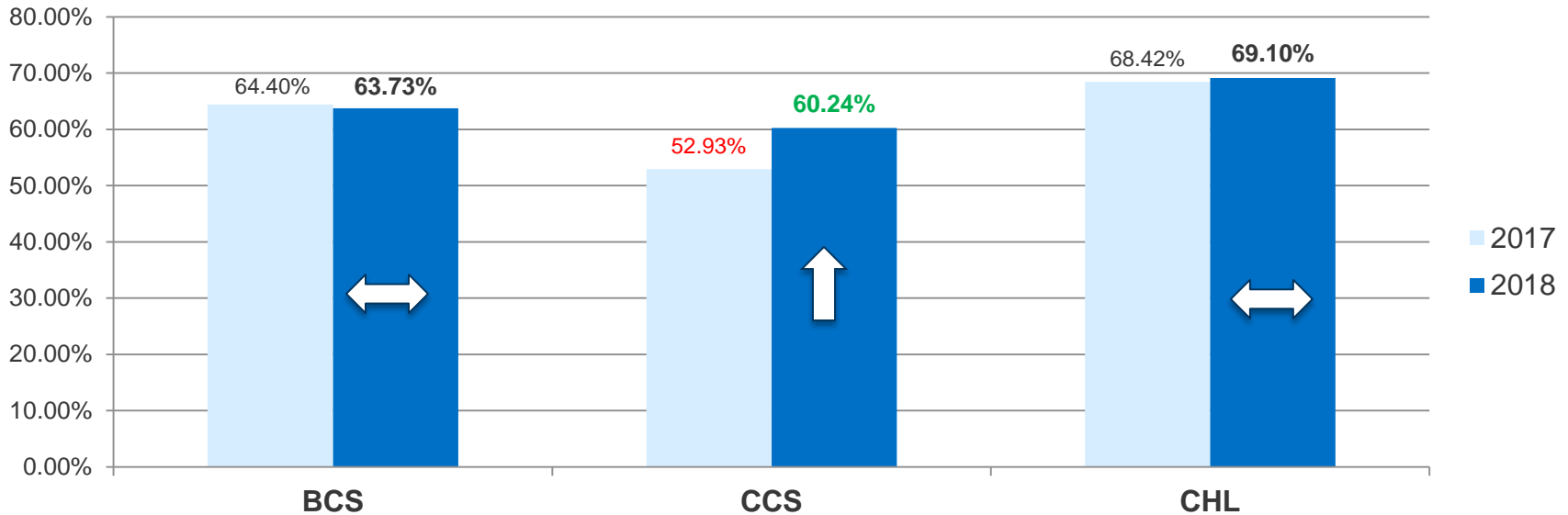


HEDIS Measure	NCQA 50th Percentile	NCQA 75th Percentile	NCQA 90th Percentile	Goal	Reporting Requirements**
Childhood Immunization Status (CIS)					
CIS - combo 3	71.58%	75.91%	79.32%	74.39%	MPL
CIS - combo10 ++	33.09%	39.66%	48.47%	37.23%	ACC, P4V, RS
Immunizations for Adolescents (IMA)					
IMA - Combo 1 ++	77.62%	83.89%	86.81%	81.73%	ACC, MPL, RS
IMA - Combo 2	19.79%	24.62%	30.39%	30.39%	

*Red = less than 50th percentile; Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings

↑ ↓ statistically higher or lower ↔ statistically no difference **RS=Health plan ratings, MPL=DHCS Minimum Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

HEDIS 2018 Results: Medi-Cal Women's Health



HEDIS Measure	NCQA 50th Percentile	NCQA 75th Percentile	NCQA 90th Percentile	Goal	Reporting Requirements*
Breast Cancer Screening (BCS)	58.99%	65.52%	70.29%	65.52%	ACC, P4V, RS
Cervical Cancer Screening (CCS)	58.48%	65.90%	70.80%	58.48%	ACC, MPL , P4V, RS
Chlamydia Screening (CHL)	56.69%	63.73%	71.45%	71.45%	ACC, RS

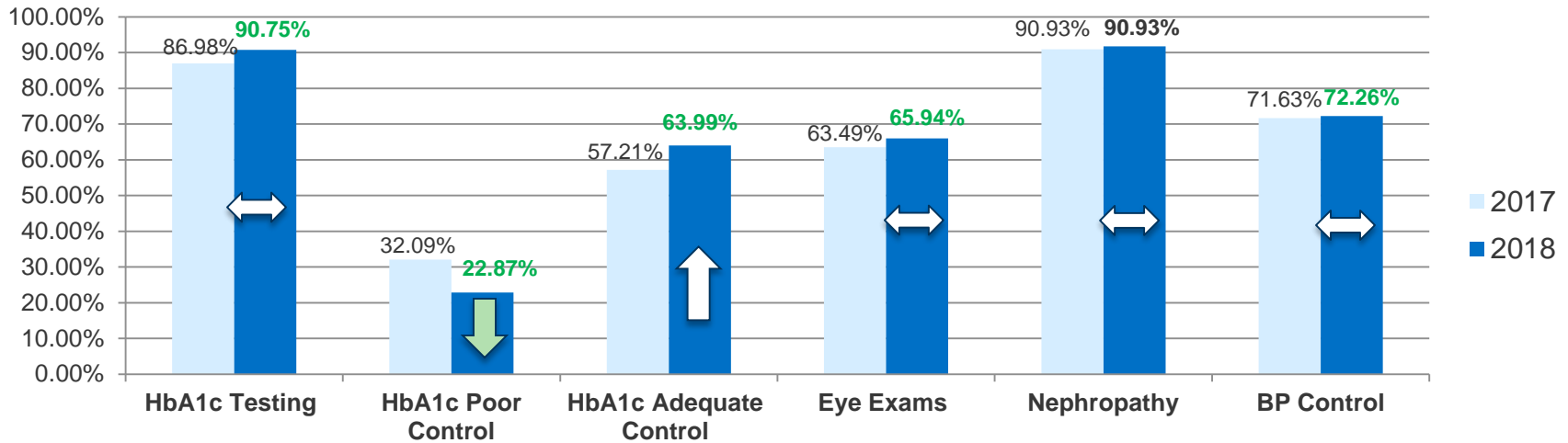
*Red = less than 50th percentile, Green= met goal, MPL met

↑ ↓ statistically higher or lower ↔ statistically no difference

**RS=Health plan ratings, MPL=DHCS Minimum Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

Care for Chronic Conditions

HEDIS 2018 Results: Medi-Cal Comprehensive Diabetes Care



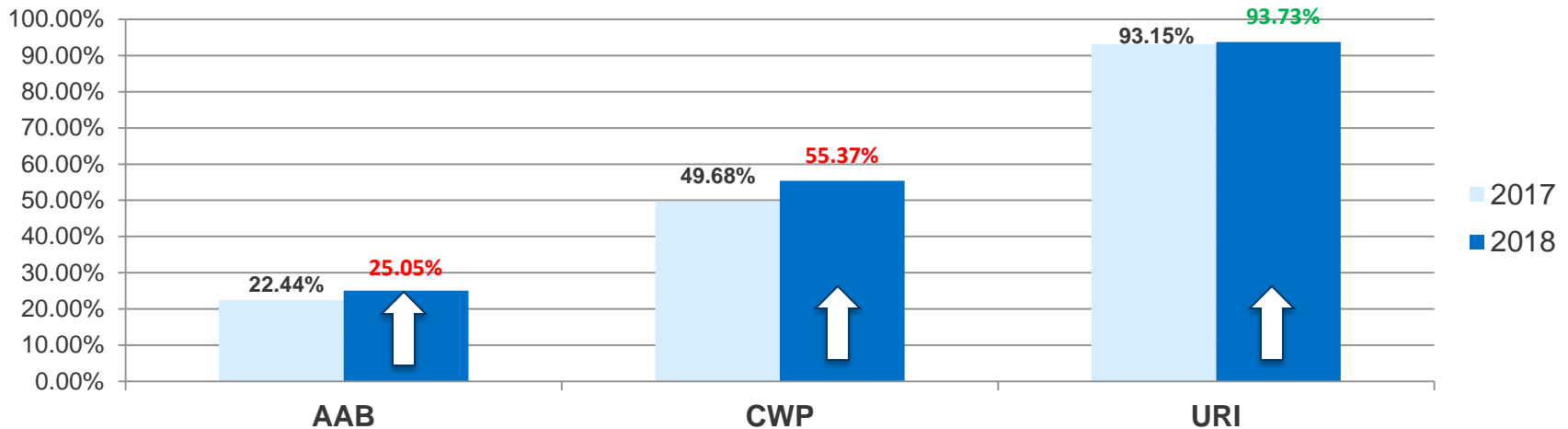
HEDIS Measure	NCQA 50th Percentile	NCQA 75th Percentile	NCQA 90th Percentile	Goal	Reporting Requirements*
HbA1c Testing	87.10%	90.06%	94.71%	87.10%	ACC, MPL, P4V
HbA1c Poor Control (>9.0%) (Lower is better)	41.12%	35.52%	26.27%	29.07%	ACC, MPL
HbA1c Adequate Control (<8.0%) ++	48.87%	53.65%	63.03%	59.12%	ACC, MPL, RS
Eye Exams	55.11%	63.33%	70.57%	65.83%	ACC, MPL, P4V, RS
Nephropathy Monitoring	90.27%	91.67%	94.81%	91.24%	ACC, MPL, RS
BP Control (<140/90) ++	60.60%	68.57%	79.82%	72.24%	ACC, MPL, RS

*Red = less 50th percentile, Green= met goal, MPL met, ++ measure triple weighted for Health Plan Ratings

↑ ↓ statistically higher or lower ↔ statistically no difference

*RS=Health Plan Ratings, MPL=DHCS Minimum Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

HEDIS 2018 Results: Medi-Cal Respiratory Conditions



HEDIS Measure	NCQA 50th Percentile	NCQA 75th Percentile	NCQA 90th Percentile	Goal	Reporting Requirements*
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	28.72%	33.74%	39.53%	24.91%	ACC, MPL, RS
Appropriate Testing for Children with Pharyngitis (CWP)	75.21%	82.90%	88.00%	67.15%	ACC, P4V, RS
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	89.67%	93.54%	95.98%	93.54%	ACC, P4V, RS

*Red = less than 50th percentile, Green= met goal, MPL met

↑ ↓ statistically higher or lower ↔ statistically no difference

**RS=Health plan ratings, MPL=DHCS Minimum Performance Level, ACC=NCQA Accreditation P4V=Pay for Value

OneCare Results

HEDIS 2018 OneCare Measures

	2017 Percentile	2018 Percentile
Comprehensive Diabetes Care - HbA1c Control (<8.0%)	50th	90 th
Care for Older Adults (SNP) - Medication Review	50th	75 th
Care for Older Adults (SNP) - Pain assessment	75th	75 th
Comprehensive Diabetes Care (Blood Pressure Controlled <140/90 mm Hg)	75th	75 th
Use of high-risk medications in the elderly (one prescription)	<=10th	75 th
Adults' Access to Preventive/Ambulatory Health Services (age 20-44)	50th	75 th
Adult BMI Assessment	25th	50 th
Care for Older Adults (SNP) - Functional status assessment	25th	50 th
Controlling High-Blood Pressure	50th	50 th
Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)	25th	50 th
Comprehensive Diabetes Care (Eye Exam)	75th	50 th
Statin Therapy for Patients with Diabetes (Therapy)	<=10th	50 th
Statin Therapy for Patients with Diabetes (Adherence)	50th	50 th
Annual Monitoring for Patients on Persistent Medications (ACE)	25th	50 th
Adults' Access to Preventive/Ambulatory Health Services (age 45-64)	75th	50 th
Adults' Access to Preventive/Ambulatory Health Services (age 65+)	25th	50 th
Adults' Access to Preventive/Ambulatory Health Services (Total)	50th	50 th

One measure moved up to 90th percentile. Three measures moved up to 75th percentile. Six measures moved up to 50th percentile. Two measures moved down to 50th percentile

[Back to Agenda](#)

HEDIS 2018 OneCare Measures

	2017 Percentile	2018 Percentile
Colorectal Cancer Screening	25th	25th
Annual Monitoring for Patients on Persistent Medications (Total)	50th	25th
Medication Reconciliation Post-Discharge	<=10th	25th
Potentially Harmful Drug-Disease Interactions in the Elderly	<=10th	25th
Use of high-risk medications in the elderly (two or more prescriptions)	<=10th	25th
Breast Cancer Screening	25th	<=10th
Comprehensive Diabetes Care (HbA1c Testing)	25th	<=10th
Comprehensive Diabetes Care (Medical Attention for Nephropathy)	<=10th	<=10th
Annual Monitoring for Patients on Persistent Medications (Diuretics)	75th	<=10th
Non-Recommended PSA-Based Screening in Older Men	<=10th	<=10th

Three measures moved up to 25th percentile. One measure moved down to 25th percentile.
Three measures moved down to <=10th percentile

* Green=higher than last year; Red=lower than last year

OneCare Connect Results

HEDIS 2018 OneCare Connect Measures

	2017 Percentile	2018 Percentile
Use of high-risk medications in the elderly (one prescription)	50th	90th
Use of high-risk medications in the elderly (two prescriptions)	50th	90th
Adult BMI Assessment	25th	75th
Care for Older Adults (Medication Review)	25th	50th
Care for Older Adults (Pain assessment)	50th	50th
Pharmacotherapy management of COPD exacerbations (Corticosteroid)	25th	50th
Pharmacotherapy management of COPD exacerbations (Bronchodilator)	50th	50th
Controlling High-Blood Pressure	50th	50th
Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)	25th	50th
Comprehensive Diabetes Care - HbA1c Control (<8.0%)	25th	50th
Comprehensive Diabetes Care (Eye Exam)	50th	50th
Comprehensive Diabetes Care (Blood Pressure Controlled <140/90 mm Hg)	50th	50th
Statin Therapy for Patients with Diabetes (Therapy)	50th	50th
Medication Reconciliation Post-Discharge	25th	50th
Potentially Harmful Drug-Disease Interactions in the Elderly	25th	50th

Two measures moved up to 90th percentile. One measure moved up to 75th percentile. Six measures moved up to 50th percentile.

[Back to Agenda](#)

HEDIS 2018 OneCare Connect Measures

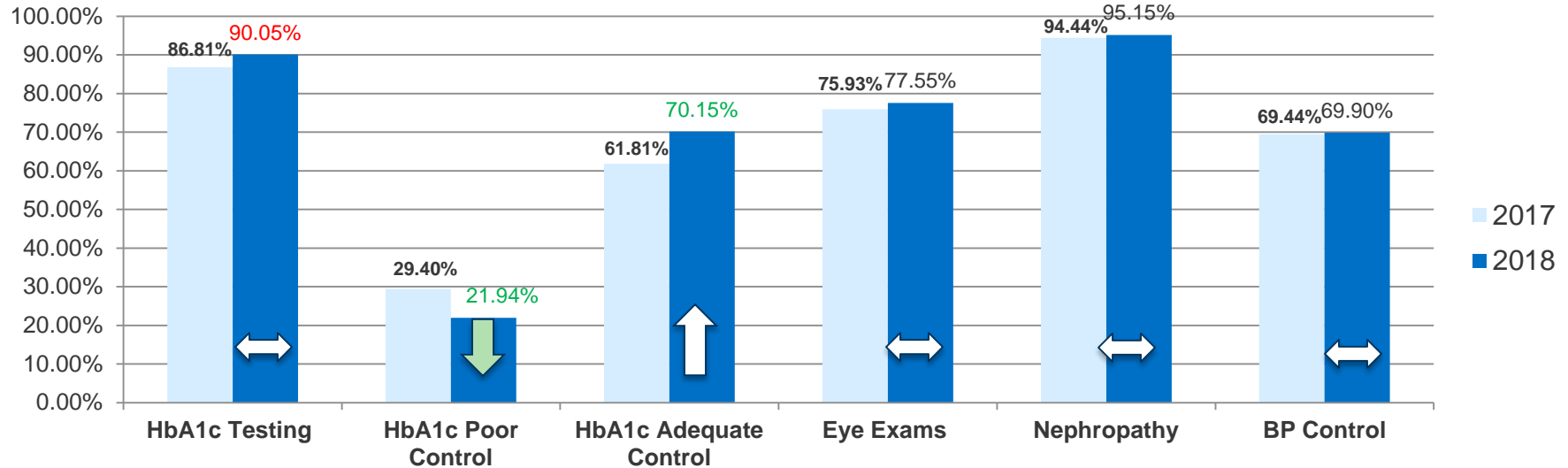
	2017 Percentile	2018 Percentile
Breast Cancer Screening	25th	25th
Colorectal Cancer Screening	25th	25th
Care for Older Adults (Functional status assessment)	25th	25th
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	50th	25th
Persistence of Beta Blocker Treatment after a Heart Attack	90th	25th
Statin Therapy for Patients with Cardiovascular Disease – Therapy	<=10th	25th
Statin Therapy for Patients with Cardiovascular Disease – Adherence	<=10th	25th
Comprehensive Diabetes Care (Medical Attention for Nephropathy)	25th	25th
Statin Therapy for Patients with Diabetes – Adherence	25th	25th
Osteoporosis Management in Women Who Had a Fracture	50th	25th
Follow-up After Hospitalization for Mental Illness (30-day)	50th	25th
Follow-up After Hospitalization for Mental Illness (7-day)	75th	25th
Annual Monitoring for Patients on Persistent Medications (ACE)	<=10th	25th
Annual Monitoring for Patients on Persistent Medications (Diuretics)	25th	25th
Annual Monitoring for Patients on Persistent Medications (Total)	25th	25th
Non-Recommended PSA-Based Screening in Older Men	25th	25th

Three measures moved up to 25th percentile. Five measures moved down to 25th percentile.

HEDIS 2018 OneCare Connect Measures

	2017 Percentile	2018 Percentile
Comprehensive Diabetes Care (HbA1c Testing)	<=10th	<=10th
DMARD Therapy in Rheumatoid Arthritis	<=10th	<=10th
Antidepressant Medications Management (Acute Phase Treatment)	<=10th	<=10th
Antidepressant Medications Management (Continuation Phase Treatment)	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (age 20-44)	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (age 45-64)	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (age 65+)	<=10th	<=10th
Adults' Access to Preventive/Ambulatory Health Services (Total)	<=10th	<=10th

HEDIS 2018 Results: OneCare Connect Comprehensive Diabetes Care

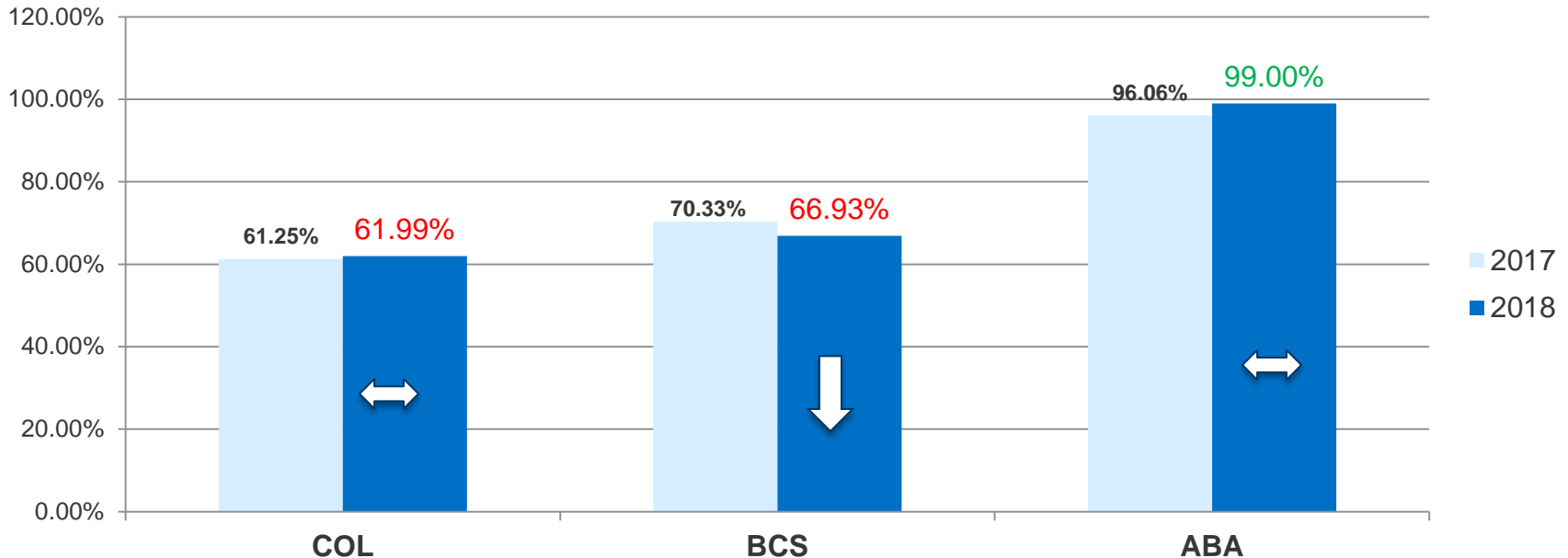


HEDIS Measure	3-Star/ 50th percentile	4-Star/ 75th percentile	5-Star/ 90th percentile	Goal	Reporting Requirements*
Comprehensive Diabetes Care (CDC)					
1. HbA1c Testing	93.82%	95.62%	97.08%	91.73%	CMS
2. HbA1c Poor Control (>9.0%) **	36%	27%	20%	27%	Star
3. HbA1c Adequate Control (<8.0%)	64.72%	72.45%	76.05%	64.72%	CMS
4. Eye Exams	59%	72%	81%	81%	Star
5. Nephropathy Monitoring	94%	96%	98%	96%	Star
6. BP Control (<140/90)	65.82%	73.72%	80.12%	70.83%	CMS

*Red = less than 3-stars or 50th percentile, Green= met goal **Star cut points are previous year (from 2018 Technical Notes, 2019 cut points are not available) ↑ ↓ statistically higher or lower ↔ statistically no difference

**Triple weighted for STARS

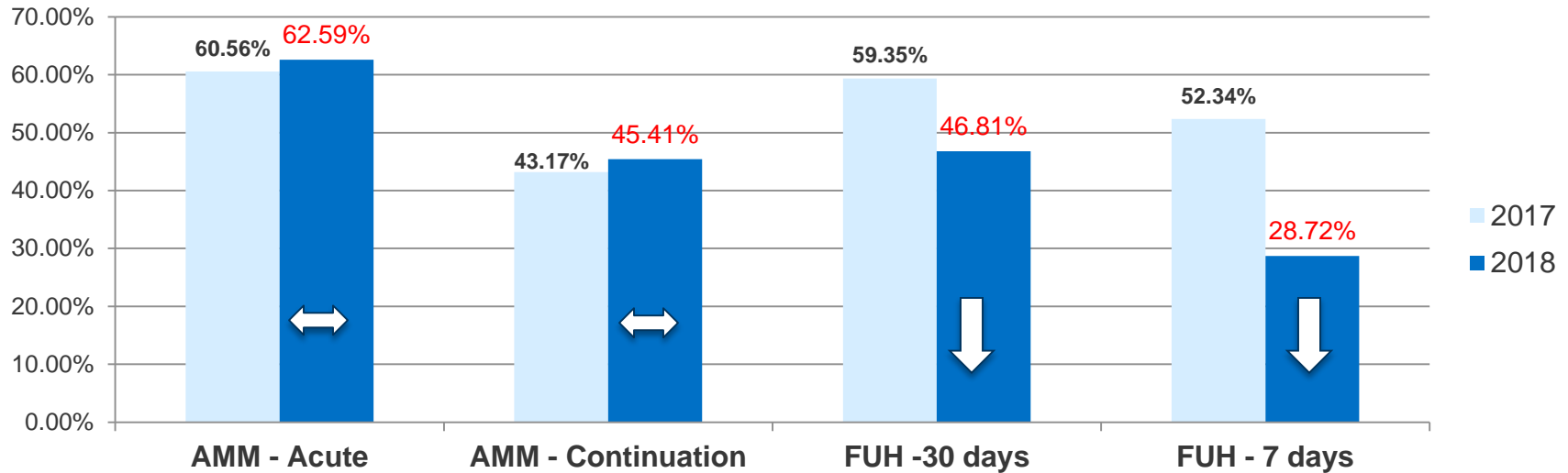
HEDIS 2018 Results: OneCare Connect Prevention and Screening



HEDIS Measure	Projected 3-Star**	Projected 4-Star**	Projected 5-Star**	Goal	Reporting Requirements*
Colorectal Cancer Screening (COL)	63%	72%	80%	63%	Star
Breast Cancer Screening (BCS)	70%	78%	84%	78%	Star
Adult BMI Assessment (ABA)	81%	94%	98%	98%	Star

*Red = less than 3-stars or 50th percentile, Green= met goal **Star cut points are previous year (from 2018 Technical Notes, 2019 cut points are not available) ↑ statistically higher or lower ↔ statistically no difference

HEDIS 2018 Results: OneCare Connect Behavioral Health



HEDIS Measure	NCQA 50th Percentile	NCQA 75th Percentile	NCQA 90th Percentile	Goal	Reporting Requirements*
Antidepressant Medications Management (AMM) - Acute Phase Treatment	69.11%	75.00%	79.61%	63.45%	CMS
Antidepressant Medications Management (AMM) - Continuation Phase Treatment	53.90%	59.80%	66.71%	47.09%	CMS
Follow-Up After Hospitalization for Mental Illness (FUH) - 30 days	52.40%	65.49%	78.79%	60.89%	CMS, Withhold
Follow-Up After Hospitalization for Mental Illness (FUH) - 7 days ++	31.21%	46.38%	60.51%	56%	CMS, Withhold

*Red =less than three-stars or 50th percentile, Green= met goal ++ Quality Withhold measure

↑ ↓ statistically higher or lower ↔ statistically no difference

Medi-Cal Member Experience (CAHPS)

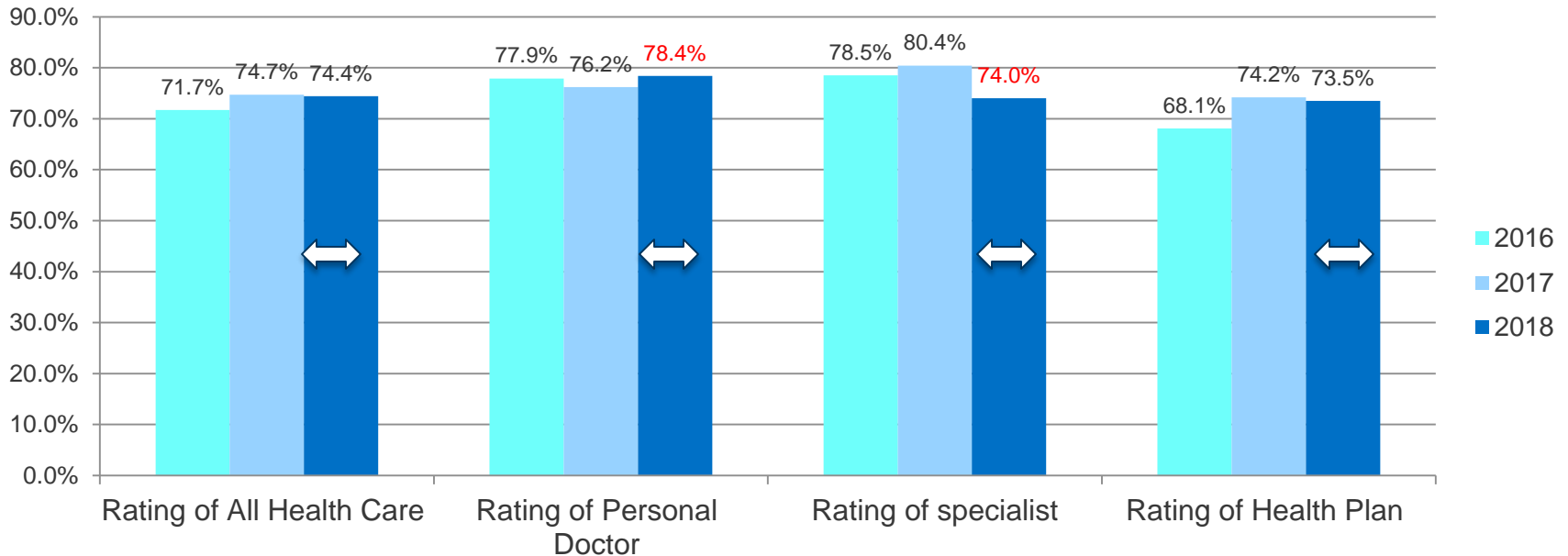
CAHPS Surveys

- Medi-Cal Adult and Child Survey are conducted at plan level
 - Sample size for Adult Survey is 1,350 and the response rate is 24 percent
 - Sample size for Adult Survey is 1,650 and the response rate is 28 percent
- Medi-Cal Adult and Child Survey at the health network level are also conducted
 - Total Adult Survey sample size for all health network is 17,183 and the overall response rate is 30 percent
 - Total Child survey sample size for all health network is 15,397 and the overall response rate is 37 percent
- Medicare CAHPS Survey conducted for OneCare and OneCare Connect at plan level and health network level

Medi-Cal Adult Survey Results

- First year utilizing Adult Survey for NCQA Accreditation
- Results are consistent with last year (25th percentile)
- Pain points which keep us low scoring:
 - Member Experience Benchmarks have risen across the nation (bar continues to be raised)
 - Rating of Health Plan is double weighted; our score is at less than 25th percentile
 - Coordination of Care is statistically significant lower than last year
 - Getting Needed Care, Getting Care Quickly, Rating of Specialist all stay at the < 25th percentile
 - There were three health networks with many areas statistically below the CalOptima average

Medi-Cal CAHPS Adult Member Survey Results

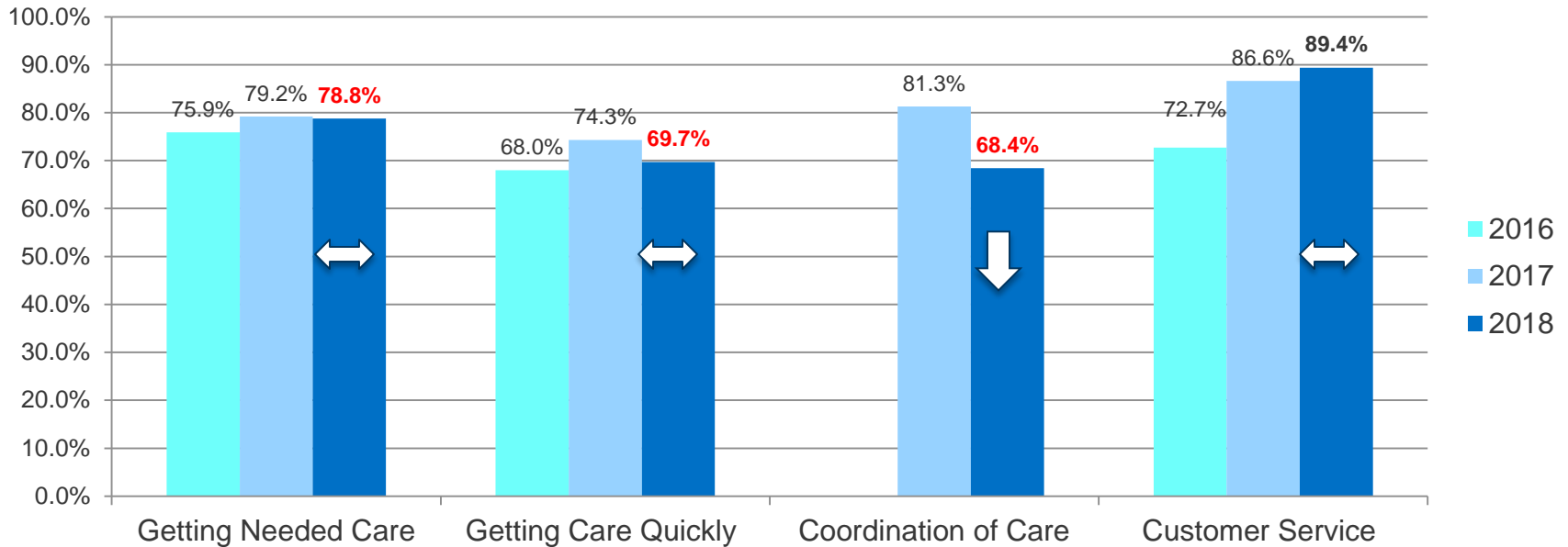


	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Rating of All Health Care	71.7	74.5	77.2	79.4
Rating of Personal Doctor	79.3	81.6	83.7	85.5
Rating of Specialist	79.5	81.9	84.1	86.1
Rating of Health Plan*	72.9	76.4	79.5	81.4

Red = less than 25th percentile, ↑ ↓ statistically higher or lower ↔ statistically no difference

***double weighted**

Medi-Cal CAHPS Adult Member Survey Results



NCQA QC 2017 National Medicaid Percentiles	25 th Percentile	50 th Percentile	75 th Percentile	90 th Percentile
Getting Needed Care	79.7	82.7	84.7	86.6
Getting Care Quickly	79.6	82.2	84.5	86.6
Coordination of Care	80.8	83.8	86.0	88.5
Customer Service	86.6	88.4	90.1	91.2

Red = less than 25th percentile, ↑ ↓ statistically higher or lower ↔ statistically no difference

NA – denominator <100

Medi-Cal Child Survey Results

- Results improved from the previous year
 - Rating of Health Plan is statistically significant higher than the previous year
- Pain points which keep us low scoring:
 - Rating of Specialist is lower than the previous year
 - Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Customer Service continue to be areas of focus
 - There were two health networks with many areas statistically below the CalOptima average

Medi-Cal CAHPS Child Member Survey Results

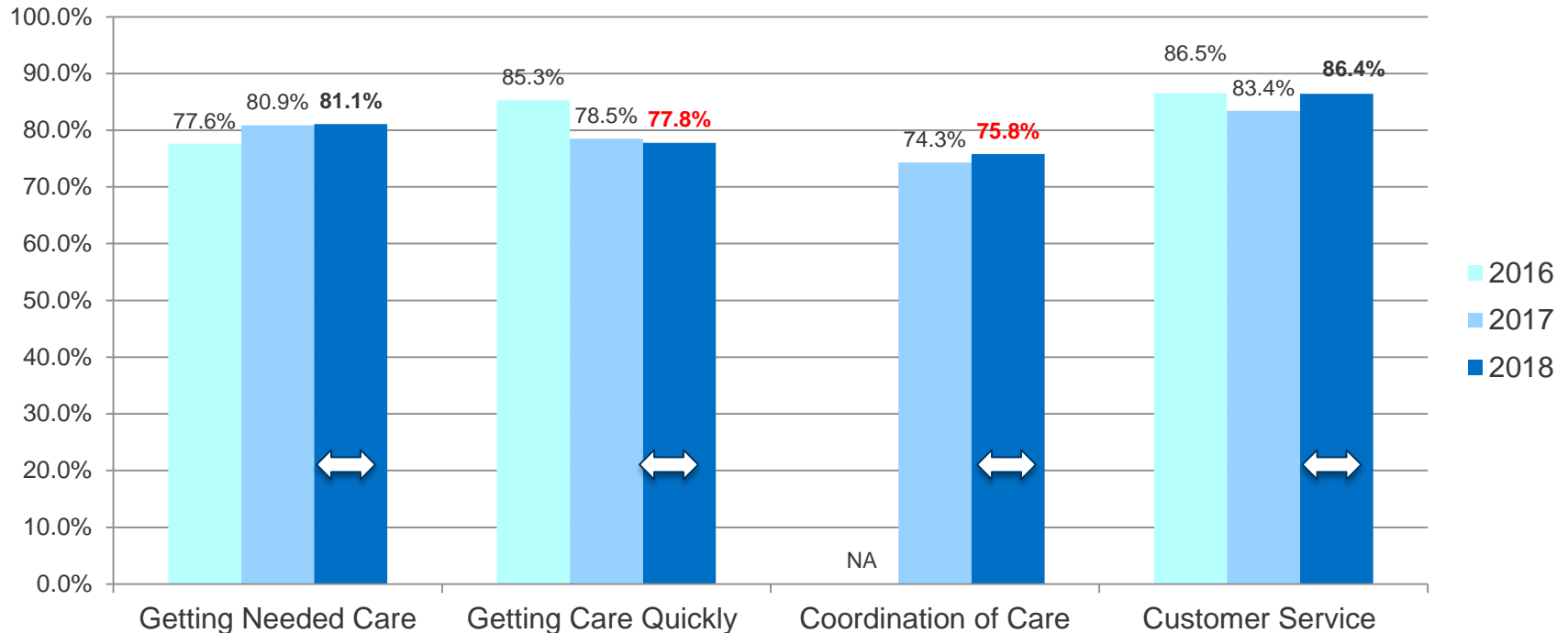
(Parents Satisfaction with Their Child's Care)



	25 th Percentile	50 th Percentile	75 th Percentile	90 th Percentile
Rating of All Health Care	85.1	87.1	88.7	90.1
Rating of Personal Doctor	87.9	89.5	90.7	91.9
Rating of Specialist	84.9	87.2	89.7	91.4
Rating of Health Plan*	83.8	86.0	88.9	90.3

Medi-Cal CAHPS Child Member Survey Results

(Parents Satisfaction with Their Child's Care)



	25 th Percentile	50 th Percentile	75 th Percentile	90 th Percentile
Getting Needed Care	80.8	85.1	88.7	90.6
Getting Care Quickly	86.1	89.5	92.1	93.7
Coordination of Care	80.2	83.2	85.8	88.3
Customer Service	86.4	88.1	89.7	91.2

Next Steps

- Implement strategies on low performing areas
 - Priority areas will include low areas of performance and areas related to strategic initiatives (DHCS MPL, NCQA Accreditation, NCQA Health Plan Ratings, Medicare Star Rating)
 - Deeper dives into under performing scores
 - Member Experience Initiatives (provider coaching)
- Present results to stakeholder groups and committees
- Await NCQA health plan rating and accreditation rating
- Calculate P4V scores and payments
- Begin preparations for HEDIS 2019!

Mission Statement

The mission of CalOptima is to provide members with access to **quality health care** services delivered in a cost-effective and compassionate manner.